Future doctors’ advocacy is one key to solving physician burnout

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Physician burnout isn’t just a reaction to stressful work conditions. It’s also a leading indicator—and a lagging one too—of the quality and stability of the U.S. health care system.

Physician burnout demands urgent action

The AMA is leading the national effort to solve the growing physician burnout crisis. We're working to eliminate the dysfunction in health care by removing the obstacles and burdens that interfere with patient care.

Learn About Our Ongoing Work
A new textbook—Caring for Caregivers to Be: A Comprehensive Approach to Developing Well-Being Programs for the Health Care Learner—looks at the major drivers of burnout and explores the consequences of suboptimal well-being for physician performance and patient care. It also offers a suite of tools and strategies to reduce medical burnout and foster resilience.

One of those tools—cultivating medical students’ and residents’ interest in advocacy to help solve the burnout problem—is fleshed out in Chapter 17, “Advocating for Physician Well-Being at the Societal Level.”

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Students, residents need new skill set

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“A successful training program prepares physicians to meet the challenges of medical practice. Traditionally, this has meant arming physicians with medical knowledge, clinical reasoning skills and procedural skills,” wrote the chapter’s authors, Christine A. Sinsky, MD, vice president of professional satisfaction at the AMA, and AMA member Alexandra M. Ristow, MD, the lead primary care physician at Patina, an in-home and virtual care primary care practice for seniors in Pennsylvania.

“To combat the crisis of physician burnout, physicians must be equipped with a new set of tools: the knowledge of best practices for preventing burnout; a framework for critical thinking about practice environment and
workflow; the skills to lead a multidisciplinary team; self-compassion; the ability to create a culture of vulnerability within work units; and ‘wellness-centered leadership,’” the authors added. “Advocates for physician well-being at the societal level have been honing these tools for years.”

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Research tops the list

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Advocating for physician wellness can be accomplished using the following levers, the authors wrote:

- Research.
- Activating stakeholders at the individual, institutional and national levels.
- Creating and disseminating resources.
- Leveraging workplace demand.

“Research serves as the foundation for effective advocacy,” they wrote. “With a strong evidence base, advocates can better define an issue, more persuasively argue for change, and more confidently propose solutions.”

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But culture is critical too

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Burnout is driven primarily by systems factors—not individual factors, such as a lack of resiliency.

“Therefore, advocacy to reduce physician burnout must also be directed at systems levels: at the level of the clinical practice, [at] the health care delivery organization and at the national level, with stakeholders in technology, regulation, policy, payment and health care delivery,” they wrote. Moreover, every stakeholder “has the opportunity to hold up their decisions to the question: How will this decision/mandate/requirement/policy impact the physicians and other health professionals who are closest to the patients?”

And if all else fails, physicians can advocate for well-being by “voting with their feet”—in other words, by choosing to work only at practices that value their professional satisfaction.

“Changing the medical culture from one of solo perfectionism and the 'Iron Doc’ mentality to one of self-compassion and vulnerability, and of shared responsibility for outcomes, will be important to reducing burnout,” the authors concluded.

The chapter also provides guidance on putting the levers of advocacy into practice. First on that list: “Focus on fixing the workplace, rather than fixing the worker. The system is broken, not the individuals within.”
Separately, the AMA has produced a first-of-its-kind book for administrators and leaders in academic medicine looking to improve the well-being of educators by making changes at the systems level. The book, *Educator Well-Being in Academic Medicine*, provides suggestions for systems level changes that uplift the educational mission and lead to educators feeling valued and explores evidence-based research, personal narratives and lived experiences focused on well-being.

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