

Burnout best addressed at the organizational level, research shows

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Physicians experiencing burnout are often advised to meditate, get more exercise or adopt cognitive-behavioral strategies to address the problem. But recent research finds that interventions implemented at the organizational level are more effective than those directed at individuals. Yet those interventions are rare, pointing to the need for system-level changes to eliminate the causes of burnout.

The study, in the February issue of *JAMA Internal Medicine*, was based on a systematic review and meta-analysis of 20 controlled interventions involving more than 1,500 physicians from a variety of specialties in the primary, secondary and intensive care settings. The results showed both physician-directed and organization-directed interventions were associated with statistically significant reductions in burnout, but the strongest evidence for effectiveness was found in those that modified resources, the working environment or work tasks to decrease stress.

These measures included:

- Scheduling changes.
- Reductions in the intensity of workload.
- Improved teamwork.
- Changes in work evaluation.
- Supervision to reduce job demand and enhance job control.
- Increasing the level of participation in decision making.

Of the interventions studied, there were large variations in their approaches, components and intensity, noted the authors.

“Those that combined several elements such as structural changes, fostering communication between members of the health care team, and cultivating a sense of teamwork and job control

tended to be the most effective in reducing burnout,” lead author Maria Panagioti, PhD, and her colleagues wrote. “However, such intense organization-directed interventions were rare and were not evaluated widely.

“The majority of organization-directed interventions that we included in the analyses introduced simple reductions in the workload or schedule changes. Concerns about implementation and delivery costs of organization-directed interventions, especially if they involve complex and major health care system changes, might explain their scarcity.”

An accompanying editorial notes, however, that health care organizations are often at the mercy of changes to the practice environment—including the emergence of value-based payment systems, the growing prevalence of chronic disease and the demands of electronic health records. The authors—the journal’s editor, deputy editor and an editorial board member—opine that, realistically, organizations may only be able to accomplish so much to head off physician burnout.

“As we look in the mirror, should we again find strength in the traditional view of the physician, or is it time for a remodeling?” the editorialists wrote. “Who are we, and how can we come together to advocate for a health care system that supports our identity and our best care of patients, now and for the generations to come? It is time to steer our own course, rather than ride the waves.”

JAMA Internal Medicine is launching a series on the work life, well-being and professional identify of physicians and these factors’ relationship to quality of care. The journal invites submissions of original research, reviews and special communications.