

6 big things that must change to beat physician burnout

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While there is growing enthusiasm for system-level changes to address physician burnout, greater progress is needed, says a report from the National Academy of Medicine (NAM). There is no magic-bullet fix to beat doctor burnout, though. Instead, there needs to be collective, coordinated action across all levels of the health care system to address the roots of the problem.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization's well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

The authors of the consensus National Academy of Medicine report, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, called for immediate action from the health care system to combat physician burnout and improve professional well-being.

"There is evidence that interventions focused on work organization can mitigate burnout; thus, health care organizations are a powerful determinant and have a critical role to play in reducing clinician burnout," says the NAM report, which was produced by a panel of experts that included AMA member Lotte N. Dyrbye, MD, MHPE. Read "Revealing the ripples of burnout," a great *AMA Moving Medicine Magazine* profile of Dr. Dyrbye and her colleagues.

One way for health systems, organizations and individual physicians to tackle the problem is to endorse the Charter on Physician Well-Being and implement its recommendations. The charter was created by the Collaborative for Healing and Renewal in Medicine, which is a group of experts on physician burnout from leading medical centers and organizations, including the AMA.

With research showing that about 44% of physicians exhibit at least one symptom of doctor burnout,

here are six goals identified in the NAM report to lay the foundation for system level changes to reduce physician burnout and improve well-being.

Invest in research

The alarmingly high rates of physician burnout and the negative effects on the health care system and patient care signals a need for further research. Dedicated funding for research on professional well-being can help uncover causes of burnout and establish appropriate solutions.

Learn how the multiyear, multimillion-dollar AMA Practice Transformation Initiative is addressing the large gap in research on actionable solutions to mitigate doctor burnout.

As part of the Practice Transformation Initiative, the AMA also launched the Joy in Medicine™ Recognition Program, which honored 22 health care organizations for their outstanding efforts to address the systemic causes of physician burnout.

Create positive work environments

Health care organizations "have a vitally important role in creating and maintaining positive work environments that clinicians find to be safe, healthy and supportive and that foster ethical and meaningful practice," says the report.

Organizations should focus on adopting fundamental principles for redesigning work systems to prevent and reduce burnout, while also fostering well-being. This should include efforts to prioritize actions, procedures and policies to deliver the best value.

AMA STEPS Forward™ is a collection of more than 50 award-winning online tools that help physicians and medical teams make transformative changes to their practices and covers everything from managing stress and preventing burnout to improving practice workflow.

Reduce administrative burdens

In the U.S., health care laws, regulations, policies and standards are complex and imposed by many entities. Administrative burdens are a barrier to quality care and a leading cause of physician burnout.

Health care policy makers, regulators and standards-setting bodies should engage physicians and

patients throughout the process. This can help to identify and eliminate areas that contribute little or no value to patient care.

The AMA is debunking regulatory myths by clarifying these often complicated issues for doctors to help them and their care teams in the day-to-day practice environment.

Read this article to see whether you're stumped on one such example: Myth or fact? Teaching doctors must re-document student EHR work.

Create positive learning environments

Educational institutions, affiliated clinical training sites, accreditors and related external organizations have a responsibility to create and maintain positive learning environments. This should support the professional development and well-being of students and trainees.

There is a need to promote well-being and address burnout early in professional development. Educational institutions should work together with health care organizations to ensure efforts to prevent and reduce burnout are coordinated across both the work and learning environments.

Promoting medical student and resident well-being is a key part of the AMA Accelerating Change in Medical Education and Reimagining Residency initiatives.

Learn more with the AMA about where physician burnout starts in training—and how to help stop it.

Also find out more about Dr. Dyrbye's research outlining four ways that residency programs can help medical residents beat burnout.

Enable technology solutions

Many of the challenges with health information technologies affect professional well-being. These problems include use of health IT tools, poor integration into clinical workflow, and difficulty sharing information among team members and setting.

Despite efforts to improve health IT design and evaluation, many physicians still find these technologies to be challenging and time consuming to use. Vendors, physicians, health systems, regulators and policy makers must work together to address these challenges.

The AMA is working to make technology an asset and not a burden. Efforts on that front include EHRSeeWhatWeMean.org

, a collaboration between the AMA and MedStar Health to demonstrate the risks and challenges caused by poor usability in electronic health record technology that reduce time available for physicians to care for patients.

Learn more about research that links hard-to-use EHRs and physician burnout, and discover how the AMA's digital health leadership is ensuring the physician perspective is represented in the design, implementation and evaluation of new health care technologies.

Provide support to clinicians and learners

There is stigma associated with seeking emotional and mental health. This stigma thrives in health care "because of the culture and training, the perceptions of health professionals and the expectations and responses of HCOs [health care organizations], licensure boards and other external organizations," says the NAM report.

Reducing the stigma and eliminating barriers to help-seeking are vital for improving physician well-being and reducing burnout. Solutions should support the services needed to prevent and alleviate burnout symptoms, facilitate recovery and foster well-being among learners and physicians.

Fear of licensure problems is one of five factors that help explain why physicians are less likely to seek support.

The AMA has adopted policy urging medical boards to avoid contributing to mental health stigma.