Burnout isn’t due to resiliency deficit. It’s still a system issue.

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The prevalence of physician burnout has been well documented, and many organizations initially offer resilience training to improve physician well-being. However, while maintaining and strengthening resilience is important, physicians do not have a deficit in resilience. Instead, a recent study reinforces that additional solutions—such as those addressing system issues—are needed to reduce physician burnout and promote well-being.

Published in JAMA Open, “Resilience and Burnout Among Physicians and the General US Working Population,” evaluates resilience among physicians and U.S. workers. It also addresses the association between resilience—the collection of personal qualities that enable a person to adapt well and even thrive in the face of adversity and stress—and burnout among doctors.

The cross-sectional survey was completed by 5,445 U.S. physicians and 5,198 individuals in the working population. Results showed that doctors had significantly higher resilience scores than the general employed population. Additionally, each one-point increase in resilience score was associated with 36% lower odds of overall burnout. However, 29% of physicians with the highest possible resilience score still experienced burnout.

“The very high rates of physician burnout are not related to a deficiency of resilience within physicians,” said Christine Sinsky, MD, vice president of professional satisfaction at the AMA and co-author of the study. “It is the work environment that drives physician burnout.”

“Resilience training may have a role, but it is not the primary approach to reducing burnout,” said Dr. Sinsky. “This study should, in fact, provide guidance to the health systems to focus on physician burnout by addressing the environmental or system causes of burnout rather than focusing on resilience training.”

Here are some areas health systems should focus on to improve well-being and reduce physician burnout that goes beyond resiliency training.
Inefficient workplace processes

“We can bucket the interventions into different groups starting with improving workflow, teamwork and practice efficiency,” said Dr. Sinsky. “Another bucket is improving organizational culture and that can include changing the culture so that there’s more control and autonomy and decision making pushed to the physicians who are closest to the patient rather than having all those decisions being made centrally.”

One way to address workflow, teamwork and practice efficiency is by getting rid of stupid stuff and reducing administrative burdens. By establishing workflows that support team-based care, health systems can boost productivity and enhance the patient experience. It’s a win-win for everyone.

Learn more about the five steps physicians can take to get rid of stupid stuff.

Excessive workloads

A critical intervention focuses on implementing “advanced team-based care, reducing the clerical burden and improving usability of the EHRs,” said Dr. Sinsky. “Physicians are highly trained, skilled and motivated. If you take away all agency from people in that circumstance, it can add to burnout.”

Additionally, “if you entrust physicians with more agency and more decision authority over their local environment, the outcomes are better,” she said.

Learn more from the AMA about the three keys to prep your staff for success with team-based care.

Negative leadership behaviors

“One thing health systems can do is measure the leadership attributes of their physicians that promote professional well-being and help against burnout,” said Dr. Sinsky, adding that there is an AMA STEPS Forward™ module on some of those leader behaviors. There are also measurement tools available to address leadership behaviors.

For example, “Does my leader listen to me? Do they support my career development? Do they solicit my input into our unit decisions?”
“All those leader behaviors improve the leader’s effectiveness, and they also reduce burnout among physicians,” said Dr. Sinsky.

Learn more about why addressing physician burnout starts with a healthy team culture.

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 AMA has two free surveys to help health care organizations monitor the impact COVID-19 has on their workforce during this pandemic. The surveys can be used to track trends in stress levels, identify specific drivers of stress, and develop supportive infrastructures based on these drivers. Organizations that use the surveys will receive free-of-charge support from the AMA in launching the surveys and access to data through an easy-to-use reporting dashboard.