

# Why focusing burnout efforts on individual doctors misses the boat

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Compared with the general working population in the U.S., physicians have significantly higher levels of resiliency. But that doesn't make physicians immune to burnout. In fact, even physicians with higher levels of resiliency experienced burnout. That is because burnout isn't due to a resiliency deficit—it's still a system issue. Instead of focusing on the individual, health care organizations must shift focus to the entire system.

"There is a risk to an exclusively individual focus. The concern is that this could actually deepen cynicism among physicians and other health care professionals through the perceived message that physicians have to toughen up to cope with their working environment rather than addressing the working environment itself," AMA member Colin West, MD, PhD, said during a recent AMA webinar, "Physician burnout: It's not a resiliency deficit."

"If the only solutions that physicians and other health care professionals see being offered require that they invest individually in getting tougher, getting stronger, getting more resilient, we are misdirecting our solutions," said Dr. West, professor of medicine, medical education and biostatistics at Mayo Clinic in Rochester, Minnesota. "The individual is not where the bulk of the deficiency or problem is. This is primarily an organizational responsibility."

## Be value-oriented

It is vital for health systems and organizations to be intentional about what their values are and how they translate to their workforce.

This should be done in “the same way we’ve recommended that individuals be intentional about values,” said Dr. West. “Organizations need to prioritize being value-oriented and promoting the core principles of the medical profession that all of us have agreed to in broad strokes as part of our shared understanding of professionalism.”

## **Provide adequate resources**

Health care organizations need to ensure alignment between their values and what physicians experience in their practices as well as what their organizations expect of them.

“This means that resources need to be provided to adequately support individual physicians in achieving those goals for themselves and for their patients at both the organizational level and the more local level,” said Dr. West.

## **Encourage autonomy**

Promoting autonomy is also an important factor for health care organizations to keep top of mind because “physicians can bring the best care for their patients forward when there is some flexibility and sense of control in how to meet patients’ needs,” Dr. West said.

“That sense of being an active partner in what the physician’s work life is like promotes well-being. ... It promotes physicians and other health care professionals who can better serve their patients.”

## **Enhance leadership skills**

When organizational commitment and assessment come up, “this is really tied closely to leadership,” said Dr. West. “We have a growing literature base to suggest that, to no one’s surprise, leaders have a major impact on physician well-being.”

“Collaborative, servant leadership helps promote well-being and leaders who, by and large, are well-meaning and well-intended need to continue to develop those skills so that they can help connect their physicians with meaning, values and purpose,” he said.

## **Create a resilient culture**

“Resilience can be viewed as an organizational strength, not just an individual characteristic,” said Dr. West. For physician practices, hospitals and health systems, that means having the “qualities that enable an organization to adapt well and even thrive in the face of adversity and stress.”

The AMA offers a 17-step guide for creating a resilient organization for health care workers during a crisis.

Learn more from the AMA’s emerging topics for health care systems webinar series, which focuses on physician well-being, practice redesign and implementing telehealth during COVID-19.