

How the last year has forced rethinking on physician burnout

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Two parallel pandemics seem to be occurring in health care: One driven by COVID-19 and the other by a health care culture that produces physician exhaustion and burnout.

While vaccines should put an end to surging coronavirus death tolls, COVID-19 offers “a rare opportunity” to reconsider how health systems value well-being, well beyond the pandemic, Rush University Medical Center’s Chief Wellness Officer Bryant Adibe, MD, said during a recent AMA webinar, “COVID-19 and rethinking wellness.”

How outside pressures creep in

“From widespread economic hardship as a result of the COVID-19 pandemic, to important conversations regarding social justice and equity, ... it is not enough for us to acknowledge that these larger societal issues are just happening out there,” said Dr. Adibe, also vice president of Rush University System for Health.

Health systems and organizations must also “realize that those same social forces shape the culture within our institutions, within our hospitals, and are carried in the hearts and minds of the patients we serve every day and the community of employees who work with us.

“The primary driver of burnout is macroeconomics, spanning the entire U.S. health system. But there are also secondary drivers, typically at the organization-level, such administrative barriers and burdens or operational inefficiencies that significantly contribute and make it worse. Additionally, there are also tertiary drivers,” he added. “These include the realities of trying to balance a professional career with a family and other personal life challenges. It is the confluence of these factors that ultimately drives burnout— not one individual piece, but all of these together.”

“Our role as organizational leaders is to acknowledge and address those drivers over which we have control and attempt to provide solutions that will be impactful,” said Dr. Adibe. This means that “targeting personal resilience tools” such as meditation, yoga and physical activity, which can help individually, “will not be impactful if the challenge we’re seeking to address is a secondary organizational driver. The two don’t match.”

For example, if the problem is administrative burden, workflow or staffing ratios, then meditation or yoga won’t help diminish the feeling of burnout.

Discover five factors contributing to physician stress during the pandemic.

Why workload matters

“What organizations and teams often describe as wellness problems, in reality, are often really operations problems,” said Dr. Adibe. For example, at Rush “we do wellness consults throughout the organization just like any other clinical service. We also offer consultations both at the individual level and at the team or unit level.

“We got a consult last week from a great team leader who ... reported that their team was experiencing a unique amount of stress likely related to COVID-19,” he added. “It turns out that over the past week that team had seen a 30% increase in their volume of workload.”

“What the team needed was not wellness tips and tricks,” said Dr. Adibe. “What the team needed was an adaptive staffing plan; one that would allow for a flexible, temporary increase in staffing to meet that 30% increased demand so that their load would be more manageable.”

This recommendation was provided to that team, “which on the surface doesn't seem like a wellness recommendation, but that's actually what the team needed in that moment,” he said.

Read this *JAMA* Health Forum article by Dr. Adibe, “Rethinking Wellness in Health Care Amid Rising COVID-19-Associated Emotional Distress.”

Reframe well-being as a value

Physician well-being is too “often seen as an issue that organizations need to solve or address,” said Dr. Adibe. That is not the case.

Rather, well-being should be “a core institutional value,” he said. “One that is demonstrated by what we do and through the institutional decisions we make. It is expressed by the factors that we weigh and the impact that they have on the people who work within our organizations and the communities that we serve.”

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.