Responding to the shortages that are driving up doctor burnout

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Physician burnout—which was already an issue before the pandemic—continues to take its toll on the nation’s physicians with nearly one in five planning to leave the profession or reduce hours. That’s why addressing burnout is a key pillar of the AMA Recovery Plan for America’s Physicians.

“It is mission critical if we want to keep everyone in America healthy that we actually implement this recovery plan—particularly for physicians—but, really, if we think even more broadly, anyone who works in health care,” AMA member Tina Shah, MD, a recent senior adviser for the surgeon general and expert on clinician burnout, said during a recent episode of “AMA Moving Medicine” about the importance of reducing physician burnout.

Far too many U.S. physicians experience burnout. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Health systems and organizations must think about treating physician burnout with the right treatments. That’s because when physicians get burned out, it is the workplace that is the problem, not the individual. And while physicians are already some of the most resilient people, the solutions must look at the system level to address burnout to help doctors work at the top of their game.

Dr. Shah—a pulmonary and critical care physician who advises companies on how to address burnout—outlined some steps health care leaders can take to overcome staffing shortages and cut doctor burnout now and over the long term.

Finding the secret sauce
“One word that comes to me is this word ‘autonomy,’” Dr. Shah said. “Imagine if we gave physicians, nurses and other care team members the autonomy to choose when they want to work. It’s not that we don’t want to work. We are so tied to our patients. But the thing is, we’re only human and so we have other demands outside of work.”

“This is about getting creative,” she added. “How can we actually build a hybrid day so that we’re not just forced to be in the office seeing patients? We can marry up telemedicine with office space visits to accommodate not just patients’ needs but to accommodate our own as moms and dads and caretakers of others.”

“This is where the secret sauce is. There’s so much we can do with technology. And this is about asking our people what they need and then trying to design for that, whether that’s incorporating more virtual care in or just giving autonomy back to us, the physicians and others who we get to work with.”

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“As we’re dealing with the great resignation, and as we’re dealing with more travel nurses helping us when we’re in the field or people who are a little bit more green … we need better supports for newer folks who are maybe a little more less experienced,” said Dr. Shah. “This is where we really want to get radical.

“Imagine if you had a virtual senior physician who was just kind of there, sitting at home but wanting to—after being retired—actually help,” she added. “Maybe they could port in—and this really happens in the ICU but can happen elsewhere—and be that backup for doctors or residents.”

“Before the pandemic, we rarely did this. We only saw this kind of thing with virtual care, especially in our hospitals housed in areas where it may have been harder to attract doctors and nurses—for example, using tele-ICU,” said Dr. Shah. “But why can't we do this all the time, every day? This is for population health goals. This is for saving that patient in front of us.

“And this, for sure, is addressing burnout because we finally get the resources to meet the job demands we have every day,” she added.

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