

PHYSICIAN BURNOUT: The White Coat Blues

As a nurse it has been incredibly frustrating to see the decreased morale, the increased cynicism relating to the business of medicine and, even worse, the steady decline of medical students wanting to enter primary care. Physicians who, through my lens, are the epitome of medicine and the backbone of patient care in this country, are struggling.



THE STATE OF HEALTHCARE

Given the state of health care in 2018, physicians have a tough job. From navigating administrative bureaucracies, to staying current on shifting payment models, physicians face significant challenges. And that's on top of operating a medical practice with large patient loads. As a practice consultant, I work with physicians to help manage these changes that are frustrating at best and daunting at worst.

In this everchanging field of uncertainties, physicians have reported experiencing poor professional morale, burnout and depression. In the 2016 Survey of America's Physicians: Practice Patterns and Perspectives, the two factors that physicians found the least satisfying about medical practice were "regulatory/paper-work burdens," followed by the "erosion of clinical autonomy". Physicians spend 21% of their time engaged in nonclinical paperwork.

Physicians bear the bulk of responsibly implementing new delivery models and maintaining care, but the majority feel that they have little input or even influence over health care regulations and other mandates. This lack of control of how health care is structured or where it is heading is leading to professional frustration and poor morale.

In order to combat these issues, many surveyed stated that within the next one to three years, they will cut back on hours, retire, switch to a concierge practice or work locum tenens.

PHYSICIAN BURNOUT

Burnout is not a disease, but a syndrome characterized by exhaustion, cynicism and a

decreased sense of efficacy. Physician burn-out is job-related and situation-specific. Although physicians may have different susceptibility, burnout is largely driven by factors in the work environment, such as too many or unrealistic job demands coupled with insufficient resources, lack of control and inadequate support. For those of us currently working in health care, it's no surprise that burnout affects half of the physician population at a time when physicians are working more and earning less.

COMBATTING THE BLUES

So, what do we do? Burnout is a complex issue, and I suggest first treating our physicians as humans and not robots. Medical schools have introduced wellness programs and education to help upcoming physicians manage their work-life balance. Hospitals and other large institutions can focus on improving processes, especially those that tend toward bureaucracy, increase physician stress and decrease morale.

Physicians are taught "Patient First," which is important. But are physicians putting themselves first outside of work? While there are frustrating things physicians may not be able to control, they can focus their efforts on what they can control—like taking time off for vacations and



focusing on family and their social lives. Getting away physically, but especially mentally, to relax and have fun is key.

For those of us who are not physicians yet work side-by-side with them and see the signs: Speak up! Let your physician know you understand that it's tough and offer to take some items (that are within your scope) off their plate. Also suggest that they take time off and go on that vacation they always say they're going to take but never do. As a consultant, I encourage physicians to take vacations, go to dinners, and reconnect with old friends or hobbies. Quality of life is important—it's what we tell our patients every day, and now it's time for us to apply it to our lives.

