Editor's message

Physician burnout: Current perspectives

Physician burnout, while likely existent since the profession of medicine itself, is a relatively new term. With the push for destigmatization of mental health, coupled with medicine's departure from a stoic worldview, physician burnout is now being recognized as a major problem facing our profession. Burnout can affect doctors at every stage of their training, from those in medical school to senior physicians. It carries major psychological burden, evidenced by suicide rates that are higher than the general population.[1] Additionally, physician burnout is associated with major medical errors, which can negatively impact patient outcomes.[2] Burnout is a multifactorial, complex problem, and the organizational and individual factors that contribute to its severity are not fully recognized. If these factors can be adequately identified, then preventative measures can be taken to reduce burnout risk while improving physician well-being.

As burnout becomes increasingly evident in residents, many, including mainstream media[3] and Resident Doctors of Canada[4] (RDC), have posited that prolonged working hours are a major part of the problem. Indeed, in 1984 an 18-year old female named Libby Zion was killed, as determined by a New York grand jury, by a constellation of poor decisions made by fatigued residents.[5] The message was clear: excessive working hours creates a situation in which patients' lives are at stake. In reaction, the Accreditation Council for Graduate Medical Education, a national governing body, enforced a limit on resident working hours to no more than 80 hours per week with no longer than 24 hours per shift, effectively bringing the USA in line with other developed countries (European Union and New Zealand) which have restrictions on resident work-hours.[6] To date, outside of Quebec (which has recently set a 72-hour per week limit with a 16-hour limit per shift), there is no national regulation surrounding resident working hours in Canada.

While there is ample evidence that work hour restrictions leads to better patient care, the effects of restricted work hours on physician burnout are less clear.[7,8] In a recent systematic review, quality-of-life and burnout were generally associated with long work hours in only a third of the studies examined, but not in others.[9] For example, in a recent study, restricted work hours (which caused increased average daily sleep) did not decrease feelings of burnout when measured in medical residents using a validated scale.[10] Strikingly, in one prospective cohort study of over 2000 medical residents in the US, stricter duty hours had no significant effect on hours slept, depressive symptoms, or overall well-being.[8] Together, this data suggests that while hours worked may contribute to some feelings of burnout amongst physicians, additional psychosocial factors play a major role. That said, there is certainly an argument to be made for duty hour restriction with respect to patient care, but it is clearly not an end-all solution for physician burnout.

Resilience, or the ability to recover from and resist the negative effects of stressful stimuli, is a major protective factor against the effects of depression.[11] Understanding that burnout can ultimately lead to depression and suicide, some have suggested that training physicians to be resilient may be an effective strategy. This includes training individual aspects of resilience such as positive coping and thinking strategies, building support systems, implementing physical activity, and self-care; as well as organizational and community factors such as teamwork, cohesion, a sense of belonging, and a positive work environment.[12] Indeed, physicians who engage in self-care and maintain positive outlooks on work and life felt the effects of burnout less than those who did not.[13] Some healthcare systems, recognizing the major burden associated with burnout, have implemented support programs for physicians suffering from burnout, wherein a physician self-identifies (or a colleague raises concern about) their burnout and is then paired with a mentor who acts as support.[12] Other systems have implemented programs that promote a culture of wellness (both physical and mental), self-reflection, teaching of resilience techniques, and compassion.[12] Overall, organizations have a responsibility to support their physicians when burnout occurs.

Nova Scotia is no stranger to physician burnout, and many of the above factors are at play. A recent survey conducted by Doctors Nova Scotia (DNS) showed that 50% of surveyed doctors have symptoms of burnout and 20% felt ineffective at their job.[14] These numbers are alarming, considering the current physician shortage the province faces which, in turn, puts higher strain on current practicing doctors and further contributes to burnout. Interestingly, the major contributor to burnout in the DNS survey was not lack of self-care but was rather mostly organizational. Thirty percent of physicians felt their autonomy was disrespected by government/health authorities, 45% felt they lacked autonomy in their work environment, and many had concerns regarding billing, uncompensated time, and excessive workload due to poor physician recruitment.[15] In an effort to ameliorate some of the effects of burnout, DNS has developed programs (the

Professional Support Program, available via the DNS website) and workshops to support physicians when needed.

The solution to reducing physician burnout, especially in Nova Scotia, is multifactorial and will require reform by a variety of stakeholders. That includes an evaluation of working hours of residents and other physicians, a push for individual training of resilience in medical curriculums and at the organizational level, and an implementation of adequate support programs in healthcare organizations. Most importantly, for Nova Scotian physicians, is improved communication and cooperation between government, physicians, and health authorities. Stakeholders should be reminded that our priorities lie with maximizing patient outcomes. With physician burnout so prevalent, it is challenging to continually provide our patients with the highest level of care. It is therefore in the best interest of all parties to try and address this problem.

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