

Burnout hurts doctors, and is bad for patients – so what's to be done?

April 6 2015, by Richard Gunderman



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The prevalence of burnout in medicine appears to be high. One [2012 study](#) showed that 46% of physicians report at least one symptom of burnout. Moreover, burnout is more common among physicians than other highly educated groups.

Psychologist [Christina Maslach](#) and colleagues have identified components of [burnout](#), including exhaustion, cynicism, and inefficacy, the sense that one's efforts are not making a difference.

They call the opposite state engagement. Engaged physicians operate with a high energy level, a strong sense of involvement, and a conviction that their work makes a difference.

There is little doubt that burnout among physicians is a [problem](#). For one thing, it adversely impacts work performance. It is also associated with poor health, including higher rates of stress-related diseases. It is even linked to cognitive impairments, such as reduced attention levels and memory deficits.

Being cared for by a burnt out physician is [bad for patients](#). For example, burnout is associated with lower patient satisfaction levels, longer post-surgical recovery times, and increased rates of physician-reported errors.

Today medical practices, hospitals, and medical schools are paying more attention to [burnout](#). When it comes to understanding burnout and what can be done about it, the metaphor of a candle offers a number of important insights.

We all know what it takes for a candle to generate light. It needs three things: fuel, oxygen and heat. Allow it to use up all its wax, deprive it of oxygen by snuffing it, or blow enough cool air on it, and the flame will go out. When it does, the candle ceases to generate light and heat.

To generate light, a candle first needs fuel. Physicians' passion for medicine is fueled by many things, but perhaps the most important of all is the opportunity to care for patients. People go into medicine because they want to help others. As physicians feel that they are spending an increasing proportion of their time on activities that do not help patients, they are more and more likely to find themselves running on fumes.

One [study](#) of internal medicine residents at a Johns Hopkins-affiliated hospital showed that internal medicine residents are spending on average only eight minutes per day with each patient, but several hours interacting with hospital information systems. Many patients know what it is like to have a physician spend more time looking at a computer screen than at them.

A candle also needs oxygen, which may be likened to the opportunity to make a meaningful difference in the lives of the patients for whom physicians care. To make such a difference, physicians need to know that patients are benefiting from their efforts.

Unfortunately, physicians today are frequently being evaluated by criteria that do not necessarily reflect patient benefit. These criteria include throughput (a term derived from manufacturing), revenue, and compliance with policies and procedures.

Physicians may be retained, promoted, and compensated according to the number of patients they see or the number of procedures they perform, and not so much on the quality of care they provide to individual patients.

In many cases, the use of such criteria may actually undermine the difference physicians are able to make. For example, it may pressure them to practice at a rate so high that they no longer have time to get to know their patients.

A candle also needs heat, and many physicians feel that the warmth of medicine is being sucked away by organizational, economic and political forces that tend to treat patients in aggregate, rather than as individual human beings.

If there is a spark in clinical medicine, it tends to arise from the relationship between an individual patient and an individual physician. When that relationship is short-circuited, it is only natural that physicians' ardor for their profession diminishes.

If the profession of medicine is to remain healthy and patients are to enjoy high-quality care, it is vital that health care leaders grasp the importance of strong patient-physician relationships, as embodied in medicine's foundational document, the [Hippocratic Oath](#).

Though perhaps 2,500 years old, the Hippocratic Oath makes abundantly clear that the physician's core responsibility is not to the government, health insurance companies, or hospitals and health systems, but to the [patients](#) for whom they care.

Simply put, it is possible for [physicians](#) to generate a great deal of warmth and light through the practice of [medicine](#) without burning themselves out, but only if they operate with a deep and inspiring understanding of who they are really responsible to.

More information: "Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population" *Arch Intern Med.* 2012;172(18):1377-1385. [DOI: 10.1001/archinternmed.2012.3199](#)

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Source: The Conversation

Citation: Burnout hurts doctors, and is bad for patients – so what's to be done? (2015, April 6)
retrieved 24 April 2024 from

<https://medicalxpress.com/news/2015-04-burnout-doctors-bad-patients.html>

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