5 Approaches to “Diagnose” The Deeper Causes of Physician Burnout

The number of physicians experiencing symptoms of burnout continues to be unsustainably high. Physicians cannot contribute to delivering and improving quality patient care if physicians continue to burnout at this rate, leave practice, drop out of medical school, or take their own life. Characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment, burnout has a devastating impact on doctors and is linked to increased rates of suicide and depression - more than twice that of the general population.

The causes of burnout go deeper than physicians just needing a different work-life balance. As physicians, we would do well to apply the medical model to diagnose and treat physician burnout. As any physician knows, if you don’t diagnose the causes of a patient’s condition correctly, you can’t achieve a lasting treatment. The same applies to the epidemic of physician burnout.

While much has been written about physician burnout, much of it appears not to lead to practical improvement strategies beyond yoga, meditation, and better treatment of distressed physicians. Here are five new approaches to “diagnose” the deeper causes of physician burnout.

1. Focus on Physician Brain Chemistry

Based on the current understanding of neurotransmitters, four chemicals primarily influence the experience of burnout: dopamine, serotonin, oxytocin, and cortisol. We get a dopamine hit with short term accomplishments. Yet these hits alone do not generate a sustainable sense of well-being. We get a boost in serotonin when we feel appreciated, an experience all too often lacking in the day-to-day experience of physicians. And oxytocin is released when we feel bonded to another. The increasing isolation of physicians from each other and alienation from the organizations in which we work reduces oxytocin, additionally undermining our sense of well-being. Solutions to burnout need to include a greater appreciation of the excellent work performed by physicians and increasing their connections to patients, fellow physicians, workers, and the organizations in which they work.

2. Focus on Integration

Healthy relationships are characterized by a high degree of integration between and among people. As physicians struggle with electronic medical records and other stresses, they are experiencing greater disintegration between themselves and their patients, fellow physicians and coworkers, as well as the organizations in which they work. To reduce burnout, changes should target ways to help physicians experience greater integration and greater connectedness with their patients, peers and the healthcare organization.

3. Burnout vs. Moral Injury

To say a physician is burning out to some implies a failure of resiliency or inner strength on the part of the physician. Some have said a better framework is a moral injury, which occurs when one perpetrates, fails to prevent, bears witness to or learns about acts that transgress deeply held moral beliefs and expectations. Most Physicians go into medicine because they care and want to help others, but now so many physicians struggle to provide the care they believe their patients need and deserve without undue interference from healthcare’s many stakeholders. As a result, they often lose sight of their original calling to medicine. Leaders should focus on helping physicians reconnect with and find time to fulfill this calling.

4. The Nature and Drivers of Happiness

The scientific study of happiness unpacks this term, recognizing it as being composed of pleasure, engagement, and meaning. Engagement in a professional environment means you are continually interested in, challenged by, and enjoy what you do. Individuals experience a sense of well-being when they find meaning and bring meaning to what they do. Engagement and meaning are directly linked and are the key drivers around burnout. For most physicians, this is found in actively providing patient care. Fostering valuable relationships with physicians and allowing them space to pursue engagement and meaning in their work are valuable strategies to reduce burnout.

5. Conflict Resolution

Too often, physicians work in settings of high conflict and low trust, especially in physician-hospital relationships. This further exacerbates all other drivers of physician burnout and makes implementing solutions more difficult. Strategies for reducing burnout need to address past causes of conflict and low trust and create a pathway to lower conflict and build greater trust going forward.

Ultimately, treating burnout within an organization must start by establishing an open dialogue around these issues. By reframing the root causes of burnout physicians, and hospital and system leaders can implement effective change interventions that improve the well-being of providers and the quality and sustainability of patient care.

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