

# Physician Burnout Overview and Resources

The unrelenting pace of change in the health care industry and the increasing list of mandates have led to high physician burnout rates. The burnout rate in January 2020 was more than 40%—and it's a challenge that's only become more acute and widespread in the wake of Covid. As leaders consider how to best support physicians coming out of this year, the ambition shouldn't be to get back to "normal". It should be to get back to a *better* and more sustainable system for physicians.

Use this overview to unpack the key drivers of burnout and identify organizational changes you can make to support physicians in the long-term.

## Defining burnout

The World Health Organization defines burnout as chronic workplace stress that has not been successfully managed. It is characterized by:

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job or feelings of negativism or cynicism related to one's job
- Reduced professional efficacy

**For physicians**, burnout can manifest in many ways, including having nothing left to offer patients at the end of the day, feeling like they are "churning" through visits rather than connecting with patients, feeling ineffective in helping patients solve their problems, or not valuing professional achievements. For many, it can feel overwhelmingly like "I *can't* do this."

## A two-pronged approach to addressing—and preventing—burnout

There are many reasons why physicians experience burnout, ranging from a traumatic event to an accumulation of daily stressors. To support physicians, it's important to tackle burnout on two levels: ensure easy access to resources for individual emotional needs and proactively make organizational changes to reduce likelihood of future physician burnout.



Bolster support for acute emotional needs



Mitigate organizational drivers of burnout

## A two-pronged approach to addressing—and preventing—burnout



### Bolster support for acute emotional needs

Physicians will confront a variety of emotionally-charged scenarios that can have lasting effects on their well-being, and the pandemic has only increased the likelihood of these encounters. To prevent exacerbating symptoms of burnout, organizations need to build a robust infrastructure of emotional support resources.

See *Three [strategies](#) to build baseline emotional support* in tandem with *How to provide [emotional supports](#) for your workforce* to ensure that your organization is providing targeted support for the three types of emotionally-charged scenarios physicians are likely to encounter: trauma and grief, moral distress, and compassion fatigue.



### Mitigate organizational drivers of burnout

While emotional support is critical, it's not sufficient to *prevent* burnout. Physician leaders must widen the lens to identify the systemic drivers of burnout that contribute to day-to-day frustration and deplete capacity for unanticipated stressors.

Within the research on physician burnout, there are several perspectives on its root causes. But across all models, we've identified three consistent drivers of physician burnout that executives should focus on: workload, autonomy, and loss of meaning in work.



#### Key organizational drivers of physician burnout

##### Workload

Too much work, too little work, inefficacy of work, less than top-of-license work

##### Autonomy & control

Loss of control over scheduling, overwhelming documentation burden, limited input into organizational strategy

##### Loss of meaning

Misalignment of values, limited time with patients, minimal clinical collaboration

## Executive opportunity: Prioritize interventions that address all three organizational burnout drivers

To reduce and prevent burnout, we recommend focusing your physician burnout strategy on tactics that inflect all three of the top drivers of physician burnout: **workload, autonomy and control, and loss of meaning**.

On the next page, we've hand-picked resources you can use to ensure physicians are practicing top-of-license, reprioritizing the physician-patient relationship, and meaningfully involved in setting your organization's strategy.

## Prioritize interventions that address the top organizational burnout drivers

Each of the tactics below addresses all three of the top three drivers of physician burnout: workload, autonomy and control, and loss of meaning in work.

Physician challenge	Organization-level opportunity—and resources to support
Increased documentation burden	<p><b>Streamline EHR workflow to free up physician time</b></p> <ul style="list-style-type: none"> <li>• Research brief: <a href="#">The medical group leader’s EMR optimization playbook</a></li> <li>• Research brief: <a href="#">Achieving better clinical decision support with fewer alerts</a></li> </ul>
Not consistently working top-of-license	<p><b>Use APPs autonomously to reduce duplicative workflow</b></p> <ul style="list-style-type: none"> <li>• Our take: <a href="#">Deploying APPs autonomously</a></li> <li>• Toolkit: <a href="#">Four keys to maximizing advance practice provider (APP) ROI</a></li> </ul> <p><b>Engage clinicians in reallocating tasks across the care team</b></p> <ul style="list-style-type: none"> <li>• Tool: <a href="#">Tools to manage change during care team redesign</a></li> <li>• Tool: <a href="#">Primary care team task allocation guide</a></li> </ul>
Workflow design doesn’t account for physician preferences	<p><b>Give physicians visibility—and a say—into their schedules</b></p> <ul style="list-style-type: none"> <li>• Case study: <a href="#">How Glacier Bay Clinic standardized schedules to improve patient access</a></li> <li>• Research brief: <a href="#">10 steps to centralized scheduling</a></li> </ul> <p><b>Partner with physicians to design sustainable virtual workflows</b></p> <ul style="list-style-type: none"> <li>• Our take: <a href="#">Why providers must embrace telehealth now</a></li> <li>• Coming soon: Sustaining realistic virtual visit adoption</li> </ul>
Lack of organizational transparency	<p><b>Streamline physician communication so they know what’s ahead</b></p> <ul style="list-style-type: none"> <li>• Toolkit: <a href="#">Tools to communicate across the physician enterprise</a> <i>Start with:</i> <a href="#">Physician executive e-visibility picklist</a></li> <li>• 15-minute webinar: <a href="#">How to proactively address emotional reactions to change</a></li> </ul>
Limited voice in organizational strategy	<p><b>Incorporate the physician perspective early and often in organizational changes</b></p> <ul style="list-style-type: none"> <li>• Toolkit: <a href="#">The physician executive’s guide to change leadership</a> <i>Start with:</i> <a href="#">Structured physician brainstorming session</a></li> <li>• Research report: <a href="#">Your data-driven roadmap for physician engagement</a> <i>Start with:</i> <a href="#">Hardwire physician involvement in strategic decisions</a></li> </ul> <p><b>Make physician leadership roles sustainable—and appealing</b></p> <ul style="list-style-type: none"> <li>• Research brief: <a href="#">Strengthening your physician leadership development program</a></li> <li>• Webinar series: <a href="#">15-min physician leadership essentials</a></li> </ul>

You’ve likely started work on several of these initiatives—and they may or may not be explicitly linked to your physician burnout strategy. As you consider where to bolster your investment, we recommend underscoring the connection between these interventions and physician burnout to increase urgency and buy-in. Once you decide where to focus, work closely with cross-departmental leaders such as HR, IT, Quality Improvement to align these practices with ongoing initiatives at your organization.