Message from the Chair

WASHINGTON Medical Commission
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Ensuring the Health of Washington's Physicians and Physician Assistants: Combatting Burnout

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This edition of the Washington Medical Commission (WMC) Newsletter includes an important article from the Washington Physician Health Program (WPHP) about the tragic issue of physician suicide. As an academic physician, I have sadly learned that several of my former trainees committed suicide. As WPHP's Drs. Bundy and Sung describe, beyond depression, external factors may contribute to physician suicide. These factors include burnout, moral injury, malpractice claims, medical board complaints, and referrals to physician health programs, although causal relationships are not clear. From a larger viewpoint, burnout remains a significant cause of physician dissatisfaction with work-life balance and a cause of early retirement.

Physicians have a higher rate of dissatisfaction with work-life balance and burnout compared to the working population. Coping with patient illness and death is stressful. Physicians tend to be perfectionistic and blame themselves for poor patient outcomes. The corporatization of medical practice with top-down administration has resulted in lack of physician control over their practice and a proliferation of business-oriented performance metrics. Costly implementation of electronic health records created onerous charting requirements and reduced spending for extra health care staff to assist with high workloads. There is a misbalance between work demands and work resources.

The extraordinary physical and emotional stresses of COVID-19 increased burnout in all health care providers. Moral injury due to excessive work demands created the inability for physicians to adequately care for needy patients. This especially impacted those practicing emergency medicine, critical care, and family practice. COVID-19 also increased burnout in medical specialties providing elective care due to financial uncertainty from loss of income. In the post-COVID era, burnout results from short staffing paired with a higher public demand for healthcare in the face of early retirements.

Beyond the adverse impact of burnout on physician and physician assistant health, why else is the WMC so concerned about burnout? Burnout involves emotional exhaustion, depersonalization, and ineffectiveness at work. These factors impair communication with patients and lead to lower patient satisfaction and increased patient complaints to the medical board. More concerning is that burnout is associated with increased medical errors.
A recent systematic review of 170 published observational studies found that physician burnout was associated with a two times increase in adverse patient safety incidents (Hodkinson A, et al. British Medical Journal 2022; 378: e070442). Burnout also increased regret with choosing to become a physician and adversely affected career development of younger physicians.

Combatting burnout requires both workplace changes as well as increasing resiliency in providers. Early efforts to combat physician burnout focused solely upon personal wellness interventions such as mindfulness and exercise. Recently, with the new term, moral injury, there is increased recognition of the vital role of the workplace in easing burnout of health care providers. Organizational strategies to combat burnout involve reduction in provider workload and job demands, increasing provider control and flexibility, improving provider work-life integration, developing a sense of community in the workplace, improving workplace culture and values, and improving workplace efficiency and resources (Shanefelt TD, Noseworthy JH, Mayo Clinic Proc 2017; 82:128-146). In addition, systematic ways to improve medical student, physician, and physician assistant resilience also reduce burnout. I look forward to hearing more about ways to improve physician wellbeing from the WPHP in a future WMC newsletter!

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