

EDITORIAL

Physician Wellness

Need for a holistic approach to reducing burnout and promoting well-being

Physician well-being is a complex and multifactorial issue. The literature is filled with tools developed to attempt to measure the nature, severity, and impact of burnout or assess factors associated with wellness and resilience.^{1,2} Many health care institutions have developed strategies that have been adapted from work done on stress, coping, and health.³ The most common recommendations have included: (i) changing work patterns (eg, working less, taking more breaks, avoiding overtime work, balancing work with the rest of one's life); (ii) developing coping skills (eg, cognitive restructuring, conflict resolution, time management); (iii) obtaining social support (from both colleagues and family); (iv) utilizing relaxation strategies; (v) promoting good health and fitness; and (vi) developing a better self-understanding (via various self-analytic techniques, counseling, or therapy).⁴

Individual-based solutions are incredibly valuable and all clinicians can benefit from strategies that enhance well-being and develop resilience. However, this is a form of psychological myopia. Although wellness programs and mindfulness training are practical and seem achievable, our challenge is to identify and address the underlying problems in health care that fuel that stress. There is clearly much to be done in the development of resources to mitigate burnout, improve wellness, and develop resilience.

Baugh et al⁵ describe how emergency department (ED) burnout may be caused by a "mismatch" between the worker and the workplace in 1 or more of 6 domains: workload, control, reward, community, fairness, and values. This article serves as a call to action for the development of a system-based approach to ED burnout and provides valuable strategies that may be applied by ED leadership who are looking to reduce the risk of physician burnout. As the authors mention, physician burnout is a complex and multifactorial issue. In the mid-1970s, a group of researchers began to seriously consider the complex and often difficult relationship that people have with their work environment and the subsequent impact on their health and social networks. Chronic interpersonal stressors on the job were conceptualized into 3 key dimensions: overwhelming exhaustion, feelings of cynicism and detachment from the job, and sense of ineffectiveness and lack of accomplishment.⁶

ED professionals are a vulnerable group. Intense and repetitive situations that are specific to the emergency profession (severity

of pathologies, unpredictability of situations, emotional load, and frequent physical and verbal violence) constitute a favorable ground for the development of stress and burnout.⁷ Medicine can be a decidedly technical and intellectually challenging profession, characterized by a continuous demand in the execution of high-stakes decisions that often require judgement and lack certainty. The increasing mismatch between physicians' interests and the growing demand placed on them subtract from the meaning and joy experienced in their practice.⁸

Previous work shows that emergency physicians have higher-than-average rates of burnout. Physician burnout negatively affects not only physicians but also their colleagues and patients. It has been associated with perceptions of providing suboptimal patient care, lack of empathy, perceived and self-reported medical errors, poor job satisfaction, and lack of professionalism.⁹ It also affects health care organizations and our health care system as a whole, because physicians choose to cut back clinically, retire early or leave clinical practice for other careers.

Addressing factors associated with burnout will require a shared commitment from both health care organizations and individual physicians. In the book, *Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine*, the authors state "Rather than searching out systems issues, it may be tempting to think of the inherent stresses of practice, the traits and characteristics of physicians, mental health issues, and the effects of the culture of medicine as being the culprits. However, the widespread nature of burnout today indicates that clinicians with burnout are not 'weak links' but rather 'canaries in the coal mine.'"¹⁰ This book provides valuable lessons to be learned and applied by organizations that want to do something to reduce the risk of physician burnout. It delves into root causes and offers practical solutions that apply to all specialties.

Although it may be true that fixing the underlying systemic and workplace issues is a more formidable task than providing individual-based support, physician burnout requires both solutions. Addressing burnout requires a more holistic approach. The COVID-19 pandemic has brought to light our resolve and resilience as a specialty. Now, more than ever, we must work together to develop a pathway for restoring the joy and passion back to the practice of emergency medicine. Solutions to address emergency physician burnout involve a shared

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commitment from both the individual physician and their institutional leadership. The focus must include prevention, mitigation, and treatment. We will get “to” this together.

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