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LETTER

Physician Burnout: Designing Strategies Based on Agency and Subgroup Needs [Letter]

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Dear editor

Demographic Differences

The article by Underdahl, Ditri, and Duthely[1] conceptualizes the issue of physician burnout across some physician identities. Understanding how gender, age, and specialty impact the development and perpetuation of burnout is fundamental to prevention. As we focus on subgroup differences, evaluating the role of gender in the factors leading to the development of burnout may provide a framework for understanding some of the larger themes. Gender-based differences exist in the workload stress, satisfaction, and usability of electronic health records (EHRs), potentially contributing to escalating burnout among physicians.[2]

EHR Impact

When discussing physician agency and autonomy, evaluating the ability to leverage tools to improve these components is a needed solution to decrease task load.[3] For most physicians, EHR environments are workspaces where one size fits no one. As healthcare becomes increasingly metric-driven, patient portals and EHR messaging have created a new layer of patient expectations and uncompensated workloads.[4] New regulations mandating patient access to medical records carry an additional workload and ethical concerns.

Agency, Autonomy, Belonging, and the Medical Humanities

The goal of technology must be to decrease the burden of administrative tasks. This increases opportunities for restoring work fulfillment. Agency, a key protector for burnout, is the ability to enact change. In addition to time constraints, EHR inflexibility and design factors cognitively burden and interfere with opportunities for physicians to use their creative problem-solving skills. Further, these expanding digital expectations interfere with scheduling flexibility and opportunities to build connections and a sense of belonging within their chosen community. Emerging work on belonging signals its protection against the development of burnout, a difficulty in the cultures and subcultures of physicians where conforming to group identity can be critical to professional success.[5] A developing area of research highlights the incorporation of the medical humanities as a preventive factor for burnout as a method for physicians to reconnect with their "why" and rekindle the joy of medicine.[6]

We agree with the authors that there are a myriad of factors that contribute to burnout. Using technology and innovation as prevention strategies, we must ensure that we are intentional about implementing changes for specific groups while growing our understanding of potentially differing needs. Our hope is this letter brings attention to the need for more research to support a foundation of belonging and focus on burnout prevention rather than identification and treatment. Preventing burnout and increasing belonging will require a comprehensive understanding of the drivers, perpetuators, and mitigators of burnout within medical groups.

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