Burnout and resilience in our profession

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

— Viktor E. Frankl[1]

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Authors' Note: The following is a compilation from presentations, discussions, and conversations that occurred during the 2019 AΩA Professionalism Conference. It represents the views of the authors as well as the core tenets of AΩA.

Professionalism in medicine has been a core value for Alpha Omega Alpha Honor Medical Society (AΩA) since the society's founding in 1902. Demonstrated professionalism is one of the criteria for election to membership in AΩA.

Medicine is based on a covenant of trust, a contract we in medicine have with patients and society. Medical professionalism stands on the foundation of trust to create an interlocking structure among physicians, patients, and society that determines medicine's values and responsibilities in the care of the patient and improving public health.

It starts with physicians understanding their obligations and commitments to serve and care for people, especially those who are suffering. Physicians must put patients first, and subordinate their own interests to those of others. They should also adhere to high ethical and moral standards, and a set of medical professional values. These values start with the precept of "do no harm." They include a simple code of conduct that explicitly states: no lying, no stealing, no cheating, and no tolerance for those who do. The Golden Rule, or ethic of reciprocity, common to many cultures throughout the world—"one should treat others as one would like others to treat oneself "—should be the ethical code or moral basis for how we treat others.

In 2000, The Royal College of Physicians and Surgeons of Canada (CanMEDS) stated it well:

> Physicians should deliver the highest quality of care with integrity, honesty, and compassion and should be committed to the health and well-being of individuals and society through ethical practice, professionally led regulation, and high personal standards of behaviour.[2]

Today is a very exciting time in medicine and medical education. There have been more changes in the last decade than in the past 50 years. While much of the change is for the better, there could be unintended consequences that threaten professionalism, such as the burnout many

of our colleagues have experienced, and are experiencing. One of these changes that has raised concerns and possibly increased the incidence of burnout is the trend toward more physicians being employed by large organizations, and the commercialization and businessification of medicine.

In addition, begun in 2010, the Beyond Flexner Alliance focuses on health equity and the social mission of health professions education. Work is being done to develop a more equitable health care system through an enhanced awareness of the role of our academic institutions in teaching and modeling our professional responsibilities to society.[3]

The joy in the care of the patient is in caring for the patient. Jack Coulehan, MD (AΩA, Emory University, 1974), wrote:

> The rapid progress in medicine has indeed yielded an astonishing harvest of improvements in our patients' health.... Medical practice provides a rich opportunity to experience empathy, hope, solidarity, compassion, and self-healing. Our profession gives us privileged access to deep bonds of humanity we share with our patients. Traditionally, physicians have considered this fulfillment one of the chief rewards of our profession.[4]

And, Sir William Osler said:

> Nothing will sustain you more potently than the power to recognize in your humdrum routine...the poetry of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows, and their griefs.[5]

Today, more physicians report dissatisfaction with the profession, and many report suffering from burnout. Perhaps all physicians who have given of themselves for their patients and society with empathy, hope, and compassion have wondered why they continue in the profession. For many, their focus on healing and caring can be met with frustration formed by an uncaring profit-driven system with myriad barriers. Some physicians may feel ignored, misunderstood, criticized, and devalued.

However, nearly every physician has memories of the joy of medicine, caring for their patients, and one particular patient who reminds them of why they entered the profession of medicine.

Burnout in medicine

Yet, it is estimated that more than 50 percent of physicians in the United States have at least one symptom of burnout.[6] Burnout has been associated with reduced or poor job performance, clinical illness, cognitive impairment, mental errors, lack of attention and concentration, absenteeism, and thoughts of quitting or changing one's job and/or occupation. The total cost of recruiting a physician can be $90,000, with the lost revenue for that physician between $500,000 and $1 million.[6] Turnover begets more turnover, and those left behind are managing increased stress.

Although burnout has existed for generations, the businessification and commercialization of medicine have brought it to the forefront for today's physicians. Medicine is now, and always has been, a demanding profession with immense responsibility to patients and society. However, as physicians, we must remember why we became physicians, why we care, and why we strive to "be worthy to serve the suffering."

Burnout and a lack of resilience are often associated with stress. In 1997, Leiter and Maslach identified six major influences on burnout:

1. Workload and its intensity, time demands, and complexity;
2. Lack of control of establishing and following day-to-day priorities;
3. Insufficient reward and the accompanying feelings of continually having to do more with less;
4. The feeling of community in which relationships become impersonal, and teamwork is undermined;
5. The absence of fairness in which trust, openness, and respect are not present; and/or
6. Conflicting values, in which choices that are made by management often conflict with their mission and core values.[7,8]

Each of these influences are external to the individual, and typical of most medical environments today. Physician performance is often related to how many relative value units (RVUs) are billed, financial accomplishments to increase organizational revenue, and Press Ganey patient satisfaction survey scores. These performance factors are expected to be accomplished via reduced patient contact time, and diminished collegial interactions and consultation time, in an environment of demanding regulatory and legal requirements.

The business of medicine

The "business of medicine" does not take into consideration the patient, patient outcomes, the doctor-patient

relationship, medical professionalism, or physician satisfaction and accomplishments. Physician output and success is often related to high volumes of work—RVUs, strict deadlines, an unyielding focus on technology, and the electronic health record (EHR). It is estimated that for every one hour spent with patients, nearly two hours are spent on the EHR, with another hour or two during personal time entering information in the EHR.[7]

Burnout can also be influenced by societal factors, individualized factors, a loss of support systems, changing values, and a lack of personal and/or professional recognition. While it is experienced by the individual, it can also affect co-workers, family, social networks, colleagues, and patients.

There are many screening tests used for burnout, but the most common and validated is the Maslach Burnout Inventory (MBI).[8]

The problems we are currently encountering that contribute to burnout were anticipated by sociologists who posed that bureaucratic and professional forms of organizing work are fundamentally antagonistic.[9] Medical schools do not yet prepare graduates as practitioners who can best resist the bureaucratic and market forces shaping health care and the care of the patient.

Burnout in medicine was anticipated by Relman's concerns about the emergent medical industrial complex, and by Starr's concerns about medicine's sovereignty.[10,11] Physicians experience conflict between what they aspire and should do, and what they have been educated and socialized to do. They have been professionalized for acquiescence, docility, and orthodoxy. They are taught to be more like sheep than cats—ultra-obedient following the rules. They are not taught to be cats—independent activists defending and advocating for medical values.

Bureaucracies are good at identifying and implementing common solutions to common problems; e.g., a profit and loss system based on consistent products with limited variability, but not very good in situations with variable contingencies and complexities as they attempt to apply standard solutions to non-standard circumstances. We have prepared physicians to follow the rules; however, whose rules? The rules generated by the profession? Or the rules generated by the organization with different values, and objectives?

As a result, physicians see professionalism more about conformity. This creates a conflict in the current health care system and organizations. Physicians seem to be perverting core principles of the profession to a just-follow-the-rules framing and practice of medical professionalism. We are essentially responsible for the problems we now encounter, especially when the care of the patient is often not the focus.

The impact of business, corporations, industry, markets, and finance for profit is real and appreciable. All of these influence and exert pressure on how care is provided, and how work is carried out and valued. The rules are not being set by professionals, but by organizational priorities related to finances and the concept of profit. A professionalism that fails to dissect and distinguish itself from its two counterparts is a professionalism that is conformist and does not resi st the pernicious elements of markets and bureaucracy.

We need cats who will resist conformity in service of extra-professional forces. The mission and resistance is about saving health care for patients and society, and enabling our profession and colleagues to care for patients and not experience burnout.

Self-evaluation

Physicians need to self-evaluate, and watch for signs of burnout in themselves and their colleagues. Self-reflection and honesty are useful in self-evaluation. Commitment to work, self-efficacy, learned resourcefulness, and hope may help with resiliency, and increased job control.

Cognitive-behavioral therapy improves coping and mental health by development of personal coping strategies that target solving problems and changing unhelpful patterns in thoughts, beliefs, attitudes, behaviors, and emotional regulation. This uses mindfulness-based approaches and therapies that are problem focused and oriented to actions that are helpful in treatment and prevention.

Lilly Marks, immediate past president of the Association of American Medical Colleges, recently presented the Chair's Address at the 2019 annual meeting of the association. During her presentation she told a very personal story of resilience:

> Few people know that I was born in a refugee camp in Germany following World War II. Both of my parent were Holocaust survivors. My father survived Auschwitz, my mother, Bergen-Belsen.
>
> My father repeatedly told me, "Lilly, to survive life's difficult challenges, you can never think of yourself as a victim."
>
> Too often, people see themselves as victims of all types of environmental and human challenges. He cautioned, if you believe you are a victim, it diminishes your resiliency. If you believe your fate is in someone else's hands, it inevitably weakens your response. Over time, it makes you feel powerless, thinking your actions don't matter or affect the outcome.

> The key to resilience and survival, he explained, is confronting your challenges every day with the courage, tenacity, and the faith that what you do, and how you do it, makes a difference.
>
> What defines you are not the challenges that befall you. What defines you is how you respond.[12]

The practice of medicine

Efforts in medical professionalism and resilience continue to be a work in progress. As physicians, we are continually learning about medical professionalism, and how to maintain and improve the standard of physician behavior. We need to remember that we call our work "the practice of medicine" because we are always practicing our profession to learn and improve. Our goal is not perfection, but continuous learning, improvement, and focusing on what is best for the patient.

We are committed to focusing our efforts at AΩA, and defining our role in the development of professionalism in medicine. Many AΩA members are leaders in medicine, and we need to recognize that development of effective leadership in medicine must always be grounded in professional values. The combination of leadership and professionalism is the basis for a synergistic and positive impact on our profession.

To continue the development and ongoing scholarship of medical professionalism, AΩA hosts a biennial Professionalism Conference bringing together leaders in the field of medical professionalism. In February 2019, more than 25 medical educators and specialists in medical professionalism, physician burnout and resiliency came together in Denver for three days to discuss Medical Professionalism Best Practices: Addressing Burnout and Resilience in Our Profession. The meeting was co-chaired and moderated by Samantha Dizon, MD, Douglas S. Paauw, MD, Sheryl Pfeil, MD, and Kathleen Ryan, MD.

The conference presenters shared personal, heartrending, intimate stories of their struggles combating burnout. Many of their stories had never before been told in public. They agreed to share their experiences with the hope of helping others in their profession. The outcome of the conference and presentations is the monograph *Medical Professionalsm Best Practices: Addressing Burnout and Resilience in our Profession*.

It is AΩA's hope that the 2020 monograph, "Medical Professionalism Best Practices: Addressing Burnout and Resilience in Our Profession" will aid practitioners, medical schools, professional organizations, and all involved in health care to better care for themselves, and contemporaneously their patients.

Editor's note: The Alpha Omega Alpha Honor Medical Society 2020 monograph *Medical Professionalism Best Practices: Addressing Burnout and Resilience in Our Profession* can be accessed on the AΩA website at http://alphaomegaalpha.org/medprof2015.html, or print copies are available by emailing info@alphaomegaalpha.org.

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2020 Monograph
Medical Professionalism Best Practices:
Addressing Burnout and Resilience in Our Profession