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Addressing Burnout: Complex Solutions Start With Small Steps

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In the current issue of *Liver Transplantation*, Pourmand and colleagues[1] surveyed transplant hepatologists across the United States on physician burnout. They found 39.5% of practicing transplant hepatologists reported high levels of emotional exhaustion. Another 24.3% of practicing transplant hepatologists reported moderate levels of emotional exhaustion, suggesting that 63.8% of transplant hepatologists across the United States reported being at risk or were already experiencing significant negative emotional responses in the context of their professional careers. The Alcohol Use Disorders Identification Test–Concise (AUDIT-C) was also given as part of the survey. Although not discussed in the article, likely because of nonsignificance with the primary outcome of burnout, 54.6% of respondents reported drinking levels of alcohol that would warrant further assessment (Supporting Table 1a[1]). Although the AUDIT-C is a screening test and not diagnostic, this is still a concerning finding that warrants additional discussion, examination, and possible intervention. Given that the survey was conducted before the coronavirus disease 2019 (COVID-19) pandemic and the disruption and demands COVID-19 has caused,[2] it is likely that these numbers are now worse.

The findings from Pourmand and colleagues are consistent with burnout research from other physician populations. Namely, greater work-related demands and expectations, fewer opportunities for meaningful human connections with both patients and colleagues, and ultimately less time outside of work for other activities including family and self-care all contribute to greater feelings of exhaustion. Although it is extremely important to understand what contributes to the development of burnout, or any negative outcome, the more pressing issue is what should we do about it?

In the discussion, Pourmand and colleagues make several suggestions for specific interventions to address the relevant findings and cite preliminary efficacy of said interventional approaches. Consolidating the interventional strategies discussed, what is ultimately recommended are multilevel interventions across the individual, clinic, and systems and a change in the culture of health care—not easy, I know. As Pourmand and colleagues pointed out, there is a high likelihood of a shortage of transplant hepatologists in the future, and therefore if we do not act now the consequences could be dire.

At the individual level, this means providing support, resources, and other interventions targeted toward the individual. Recognizing and accepting that the work is difficult and challenging is one thing, but knowing when the work goes from challenging to overwhelming can be a progressive process without an obvious line of demarcation. This is one of the reasons why the practice of mindfulness can be a profoundly useful tool as it teaches nonjudgmental awareness. Being aware of the problem is the first step in addressing the problem. Similar to precision medicine, there needs to be targeting for individual needs. One size does not always fit all.

For clinics or institutions, different approaches may be required given the heterogeneity across environments, but they need to start with a top-down approach and engage multilevel interventions. This requires significant investment on the part of the institution. More institutions are designating a Chief Wellness Officer, which appears to be an ideal step to develop appropriate system-level interventions and change to impact physician wellness. However, it is essential that this role has the dedicated time, administrative support, and additional resources needed to implement interventions and other changes to be effective.[3] Otherwise, it is just a figurehead.

Abbreviations: AUDIT-C, Alcohol Use Disorders Identification Test–Concise; COVID-19, coronavirus disease 2019.

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Changing culture is even trickier and can be excruciatingly slow, but there are also positive signs of progress. There has been a surge of published research focused on physician well-being and interventions, targeting both individuals and the system level,[4] aimed at reducing health care–related burnout. There is arguably greater awareness, advocacy, and resources aimed at supporting clinicians and other health care workers, looking for ways to improve the systems.[5] For example, the National Academy of Medicine established its Action Collaborative on Clinician Well-Being and Resilience[6] in 2017, and in 2019 the American Medical Association awarded their first cohort of health care organizations the *Joy in Medicine™ Recognition*[7] award. In just the past few years, national organizations have started recognizing health care systems that have taken active steps to reduce physician burnout. Although these are important steps, there is still much we can and should do. We need to keep talking about physician and other health care provider wellness. We need to continue to advocate on our own behalf and on behalf of our colleagues. We need to foster community and support each other, which includes monitoring our judgments of others when they appear to be emotionally struggling. We need to keep this discussion going.

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REFERENCES

1) Pourmand K, Schiano TD, Motwani Y, Kriss M, Keefer L, Patel A. Burnout among transplant hepatologists in the United States. Liver Transpl 2022;28:867-875.
2) Amanullah S, Ramesh Shankar R. The impact of COVID-19 on physician burnout globally: a review. Healthcare 2020;8:421.
3) Chew QH, Wei KC, Vasoo S, Sim K. Psychological and coping responses of health care workers toward emerging infectious disease outbreaks: a rapid review and practical implications for the COVID-19 pandemic. J Clin Psychiatry 2020;81:20r13450.
4) West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet 2016;388:2272-2281.
5) Dzau VJ, Kirch D, Nasca T. Preventing a parallel pandemic—a national strategy to protect clinicians' well-being. N Engl J Med 2020;383:513-515.
6) National Academy of Medicine. Action Collaborative on Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. Accessed February 6, 2022.
7) American Medical Association. Joy in Medicine™ Health System Recognition Program. https://www.ama-assn.org/practice-management/sustainability/joy-medicine-health-system-recognition-program. Accessed February 6, 2022;28:887-890.