



Physician Burnout Demands Bold Action

BY BETSY CHAPINTAYLOR

Trustees must prioritize efforts to support physician well-being

Physician burnout has become a relentless storm battering the health care landscape, steadily eroding the vitality of clinical professionals. Picture a physician caught in turbulent waters, constantly paddling against the current of mounting administrative tasks, navigating complex electronic medical records and finding little respite even after the workday ends as evenings become co-opted to complete unfinished charting.

This storm isn't just exhausting — it threatens the very foundation of clinical quality and the essential trust between physicians and patients. To

calm these waters and chart a course toward a healthier, more sustainable future, health care trustees and executive leaders must take decisive action by crafting both preventative measures and effective solutions to address the root causes of burnout.

It's critical to first understand the definition and dimensions of burnout. Burnout is a multifaceted syndrome encompassing three primary components: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.

- **Emotional exhaustion** refers to the experience of feeling overwhelmed, depleted and drained of emotional and physical energy.

- **Depersonalization** involves a sense of disconnection from one's work, often manifesting as cynicism and a loss of empathy.

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• **Reduced personal accomplishment** is characterized by feelings of inefficacy, diminished competence and a perception of inadequate achievement.

Burnout typically progresses along a continuum, starting with dissatisfaction and stress, advancing to disengagement and potentially culminating in full-blown burnout. Burnout incurs significant personal costs for physicians, including:

- Anxiety
- Inability to concentrate
- Depression
- Deterioration of teamwork
- Substance abuse
- Loss of joy in work

Burnout is pervasive and impacts almost half of America's physicians.

[The American Medical Association \(AMA\)](#) says 48.2% of physicians identified as having burnout in 2023.

Burnout has been on a [positive, downward trend](#) since the post-Covid-19 high of 56% in 2021; there is also encouraging news that the first two quarters of 2024 were even lower at 45%. However, any condition that harms almost half of our nation's physicians is simply unacceptable.

The wide range of factors driving burnout make advancing solutions complex. [Burnout emerges from a confluence of industry-wide chal-](#)

allenges, including:

- Excessive workload
- Time pressure
- Administrative burdens
- Technology challenges
- Insufficient advanced practice providers

- Inadequate support staffing
- Workflow inefficiencies
- Organizational culture
- Lack of control

Moreover, many efforts to address burnout have been incon-

sistent or insufficient, eroding clinicians' confidence that real change is possible. However, the ongoing emotional and psychological damage incurred by physicians is unsustainable, not only for the social, emotional and physical well-being of caregivers but also for the broader impact on patients and the hospitals they serve.

Suja Mathew, M.D., executive vice president and chief clinical officer of Atlantic Health System,

which serves New Jersey and New York, and senior physician advisor, AMA, shares "Physician engagement is vital to every high-functioning hospital and health system. Conversely, when physicians are burnt out, quality, patient safety and financial stability are threatened. To promote physicians' professional fulfillment, it is imperative that governance supports, and executive leaders ensure, efficiency of practice and personal well-being."

A Novel and Effective Solution for Burnout

Extensive evidence across scientific and medical literature highlights the effectiveness of leveraging values and virtues to combat burnout and build a culture that has the potential to be both curative and preventive.

Key strategies in this area include strengthening purpose and fostering connectedness with patients, which not only alleviates burnout but also enhances patient experience and engagement.

Meaning derived from purpose-filled work serves as a significant protective factor against burnout. Physicians who embrace medicine as a calling are more likely to report high levels of meaning in life, life satisfaction and commitment to direct patient care. Physicians who find purpose, fulfillment and joy in their work are also more likely to engage on a deeper level with patients and to have a more positive professional identity.

Many physicians say the rigors and logistics of medicine often strip away the purpose, intentions, humanity and fulfillment that give the work meaning, and the loss of intrinsic motivation and purpose turns the practice of medicine into a joyless routine.

Human connection between a physician and patient is the foundation of the healing relationship, and research demonstrates a strong physician-patient relationship also improves physician well-being. Many physicians also say partnering with patients and knowing their patients as human beings is at the heart of their purpose and provides meaning and fulfillment. However, the current care environment creates challenges that "inadvertently" create "distancing and alienation between physicians and their patients." Patients also benefit from more meaningful relationships with their physi-

cian. Patients consistently prioritize quality of the interpersonal relationship with their physician above the physician's knowledge and skills.

What creates high relationship quality for patients simultaneously puts a positive cycle in motion for physicians. When physicians participate in prosocial behavior by focusing on relationships with patients, it creates a stronger bond. When patients feel seen and valued in the physician interaction, they feel satisfaction, trust and commitment as well as a desire to express thanks for the care received. When a patient expresses thanks to the physician, this boosts happiness and well-being in the physician and helps ward off burnout. Ultimately, this creates a mutually reinforcing, virtuous circle that can become a protective force for physicians.

Enhancing the quality of relationships between physicians and patients also increases the likelihood of receiving expressions of gratitude from patients and their families. Gratitude often arises from social and emotional aspects of care. When a patient feels understood, validated, and cared for, it creates an intrinsic motivation to reciprocate with expressions of thankfulness. This simple recognition is profoundly impactful: studies reveal "expressions of gratitude from patients to physicians are linked to feelings of well-being, decrease emotional exhaustion, increase a sense of personal accomplishment and decrease burnout. Additionally, patient gratitude often reinforces a physician's sense of purpose and professional identity, affirming them as a "healer, teacher, scientist, or domain expert." Cultivating an environment where gratitude is recognized and embraced can yield significant benefits and further deepen connectedness.

Since physician well-being is critical to the strength and sustainability of the entire health care organization, tackling physician burnout must be a fundamental priority on the leadership agenda. Health care governing boards must recognize physician burnout poses significant risks both to individual clinicians and to the broader organization. When physician burnout goes unaddressed, it compromises physician well-being, clinical quality and safety, the financial stability of health care organizations and patient experience — issues that all fall squarely within the board's responsibility. Health care organizations also have a moral and ethical obligation to care for the well-being of their physicians; the culture of self-sacrifice among health care providers has led to an unsustainable work environment. As stewards of the hospital's most vital assets, trustees hold a fiduciary responsibility not only to protect these resources but also to prioritize high standards of care by decisively addressing burnout.

Unpacking the Reasons to Address Burnout

As health care trustees craft meaningful ways to address burnout, there is value to having a deeper understanding of burnout's inherent risks.

Putting Quality and Safety at Risk

A physician overwhelmed by relentless physical and psychological strain has been placed in an environment that is inherently harmful. Physicians suffering from burnout are more likely to exhibit "decreased attentiveness, impaired decision-making, and

increased likelihood of mistakes" and "to admit to having made mistakes or delivered substandard care"—all of which have significant implications for patient safety and clinical quality.

Risks include:

- Increased medical errors
- Increased adverse outcomes
- Two times the risk of patient safety incidents
- Three times decrease in patient satisfaction

Kathy Leonhardt, M.D., a Joint Commission International principal consultant, reflects, "The board is accountable for ensuring clinical quality and safety and for adhering to all regulatory and accreditation requirements and accreditation requirements. While there are no specific Joint Commission standards addressing burnout, the Joint Commission recognizes the importance of worker well-being and offers resources for the development of strategies that enhance resiliency among healthcare professionals. It is true that addressing burnout involves shifting the organizational culture. Boards must recognize their responsibility in this matter and be actively engaged in creating an environment that supports staff well-being. If we do not prioritize the care of our healthcare team, the board should be deeply concerned about the potential consequences on clinical quality and patient safety.

Draining Critical Talent

Burnout is exacerbating existing challenges to recruiting and retaining physicians. The United States currently faces a significant physician shortage, a challenge that is projected to intensify. [The Association of American Medical](#)

[Colleges \(AAMC\)](#) says physician demand is projected to continue to grow faster than supply under the most likely scenarios and estimates a U.S. physician shortage of up to 86,000 physicians by 2036. This provides additional impetus for health care organizations to proactively address the well-being and retention of physicians, since burnout is strongly associated with:

- One in five physicians wanting to leave their current practice within two years.
- Four times greater job dissatisfaction
- Three times greater likelihood to quit
- Three times greater likelihood to regret career choice

Creating Financial Burden

Physician turnover due to burnout imposes substantial financial burdens on the health care industry. [A 2019 study](#) estimates burnout-related physician turnover and reduced clinical hours cost the U.S. health care system approximately \$4.6 billion annually. While replacing a physician involves varying costs based on specialty, practice setting and geographic location, [a study by the AMA estimates](#) primary care physician turnover results in approximately \$979 million in annual excess health care costs across the U.S. population, with \$260 million (27%) of that cost attributable to burnout. Expenses include not only recruitment costs but also onboarding and lost revenue during the vacancy.

Diminishing Continuity of Care

Burnout erodes the quality of the physician-patient relationship, reducing patient adherence to care

instructions and continuity of care, which could compromise patient outcomes. Physician burnout exacerbates this issue by leading to increased absenteeism, higher turnover and reduced engagement. When patients are treated by multiple providers, it can fragment patient care, which leads to communication gaps, inconsistent treatment plans and a lack of familiarity with the patient's medical history. This can result in delayed diagnoses, increased errors and poorer health outcomes. Continuity of care is vital because it fosters a deeper patient-provider relationship, enabling physicians to understand patients' histories, preferences and needs. Continuity also builds trust and enhances patient experience.

Advancing Worthwhile Solutions

Once addressing physician well-being is on the leadership agenda, organizations still often struggle to identify meaningful, measurable and affordable solutions. As a result, many approaches fail to tackle the root causes of burnout and, ironically, end up blaming physicians for not being resilient enough. Common "solutions" — like recommending mindfulness apps or advising physicians to get more sleep — come across as low-value placebos that require time physicians already lack.

To make real progress in addressing burnout, organizations must fix dysfunctional work environments, including organizational systems, resources and culture.

[Physicians agree valued solutions](#) include improved nurse staffing, better work environments and greater control over their sched-

ules. Other valuable commitments include expanding team-based care by integrating more mid-level providers, hiring more administrative and support staff, protecting time off and streamlining documentation and administrative processes. Many of these solutions require substantial investment essential for health care boards to support executive leaders' investment in strong leadership resolve. However, it is essential for health care boards and executive leaders to invest in practical, sustainable interventions that genuinely relieve the burden on physicians and foster systemic change.

Conclusion

Addressing physician burnout is essential to navigating the turbulent waters of today's health care landscape. It is no longer optional — it's a strategic necessity to sustain a robust, effective health care system and to protect one of the organization's most valuable resources: its physicians. Tackling burnout must be a core part of strategic planning, demanding the focused attention of health care trustees. Effective interventions can calm the waters, leading to better patient outcomes, stronger financial performance and a more sustainable workforce.

Trustees hold the unique responsibility of steering the organization toward calmer seas by ensuring physicians who devote their lives to caring for others receive the support and resources they need. By committing to address burnout, the board sets a course toward enhancing the physical, emotional, mental, spiritual and social well-being of physicians, enabling them to fully leverage their

talents, passions and capabilities in advancing the organization's mission.

Stephen B. Shapiro, M.D., is a general surgeon and chief medical foundation officer at Gundersen Health System in La Crosse, Wisc. He shares: "It's important to think about how to create an environment of support for physicians for the long-term. Physicians need to be treated as a precious and finite resource rather than as the goose with the golden egg every single year. Leaders and physicians must plan in partnership to ensure physicians are supported with the right preventive maintenance."

This commitment requires strong leadership and substantial investment to address systemic challenges — such as scheduling, staffing and administrative burdens — that hinder the delivery of high-quality, patient-centered care. It also calls for cultivating a culture that embraces values and virtues like purpose, connectedness and gratitude, which can act as a lighthouse to guide the way toward both preventing and alleviating burnout.

By charting a proactive and decisive course in support of physician well-being, the board not only invests in the organization's most essential talent but also in the organization's future stability — ensuring quality, safety, financial health and an exceptional patient experience.

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