

Addressing physician burnout Mental Health Strategies

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Abstract

Burnout is a state of total exhaustion which is commonly experienced by physicians due to the intense work environment in which they find themselves working in. The causes and effects of burnout will be tackled in this career-related piece, addressing symptoms in which stress and exhaustion can manifest themselves. The symptoms are also taken from a neurobiological perspective, observing how burnout affects different parts of the brain, hence resulting in both physical and emotional distress. The causes of burnout are not only related to the medical aspect of healthcare, but it also involves the legal area of a physician's profession, which may include organisation of health records for instance. The effects on both doctors and patients will be tackled, including issues which the healthcare organisation faces on a daily basis due to the high burnout levels constantly being experienced by physicians. This piece compares the overall performance between a burnt out and a not burnt out doctor, highlighting the importance of being in a mentally fit state when working in such a profession. The latter is crucial so as to ensure that patients' trust is enhanced, and medical errors are prevented. Finally, strategies which aid in preventing and ultimately improving physician burnout will be discussed, so that they may be implemented within healthcare organisations.

Keywords: burnout, physicians, causes, effects, symptoms, strategies

Introduction

Firstly, burnout must be measured in order to fully comprehend the extent to which physicians are experiencing it (1). The next step is to identify what is causing these high levels of stress which depends on both the doctor's professional and personal lives. Furthermore, the strong negative impact on patients and physicians themselves continues to highlight the importance of tackling this issue with utmost priority (2). The only means of improvement when it comes to fostering a positive work environment in healthcare involves compiling a number of strategies to aid in addressing physician burnout. These strategies are requisite to ensure that the physicians and those around them, including patients, do not become negatively affected by this burnout as numerous grave

consequences may arise if it is not handled appropriately (2).

Discussion

Measuring physician burnout

The standard way of measuring physician burnout is via the Maslach Burnout Inventory (MBI) which includes a Human Services Survey applicable for healthcare professionals. The instrument, which was released in 1981, consists of a questionnaire assessing the frequency of symptoms occurring over the past year. It does so by analysing three critical aspects of burnout: emotional exhaustion, depersonalisation, and personal accomplishment. This gives an idea of how many physicians are

experiencing this form of exhaustion so that the necessary strategies are compiled to prevent or treat this accordingly (3).

What gives rise to physician burnout?

Primarily, the concept of practicing clinical medicine within itself is one of the main causes of burnout as physicians are constantly dealing with ill, scared, and dying patients (4). Physicians must also keep up with the rapid expansion of medical knowledge and deal with increased administrative burdens related to electronic health records and regulatory requirements. Moreover, lack of leadership skills from immediate supervisors, for instance having an absent or tough boss, can make the work more demotivating. This falls hand-in-hand with the concept of facing scrutiny from administrators on sub-optimal metrics such as patient satisfaction scores and percentage of charts closed within 24 hours (5). This fails to recognise the nature of their work making them feel indifferent towards the crucial work they are carrying out. Furthermore, the struggle to find a work-life balance further contributes to feeling burnt out. Even simple, everyday needs such as sleep, exercise and nutrition are being pushed to the back burner by clinicians in order to keep up with all of the work on their proverbial plates (3). This results in accumulation of stress, fatigue, and clouded judgment when making crucial decisions at the workplace.

What are the symptoms of burnout?

The crucial aspect when it comes to identifying burnout is to notice the symptoms associated with it (refer to Figure 1). Firstly, burnout is a gradual process which occurs over time. Symptoms range from exhaustion and fatigue all the way to experiencing thoughts inflicting self-harm. It is important that as a physician, one does not only look for signs of stress within themselves but try to search for them within their colleagues. They might

be less productive, absent from work, excessively tired, or appear irritable (6).

Another associated symptom with burnout includes depersonalisation. This is an impaired and distorted perception of oneself, of others, and one's environment and it manifests itself as an affective-symptomatic lack of empathy. A physician may manifest signs such as making unprofessional comments towards co-workers and the inability to express empathy or grief towards patients and their families. Depersonalisation can make a person feel numb, demotivated and isolated (7).

Furthermore, another disorder which arises from burnout is major depressive disorder. It affects how you feel, think and behave and can lead to a variety of emotional and physical problems (5). This manifests itself as anger outbursts, an overload of sadness, emptiness and hopelessness, together with a lack of efficacy. The latter may involve losing interest in your job as a physician and experiencing pessimistic thoughts about how a physician's job serves no purpose. This will surely affect the overall results of patient care since there will be a strain on the doctor-patient relationship if the physician is struggling to communicate effectively with the convalescent individual (5).

Uncontrollable stress has deleterious effects on the prefrontal cortex which is the brain region that governs higher cognition and controls thought, action, and emotion. Moreover, this region of the brain is essential for guiding appropriate social behaviours, including placing patients' interests above one's own. The prefrontal cortex can also act as a 'mental cheerleader' (8), motivating higher goals and regulating emotional circuits, including those that mediate mood and anxiety. During extreme levels of stress, high levels of noradrenaline and dopamine are released in the brain, thus weakening prefrontal cortex function (5). These catecholamines initiate intracellular signalling cascades which rapidly open potassium channels near the prefrontal cortex synapses. This process

can result in diminished working memory and poor decision making, resulting in detrimental effects when working as a physician. Burnout can cause the prefrontal cortex synaptic connections to atrophy. Fortunately, however, these connections can regenerate during sustained periods of nonstress, hence this is why burnout should be addressed and handled accordingly (5).

Symptoms of burnout

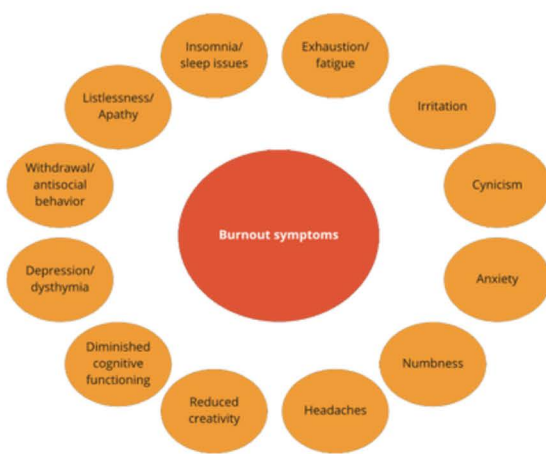


Figure 1: Diagrammatic representation of the symptoms experienced as a result of burnout (9).

Effects of physician burnout on both doctors and their patients

Physician burnout is costly for all. Besides impacting the doctor's themselves, patients are also at risk of being affected. According to a Medscape survey, the highest rates of burnout were concentrated in emergency medicine, internal medicine, and obstetrics-gynaecology (10). Moreover, burnout seems to leave a stronger impact on female doctors, mainly due to family caregiving responsibilities. Physicians who form part of the older population are less likely to suffer from burnout, mostly due to shorter working hours. The main impact is that a greater number of physicians are more likely to leave the profession, resulting in high turnover rates within the healthcare system (11). Furthermore, over time, it is becoming more evident that physicians suffering from burnout are

more than twice as likely to be involved with patient safety incidents than physicians who are not suffering from burnout. Patients may perceive a lack of interest or concern for their well-being. It is well known that patients are less likely to trust and follow the advice of a physician who appears disengaged or indifferent about their healthcare (7). In addition, as a symptom of burnout, doctors may experience a reduced sense of personal accomplishment, which in turn may decrease motivational levels and enthusiasm for learning. This further puts patients at risk and lowers their satisfaction levels when they are not treated by confident and competent physicians. Communication within a doctor-patient relationship is a key element. However, burnout can impair a physician's ability to communicate clearly and effectively. This may lead to patients feeling uncertain about their treatment plans, misdiagnosis, and a lack of shared decision-making, hence breaking a patient's trust (2).

The figure below exhibits survey results obtained during an anonymous survey about healthcare well-being, burnout, and patient safety conducted in May 2021 amid the COVID-19 pandemic. This portrays precisely the difference between a mentally motivated doctor and an encumbered one (refer to Figure 2).

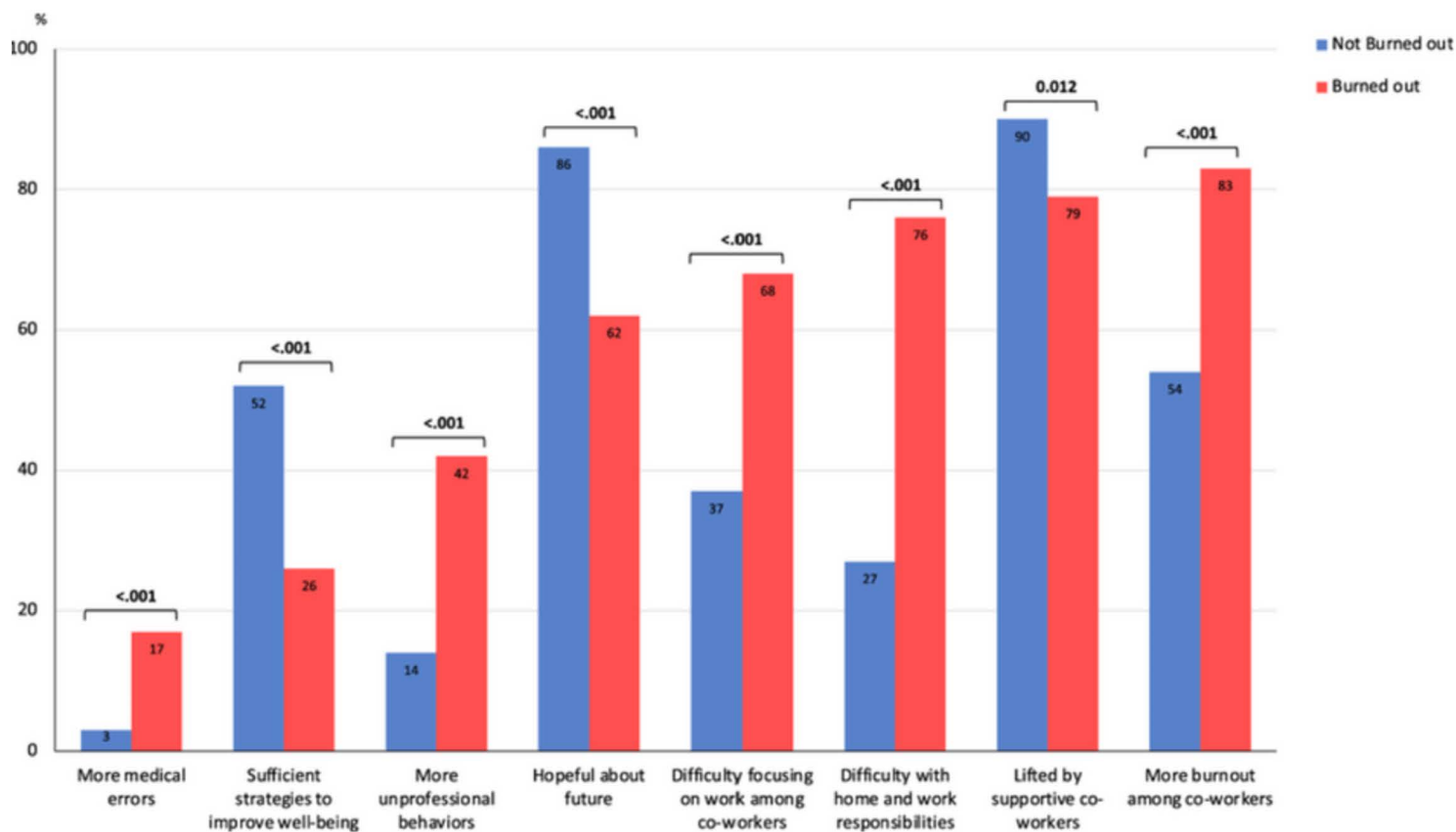


Figure 2: Diagrammatic representation of overall performance of burnt out and not burnt out physicians (12).

Strategies to prevent and improve physician burnout

Healthcare systems must work to create a healthier work environment for their employees as this is a crucial aspect when it comes to supporting physician well-being. One of the most important aspects when working as a physician is to have a strong work-life balance. The system may do this by enabling flexible scheduling and adequate time off. This ensures that doctors are recharged and mentally resilient enough to face the day-to-day challenges on the job. Providing mental health support is another strategy which should be utilised. This may be done by offering counselling sessions and stress management programs (2). The COVID-19 pandemic left a strong impact on healthcare systems, not just in a negative way however. This global rife ended up shedding a light on what physicians truly require when it comes to feeling less

stressed at their place of work. For instance, Mount Sinai Health System introduced a ‘huddles’ program which included psychological first aid, managing moral distress, and addressed common mental health challenges such as anxiety and depression (13). Furthermore, implementing strategies such as offering childcare services together with maternity and paternity leave may help prevent burnout caused due to external factors in the physicians’ personal lives. The healthcare organisation should render an environment in which shared accomplishments are celebrated, team building exercises are carried out often, together with organising social events and resident retreats. This is because the most important aspect at the workplace is that physicians feel at ease working with each other, so that they can even aid one another when it comes to dealing with stressful situations on the job (14).

Conclusion

If left unaddressed, physician burnout may lead to emotional exhaustion which may result in a variety of mental health conditions. This compromises patient care by reducing physician engagement and communication, whilst increasing the likelihood of medical errors. Hence, various strategies should be implemented by healthcare organisations to mitigate the high levels of burnout constantly experienced by doctors. It is crucial to foster a culture that values physician well-being so as to ensure the longevity of its workforce whilst offering the best possible patient care. By definition, occupational burnout is precipitated by characteristics of the work environment not by individual problems as such, highlighting the idea that identifying it within the organisation is the first step when it comes to addressing it (14).

Acknowledgments

I want to thank Mr. Peter Calleja for being the tutor in overseeing this career-related piece and for his constant availability in answering my questions. I also thank Ms. Juliana Zammit for being my coordinator and guiding me through the whole process.

Declarations

Conflict of interest: N.A.

Author's Contribution

I am the primary author of this piece.

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