Physician Burnout: Time for Systemic Change, Not Just Resilience Training

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Physician burnout is no longer a background issue in healthcare-it has become a widespread crisis. Defined by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, burnout now affects more than 60% of physicians in the United States alone, according to recent data from the American Medical Association (AMA) and Mayo Clinic.[1] In Nepal, we have not had studies to show the burnout rate. In response, many health systems have introduced resilience training, mindfulness sessions, and wellness seminars. While these efforts are well-meaning, they remain short-term solutions that do not address the systemic issues driving this epidemic. We also need to think about introducing different modalities to prevent burnout amongst physicians.

The Problem with Resilience-Centric Solutions

The common narrative that burnout is a result of a lack of personal resilience is not only misleading but also harmful. Physicians are inherently resilient-they endure years of rigorous training, adapt to fast-paced clinical environments, and work long hours under extreme pressure. To suggest that burnout arises from inadequate coping skills shifts the burden onto the individual, reinforcing feelings of guilt and frustration in already overwhelmed professionals.

As highlighted by the AMA in 2020, burnout is not the result of poor personal resilience but is a systemic issue.[2] Studies consistently show that even highly resilient physicians are at risk of burnout in environments that impose excessive workloads, time pressures, lack of autonomy, and insufficient support.[3]

Systemic Drivers of Burnout

Burnout stems from a combination of structural stressors embedded throughout clinical practice. Some of the most significant contributors include:

• **Administrative Burden:** Physicians now spend nearly twice as much time on electronic health records (EHRs) and clerical tasks as they do on direct patient care.[4]

• **Loss of Autonomy:** The increasing corporatization of healthcare has reduced physician decision-making power, with non-clinical administrators frequently making crucial decisions.

• **Work-Life Imbalance:** Long hours, unpredictable schedules, and inadequate support for family leave or childcare exacerbate stress and contribute to burnout.

• **Moral Injury:** Physicians are often forced to compromise their professional values due to insurance restrictions, underfunded systems, and productivity pressures, leading to deep emotional distress.

These stressors are not transient or isolated-they are ingrained in daily workflows and accumulate over time.

The Case for System-Level Interventions

Burnout is not inevitable. Healthcare systems that have implemented meaningful structural changes have seen improvements in physician well-being, retention, and even patient outcomes.

Examples of effective interventions include

• **Reducing Non-Clinical Burden:** Implementing scribe programs, optimizing EHR systems, and redistributing documentation tasks to trained support staff.

• **Team-Based Care Models:** Incorporating nurse practitioners, physician assistants, and care coordinators into care teams to reduce the workload on individual physicians while improving care continuity.

• **Flexible Scheduling and Job Crafting:** Allowing physicians to customize aspects of their roles-such as working part-time, pursuing academic interests, or adjusting clinic hours-has been associated with lower burnout rates.

• **Leadership Engagement:** Organizations that prioritize physician well-being and involve clinicians in decision-making tend to report higher morale and lower turnover.[1]

This needs to be addressed

Addressing physician burnout requires a collaborative effort. Policymakers, hospital administrators, insurers, and accrediting bodies must all play an active role in transforming healthcare environments into places where clinicians can thrive. Moving beyond superficial wellness programs to address the root causes of burnout is crucial.[5]

Investing in systemic reform is not just a moral obligation-it is a strategic one. Burnout is linked to decreased quality of care, increased medical errors, and higher turnover rates, all of which come at significant financial and human costs. Supporting physician well-being ultimately supports better patient care.

While resilience training can be a useful tool, it cannot be the primary solution to burnout. Physicians do not need to be taught how to endure dysfunctional systems-they need those systems to change. The time for temporary fixes is over. To preserve the integrity of the medical profession and safeguard both clinician and patient health, we must commit to meaningful, systemic change.

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