

Healing the Healers: System-Level Solutions to Physician Burnout

Executive Summary

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Burnout among physicians has been described as an “epidemic”¹ and a “public health crisis.”² It is a work-related syndrome characterized by emotional exhaustion, depersonalization or feelings of detachment and cynicism toward people and work, and a reduced sense of personal accomplishment.^{1,3} At the individual level, burnout is associated with increased symptoms of fatigue and depression, suicidal ideation, substance use, and motor vehicle crashes.¹ Terms other than “burnout” have been suggested such as workplace exhaustion, physician burden, moral injury, or (to adopt a more positive focus) promoting physician wellness or resilience. This paper will use the term burnout, given its general usage and recognition within the physician community.

In 2019, the Ontario Medical Association (OMA) established a Burnout Task Force. Beyond documenting the rates of burnout, a key objective of the task force was to determine the causes of, and potential for, solutions for physician burnout. In March 2020 and March 2021, the task force surveyed Ontario physicians, residents and medical students about their levels of burnout and ranked the most significant contributors as well as the highest-priority solutions to address it. According to the surveys, just prior to the pandemic, 29 per cent of Ontario physicians had high levels of burnout with two-thirds experiencing some level of burnout. By March 2021, these rates had increased, with 34.6 per cent of Ontario physicians reporting high levels

of burnout and almost three-quarters reporting some level of burnout.

Burnout occurs at the interface of the individual and system levels. While its impact is experienced at the level of the individual health-care professional - and physicians are well-trained to manage high variability and stress – the system itself causes most of the issues. No single intervention can fully address the problem. Solutions must be found to address the many complex and multi-faceted system-level issues. Priority action is required on the five evidence-based solutions ranked highest in our member surveys. To implement each solution, we present evidence-based recommendations that build on the fourth objective of the Quadruple Aim:¹ improving providers’ work lives.

Beyond the longstanding burnout experiences of many Ontario physicians, the COVID-19 pandemic has also exacerbated burnout for many. As we begin to focus on post-pandemic recovery as a system, we need to prevent further burnout of our physicians and health care workers. This is important not only for their personal health and well-being, but to ensure there are sufficient health human resources available to address the system issues that the pandemic has created and compounded, including the backlog of surgical/procedural and diagnostic services, the preventive care and screening backlog, and the exacerbation of existing and new conditions, such as mental

¹The Quadruple Aim is a framework to guide the development of an effective and sustainable health care system, focused on: “Improving the patient and caregiver experience; improving the health of populations; reducing the per capita cost of health care; and, improving the work life of providers”. (Premier’s Council on Improving Healthcare and Ending Hallway Medicine, “A Healthy Ontario: Building a Sustainable Health Care System”, 2019, <https://www.ontario.ca/document/healthy-ontario-building-sustainable-health-care-system/chapter-2-vision-health-care-ontario>)

health and addiction conditions. From a health workforce perspective, failure to address burnout will push an already stressed system into crisis. Physicians retiring prematurely, reducing their workloads, changing their scope of practice, or leaving medicine entirely in response to burnout will exacerbate the situation for remaining physicians, resulting in a potential domino effect. Therefore, this paper speaks to needed long-term structural shifts that can begin as the system changes in the post-pandemic era and also discusses shorter-term actions that can help to address urgent needs.

To accomplish these solutions as a system, key stakeholders - including government, medical regulatory bodies, medical schools and residency training programs, health care organizations, digital health partners, and physicians, residents, and medical students themselves – must partner and co-ordinate. The OMA also recognizes that it has an important role to play, including engaging in meaningful collaboration with system partners.

Further, burnout in the health-care system is not exclusive to physicians. By working toward system-level change to improve burnout, our aim is for these impacts to benefit health-care workers throughout the system, recognizing different workers' unique experiences. Five solutions to burnout and specific recommendations to achieve them are presented in the infographic on the next page.

OMA Burnout Task Force Top 5 System-Level Solutions to Physician Burnout

1



Streamline and reduce required documentation and administrative work.

- Assess laws, regulations, policies, standards and documentation requirements collaboratively, regularly and systematically to evaluate the burden, complexity, redundancy and value to patient care of administrative requirements.
- Use medical scribes, particularly in relation to electronic documentation requirements.
- Explore technological innovations to reduce and simplify administrative demands, including billing administration.

2



Ensure fair and equitable compensation for all work done.

- Fairly compensate documentation and administrative work where it cannot be streamlined and reduced.
- Make remuneration equitable, particularly in light of the identified gender pay gap in medicine in Ontario.

3



Increase work-life balance by making organizational policy changes.

- Normalize flexible work arrangements for physicians who seek them, including options for part-time work, job-sharing, float pools and modified schedules.
- Enhance supports for medical student and resident work-life balance.
- Explore innovative strategies to enable work-life balance, such as time banking.

4



Promote the seamless integration of digital health tools into physicians' workflows.

- Implement interoperability standards so physicians can access patient records seamlessly and share patient health information among care providers.
- Involve physicians as key partners from the start in the procurement, design, implementation and ongoing optimization of digital health tools to ensure usability.
- Provide physicians with comprehensive and ongoing training on using digital health tools, beginning in medical school.
- Provide physicians with easily accessible and ongoing technical support.

5



Provide institutional supports for physician wellness.

- Support and promote a workplace culture that prioritizes and promotes physician wellness.
- Regularly evaluate levels of physician burnout within organizations using validated tools to understand burnout levels and implement necessary changes.
- Co-ordinate and implement proven individual-level interventions for physicians.