

LETTERS TO THE EDITOR

Burnout: The Elephant in the Room Is Us

TO THE EDITOR:

When it comes to burnout, it is time we acknowledge the elephant in the room: us.

Dr Saultz's commentary on burnout steers into murky waters with ominous interpretations: "none of us are trapped" becomes "if you don't like it then leave." "How blessed we are in comparison" gaslights the problem. We risk silencing voices by requiring conformance to sacred beliefs of our specialty: unending sacrifice; patients first, families second; perpetual volunteering; rural practice is the holy grail; compensation should not matter, etc. I have seen it in list serves, meetings, and sadly, coming out of my own mouth.

Choosing not to practice obstetrics instead of full scope becomes "not real family medicine," not "you know what works for you."

Leaving the rural setting for suburban becomes "couldn't cut it," not "doing what is best for your family."

Creating a direct primary care practice becomes "doesn't want to see patients," not "Congratulations, entrepreneur!"

The shortage in our ranks may also be a sign of burnout: why do fewer choose or remain in our profession? As family medicine educators, I believe it is vital we recognize the unpleasant necessary work we face. We must invite different conversations about burnout, even if these very conversations question our core beliefs.

1. We must look to our own institutional biases and learn how our professional culture creates burnout and barriers.¹
2. We must realize individuals cannot meet the health care needs of our communities alone, and stop placing the burden on the individual.
3. We must develop best practices to help our physicians set boundaries and tailor those to urban, suburban, and rural practice with the full support of our specialty organizations.
4. We must investigate why those boundaries are needed and not penalize physicians who set them.
5. We must look in the mirror organizationally and institutionally. Why do we

celebrate qualities that lead to burnout? Why do we struggle with boundaries when our specialty focuses on the relationship? How are we harming our work in improving health care disparities, diversity in medicine, mistreatment of students and minorities? Women are at higher risk of burnout than men, LGBTQ students are twice as likely to experience burnout as their straight classmates,² and recent research shows significant negative experiences impacting minority rural primary care physicians from colleagues.³

6. We must celebrate our people and practices. All our people. All our practices.
7. We must consider the economic impact of burnout, especially with the shortages we face. The cost of replacing a doctor can be \$500,000, and goes beyond the dollars and productivity.⁴ Faculty experiencing burnout leave their jobs twice as often as non-burned-out faculty, and burnout reduces a faculty's academic output by 15%. Successfully addressing burnout is likely an excellent return on investment in more ways than dollars.

Only after we really look at ourselves can we then look outward and learn. Simply having this conversation is a tremendous step forward. Let's acknowledge our own elephant—we will all be stronger and better for it.

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References

1. Shanafelt TD, Schein E, Minor LB, Trockel M, Schein P, Kirch D. Healing the professional culture of medicine. *Mayo Clin Proc.* 2019;94(8):1556-1566.
2. Lapinski J, Yost M, Sexton P, LaBaere RJ II. Factors modifying burnout in osteopathic medical students. *Acad Psychiatry.* 2016;40(1):55-62.
3. Ko M, Dorri A. Primary care clinician and clinic director experiences of professional bias, harassment, and discrimination in an underserved agricultural region of California. *JAMA Netw Open.* 2019;2(10):e1913535.
4. Shanafelt T, Goh J, Sinsky C. The Business Case for Investing in Physician Well-being. *JAMA Intern Med.* 2017;177(12):1826-1832.