

Physician Burnout: A Growing Threat to Healthcare System

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Burnout is a psychological syndrome resulting from chronic workplace stress that has not been successfully managed, resulting in emotional exhaustion and a reduced sense of personal accomplishment.¹ At one time, physician burnout was considered as a personal issue, but now it is recognized as a systemic concern with profound implication on the whole healthcare delivery system. Several global studies over the last decade have documented exceptionally high rate of physician burnout across different specialties with different stages of the career.² Up to 50–60% of physicians report symptoms of burnout especially in the field of emergency medicine, critical care and surgery.³ COVID-19 pandemic exacerbated this trend of physician burnout because of heavy workload and fear of infection.^{4,5} As a result of this pandemic, the phenomenon of physician burnout has been transformed from an individual hazard into an emerging crisis in healthcare system globally.

Physicians have long been regarded as paragons of resilience and committed professionals dedicated to the care of others, often at the expense of their own well-being. Medical culture has traditionally celebrated long working hours, personal sacrifice and complete dedication to patients. Physicians are entrusted with responsibilities that demand exceptional intellectual ability, technical competence, ethical integrity, emotional resilience and unwavering commitment to the welfare of others. Every day, they make life-changing decisions, alleviate suffering, comfort grieving families, confront uncertainty, and bear the responsibility of caring for patients during some of the most vulnerable moments of human life. Only a few professions require such a continuous combination of scientific knowledge, emotional engagement and personal accountability. The ability to continue working despite fatigue, emotional distress or personal hardship was often regarded as evidence of professional commitment. While these values contributed to the development of highly dedicated clinicians, they also created an environment in which physician frequently neglects his/her own physical and psychological health. Emotional suffering was rarely discussed openly and seeking

professional help was often perceived as a sign of weakness rather than an expression of responsible self-care. Burnout has consequences that extend well beyond personal problem and individual distress. It directly impacts clinical performance with likelihood of medical error, reduced empathy and suboptimal communication resulting in compromised patient care.⁶ Thus the emotional and physical exhaustion associated with burnout contributes to reduced productivity and also higher absenteeism from clinical practice.⁷ Compelling evidence suggests that healthcare system with higher burnout rate experiences poorer patient outcome and diminished quality of care.⁸

In Pakistan, limited studies have been conducted on physician burnout but it is an increasingly visible concern among many clinicians. A limited but growing local evidence indicates that Pakistani physicians, especially those working in public-sector hospitals, are experiencing high levels of job stress and burnout.^{9,10,11} Many studies from tertiary care centers reveal elevated emotional exhaustion, particularly among early-career physicians and female clinicians. The key contributing factors are heavy patient load, inadequate staffing, limited resources, long working hours, bureaucratic constraints and poor institutional support. Additional factors include lack of protected time for self-care and professional development, limited opportunities for mentorship and hierarchical work environment that discourage open communication about mental health challenges. Another important factor for burnout is workplace violence, which is a common problem in many Pakistani hospitals.¹² Doctors often report verbal and physical abuse from patient and their attendant. Without adequate mechanism to protect duty staff against this violence, burnout is likely to worsen in coming years. Another recently added reason for physician burnout is increased documentation of the work at every step.

Most of the time burnout evolves silently over time with persistent occupational stress. As a result, many physicians unconsciously develop psychological distance from their work. In one way, this detachment serves as a protective mechanism initially, allowing clinicians to continue normally despite overwhelming demand. However, over time it gradually reduces empathy and professional satisfaction which results in weak physician-patient relationship. One of the important conclusions in latest studies is that physicians themselves are rarely the primary cause of burnout in most cases. Earlier approach often focused exclusively on individual resilience and thus only encouraging physician

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to manage stress while paying little attention to workplace condition. Although resilience remains valuable, growing evidence demonstrates that organizational factors exert a far greater influence on physician wellbeing than individual personality traits.

Management of physician burnout is not simple and it requires strategies at multiple level like:

- At individual level, stress management, mentoring and peer support can help to mitigate burnout.
- At institutional level, a culture should be developed to prioritize staff well-being. The individual workload must be monitored regularly and adequate resources to manage such workload must be provided. There should be institutional policy for physician to speak freely about his stress without fear of stigma. All institutions must implement policy of regular assessment of employee's mental and physical well-being and respond proactively with support measures.
- Medical colleges and postgraduate training programs should incorporate curriculum on emotional intelligence, work-life balance and early recognition of burnout. In addition, mentorship and career counseling should be strengthened to guide trainees and early-career physicians.
- At national level, lawmaker has a critical role in drafting policies that must support physician well-being. Medical council and professional bodies have to develop guidelines for monitoring burnout and mental health of the employees. Investing in mental health services can help to curb burnout on the long-term basis.

In conclusion, physician burnout is a growing threat to both global and Pakistani healthcare system. While the phenomenon is complex, the burden on physician and its effects on patient care are undeniable as a physician who is physically and mentally healthy, is more likely to deliver compassionate care to the patient. Addressing burnout requires commitment from all including doctors, institutional leaders and policymakers and only through coordinated action, well-being of the physicians can be protected.

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