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Physician Burnout: Why It's Not About Resilience

Much more a 'stress fracture' than an 'insufficiency fracture'

By Nisha Mehta, MD April 26, 2018

Recently, I was asked to give a talk on resilience and its role in reducing physician burnout. I was excited by the opportunity but asked if I could focus more on cultural change and institutional solutions for burnout. When the organizers said no, I declined. Why?

Well, it's not that I don't see the value in resilience. A lot of physicians that I really respect write and speak about resilience. I think it's a valuable concept, and I do think that we (or anyone, really) could benefit from becoming more resilient. But I'm really hesitant to link my work with physician burnout to resilience.

If you have ever seen one of my burnout talks, chances are one of my first slides was a radiograph demonstrating a fracture, usually with the line, "You thought you'd get through a talk from a radiologist without an x-ray -- think again." I regularly use this slide to lay the groundwork for my approach to physician burnout and solutions.

As a musculoskeletal radiologist, I frequently think about stress fractures versus insufficiency fractures. You probably don't, so as a refresher, a stress fracture is abnormal stress on normal bone, and an insufficiency fracture is normal stress on abnormal bone. So, your stress fracture is the 21-year-old college student who decides it's a good idea to run three marathons in a month (normal bone, abnormal stress), while your insufficiency fracture is when grandma comes to visit and trips over your child's Legos, breaking multiple bones (abnormal bone, normal stress).

I feel that the average physician is made of pretty strong bone. If you want to take that nerdy analogy further, our T-score on a DEXA scan would be unequivocally positive. We've survived over a decade of training that is rigorous mentally, emotionally, and physically, and therefore, I'd say that most graduates are quite "resilient."

So in my mind, physician burnout is much more of a "stress fracture" than an "insufficiency fracture." When I do retreats or talks, I certainly touch upon personal wellness and physician empowerment as a way to address physician burnout. I think most of us could benefit from some education on the things they don't teach us in medical school, such as how to say no, knowing your worth, and other negotiation skills. I also think it's important to hear repeatedly that you can't be an effective physician if you don't take care of yourself.

But I also think we need to focus on how to change the culture of medicine and make changes on the institutional and national levels. At the end of the day, if you look at what has contributed to increases in physician burnout over the last decade, it's not that we have less resilient physicians. Physicians have always worked long hours, and physicians have always had stressful, demanding jobs. It's the loss of autonomy, the pressure to do more with less, the ever-increasing documentation requirements, RVU-, and patient satisfaction-based reimbursement, the rise in student debt, and increasing social isolation as doctor-patient relationships and relationships among colleagues suffer as a result of time constraints, uncertainty about the future, and lack of flexible work options that reflect changing physician demographics, amongst other things.

How do we address those things? That's what I'm interested in talking about.

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