

VIEWPOINT

Service to Others May Be the Answer to Physician Burnout

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There is a crescendo of attention focused on compassion training in health care. Importantly, this is not just about meeting the needs of patients, but also about learning how compassion can bring personal joy. Some of these concepts can be conceptualized as *seva*: a service that is performed without any expectation of result or award for performing it. Such services can be performed to benefit other human beings or society. "*Seva* is an ancient Sanskrit term, which originally referred to the service performed by members of the community."¹ A more recent interpretation of the word is "dedication to others."

I suggest more emphasis and inclusion of global surgery in medical school and residency curriculums to facilitate "dedication to others" (*seva*), which will give meaning, purpose of profession, and balance in life. Bidirectional learning experiences fostered by global surgery electives will generate compassion and also improve care delivered in both high-income and low-income countries if set up thoughtfully with carefully selected candidates.² Approximately 30% of North American medical students pursue electives in global health, and only 13% of general surgery programs in the United States offer electives in global surgery.

My hypothesis is that in addition to the perceived benefits of global surgery, such as exposure to a new disease pathology, learning to do more with less resources, and personal enrichment, there will be additional benefits of preventing physician burnout. While improvement in the well-being of populations in low-income and middle-income countries should be the primary goal, I strongly suggest that promotion of *seva* will lead to a reduction in "physician burnout," which could be considered a secondary benchmark. However, care should be exercised in not increasing burden on the already overstretched and arguably burned-out health care workers. While individual physicians might create harmony in their lives by pursuing *seva* and institutions might create opportunities to do so, organized medicine should take ownership of systematic conditions that are the root causes of physician burnout.

Physician burnout, now labeled a public health crisis, is one of the tragic developments in the field of surgery. It is thought to be multifactorial owing to many complex factors and influences, leading to emotional fatigue, depersonalization, and loss of enthusiasm among physicians. A 2018 article,³ published by the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T. H. Chan School of Public Health, and Harvard Global Health Institute, has documented widespread physician burnout, with the growing recognition by medical institutions, societies, and colleges that this is one of the most pressing issues in the modern era. Tackling physician burnout head-on is essential for an energized, engaged, and resilient physician workforce to achieve national health goals.

Several studies have suggested that physician burnout is owing to "too many bureaucratic tasks" (60% respondents), such as charting and paperwork, and spending too many hours at work (34%), with 48% of physicians working 51 to 60 hours each week.³ A cross-sectional national survey of general surgery residents administered with the 2018 American Board of Surgery In-Training Examination assessed mistreatment, burnout (evaluated with the use of the modified Maslach Burnout Inventory), and suicidal thoughts.⁴ Among 7409 residents (99.3% of the eligible residents) from all 262 surgical residency programs, 31.9% reported discrimination based on their self-identified gender; 16.6% reported racial discrimination; 30.3% reported verbal or physical abuse (or both); and 10.3% reported sexual harassment. Weekly burnout symptoms were reported by 38.5% of residents, and 4.5% reported having had suicidal thoughts during the past year. Residents who reported exposure to discrimination, abuse, or harassment at least a few times per month were more likely than residents with no reported mistreatment exposures to have symptoms of burnout and suicidal thoughts. Models that were not adjusted for mistreatment showed that women were more likely than men to report burnout symptoms.

Several studies have asked how physicians personally cope with burnout; almost half of respondents chose exercise, while 43% said they talk with their family or close friends. Other coping mechanisms were isolation from others (42%), while 32% eat junk food and 23% drink alcohol. Other studies have shown the benefit of educational interventions to promote resilience and minimize burnout among pediatric trainees.⁵ Self-compassion and mindfulness were positively associated with resilience and inversely associated with burnout.⁶ A carefully conducted study involving 19 biweekly facilitated physician discussion groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning for 9 months was carried out. Meaning in work, empowerment, and engagement in work, burnout, symptoms of depression, quality of life, and job satisfaction were assessed using validated metrics. Empowerment and engagement at work increased by 5.3 points in the intervention arm vs a 0.5-point decline in the control arm by 3 months after the study; an improvement sustained at 12 months. Rates of high depersonalization at 3 months had decreased by 15.5% in the intervention arm vs a 0.8% increase in the control arm and was sustained at 12 months.⁶ Other interventions to ameliorate physician burnout are readily available mental health services, reduction of documentation, simplification of electronic medical records, and appointment of chief wellness officers at the institutional level.

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Sawin⁷ suggested a toolbox of 8 practical steps for surgeons seeking joy in their work, which, as a corollary, may prevent physician burnout. These can be summarized as self-reflection, developing a sense of humor, positivity, leadership, being a teacher, cultivating compassion, involvement in community, and accepting coaching. Sawin proposes the Buddhist concept of joy (similar to the concept of *seva*) to achieve a deeper, more enduring, and more powerful state to navigate the certain assaults of life's challenges.

It may be desirable to do a randomized clinical trial on the benefits of global surgery on physician burnout rate. The 2019 Nobel Memorial Prize in Economic Sciences showed that a randomized clinical trial could be done in human development in some of the most challenging circumstances.⁸ Alleviation of physician burnout will require multiple strategies, change in the culture of organized medicine, and rigorous experiments to find out what really works: one size does not fit all.

ARTICLE INFORMATION

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