

The Loss of Social Connectedness as a Major Contributor to Physician Burnout

Applying Organizational and Teamwork Principles for Prevention and Recovery

Steven Mark Southwick, MD Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut.

Frederick Seacrest Southwick, MD Department of Medicine, University of Florida College of Medicine, Gainesville. As physicians, we are concerned that the role of social connectedness in combating burnout among medical professionals is not receiving the emphasis that it deserves. While many interventions to reduce burnout have been proposed, none is more important, in our view, than addressing the fundamental human need to belong. In this Viewpoint, we emphasize that social connectedness is a basic human need that when lost leads to burnout, and we encourage health care institutions to apply lessons from team and organizational literature to increase social connectedness and enhance well-being.

Why is social support and the feeling that one belongs so important for humans? Because belonging is a fundamental need that is hard-wired into our nervous system. For our ancestors, belonging and forming collaborative relationships provided a survival advantage through sharing of resources and providing safety in numbers. In contrast, separation from the group increased risk for starvation, injury, and death. Consistent with this notion, feeling hurt by being socially excluded, devalued, or rejected creates a neurobehavioral response typical of fear, physical threat, and physical pain including activation of the sympathetic nervous system, the hypothalamic-pituitary-adrenal axis, and some of the same brain regions that process physical pain, including the anterior insula and anterior cingulate cortex.1

Positive social support, on the other hand, reduces these same fear-related physiologic responses through activation of the parasympathetic nervous system. Experiments reveal that having a friend present during a stressful procedure lowers subjective and physiological measures of stress and that cooperating with another participant during a competitive game stimulates the ventral striatum, often referred to as the brain's reward center.² Positive support from others also stimulates oxytocin release that has anxiolytic effects by reducing hormonal, physiological, and neural responses to stressful stimuli. In addition, oxytocin plays an important role in social cognition and behaviors, such as affiliation, interpretation of facial expression, and assessment of trustworthiness, conditions that can enhance interactions among fellow physicians, nurses, and patients.²

In population studies, social support has been strongly associated with both mental and physical health, emphasizing the importance of focusing on conditions that affect the feeling of belonging. For example, one meta-analysis³ that included 70

independent studies with more than 3 million people who were prospectively followed up for a mean of 7 years found that the death rate was 29% higher among individuals who felt socially isolated.

Sadly, the sense of belonging and feeling socially connected in our health care systems has dramatically decreased in recent years, leaving caregivers isolated as never before. Excessive time devoted to the electronic medical record at work and at home, shift work, greater workloads, and a more productivity-driven corporate environment, as well as online learning and increased time devoted to social media platforms, have all reduced face-to-face interpersonal interactions.⁴

To explore the association between burnout and social support, we reviewed the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience comprehensive reference collection.⁵ When burnout was used as a search term, we identified 35 of 430 articles that documented a significant association between social support and burnout. In these studies, burnout was associated with loneliness and social isolation; inadequate support from colleagues and leaders; lack of a sense of safety and community; paucity of long-term mentoring relationships; highly competitive medical and academic cultures; humiliating and demeaning treatment of nurses, residents, and students combined with incivility and lack of respect throughout the workplace; insufficient time to connect and form meaningful relationships with patients or to maintain supportive and caring relationships with colleagues; poorly functioning teams; and insufficient recognition and appreciation for one's contributions.

How can we address this loss of social connectedness? We recommend that organizational and teamwork principles, largely developed in the business world, be applied to health care. Interventions must begin with a sincere commitment by leadership to recognize the many potential sources of isolation, poor social support, exclusion, and devaluation; to minimize as many of these sources as possible; and to actively build a community of mutual support. Team and organizational literature has emphasized psychologic safety as a vital condition for fostering social support and creating socially connected teams and organizational cultures.⁶ Psychological safety can be fostered by encouraging respect and civility, acknowledging and addressing the shame and guilt that may accompany mistakes of commission and

Corresponding Author: Frederick Seacrest Southwick, MD, Department of Medicine, University of Florida College of Medicine, 6362 NW 41st Ave, Gainesville, FL 32606 (southf@ufl.edu). omission, and rapidly intervening to prevent humiliation at the hands of superiors. Additional interventions include the development of longitudinal relationships through peer support and mentoring programs, provision of space and time for medical staff and students to congregate and share their experiences, and creating venues such as Schwartz Rounds, a standardized rounding program designed to openly and honestly discuss social and emotional issues that staff face in caring for patients and families.

One of the most important ways to foster social connectedness is to create effective interprofessional health care teams. Business schools have recognized the importance of effective teamwork and manufacturing systems, such as the Toyota Production System (TPS), which continually encourage effective teamwork among managers and frontline workers. Athletic teams have applied these same principles to achieve the exceptional teamwork required to win championships.⁸

Because many physicians, nurses, and medical trainees have participated in high-functioning teams (eg, athletic teams, orchestras, or academic teams) prior to their medical training, they often possess the skills required to work effectively in health care teams. An important behavioral norm that should be encouraged is mutual respect. When effectively applied, this behavior flattens the hierarchy and improves each team member's sense of importance within the team. Not only do effective medical teams reduce errors and improve the coordination and efficiency of care, they create a shared purpose and a shared mental model that fosters

social connectedness and a sense of belonging. These conditions increase job satisfaction and reduce burnout.⁸

Conclusions

If we are to reduce burnout and enrich the practice of medicine, we must prioritize our basic biological need to belong and to experience positive and rewarding human connections as part of our working environment. When our need to belong is not satisfied, we suffer mentally and physically. Those directing our health care systems need to revisit Abraham Maslow's well-known "Hierarchy of Needs." Social connectedness, particularly in the form of teamwork, addresses the psychological needs of friendship and esteem and is not a luxury but rather a basic human necessity that is built into our biology.

Physicians are scientists. As scientists, it is our responsibility to apply what is known from the neuroscience and management literature about how to create positive and supportive work environments that are conducive to professional engagement and optimal patient care. We recommend that leaders at all levels of health care organizations heed the advice of leadership expert Gen Martin Dempsey, "The most important responsibility of leaders, no matter how busy they are and how many priorities demand their attention, is to make their people feel like they belong." In health care, this means that leaders devote time every day to create a work environment and culture that fosters a sense of belonging, where every staff member feels safe, valued, and part of a collaborative mission to improve the health and wellbeing of patients and colleagues.

ARTICLE INFORMATION

Published Online: February 19, 2020. doi:10.1001/jamapsychiatry.2019.4800

Conflict of Interest Disclosures: Dr Steven Southwick reported financial support from the Glenn H. Greenberg Endowed Professorship of Psychiatry, PTSD, and Resilience, Yale University School of Medicine. No other disclosures were reported.

REFERENCES

- 1. Eisenberger NI. An empirical review of the neural underpinnings of receiving and giving social support: implications for health. *Psychosom Med*. 2013;75(6):545-556. doi:10.1097/PSY. 0b013e31829de2e7
- **2**. Southwick SM, Charney DS. Resilience: the Science of Mastering Life's Greatest Challenges.

Second edition. Cambridge, England: Cambridge University Press; 2018.

- 3. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci.* 2015;10(2):227-237. doi:10.1177/1745691614568352
- 4. McKenna KM, Hashimoto DA, Maguire MS, Bynum WE IV. The missing link: connection is the key to resilience in medical education. *Acad Med*. 2016;91(9):1197-1199. doi:10.1097/ACM.
- 5. National Academy of Medicine. Action collaborative on clinician well-being and resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. Accessed October 25, 2019.
- **6**. Edmondson AC. The Fearless Organization: Creating Psychological Safety in the Workplace for

Learning, Innovation, and Growth. Hoboken, NJ: John Wiley & Sons, Inc; 2019.

- 7. Flanagan E, Chadwick R, Goodrich J, Ford C, Wickens R. Reflection for all healthcare staff: a national evaluation of Schwartz Rounds. *J Interprof Care*. 2019:1-3. doi:10.1080/13561820. 2019.1636008
- 8. Southwick FS. Critically III: a Five-Point Plan to Cure Health Care Delivery. Carlsbad, CA: No Limit Pub. Group: 2012
- **9**. Dempsey M. *Radical Inclusion: What the Post-9/11 World Should Have Taught Us About Leadership*. Arlington, VA: Missionday; 2018.