

Physician resilience is an important skill

The article “Physician Resilience and Burnout: Can You Make the Switch?” [January/February 2013, <http://www.aafp.org/fpm/2013/0100/p25.html>] was well written and really worthwhile. It is important that physicians learn how to weather what they cannot change alone. However, it should not be downplayed that the steadily worsening practice environment may ultimately crush even the most resilient of persons.

Scott Helmers, MD
Spirit Lake, Iowa

One of the authors’ suggestions for increasing resiliency strikes me as especially true: Choose to live less affluently. Physicians feel driven to meet certain productivity expectations, which are often fueled by our income needs and expectations. If we would deliberately step back, limit our commitments, and accept a less affluent lifestyle, we could reduce the pressure we feel and take back some of the control we feel we have lost.

In addition, a physician characteristic that was not mentioned in the article but that leads to burnout is the need to feel indispensable. Team-based care can elevate the importance of others and may as a result reduce our own sense of importance. On the other hand, working in a team can better distribute the burden of work and reduce the risk of error, thereby reducing our stress and burnout.

David Van Winkle, MD
Muskegon, Mich.

The article focuses on identifying feelings and behaviors that increase individual physicians’ risk of burnout and provides tools for dealing more effectively with it. It is also very important to go beyond the individual and identify dysfunction and negative work environments to improve systemic problems. This would be valuable for everyone: doctors, nurses, other staff, patients, administrators, etc. What is happening to create positive systemic changes?

Kathleen Beine, MD
Kingsport, Tenn.

Author response: The response to our article has been heartwarming. Although much of the feedback has emphasized the value of self-awareness and the need to prioritize our “resiliency fitness,” I wish to respond to comments regarding the impact our external environment, including expectations and incentives, can have on burnout and resilience. Our article emphasized the individual, the one thing we each have the ability to change. Preventing or reducing burnout in ourselves through our own choices and behaviors is central to a healthier medi-

cal culture and improves our ability to interact positively with our coworkers and patients.

That said, it is essential that physicians join forces to insist on “disruptive innovation” in both medical training and medical practice.¹ A medical culture that respects the health care team, encourages partnerships with patients to proactively improve their health trajectory, *and* values professional satisfaction is essential. Only through individual action and cultural change will we achieve the long-term goals of patient safety, decreased costs, and improved clinical outcomes.

Primary care physicians score high in intrinsic motivation related to mission and service compared with all physician specialties. Motivational social science would suggest that strict external controls applied to intrinsically motivated professionals would decrease their creativity, innovation, and productivity.² In other words, if we want primary care physicians to better manage chronic disease, be highly productive, and produce quality outcomes, the least effective strategy is to regulate external factors such as how long visits must last or how many patients must be seen per day. Rather, using established guidelines for organizational professionalism, we need to capitalize on physicians’ diagnostic and treatment plan expertise and let them discover innovative ways to manage their community of patients.³ Let’s build a conversation from within primary care about how to improve the health of the newly insured, how to build effective teams, how to optimize the health of populations, *and* how to retain joy in our work.

But again, we must first care for ourselves, and then we will be better able to direct our energies toward discovering solutions from within our ranks. Let’s figure out how to get from here to there.

Annie Nedrow, MD, MBA
Durham, N.C.

1. Christensen CM, Bohmer R, Kenagy J. Will disruptive innovations cure health care? *Harv Bus Rev.* 2000;78(5):102-112,199.
2. Pink, D. *Drive: The Surprising Truth About What Motivates Us.* New York: Riverhead Books; 2009.
3. Egner B, McDonald W, Rosof B, Gullen D. Organizational professionalism: relevant competencies and behaviors. *Acad Med.* 2012;87(5):668-674.

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