What can I do?

Work-life boundaries
Develops a habit that signals taking off your “doctor” identity for the day and focusing on your life.

Cultivate supportive relationships
A study of rural veterinarian physicians showed that supportive relationships at home were one of the top factors in determining happiness at work.

Reflect on thought patterns that make the worst of situations
You may find yourself focusing on thoughts that are negative, destructive, and increase your stress levels instead of solving problems. When you recognize yourself doing this, try the “Tell Yourself” approach to reframing your thoughts and seeing things more positively.

What can we do as a team?

Reorganize workflow to improve efficiency
Chiefs have found success with various techniques, such as using scribes for in-visit documentation, doing labs and medication reviews before the visit, co-localizing workstations, improving communication, conducting clinical care among the train, and using longer-term prescription renewal to avoid frequent refill work.

Make peace with the EHR
Have nurses record notes and enter orders during the visit. Identify EHR tasks that you have to do repeatedly, and approach a skilled DOR or IT about creating a template to automate those tasks.

What system level changes can we make?

Prioritize burnout prevention
Establish policies and procedures to help care providers stay well. One hospital made a “must-read” out of an unused office where providers can relax, enjoy coffee, and enjoy a highly ordered environment, and using longer-term prescription renewal to avoid frequent refill work.

Treat physician wellness as a quality measure
Burnout isn’t an individual problem; it’s a serious quality concern. Employers have a responsibility to address. Unrest and exhausted physicians are far more likely to make mistakes that compromise patient health.

Adjust staffing to suit workflow
Interventions that improve efficiency and physician workflow, such as staffing and team-based care, may require more clinical support staff. A study of high-functioning clinics suggests that teams of 3 to 5 clinical associates per physician allow optimal team-based care.

Sources: