VIEWPOINT

When Compromised Professional Fulfillment Compromises Professionalism

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Viewpoint

A resident has a caseload of numerous high-risk, complex patients, including patients whose family members are persistently critical of the care provided by the physician. The resident repeatedly questions whether medicine was the right career choice. In a mentorship meeting, when asked about future clinical interests, the resident answers, "I can only work in a boutique practice where I'll see high-functioning, stable patients. I cannot provide care for anyone else."

A physician divides their time among clinical, educational, and research pursuits, often working at home well into the night and missing important family events. During a particularly busy clinic, they snap at a member of their team. When asked to collaborate on a research endeavor with a colleague, they refuse tersely. When orienting a trainee, they advise: "You can only work here if you don't get involved in anything."

A hallmark of burnout is depersonalization, consisting of cynical and negativistic behavior.[1] In an effort to reclaim joy in practice, physicians may draw clear boundaries on how they practice. Starting a career, however, with a multiplicity of rigid boundaries raises the question as to whether the professional attributes of altruism or even humanism, which physicians pledge to exemplify, can be realized in the current health care system. What then distinguishes a lack of professional fulfillment from a lack of professionalism, and how can health care systems take measurable steps to prevent burnout from compromising professionalism?

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Professionalism in medicine was defined as early as between the fifth and third centuries BC, with the inception of the Hippocratic Oath. It reinforced the physician's duty to protect the needs and best interests of the patient, emphasizing dedication and competence to prevent self-interest. Today, professionalism continues to encompass values, attributes, and behaviors such as humanism, altruism, accountability, excellence, honesty, and respect for others. But to what extent are such values upheld in practice? One cross-sectional survey of 2682 medical students found that respondents with burnout reported being more likely to engage in one or more unprofessional behaviors compared with those without burnout. Students with burnout were also less likely to hold altruistic views of physicians' responsibility to society and less likely to want to provide care for the medically underserved.[2] A meta-analysis encompassing 241 553 physicians, nurses, and other clinicians found that burnout was associated with poorer quality of patient care, reinforcing the cost to professionalism, even after training.[3]

With the onset of the COVID-19 pandemic, physicians are now at a 40% higher risk of burnout than workers in other fields.[1] Will everyone with compromised professional fulfillment experience compromised professionalism? Preserving the integrity of the two may be possible by broadening the definition of accountability as a principle of professionalism. Accountability is intended to describe one's professional obligation to patients, colleagues, and society. What is easily overlooked is accountability to oneself, consisting of the need for attunement to one's level of exhaustion or depersonalization, one's awareness of values alignment between self and the institution, and one's mood and the impact of that mood on practicing medicine. Humanism curricula in medical school and residency emphasize the value of conscious self-reflection. However, the interpretation of professionalism as necessitating lifelong self-sacrifice can impede the translation of self-reflection to self-compassion.

Compassion as a first step, and seeking help as a close second, could be the keys to maintaining one's professionalism in the setting of burnout. Empirical support only adds to the appeal for such measures: Physicians with the ability to prioritize well-being and achieve personal growth through self-compassion experience lower rates of burnout.[4] A perspective on all the principles of professionalism, gained from the angle of achieving professional fulfillment, could keep professionalism from being eroded. For instance, integrity not only obligates physicians to be forthright about those circumstances that risk patient safety but also to be forthright with institutional leaders about the factors that force a choice between self-care and altruism. For physicians, honesty with ourselves about the hurt we experience when our patients displace their anger onto us, or when our colleagues or leaders ask more of us than we can bear, is critical to reclaiming our humanism.

More broadly, achieving a work culture in which health care systems are sensitive to burnout, designing systems to prevent it, implementing the processes to screen for it, and offering interventions early on could salvage both professional fulfillment and professionalism. A step further is to incorporate attention to well-being as a principle of professionalism, as advocated by Shanafelt et al.[5] What would have happened if the fictional resident who only wanted to "see high-functioning, stable patients" had a safe space to speak openly about demoralization engendered from interactions with patients'

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families, such as through peer support groups, or had the resources of a larger clinical support team with whom to share the responsibilities of complex care? Could the resident have reconciled dissatisfaction from patients' families with the satisfaction of caring for patients with more challenging needs? Burnout fans the flames of present self-recrimination; professionalism offers the hope of future self-assurance. What if the fictional physician who advised "You can only work here if you don't get involved in anything" was mentored on how to articulate the need to retain work-life balance or reassured that safety can be preserved when saying "no"? Burnout is a lonely place to be; professionalism means inviting others to listen and a willingness to speak openly about the constraints of practicing today. One caveat: The systems in which physicians work must be willing to listen, reinforcing the call for organizational accountability in establishing a culture of accepting human limitations.[5]

Trainees and early-career physicians are fortunate to enter the workforce at a time when organizational leaders in medicine have achieved extraordinary gains at a national level to relieve burnout, both raising awareness and validating empirically supported interventions.[4-6] Moreover, the surgeon general and the National Academy of Medicine have spoken on behalf of physicians as one voice—a voice that has conveyed an understanding of what it means to care for complex patient populations in the setting of a resource-based relative value scale payment model unforgiving of such complexity. But the perils remain of practicing academic medicine in a health care system expected to meet so many simultaneously competing demands. For physicians at the frontlines, it is a staggering load to bear. A framework that conceptualizes the next phase of interventions for burnout (burnout 2.0) calls for a step beyond a culture of wellness to a culture of vulnerability and self-compassion.[6] The path to achieving this will mean sustained advocacy for policy changes from leadership to correct misdirected reimbursement policies and regulatory overload. Health care institutions must continue to invest in the resources and team supports that enable their physicians to complete mounting administrative obligations, recognizing that task-shifting does not necessarily relieve accountability or liability for physicians. When technological advances to improve operational efficiency are developed, they must be implemented with explicit criteria that cognitive loads for physicians decrease. Peer support, mentorship, and coaching programs must be formalized and offered with institutional recognition of the time for participation. Physicians will need to be sensitive to oscillations in their professional fulfillment and professionalism, recognizing and accepting that organizations will always ask more and that only sometimes will those willing to do more rise.

Most importantly, it is up to academic physicians to remain engaged in the conversation around how a broken health care system and its consequence of widespread burnout have transformed the conversation on who bears the responsibility of the professionalism of the medical workforce. What was once an oath pledged by the individual alone still rests on the shoulders of physicians—but now also on society at large.

ARTICLE INFORMATION

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