

# Declining Personal Wellbeing as a Driver of Burnout in Hospital Medicine

This is one of seven drivers SHM's Practice Management Committee has identified as an aspect of hospital medicine that contributes to burnout. The examples of workplace stress listed below serve as a starting point for identifying burnout sources in your practice and to develop effective interventions.

Use the following questions to jump-start the discussion:

- What elements of this driver do I or others see affecting our practice?
- How can I better understand what aspects of hospital medicine practice impact my team's wellbeing?
- What currently unheard voices need to be included in this conversation?
- Are there any immediate low investment changes that can be done to help mitigate pressure points?

## Structure of Schedules May Not Be Optimal

As hospitalists move into different life stages, a demanding and inflexible schedule that may include night and weekend shift work often make it difficult for hospitalists to strike a healthy work/life balance. In fact, hospitalists often take on additional shifts or an increase in patients in order to cover staffing inadequacies and shortages in many practices.

## Loss of Professional Satisfaction

As more and more time is spent dedicated to non-clinical responsibilities, the medicine hospitalists thought they would be taking part in is not necessarily the career practice they are experiencing. This change in responsibility leaves many practicing clinical physicians dissatisfied in their profession.

## Minimal Investment in Retention

The higher turnover rate and greater level of portability of hospitalist medicine jobs has led to the perception that they can "come and go" and are "replaceable without cost." This results in less incentive for groups and institutions to invest in their retention.

## No Protected Space for Decompressing

It's not uncommon for hospitalists to have an unclear division of work and patient care spaces. Unlike specialists who have dedicated professional offices, some hospitalists do not have this type of space to work, debrief and unwind.

## Moral Hazard in Medicine

Patient care situations that feel futile, unnecessary or potentially harmful, yield a disconnect with hospitalists' professional values and the work they are being asked or required to do.

## Discrimination and Bias

Hospital medicine is one of the most diverse medical fields with a high percentage of minorities and women in practice. Discrimination and bias in interactions with other staff and patients leads to declining professional well-being. This often results in hospitalists feeling unsupported in the workplace, particularly if not managed appropriately by leadership.