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EDITOR'S PAGE

Heart Failure Physician Burnout

How Can We Help?

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Physician burnout has become a major problem in medicine today. Heart failure physicians and heart failure care teams are not immune to this epidemic. A total of 50% of physicians experience burnout, a condition characterized by depersonalization, exhaustion, cynicism, and perception of low personal accomplishment. The consequences of physician burnout can lead to major morbidity and sometimes mortality through suicide and depression. In addition, it can bring harm to our patients, leading to excessive cost and burden to the health care ecosystem. Although many physicians still view burnout as an individual problem, it is a system-wide crisis (1). Today it takes over 1 million dollars to recruit, train, and replace physicians lost to burnout. With the increasing burden of heart failure globally, we need our colleagues to have long productive careers. The following are steps we can take as the heart failure community to help with physician burnout:

1. Through our professional societies' task forces, we should acknowledge and specifically address the unique needs and opportunities to improve the wellbeing of physicians and reduce the likelihood of physician burnout.
2. We need to readdress the burden of the electronic health record (EHR). Clearly, today the EHR still adds several hours to each clinical workday and reduces the important face-to-face interactions with our patients (2). Can the use of scribes, refinement of the EHR, and additional technological advancements be accelerated to reduce this burden?
3. We need to re-evaluate our compensation models that have emphasized very high levels of productivity for compensation. We should reward diversification of activities for physicians and reduce the perception of low personal accomplishment. This includes recognition of quality outcomes, citizenship, participation in research activities, and leadership (3).
4. We should engage and encourage participation in leadership activities, training, and research, as there will be even a greater need for physician leaders in these domains in our future health systems.
5. We should promote improvement of the work environment, with opportunities to reset and promote physical and mental health during the long workday activities and provide better guidelines for work-life balance.
6. Finally, through our professional societies and health systems, we should foster greater research of the physician burnout syndrome to better understand the risk factors and, more importantly, to develop the best interventions to reduce and eliminate this ongoing crisis.

Let us begin with the recognition of important national and local task forces that specifically address the heart failure care team. We need to do this for our patients and colleagues.

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