

# The Changing State of Clinical Medicine 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 develop effective interventions.

Jump-start the discussion by considering:

- 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 mitigate pressure points?

## **More Coordination, Less Direct Care**

With more clinicians consulting on patients, hospitalists are spending additional time managing communication and sorting through competing messages. Coupled with recent trends of more care being provided by lower acuity settings, hospitalist responsibilities are shifting towards coordinating patient care as opposed to providing it.

## **Increased Focus on Efficiency**

Hospitalists often face increasing pressures to improve the efficiency of patient experience. These pressures include moving patients through the system, reducing the length of stay, improving discharge times and preventing re-admission.

## **Being Held Accountable for Measures Beyond Their Control**

With value-based care, hospitalists are held to metrics beyond their immediate control. Examples of these metrics include 30-day readmissions, patient compliance with treatment regimens, patient satisfaction scores and length of stay. Many factors beyond quality of inpatient clinical care affect performance on these measures, such as insurance or placement delays, family decision delays, prevalence of outpatient community supports, and patient socio-demographic factors.

## **Hospitalized Patients Present with More Complex Medical, Social and Economic Realities**

More care is being delivered in outpatient or observation settings. This means that hospitalized patients are more likely to be extremely frail, have multiple chronic conditions or are approaching end-of-life while hospitalized.