

## The Burnout Generation

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Millennials – often coined the “Burnout Generation” – have initiated a conversation about the barriers to well-balanced living and the burnout these frequently engender (Can't Even: How Millennials Became the Burnout Generation. 2020). This conversation has produced a mixed reaction among physicians, with differing perceptions often following generational lines. Burnout has been heavily researched in recent years, with several studies showing that younger employees are at higher risk for developing burnout. Young physicians have distinct expectations and goals for work-life balance (BJGP Open 2019;3:bjgpopen18X101637; Acad Psychiatry 2020;44:388-93; asamonitor.pub/3iRIU6Q). The work environment has markedly changed in the last 50 years, with significant growth in administration, the development of the electronic medical record, and a shifting focus on efficiency and quality (N Engl J Med 2020;382:2485-7). Burnout may feel different for younger physicians compared to their older colleagues in both private practice and academic settings, and generational differences have been well-recognized as drivers of dissonance in the workplace. Understanding these differences and addressing

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systemic and individual solutions to burnout are imperative in preventing young physicians from leaving the medical workforce.

For Charles Whitten, MD, Chair of the Department of Anesthesiology at the University of Texas Southwestern Medical Center, conversations with today's house staff about burnout have come a long way from his early experiences as a physician. In the 1980s when he trained, "Burnout was seen, on some level, as a sign of weakness. [He] never heard anybody talk about it." His colleague, Stephanie Byerly, MD, says that when she trained in the mid-1990s, burnout was rarely acknowledged, although she knows many of her co-workers experienced it. At that time, physicians were expected to cope individually and become more resilient: "You're a physician, you should be able to handle it. When you couldn't, you felt ashamed. There was no discussion about the system and how it factors in."

Despite improved awareness, many young physicians don't see much change. Corinna Yu, MD, FASA, finished residency in 2012 and joined a private anesthesiology practice. She unintentionally lost 10 pounds in the first four months, finding it difficult to take care of her most basic human needs while meeting the demands of her job. When Dr. Yu shared her struggle to manage everyday tasks at home alongside her career, her senior partner jokingly suggested, "You need a wife." As gender roles have shifted and dual working marriages become more common, many young physicians are increasingly outsourcing, but this model can only stretch so far. Covering a 72-hour call shift is neither sustainable nor desirable for the younger generation (Med Educ Online 2018;23:1530558).

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Compared to private practice, burnout in academics often stems from the ever-growing expectation that faculty make significant scholarly and organizational contributions while remaining clinically productive. Institutions often lack the ability to provide adequate academic time, administrative assistance, and

mentorship. This leaves many young physicians trying to scramble up the promotion and tenure ladder without the necessary support, and with little time left over to maintain personal balance. Dr. Whitten clearly remembers the day several years ago when a trainee commented that training programs “ask us to be so well-rounded to get in, and then so single-minded once we get here.”

Physician well-being impacts quality of care, career longevity, and personal health. Certainly, the younger generation may have different needs than their predecessors, but professional burnout is inherently tied to how supported one feels in their work life. To avoid an entire generation of over-extended, disengaged physicians, private practice groups and academic institutions need to create a practice model that is sustainable for millennial and Gen Z physicians. They must move forward from employee-centric interventions focused on increasing individual well-being – the building of more resilient canaries for the coal mines – to systems-based changes that improve workplace culture.

Leadership should focus on improving communication, building emotional intelligence and empathy, and ensuring a retribution-free system. For example, establishing a reporting system for concerns is a good starting point but must be followed with transparency and a relevant action plan. Peer support teams to help process challenging clinical experiences and to support physicians experiencing burnout can also be helpful. At UT Southwestern, Dr. Whitten established a “Reverse Mentorship” program to bring early-career faculty in conversation with senior leadership, ensuring interventions aimed at preventing burnout are hitting their mark.

For groups seeking to improve, the ASA Committee on Physician Well-Being serves as an invaluable resource. They provide a well-curated database of the existing evidence on interventions targeting burnout and a variety of suggestions on changing workplace culture, available at [www.asahq.org/advocating-for-you/well-being](http://www.asahq.org/advocating-for-you/well-being). Sustainable systemic improvements require financial support and ideological consensus. The cost of these changes should be evaluated against the financial

and cultural impact of frequent turnover. Institutions should acknowledge less tangible factors relevant to patient care and efficiency, such as improved job satisfaction and mental health.

Millennial and Gen Z physicians place significant value on being meaningfully engaged in their personal and professional lives, and burnout, for younger physicians, is often closely tied to a lack of flexibility and control. The COVID-19 pandemic has created new challenges for physicians of all ages, but the youngest generations have an opportunity to reflect on and reshape the priorities of their profession.

Members of the Committee on Young Physicians have partnered with members from the Committee on Physician Well-Being and others within ASA to form an Ad Hoc Committee on Systemic Life Imbalances.

This group has created a set of recommendations for academic and private practice groups to foster a culture of well-being, available at [www.asahq.org/standards-and-guidelines/resources-from-asa-committees#slb](http://www.asahq.org/standards-and-guidelines/resources-from-asa-committees#slb). Although these recommendations stem from our experiences during the pandemic, they are broadly applicable and are integral to the future success of our specialty.