

Your Doctor's Burnout Could Be Your Problem

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Abstract

This essay argues that burnout among medical staff erodes empathy, increases medical errors, and drives disengagement from patient care. Compassion fatigue, often arising from burnout, can pave the way for negative behavioural intentions as workers reach a state of emotional exhaustion. Additionally, lapses in judgement due to mental distress or overload can pose significant risks to patient safety. Lastly, psychological health burdens can result in medical professionals withdrawing from their roles, further straining healthcare resources and compromising patient outcomes. Preventing burnout and prioritising the mental wellbeing of healthcare workers must be an urgent priority of healthcare systems, not only as a matter of individual health but also as the foundation of safe and effective patient care.

Introduction

Nine hours into a shift without food, water, or a break, a GP trainee prescribed a patient the wrong drug. Within moments, the patient collapsed.¹ This was not the result of negligence – it was exhaustion, thirst, hunger, and a system that had pushed the trainee to their breaking point. According to the WHO, 1 in 2 healthcare workers suffer from burnout, a work-related syndrome caused by unmanaged chronic stress, characterised by exhaustion, emotional detachment, and reduced professional effectiveness.² Compared to the general population, healthcare workers face a fivefold risk of developing burnout and mental health issues.^{3,4,5} Despite the reality that many workers grapple with excessive workloads,^{6,7} stressful conditions,^{8,9} and inadequate support systems,¹⁰ they are nonetheless expected to put patient wellbeing above their own. This essay argues that failing to address burnout among healthcare workers risks rippling consequences: the erosion of empathy, the rise in medical errors, and the disengagement of healthcare workers. Healthcare systems must address these invisible struggles, as neglecting them not only endangers those who provide care, but also those who rely on it.

The Erosion of Empathy: How Burnout Diminishes Compassion

“Our suffering can make us callous to the suffering of another.”¹¹

— Paul Kalanithi, *When Breath Becomes Air*

Empathy, broadly understood as the ability to understand and share the feelings of another,^{12,13} is essential and unique to a caregiving role. However, it also puts healthcare workers at a greater risk of emotional and psychological suffering; this suffering, as Kalanithi so poignantly identifies, means workers lose sensitivity and emotional connection as they grow hardened to their surrounding turmoil – a state known as compassion fatigue.

Compassion fatigue can be defined as “the convergence of secondary traumatic stress and cumulative burnout”.¹⁴ Secondary traumatic stress arises from a healthcare worker’s empathetic relationship with a patient, making them deeply sensitive to their suffering¹⁵; burnout stems from the overwhelming psychosocial stressors that healthcare workers juggle daily. Physical consequences include headaches, indigestion, sleep disorders, and fatigue; emotional consequences include anger, irritability, apathy, and emotional exhaustion.¹⁶⁻²⁰ Situational exacerbating factors include unkind behaviour from patients or their families, witnessing patient suffering or death, medical errors, and delivering bad news.²¹⁻²⁴

Most worryingly, compassion fatigue reduces healthcare workers’ ability to demonstrate empathy²⁵ and is a strong predictor of negative behavioural intentions,²⁶⁻²⁹ such as increased bias³⁰ and other detrimental attitudes. The wellbeing of healthcare workers directly affects the quality of care experienced by patients, who deeply value the unique empathetic relationship formed during their care; however, many patients feel this relationship is threatened by the persistent challenges faced by healthcare workers in their demanding environments; fearing compromised treatment, patients also hesitate to voice concerns.³¹

Despite being in chaotic, emotionally charged environments for extended hours, healthcare workers are expected to maintain their composure and empathy.^{32,33} The inconsistency between their occupational demands and the support available drives a deep wedge between the ideals of compassionate care and the reality of its delivery, perpetuating a vicious cycle of burnout and compassion fatigue.

Errors in Exhaustion: How Burnout Leads to Lapses in Care

“You work yourself to exhaustion, pushing yourself beyond what could be reasonably expected of you, and end up constantly feeling like you don’t know.”³⁴

Healthcare workers are expected to be infallible in their decision-making. But the truth is that the hours are long, the work is hard, and the emotional toll is immense – they are constantly making split-second decisions affecting people’s lives, and doing it all on too little sleep and too much stress.

In a working environment involving complex, frequent decision-making, healthcare workers’ mental resources are quickly depleted, leading to a phenomenon known as cognitive overload. This reduces working memory capacity³⁵ and decision-making ability³⁶ – a significant concern in healthcare workers, who often determine life and death for many. Most physicians admit that patient care is negatively affected by their stressful work.³⁷⁻³⁹ Sleep-deprived surgeons make more errors⁴⁰ due to impaired speed and accuracy,⁴¹ a disconcerting finding given that almost half of healthcare workers report sleep deprivation,⁴²⁻⁴⁴ attributing this to long working hours and the physical and emotional demands of their work.^{42,45} Insufficient sleep exacerbates these effects, jeopardising patient safety⁴⁶⁻⁴⁸ – 8% of surgeons commit major medical errors due to lapses in judgment, with burnout and depression identified as independent risk factors⁴⁹; high workloads and staffing shortages contribute to 23% of medication errors.⁵⁰ Although healthcare workers’ wellbeing and patient safety are positively correlated,⁵¹ they often prioritise patient care over their own needs,⁵²⁻⁵⁵ creating a cycle where mental health struggles amplify errors, which further worsen mental health.

In Hong Kong, nursing staff shortages and insufficient equipment testing were blamed for the detachment of a ventilator tube, leaving a middle-aged tuberculosis patient in critical condition.⁵⁶ Similar high-profile cases not only corrode public trust, but also place an immense burden on healthcare workers, who often blame themselves for errors caused by systemic issues beyond their control.

Breaking Point: Why Healthcare Workers Walk Away

“Staff have become shock absorbers in a system lacking resources to meet rising demands.”⁵⁷

— Chris Ham

Beyond impairing healthcare workers’ ability to perform their duties, burnout drives them to disengage, not simply emotionally, but also socially – leaving the profession altogether. Systemic issues compound this, such as shift work, a lack of schedule flexibility, long hours, and an inability to take sick leave, making it nearly impossible for healthcare professionals to maintain their health or achieve a work-life balance.^{58,59}

For many, distance from their profession, including reducing their working hours or even leaving the profession altogether, may be seen as the only way to escape the relentless occupational pressure. Burnout among healthcare workers is linked to a higher reported intention to leave their current practice or their field.⁶⁰ In 2022, 44% of healthcare workers expressed intentions to seek a new job, a stark increase from 33% in 2018.⁶¹ During the COVID-19 pandemic, this trend worsened, with healthcare workers citing inadequate staffing, workload, emotional toll, and burnout as reasons to leave their practice.⁶²⁻⁶⁵ This is illustrated locally by a nurse at Hong Kong Gleneagles Hospital who resigned following a medical malpractice incident,⁶⁶ demonstrating how systemic pressures and burnout can lead to tragic outcomes and further attrition.

Burnout-related absenteeism and lower productivity further strain healthcare systems as staff turnover rates increase.⁶⁷⁻⁷⁰ With a smaller, overworked workforce comprising staff who are less and less able to provide the empathetic, attentive care that patients need, the quality of care inevitably dwindles. Burnout leads to attrition, attrition increases the workloads for remaining workers, and increased workloads exacerbate burnout, creating a

self-perpetuating loop. Without addressing the systemic root causes fueling burnout and disengagement, this cycle of attrition and declining patient care will only continue.

A Path Forward: Fixing the System

Burnout is not the result of individual weakness, but of systemic oversight. Ethically, healthcare systems have a duty to uphold the principles of beneficence and non-maleficence. This duty should extend not only to patients, but also to healthcare workers, who form the bedrock of patient care. This includes a duty of distributive justice, recognising that the burdens of burnout are often disproportionately borne by junior staff. Failure by these systems to address burnout must be recognised as a blatant violation of these principles.

Healthcare workers often feel they need “permission” to prioritise self-care, viewing it as a weakness⁵² and fearing the stigma surrounding mental health problems and individual needs.^{71,72} Many dismiss needing mental health care, and even those experiencing severe symptoms refuse to seek help for them.⁷³ Systemic barriers leave little room for help-seeking, as workload intensity, physicality, and difficulty getting time off are frequently-reported issues.^{31,32,73,74}

While strategies such as skills training, stress management, and self-care are associated with reduced burnout in healthcare workers,⁷⁵⁻⁷⁷ most barriers extend beyond individual control. Healthcare systems must prioritise workers’ mental health through structural change. Healthcare workers require tailored mental health interventions⁷⁸ – most systems opt for helpline services,⁷⁹ relying on the help-seeker to initiate contact. While applicable to urgent problems, proactive organisational interventions are more effective due to their less stigmatising, widespread effects.⁸⁰ These include ensuring adequate staff levels; role distribution; fair pay; respect for non-working hours; support of flexibility; duty hour

limits; mandatory sick leave; optimised electronic records; and avoidance of task redundancy.^{75,77,81-84}

Reforms in workplace culture are equally essential. This includes positive leadership, strong supervision, and fostering a sense of community among staff: recognising contributions, providing regular feedback, and reinforcing bonds between colleagues and supervisors can significantly enhance wellbeing^{31,52,85-89}; training supervisors to identify signs of distress and facilitating supportive, open conversations can help normalise help-seeking behaviours and reduce stigma.^{82,83,85,90,91}

Conclusion

Burnout is an unseen epidemic among healthcare workers. Individual strategies are not enough – healthcare systems must not put productivity over wellbeing, leaving their workers to shoulder significant emotional distress and unsustainable workloads without adequate support. To combat this issue head-on, burnout must be acknowledged as systemic negligence. Healthcare systems have an ethical duty to put the wellbeing of their workers at the forefront, implementing structural reforms and fostering a workplace culture that values mental health, reduces stigma, and encourages open communication. Failing to address the crisis of burnout means risking a healthcare workforce that is increasingly disengaged, overworked, and prone to errors. By prioritising the wellbeing of healthcare workers, we can create a system that recognises their humanity and their contributions, protecting those who safeguard the very foundation of patient care.

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