

Letter: How to Combat the Burnout Crisis in Neurosurgery? Cathedrals and Mentorship

Parable of the stone cutters—

A traveler came upon a large work site in a village. He approached one worker asking, “What you are doing?” To which the worker replied, scowling “I am cutting stones.”

The traveler moved on to a second worker asking, “What are you doing?” The second worker stood tall, turning to the traveler and said, “I am building a cathedral. It will be the tallest and most splendid structure around. Its beauty will inspire and move people for centuries to come. The stone I am now working on will go near the front door where people will enter. I will probably not see the completed building, but I know my work is part of something very important.”

Burnout among physicians across all specialties has reached crisis levels. Suicide is currently the leading and second cause of death among male and female resident physicians, respectively,¹ and physicians and medical students have higher rates of burnout and depression than the general population.² Burnout is characterized by chronic stress and resultant exhaustion, both physical and emotional, cynicism, detachment, and depersonalization. Burnout is also associated with a reduced feeling of personal accomplishment and job satisfaction that can also negatively impact one's personal life. Burnout does not solely threaten physicians' health, but it also endangers patients.³⁻⁵ It is not a syndrome of the “weak-minded,” as neurosurgeons and neurosurgeons-to-be are not immune; burnout rates have been reported as high as 67% among neurosurgery residents^{6,7} and 56.7% among practicing neurosurgeons.⁸

Burnout is not simply a result of long work, but rather the kind of work being done. There is “good work” which is work worth doing and which leads to a sense of personal achievement and mission in life. People engaged in this type of work will work inexhaustibly and with a sense of vigor, energy, and pride. Then there is senseless work which is not aligned with patient care goals and makes one feel more removed from what drew them to be a physician in the first place. This is at the core of burnout.

Other factors contribute to physician burnout including an oppressive administration both locally and at the state and federal levels that have an ever-increasing impact and control over how physicians practice medicine. Burdensome electronic medical records and more painstaking documentation requirements bring the physician further and further from the patient bedside, while protocols to be followed blindly do not allow focusing on individualized patient care. The current “write-up” culture in a hospital makes the physician feel as if they inhabit the lowest rung of hierarchy. Anyone, including those lacking the medical knowledge and the necessary insight to understand an urgent situation, is able to negatively document against a physician. In

some hospitals, write-ups are even incentivized with gift cards, fostering a highly antagonistic workplace. On top of that, the worth of a physician has been dwindled down to the 3 letters, “RVU,” and reimbursements and bundling of current procedural technology (CPT) codes create unstable and ever-changing rules of the game that never favor the physician. This all occurs while hospitals drive physicians to work harder and harder and have even less time to defend our interests and those of our patients at the hospital and legislative level.

What must be done to combat the burnout epidemic? The solution is 3-fold. First, we must campaign to free ourselves from the nonsensical work that physicians are increasingly being forced to engage in. Second, we must drive a positive atmosphere in and around us. Third, we must take care of ourselves physically and mentally,⁹⁻¹² so that we are better able to care for a maximal number of patients during our lifetimes.

Let us spend our time in meaningful work. Let us go back to doctoring and taking care of patients to the best of our abilities. Let us go back to allowing patients to feel that they are receiving individualized care. Let's keep the patient at the center and the rest will follow. This will take time and the current stranglehold by administrators and regulations will not disappear overnight.

In the meantime, we must, as mentors, share our enthusiasm for our profession with our trainees. All too often, on rounds and in the operating room, we drone on about challenges and frustrations in getting cases scheduled in the operating room, the latest development in CPT bundling, inaccurate RVU calculations, and the latest root cause analysis for the patient who developed a catheter-associated urinary tract infection but otherwise did remarkably well. Though it may feel cathartic at the time, it is exceedingly demoralizing to our residents, who hang on our every word and follow our lead. They may be in the depths of despair of residency training and may not yet see the light at the end of the tunnel.

Let's instead celebrate and highlight the positive aspects of our profession, including the lives saved and touched by us. We have remarkable experiences every day in our field. We are among the most highly trained, educated, and skilled people in the world. Yes, we are privileged to do what we do and affect patients as only so few can, but we have also earned that privilege through years of hard work, dedication, and sacrifice to a degree that most cannot even imagine. Meaningful mentorship is critical, and not surprisingly it was identified as protective against resident burnout in a recent national survey.^{7,13} As mentors, let's remind our residents what Neurosurgery is all about. Helping patients first and foremost, but also doing amazing things, pushing the field forward, and continuing to investigate the unexplored gaps of our current knowledge of the nervous system.

This call to action is not limited to your own perceptions and those of your co-workers, nurses, and residents. Neurosurgeons need to continue to support meaningful reform at the local, state,

and federal levels. Stay engaged with your hospital administration to help make these much needed changes. It also makes a lot of sense to donate to the NeurosurgeryPAC so we continue to have a source of dedicated souls to fight the good fight.

We are, at core, Physicians. Remember that we are not merely stone cutters. The most sacred part of what we do is our relationship with the patient. There is deep meaning, reward and satisfaction in that relationship. As Neurosurgeons, we are fortunate to be building a Cathedral. Our burnout is not from patient care responsibilities, but rather burnout comes from everything else that is being driven between us. Let's remind ourselves and our residents. Only then can we address the burnout crisis.

Let's continue work on our cathedral.

Disclosures

Dr Spiotta is a consultant for Penumbra, Cerenovus, and Minnetronix. Dr Kalhorn discloses relationships with Stryker Spine, Stryker Navigation, and Power T. Handle. The authors have no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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10.1093/neuros/nyy611
