

# A Professional Well-Being Continuum: Broadening the Burnout Conversation

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Physician burnout is a significant concern that is garnering much-needed attention. Researchers and leaders in health care also have been focusing more on physician wellness. We believe, however, that physician well-being is more nuanced than being either burned out or well (or burned out or not), and the complexities of physician burnout are not fully captured by viewing the problem through this dichotomy.

We propose the use of a professional well-being continuum. We believe this approach offers advantages in both assessment and intervention over the current dichotomies used to discuss physician well-being that consider only burnout or wellness. The proposed model is based on accepted constructs in the well-being literature but has not itself been empirically tested; therefore, the model would benefit from future studies that seek to confirm and/or refine the terms we have used, along with associated outcomes and effective interventions at different points along the continuum.

Interest in physician burnout and well-being has been growing steadily. With increasing attention to these constructs, scholarly work has highlighted some problems with burnout research to date, including an emphasis on emotional exhaustion, the use of unsupported clinical cutoff scores on the Maslach Burnout Inventory, and a narrow focus on burnout without considering positive aspects of well-being.<sup>1</sup> We propose an expansion on the latter criticism—the creation of two artificial categories (burned out and well) that do not represent the range of well-being that physicians may experience.

Although wellness and burnout have been described as “two sides of the same coin,”<sup>2</sup> it seems unlikely that a burned-out physician suddenly would be well. In our experience, improving well-being is an active process that takes time and

involves cultivating personal and professional resources to mitigate stressors and enhance wellness. Physicians who are experiencing burnout and struggling to keep up with the demands of their careers and responsibilities outside work may view being well as an unattainable goal. This is supported by literature that indicates that burnout, from a theoretical perspective, is a “complex, continuous, and heterogeneous construct,”<sup>3</sup> and as an experience may be a stable, chronic condition lasting years.<sup>4</sup> Furthermore, attempting to promote skills or states that are more advanced than for what the individual is ready (eg, focusing on wellness when an individual is burned out) may be premature and cause frustration; one must possess basic coping skills to make incremental improvements before moving on to larger-scale changes.<sup>5</sup>

It also is unlikely that a physician would go suddenly from being well to being burned out. Likely there is a gradual decline in well-being related to mounting job stressors and dwindling personal resources or organizational supports to meet these stressors.<sup>4</sup> As such, both burnout and wellness develop over time, being influenced by environmental stressors and personal resources that are available to respond to them.<sup>4,6</sup> Although a well-being dichotomy may have been necessary from a research perspective, this restricted concept limits the generalizability of said well-being research.

In consideration of the complexity of human experience and the deficiencies identified in the burnout literature, we propose that a physician well-being continuum, which reflects a range of subjective experiences, would be a more representative conceptual model than is a dichotomy. Such an approach provides physicians with a more comprehensive, nuanced language with which to discuss their well-being.

## Beyond the Burnout-Wellness Dichotomy: Considering a Well-Being Continuum

We considered the body of literature on burnout, a similar continuum model of well-being,<sup>7</sup> and our personal experience working with physicians functioning in varying states of well-being in developing this proposed model. Briefly, our perspective on a continuum model of physician well-being would range from burnout, the least desirable condition, to thriving, the most desirable. Points along the way include surviving, fine, and well; these terms describe variations on negative, neutral, and positive experiences, respectively. We believe these nuances are important for reasons already described herein and have been overlooked in the literature to date. For example, wellness often has been discussed as a lack of burnout, which is an inadequate and incomplete conceptualization.<sup>8</sup> Wellness “goes beyond merely the absence of distress and includes being challenged, finding meaning, and achieving success in various aspects of personal and professional life.”<sup>9</sup>

Movement along the continuum is not unidirectional, because particularly challenging circumstances (eg, a constantly changing healthcare environment) or inadequate self-care may

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lead to a regression in well-being. A variety of interventions have been studied that are likely to enhance well-being.<sup>10–12</sup> Natural fluctuations in mood and energy also may influence variations in well-being. As also noted in the illness-wellness continuum, wellness is not a static state but a process.<sup>7</sup>

In addition to offering a more comprehensive perspective, another advantage of a continuum model is that it can provide the opportunity to develop and test interventions that provide differential benefits at different states of well-being. Some wellness interventions have been deemed effective because they have resulted in a reduction in burnout.<sup>12</sup> In our model, this does not automatically equate to being well. Eckleberry-Hunt and colleagues also consider the reduction of burnout and the promotion of wellness to be separate goals.<sup>1</sup> Although this is not proposed within a continuum model, we believe it is consistent with such a conceptual model. Reducing burnout is a necessary first step for more than half of physicians; for others, however, a focus on maintaining or enhancing wellness is more appropriate. Furthermore, cultivating higher states of well-being (ie, thriving) requires a more active focus on increasing positive elements, not simply reducing stressors. With this in mind, it may be time to further refine investigations into physician well-being to determine whether different interventions are more or less effective at different levels of well-being.

We believe that a major advantage of the proposed continuum model is that it reflects a more accurate conceptualization of the range of psychological and professional states that physicians experience. The model using this specific terminology has limited validity evidence, but the concept is based on well-supported literature and our professional experience working with physician well-being. It follows, then, that a future direction for research would be to confirm or refine these specific terms for physician well-being through an empiric (eg, factor analytic) approach.

## Conclusions

National thought leaders on physician well-being have identified problems with burnout research and suggest that

viewing burnout as a continuous variable may be more appropriate than other models that have been used to date.<sup>1,3</sup> We concur with this assessment, and believe that advancing our understanding of professional burnout and wellness requires a shift in how we view physician well-being—not as a dichotomy but instead as a dynamic condition that moves along a continuum from “burned out” to “thriving.” Such a change could advance research, as well as provide a vernacular that better matches physicians’ experiences with burnout and other degrees of well-being.

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