

Innovative Model Boosts Surgeon Morale

Kurt Ehlert, MD, FAAOS, CPE
National Medical Director, Surgical Services
TeamHealth

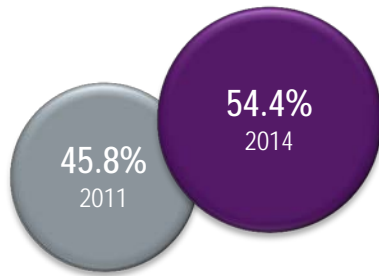


Healthcare is facing a daunting challenge in the form of physician burnout. Although not all physicians face this issue, studies indicate that it is becoming more prevalent among surgeons. This white paper discusses current studies on physician burnout as well as what TeamHealth is doing to try to combat it with its orthopaedic hospitalists/surgicalists.

BACKGROUND

In healthcare today, physician burnout is an under-recognized, expanding, and potentially disastrous issue. Burnout is a pathologic response to stress that manifests in a classic triad of symptoms—emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. Some say that these symptoms exist in many adult American workers; however, studies have shown that physicians are more at risk than the general public.

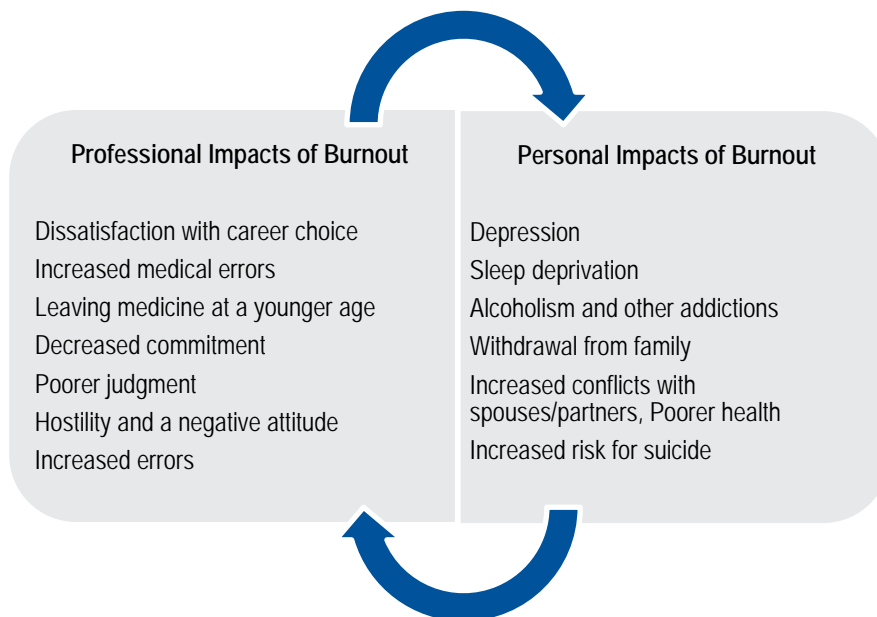
A 2012 study in *Archives of Internal Medicine* noted a 45.8 percent of physicians exhibit symptoms of burnout. When the study compared physicians to other working adults in the U.S., physicians were statistically found to be more likely to experience burnout ($p < 0.001$). This is true despite the fact that in fields of work other than medicine, increased education seems to help protect against burnout.ⁱ Of even more concern is that this malady appears to be increasing. In 2014 the authors of the 2012 study repeated their survey and found that the rate of burnout had increased to 54.4 percent and that satisfaction with work-life balance had declined significantly as well.ⁱⁱ



Rate of burnout symptoms in physicians increased 8.6 percent in four years.

RISKS OF BURNOUT

What happens when a physician experiences burnout? Although we can consider professional experiences and personal lives separately, burnout affects both realms. At work many negative impacts can occur that are of concern for patients. At home, physicians are at risk for depression and other negative personal impacts of burnout. A 2009 study found that more than 30 percent of surgeons are depressed,ⁱⁱⁱ and another study found that the personal negative impacts have placed physicians at an alarming increased risk of suicide.^{iv}



CAUSES OF BURNOUT

Why is burnout such an epidemic among today's physicians? According to a 2013 survey of physicians reported in *Medscape*,^v there are many reasons.

1. Too many bureaucratic tasks. The increased utilization of electronic medical records (EMRs) is one such task that, according to a December 2015 Chicago Tribune article by John Russell,^{vi} seems to be contributing to burnout.
2. Present and future impacts of the Accountable Care Act (ACA).
3. Too many hours at work.
4. The feeling that you're just a cog in the wheel.
5. Increased computerization of the practice
6. Lack of professional fulfillment

There are some unique stressors for surgeons, especially those involved in trauma work, when compared to other specialties. Surgeons work long hours, have frequent call nights, often have little control over their schedule, find inadequate resources and an inability to access the operating rooms at their hospitals, and run the risk of surgical complications.

According to Shanafelt's 2009 article, factors related to increased burnout scores in surgeons include:

- A young age
- They have children
- The number of nights of call per week
- The number of hours worked per week
- Being compensated only based on their billings

WHAT CAN WE DO ABOUT PHYSICIAN BURNOUT?

There are many alternatives although none of them have been rigorously studied for success. Often, physicians attempt to self-treat their own burnout, and the most common "treatments" are to participate in exercise programs, spend more time with family, take time off for vacations, watch movies, listen to music, read, or try to get more sleep. Although these alternatives intuitively make sense, there have been no studies to determine how much of these possible solutions are required to achieve success, and there are no documented results.

Many organizations recognize this issue's significance and have attempted their own solutions with workshops and education, on-site exercise facilities and classes, Employee Assistance Programs (EAPs), and counseling. From the physician's viewpoint, however, these solutions are generally only available during the day when a physician's time is at a premium.

After all is said and done, it does appear that most experts agree on three general principles to help combat burnout and stress:

1. **More time**—Physicians must have more control over their time and build more time in their lives for what is important to them.

2. **More opportunities for self-care**—This includes activities such as exercise and other wellness pursuits.
3. **More support**—This is a complex but consistent thread when talking about how to help physicians avoid and cope with burnout. Mentors, collegial support, and educational opportunities are part of the answer as are support, respect, and recognition from administrations.

For a long time at TeamHealth, we have been providing support for our physicians in the form of collegial backing and active leadership at both local and national levels. We also have a formula to ensure regular engagement with the physician's local administration. Distinctively, however, we feel that through our singular practice model for our surgeons, we have the ability to affect both the "more time" and "more opportunities for self-care" components noted above.

TEAMHEALTH'S UNIQUE APPROACH FOR SURGEONS

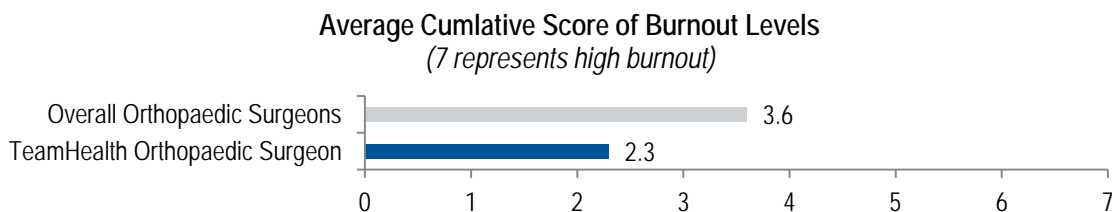
TeamHealth has long held the opinion that the key to minimizing burnout among our surgeons may be the model of care. We have developed a 24-hour shift model that clearly defines our orthopaedic and acute care general surgeons' responsibilities and allows them to cover emergency department and inpatient consults for hospitals without elective practice responsibilities. We also provide adequate compensation at a very competitive rate and allow our surgeons to only work approximately one-third of each month. We hypothesize that the freedom of 20 days off per month and the flexibility and control over their schedules more than make up for the organized call stress.

To test our theory, TeamHealth surveyed our active orthopaedic surgeons. The survey was a blinded, online questionnaire using a modified Maslach Burnout Inventory that has shown to be reliable for studying burnout in the field of medicine. Happiness, job satisfaction, and work/life balance were also included because they are factors in stress and burnout. We surveyed 95 active full- and part-time orthopaedists, asking them to respond to each question as applied to their pre-TeamHealth practice style and then to respond to each question as applied to their new TeamHealth practice style.

When the overall results were compared, we found that:

- 45 Physicians returned surveys, and 38 of the respondents answered every question.
 - 42 Respondents were male, and 3 were females. 37 Respondents were over 45 years old. 9 Respondents had worked as an orthopaedic hospitalist for less than 1 year; 21 had worked as an orthopaedic hospitalist between 1 to 3 years; and 15 had worked as an orthopaedic hospitalist for more than 3 years.
 - Of the physician respondents, 31 were in private practice before, 8 were employed, and 4 had been in academic practice.
- The Maslach inventory has 22 questions, each of which was assigned to 1 of the 3 burnout symptoms.
 - For each question, the cumulative burnout ratings improved (i.e., fewer symptoms of burnout) from the respondents' prior to current jobs.
 - The largest improvement was in the 9 "emotional exhaustion scores" (an 18.1 percent improvement) while the 8 "personal accomplishment" questions (9.6 percent) and the 5 "depersonalization" questions (9.4 percent) were somewhat less marked.

- The cumulative score for all burnout questions improved from 2.72 to 1.81 on a 7-point scale.
- Both scores are better than those reported in Shanafelt's 2012 study on burnout where an average score of 3.6 was found for orthopaedic surgeons.
- Happiness at work among 73.7 percent of the respondents was found to improved.
 - Only 1 respondent felt that their work-life happiness had worsened since taking on the orthopaedic hospitalist role.
- Job satisfaction and work/life balance scores also improved (32.0 percent and 25.9 percent improvement, cumulatively).



Conclusions to this study:

The orthopaedic hospitalist model in this small group of mature orthopaedists seems to have provided improvement in symptoms of burnout along with enhanced happiness and job satisfaction when compared to their prior job roles in more typical practice patterns. This preliminary study certainly has limitations—for example, it uses the same group of physicians as their own controls with possible inaccurate recollection as well as bias toward their current career choice. Also, the data was not paired, but scores were accumulated and averaged.

For a more informative comparison of burnout symptoms, the next phase of our study would be to engage a larger group of orthopaedic hospitalists and compare them to an age-matched group of orthopaedists in typical practices. However, TeamHealth does feel that this study indicates that the surgical hospitalist model could prove to be an effective career model for the increasing number of physicians who currently experience symptoms of job burnout, stress, and dissatisfaction.

OUR BELIEF

As a physician-led organization, TeamHealth is dedicated to its patients as well as to the health and well-being of its clinicians. Burnout among physicians is an issue of great concern to us, as it is to all of those involved in healthcare and patient safety. We believe that in the area of acute care surgery and orthopaedics, our practice model can be of significant benefit to many physicians by improving their attitudes towards their profession. This, in turn, results in much improved patient care, improved patient safety, and great benefit to our client hospitals and systems.

ⁱ Shanafelt, Tait D., Sonja Boone, Litjen Tan, Lotte N. Dyrbye, Wayne Sotile, Daniel Satele, Colin P. West, Jeff Sloan, and Michael R. Oreskovich. 2012. "Burnout and Satisfaction with Work-Life Balance among US Physicians Relative to the General US Population." *Archives of Internal Medicine* 172 (18): 1377–85. doi:10.1001/archinternmed.2012.3199.

ⁱⁱ Shanafelt, Tait, Omar Hasan, Lotte Dyrbye, Christine Sinsky, Daniel Satele, Jeff Sloan, and Colin West. 2015. "Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014." *Mayo Clinic Proceedings* 90 (12): 1600–1613.

ⁱⁱⁱ Shanafelt, Tait D., Charles M. Balch, Gerald J. Bechamps, Thomas Russell, Lotte Dyrbye, Daniel Satele, Paul Collicott, Paul J. Novotny, Jeff Sloan, and Julie A. Freischlag. 2009. "Burnout and Career Satisfaction among American Surgeons." *Annals of Surgery* 250 (3): 463–71. doi:10.1097/SLA.0b013e3181ac4dfd.

^{iv} Gold, Katherine J., Ananda Sen, and Thomas L. Schwenk. 2013. "Details on Suicide among US Physicians: Data from the National Violent Death Reporting System." *General Hospital Psychiatry* 35 (1): 45–49. doi:10.1016/j.genhosppsy.2012.08.005.

^v Peckham, Carol, and Bret Stelka. 2013. "Orthopedist Lifestyles - Linking to Burnout: Medscape Survey." Medscape survey. Medscape. http://www.medscape.com/features/slideshow/lifestyle/2013/orthopedics?src=wnl_edit_specol.

^{vi} <http://www.chicagotribune.com/business/ct-doctors-hate-records-mandate-1213-biz-20151211-story.html>. Date access: December 12, 2015.



About TeamHealth

At [TeamHealth](http://www.teamhealth.com) (NYSE: TMH), our purpose is to perfect our physicians' ability to practice medicine, every day, in everything we do. Through our more than 16,000 affiliated physicians and advanced practice clinicians, TeamHealth offers outsourced emergency medicine, hospital medicine, anesthesia, orthopaedic hospitalist, acute care surgery, obstetrics and gynecology hospitalist, urgent care, post-acute care and medical call center solutions to approximately 3,400 civilian and military hospitals, clinics, physician groups and post-acute care facilities nationwide. Our philosophy is as simple as our goal is singular: we believe better experiences for physicians lead to better outcomes—for patients, partners and physicians alike. Learn more at <http://www.teamhealth.com>.

Unless the context requires otherwise, references to "TeamHealth," "we," "our," "us" and the "Company" or "Organization" refer to Team Health Holdings, Inc., its subsidiaries and its affiliates, including its affiliated medical groups, all of which are part of the TeamHealth system. Separate subsidiaries or other affiliates of Team Health Holdings, Inc. carry out all operations and employ all employees within the TeamHealth system. The terms "clinical providers," "TeamHealth physicians or providers," "affiliated providers," "our providers" or "our clinicians" and similar terms mean and include: (i) physicians and other healthcare providers who are employed by subsidiaries or other affiliated entities of Team Health Holdings, Inc., and (ii) physicians and other healthcare providers who contract with subsidiaries or other affiliated entities of Team Health Holdings, Inc. All such physicians and other healthcare providers exercise their independent professional clinical judgment when providing clinical patient care. Team Health Holdings, Inc. does not contract with physicians to provide medical services nor does it practice medicine in any way.