

WHITE PAPER

AVOIDING PHYSICIAN BURNOUT



TIPS AND TOOLS FOR IDENTIFICATION AND PREVENTION

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Practicing medicine is an important and rewarding career path that attracts some of the nation's brightest and most driven individuals. Unfortunately, practicing medicine is also an increasingly challenging and stressful profession with a high rate of job burnout.

CAUSE FOR CONCERN IN THE MEDICAL COMMUNITY

According to a recent study published in the Archives of Internal Medicine,ⁱ nearly half of all U.S. physicians struggle with burnout, a syndrome characterized by emotional exhaustion and loss of enthusiasm for work, feelings of cynicism or depersonalization, and a low sense of personal accomplishment. Physicians on the front-line of care access—family practitioners, general internists and emergency physicians—are at the greatest risk and experience the highest levels of burnout.

The study's lead author, Dr. Tait D. Shanafelt, told The New York Times that the results indicated

burnout is a widespread problem among physicians. "We're not talking about a few individuals who are disorganized or not functioning well under pressure; we're talking about one out of every two doctors who have already survived rigorous training," he said. "These numbers speak to bigger problems in the larger health care environment."

Indeed, these numbers are cause for concern throughout the medical community, as multiple studies indicate that burnout poses serious risks both to physicians and their patients. Physicians experiencing burnout are more likely than their peers to quit practicing,ⁱⁱ an issue that could

exacerbate the severe physician shortage expected in the coming years as millions of additional Americans gain health insurance coverage through the Patient Protection and Affordable Care Act.ⁱⁱⁱ Burnt-out physicians are also more likely than the average person to suffer from alcohol abuse and dependence,^{iv} and they are more likely to commit suicide. According to research^v published in 2008, the suicide rate among male physicians is 40 percent higher than for men in the general population, and for female physicians the suicide rate is a whopping 130 percent higher than for women in the general population.

Patients encounter physician burnout in the form of unprofessional or rude physician interactions and sometimes poor medical care. Physicians experiencing burnout are also more likely to exhibit unprofessional conduct with patients,^{vi} treat their patients as objects or diagnoses

(depersonalization),^{vii} provide lower quality care,^{viii} and commit more medical errors. In fact, a 2010 study of surgeons and medical errors^{ix} showed that for each one-point increase in depersonalization (on a scale of zero to 33), surgeons were 11 percent more likely to report committing a major medical error, and for each one-point increase in emotional exhaustion, the likelihood increased by 5 percent.

Fortunately, there are steps that physicians and their hospital or medical practice leaders can take to avoid and alleviate burnout. This white paper will explore how to identify burnout among physicians, discuss its possible causes, and offer strategies for preventing and mitigating burnout and its negative impact on job satisfaction, patient safety, and performance.

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THE FACE OF BURNOUT

Physicians can experience burnout at any stage in their careers, from medical school through the years leading up to retirement. With a little self-awareness, physicians may be able to identify the emotional, physical, and behavioral signs of burnout and seek assistance. Among the most common symptoms of burnout are:^{x,xi}

- Loss of motivation
- Feeling helpless, trapped or defeated
- Detachment
- Increased cynical or negative outlook
- Decreased satisfaction or sense of accomplishment
- Feeling tired and drained most of the time
- Tiredness that does not respond to adequate rest
- Lowered immunity
- Frequent headaches and muscle aches
- Change in appetite or sleep habits
- Withdrawal from responsibilities
- Isolating from others
- Procrastinating
- Skipping work or coming in late and leaving early

Of course, a physician's peers and supervisors may not be able to spot the mental and emotional signs of burnout in others. Often, outsiders don't identify burnout in other physicians until they exhibit some aberrant behavior. For example, a normally punctual physician may begin showing up late to his shifts. Or a physician about whom the hospital has never received complaints may be repeatedly singled out for rude, impersonal, or abrupt behavior with patients.^{xii} Or worse, burnout may manifest in clinical errors that put patients in harm's way. Burnout and depression are among the strongest factors associated with major medical errors.^{xiii}

Unfortunately, while researchers have pinpointed the signs of burnout and demonstrated its harmful effects on physicians and their patients, the exact causes of burnout appear to be more fluid and perhaps physician-specific. Many researchers posit that burnout results from the accumulation of multiple stressors—such as long work hours and lengthy stints of overnight shifts, an overabundance of administrative tasks and paperwork, and poor work/life balance.^{xiv} Additional factors, such as a debt load coming out

of medical school, have also been shown to put physicians at increased risk for burnout.^{xv}

The most recent Shanafelt study^{xvi} on physician burnout, on the other hand, suggests that factors such as hours worked or balancing personal and work life have much less to do with burnout than whether a physician practices on the front-lines of medicine, such as the emergency department. Indeed, some emergency physicians indicate that it takes fewer hours on the job to experience burnout, at about 120 hours per month, than in years past when emergency physicians routinely worked more than 180 or 200 hours per month before burnout became a problem.^{xvii}

The reason for the lowering threshold may be the shift in the types of patients seeking care from emergency departments. Instead of treating true emergencies—the very reason most emergency physicians choose the specialty—these doctors are seeing an increasing number of patients presenting with issues related to chronic disease or mental illness or with issues that could be better addressed in urgent care centers or other environments.^{xviii} These cases are often time consuming and require the physician to coordinate community resources (e.g., phone calls, filling out paperwork). The result for emergency physicians is often frustration and job dissatisfaction that can lead to burnout.^{xix}

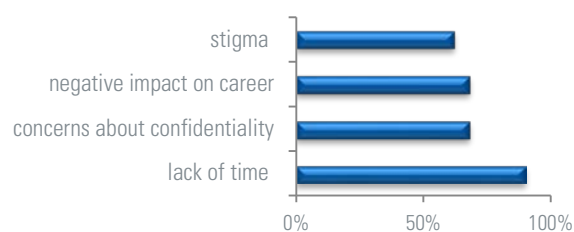
In addition, recent increases in federal regulations and reporting requirements, as well as the move to adopt electronic medical record technology, are factors that contribute to burnout. To meet new regulatory standards, physicians are often called on to perform tasks that are outside the scope of their practice. For example, to meet new Medicare core measures for vaccinating elderly patients against pneumonia and the flu, some hospitals have shifted that responsibility which comes with a long checklist to ensure the patient does not have allergies, etc. to the emergency department, despite the fact that emergency physicians typically do not administer vaccines beyond a tetanus booster for patients with lacerations.^{xx} The widespread adoption of electronic medical record systems is another burnout contributor, given that the systems often require significant training and may, at least initially, slow physicians' workflow.^{xxi}

COMBATTING BURNOUT

The most obvious step physicians can take when they recognize the signs of burnout is to seek help—whether from a counselor or mental health professional or just from a supportive colleague or mentor. Unfortunately, although physicians are in a unique position to understand the benefits of this type of assistance and recommend it to patients, many are unlikely to pursue it for themselves.

A 2012 survey published in the *Archives of Surgery*^{xxii} showed that, among physicians at a large tertiary care hospital, 79 percent had experienced a serious adverse patient event and/or a traumatic personal event, such as a death in the family, within the preceding year, but most were unlikely to turn to institutional sources of support. Just 48 percent said they would be willing to consult with mental health professionals, and 29 percent said they would be open to using employee-assistance programs. Eighty-eight percent said physician colleagues were their most likely source of support. The most common reasons for not getting help were lack of time (90 percent), concerns about confidentiality (68 percent), negative impact on career (68 percent), and stigma (62 percent).

Physicians' Reasons For Not Getting Help



A separate study of 8,000 surgeons conducted by the Mayo Clinic found that just 26 percent of those who experienced suicidal thoughts in the previous year sought help; with most fearing that it would negatively impact their medical license.^{xxiii}

To overcome physicians' reluctance to ask for help, hospital and medical practice leaders should stand ready to offer support when a colleague shows signs of burnout. It's important to remember—and sometimes to remind the physician—that a burnt-out doctor isn't bad or weak. Let the physician know that what he/she is experiencing is temporary and treatable, it's okay

to get counseling, and reassure the individual that he/she can get help without fear of negative professional repercussions. Some practices offer physicians the services of a personal coach—sometimes a medical director or other individual in the physician’s department—who can listen and offer guidance and tactics on overcoming burnout.

Some strategies that physicians might consider and coaches/counselors may suggest include:^{xxiv, xxv, xxvi, xxvii}

- *Carve out time for exercise.* As few as 30 minutes a day of physical activity can help boost mood, improve sleep, and maintain healthy weight.
- *Read something non-medical.* Even if you enjoy catching up on the latest medical news in your spare time, spending 10 minutes engrossed in a good novel or magazine can get your head out of workday stresses and help you feel refreshed.
- *Focus on family time.* Even for those working long hours, making a point to spend quality time with a spouse or play with the kids can help combat burnout.
- *Start a hobby.* Spending time on outside endeavors is linked to professional satisfaction.
- *Get in the classroom.* From continuing medical education, to a book club, to professional speaking classes, learning something new is enriching and can help boost job satisfaction.
- *Find a mentor or support group.* Talking with peers in a safe and confidential setting can alleviate stress and give physicians an opportunity to discuss strategies that they’ve found to be effective in combatting burnout.
- *Consider schedule adjustments.* When appropriate, changing the number of hours worked or the timing of shifts can help alleviate burnout.
- *Delegate or set limits.* If possible, delegate tasks or speak with colleagues about workload distribution.
- *Get involved.* Hospital committees or task forces can offer opportunities to influence policies and culture that facilitate positive changes in the hospital work environment.

In addition, hospital and medical practice leaders may be able to help alleviate burnout through certain structural/operational changes.

For example, some emergency departments have found that adding scribes—non-clinical personnel who serve as “assistants” to physicians and handle transcription and documentation into electronic medical records—reduces frustration and lost time associated with the initial adoption of EMRs. For physicians in a larger physician group or health network, transferring to a different location that better suits the physician’s patient-mix interests or work pace may help alleviate burnout. Some medical groups have also found that conducting monthly rounding on their physicians to check in on their performance and offer support/advice is an effective way to identify and stem burnout before it becomes a serious problem.^{xxviii}

if left untreated, burnout can lead to serious consequences for physicians and patients

Regardless of the particular triggers contributing to physician burnout, hospital and medical practice leaders should strive to communicate frequently with physicians in order to increase the likelihood of identifying burnout in its early stages and offering effective coping strategies.

CONCLUSION

Professional burnout affects nearly half of all physicians across the country, particularly those practicing on the front-lines of care. If left untreated, burnout can lead to serious consequences for both the physician and his or her patients. But with knowledge about the signs of burnout and strategies to combat it, physicians and their hospital/medical practice leaders are better equipped to avoid and alleviate this widespread problem.

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