



PHYSICIAN BURNOUT

Affecting the best and the brightest
physicians in the U.S.

Gilbert J. Carrara Jr., M.D., Partner,
Life Science and Healthcare Practice



BattaliaWinston

June 19, 2018

DURING A RECENT PHONECALL, A PHYSICIAN FRIEND SURPRISINGLY REVEALED SYMPTOMS OF BURNOUT, LEADING ME ON A JOURNEY TO DISCOVER WHY BURNOUT AFFLICTS A SIGNIFICANT PORTION OF THE BEST & BRIGHTEST PHYSICIANS IN THE UNITED STATES

In hospitals and private practices around the country, overworked physicians are cutting and pasting patient information into Electronic Health Records (EHR) potentially putting patients at risk by using outdated, inaccurate or misleading information.¹ A shortage of knowledgeable, experienced nurses can result in mistakes and errors by those trusted to carry out medical orders, leaving physicians stressed about the kind of care patients are receiving. And a new era of physicians who want a family or personal life outside the hospital or private practice are frustrated by not being heard by senior medical officers whose careers have always come first.

A myriad of factors

some well documented, others anecdotal – are contributing to rampant physician burnout. Researchers have been studying the condition since the 1970s. But little has been done to address the issue and burnout is becoming increasingly widespread: more than one-half of U.S. physicians experience substantial symptoms of burnout during their careers.

The impact of physician burnout on healthcare systems and patient care is so significant, longtime Cleveland Clinic President and Chief Executive Officer Dr. Toby Cosgrove and 10 other healthcare CEOs in 2017 declared physician burnout a U.S. public health crisis.³ The healthcare leaders recommended addressing the root causes of burnout, including “loss of control over work, increased performance measurement (quality, cost, patient experience), the increasing complexity of medical care, the implementation of EHRs, profound inefficiencies in practice environment.”

¹ Partnership for Health IT Safety, Toolkit for the Safe Use of Copy and Paste for Making Healthcare Safer Together, February 2016

² Shanafelt, Tait D. et al., Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Mayo Clinic Proceedings, Volume 90, Issue 12, 1600 - 1613

³ Cosgrove, D. et. Al., “Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs,” Health Affairs Blog, March 28, 2017



The specific causes of burnout can differ from hospital to hospital, group practice to group practice, and physician to physician. The first step in tackling the issue is to identify the causes, then work to create solutions – such as making the process of entering information into the EHR more efficient. Giving a physician 10 minutes of each workday back is 50 minutes for conferring with colleagues about patients or the change to make it home in time for dinner one night.

What burnout looks like

The accepted standard for burnout diagnosis is the Maslach Burnout Inventory, developed by Christina Maslach and colleagues at the University of San Francisco in the 1970s. The inventory measures the three main symptoms of physician burnout: exhaustion, depersonalization and lack of efficacy.⁴

Emotional exhaustion is the most common symptom. Telltale signs are low physical and emotional energy levels. Depersonalization results in treating people as if they were objects; a lack of efficacy is related to physicians' having a sense that work is no longer meaningful.

⁴ Shanafelt TD. Enhancing Meaning in Work: A Prescription for Preventing Physician Burnout and Promoting Patient-Centered Care. JAMA. 2009;302(12):1338–1340. doi:10.1001/jama.2009.138

⁵ Claudia Center, JD et. al. Confronting Depression and Suicide in Physicians: A Consensus Statement. JAMA. 2003;289(23):3161–3166. doi:10.1001/jama.289.23.3161



Medical students are even more susceptible to the symptoms of burnout. A study⁶ published in the February 2009 issue of Academic Medicine found that 13.6 percent of medical students exhibited probable major depression; 6.6 percent reported suicidal ideation. A 2015 meta-analysis of 17,500 residents over 50 years estimated that 28.8 percent of resident physicians experienced significant depressive symptoms. Another prospective intern cohort study found that 24 percent of interns developed suicidal thoughts within three months of starting their internships.⁷

Physicians see significant stress as an inherent part of their profession and identity. Unwilling to draw attention to self-perceived weakness, they mask the anxiety, worry, or shame and continue to march forward in silence. Without intervention, the symptoms of burnout can exacerbate and lead to depression, self-medication, and in about 400 cases a year, suicide.⁵ Reported rates of substance and alcohol abuse for physicians are between 10 and 15 percent, higher than the general population's 9 percent. Burnout increases the likelihood of suicidal ideation by 200 percent in physicians.

Confidentiality concerns, time constraints, uncertainty about whether treatment would improve things keep physicians and trainees from accessing mental health care. Some physicians often have unfounded or outdated worries about the potential for negative ramifications on their reputation, licensure, or hospital privileging. And like many high-functioning, driven professionals, physicians often have a blind spot that keeps them from clearly recognizing the seriousness of their mental health condition.

⁶ Goeburt, Deborah DPH et. al. Depressive Symptoms in Medical Students and Residents: A Multischool Study Goebert, Academic Medicine: February 2009 - Volume 84 - Issue 2 - p 236-241 doi: 10.1097/ACM.0b013e31819391bb

⁷ Douglas A. Mata MD, MPH. Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis. JAMA. 2015 Dec 8; 314(22): 2373–2383. doi: 10.1001/jama.2015.15845

Widespread Burnout

The numbers do tell a dramatic story: 40 percent of 15,543 practicing physicians across 29 specialties who participated in Medscape's National Physician Burnout and Depression Study 2018 had experienced burnout. Fifteen percent experienced depression — colloquially or clinically — and 14 percent experienced both burnout and depression. Critical care physicians, neurologists, family physicians, internists and OBGYNs reported the highest rates of burnout, ranging from 46 to 48 percent, while plastic surgeons, dermatologists, pathologists and ophthalmologists reported the lowest rates, ranging from 23 to 33 percent.

Female physicians were more likely than male physicians to experience burnout (48 vs. 38 percent). In addition, physicians aged 45 to 54 years had higher rates of burnout (50 percent) than younger physicians (35 percent) and those between 55 and 69 years (41 percent). The percentage of physicians in one study experiencing symptoms of burnout increased from 45.5 percent in 2011 to 54.4 percent in 2014.



Root Causes

Multiple stressors in the clinical workplace contribute to burnout: loss of control and flexibility; inefficient processes, including EHRs, computer physician order entry (CPOE) and clerical burdens; and poor work-life balance. Burnout is the biggest factor in the desire of physicians to reduce work hours and to leave clinical medicine.

Of those desiring a reduction in hours, 26.8 percent want to spend more time with family; 26.2 percent are frustrated with the work environment. The EHR was highly correlated with the desire to leave a current practice.⁸

⁸ Sinsky, Christine A. et al. Professional Satisfaction and the Career Plans of US Physicians Mayo Clinic Proceedings, Volume 92, Issue 11, 1625 - 1635

For years, a physician's handwritten notes were the primary vehicle by which to communicate a patient's diagnosis and treatment to protect against malpractice lawsuits and determine insurance payments. However, patient medical records had little to no standardization. As most other businesses in the world moved to digital files, the healthcare industry steadfastly held onto paper records.

Leading healthcare executives say the shift to the EHR and computerized physician order entry (CPOE) have had unintended consequences. Meant to simplify and streamline the documentation of patient symptoms and treatment, in reality, it can add to the workload of practicing clinicians and make interactions with patients less personal. Doctors who formerly pulled up a chair next to a patient to discuss symptoms now faces the same patient across a table, asking questions and typing the information into a computer tablet, making little eye contact.

Other issues that can contribute to burnout include the use of vacation time to catch up on patient files; chronically understaffed doctor's offices and hospitals; time wasted waiting for insurance approvals; financial difficulties, working longer hours for the same or sometimes less pay. For medical students, common stressors include heavy workload, sleep deprivation, difficult patients, poor learning environments, financial concerns and information overload.

Burnout can happen slowly over time in a chronic, grinding fashion. It can also come crashing down, triggered by a lawsuit or tragic personal matter. The effects on physicians, patients and the healthcare system can be profound. In 2010, Shanafelt and colleagues found that "the more burned out a surgeon is, the more likely he or she is to report a major medical error."

When burned out doctors leave medicine the cost can be staggering as well. The price tag to replace a physician is estimated at upwards of \$1.3 million in recruitment, training and productivity costs depending on the location, length of vacancy and specialty.



The American Medical Association adopted a policy in 2017 aimed at improving physician and medical student access to mental health care and reducing the burnout, depression and suicidal thoughts among physicians and residents. The policy aimed to reduce the stigma associated with mental health illness that could unfairly impact physicians' ability to obtain a medical license and impede physicians and medical students from receiving care.

By working on one issue at a time – “eating the elephant one bite at a time” – we can begin to provide physicians with improved work-life balance, patients with better treatment and, finally, begin chipping away at this urgent and significant public health issue.

Solving the burnout crisis

AMA Board Member and resident Omar Z. Maniya M.D. said the policy builds on the AMA's efforts to prevent physician burnout and improve wellness. But more must be done, the 11 healthcare executives wrote in the call-to-action, “Physician Burnout is a Public Health Crisis: A Message to Our Fellow Health Care CEOs.”

Among the CEOs' recommendations: raising awareness about physician well-being; systematically evaluating and tracking physician well-being; tracking the impact burnout has on medicine, such as turnover and early retirement; and looking for ways to reduce the burdens on physicians and other health care workers that are driving burnout.

The last recommendation, looking for ways to reduce burdens on physicians, is a great place to begin. The first step in addressing any problem is to talk about it. Leadership can survey physicians to identify one or two common workplace frustrations, then create a plan for easing or eliminating the issue -- streamlining processes, hiring part-time clerical help, easing patient workloads, or going home at a prescribed hour each workday.