

BURNOUT DEFINED

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We know it is an honor and a privilege to be a physician. But, being a doctor has its pluses and minuses. Many of the stresses of our field can fall under the concepts of burnout and moral injury.

Burnout Defined

Burnout is a workplace syndrome that occurs when certain issues get in the way of a physician's ability to provide care to his patient. It has three main elements: emotional exhaustion, depersonalization, and low personal accomplishment¹. A 2022 Medscape survey of 13,000 doctors in 29 specialties found that 47% of physicians said they felt burnt out. This was up from 42% in 2021. Specialties with the highest numbers of burnout included emergency medicine and critical care. More women experienced burnout vs. men (56% vs. 41%)².

Many factors contribute to burnout. In the Medscape survey, 60% of doctors stated that bureaucratic tasks such as charting and paperwork were the main factor that led to their burnout. Other factors listed were:

- Misalignment of an individual doctor's goals to the practice's or organization's goals
- Workplace violence
- Workload as it relates to hours worked and number of patients seen
- Lack of flexibility and autonomy²

Electronic health records can also be a significant source of burnout. A time-motion study by the American Medical Association showed that 50% of a physician's workday is spent on data entry or other administrative desk work, and only 20% is spent on direct patient care. Lastly, a lack of professional fulfillment can have a large impact on burnout. This relates to doctors spending less than 20% of their time on the most meaningful aspects of their work.

The results of burnout divide into organizational and individual consequences. On an organizational level, multiple studies have shown that burnout leads to an increase in errors and patient safety events as well as an overuse of healthcare resources such as lab testing and imaging. Also, burnout will lead to a decrease in quality of care and patient satisfaction scores. Burnout threatens the achievement of the triple aim of healthcare – better care, improved population health, and lower healthcare costs³. On an individual level, burnout has numerous physical effects such as

- Lack of sleep
- Substance abuse
- Headaches
- Stress ulcers¹

There are also severe mental health impacts of burnout on doctors. Studies show that burnout leads to a rise in mental health conditions such as depression, anxiety, and suicidal thoughts. In the 2022 Medscape survey, 1 out of 5 physicians described themselves as being clinically depressed². Physician suicide is a tragedy affecting almost 400 U.S. physicians a year. Particularly

dangerous is the fact that doctors know exactly how to end their own lives and often have easy access to the means to do so. Therefore, suicide completion rates are 1.4-2.3x higher compared to the general population. Despite being at a greater risk for these conditions, the majority of physicians will not seek help when they need it. Reasons for this include the pervasive view that doctors can deal with their mental health issues on their own without help from a professional, concerns that it will affect state and hospital licensure, and the societal stigma that may occur if colleagues and the community learn about their condition.



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system.”

legislation, rigid regulatory standards, as well as professional and societal expectations¹.

Wendy K. Dean, MD (president of the Moral Injury of Healthcare), summed it up best when she stated, “Conversations with hundreds of physicians have shown that the constraints in the system which prevent them from getting their patients the care they need – moral injury – is the primary source of distress. It’s time to stop holding individual clinicians responsible for the dysfunction in the U.S. healthcare

The Role of Healthcare Systems

Another way to view the problem of burnout is through the lens of healthcare systems and organizations. This can be viewed as an imbalance of job demands and job resources³. Job demands include

- Excessive workload
- Unmanageable work schedules
- Administrative burdens
- Workflow interruptions and distractions
- Inefficient technology
- Time pressures
- Patient factors
- Moral distress

Job resources include

- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control with flexibility and autonomy
- Professional relationships and social support
- Work-life integration¹

Mounting system pressures have contributed to this imbalance where the demands of a clinician’s job are greater than the resources available to complete the job effectively. Internal system pressures include an increased push for performance improvement, technology that hinders rather than supports patient care, and practice policies that do not align with the professional values of doctors¹. Factors external to individual healthcare organizations also play a major role in burnout. These factors include complex

Why Fix It?

Before we talk about the solutions available to address burnout, it is important to outline the argument as to why it is important to improve physician well-being. There is a moral argument to be made about decreasing burnout and improving the well-being of those in our community who care for the health of the rest of society. However, a strong financial argument can also be made.

Multiple studies have shown that implementing strategies to improve physician wellness saves money. It does this in multiple ways. First, retaining doctors and decreasing turnover rates can save a healthcare organization \$500,000 to \$1,000,000 a year per doctor⁴. Second, improving well-being can decrease malpractice risk which leads to less money going towards legal fees and settlements. Finally, a Mayo Clinic study of 2,500 physicians showed that in the 24 months after a 1-point rise in burnout or a 1-point drop in physician satisfaction, there was a 30-50% chance that physicians would reduce their professional work effort. By reducing burnout, healthcare institutions can increase productivity, thereby increasing revenue.

Multiple customizable online calculators are available for organizations to determine the cost of physician burnout. These calculators are based on a variety of objective data and can determine the return on investment of interventions taken to reduce burnout in doctors⁴.

Solutions

Before taking a deep dive into solutions to decrease burnout and improve well-being, we need to set up the foundational principle that individual-focused strategies can be an effective part of larger organizational efforts but do not sufficiently address clinician burnout on their own¹. Addressing burnout requires improving the design and organization of the environments in which clinicians train and work. Casting this issue as a personal problem can lead individual doctors to pursue solutions that are beneficial to themselves personally, but detrimental to the

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healthcare of society as a whole, such as reducing professional work effort. Also, physicians are often skeptical and resistant when individually focused offerings are not coupled with sincere efforts to address the system-based issues contributing to burnout. The Stanford Model of Well-Being shows the three primary factors needed to improve physician well-being:

As it relates to personal resilience, the 2022 Medscape survey showed that 54% of doctors cope with burnout through exercise and 41% of them talk with family members and friends or sleep more². Physicians keep up with their happiness and mental health in much the same ways. However, the primary way we are going to make real improvements in physician burnout is through unit-level and systems-level changes.

At the unit level, one can use multiple strategies to maximize clinician well-being and mental health. For example, units can foster a positive work environment through clear communication expectations, recognition of employee accomplishments, and promotion of employee wellness programs. Units should implement structured debriefs to process difficult experiences and create peer support networks to promote resiliency and stress management. Lastly, unit leaders can work with their teams to develop meaningful professional connections among colleagues. This will help with learning and professional growth and can include networking events, mentoring programs, and other professional development opportunities⁵.

Most importantly, systemic issues that impact clinician burnout and compassion fatigue need addressing. Leaders of the following groups must all work together to reduce clinician burnout and foster professional well-being.

- Healthcare organizations
- Health professions educational institutions
- Federal agencies
- Health information technology stakeholders
- State licensing boards
- Health system credentialing bodies³

The Clinician Well-Being National Plan, launched by the National Academy of Medicine in October 2022, focuses on the concept of collective action to strengthen health workforce well-being. They have outlined the following seven priorities:

- Create and sustain positive work and learning environments and culture
- Invest in measurement, assessment, strategies, and research
- Support mental health and reduce stigma
- Address compliance, regulatory and policy barriers for daily work
- Engage effective technology tools

- Institutionalize well-being as a long-term value
- Recruit and retain a diverse and inclusive health workforce⁴

A Wellness Program for Physicians and Advanced Practice Providers has been established at Chester County Hospital. Through this program, we strive to eliminate burnout, reduce suffering and promote a culture of wellness for our community by raising awareness, improving understanding, and creating and implementing programs and initiatives. We acknowledge the good work of our physicians through National Women's Physician Day and Doctor's Day activities. In addition, reducing stigma around mental health and suicide is a key part of our mission. We do this by organizing an event every September on National Physician Suicide Awareness Day. Finally, we are an integral part of numerous hospital-wide initiatives focused on improving the well-being of all Chester County Hospital staff such as WeCare, a peer support network.

In conclusion, physician burnout is a serious problem that will require collaboration between the national health system, healthcare organizations, hospitals, practices, and clinics as well as the doctors themselves to fix. It may seem daunting but the consequences are too devastating if we are not successful. Even one small step towards improving physician well-being is a step in the right direction. ■

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