

Physician Burnout

What is it, what are the signs, and how can we help.



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INTRODUCTION

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Arguably, most jobs come with at least some amount of stress. Most jobs, however, don't involve being responsible for the health and wellbeing of others. Most jobs don't have the potential to be a matter of life and death. Physicians do carry this burden though, and it often takes its toll. On top of the great responsibility that being a physician is, there are also the realities of being a physician in today's health landscape. With an increasing number of patients, due to more insured individuals and an aging population, paired with increasing regulations on how medicine is to be practiced, many physicians are feeling just plain burned out. And this can prove dangerous for both them and their patients. So how do we reduce this harsh reality?

In this eBook, we will look at the issue of physician burnout, starting with what it is and how common it is. From there, we will explore the signs of physician burnout and what specifically causes this issue. Finally, we will wrap up by looking at some ways to alleviate physician burnout. This is an incredibly important and complex topic, so let's get started.

What is physician burnout?

Physician burnout is more than simply a feeling of being stressed out. Burnout is actually a long-term stress reaction that presents through severe emotional exhaustion, a feeling of depersonalization, and the absence of feeling personally accomplished. As you can imagine, this can cause all manner of unpleasant consequences, with physicians who are feeling burned out being more likely to leave medical practice, something that interrupts the continuity of patient care and reduces patient access to quality care. The depersonalization aspect of burnout can also pose a threat to patient safety as physicians don't interact as well with patients leading to physicians having poor memory, a lack of attention, and the inability to reason well.

Additionally, physician burnout has been directly linked to the following:



Increase in medical error and risk of malpractice

- An increase in medical error and risk of malpractice
- Greater incidence of alcohol and drug abuse and addiction among physicians
- An increase in turnover among physicians and other staff
- An increase in physician suicide rates
- A reduction in quality of care and patient satisfaction

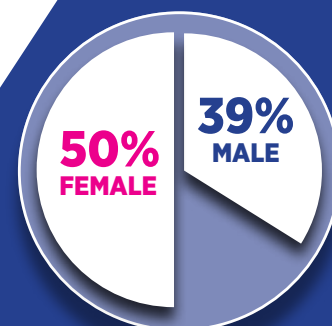
“Obviously, physician burnout is a very serious issue that can have dire consequences in the lives of both doctors and their patients.”

How common is physician burnout?

Studies vary somewhat on the exact statistics regarding physician burnout, but the general consensus is that nearly half of all physicians are feeling burned out, with Medscape's 2019 National Physicians Burnout & Depression Report landing at a little more than 40% of physicians overall reporting feelings of burnout. When broken down by gender, burnout seems to be slightly more prevalent among female physicians than their male counterparts, with 50% of female physicians reporting feeling burned out, compared to 39% of male physicians.

Some of the greatest disparities in prevalence exist among specialties, with some of the highest occurrences being found among Family Medicine (48%), Emergency Medicine (48%), Internal Medicine (49%), Physical Medicine & Rehabilitation (52%), Neurology (53%), and Urologists (54%).

Some of the lowest occurrences of burnout were reported among Orthopedics (38%), Dermatology (38%), Plastic Surgery (36%), Otolaryngology (36%), Ophthalmology (34%), Pathology (34%), Nephrology (32%), and Public Health & Preventive Medicine (28%). Clearly differences in caseload, prevalence of high pressure situations, and potential for terminal cases is likely to have an effect on the odds of burnout being experienced.



What are the signs of physician burnout?

Generally speaking, there are three main symptoms of physician burnout. The first is extreme exhaustion, with the physician's energy being incredibly low, leaving them feeling as though they are in a downward spiral. Many physicians experiencing burnout will find themselves thinking, "I don't know how much longer I can keep going this way." The next symptom is a feeling of depersonalization, with physicians feeling sarcastic and cynical and having a need to vent about their patients and position. These physicians have a hard time feeling compassion for the patients they are caring for because, simply put, they have no more emotional stamina. The third general symptom of physician burnout is a perceived lack of effectiveness. When physicians are experiencing this symptom, they are likely to think that their work is meaningless. They will cease to see the point of their position.

More specifically, there are a number of behavioral, emotional, and physical symptoms that can signal a physician is experiencing burnout. Behaviorally speaking, physicians may experience the following:

- Isolating themselves from others
- Coping by abusing food, alcohol, or drugs
- Displaying a cynical and negative attitude toward those around them, including co-workers and patients
- Experiencing road rage and driving aggressively
- Coming in late, leaving early, or skipping work altogether
- Being short-tempered with their spouse, children, and co-workers
- Procrastinating on responsibilities or withdrawing from responsibilities altogether

When physicians are feeling burned out, they may display some of the following emotional symptoms:

- Experiencing a feeling of helplessness, or that they are trapped or defeated
- Lack of motivation
- Less sense of accomplishment or satisfaction
- A more negative outlook on life and work
- No longer enjoying activities they used to see as fun
- A feeling of being alone in the world and detached from others
- Feeling as though they have failed, or doubting their worth and purpose

Finally, physicians may experience physical symptoms of burnout, such as:

- Chronic fatigue regardless of the amount of rest they are able to get
- Frequent aches and pains, including back aches, muscle aches, and headaches
- A reduced libido
- A marked increase or decrease in sleep and appetite
- Frequent illness

Clearly, these symptoms do not describe someone who is well prepared to do the work of a physician, yet many physicians today are feeling exactly this way and it's having a profound effect on not only the physicians themselves, but also their patients. Truly, physician burnout poses a major public health risk.

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What causes physician burnout?

So what causes this dangerous condition? Generally speaking, burnout is the result of the energy demand on physicians compared to what any person could reasonably be expected to achieve. A helpful way to look at this is to imagine a person’s energy capacity as a bank account. Rest is like a deposit into your energy account, while work is equivalent to a withdrawal. As with a bank account, our energy level can have a positive or a negative balance, but also like a bank account, just because we don’t have enough energy, that doesn’t mean that we still don’t need to spend energy because of the demands of our life. When we continue to spend energy without ever replenishing our account, though, this is when burnout happens. We may continue to function because stopping isn’t an option, but we are far from functioning at our best and are actually likely at our worst. This is happening all too often to physicians.

To dig in more specifically, there are a number of things that will cause burnout among physicians, the first of which is simply the demands of practicing medicine. Physicians are responsible for dealing with people’s health, and at times this includes the sick, dying, and scared. Being a physician means having a great amount of responsibility, but little actual control over the circumstances of your day-to-day job. Being a doctor is simply a stressful profession, and that’s not likely to change anytime soon. Next, the specific job a physician has can add to that baseline stress level of being a physician in general. For instance, the way a provider relates to his or her colleagues, the physician’s compensation package, and the provider’s work schedule, among other factors, all have the ability to increase the stress level a physician is dealing with. Another factor that can add to burnout is a physician’s life outside of work. While life outside of work should feel refreshing, the pressure of feeling like you don’t have enough time outside of work can actually add to stress. Many physicians are feeling this way. The training providers receive in medical school can also contribute to the possibility of experiencing burnout. Most physicians are taught in medical school to work harder, carry the burdens of their patients on their shoulders, never make a mistake, and take care of everything on their own. This is a formula for massive, crippling stress. Finally, the leadership style of the organization where a provider is practicing can contribute to stress, particularly if the leadership of a physician’s organization is unconcerned about burnout and continues to push providers to work harder, regardless of how they are feeling. All of these factors add up to create a large amount of pressure on providers, and many physicians are indeed buckling under this weight, as should honestly be expected.

“...we need to put processes in place to optimize the workflow in medical practices so that less of the burden is put squarely on physicians’ shoulders.”



How to alleviate physician burnout?

So what can we do to help? Clearly we can't continue to have physicians running themselves to the point where they can no longer continue. What can we do to ease this burden and care for those who are responsible for caring for us? First of all, we need to put processes in place to optimize the workflow in medical practices so that less of the burden is put squarely on physicians' shoulders. There are a few ways to do this, with the first being to spread the burden of work in a practice among the clinical staff including nurses, physician assistants, and nurse practitioners. Not every patient needs to see a physician for every visit; when possible, allow other clinical staff to ease that burden so that the physicians can focus their energy where it's most needed. Next, consider setting up some standard work roles in the practice so that tasks can be reallocated to other members of the staff without falling through the cracks. For instance, allow medical assistants to respond to messages from patients whenever feasible to free up the physicians' time for other, more pressing tasks. Finally, limit the effort it takes to communicate among a patient's care team by keeping staff in the same location as much as possible. When sharing a location isn't feasible, make sure that you are using technology to streamline communication as much as possible.

The next way **to alleviate physician burnout is through the use of technology to automate tasks, better serve patients, and ease the burden on providers.** Technology today can be used to redirect care through means such as telemedicine, reducing the number of face-to-face appointments for which providers must be scheduled. Technology can also streamline workflows and make administrative tasks less burdensome. One way to do this is through voice recognition software, which can be utilized to make documentation more seamless. Finally, technology can restructure patient data in such a way as to make it more easily navigable and useful for providers when they are working with patients.

Another important piece of alleviating physician burnout is to **optimize the use of Electronic Medical Records (EMRs)**. While many providers will say that the advent of EMRs have added to their stress level, the reality is that when used to their greatest potential, EMRs have the capacity to ease physician burden. In order to use EMR in this way, one of the first things a practice must do is work hard during and immediately after the implementation to be sure that the EMR works well for your practice and its existing workflow. If it doesn't, make changes until it does. Also, make sure that your EMR allows you to automate tasks such as importing patient information such as lab results and having claims automatically be started by the EMR. Finally, make sure that the workload within the EMR is distributed in a way that makes sense and keeps the bulk of documentation from falling onto the physicians' shoulders. For example, medical assistants are likely going to discuss a patient's chief complaint among other items when they first take them back to the exam room. Have these early pieces of documentation be the responsibility of those medical assistants so that the physician is simply continuing the documentation that was already started.

Finally, alleviating physician burnout falls on the shoulders of leadership to create programs and implement training that will address this issue. First of all, the leadership in an organization must be aware of burnout, its symptoms, the dangers associated with it, and be prepared to address it in a meaningful way. Additionally, leadership should always be focused on using their staff in ways that match up with their talents and working to prevent physicians from getting bogged down in bureaucratic tasks. Next, organizations should work to foster a feeling of community among the physicians in their practice. Only physicians know what it's like to hold that position, and they can do a lot of good in supporting one another just through understanding what it's like. Work hard to support your physicians by giving them a chance to interact and check in with one another. Finally, provide resources that promote self-care for physicians. Encourage your physicians to have a good work/life balance. Check that physicians are sleeping well, eating well, and exercising. Encourage hobbies and that the physicians in your organization are getting preventive care for themselves. Addressing burnout cannot wait until a physician is already in the grips of it. This is truly something that is best treated through prevention.

Conclusion

Physician burnout is a scary reality that is all too common in today's complex health care landscape. Doctors who are in the grips of this are far from operating at their best and are probably feeling the worst they have ever felt. Doctors need the support of their organizations to prevent burnout before it happens by using strong leadership, technological supports, and training to keep physicians in good mental health.

If your organization is wanting to adopt some technological tools to ease the burden your physicians are feeling, Henry Schein SolutionsHub can help with EMRs designed to work well with the way your practice works and many other technological tools that alleviate administrative pressures on providers. Visit henryscheinsolutionshub.com or call 833-433-2482 for more information.



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