

Practical Considerations in Addressing Physician Burnout

Anindita Deb, MD

ABSTRACT

Physician burnout is an epidemic impacting patient care, career satisfaction, and physician health and well-being. Symptoms may result in potentially damaging consequences for physicians' professional and personal lives. Neurologists are experiencing burnout at higher rates than most medical and surgical specialties. Empowering physicians to identify symptoms of burnout and engage with their organization to reduce triggers will lead to healthier physician-organization and physician-patient relationships. It is imperative that the medical community continue to raise awareness, recognize symptoms early, and provide techniques and resources to address physician burnout.

Continuum (Minneapolis Minn) 2017;23(2):557–562.

INTRODUCTION

Burnout is not selective but rather a growing epidemic among physicians at different levels of training and throughout careers. One out of every three physicians experiences burnout.¹ Neurologists have one of the highest rates of burnout compared to other disciplines in the United States.² Symptoms of burnout include emotional exhaustion, depersonalization, and career dissatisfaction. As a result, physicians are at a high risk of depression, substance abuse, and suicide.^{2–4} Burnout can lead to errors in decision making and can negatively impact patient care. A predicted shortage of up to 90,000 physicians by 2025 could significantly impact specialties experiencing high rates of burnout such as neurology.⁵ Developing and implementing strategies to reduce burnout will be essential in retaining neurologists in practice, increasing the number of neurology trainees, and continuing to provide a high quality of neurologic care.

Case

A 46-year-old neurologist had been working at an academic medical center for 15 years. The hospital transitioned to a new electronic medical record (EMR). As a result, all physicians were required to train for 1 hour at the end of each day for 4 weeks. They were also required to enter additional information in at least five separate sections of the EMR, which added an extra 30 minutes to usual documentation time. As a result, the neurologist was staying at work daily until 8:00 PM to complete training. Once she arrived home to her young children, they wanted to play, but she was fatigued.

Continued on page 558

Address correspondence to Dr Anindita Deb, University of Massachusetts School of Medicine, 55 Lake Ave N, Worcester, MA 01655, anindita.deb@umassmemorial.org.

Relationship Disclosure: Dr Deb has received research/grant support as principle investigator of a study for the University of Massachusetts Office of Global Health and has given expert medical testimony as a neurology consultant.

Unlabeled Use of Products/Investigational Use Disclosure: Dr Deb reports no disclosure. © 2017 American Academy of Neurology.

Continued from page 557

She put them to bed and completed her EMR entries, which took her an additional hour. She could not recall the last time she had dinner with her husband, and she had missed her son's first baseball game and her daughter's swim meet the previous weekend to work on a research proposal. Two glasses of bourbon every night became routine.

During the week, she saw 15 to 20 patients per day, and she rushed through each appointment. Her patients' symptoms were recorded and addressed, but she was no longer interested in their personal stories as her time was limited. She lacked the motivation she once had to connect with her patients, and they became a number on a long list. She wondered if anyone would notice if she disappeared.

DISCUSSION

Physicians hold themselves to a high standard of accountability relating to the health and well-being of others. Because of this sense of responsibility, work duties often extend beyond regular work hours. Administrative work includes returning phone calls, coordinating care with other physicians, and completing paperwork.⁶ This is increasing as more documentation is necessary for each test or service ordered. As the amount of administrative work grows, the increasing stress experienced by physicians becomes more apparent. This increasing burden threatens principles of professionalism and the physician-patient relationship in addition to personal relationships and work-life balance.⁶⁻⁸

Symptoms

Symptoms of burnout may start as early as in medical school.⁸⁻⁹ The symptoms include but are not limited to emotional exhaustion (loss of enthusiasm for work), depersonalization (treating patients as objects), and career dissatisfaction (low sense of accomplishment). Depression and anxiety have been documented more frequently in medical students compared with the general student population.⁹ The stressors of medical school influence medical students' perception of medical care and reduce their capacity for empathy while increasing cynicism.⁹ As physicians progress through their careers, burnout drives an increased risk of substance abuse and suicide.^{3,9} The Maslach Burnout Inventory is the standard tool used to assess symptoms of burnout. The Maslach Burnout Inventory consists of a 22-item survey divided into categories measuring emotional exhaustion, depersonalization, and reduction in personal achievement.¹⁰ Recently, the American Academy of Neurology Burnout Taskforce surveyed neurologists across the country, and approximately 60% of respondents were found to experience at least one symptom of burnout.¹¹

Factors Driving Burnout

In a study of more than 6000 physicians across specialties, nearly 60% of 246 neurologists reported burnout in 2014.¹² Neurologists also reported the lowest rates of satisfaction with work-life balance, only slightly better than neurosurgeons and urologists. The American Academy of Neurology Burnout Taskforce found that clinical practice neurologists experience a higher rate of burnout compared to academic practice neurologists. The recent survey confirmed that work-life imbalance is more prevalent among neurologists than other physicians.¹¹

External factors have a substantial impact on the practice of medicine. State and federal legislation are often changing and influencing practice directly. Electronic medical records, although a more efficient record-keeping system than paper charts, require numerous entries, updates, and occasional replacement. Strict institutional supervision of adherence to quality and safety measures promote better patient care, but can often be burdensome for physicians, especially when surveys have to be administered or data collected within the time constraints of a follow-up clinic visit. Paperwork from insurance companies, nursing and rehabilitation facilities, and companies providing home services continues to increase.⁶ One of the most important contributing factors to burnout is loss of control or autonomy in the work environment, which includes a lack of flexibility. Engaging physicians and providing autonomy in decisions regarding their work environment is likely to reduce burnout and increase career satisfaction.¹³

Case Continued

The neurologist had been contacted by the cardiologist of a patient of hers 2 weeks ago. Her patient had been hospitalized because of an acute exacerbation of heart failure symptoms, and the cardiologist was wondering whether a recent medication change the neurologist made may have triggered it. When the neurologist recommended the medication change, she was unsure if it would affect his cardiac symptoms. She had planned on contacting the patient's cardiologist, but it was late by the time she was finished seeing patients. When she looked back at her note from the recent patient visit, she realized she had forgotten to list the potential adverse effects of the new medication she had prescribed. She found a draft of the note she had planned to send to the cardiologist, but she had never sent it. She immediately felt an overwhelming sense of guilt.

Impact on Patient Care

Physician burnout poses a risk to the quality of patient care. Depersonalization is the objectification of people giving rise to a lack of empathy. This reduces patient compliance to recommendations and medications and reduces patient satisfaction.¹⁴ As a result, the physician-patient relationship, which is at the core of clinical practice, gradually fades. Additionally, quality of care is affected. Due to the burden of administrative work, time to focus on current diagnostic and therapeutic advances is often limited. Apathy can drive lack of motivation to follow-up on results or communicate with other members of the care team, which increases the risk of medical error and poor patient outcomes.² Medical errors impact the physician, the patient, and increase the risk of medical malpractice with potential consequences for the organization.^{13,15-17} Implementation of stress-reduction programs can reduce both medical errors and, subsequently, malpractice claims.^{1,18}

Strategies to Reduce Burnout

Reducing burnout involves managing triggers and addressing symptoms. The complexity of developing effective interventions lies in the fact that triggers and symptoms are variable and influenced by characteristics of the individual and the employer or organization. Various strategies have been proposed, including counseling, reducing meaningless tasks, mentoring, and recognition of accomplishments.²

One major approach to reduce symptoms of burnout is by fostering resilience.^{12,13,19} Resilience is defined as a process by which stability is maintained in the face of adversity.²⁰ In general, resilience implies a positive adaptation after engaging in a challenge.²¹ The four main components of resilience include attitudes and perspectives, balance and prioritization, practice management style, and supportive relations.⁸ In a qualitative analysis of 200 German physicians, including general practitioners, surgeons, and psychiatrists, the most common resilience strategy implemented was leisure-time activity. This included participation in sports and cultural events including arts and music. Importantly, physicians focused on allotting time for these activities. Routine contact with colleagues to discuss patients and stressors as well as fostering relationships with family and friends were also important resilience strategies employed by physicians.⁸ Other practices included communication of medical errors with colleagues and patients, personal reflection, and goal setting. Attitudes found to be helpful include acceptance of the realities of the work environment, engaging with challenges to drive change, and recognizing when change in one's practice is necessary to prevent burnout.⁸

In general, autonomy or control over one's work environment, camaraderie or relationships with colleagues, and engagement in purposeful or meaningful work reduce burnout and enhance physician loyalty to an organization.¹³ The Listen-Act-Develop model for physician engagement was developed at Mayo Clinic with the intent of creating effective physician-organization relationships and reducing burnout. This model involves defining drivers of burnout (listen), empowering physicians to develop and implement solutions through multidisciplinary teams (act), and developing physician leaders to continue the process (develop). As a result, physicians are involved in both individual patient care and systems of care, ultimately addressing the needs of the patient in an effective and meaningful way.¹³

Another model of stress reduction is the Balint group model, where physicians meet regularly to discuss patients as a group with the goal of enhancing the patient-physician relationship.⁸ This promotes camaraderie, allows physicians to discuss diagnostic dilemmas in a safe environment, and enhances patient care.

Mindfulness-based stress reduction, relaxation techniques, and cognitive-behavioral approaches to reduce stress²² have been shown to improve mood and reduce burnout.^{23,24} In a study of primary care physicians, a 52-hour curriculum on mindfulness education was implemented over the course of 1 year. After the curriculum, participants had an increase in mindfulness skills and improvement in burnout, mood, and empathy.²⁵ The idea of mindfulness, or being able to focus on work amid distractions, enhances the physician's ability to form strong physician-patient relationships and work efficiently throughout the day.

Implementation of a 12-week incentivized exercise program for residents and fellows at Mayo Clinic resulted in reports of higher quality of life and fewer reports of depersonalization and emotional exhaustion. This suggests physical activity may also be an effective intervention to reduce burnout.²⁶

CONCLUSION

Burnout affects more than one-half of neurologists in the United States.² As a result of the increased loss of interest in patients, cynicism, lack of empathy,

and career dissatisfaction, neurologists are at risk of reducing work hours, leaving their practices, and committing medical errors. Additionally, the high rate of burnout and low rate of satisfaction with work-life balance among neurologists influences the perception of trainees interested in neurology. Empowering physicians to identify symptoms of burnout and engage with their organization to reduce triggers will lead to healthier physician-organization and physician-patient relationships. Strategies to reduce burnout include a focus on fostering resilience and mindfulness. Ultimately, reduction of burnout will restore a sense of gratification from providing patients with high-quality neurologic care.

REFERENCES

1. 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.2009.1385.
2. Sigsbee B, Bernat JL. Physician burnout: a neurologic crisis. *Neurology* 2014;83(24):2302–2306. doi:10.1212/WNL.0000000000001077.
3. Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. *Am J Med* 2003;114(6):513–519. doi:10.1016/S0002-9343(03)00117-7.
4. Dyrbye LN, Thomas MR, Massie FS, et al. Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med* 2008;149(5):334–341. doi:10.7326/0003-4819-149-5-200809020-00008.
5. Shanafelt TD, Mungo M, Schmitgen J, et al. Longitudinal study evaluating the association between physician burnout and changes in professional work effort. *Mayo Clin Proc* 2016;91(4):422–431. doi:10.1016/j.mayocp.2016.02.001.
6. Bernat JL. Challenges to ethics and professionalism facing the contemporary neurologist. *Neurology* 2014;83(14):1285–1293. doi:10.1212/WNL.0000000000000845.
7. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *JAMA Int Med* 2012;172(18):1377–1385. doi:10.1001/archinternmed.2012.3199.
8. Zwack J, Schweitzer J. If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. *Acad Med* 2013;88(3):382–389. doi:10.1097/ACM.0b013e318281696b.
9. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety and other indicators of psychological distress among U.S. and Canadian medical students. *Acad Med* 2006;81(4):354–373.
10. Maslach C, Jackson SE, Leiter MP. *Maslach burnout inventory manual*. 3rd ed. Palo Alto, CA: Consulting Psychologists Press, 1996.
11. Busis NA, Shanafelt TD, Keran CM, et al. Burnout, career satisfaction, and well-being among US neurologists in 2016 [published online ahead of print January 25, 2017]. *Neurology*. doi:10.1212/WNL.0000000000003640.
12. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc* 2015;90(12):1600–1613. doi:10.1016/j.mayocp.2015.08.023.
13. Swensen S, Kabcenell A, Shanafelt TD. Physician-organization collaboration reduces physician burnout and promotes engagement: the Mayo Clinic experience. *J Healthc Manag* 2016;61(2):105–127.
14. DiMatteo MR, Sherbourne CD, Hays RD, et al. Physicians' characteristics influence patients' adherence to medical treatment: results from the Medical Outcomes Study. *Health Psychol* 1993;12(2):93–102. doi:10.1037/0278-6133.12.2.93.
15. Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Ann Surg* 2010;251(6):995–1000. doi:10.1097/SLA.0b013e3181bfdab3.
16. Dyrbye LN, Massie F, Eacker A. Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA* 2010;304(11):1173–1180. doi:10.1001/jama.2010.1318.

17. West CP, Huschka MM, Novotny PJ, et al. Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *JAMA* 2006;296(9):1071–1078. doi:10.1001/jama.296.9.1071.
18. Jones JW, Barge BN, Steffy BD, et al. Stress and medical malpractice: organizational risk assessment and intervention. *J Appl Psychol* 1988;73(4):727–735. doi:10.1037/0021-9010.73.4.727.
19. Dyrbye LN, Satele D, Sloan J, Shanafelt TD. Utility of a brief screening tool to identify physicians in distress. *J Gen Intern Med* 2013;28(3):421–427. doi:10.1007/s11606-012-2252-9.
20. Luthar SS, Cicchetti D, Becker B. The construct of resilience: a critical evaluation and guidelines for future work. *Child Dev* 2000;71(3):543–562. doi:10.1111/1467-8624.00164.
21. McFarland DC, Roth A. Resilience of internal medicine house staff and its association with distress and empathy in an oncology setting. *Psychooncology* 2016. doi:10.1002/pon.4165.
22. Gardiner M, Lovell G, Williamson P. Physician you can heal yourself! Cognitive behavioural training reduces stress in GPs. *Fam Pract* 2004;21(5):545–551. doi:10.1093/fampra/cmh511.
23. Shapiro SL, Astin JA, Bishop SR, Cordova M. Mindfulness-based stress reduction for health care professionals: results from a randomized trial. *Int J Stress Manag* 2005;12(2):164–176. doi:10.1037/1072-5245.12.2.164.
24. Martin-Asuero A, Garcia-Banda G. The Mindfulness-based Stress Reduction Program (MBSR) reduces stress-related psychological distress in health care professionals. *Span J Psychol* 2010;13(2):897–905. doi:10.1017/S1138741600002547.
25. Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA* 2009;302(12):1284–1293. doi:10.1001/jama.2009.1384.
26. Weight CJ, Sellon JL, Lessard-Anderson CR, et al. Physical activity, quality of life, and burnout among physician trainees: the effect of a team-based, incentivized exercise program. *Mayo Clin Proc* 2013;88(12):1435–1442. doi:10.1016/j.mayocp.2013.09.010.