

Reducing Physician Burnout Through Engagement

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Physician burnout has become a high-profile issue in healthcare. Increasingly recognized as a common phenomenon, it has the potential to affect a central point of care delivery by threatening physician engagement and even availability. Senior healthcare leaders must understand the terminology of burnout, become familiar with the sources of data used in its discussion, and take practical steps to minimize this phenomenon in a complex world.

CHARACTERIZING PHYSICIAN BURNOUT

Definition

The *Maslach Burnout Inventory* manual states that burnout is “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity” (Maslach, Jackson, & Leiter, 1996). Emotional exhaustion refers to one’s psyche being drained, depersonalization is reflected in impersonal responses, and reduced personal accomplishment describes a negative feeling about oneself and the value and competence of one’s work. Burnout can also be viewed as the opposite of engagement (Studer, 2015).

Incidence

The percentage of physicians who described themselves as burned out in the *Medscape Physician Lifestyle Report* increased from 40% in 2013 to 46% in 2015 (Peckham, 2015). Women reported a higher level of burnout than men. Practice categories in which burnout rates were 50% or greater were critical care, emergency medicine, family medicine, internal medicine, general surgery, and HIV/infectious disease care.

Interestingly, a different group of specialists described their burnout as “severe.” Leading this list were nephrology, cardiology, plastic surgery, urology, and dermatology. Developing a theory to explain these differences is difficult. However, it seems that physicians on the front lines of care are most likely to experience burnout, whereas the degree of burnout for physicians in highly paid specialties is more likely to be severe when it occurs.

The Physician Misery Index offers data on burnout from another perspective. The index was developed by Geneia, a company that provides consulting services to institutions dealing with underengaged physicians, and is based on a survey that included about 400 responses. The single-time-point study was interpreted as showing that

“overall, the nationwide Physician Misery Index is 3.7 out of 5, indicating that scales are tipping from satisfaction to misery” (Lavoie, 2015).

By comparison, a more upbeat view of the practice of medicine was reported by a 2014 Physicians Foundation survey, in which a large sample of physicians reported a significant improvement in professional morale and feelings about the state of the medical profession compared with the results of a 2012 survey. Overall, the conclusion that physician burnout is rapidly worsening should be tempered by the data from this survey.

Surveys may produce the results toward which they are biased. The questions in one survey might emphasize negative emotions and find that physicians are indeed an unhappy group, whereas the questions in another survey might lead to a less negative view. Because the questions are not available online, however, it is difficult to directly test this theory.

Causes

Physicians answering the Medscape survey listed “too many bureaucratic tasks, too many hours at work, insufficient income, and increasing computerization of practice” as the top causes of dissatisfaction (Peckham, 2015). Interestingly, lack of professional fulfillment scored much lower as a cause. Intriguing correlations were reported among those with higher rates of burnout (single and living alone, high level of personal debt, lack of exercise, and being overweight), lower rates of burnout (came to the United States as an adult and were married, remarried, or widowed), and no difference in rates of burnout (political leaning, daily alcohol intake, and spirituality).

Identification

In his recent book on physician burnout, Studer (2015) outlines a list of “leading and lagging indicators” of this condition. Examples of leading indicators or behaviors include irritability, falling patient satisfaction, and loss of energy. Lagging indicators include social withdrawal, problems with personal relationships, and encountering malpractice suits.

While these features seem reasonable as signs of burnout, their recognition will be challenging for senior leaders who may have only rare interactions with individual physicians on the medical staff. Thus, the identification of burnout should be a specific task assigned to physician leaders such as division heads or chief medical officers.

Formal testing for burnout is also available. Although not specific to physicians, the Maslach Burnout Inventory can be taken as an individual online assessment for \$15. A report of test results outlines where the individual falls on scales of emotional exhaustion, depersonalization, and personal accomplishment. However, it does not provide comparison with a standardized data set. Several pages of suggestions follow, which are not individualized but can be useful for contemplation.

Stanford Medicine’s (2015) WellMD program also offers a number of online resources for assessment of physician burnout. (The Medscape and Geneia surveys are not available online.)

SEEKING ENGAGEMENT THROUGH STRONG PHYSICIAN LEADERSHIP

Most would agree that physicians are working in a stressful time. However, stressors are seen across the entire U.S. workforce. For example, Gallup's *State of the American Workplace* reveals that levels of employee engagement are only 30%, with change and stagnant wages noted as factors (Gallup, 2013).

The analysis presented in the Gallup report suggests looking at burnout from a different point of view. That report suggests steps that senior leaders can take to change the discussion from a negative one about *physician burnout* to a positive tone based on *physician engagement*. The notion that burnout is the opposite of engagement (Studer, 2015) is particularly relevant here.

A provocative consideration regarding physician engagement was suggested by a study from the Mayo Clinic. The study examined physician satisfaction and burnout as a function of the quality of physician leadership (Shanafelt et al., 2015). The authors compared the responses to a subset of questions from the Maslach Burnout Inventory to a scale measuring the leadership qualities of an immediate physician supervisor. The scale included the following items:

To what extent do you agree or disagree with each of the following statements about your immediate supervisor?

- Holds career development conversations with me
- Inspires me to do my best
- Empowers me to do my job
- Is interested in my opinion
- Encourages employees to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching on my performance
- Recognizes me for a job well done
- Keeps me informed about changes taking place at Mayo Clinic
- Encourages me to develop my talents and skills
- I would recommend working for (name of immediate supervisor)

The study concludes:

The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations. These findings have important implications for the selection and training of physician leaders and provide new insights into organizational factors that affect physician well-being. (Shanafelt et al., 2015, p. 432)

The study provides a logical pathway to improving engagement and thus lowering burnout: Choose physician leaders with great care and ensure that these leaders attend to the professional needs of those they lead. This approach is echoed in a recommendation for increasing engagement from the *State of the American Workplace* report:

Select the right managers. Whether hiring from the outside or promoting from within, organizations that scientifically select managers for the unique talents it takes to effectively

manage people greatly increase the odds of engaging their employees. Instead of using management jobs as promotional prizes for all career paths, companies should treat these roles as unique with distinct functional demands that require a specific talent set. They should select managers with the right talents for supporting, positioning, empowering, and engaging their staff. (Gallup, 2013, p. 11)

This action plan may not be simple to execute, but it should be a major goal of every senior leader.

Extensive, well-planned approaches to combat physician burnout have been taken at some hospitals, including those at Stanford Medicine through its WellMD program and Florida Hospital System via its Physician Support Services (Paolinin, Bertram, & Hamilton, 2013). They may provide valuable ideas about increasing physician engagement.

CONCLUSION

Many of the sources of dissatisfaction in physicians' professional lives, such as the rising burden of excessive regulations, are largely outside the control of physicians and healthcare leaders. It is important, therefore, to look for approaches that are actionable at the local level. One useful idea is to redefine the problem of high burnout as one of low engagement. Evidence suggests that physician leaders can play a critical role in engagement.

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