Physician Burnout

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Goals

- Define burnout
- Prevalence
- Physician satisfaction
- Why should we care about burnout?
- Who gets burned out?
- How can we prevent burnout?
Burnout Definition

- A psychological syndrome consisting of
  - Emotional exhaustion
  - Depersonalization
  - Reduced Personal Accomplishment

- Differs from depression because it primarily affects an individual's relationship with work
Burnout Prevalence

- Varies in many studies
- Ranges from 25-60% (up to 75% in studies of residents)
- Likely 30-40%
Physician Satisfaction

- Overall High
- Relatively Stable
- Varies depending on
  - Specialty
  - Age
  - Region
  - Income
Physician Satisfaction
Leigh et al. Arch Intern Med, 2002; 162

- Community Tracking Study (CTS)
- Cross sectional survey of physicians (N=12,474) in 1996
- Compared 33 specialties with a 5 point Likert scale about satisfaction
- Focus on two variables – very satisfied or dissatisfied

<table>
<thead>
<tr>
<th>High %Very Satisfied</th>
<th>High %Dissatisfied</th>
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</thead>
<tbody>
<tr>
<td>Geriatrics (59.6%)</td>
<td>ENT (25.2%)</td>
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<tr>
<td>Neonatal Med (58.7%)</td>
<td>OB- GYN (24.2%)</td>
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<tr>
<td>Dermatology (56.1%)</td>
<td>Optho (21%)</td>
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<td>Pediatrics (48.1%)</td>
<td>Ortho (19.3%)</td>
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<td>Internal Med (20.3%)</td>
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Physician Satisfaction

- CTS continued....
- >70% physicians are satisfied or very satisfied
- 80% PCPs satisfied - results stable during repeat in 2001
- Satisfaction also found to be related to
  - Age
  - Location
  - Income
- Satisfaction not found to be related to gender
Physician Satisfaction – Internists
Wetterneck et al. Arch Intern Med, 2002; 162

- Physician Worklife Study – sub-population
- Cross sectional survey of physicians -IM compared to IM specialties and FM (N=1390), 1996
- General IM less satisfied than IM specialties and FM
- IM Compared to FM
  - More hospital patients
  - More complex medical and psychosocial patients
  - Less training in primary care, psychosocial issues, practice management
Burnout – Why Should We Care?
Patients of more satisfied physicians are:

- More satisfied
- More trusting of physician
- More adherent to plan of care
Patient Satisfaction

- Cross sectional survey of patients and physicians (N=2,620 patients, 166 physicians)
- Clinics were academically affiliated but diverse in setting and population
- Patient’s asked about overall satisfaction and satisfaction with most recent visit
- Physicians surveyed about job satisfaction (60% extremely or very satisfied)
- Patients of satisfied physicians had higher scores for overall satisfaction (RC = 2.10) and satisfaction with recent visit (RC = 1.23)
Safety and Errors
Shanafelt et al. Annals of Surgery, 2010; 251(6)

- Cross sectional survey of surgeons (N=7905), 2008
- Self assessment of errors, depression and burnout
- 8.9% with concern of making major error in past 3 months (mostly attributed to individual error)
- Each 1 point increase in depersonalization associated with 11% increase error
- Each 1 point increase in emotional exhaustion associated with 5% increase
- Not associated with nights on call, hours worked or practice setting
Physician Behavior

- In Medical Students - Professional burnout associated with unprofessional behaviors and feeling less altruistic towards patients
Medical Student Burnout and Unprofessional Behavior
Dyrbye et al. JAMA 2010; 304

- Students from 7 medical schools surveyed (N=2682)
- Asked about burnout, symptoms of depression and quality of life
- Also asked about unprofessional conduct, understanding appropriate relationships with industry and attitudes regarding physicians’ responsibility to society
- 52.8% of students had burnout
- Student with burnout
  - more likely to participate in unprofessional behavior (35% vs 21.9%, OR 1.89, 95%CI 1.59-2.24)
  - less likely to have altruistic views regarding physician responsibility
- Burnout was the only aspect of distress independently associated with unprofessional behavior/less altruistic views
Physician Health

- Physicians have a similar rate of depression as the rest of society.
- However, physicians are at high risk for suicide:
  - Male physicians with moderate increased risk (1.41 times more likely).
  - Female physicians with highly increased risk (2.27 times more likely).
- Physicians less likely to seek help for depression or suicidal ideation:
  - Fear that seeking help may threaten license or lead to unwanted scrutiny.

Cost

- Burnout leads to turnover and the cost of replacing physicians is high
  - Search
  - Screen
  - Interview
  - Use of Locums
  - Lost revenue while trying to fill post
- Overall cost = $150,000-300,000

Williams et al. Health Care Manage Rev, 2010; 35(2)
Burnout – Who Gets It?
Burnout Risk Factors

- Age
- Work Demand
- Career Fit
- Autonomy
- Colleagues/Mentorship
- Practice Characteristics
- Income
Multiple studies suggest a U-shaped curve
Likely subject to selection bias

Leigh et al. Arch Int Med, 2002; 162
Burnout Risk Factors

- Gender – probably not a risk factor
  - Positive association between female gender found in some studies but overall not a trend in literature

- Work demand
  - Too much or too little work is a risk factor
  - Perception more important than reality
DOM Faculty Physicians at one center surveyed (N=465)

Career fit: most meaningful aspect of work - patient care, research, education, administration

34% physicians were burned out (higher rates for generalists, women and those <55)

Those spending less than 20% of their time on the most meaningful activity had higher burnout (53% vs 29.9% p<0.001)

Time spent on meaningful activity was largest predictor of burnout (OR 2.75, p = 0.001)

Burnout was associated with an intent to leave academic medicine (OR 2.28, p=0.02)
Burnout Risk Factors

- Autonomy
  - Control over schedule
  - Contribution to practice decisions
  - Perception of micro-managing

- Colleagues and Mentorship
  - Support and communication
  - Division head support
  - Scholarly activity

Glasheen et al. Arch Int Med, 2011; 171(8)
Burnout Risk Factors

- Practice Characteristics
  - Solo/Small
  - Payer Source - likely no effect but managed care/capitation with negative effect
  - Patient characteristics/demographics – ability to maintain relationships, trust

- Income

Scheurer et al. J Hospital Med, 2009; 4(9)
Burnout – How We Prevent It?
Burnout Prevention and Treatment: Role of Physician

- Self Care – sleep, nutrition, exercise, spirituality, having a PCP
- Relationships – valuing/protecting personal relationships
- Limits on Work – career fit, limiting scope and time of practice
- Developing a Life Philosophy
Burnout Prevention and Treatment: Role of Organizations

- Autonomy – increased control over schedule, ability to participate in practice decisions

- Adequate support – adequate physician coverage, adequate ancillary support to promote efficient care, faculty development

- Cultivate collegiality – conferences, social events, mentorship

Burnout Prevention and Treatment: Role of Organizations

- Minimize work-home interference – provide flexibility in schedule, back-up coverage
- Promote work-life balance – opportunity for sabbatical, work-life seminars, mentorship
- Organizational values – mission statement and actions must be congruent

Barriers

- Physician Training
  - value in placing professional responsibilities above personal
  - delayed gratification – survival mode can become permanent

- Physician Attitudes
  - reluctance to seek care
  - self-imposed expectations to work even when impaired
CME for Burnout
Krasner et al. JAMA, 2009; 302(12)

- Before and after study of 20 PCPs, 2007
- 8 week course (2.5 hrs/wk + 7hr retreat) and 10 month maintenance (2.5 hrs/mo)
- Three aspects: mindful meditation, narrative medicine, appreciative inquiry
- Improvement in burnout observed (scores)
  - Emotional exhaustion: 26.8 to 20 (CI - 4.8 to – 8.8)
  - Depersonalization: 8.4 to 5.9 (CI - 1.4 to - 3.6)
  - Personal accomplishment: 40.2 to 42.6 (CI 1.2 to 3.6)
Interdisciplinary Rounds
Lown et al. Academic Medicine, 2010; 85(6)

- Schwartz Center Rounds – one hour, case based, interactive discussions of psychosocial and emotional aspects of patient care
- Retrospective (N=256) and Prospective (N=222) surveys
- Improved feeling of teamwork, attention to psychosocial issues, energy for work
- Decreased perception of stress
The Future?
Dyrbye et al. JAMA 2011; 305(19)

- Patient Protection and Affordable Care Act
- Challenges
  - More demand for primary care
  - Increased costs to establish infrastructure
  - Increased reporting/admin time
- Benefits
  - More streamlined coverage
  - Patients with less fragmented care
- The MA experience
  - More patient encounters
  - Reduced visit time
  - More admin time
Conclusions

- Burnout is prevalent
- Burnout affects physician behavior, quality of care, cost and physician health
- Internists are at risk for burnout
- There are several simple strategies to manage burnout
The practice of medicine will be very much as you make it – to one a worry, a care, a perpetual annoyance; to another, a daily job and a life of as much happiness and usefulness as can well fall to the lot of man

- Sir William Osler