

Physician Burnout and Well Being

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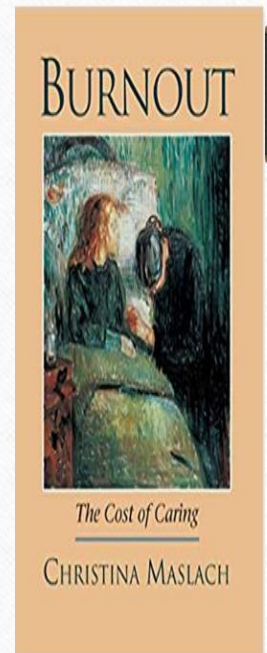
ACP Well Being Champion for Arkansas

Objectives

- Identify the common reasons for physician burnout
- Recognize the consequences of physician burnout
- Discuss ways to combat burnout and promote physician well being

Definition of Burnout

- Dr. Christina Maslach, pioneer in describing and assessing burnout, defined it as the triad of emotional exhaustion, depersonalization or cynicism and feelings of diminished personal efficacy or accomplishment in the context of the work environment.(1981; 1996)
- ICD-11 in May 2019 defined burnout as a syndrome of 3 dimensions –
- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job or feelings of cynicism or negativism about one's job
- Reduced professional efficacy.



Prevalence of Burnout

- Physicians have a higher prevalence of burnout compared to workers in other fields.
- Shanafelt and others studying the changes in physician burnout since 2011 have found in their most recent survey done in March 2018, that physicians were at increased risk of burnout and less likely to be satisfied with work-life integration than other working US adults.

Physician Burnout

- Not just in the US but a Global Problem.
- Prevalence of burnout is only worsening over the years – from 54% in a 2014 survey to a high of 78% in the 2018 Survey of America's Physicians conducted by Merritt Hawkins for the Physicians Foundation.¹
- A British Medical Association survey in 2019 reported 80% of doctors were at high or very high risk of burnout with junior doctors at the most risk followed by general practitioners.²

1. 2018 Survey of America's Physicians: Practice patterns and perspectives. The Physicians Foundation. September 2018.

2. Physician Burnout: a global crisis. The Lancet 2019 July; 394(10193):93.

Changing role of physicians

- The number of independent physicians in the US has dropped from 48.5% in 2012 to 31% in 2018.
- Loss of autonomy in employed physicians with focus on Relative Value Units.
- Workplace atmosphere: Chaotic practices – less teamwork and more error prone.
- Regulatory/insurance requirements.

Changing roles of physicians..

- Complex patient populations; excessive workload.
- Competing responsibilities – academic vs clinical.
- Individual factors – younger vs older physicians; male vs female.
- Specialists vs primary care - specialists noted to have a slightly lower rate of burnout than primary care physicians ever since demographic data have been obtained in national surveys.

Tethered to the EHR..

- A retrospective cohort study of 142 family medicine physicians in a single health system in Wisconsin using all Epic EHR interactions.
- Clinicians spent 355 minutes(5.9 hours) of an 11.4 hour workday in the EHR per weekday per 1.0 FTE: 269 minutes during clinic hours and 86 minutes after clinic hours.
- 44% of the workday in EHR was spent doing clerical and other administrative tasks.
- Identifying areas where EHR related work can be delegated needs thoughtful system application and better teamwork with more face to face communication.

International Epic EHR use comparison

Ann Intern Med. 2018;169(1):50-51. doi:10.7326/M18-0139

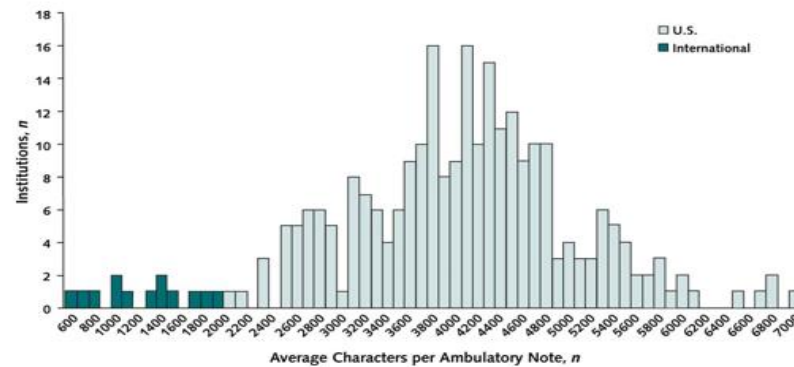


Figure Legend:

Average characters per ambulatory progress note in U.S. and international health systems.

Column height represents number of organizations. Dark columns represent 13 organizations outside the United States (140 000 notes from Canada, the United Kingdom, Australia, the Netherlands, Denmark, the United Arab Emirates, and Singapore). Light columns represent 254 organizations in the United States (10 million notes).

Work life and Wellness study

Table 3. Hospital-Based vs. Ambulatory-Based Clinicians in the ACLGIM Worklife and Wellness Project

Item	Hospitalist % (95 % CIs) (n = 183)	Outpatient % (95 % CIs) (n = 396)	p value	Adjusted p value
Overall satisfied with job (Agree, Strongly agree)	78.7 (71.9, 84.2)	74.0 (69.3, 78.2)	0.264	1.0000
Great deal of stress because of my job (Agree, Strongly Agree)	59.0 (51.5, 66.1)	70.7 (65.9, 75.1)	0.007	0.0505
Symptoms of burnout (Definitely, Won't go away, Completely)	33.3 (26.7, 40.7)	40.4 (35.6, 45.4)	0.124	0.7468
Control over workload (Poor, Marginal)	44.3 (37.0, 51.8)	50.5 (45.5, 55.5)	0.191	0.9544
Time for documentation (Poor, Marginal)	47.5 (40.2, 55.0)	69.2 (64.3, 73.7)	< 0.001 ^a	0.0000
Work atmosphere description (Very busy, Hectic-chaotic)	57.9 (50.4, 65.1)	58.1 (53.0, 63.0)	1	1.0000
Professional values well aligned with department leaders (Agree, Strongly agree)	68.3 (61.0, 74.9)	63.9 (58.9, 68.6)	0.345	1.0000
Degree to which patient care team works efficiently together (Satisfactory, Good, Optimal)	86.9 (80.9, 91.3)	67.9 (63.0, 72.5)	< 0.001 ^a	0.0000
Amount of time spent on EMR at home (Moderate, High, Excessive)	45.9 (38.6, 53.4)	62.1 (57.1, 66.9)	< 0.001 ^a	0.0028
Proficiency with EMR use (Satisfactory, Good, Optimal)	90.7 (85.3, 94.3)	88.4 (84.7, 91.3)	0.489	1.0000

CI confidence interval, EMR electronic medical record

^aStatistically significant compared to cut-off using Holm-Bonferroni method for a family-wise error rate of 0.05 and ten comparisons for each

Health consequences of burnout

- Neglecting own health/family and relationships.
- Career change or transition to part time work.
- Substance abuse.
- Depression and suicide risk – suicide risk is higher among women physicians than men. ¹ The aggregate suicide rate ratio of male physicians compared to the general population was 1.41(95% CI of 1.21-1.65) but still lower than when compared to female physicians at 2.27(95% CI of 1.90-2.73).

Monetary consequences

- Each physician generates close to \$1.5 million in net revenue for their affiliated hospitals according to the Merritt Hawkins' *2016 Survey of Physician Inpatient/ Outpatient revenue*.¹
- A cost-consequence analysis in a simulated population by Shanafelt et al estimated the annual economic cost of burnout and turnover as \$7600 per employed physician per year and approximately \$4.6 billion in costs related to physician turnover and reduced clinical hours on a national scale. ²

1. 2018 Survey of America's Physicians: Practice patterns and perspectives. The Physicians Foundation. September 2018.

2. Shanafelt TD et al. Estimating the attributable cost of physician burnout in the United States. *Ann Intern Med.* 2019; 170(11):784-790.

Steps to reduce burnout

- Clinician satisfaction and wellbeing as quality indicators.
- Decrease EMR stress on physicians.
- Support for workflow redesign.
- Career development while incorporating mindfulness and teamwork training.

Organizational changes

- Leadership training to improve transparency, align values and advocate.
- Scribes or physician extenders in primary care.
- Support for physician control over the work environment – with manageable staffing ratios and protected time for study/research.
- Allocation of resources to cover for predictable life events.
- Prioritize physician self care as an element of medical professionalism.

Peer support

- Professional coaching among 88 physicians at the Mayo Clinic improved emotional exhaustion(19.5%) and overall burnout(17.1%) over a 6 month period compared to the control group as well as quality of life and resilience scores. ¹
- Mindfulness coaching from a professional can be very useful for anyone facing increased stress and anxiety.
- “Reset room” – with a peaceful and quiet atmosphere, facilities for yoga and meditation.

ACP's efforts

Physician Well-being and Professional Fulfillment

Providing guidance and resources that foster communities of well-being for internists to best serve patients and optimize professional fulfillment.



Promoting Individual Well-being

Offering online resources and educational courses at ACP's Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.



Fostering Local Communities of Well-being

Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.



Improving the Practice and Organizational Environment

Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.

Trending Topics

[Sep. 9-12: Forum discussion about National Physician Suicide Awareness](#)

[The Curbsiders Podcast #13](#)

Physician wellness, burnout, and clinical informatics. Get well and avoid the 54 percent.

[Annals of Internal Medicine: The Billion-Dollar Cost of Physician Burnout](#)

ACP's efforts

Improving the Practice and Organizational Environment

ACP is committed to providing members with high quality information, resources, tools, and support to help your practices thrive in the growing value-based payment environment.



Workflow Innovations to Enhance Well-being

Resources capturing workflow innovations to improve and enhance physicians' and medical teams' well-being and professional satisfaction in both ambulatory and hospital settings.



Elevator Speech for Approaching Organizational Leadership

Use this printable resource as a guide to initiate a conversation about physician well-being and burnout with organizational executives.



Top 10 Culture Change Interventions

The top 10 interventions you and your colleagues can use in your practice to reduce burnout and promote a culture of well-being.



Collection of Recommended Tools

These resources offer additional strategies to prevent burnout and promote well-being at the practice level.



Physician Wellness: Time to Take Care of Our Own

This webinar, originally presented at ACP's Internal Medicine 2017 meeting by Richard M. Wardrop MD, FACP, PhD, FAAP; Eileen Barrett MD, FACP, MPH; and Lisa L. Ellis MD, FACP, explores how health organizations can assess and respond to physician burnout.



How to Create a Clinician Wellness Committee

Creating a wellness committee is a concrete first step an organization can take to foster a culture of clinician wellness. Here's advice for getting one started at your organization.

ACP's efforts

Enhance Your Personal Well-being

You are not alone. Use these resources to seek help or to improve your individual well-being.



Professional Health and Wellness Mini-Portfolio

This portfolio features four 10-minute micro skills for well-being, developed to help you reflect, document current practices, and envision activities and behaviors that promote self-care and professional health and wellness.



Physician Suicide and Depression Resources

If you or someone you know is feeling suicidal, or if you are working through the loss of a loved one or colleague, please make use of the following resources on physician suicide and depression. For emergency care, call 911.



Building Your Resilient Self

This free webinar led by Gail Gazelle, MD, FACP, FAAHPM, executive coach for physicians and physician leaders, teaches how to build resilience in your life and in your practice.



Talk with Your Colleagues

Use our ACP member forum to discuss issues related to physician well-being and professional satisfaction, and to share experiences and resources.



Collection of Recommended Tools

Use this collection of Podcasts, TED Talks, blogs, apps, and more to take a deeper dive into improving your personal well-being and professional satisfaction.



Medical Student Well-being: Don't Forget About Us

In this playback webinar, Micah Beachy, DO, FACP, discusses the importance of well-being for medical students and shares strategies for how to maintain it while in school and throughout training. Q&A follows.

To sum up..

- Physician burnout is a serious problem with several contributors.
- Awareness and collaboration with leadership can go a long way in tackling this problem.
- Several regional and national programs by ACP are available to help physicians and organizations tackle this issue.

ACP Well Being Champion Cohort 2019

