Burning Out: A Review of the Landscape

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Disclosures / Disclaimers

• Disclosures: None

• Disclaimer
  • I’m not an expert nor do I have all of the answers
  • I care very much about the profession and my colleagues
Objectives

• Define burnout
• Review the literature regarding the prevalence
• Examine drivers for physician burnout
• Identify the different tools to measure burnout
Maslach Burnout Inventory

- **Emotional Exhaustion** measures feelings of being emotionally overextended and exhausted by one's work.

- **Depersonalization** measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction.

- **Personal Accomplishment** measures feelings of competence and successful achievement in one's work.

http://www.mindgarden.com/117-maslach-burnout-inventory
Burnout Definition

Burnout is a syndrome of emotional exhaustion, loss of meaning in work, feelings of ineffectiveness, and a tendency to view people as objects rather than as human being  

-*Shanafelt*
Burnout Definition

“Burnout, at its core, is the impaired ability to experience positive emotion.”

— Dr. J. Bryan Sexton

Rabiya S. Tuma, PhD: Simple Tool Shows Lasting Reduction in Burnout, Medscape Oct 23, 2017
Why Pay Attention To Burnout?

![Image: Personal and professional repercussions of physician burnout.]

- Broken relationships
- Alcohol and substance use
- Depression
- Suicide
- Decreased quality of care and increased medical errors
- Decreased patient satisfaction
- Decreased productivity and professional effort
- Physician turnover

FIGURE 1. Personal and professional repercussions of physician burnout.
FIGURE 1. Burnout (A) and satisfaction with work-life balance (B) by specialty 2014 vs. 2011. For A and B, specialty categories with different letters (a) differ significantly (p < 0.05) from each other. Patient care physician burnout was highest in primary care medicine, followed by emergency medicine, and was lowest in obstetrics and gynecology, radiation oncology, and surgery. For both 2011 and 2014, in general surgery, obstetrics and gynecology, psychiatry, and radiation oncology, burnout was significantly lower compared with other specialties. Patient care physician satisfaction with work-life balance was highest in radiation oncology, followed by general surgery, and was lowest in primary care medicine. For both 2011 and 2014, in general surgery, obstetrics and gynecology, and psychiatry, patient care physician satisfaction with work-life balance was significantly higher compared with other specialties.
### Medscape Lifestyle Report 2017

#### Which Physicians Are Most Burned Out?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Burnout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>59%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>56%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>55%</td>
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<tr>
<td>Internal Medicine</td>
<td>55%</td>
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<tr>
<td>Infectious Disease</td>
<td>55%</td>
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<tr>
<td>Rheumatology</td>
<td>54%</td>
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<tr>
<td>Plastic Surgery</td>
<td>53%</td>
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<tr>
<td>Otolaryngology</td>
<td>53%</td>
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<tr>
<td>Critical Care</td>
<td>53%</td>
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<tr>
<td>Cardiology</td>
<td>52%</td>
</tr>
<tr>
<td>Urology</td>
<td>52%</td>
</tr>
<tr>
<td>Neurology</td>
<td>51%</td>
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<tr>
<td>Pediatrics</td>
<td>51%</td>
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<tr>
<td>Anesthesiology</td>
<td>51%</td>
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<tr>
<td>Gastroenterology</td>
<td>51%</td>
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<tr>
<td>Nephrology</td>
<td>50%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>49%</td>
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<tr>
<td>Surgery</td>
<td>49%</td>
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<tr>
<td>Pulmonary Medicine</td>
<td>49%</td>
</tr>
<tr>
<td>Radiology</td>
<td>49%</td>
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<tr>
<td>Oncology</td>
<td>47%</td>
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<tr>
<td>Dermatology</td>
<td>46%</td>
</tr>
<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>46%</td>
</tr>
<tr>
<td>Pathology</td>
<td>43%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>43%</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>43%</td>
</tr>
<tr>
<td>Psychiatry &amp; Mental Health</td>
<td>42%</td>
</tr>
</tbody>
</table>
Medscape Lifestyle Report 2017

Burnout by Region

- Northwest 54%
- West 49%
- Southwest 53%
- North Central 50%
- South Central 52%
- Southeast 50%
- Great Lakes 52%
- Mid-Atlantic 51%
- Northeast 51%

* Includes Alaska
** Includes Hawaii
Burnout Stats

- 54% rate morale as somewhat or very negative
- 37% describe feelings of a positive future
- 49% often or always feel burnout
- 21% of non-clinical time spent on paperwork
- 80% at or over capacity to see new pts
Burnout: Physicians vs Population

Physicians/General Population on Burnout Measures, 2014

- Worked 60-69 Hours a Week: 24% (Physicians), 5% (General Population)
- Worked 70-79 Hours a Week: 9% (Physicians), 1% (General Population)
- Worked 80+ Hours a Week: 8% (Physicians), 1% (General Population)
- Emotionally Exhausted Often: 43% (Physicians), 25% (General Population)
- Burned Out: 49% (Physicians), 28% (General Population)
- Satisfied with Work-Life Balance: 36% (Physicians), 61% (General Population)
- Suicidal Thoughts in Last Year: 7% (Physicians), 4% (General Population)

Among Employed Population, Ages 29-65
Ethan Rosenberg for USN&WR, Source: Mayo Clinic Proceedings (Published 2015)
Why is burnout increasing?

- Fundamental changes in healthcare
- Increased volume/demand on providers
- Rise of EHRs made to improve billing
  - Increased documentation time
  - Altered patient interaction
  - Rising negative views of doctors
- GME: Duty hours
  - Same amount of work in less time
Time spent on Administrative Tasks

- Billing & insurance activities 3-5 hours/week
- Quality measurement & reporting 15 hours/week
- Documentation for every 1 hour with a patient the physician spends 2 hours on EHR or desk work
- Negative impact on patient care
- Increased Physician Burnout
EHR: Time Sinks

Annals of Internal Medicine

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tuttle, PhD; and George Blihe, MD

Conclusion: For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record [EHR] and desk work, administrative tasks, and other tasks) and self-reported after-hours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on non-face-to-face activities.
EHR Clerical Burden

Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction

Tait D. Shanafelt, MD; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Omar Hasan, MBBS, MPH; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD

Conclusion: In this large national study, physicians' satisfaction with their EHRs and CPOE was generally low. Physicians who used EHRs and CPOE were less satisfied with the amount of time spent on clerical tasks and were at higher risk for professional burnout.
Drivers of Burnout & Engagement

Shanafelt, Mayo Clinic Proceedings 2017
Increase “Preload”
i.e. Autonomy & Support

Decrease “Afterload”
i.e. Workload & EMR inefficiency

Increase “Contractility”
i.e. Resilience

Analogy thanks to Tom Tape, MD, MACP
Maslach Burnout Inventory

- Based on Christine Maslach’s work since the 1970s

- 22 questions in 3 domains; scored on a 7 point scale
  - Emotional Exhaustion (9 questions)
  - Depersonalization (5 questions)
  - Personal Accomplishment (8 questions)

- Payment required for completion

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Brief Resident Wellness Profile

The ACLGIM Worklife and Wellness Mini Z survey

For questions 1-10, please indicate the best answer.

1. Overall, I am satisfied with my current job:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

2. I feel a great deal of stress because of my job
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:
   1. I enjoy my work. I have no symptoms of burnout.
   2. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
   3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.
   5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

5. Sufficiency of time for documentation is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

6. Which number best describes the atmosphere in your primary work area?
   Calm  1  2  3  4  5  Busy, but reasonable  Hectic, chaotic
7. My professional values are well aligned with those of my department leaders:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly
8. The degree to which my care team works efficiently together is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal
9. The amount of time I spend on the electronic medical record (EMR) at home is:
   1 – Excessive  2 – Moderately high  3 – Satisfactory  4 – Modest  5 – Minimal/none
10. My proficiency with EMR use is:
    1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal
11. Tell us more about your stresses and what we can do to minimize them:

Please tell us about yourself:
Are you: ___ MD/DO ___ NP ___ PA ___Other (specify):____________
Practice location: ___ VA _____ Non-VA
Where do you spend the majority of your clinical time: ___ In-patient ___ Outpatient
Please tell us the number of years in your current role:_____________
(optional) Gender: _______ Female _______ Male
(optional) Race: ___ Black or African American ___ Asian ___ Native American ___ Native Hawaiian or Other Pacific Islander ___ White
(optional) Ethnicity: ___ Latino/Hispanic

*Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace study, The Mini Z was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis MN. For more information please contact mark.linzer@hcmed.org.
Mini-Z Survey

www.surveymonkey.com/r/T3CPX3V
ACP’s Efforts to Address Physician Wellbeing
Advocating for Formal Infrastructure to Support Expansion and Sustainability of Wellness Initiatives

- RESOLVED, that the ACP Board of Regents explores how best to develop and infrastructure to support expansion and sustainability of the wellness initiatives for physicians and physicians in-training; and be it further

- RESOLVED, that the ACP Board of Regents becomes a leading voice in addressing areas such as changes in the practice environment, burnout prevention, physician wellness, and professional satisfaction and collaborate with like-minded organizations and entities in these areas
Addressing Wellbeing: ACP Activity

- Wellness Task Force
- Wellness Champions
- Wellness Toolkit Development (LeaderNet)
- Patients Before Paperwork
- National Academy of Medicine Action Collaborative: Clinician Well-being and Resilience
- Alliance for Academic Internal Medicine Collaboration

Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians