

Do No Harm: Preventing and Treating Physician Burnout



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Burnout:

- A pervasive problem among physicians.
- Characterized by:
 - losing enthusiasm for work (emotional exhaustion)
 - treating people as if they were objects (depersonalization)
 - having a sense that work is no longer meaningful (low personal accomplishment)

Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 of every 3 physicians is experiencing burnout at any given time.

<https://jamanetwork.com/journals/jama/article-abstract/184612>

The DO

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SYSTEMIC STRUGGLES

With nearly half of doctors burned out, US is in a public health crisis, reports find

Medscape and the Harvard T.H. Chan School of Public Health reveal details about the current state of doctor burnout and offer solutions.

By **THE DO STAFF** 
TUESDAY, JAN. 22, 2019 6

Physician Burnout:

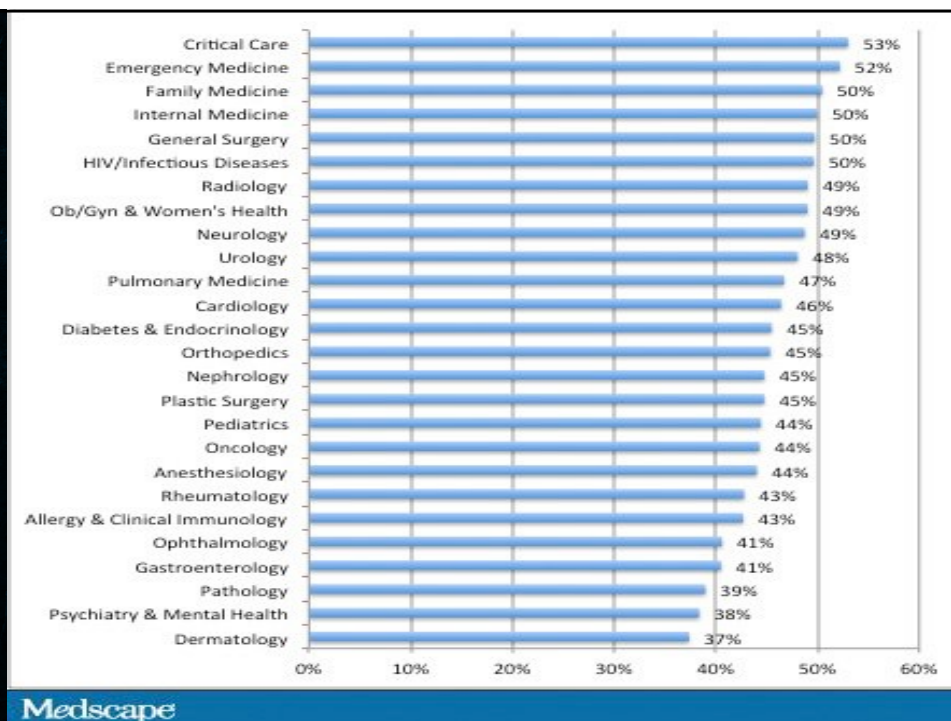
- “Has reached alarming levels and now amounts to a **public health crisis**”.
- “Report from the Massachusetts Medical Society, the Massachusetts Health & Hospital Association, and the Harvard T.H. Chan School of Public Health — **portrays a profession struggling with the unyielding demands of electronic health record systems and ever-growing regulatory burdens.**”

<https://www.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/gCgdUcoeEOobtSUIXSEIK/amp.html>

Burnout:

- Survey published in the *Archives of Internal Medicine* in 2012 reported that US physicians suffer more burnout than other American workers.
- In 2015, a Medscape Physician Lifestyle Report showed 46% of all physicians responded that they had burnout.
- According to the *Journal of General Internal Medicine*, burnout rates ranged from 30% to 65% across specialties, with the **highest rates** incurred by physicians at the front line of care, such as **emergency medicine** and **primary care**.

<https://www.medscape.com/viewarticle/838437>



Burnout has been shown to:

- Decrease physician's professionalism and the quality of medical care they provide
- Increase medical errors and malpractice rates
- Lower patient compliance and satisfaction with medical care
- Increase rates of physician substance abuse, suicide, and intent to leave practice

<https://www.thehappyd.com/blog/bid/295048/Physician-Burnout-Why-its-not-a-Fair-Fight>

Burnout:

- In the Medscape survey, fully half of physicians on the front line of care said they were burned out.
- Approximately 10% of those burned-out ranked the severity at 6 or 7 on scale of 1 ("does not interfere with my life") to 7 ("so severe that I'm thinking of leaving medicine").

https://www.medscape.com/viewarticle/838437_2

The “big four” that promote burnout:

1. **Not having enough time** to do what needs to be done to take good care of patients. The regulatory burden to document is too much - encourages physicians to turn their backs on patients and face the computer screen.
2. Chaotic workplaces - **inefficient workflow** and insufficient resources.
3. **Lack of control over** work conditions.
4. Malalignment of mission – where the physician is **pulled in two different directions**, with pressure to increase the number of admissions and, at the same time, prevent hospitalizations.

<https://www.niddk.nih.gov/health-information/professionals/diabetes-discoveries-practice/impact-physician-burnout>



<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/ahrq-works/impact-burnout.pdf>

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ORIGINAL RESEARCH | 6 DECEMBER 2016

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 Tutty, PhD; George Blike, MD

Article, Author, and Disclosure Information

FULL ARTICLE

- Abstract**
- Methods
- Results
- Discussion
- References

Abstract

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

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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 EHR and desk work. The physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause?

- The Royal Children's Hospital in Melbourne, Australia, and JurongHealth in Singapore have recently adopted the same vendor software (**Epic Systems**) that many support in our own health systems.
- Physicians abroad were more likely to report satisfaction with its use and cite it as a tool that improved efficiency.

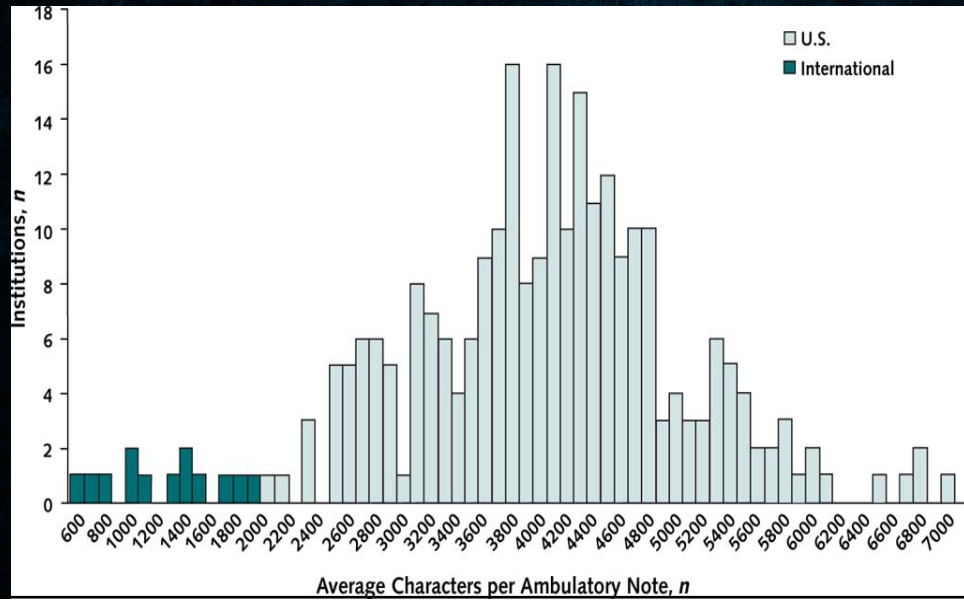
<https://annals.org/aim/fullarticle/2680726>

Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause?

- Clinical documentation abroad differs from that in the United States: (**i.e. far briefer, containing only essential clinical information**) because it omits much of the compliance and reimbursement documentation that commonly bloats the American clinical note.
- Across this same EHR, clinical notes in the United States are nearly 4 times longer on average than those in other countries.

<https://annals.org/aim/fullarticle/2680726>

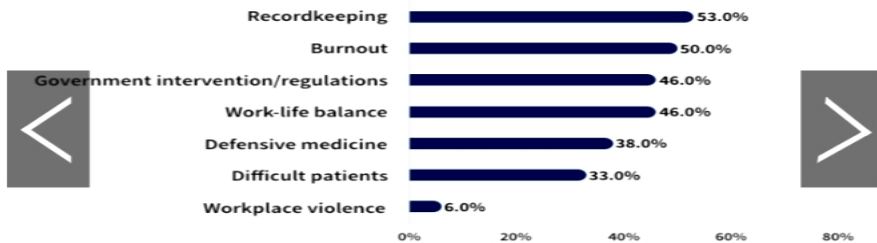
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— ... and glimpses of the road not traveled



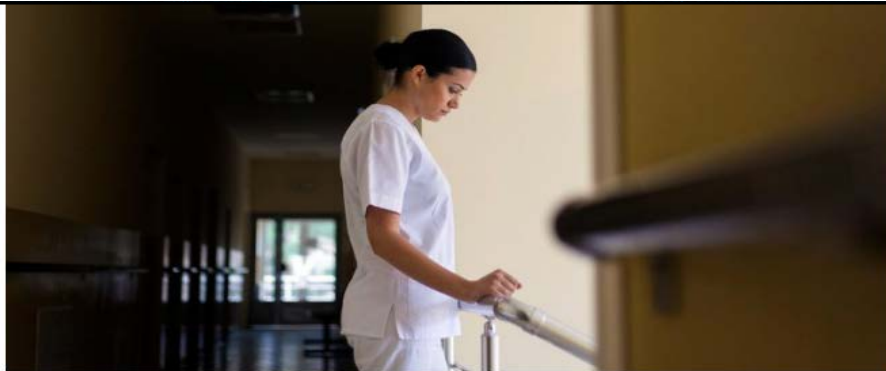
WHAT YOU SAID: WORST ASPECTS OF BEING IN HEALTHCARE



Furthering the Burden:

- Studies show that **burnout has costly consequences** for doctors as well as patients, **and for the health care system as a whole.**
 - When doctors are less engaged, patients are less satisfied.
 - Burned-out physicians are more likely to make mistakes; they're also more likely to reduce their hours or retire early.
- This **affects their employer's bottom line:** Each departing doctor can cost as much as \$500,000 to \$1 million to replace.

<https://www.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/gCGUcoeEOnobtSUIKsEIK/amp.html>



TANGIBLE ADVICE

Advice for physicians struggling with burnout or mental illness

Robert Piccinini, DO, says the best thing you can do to help a struggling physician is to talk to them about it.

By **KATE SAMANO** ✉

WEDNESDAY, JUNE 7, 2017

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Tackling the Problem:

- To tackle the problem, reports suggest that physicians need access to mental health care without stigma or fear of losing their right to practice.
- Authors argue that state licensing boards should not ask probing questions about a physician's mental health but focus instead on his or her ability to practice medicine safely.

<https://www.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/gCGdUcoeEOnobtSUIXsEIK/amp.html>

Tackling the Problem:

Asking doctors to manage their feelings on their own is not enough, it demands that major health care organizations take burnout seriously.

- Consider hiring senior executives in charge of tracking burnout and helping to improve physician wellness.

<https://www.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/gCGdUcoeEOnobtSUIXsEIK/amp.html>

Tackling the Problem:

- “This is not about more yoga classes in the hospital,”
 - Dr. Ashish K. Jha, Harvard professor who worked on the report.
- “We think the responsibility lies **with the system** that has created these problems,” **not** with individual doctors, Jha added.

<https://www.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/9CGdUcoeEOnobtSUIX5EIK/amp.html>

Report:

From the Massachusetts Medical Society, the Massachusetts Health & Hospital Association, and the Harvard T.H. Chan School of Public Health

- The report concludes with a warning:

“If left unaddressed, the worsening crisis threatens to undermine the very provision of care, as well as eroding the mental health of physicians across the country.”

<https://www.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/9CGdUcoeEOnobtSUIX5EIK/amp.html>

What Can Be Done?

- Self awareness and mindfulness training
- Work Life Balance and healthy boundaries between work and non-work life areas
- Lowering stress by:
 - Learning effective leadership skills
 - Exerting control where possible over your work hours
 - Creating focus, where possible, on work activities that provide the most meaning

<https://www.thehappyMD.com/blog/bid/295048/Physician-Burnout-Why-its-not-a-Fair-Fight>

What Can Be Done?

- “The idea of putting ourselves first is no different than putting on the oxygen mask first during an emergency on an aircraft... We must take care of ourselves first... if we're empty, we cannot help anyone else.”
- “taking 20–30 minutes twice a week for simple things like meditation, walking, going to the gym, or reading a book can help to recharge [your] batteries.”

Shayma Kazmi, MD, RPh Nalley, Catlin Oncology Times

What Can Be Done?

- “Tying into the need for self-care is the ability to say “no” ... reflect on how important the task is, and commit only to tasks that are important to you.”
- Consider other opportunities. “There is no reality check better than to prove if the grass is truly greener on the other side... It clarifies your perspective and makes it more objective. It may provide an opportunity to change your employment or merely appreciate the positives you didn't previously recognize.”

Shayma Kazmi, MD, RPh Nalley, Catlin Oncology Times

What Can Be Done?

- Communicate your value!
- “You can only do this if you consciously tally your abilities and the value you bring to your employer.”
- “We may assume our employer knows our value and the compensation commensurate to this. Unfortunately, administrators also often have a lot on their plate and may not always have the time to review what value you bring.”

Shayma Kazmi, MD, RPh Nalley, Catlin Oncology Times

2014 Cochrane Review:

- Reported that cognitive-behavioral training and mental and physical relaxation reduce stress in healthcare workers more than no intervention, but not more than alternative interventions such as:
 - massage, meditation, and organizational interventions (**notably, changing work schedules**).
- According to a number of studies, the practice of mindfulness, specifically, appears to be a helpful approach in reducing burnout.

What is “Mindfulness”?

- “Mental training” that enables one to acknowledge aspects of experience in a nonjudgmental, nonreactive way.
- Helps foster clear thinking, calmness, and compassion.
- Participants experienced significant **reductions in burnout**, depression, anxiety, and stress.

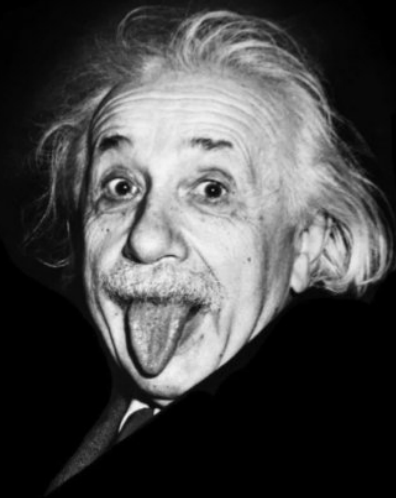
What Can Be Done?

- **Being able to control work hours** and schedule is increasingly being demonstrated to play an important role in reducing stress and improving career fulfillment.
- This, therefore, **reduces burnout**.
- One pilot study focused on improving physicians' work-life balance. In the study, physicians reported that learning to set limits improved their sense of well-being **AND** productivity.

https://www.medscape.com/viewarticle/838437_7

"Insanity is doing the same thing over and over again and expecting different results"

Albert Einstein



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