Physician Burnout: Preparing for a “Perfect Storm”

Doctors have long been susceptible to burnout. Like most people who choose healthcare as a profession, these men and women are deeply committed to making a difference in the lives of patients. Combine this passion for serving others with their “driven” personality types—which provides the energy and determination that gets them through their training in the first place—and it’s no wonder so many doctors push themselves to unsustainable levels of performance.

Now, factor in the extreme environment physicians work in—particularly the relentless changes and uncertainties of health reform—and it’s clear that a “perfect storm” is brewing. Consider the factors that lead to physician burnout:

1. The advances in medicine that have taken place over the past 40 years have drastically improved the length and quality of life. People are living longer and longer. The sheer numbers of patients created by our aging population is one problem. There aren’t enough physicians to treat them all. The ones who do practice have difficulty living up to the demands placed on them. In a 2010 op-ed in USA Today, Kevin Plon, MD, wrote: “It’s estimated that it would take 18 hours a day to provide all the recommended preventive and chronic care services to my patients. And that’s not counting the 20 telephone calls I return and 30 test results I review daily, which, as the New England Journal of Medicine reported in April, is typical of what other doctors like me face.”

2. We as a society are struggling (and will continue to struggle) to pay for all these patients. When financial resources are overwhelmed, healthcare organizations feel the squeeze. Physicians, who are on the “front lines” so to speak, bear the brunt of the pressure to do more, faster, with fewer resources.

3. Both public and private payers are shifting reimbursement from a “services delivered” to an “outcomes performed” paradigm. Not only does this new reality ramp up the pressures physicians feel to perform, it’s counter to their “rugged individualist” roots. For established physicians in particular, the move away from independence is a tough one psychologically.

4. Physicians face greater financial worries than ever. The uncertainty around their earning potential in the era of health reform, their huge medical school debt, the cost of malpractice insurance, and so forth contribute to an already high stress level.

All of these issues are putting tremendous pressure on doctors and other healthcare providers. Over the past quarter of a decade or so, research has found that up to 60 percent of all physicians and nurses suffer from burnout. The problem seems to be getting worse. In January of 2012, HealthLeaders Media published the results of a survey conducted by...
In Their Own Words,
No one wants to work in an
Physicians
New York,
as a result of prolonged
exhaustion of physical
or motivation usually
Merriam-Webster
England Journal of Medicine
According to the May 12, 2011,
occurring precisely at the time that alignment
Unfortunately, this burnout epidemic is
in, it is likely to go even higher.
Disillusioned voices like these, coupled
with the statistics cited above, indicate that
organizations have not done an effective job of countering
about physician burnout. However, many
have not done an effective job of countering
It. The aforementioned Physician Wellness
Services survey explored in the Health Leaders
Media article found that “only 15 percent
of hospitals, clinics, and other healthcare
organizations offered support in a way they
[the physicians] thought would be helpful
to deal more effectively with stress or burnout.”
Now, the tipping point is here, and
more and more administrators are realizing the need
to take proactive (and often drastic)
steps to prevent and reduce burnout. The
costs of not doing so are just too high. For
example:
- Burnout threatens patient safety. This
is the most pressing reason to deal with
burnout. Burned out physicians are simply
less attentive to the well-being of patients.
In a 2010 article in the Annals of Surgery, Shanafelt
and colleagues reported that 8.9 percent
of 7,900 American surgeons
reported having committed a major medical
error in the preceding three months. Many
of these physicians manifested burnout.
(Shanafelt, Tait et al., “Burnout and Medical
Errors Among American Surgeons”, Annals
of Surgery, 2010, 251 (6): 995-1000.)
- It counteracts the consistency of results
required to create a culture of quality.
Obviously, all healthcare organizations
want good clinical outcomes. But in a pay-
for-performance age, they are absolutely
required. Hospitals need to improve steadily
and relentlessly (and across all departments).
A burned out physician team and staff
will not be able to sustain this consistent level
of excellence.
- It keeps initiatives from being moved
through the organization. When people
are burned out, they aren’t fully engaged,
not are they in a collaborative mood.
Both mean they’re not likely to embrace the intense
changes required in the era of health reform.
- It drives up healthcare organization
operating costs. Organizational systems
models clearly mandate collaborative efforts
between administration and physicians.
They allow us to take advantage of operating
efficiencies and economies of scale. Widespread
burnout hinders this level of collaboration.
- It harms collegiality between physicians
and nurses. The 2009 Doctor-Nurse Behavior
Study, reported by the American College of
Physicians and the American Board of
Internists found that in six general internists
left their field mid-career. (amednews.com, May 26, 2010)
It’s estimated that to replace an experienced
physician can cost in excess of $1 million.
Harder to quantify, but surely staggering,
are the costs in diminished efficacy.
- It prevents our industry from attracting
good people. The best and brightest won’t
choose medicine as a career if it means
constant stress and overwork. For the good of
our industry, we need to find a way to alleviate
physician burnout.

Burnout Busters: What Administrators Can Do
Healthcare leaders must take this problem
seriously and take a proactive approach to
preventing/treating burnout. That’s why it’s
important to put systems in place that allow
for early detection and treatment.
Here are a few suggestions:
- Understand the psychological profile and
mind-set of people who work in healthcare.
If you don’t know what drives physicians
and others in our industry, you’re likely to put forth
the wrong solutions.
Physicians, like most other healthcare
professionals, are passionate about their work
and committed to achieving the best possible
patient outcomes. They don’t think of their
- It drives away high-performing physicians
and staff. No one wants to work in an
environment where burnout is prevalent,
uncivil behavior is tolerated, and patient
outcome and satisfaction levels are low. Good
physicians (not to mention good nurses and
other care providers) will leave.
- It drives up recruitment costs. Physicians
are leaving their jobs in shocking numbers.
For example, a 2010 survey by the American
College of Physicians and the American Board
of Internal Medicine found that one in six
general internists had left their field mid-career.
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- It increases patient dissatisfaction. Patients
are less attentive to the well-being of patients.
When patients are not satisfied, neither are physicians
and other healthcare professionals. It’s easy to
see how this can become a vicious cycle.
- It makes malpractice suits more likely.
Quite simply, people are more likely
to litigate when physicians are unengaged,
uncompassionate, and ineffective.
Burnout (noun)  
exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration  
-Merriam-Webster

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Physician Wellness Services and Cejka Search that found that 87 percent of 2,000 physicians were moderately to severely stressed, and 63 percent said the stress has increased “moderately to dramatically” over the past three years. (HealthLeaders Media, January 19, 2012)

A burned out physician team and staff will not be able to sustain this consistent level of excellence.

Burnout threatens patient safety. This is the most pressing reason to deal with burnout. Burnout still affects the practice of medicine at almost one in seven hospitals. (Shanafelt, Tait et al., “Burnout and Medical Errors Among American Surgeons”, Annals of Surgery, 2010, 251 (6): 995-1000.)

Burnout disrupts the ability of physicians to deliver patient care. When patient care is interrupted, the ability of hospitals to engage patients is diminished. (Shanafelt and colleagues reported that 45 percent of the cases the physicians were burned out, they aren’t fully engaged, nor are they in a collaborative mood. Both mean they’re not likely to embrace the intense changes required in the era of health reform. It keeps initiatives from being moved through the organization. When people are burned out, they aren’t fully engaged, nor are they in a collaborative mood. Both mean they’re not likely to embrace the intense changes required in the era of health reform.

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• Understand the psychological profile and mind-set of people who work in healthcare. If you don’t know what drives physicians and others in our industry, you’re likely to put forth the wrong solutions.

• It drives away high-performing physicians and staff. No one wants to work in an environment where burnout is prevalent, uncivil behavior is tolerated, and patient outcome and satisfaction levels are low. Good physicians (not to mention good nurses and other care providers) will leave.

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• It prevents our industry from attracting good people. The best and brightest won’t choose medicine as a career if it means constant stress and overwork. For the good of our industry, we need to find a way to alleviate burnout.

Burnout Busters: What Administrators Can Do
work as a "job" but rather as a calling. Any working conditions that don't allow them to give 100 percent to their patients are likely to cause them stress, frustration, and ultimately burnout.

What's more, they tend to be quite independent by nature. While it's true that more and more physicians are becoming integrated into larger healthcare systems, many are still accustomed to the collegial model. The stress of getting accustomed to a new way of working can contribute to burnout.

• Know the triggers and signs of burnout. Knowing what causes burnout and how it manifests will help you recognize the problem inside your organization. This will help you know what situations to stave off and when to intervene.

• Send a loud and clear message that you take burnout seriously and are willing to prevent and treat it. Transparency around this issue is critical. Make it a topic of discussion. Send the message that burnout is not a sign of weakness. Make it clear that you realize physicians and other healthcare employees are not superhuman...and leave the old "suck it up" attitudes behind.

• Intervene when you suspect a physician is burned out. Get involved early on, preferably before the burnout reaches "crisis" mode. Keep the intervention non-punitive. Send the signal to the physician and her family that every avenue will be explored in helping her deal with the problem.

• Commit to becoming a well-run hospital. It's not necessarily the clinical aspects of practicing medicine that lead to burnout. Often it's the culmination of all the little things that go wrong. A hospital with great leadership and the right systems and processes in place is a hospital that keeps burnout at a minimum. It's critical to create a culture of excellence and accountability—one in which all of the organization's goals, behaviors, and processes are aligned and working together.

Hospitals fitting this description are more likely to provide exceptional quality care—every patient in every department every time. It's these clinical outcomes—and the knowledge that patients are well cared for—that come first in the hierarchy of physician needs.

• Measure physician satisfaction—and take action to improve it. It's very simple: If you want to know whether your physicians are happy with your relationship, ask them. Too many organizations don't take the obvious step of diagnosing physician satisfaction. Others do diagnose it but then fail to act on the results—or even switch vendors rather than look for ways to improve the situation.

Rochester General Health System in Rochester, New York, is a good example of an organization that diagnosed and then took action. As a result, it took physician satisfaction results from the 11th percentile to the 90th percentile in a very short amount of time. It did so by measuring one domain at a time—administrative response time, communication, tools and equipment, case of practicing medicine—and by working with physicians to create a game plan on improving each one.

• Stay in close touch with physicians. Leaders need to establish sincere, face-to-face, two-way communication with physicians. This doesn't just happen.

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Leaders have to make it happen. That means building time into their schedules to leave their offices and round on physicians. Proper rounding involves very specific steps. For instance:

1. Ask, “Doctor, do you have what you need today to take excellent care of our patients?”

2. Say, “I am going to be traveling the unit today. Is there anyone you’d like me to recognize?” This allows leaders to pass along the physician’s words of praise, which helps strengthen the relationship between physicians and staff.

3. Give updates and respond to issues the physician brought up the last time you rounded on him.

Studer Group has found that when leaders round on physicians, once a month, satisfaction results will be in the 87th percentile for likelihood of recommending the hospital to a colleague or patient. Round quarterly and satisfaction is in the 75th percentile. Round every six months (or never) and it’s in the 59th percentile.

• Teach staff members to communicate clinical information clearly and efficiently. Every physician knows this scenario: A nurse calls her during the course of a busy day to talk about a patient. As the conversation unfolds, the physician asks a question. The nurse says, “Hold on, Doctor, let me get the chart.” When this sequence of events happens over and over again, a lot of time is wasted. It disrupts not only the physician’s day, but the healthcare organization staff as well.

Studer Group’s “Got Chart” is one simple yet popular tool that helps alleviate such inefficient communications. Basically, it’s a checklist that lays out the information a physician wants to know (and in what order) when a nurse calls about a patient. Organizations use it to standardize physician/staff member interactions, so that quality, efficiency, and safety are assured. It helps create the right kind of habits—the kind that alleviate the frustration that leads to burnout.

• Know, and act on, physician preferences. Physicians are individuals. They each have their own preferred methods regarding rounding times, how often they want to be contacted, and other clinical care issues. When an organization makes an effort to learn these preferences and respond to them, it reinforces its commitment to creating a strong, long-term relationship.

One way to do so is by creating a “preference card” for each physician and making sure staff members who work with him or her have it on hand. This card, which contains need-to-know information about a particular doctor, makes a big impact on physician satisfaction. Like the Got Chart, it’s a simple tool that increases efficiency and makes the physician feel valued.

• Look for ways to reconnect physicians to their passion for their work. As often as possible, share thank-you notes from patients with physicians. Encourage nurses and other staff members to pass along positive things patients may say. At meetings, make a point of sharing stories that illustrate the impact physicians make on the lives of others. Physicians are like everyone else in healthcare—they want to know that their work makes a difference. Remind them of this often and sincerely and you’ll revitalize their passion for what they do…and minimize the likelihood of burnout.
• Regularly send them to industry conferences. This is a good way to get physicians re-engaged and connected to others in their industry. Not only can attending a conference prevent the kind of isolation that can trigger burnout, it may also help them solve problems they’ve been wrestling with and that hinder their ability to more effectively practice medicine.

• Make sure physicians are spending enough time on work that’s meaningful to them. A few years back, Tait D. Shanafelt, MD, and colleagues at the Mayo Clinic, Rochester, Minnesota, surveyed faculty physicians in the Department of Internal Medicine at a large academic medical center. They found that the physicians who spent at least 20 percent of their time on the activity they found to be most meaningful (for most, this was patient care) reported almost half the rate of burnout compared to those who spent less than 20 percent of their time on this activity. (Archives of Internal Medicine, May 25, 2009)

Keeping in mind these findings, it’s important for leaders to do all they can to cut down bureaucratic red tape, minimize meetings, and provide ancillary support in the form of nurse practitioners and physician assistants (to help share the patient care load) as well as physician aides or other staff members (to help with paperwork). This will allow physicians to concentrate on the work that’s most meaningful to them personally instead of feeling stretched in too many directions.

• Reward and recognize. Thank-you notes are one simple way to acknowledge the contributions of physicians. Leaders might consider sending several notes each month—preferably handwritten and mailed to physicians’ homes—that spell out specifically what the recipient did that deserves recognition. Just knowing your good work is noticed and appreciated goes a long way toward alleviating burnout.

• Encourage wellness in physicians. Wellness generally encompasses physical, emotional, and spiritual components. Most healthcare organizations offer programs and resources—fitness facilities or classes, nutritional counseling, workshops and educational materials, support groups, and so forth—that impact all three areas. Ask yourself: Are physicians being invited and encouraged to take part in these programs and utilize these resources? Are we making it easy for them to do so?

• Promote civility and collegiality. Physician burnout doesn’t impact only physicians. It also impacts other staff members who might be the target of physician incivility. Therefore, it’s critical that organizations don’t stop at treating burned out physicians themselves, but also acknowledging the negative experiences of others who have been wronged by them.

Methodist Stone Oak Hospital in San Antonio, Texas, created its Yellow Rose Project as a way to promote an atmosphere of civility and collegiality throughout the organization. Part of this effort involves leaders sending a yellow rose, along with a copy of Methodist Stone Oak Hospital’s “Yellow Rose Blessing,” to staff members who have been the recipient of disruptive physician behavior. Just receiving a tangible response from someone in the hospital goes a long way toward soothing hurt feelings.

• Train physicians and staff in conflict management techniques. There is always going to be conflict in the workplace. This is especially true when burnout is present. But the incident itself is often less upsetting than the aftermath. How the conflict is handled will determine whether the issue is settled quickly or whether it escalates to the point that it’s deeply upsetting and other people get involved.

Burnout Symptoms

• A sense of creeping cynicism and lack of passion; a sense of “just going through the motions”
• Depersonalization (treating patients and coworkers as objects) and emotional disengagement
• Physical and emotional exhaustion
• Headaches
• Inability to concentrate
• Depression or anxiety
• Irritability
• Chronic complaining or blaming
• Explosions of anger on the job
• Insomnia
• Drug or alcohol abuse
• Suicidal thoughts/behaviors
• Feeling unappreciated and unwarded
• Perception that organization policies are unfair
• Lack of alignment between physician’s personal value system and organization’s value system
• Consistently putting patient care before self
• Grief or guilt over negative patient outcomes
• Financial stress

• Feelings of being overwhelmed
• Trouble with concentration and memory
• Poor appetite

• Loss of interest in work
• Feelings of sadness or hopelessness
• Fatigue
• Loss of focus or concentration
• Sense of emptiness
• Sense of meaninglessness
• Sense of being in a fog
• Sense of isolation
• Lack of support at work, in the community, or at home
• Sense of isolation; lack of connection with colleagues
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...and What Physicians Themselves Can Do

• Speak up before burnout reaches crisis mode. If you notice the signs of burnout in yourself, go to a hospital leader and let him know you’re struggling. Perhaps he can help you pinpoint the problem and determine how best to address it.

• Don’t hesitate to seek professional help. Whether it’s a spiritual counselor, a psychotherapist, or a career coach, there is no shame in consulting outside experts. In fact, not to do so is a disservice to patients, colleagues, and yourself.

• Seek a collaborative engaged relationship with hospital administrators. This will allow you to have an active voice in decisions and provide input in how things get done—which, in turn, may lessen the conditions that lead to burnout.

• Find a mentor. Especially if you’re a new physician, finding a more seasoned colleague who has weathered these storms can be a huge help. At the very least it can keep you from feeling so isolated.

• Make changes that allow you to spend more time with loved ones. Often burnout is the result of work/personal life imbalance. Do what you need to do to carve out more time for your family. This may mean saying no to increased workloads. It may mean cutting your hours. And frankly, it may mean deciding between a higher income and a more balanced life.

• Cultivate meaningful interests outside work. Travel. Do volunteer work. Take up a hobby you’ve always wanted to do—for instance, painting, rock climbing, or learning to play an instrument. Having outside interests you can feel passionate about helps you take so much focus off work and provides the stress relief that staves off burnout.

• Exercise every day. Being in good physical shape helps you cope with stress and makes you feel better in general. You don’t have to train for a marathon. A 30-minute walk at least every other day can make a surprisingly big difference in your quality of life. (This is what you tell your patients, right?) It’s not always easy for doctors with truly hectic schedules to find 30 free minutes—but once you get the habit established you’ll find it works wonders for your energy level and your outlook.

• Practice meditation, deep breathing, or other relaxation techniques. More and more physicians are advising patients to turn to meditation, tai chi, and other mind-body therapies to relieve stress and promote wellness. There’s a reason that so many physicians are turning to methods once considered “alternative”: They work! (Perhaps, like the walking advice, this falls into the “Physician, heal thyself” category!)
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• Encourage wellness in physicians. Wellness generally encompasses your physical, emotional, and spiritual components. The American Academy of Family Physicians has a “Wellness Project” that focuses on strategies to improve the health and well-being of all family physicians. (The American Academy of Family Physicians, June 2009)

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