Physician Burnout: Implications for Clinical Practice Management

It’s time to take a closer look at this condition.

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Physician burnout is increasingly prevalent in clinical practice.1 As the complexity and demands of medical practice continue to grow, contemporary research has revealed that a growing segment of the practicing physician population suffers from burnout.2 As the incidence and prevalence of burnout expand, its impact is being felt across the spectrum of clinical models. The trickle-down effects of physician burnout are often widespread and variable. Burnout may affect patient outcomes, group practice health and sustainability, and the well-being of those physicians and other healthcare professionals who experience it. In this article, we review the nature of physician burnout, its potential implications on medical practices, and techniques to identify and manage it.

Maslach and colleagues3 have previously described the concept of burnout, which typically is characterized by emotional exhaustion, feelings of loss of personal accomplishment or ineffectiveness, and depersonalization. The standard tool for detecting burnout is the Maslach Burnout Inventory (MBI), a 22-item questionnaire that assesses all three components of burnout.4 Although any of these three aspects of burnout may adversely impact practitioner effectiveness, depersonalization in particular may result in the physician’s loss of regard for a patient’s distinct personhood. It is not well known whether, once affected by burnout, physicians will transition back to non-burnout status.5,6 Unsurprisingly, burnout also has been reported in a variety of other healthcare professions, including nursing.7

Although the phenomenon of burnout has long been recognized in many industries, its escalating prevalence within the physician workforce has garnered national attention.1,8 In a recent study, Shanafelt, et al. published their results of extensive sampling during 2014 of physicians in the United States.8 Over 94,000 physicians were invited to participate, and 6880 of these completed a survey that assessed the three major areas of burnout. Their research revealed that more than 54% of surveyed physicians met criteria for burnout.9 When compared with similar physician survey data collected during 2011, they found a significant increase in the presence of burnout among physicians in the United States—54.4% in 2014 versus 48.5% in 2011 (p < .001).

Numerous causes for this escalation in physician burnout have been proposed. The expanded use of electronic medical records (EMRs), static physician workforce levels despite growing patient populations, declining physician reimbursement, and loss of physician autonomy in clinical practice are just a few potential catalysts of burnout.10 In reality, these practice challenges do not exist in isolation; rather, a combination of these and other dynamic factors frequently impact practicing physicians on a daily basis. Hence, the aggregate effects of these phenomena and others may chronically affect physician performance and well-being.

Recognition of Burnout

Recognizing those practitioners affected by burnout may pose a challenge in routine clinical practice, because burnout syndrome shares several characteristics with other entities, such as clinical depression. Despite the similarities with other clinical phenomena, practice managers should be aware of individuals at risk for developing burnout.11,12

Physicians who work in an environment where there are time pressures or a lack of control (over the work environment or a chaotic envi-
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Burnout and Lifestyle

Given the extent and potential implications of physician burnout in clinical practice, interventions have been designed to reduce its severity. Krasner, et al. reported on the utility of a mindfulness CME program that targets physicians with MBI scores consistent with burnout. Using a four-pronged approach, these investigators enrolled physicians in a long-term structured program designed to promote their self-awareness via an array of mindfulness techniques. At 15 months of follow-up, a statistically significant reduction in all three components of the MBI (mental exhaustion, depersonalization, and personal accomplishment) was seen as compared with baseline. These authors comment that programs designed to enhance physicians’ introspection and self-awareness as practiced on a regular basis may have a favorable effect on the extent of burnout.

Contemporary medical practices often feature physician leaders who have both clinical and administrative responsibilities. The potential for developing burnout or job dissatisfaction in this physician population may be elevated. Maza, et al. recently reported on the benefits of physician awareness programs in a population of physicians who serve as clinical outpatient practice managers, and West, et al. recently published a systematic review and meta-analysis examining interventions that prevent and diminish physician burnout. Their research reviewed 15 randomized controlled trials (RCTs) that included a total of 716 physicians and 37 cohort studies that included 2914 physicians. When considering the endpoint of overall reduction in burnout as assessed by the MBI, a total of five RCTs and nine cohort studies were analyzed. In these studies, interventions either at the organizational level or involving structural changes were associated with significant reductions in overall burnout as compared with interventions focusing on the individual practitioner alone.

Physician Burnout and Clinical Performance

Dewa, et al. recently performed a systematic review of burnout in practicing physicians and identified five measures affected by burnout. These include:

- Increased utilization of sick leave
- Increased desire to change jobs
- Decreased intent to continue practicing medicine
- Decreased self-perceived capacity to manage expected workload

The effects of burnout on clinical performance are not exclusive to physician practices. Aiken, et al. reported on the association between nursing workload and burnout as defined by patient-to-nurse ratio. Their analysis detected a significant association between increased nurse workload and the presence of nurse burnout. In addition, surgical patients hospitalized in centers with higher patient-to-nurse ratios demonstrated a higher risk-adjusted 30-day mortality.

In the modern era of healthcare reform, physician and hospital reimbursement are increasingly being linked to quality-based outcomes measures. Although data examining the direct impact of physician burnout...
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on health economics are limited, we suggest this as fertile ground for further investigation given the well-documented effects of burnout on physicians’ clinical performance.21

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Practice Implications

Burnout is a growing problem among physicians practicing in the United States. Beyond the damaging personal effects associated with burnout, practice leadership should be aware of the emerging reports linking physician burnout with increases in medical errors, worsened patient outcomes, and patient dissatisfaction. Early recognition of burnout is important and should be considered in circumstances of altered practitioner behavior. Basic techniques that may help physicians avoid burnout include the following:

- Take time for yourself (e.g., exercise, time with family, vacation time, sleep).
- Set appropriate limits with work (e.g., establish work–life balance).
- Develop support systems (personal as well as professional).
- Start (or join) a wellness group.

However, for clinical leaders, there may be alternative ways to assist with physician burnout beyond individual interventions. That is, there may be system or organizational changes that could reduce the number, the severity, and the frequency of burnouts. Such approaches include team-based care, where physicians are engaged in the process of designing a system to deliver care. Likewise, more communication within the practice can lead to a better understanding of the stressors that could lead to burnout. This could also lead to practice-specific changes that are more effective at reducing the number and severity of burnouts.

Finally, the impact of physician burnout on healthcare delivery systems has been poorly described. The benefits of managing and reducing physician burnout could increase physician retention rates, reduce medical errors, increase patient satisfaction, and improve overall quality. As patient populations increase in both size and complexity, careful attention to the recognition and treatment of physician burnout appears to be a necessary focus for practice management teams. PM

References


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