

# Physician burnout is real. Here's how to fix it

By Diane Shannon, M.D. | October 5, 2017

**W**hen I speak to groups or write about physician burnout, I often hear back from clinicians who are thankful someone is validating their experiences. As one young physician wrote me:

Her email reflects the sentiment of too many physicians today who feel their organizational leaders simply do not care about the inefficiencies and systemic issues that are a major cause of the widespread burnout among clinicians.

Indeed, a new athenahealth survey of more than 1,000 practicing physicians found that physicians who gave low marks to the long-term leadership abilities of their administrators were more likely to report low confidence in their ability to do their job well and more likely to exhibit low levels of engagement – as defined by their willingness to go above and beyond in their jobs and to recommend and stay with their organizations.

Those findings confirm what I've heard anecdotally from doctors in the field. I recently interviewed a radiologist based in the busy emergency department of an academic hospital. He relayed his observation that new radiologists in the practice last no longer than three years before burning out and leaving.

**48%** of physicians think they'll have trouble maintaining their workload over the long term



Source: athenahealth

Sample: Survey of 1,029 practicing physicians, April 2017.

Physicians new to the practice work far more nights than the more established physicians and are subject to higher productivity expectations and a work schedule in which day and night shifts rotate randomly, which adversely affects sleep.

The radiologist told me that he had voiced his concerns about the toll of burnout to the department chair several times. The leader's response was sympathetic, but he took no action to address the problems. The radiologist is coming up on three years at the practice, burned out, fed up, and already considering his exit plan.

How much will it cost his organization to continue replacing these highly skilled physicians at such a rapid clip? Medical practices report that the average cost for a single physician departure is \$250,000 – a lot more than it would cost to address the problems that are causing them to leave.

As a physician who loved clinical practice but left because of the personal toll – and who has interviewed many physicians for a book on burnout – I'd argue that healthier doctors and nurses are able to care better for their patients. So it makes sense that fixing burnout would be a top priority for leaders of hospitals and physician practices – for the sake of their physicians and their patients.

## Understanding physician burnout

As defined by researchers and reflected in the widely used Maslach Burnout Inventory, professional burnout consists of three components: emotional exhaustion, a feeling of depersonalization or cynicism, and a low sense of personal accomplishment in one's work.

People with emotional, cognitive, or physical exhaustion are simply not at top form. Physicians who are cynical or feeling separated from the emotional aspects of their work can't possibly do as good a job at forging strong doctor-patient relationships. And sooner or later, physicians experiencing a decline in self-efficacy are going to experience ill effects on their work.

A Mayo clinic study of 2,776 physicians conducted from 2011 to 2014 shows that burnout is clearly on the rise. Some 54 percent of physicians in 2014 reported at least one of the three symptoms of burnout as compared to 46 percent in 2011.

What about the patient's perspective? I've interviewed patients who have described their experience dealing with a burned-out physician – and they don't like it. Some have told me that they sought care elsewhere from physicians who have the capacity to connect in a more personal way. Almost all of us – even healthcare administrators – are patients at some point in our lives. Ask yourself, do you want to be cared for by someone who's experiencing burnout? Me neither.

## Wanted: strong leadership

The good news from athenahealth's research is that physician burnout is not caused by interactions with patients. Instead, the data suggest that it's caused primarily by dispiriting non-clinical or administrative work. Physicians reporting signs of burnout were much more apt to agree with statements that their organization expects them to dedicate too much time to administrative tasks and that their after-hours workloads are excessive.

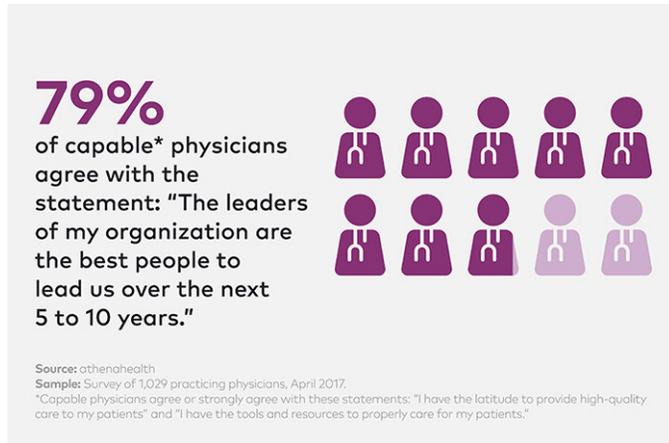
Time and time again when physicians talk to me about burnout, they point to the overwhelming documentation and clerical responsibilities as the number one cause. (In my opinion, the other top causes are inefficient or frustrating work processes and lack of perceived support from leadership.)

Leaders of healthcare organizations who are serious about addressing burnout should start by fixing workplace and systems issues, improving organizational culture, and offering resilience training and support.

At a recent summit on addressing clinician burnout I heard about expanding the idea of individual resilience to building resilient clinical teams – and potentially resilient organizations.

A resilient hospital, health system, or physician group would be able to bounce back, grow, and learn

after adversity. It would be nimble enough to respond quickly and effectively to external changes (think ACA reform, reimbursement decreases, market or demographic shifts). It would continue to improve and deliver outstanding, compassionate care, despite the stormy weather of our healthcare system.



So, here's a rationale leaders might be more likely to latch onto: building a resilient healthcare organization can strengthen its ability to delivery on high priority performance measures. Going into the future, it is the resilient organizations that are going to survive.

## Needed: tools, resources, support

An important building block of a resilient healthcare organization is ensuring that physicians have the tools, resources, and support needed to do their best work – also known as their self-perceived capability.

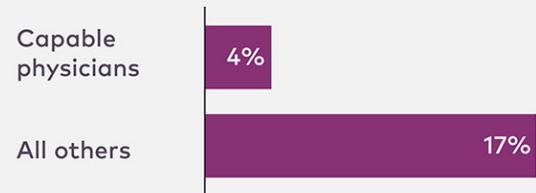
athenahealth data show that physicians who rate themselves as capable likewise give their organizations better scores in managing physician workloads, protecting time with patients, and maintaining workflows that help doctors delegate non-critical work. In other words, these organizations provide the tools and resources needed for physicians to do their jobs.

3These data make a compelling rationale for fixing the workplace problems that fuel physician burnout and squelch physician capability, which

demonstrably affect the organization's bottom line and its ability to meet its mission of providing safe, high-quality, compassionate healthcare.

## Capable\* physicians are less likely to leave

Percentage of physicians indicating they are likely to leave their organizations within three years



Source: athenahealth  
Sample: Survey of 1,029 practicing physicians, April 2017, excluding physicians 60 years of age and up.  
\*Capable physicians agree or strongly agree with these statements: "I have the latitude to provide high-quality care to my patients" and "I have the tools and resources to properly care for my patients."

From my interactions with physicians, my impression is that far too many are exhausted, demoralized, and emotionally bankrupt. Many ask me for advice on how to leave practice. These are caring, dedicated people who have invested much of their life to becoming experts in their fields, and they are desperate to know how to walk away from clinical medicine.

## Where physicians thrive

Despite this dreary scene, I remain hopeful that healthy workplaces can be created. I have spoken with physicians who work in transformed organizations. They say, "Now I remember what I love about practicing," "I was burning out, but now I can imagine continuing in this career for another 30 years," and "With the new changes, I realize how much I've been missing. Now I'm back to connecting with patients."

The take-home message? Leaders need to appreciate the downstream negative consequences of burnout and address the problems that decrease clinician capability and increase the risk of burnout.

*Diane Shannon, M.D., is a writer based in Boston and the author of Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine.*



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