Physician Burnout: Causes, Consequences, and Solutions

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Objectives

- Describe the scope of the problem of burnout in physicians and healthcare professionals.

- Discuss contributors and consequences of burnout.

- Preventing burnout: What individuals and hospital leaders can do to make a difference?
What is Burnout?

Three Manifestations

– Exhaustion
  • Emotional, physical, cognitive

– Depersonalization (Cynicism)
  • Distancing oneself from the organization and its purpose
  • Distancing oneself from patients

– Loss of sense of self-efficacy
  • Feeling that one’s work does not make a difference

Burnout is **not** a clinical diagnosis
  • Maslach C. Annu Rev Psychol. 2001.
Brief Summary of Epidemiology

Medical students matriculate with BETTER well-being than their age-group peers.

Early in medical school, this reverses.

Poor well-being persists through medical school and residency into practice:

- National burnout rate exceeds 30%
- Affects all specialties, perhaps worst in “front line” areas of medicine
- Only 1 in 10 doctors would recommend medicine as a career.
Which Physicians Are Most Burned Out?

- Critical Care: 48%
- Neurology: 48%
- Family Medicine: 47%
- Ob/Gyn: 46%
- Internal Medicine: 46%
- Emergency Medicine: 45%
- Radiology: 45%
- Physical Medicine & Rehabilitation: 44%
- Urology: 44%
- Allergy & Immunology: 44%
- Surgery, General: 43%
- Cardiology: 43%
- Otolaryngology: 42%
- Pulmonary Medicine: 41%
- Pediatrics: 41%
- Infectious Diseases: 40%
- Nephrology: 40%
- Oncology: 39%
- Gastroenterology: 38%
- Anesthesiology: 38%
- Rheumatology: 38%
- Psychiatry: 36%
- Public Health & Preventive Medicine: 36%
- Diabetes & Endocrinology: 35%
- Orthopedics: 34%
- Ophthalmology: 33%
- Pathology: 32%
- Dermatology: 32%
- Plastic Surgery: 23%
Physician Burnout and Depression

- Burned out: 42%
- Colloquially depressed: 12%
- Clinically depressed: 3%
Burnout: Key Drivers

- Excessive workload
- Inefficient work environment
- Lack of organizational support
- Problems with work-life integration
- Loss of autonomy/flexibility/control
- Loss of values and meaning in work

Which Physicians Experience Both Depression and Burnout?

- Ob/Gyn: 20%
- Public Health & Preventive Medicine: 18%
- Urology: 17%
- Neurology: 17%
- Family Medicine: 16%
- Critical Care: 16%
- Radiology: 16%
- Internal Medicine: 15%
- Physical Medicine & Rehabilitation: 15%
- Surgery, General: 15%
- Diabetes & Endocrinology: 15%
- Pathology: 14%
- Orthopedics: 14%
- Cardiology: 13%
- Allergy & Immunology: 13%
- Otolaryngology: 13%
- Anesthesiology: 13%
- Oncology: 13%
- Pulmonary Medicine: 12%
- Emergency Medicine: 12%
- Pediatrics: 11%
- Gastroenterology: 11%
- Rheumatology: 10%
- Plastic Surgery: 10%
- Infectious Diseases: 9%
- Dermatology: 9%
- Ophthalmology: 9%
- Nephrology: 9%
- Psychiatry: 8%
Consequences of Physician Burnout

- Medical errors
- Impaired professionalism
- Reduced patient satisfaction
- Staff turnover and reduced hours
- Depression and suicidal ideation
- Motor vehicle crashes and near-misses

Are Male or Female Physicians More Burned Out?

- Men: 38%
- Women: 48%
**Burnout: Key Drivers**

- Excessive workload
- Inefficient work environment
- Luck of organisational support
- Problems with work-life integration
- Loss autonomy/flexibility/control
- Loss of values and meaning in work
Consequences of Physician Burnout

- Medical errors
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What Contributes to Physicians' Burnout?

- Too many bureaucratic tasks (e.g., charting, paperwork): 56%
- Spending too many hours at work: 39%
- Lack of respect from administrators/employers, colleagues, or staff: 26%
- Increasing computerization of practice (EHRs): 24%
- Insufficient compensation: 24%
- Lack of control/autonomy: 21%
- Feeling like just a cog in a wheel: 20%
- Lack of respect from patients: 16%
- Government regulations: 16%
- Decreasing reimbursements: 15%
- Emphasis on profits over patients: 15%
- Maintenance of Certification requirements: 12%
Consequences of Physician Burnout

- Medical errors
- Impaired professionalism
- Reduced patient satisfaction
- Staff turnover and reduced hours
- Depression and suicidal ideation
- Motor vehicle crashes and near-misses
Association of physician burnout on patient safety, professionalism and patient satisfaction: A systematic review and meta-analysis

Panagioti et al. JAMA Intern Med 2018

**Physician burnout linked to**
- 2-times increased odds for patient safety incidents
- 2-times increased odds for low professionalism
- 3-times decreased odds for patient satisfaction
<table>
<thead>
<tr>
<th>Source</th>
<th>Odds Ratio (95% CI)</th>
<th>Favors High Patient Satisfaction</th>
<th>Favors Low Patient Satisfaction</th>
<th>Weight, %</th>
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<tbody>
<tr>
<td>Overall burnout</td>
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<tr>
<td>Anagnostopoulos et al,10 2012</td>
<td>5.83 (4.25-8.00)</td>
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<tr>
<td>Halbesleben and Rathert,40 2008</td>
<td>3.50 (2.31-5.30)</td>
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<tr>
<td>Lafreniere et al,48 2016</td>
<td>2.30 (1.29-4.10)</td>
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<tr>
<td>Ožvačić Adžić et al,52 2013</td>
<td>1.30 (1.07-1.58)</td>
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<tr>
<td>Ratanawongsa et al,58 2008</td>
<td>1.27 (0.74-2.18)</td>
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<tr>
<td>van den Hombergh et al,63 2009</td>
<td>1.81 (1.14-2.86)</td>
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<tr>
<td>Weng et al,68 2011</td>
<td>2.21 (1.59-3.08)</td>
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<td>Subtotal $I^2 = 90.5%$; $P &lt; .001$</td>
<td>2.28 (1.42-3.68)</td>
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<td>Emotional exhaustion</td>
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<td>Subtotal $I^2 = 96.6%$; $P &lt; .001$</td>
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<td>Depersonalization</td>
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<tr>
<td>Weng et al,68 2011</td>
<td>2.86 (0.67-12.21)</td>
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<tr>
<td>Subtotal $I^2 = 91.6%$; $P &lt; .001$</td>
<td>4.50 (2.34-8.64)</td>
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<td>Personal accomplishment</td>
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<tr>
<td>Anagnostopoulos et al,10 2012</td>
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<td>32.35</td>
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<tr>
<td>Ožvačić Adžić et al,52 2013</td>
<td>1.35 (1.03-1.77)</td>
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<tr>
<td>Weng et al,68 2011</td>
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<tr>
<td>Subtotal $I^2 = 72.2%$; $P = .03$</td>
<td>1.94 (1.25-3.01)</td>
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Odds Ratio (95% CI)
Burnout is Not the Fault of the Individual

A *mismatch* between the worker and the workplace

When over half of doctors and healthcare practitioners experience this, *it is not a failing or weakness of the individual*

It results from putting a hard working professional into a *toxic workplace* in which they are unable to succeed

**Message to physicians & healthcare providers:** *If you are feeling burned out, it is not your fault!*
Delayed Gratification: Life on Hold?

Up to 50% of trainees report “Survival Attitude” - life on hold until the completion of training

Up to 40% report “Looking forward to retirement” is an essential “wellness promotion strategy”

Many physicians may maintain strategy of delayed gratification throughout their entire career
What can physicians and healthcare practitioners do?

- Identify Values
  - Debunk myth of delayed gratification
  - What matters to you most (integrate values)
  - Integrate personal and professional life

- Nurture personal wellness activities
  - Calibrate distress level
  - Self-care (exercise, sleep, regular medical care)
  - Relationships (connect w/ colleagues; personal)
  - Religious/spiritual practice
  - Mindfulness
  - Personal interests (hobbies)
Are Individual Approaches Enough?

Risk of exclusively individual focus:

- Deepen cynicism through perceived message that physicians must “toughen up” to cope with a toxic working environment, rather than addressing the toxic working environment itself.

- Sydney Morning Herald, July 5, 2017:
  - “The ‘con’ of building resilience has left junior doctors vulnerable to mental illness and suicide by ignoring the systemic failures of the medical profession …”
  - “… the current focus on building resilience ignored the deleterious culture of medicine and dangerous working conditions to which junior doctors (are) subjected.”
What Does the Evidence Show?

Interventions led with small significant reductions in burnout **BUT** significantly improved effects for organisational compared to individual approaches

- SMD=-0.45, 95% CI=-0.62 to -0.28
- SMD=-0.18, 95% CI=-0.32 to -0.03

“**Burnout is a problem of the whole healthcare organization** rather than individuals”
**Panagioti et al. JAMA Intern Med 2017**

**“Interventions must address contributing factors in the practice environment** rather than focusing exclusively on helping physicians care for themselves and training them to be more resilient.”
**Shanafelt et al. Mayo Clin Proced 2017**
The Evidence in Total

Individual-focused interventions:
- Meditation techniques
- Stress management training, including mindfulness
- Communication skills training
- Self-care workshops, exercise program

Organisational interventions:
- Protected time
- Shorter attending rotations
- Shorter resident shifts in ICU
- Effective professional relationships & communication
- Locally-developed practice interventions
The Evidence in Total

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- Effective professional relationships & communication
- Locally-developed practice interventions

What Would Reduce Your Burnout?

- Increased compensation to avoid financial stress: 35%
- More manageable work schedule/call hours: 31%
- Decreased government regulations: 27%
- More reasonable patient loads: 24%
- Increased control/autonomy: 23%
- Greater respect from administrators/employers, colleagues, or staff: 23%
- More paid time off: 23%
- Greater flexibility in schedule: 20%
- More support staff: 19%
- Emphasis on patients over profits: 19%
- Greater respect from patients: 12%
- More positive attitudes of colleagues: 8%
- More educational/professional growth opportunities: 8%
- More supportive spouse/partner: 5%
What Can Organizations Do?

Key Principles…

Respect for People – Culture Change
– Seeing systems, not people, as the problem

Be value oriented
– Promote values of the medical profession
– Congruence between values and expectations

Provide adequate resources (efficiency)
– Organization and work unit level

Promote autonomy and meaning at work
– Flexibility, input, sense control

Promote work-home integration

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Charles Darwin
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<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Organizational</th>
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<tbody>
<tr>
<td>Workload</td>
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<td>Work Efficiency/Support</td>
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<td>Work-Life Integration/Balance</td>
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<td>Autonomy/Flexibility/Control</td>
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<td>Meaning/Values</td>
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### Physician Well-Being: Approach Summary

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<tr>
<th></th>
<th>Individual</th>
<th>Organizational</th>
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</thead>
</table>
| Workload                       | Part-time status                        | Productivity targets  
Duty Hour Requirements  
Integrated career development |
| Work Efficiency/Support        | Efficiency/Skills Training              | Staff support                                                      |
| Work-Life Integration/Balance  | Self-care  
Mindfulness                        | Meeting schedules  
Off-hours clinics  
Curricula during work hours  
Financial support/counseling |
| Autonomy/Flexibility/Control   | Stress management/Resiliency  
Mindfulness  
Engagement                  | Physician engagement                                                |
| Meaning/Values                 | Positive psychology  
Reflection/self-awareness  
Mindfulness  
Small group approaches        | Core values  
Protect time with patients  
Promote community  
Work/learning climate          |
Next Steps: Take Action

Physicians and practitioners

Learn about burnout, knowledge is power
– Survey faculty, fellows, residents, and students
– Study the literature

Leaders
Learn about burnout, knowledge is key
– Educate your BOD
– Survey faculty, fellows, residents, and students
Next Steps: Take Action

Physicians and practitioners

Take care of yourself, seek help if you think you may need it

Take care of each other

Develop a Wellness programme

Talk to colleagues if concerned

Leaders

Take care of yourself and each other

– you can’t help the doctors and practitioners if you are overwhelmed

Support a Wellness Program
Next Steps: Take Action

Physicians and practitioners

Improve working relationships with administration
– Participate in Opportunities

Leaders

Improve relations with doctors and practitioners
– Involve doctors and practitioners in strategic and financial planning
– Formal and informal meetings
Next Steps: Take Action

**Physicians and practitioners**

- Participate in activities
  - Attend Friday Morning Report Outs
  - Explore Team Care Options

**Leaders**

- Maximize Value
  - Implement and Uphold a No Meeting Zone
  - Shadow physicians
  - Attend Friday Morning Report Outs
A Caveat:

“Most people overestimate what they can accomplish in 2 years, and underestimate what they can accomplish in 10 years.”

- Bill Gates
Comments/questions?

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Thank You!