Medical Practice Burnout: An Examination of Causes, Symptoms, and Solutions

An Exploratory Paper

Methodology: Literature Search

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Peggy Starling, FACMPE

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Introduction

“Burnout” is a term used so frequently today that much of its original meaning has been lost. Healthcare professionals are especially vulnerable to burnout in part because of constant interaction with people who are in need. In today’s healthcare modernization, this age-old problem is even more prominent with all of the modifications in the healthcare system facing physicians, such as being forced to substantively change the way medicine is practiced at a time when large increases in eligible-patient volumes are climbing for fully insured, or greatly subsidized, healthcare coverage. Most physicians and healthcare professionals have chosen a career in medicine because of an interest in serving others. Service to others is their daily practice, which provides enormous fulfillment and improves job satisfaction. However, with changes in the delivery and payment of health care, they are no longer able to spend as much time in the service of patients – rather they are spending more time with required forms and rules and regulations and are paid little or nothing for the increased administrative duties. For these many demands, today more than ever, physicians and healthcare professionals are more susceptible to burnout. Physician burnout does not differ from other professions; however, a physician’s reactions are unique because burnout can have devastating consequences for patients. Though painful, uncomfortable and frequently costly for the physician, the impact of physician burnout on patients can be even worse.

This exploratory paper will focus on the concept of burnout in the medical profession; the intent is to describe signs and symptom of stress leading to burnout, determine coping behavior, and explore possible interventions through a literature search.
The Concept of Burnout

The term “burnout” was originally applied around 1940 to the cessation of the operation of a jet or rocket engine. It was not until the mid-1970s when Freudenberger (1974) replaced “depression” and “nervous breakdown” with the expression and used it to describe the gradual emotional depletion and loss of motivation observed among people who had volunteered to work for aid organizations in New York. The volunteers had worked with great dedication and enthusiasm for several months prior to the onset of symptoms (Langle, 2003). On the basis of his observations, Freudenberger (1974) defined burnout as “a state of mental and physical exhaustion caused by one’s professional life,” and he referred to “the extinction of motivation or incentive, especially where one’s devotion to cause or relationship fails to produce the desired results.” Burnout continues to capture something critical about people’s experience with work some 35 years since its introduction to psychological literature and to cultural discourse (Schaufeli, Leiter, & Maslach, 2009). Much effort has been made to define the term that moved from rocketry to psychiatry. The dictionary views burnout as an “exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.” Researchers have discovered that staff burnout among professionals and paraprofessionals in the human services is much easier to observe and describe than it is to define because it is many things to many people (Edelwich & Brodsky, 1980).

Burnout can be either physical or emotional exhaustion and is usually caused by stress at work. The affected workers are most frequently found among human services professionals, particularly in healthcare professionals who are consistently involved with people who require continuous attention. The healthcare sector is a constantly changing environment, and the working conditions are increasingly becoming demanding and stressful. Several studies focusing on the healthcare sector have shown that healthcare professionals are exposed to a variety of
severe occupational stressors, such as time pressure, low social support at work, a high workload, uncertainty concerning patient treatment, and predisposition to emotional responses due to exposure to suffering and dying patients (McVicar, 2003; Marine, Ruotsalainen, Serra, & Verbeek, 2006). Burnout is recognized as a psychological term that refers to long-term exhaustion and diminished interest in work. The top-five burnout rates by medical specialties is led by emergency medicine followed by general internal medicine, neurology, family medicine, and otolaryngology, as shown in Figure 1.

**Burnout Rates by Specialties**

![Burnout Rates by Specialties](image)

*Figure 1. Burnout rates by medical specialties (Williamson, 2014).*

It has been reported that approximately 40% of family practitioners experience high levels of burnout. A study performed in June 2011 by the Mayo Clinic and American Medical Association reported that nearly one in two U.S. physicians report at least one symptom of burnout (Maslach, Jackson, & Leiter, 1996).
Burnout is not a recognized disorder in the *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition* (DSM-IV), although it is recognized in the *2014 ICD-10-CM Diagnoses Codes* and specified as a “state of vital exhaustion” (Diagnosis Code Z73.0) under “Problems related to life-management difficulty” (Diagnosis Code 73), but it is not considered a “disorder.” However, in an occupational medical setting of some European countries with elaborated social security systems—notably Sweden and the Netherlands, burnout is an established medical diagnosis. It is in handbooks, and physicians and other health professionals are trained in assessing and treating burnout (Schaufeli et al., 2009).

Felton (1998) reports a study of 600 American workers indicating that burnout resulted in lowered production and increases in absenteeism, healthcare costs, and personnel turnover. As the healthcare environment continues to change with multiple healthcare initiatives from federal and state entities, the growing population of healthcare professionals is beginning to suffer from burnout fatigue and stress. Many have begun to exhibit behavioral changes that affect not only themselves but also their patients, their families, and staffs.

Maslach et al. (1996) first identified the construct “burnout” in the 1970s and developed a measure that weighs the effects of emotional exhaustion and reduced sense of personal accomplishment. This indicator has become the standard tool for measuring burnout. The *Maslach Burnout Inventory* consists of three categories:

1. **Emotional Exhaustion:** Measures feelings of being emotionally overextended and exhausted by one’s work. Exhaustion is a depletion of emotional energy, distinct from physical exhaustion or mental fatigue. Emotional exhaustion is a clear sign of distress in emotionally demanding work.

2. **Cynicism or Depersonalization:** Measures an unfeeling and impersonal response toward recipients of one’s service, care treatment, or instruction. The depersonalization
measured by this scale is a problem in careers that value and mandate personal sensitivity to service recipients.

3. **Professional Efficacy/ Accomplishment:** Measures feelings of competence and successful achievement in one’s work. This sense of personal accomplishment emphasizes effectiveness and success in having a beneficial impact on people.

According to Maslach and Jackson (1981), burnout is a three-dimensional syndrome that can occur among individuals who do “people work” of some kind. The key point is the three-dimensional structure of burnout.

In these days of systems of medical care that are being subjected to a multiplicity of new designs, physicians are finding their chosen occupations being attacked from many fronts, causing the practitioners to question their choices of careers (Smith, 1994). Medicine attracts perfectionists who want to help others, but as demand increasingly inflicts on available time and energy, more is crowded into the limited work day. The support that has been granted physicians in the past is not available today.

There is pressure on physicians to keep up, particularly in light of today’s pace in technologic developments. This effort has to be balanced against family life, and physicians are challenged by patients, nurses, administrators, and government agencies to explain and defend their jobs. Many have been caught by surprise by what is happening in medicine. There is genuine fatigue from a busy practice; most practitioners share on-call duty, which means contact with patients whose progress or treatment plan is unknown; workloads are heavy; there are daily dealings with life and death situations and constant interruptions at the office, the hospital, and the home.

Most telling of the road to burnout is the expressed opinion of 30-50% of physicians that they would not go to medical school if they were to begin a career anew and that they would
encourage their family members to follow other occupations (Bluestone, 1993). With so many physicians having this opinion, there may continue to be increased burnout among successful practitioners, until a new model of healthcare delivery is finalized.

**Signs and Symptoms of Stress Leading to Burnout**

Burnout and stress are closely linked, but they are not exactly the same. When people experience stress, their whole nervous systems react, and specific hormones (adrenaline and cortisol) are released into the blood stream. These hormones speed-up heart rate, breathing rate, blood pressure, and metabolism.

This can be a good thing, as stress can help a person get through difficult situations. The changes that occur in the body as a result of stress can increase the ability to feel alert and energized. If stress continues to operate at maximum capacity for an extended period of time, there is an increased risk of burnout. Periods of stress can last for a while without long-term effects, but burnout is a more serious and chronic condition.

Stress is when someone is drained and still able to recover. The activities and responsibility of being a physician are always stressful. Each and every shift in the clinic or hospital requires a significant input of energy. Doctors are drained on multiple levels by the demands of the clinical practice of medicine every single time they see patients. In addition to the normal stresses of the clinical practice, the practitioners are also drained by dozens of additional stressors that have nothing to do with clinical activities such as billing, coding, electronic medical records, malpractice risks, clinic cultures, and political uncertainty. Stress is neither good nor bad. It is how stress is managed that makes a difference on the body and mind (O’Connell, 2006).
To prevent becoming overwhelmed or burning out, physicians and their staffs should look for signs that stress is beginning to have a negative impact. Early symptoms of stress are anger or anxiety and worry; withdrawal from people; or extra sensitivity to things that would not normally be bothersome. Physical effects might include stomach issues, indigestion, headaches, muscle or back pain, problems sleeping, eating more or less than usual, and a raised heart rate. Any of these signs could be an indication stress is reaching a level that needs to be addressed. With time, the extra-pressure that is put on the body from stress can have negative impacts on both physical and emotional wellbeing.

Smith, Segal, and Segal (2014) acknowledge that burnout may be the result of unrelenting stress, but it is not the same as too much stress. Stress, by and large, involves “too much”—too many pressures that demand too much physically and psychologically. Stressed people still imagine, though, that if they can just get everything under control, they will feel better. Burnout, on the other hand, is about “not enough.” Being burned-out means feeling empty, devoid of motivation, and beyond caring. People who experience burnout often do not see any hope of change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up. There is an awareness of being under stress but there is not always notice of burnout when it happens.

Beheshtifar and Omidvar (2013) state that burnout is a “consequence of the perceived disparity between the demands of the job and the resources (both material and emotional) that an employee has available to him or her.” Similarly, Henley (2009) reports that burnout is a depletion of mental, physical, and emotional energy without expected or real needs being met. The condition is a normal response to putting out too much effort without taking in what is needed to restore, and it happens with over-commitment or unrealistic expectations.
Early signs of burnout include feeling overwhelmed with things that used to be exciting, thinking work or personal problems will never end; having a feeling of constant dread, exhaustion, and inability to perform basic tasks; losing motivation in many aspects of life, including both work and social situations; feeling unable to focus or concentrate on tasks; feeling empty or lack of emotion; sensing helplessness; losing passion or drive; experiencing conflict in relationships with co-workers, friends, and family; and withdrawing emotion from friends and family.

Burnout is a gradual process that occurs over an extended period of time. It does not happen overnight, but it can creep up if attention is not paid to warning signs. The signs and symptoms of burnout are subtle at first, but get worse as time goes by. Early symptoms of burnout are warning signs or red flags that something is wrong that needs to be addressed (Smith et al., 2014). The model developed by Van Dierendonck, Schaufeli, and Buunk (2001) suggests that feeling of reduced personal accomplishment is the first stage of the burnout process.

*Physical Signs and Symptoms of Burnout*

- Feeling tired and drained most of the time - Fatigue in the early stages feels like lack of energy and being tired. In later stages, physical and emotional exhaustion, depletion, and the sense of dread of what lies ahead are experienced.
- Frequent headaches, back pain, muscle aches - Physical symptoms may include chest pain, heart palpitations, shortness of breath, gastrointestinal pain, dizziness, fainting, or headaches.
- Lowered immunity, feeling sick a lot - When the body is depleted, the immune system becomes weakened and is more susceptible to infections, colds, influenza, and other immune-related problems.
• Change in appetite or sleep habits - In the early stages meals are missed but in later stages, appetite is lost all together and weight loss occurs. Insomnia in the early stages may be trouble falling asleep or staying asleep, but in the later stages, insomnia is persistent and becomes a nightly challenge.

  *Emotional Signs and Symptoms of Burnout*

• Sense of failure and self-doubt
• Feeling helpless, trapped, and defeated
• Early signs of sadness and occasional hopelessness, feelings of guilt, and worthlessness set in - At the worst, feelings of being trapped can lead to severe depression. If depression occurs, professional help should be sought immediately.
• Detachment, feeling alone in the world
• Loss of motivation
• Increasingly cynical and negative outlook
• Decreased satisfaction and sense of accomplishment

  *Behavioral Signs and Symptoms of Burnout*

• Withdrawing from responsibilities
• Isolating from others - Early mild symptoms of tension, worry, and edginess are experienced. Later stages of anxiety may interfere with the ability to work productively and personal life diminishes.
• Procrastinating, taking longer to get things done
• Using food, drugs, or alcohol to cope
• Taking out frustrations on others - At first, anger may present as interpersonal tension and irritability. Later stages of angry outbursts and serious arguments at home and with coworkers are acute signs that professional help is needed.
• Skipping work or coming in late and leaving early - Lack of focus and mild forgetfulness are early signs, but burnout reaches a point where work cannot be completed.

Various researchers suggest other models as an alternative to the chronological sequence followed in the *Maslach Burnout Inventory* (Maslach et al., 1996). Golombiewski’s Phase Model suggests that the burnout process starts with depersonalization, followed by feelings of reduced personal accomplishment and eventually ending with emotional exhaustion (Cordes & Dougherty, 1993). According to Carter (2013), burnout is one of those road hazards in life of which high-achievers should be conscious. Studies have suggested that occupational stress is strongly associated with burnout in specific professional areas such as nurses and teachers. Physicians, as one of the most competitive professions in the world, have been reported to experience high levels of stress and burnout (Waldman, Diez, Arazi, Linetzky, Guinjoan, & Grancelli, 2009). High-achievers rarely see it coming; they are so passionate about work, working long hours and having heavy workloads, which makes them vulnerable. The difference between stress and burnout is a matter of degree, which means the earlier the signs are identified, the more the ability to avoid burnout increases.

**Coping Behavior**

As Wagner and Wolper (2006) suggest, physicians try to cope with demands of their practices by working harder and longer and begin to experience severe inefficiency, psychological impairment, and delivery of poor patient care. It is often difficult for physicians to express trouble coping with stress. Physicians’ own expectations are often their greatest sources of stress. Because of a burning desire to tend to the needs of others, many physicians rarely attend to their own needs and wellbeing enough.

From medical school through residency, the medical training system fosters maladaptive coping habits (Wagner & Wolper, 2006). Medical training may reinforce false beliefs in
immunity to difficulties and prevent self-recognition of serious psychological problems. This type of behavior is often used to reduce one’s anxiety, but the result is often dysfunctional and non-productive. Avoiding situations because of unrealistic fears initially reduces anxiety, but it is non-productive in alleviating the actual problems in the long term. Physicians who manage to survive their training years, often do not form their expectations for practicing medicine with reality. Many arrive at the point with their sense of self-worth completely tied to their productivity. Anger and frustration are then vented to family and friends in the belief that it is safer to express negative feelings to family or staff members than towards patients or coworkers. Physicians did not go to medical school to learn how to run a business. The medical practice executive becomes the teacher and provides continuous opportunities for physicians to understand and learn how good business operates. Good leaders are good educators, and physicians are excellent students (Wagner & Wolper, 2006.)

As Livingston and Livingston (1984) noted, probably the most devastating statement relating to some of the effects of burnout is the fact that workers in American healthcare services are twice as likely to commit suicide, a possible result of their close involvement with disease and death. Not only are workers twice as likely to commit suicide, but one-third of physicians do not have a doctor themselves, according to Shanafelt, Boone, and Tan (2012).

Consequences of Burnout to Staff

Maslach and Jackson (1981) have written extensively on burnout and its measurement through the use of the Maslach Burnout Inventory. They have epitomized unmediated job stress as emotional exhaustion, depersonalization, and reduced personal accomplishment. However, burnout not only affects a physician’s performance but impacts the performance of the team and work environments.
Perhaps the most visible impact of burnout is the change in people’s work performances. Motivation goes down, frustration goes up, and unsympathetic attitudes predominate. The bare minimum is given. So, creating a work environment that prevents burnout and is conducive to productivity, employee engagement, and overall satisfaction is critical to having a healthy working-team.

Physicians should know that they are not alone in their susceptibility to develop burnout. According to Lindborg and Davidhizar (1993), nurses are similar to physicians because they undergo repetitive and continual exposure to the ill, the dying, and death. While physicians’ patient contacts are intermittent and shorter in duration, nurses are in attendance of their assigned patients during 8- to 12-hour shifts. There has always been work overload for nurses, and in many areas, shifts have doubled. Coupled with this is constant fear of error in giving medications, and always present is the pressure of trying to fit the care of many patients into the work shift. Nurses, like physicians, have feelings of disillusionment with the healthcare system and the metamorphoses it is currently undergoing. All health professionals are feeling the demands for cost-containment and fear the absenting of appropriate patient care as the bottom-line is being given greater emphasis (Lindborg & Davidhizar, 1993).

Despite the condition of burnout being so common in healthcare fields, many office managers are not aware of why it happens or know how to keep it from happening. No manager, director, or company leader wants to lose their best talent to burnout. However, most do not know that their employee is on the burnout path out until it is too late. Being able to understand burnout, its causes, and how to prevent it is essential in order to maintain a positive environment and keep the best talent on the team.

Burnout is not just the result of working too much. Job burnout can be influenced by several factors, including lack of support, lack of appreciation, mismatch with organizational
values, and in general, poor job fit. Receiving a paycheck is effective motivation, but most employees need more than monetary rewards to stay motivated. Positive reinforcement, encouragement, and thoughtful feedback are catalysts for a productive and receptive workforce.

**Possible Interventions**

It is difficult to distinguish between measures that prevent burnout and efforts taken to treat the disorder. If preventive measures are in place, burnout will not occur; if the behavioral disorder is already in place, the same preventive moves may be used therapeutically. One of the great benefits of addressing burnout among professionals is the increased control of individual jobs and the staff’s greater autonomy in what is done daily. The increased control of the job adds purpose to the conduct of the job, and new value is seen in what had previously been a formalized execution of tasks.

The most effective way to fight job burnout is to quit doing what is being done and do something else, whether that means changing jobs or changing careers. But if that is not an option, there are still things that can be done to improve the situation, or at least the state of mind. When a person or healthcare team shows stress, many possible interventions can help slow the path to burnout. For instance:

1. Group or staff discussion meetings are essential to increase communication among members of a work unit, whether it is small or large group. The team must be allowed to have free exchange of ideas and be tolerant of expressed negative feelings concerning management style. After traumatic events the initiation of a critical-incident stress debriefing, which is used in law enforcement, to allow free discussion of feelings, allows a return to work without the accompaniment of lingering reactions of guilt, inadequacy, or inefficiency. These meetings should be characterized by the
permissive expression of ideas, complaints, suggestions, or questions without the fear of retribution, punishment, delayed promotion, or any negative action by a superior. The process of team building is hardly a mystery. Effective team building is an essential responsibility of management and the governance structure of the medical group. Team building and a teambuilding culture must be developed because it is antithetical to the physician mentality—physicians are trained to work as individuals and to take personal accountability for their actions. The better the team understands its members’ individual personalities and leadership styles, and, in general, how they interact with others, the better the team will be at organizational dynamics (Wagner & Wolper, 2006).

2. Factors in the physical environment can prove stressful with distractions from co-workers, a lack of privacy, noisy crowds, and environment deficiencies such as a lack of windows. Changes to the work environment where health care is offered can increase health and well-being. Enhancements to the working environment not only eliminate the indication of negative factors, but such enhancements can increase personal control.

3. An employee assistance program is a medical practice resource that uses a comprehensive program of counseling services for employees and/or their dependents to help improve employee and workplace effectiveness. It provides confidential, third-party counseling, and work/life services to employees in an off-site setting, and its effectiveness is through its efforts toward prevention, identification, and resolution of employee personal problems that impact the employee productivity (O’Connell, 2006). Other elements in burnout prevention might include such offerings of health insurance coverage for mental health and chemical dependency care; lifestyle management and
change through wellness or physical fitness programs; orientation programs for new employees, so they truly understand the corporate philosophy and the institutional goals and can begin work free of any feeling of ambiguity; the development of family policies and certain leave procedures so that conflicts between home and work can be resolved; and informal staff and family events such as picnics, retreats; or potluck suppers.

4. Jack Welch (2005), the self-described workaholic ex-CEO of General Electric, says many companies give only lip service to a work-life balance and that “life-balance accommodations are only earned through performance” (Welch & Welch, 2005). The encouragement of some kind of activity between work and home might be exercise, walking, swimming or other types of sports. Many companies now have workout facilities, gymnasiums or paths, or roof-top tracks for walking or jogging. For those not interested in physical activity, there can be music or mediation activities. The alternative to work can be anything else, anything that demands an attention other than that devoted to day-to-day work requirements.

5. The topic of burnout could be included in various professional healthcare events, or burnout content could be included in the regularly-scheduled, annual meetings and journal content. Professionals need to know they are not alone, and others are there to help them as they help their own patients. Practice leaders can provide educational presentations at group meetings with all levels of staff.

6. Other advice might be to actively address problems, take a proactive rather than passive approach to issues in the work place. Take time off, go on vacation, use sick days, and take temporary leave-of-absence, anything to be removed from the situation.
If burnout occurs, problems might seem insurmountable; everything might look bleak; and it might be difficult to have the energy to even care. As Maslach (2011) suggests, the unhappiness and detachment that burnout causes can threaten jobs, relationships, and personal health. Burnout can be healed by reassessing priorities, making time for personal interests, and seeking support. If health professionals find themselves stressed, they can often alleviate worsening symptoms with a few changes in life habits through a few examples that Maslach (2011) outlines:

- Start the day with a relaxing ritual. Rather than jumping out of bed, spend at least 15 minutes meditating, writing in a journal, or reading something that inspires.
- Clear the clutter both in the office and in the mind - People who help other people organize things have a recognized and valued profession. The clutter of emails, paperwork, projects, and obsessive “to do” lists increase stress. There is great relief to undertaking one small project, when the world seems overwhelming.
- Adopt healthy eating, exercising, and sleeping habits.
- Set boundaries, and do not over extend. Learn how to say “no” to a request. Saying “no” to something that causes stress will allow time for saying “yes” to something that is enjoyable.
- Take a daily break from technology - Set a time each day to completely disconnect. Put away laptops, turn off phones, and stop checking emails.
- Walk - Rather than circling around the grocery store for 15 minutes until finding a place in front, park far away from the entrance; walk a bit during lunch; get up a few minutes early and walk around the block.

Most physicians have chosen a career in medicine because the most appealing aspects of being in medical practice are the ability to be both creative and innovative. The impacts of
burnout not only affect the suffering physician but extend to affect their patients. Studies show that making small adjustments to the daily routine can prevent or improve the risk of burnout. Maslach, Jackson, and Leiter (1996) developed the areas of work life model, proposing that organizational interventions consider policies and practices that are capable of shaping the six key areas of work life (manageable workload, job control, reward, community, fairness, and values). There is a widespread agreement that “preventing burnout is a better strategy than waiting to treat it after it becomes a problem” (Maslach, 2011).

**Conclusion**

This literature review points to a complex array of variables that can either prevent or cause burnout. Physicians and healthcare workers are at a high risk of developing burnout, which in turn may affect outcomes such as the quality and safety of care provided. Burnout’s primary characteristics are emotional exhaustion, although there is a wide consensus among researchers that it is accompanied by feelings of depersonalization/cynicism and feeling of reduced personal accomplishments/ineffectiveness. Burnout has been often mistaken for stress. Despite the symptoms being quite similar, important distinctions should be made. Stress can intensify burnout but is not the main cause of burnout. Stress symptoms may be more physical rather than emotional. The opposite holds true for burnout. Stress produces urgency and hyperactivity; burnout, on the other hand, produces helplessness. Burnout is likely to require a longer period of supervision, monitoring, support, and feedback. Individuals experiencing more severe burnout and those at risk for developing burnout will benefit from a multi-prolonged approach that addresses both facts within the individuals and their environments (McLeod, Densley, & Chapman, 2006). It is important for healthcare administrators to carry out management practices that promote job control and provide employees with job resources in order to reduce the burnout risk.
REFERENCES


