Strategies Healthcare Leaders Can Use to Reduce Physician Burnout

FOCUS PAPER

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The Healthcare industry is undergoing rapid change. In the past ten years, healthcare leaders and physicians have experienced accelerated change. For many, new elements such as the Affordable Care Act and Alternative Payment Models are monumental and unlike anything, they have encountered in their professional career. Healthcare leaders face a constantly changing environment and need new solutions to challenges. These challenges are an unprecedented reality for Healthcare leaders and physicians. Both groups must collaborate in order to relieve some of the pressures they face. The alarming statistics on physician burnout indicate healthcare leaders must address this issue. Physicians are key to the success of any healthcare organization and physician burnout reduction is an essential business strategy. Physician burnout is directly related to increased demands from quality metrics, productivity requirements, financial goals, and shortages of physicians. Healthcare leaders need new and innovative methods to reduce physician burnout and must respond using strategies that are mutually beneficial. This paper provides a comprehensive review of the current state of physician burnout and how to reduce it through the development and implementation of key performance improvement strategies.

The practice of Medicine is one where practitioners can balance the application of science with the compassion of caring for others. There are few other professions that offer such rewarding and stimulating challenges. The practice of Medicine is one where there is constant change and improvement through frequent innovative advancements in science and technology. The frequent changes allow for enhancement to the care of people throughout their lifetime. It is an honorable and sophisticated profession, but with this complexity comes a large burden. This burden many times expresses itself as physician burnout. Physician burnout can be revealed as a loss of enthusiasm for their work, cynicism, and the absence of personal accomplishment (Shanafelt et al. “Burnout and Satisfaction” 1377). The standard method to detect physician burnout is the Maslach Burnout Inventory which has 22 survey questions related to these three areas that define physician burnout (Berman and Thompson 75). These emotional and physical
burdens of the profession can lead to unprofessional behavior, impact the quality of patient care, increase the chance for medical errors, and lead to an early departure from practicing medicine (Shanafelt et al. “Burnout and Satisfaction” 1377). The stressors not only impact the patients they care for professionally but also profoundly influence their personal relationships and own health. Physician burnout has been associated with cardiovascular disease, shorter life expectancy, alcohol abuse, troubled relationships, depression, and suicide (Shanafelt et al. “The Business Case” 1826). Many in healthcare have witnessed these characteristics which has led to an increased study of physician burnout.

Due to the prevalence of physician burnout, more studies have been conducted to validate this burden. The prevalence of physician burnout is stunning. It is now indicated that 50% of physicians in the United States have a work-related condition (Shanafelt et al. “The Business Case” 1826). Many studies completed focus on specific groups impacted by burnout and all found similar results. A study of Surgeons in the United States indicated that approximately 45% of the surgeons portrayed at least one symptom of physician burnout (Shanafelt et al. “The Business Case” 1826). Other studies found similar results but demonstrated a wide variation based on the specialty of the physician (Shanafelt et al. “The Business Case” 1826). Physicians in specialties at the entry point of patient care such as Emergency Medicine, Internal Medicine, Neurology, and Family Medicine have shown the highest risk of physician burnout (Shanafelt et al. “Burnout and Satisfaction” 1380). Physicians at the entry point to healthcare can set the tone for the patient’s healthcare experience. The expectations set upon these groups in particular, continue to have devastating consequences both on the physician and patient. Many physicians continue to carry the burden of practicing medicine unaware of their own burnout symptoms until this burden is too profound and no longer can be ignored (Hamilton 16). This lack of awareness of one’s own symptoms impacts the quality of care when there are multiple stressors on the provider. This lack of awareness is detrimental to providers and is more profoundly due to the
healthcare industry’s renewed focus on quality. Three main areas of physician stressors, increased quality metrics, financial changes in productivity and payments, and physician shortages, continue to perpetuate the burnout cycle.

In the last ten years, there has been a renewed focus on quality in Medicine. The National Quality Strategy has three areas of emphasis that directly impact physicians. The three aims of this strategy include efforts to improve the quality of care, improve the health of the population in the United States, and reduce the cost of healthcare (Young et al. 175). To achieve these three areas of quality, new strategies for quality improvements for the patient care process are required for physicians. New standards of collecting and promoting quality metrics directly impact physicians. Quality measures for physician practices should promote physician performance and provide an increased reward for managing complex patients, however, this is not always the case (Young et al. 175). The stress of achieving and reporting quality metrics has led unintentionally to increased physician burnout. The increased use of quality metrics and mandates such as use of Electronic Health Records, has the opposite effect of the intentions of the National Quality Strategy by leading physicians to burnout (Young et al. 175). The methods used to achieve these goals increase the burden to collect and document required metrics from patients. Items such as reporting patient outcomes and payment adherence continues to add stress to physicians (Dyrbye et al. 2009). The impact of increased quality requirements is greatly felt in Primary Care physicians and contributes to burnout (Young et al. 176). Primary Care physicians have a greater risk for burnout (Shanafelt et al. “Burnout and Satisfaction” 1380). While quality metrics are vital for healthcare improvements, they must be collected and reported with a strategy that reduces the negative impact on physicians.

The effort to collect documentation to support crucial quality metrics has impacted patient satisfaction as well. Physicians continue to see an increased demand for their services due to an increasing aging population and shortages of physicians (Dyrbye et al. “Physician Burnout”
Physicians are challenged with providing quality care for a larger volume of patients while documenting required quality metrics. Patients are affected by the increased volume of patients in a physician’s practice and the administrative burden to achieve information technology requirements (Bohlmann 24). Physicians are spending more time with electronic documentation rather than having meaningful interactions with their patients (Shanafelt et al. “Addressing Physician” 901). Increases in patient volumes and the administrative burdens of clinical documentation continue to impact patient satisfaction and physician burnout. Patient outcomes and quality of care are related to physician burnout (Shanafelt et al. “The Business Case” 1828). There is evidence to suggest a correlation between physician job satisfaction and patient outcomes, which can include items such as poor efforts in prescribing practices, test ordering, and the likelihood of a patient to follow a physician’s recommendations for treatment (Shanafelt et al. “The Business Case” 1828). The impact of these items on patient satisfaction is great and demonstrates patients ultimately endure the burden of physician burnout. In the effort to capture quality information on patients, physicians are less focused on patient care and this leads to the erosion of patient satisfaction. The need for documentation by physicians also impacts healthcare organizations and physicians financially. Physician documentation plays a key role financially when a reduction in patient satisfaction and outcomes impact revenue that is directly related to quality measures.

One area of emphasis in the National Quality Strategy focuses on the reduction of cost for quality healthcare. Changes in payment models based on quality metrics continues to impact physician burnout. The Affordable Care Act (ACA) has rapidly impacted the Fee for Service payment model and the healthcare industry has seen a shift to Alternative Payment Models (APMs) in which payments are directly tied to quality or value (Harris & Puskarz 402). The Centers for Medicare and Medicaid Services (CMS) has initiated the use of alternative payment models and private payers will continue to follow (Harris & Puskarz 402). Physicians are
burdened with not only providing high quality care, but they have a financial incentive for documenting quality metrics. In 2015, the Medicare Access and CHIP Reauthorization Act (MACRA) continued to push toward alternative payments models based on value with clinical care (Harris & Puskarz 403). Physicians are currently incentivized by a variety of financial methods which can contribute to burnout. Physicians are asked to increase revenues while balancing the need to provide quality patient care without increasing costs (Harris & Puskarz 403). Physicians are financially impacted by practicing Medicine in a combination of Fee for Service and Alternative Payment Models. Physicians are in a unique time now when they are potentially reimbursed in two different methods. Multiple reimbursement methods add to the stress of meeting standard requirements for high quality care. The increased volume of patients, while providing documentation to meet new reimbursement requirements, has led to the increased burnout of physicians (Harris & Puskarz 403). This conflict between the two reimbursement models continues to push physicians into burnout and will continue as long as the two payment models are used in a synchronous application.

Rapid change in payment methodologies and quality reporting has continued physician burnout as many physicians experience decreased financial margins while delicately balancing the need to care for additional patients. In order to meet the new quality and reimbursement requirements, physicians incur increased expenses in items such as Electronic Health Records (EHR) in order to assist with the reporting of quality metrics (Dyrbye et al. “Physician Burnout” 2009). This in turn drives physicians to seek additional patient volumes and results in a variety of financial incentives that repeat the cycle. (Harris & Puskarz 403). The business case for reducing physician burnout continues to be an area of emphasis for the financial success of healthcare organizations. The demand to balance financial incentives, high volumes of patients, and providing high quality care, continue to be sources of physician burnout and contributes to providers leaving the medical profession.
With the additional financial burdens associated with cost containment and alternative payment models, the risk of physician turnover is one that needs to be addressed by Healthcare leaders. The impact is chiefly seen in Primary Care Physicians. The demand for Primary Care Physicians will exceed the physician supply by the year 2025 and is caused by the increase in population as well as an increased aging population (US Department of Health and Human Services 4). The excessive demand on an already strained physician population, will continue the burnout cycle and contribute to physician shortages.

Physician shortages continue to add to physician burnout and the impacts are found in turnover and productivity. Physician shortages inflame burnout and are an everlasting cycle. Physicians are impacted by the main stressors of physician burnout which leads to reduced productivity and eventually leads to turnover. Turnover places additional burdens on other physicians as they attempt to compensate for the shortage of physicians. This then leads back to burnout, eventually turnover, and the cycle continues. When physician burnout leads to turnover, it usually produces a negative financial impact on healthcare organizations. It is estimated that the cost associated to replace one physician could be 2 to 3 times the physician’s annual salary (Shanafelt & Noseworthy 129). Physician turnover has direct costs such as recruitment costs, lost revenue while recruiting, onboarding costs, and costs associated with a physician as they establish their productivity levels within the healthcare organization (Shanafelt et al. “The Business Case” 1827). The continued costs associated with recruitment and onboarding, can quickly become an expense that even large organizations cannot maintain. During the physician onboarding time, productivity can be greatly reduced again adding to the workload of other physicians and causing burnout. Turnover costs associated with physician burnout can have far reaching impacts.

Other areas of costs associated with physician burnout are more difficult to capture, but continue to impact healthcare organization when a physician leaves the organization. Factors
such as the disruption to patients and staff and the healthcare’s culture and reputation are just a few areas impacted by physician turnover (Shanafelt et al. “The Business Case” 1827). These are critical areas to maintain for a healthcare organization and can impact their financial stability for years to come.

Physician shortages, in some specialties, have a larger impact than others. There is little opportunity to quickly replace a vacant physician position and the loss of revenue during the recruitment period may be substantial. The loss of revenue for some procedure-based subspecialties could have an even larger impact to a healthcare organization (Shanafelt et al. “The Business Case” 1827). These financial numbers can be monitored, but many organizations are unable to sustain large financial disruptions. Even a 1%-2% change in a physician’s productivity, can directly impact a healthcare organization’s financial stability in a volatile financial reimbursement system (Shanafelt et al. “The Business Case” 1828). The retention of physicians is also critical for productivity. As study of physicians at the Mayo Clinic indicates when physicians have a decrease in their professional satisfaction, there is also a 30% to 50% increase in the likelihood physicians would reduce their work efforts (Shanafelt et al. “The Business Case” 1828). This type of reduction in physician productivity is a significant threat to the sustainability of a healthcare organization. Persistent volatility of production is not a model that many healthcare organizations can survive long term. The physician shortage impacted by turnover and productivity can limit the ability of a healthcare organization to replace a provider quickly resulting in additional costs. A proactive approach to reduce physician burnout can lessen the impacts for physicians both professionally and personally as well as improve the stability of the healthcare organization.

With such major impacts of physician burnout on a healthcare organization, significant efforts to reduce physician burnout are vital. Healthcare Administrators must cultivate an organizational culture that acknowledges the tremendous impact of physician burnout and set a
strategy to constantly address this threat. Healthcare leaders must work in collaboration with physician leaders to set a foundation of trust to reduce the effects of physician burnout.

Healthcare organizations, in order to effectively combat physician burnout, must collectively take on the responsibility for physician burnout and not place the weight of burnout on the individual physicians (Shanafelt & Noseworthy 131). All Healthcare leaders must work together to increase effective physician leadership. Effective physician leadership can reduce the effects of physician burnout according to research conducted at Mayo Clinic (Pecci 8). An internal survey of physician and scientists at three Mayo Clinic campuses, found 40% of the respondents had at least one symptom of burnout and associated burnout rates related to the ratings of their leadership (Pecci 8). The study indicated for every one-point improvement of the leadership score there was a 3.3% decrease in the likelihood of burnout (Pecci 8). This indicates that one effective strategy to reduce burnout in physicians is to invest in the skills and relationships of physician leaders. Healthcare Administrators must intentionally and methodically implement strategies that encourage the development of physician leaders. Tait Shanafelt, MD, one of the leading researchers involved in the Mayo Clinic physician burnout survey, indicated healthcare organizations need to invest more effort into the selection of physician leaders and how organizations develop and train effective physician leaders (Pecci 8). The significant impact of improved leadership to address burnout, can only begin when both parties are willing to acknowledge physician burnout issue and openly address burnout issues collaboratively.

In order to address physician burnout, acknowledgment of the significant issue is the first step to combat the effects of burnout. Healthcare Administrators must be willing to open conversations related to the causes of physician burnout. Acknowledgement of burnout requires directly identifying the issue and being willing to listen intently to concerns expressed by those impacted. (Shanafelt & Noseworthy 133). This includes identifying physician burnout as a top critical issue for the healthcare organization from the highest levels of the organization and
measuring the impacts of burnout as if it were critical to the survival of the organization (Shanafelt & Noseworthy 133). This acknowledgement demonstrates the interest from Healthcare Administrators and cultivates trust for all parties to address the issue. Simply the recognizing this concern, can develop a culture in which issues such as burnout can successfully be addressed and reduced. Acknowledgement is the first step, but the next step of measurement is just as critical.

After there is a recognition of physician burnout, Healthcare Administrators must support their acknowledgement of the issue through systematically collecting evidence of the prevalence of physician burnout. Healthcare Organizations must view this information as critical to the organization as other performance metrics such as quality, safety, and financial performance (Shanafelt & Noseworthy 133). The burnout strategy for the organization should be a formal, multifaceted approach starting with the measurement of physician burnout and establishing baseline metrics for future comparison. Healthcare organizations need to collect and analyze burnout information on a regular basis and use a standard method to show significant correlations with outcomes (Shanafelt & Noseworthy 133). The organization must have information to make an informed decision how to implement an effective strategy to fight physician burnout. This information is a powerful tool to implement strategies to reduce physician burnout.

A formal, multifaceted method to approach physician burnout is critical in the successful reduction of physician burnout and increase physician engagement. One such successful model for physician engagement is the “Listen, Act, Develop” Model developed at Mayo Clinic (Swensen et al. 108). This model is designed to develop healthy relationships between the healthcare organization and physicians, identify and reduce burnout, encourage teamwork, and increase the development of physician leaders and physician engagement (Swensen et al. 109). The model is focused on collaboration with physicians and healthcare organizations to address physician burnout. This method can be implemented in any healthcare organization to help
address physician burnout. The model includes four steps: Listen, Act, Develop, Repeat (Swensen et al. 109). Each step in the model demonstrates a strategic method to increase physician engagement. The first step, “Listen”, includes items such as leaders identifying and understanding burnout drivers, listening to physician’s directly through focus groups, and finally, developing a mitigation plan to address the burnout drivers (Swensen et al. 109-110). The second step of this method is “Act” and involves participation from physicians to develop and implement solutions through use of multidisciplinary teams based on the burnout drivers identified in the “Listen” step (Swensen et al. 110). Step three, “Develop”, includes the careful selection and development of physician leaders within an organization and includes education, feedback, and resources needed to support physician leaders (Swensen et al. 110). The final step, “Repeat”, includes a commitment to repeat the model in an effort to continuously improve (Swensen et al. 110). The use of this model allows for a systematic approach to develop the sense of community in an organization and breeds a team approach to address issues. The use of multidisciplinary teams allows for those who seek a solution to work with a variety of viewpoints on the topic of focus and builds relationships within the organization. Efforts to encourage physician interaction with their peers helps reduce burnout and organizational strategies need to include methods to encourage this collaboration and support (Shanafelt & Noseworthy 138). The comforting support of peers encourages healthy coping mechanisms and provides a level of understanding from those who are facing the same struggles. The use of this model encourages change within a Healthcare organization and builds a stronger organizational culture approaches to issues.

Another method to reduce Physician burnout is to improve the workflows and routine processes a physician incorporates in their Medical practice. The integration of the Lean philosophy can increase efficiency in physician workflows and reduce disruptions to flow and increase overall output. This can reduce the effects of the strains of a hectic workday and allows physicians a sense of accomplishment each day. While the use of Lean is regularly used in the
manufacturing industry, Lean concepts are relatively new to Healthcare with increasing use in the past decade (Garvriloff et al. 190). Lean strategies are focused on improving efficiencies, quality, and processes and align well with other strategies in Healthcare (Garvriloff et al. 190). The essence of the Lean philosophy is to reduce inefficient processes and create a continuous workflow through constant performance improvement (Garvriloff et al. 190). The key Lean principles make for an easy integration into Healthcare. These principles include ensuring quality from the customer’s perspective, a steady and constant flow of service delivery determined by the demand of the customer, standard work from those providing the service to the customer, mutual respect for those providing the service at the front line, removing inefficient processes while increasing value to the customers, and employing a visual management method for all involved to quickly evaluate the performance of the process (Steinfeld et al. 506-508). The Lean concepts, when applied to a physician’s daily processes, can increase efficiencies and reduce the effects of burnout.

Improvement of physician workflows while increasing quality, can reduce the stressors of physician burnout. A Lean approach allows for increasing quality while reducing inefficiencies to achieve success. Primary Care is constantly bombarded with the increased demands of patient care. There is an increase in clinical complexity during many of the primary care visits which leads to increased time required to complete visits and the other tasks such as documentation and administrative duties to care for a patient (Linzer et al. 1584). With the application of the Lean principles, a physician’s workflows can be streamlined while adding focused time to a patient’s visit allowing for efficient and improved quality of care (Linzer et al. 1585). Physicians can smoothly work through the care steps efficiently and thoroughly without sacrificing quality. Lean concepts such as “level-loading” can help physicians gain better control over the timing of patient visits (Gavriloff et al. 190). The concept of “level-loading” divides demand of a physician’s practice evenly during operating hours, therefore, setting an even and constant pace
for physicians during their workday (Gavriloff et al. 190). This allows for a consistent delivery of work performance from a physician. One study, focused on the use of “level-loading” in 5 pediatric offices, demonstrated a significant increase in the number of patients seen while the duration of the visits decreased (Gavriloff et al. 192). This successful implementation of “level-loading” allowed for increased gross revenue and the operating expenses did not change because no further changes to physician and staff time were required (Gavriloff et al. 192). Physicians can see the additional volume of patients while increasing efficiencies of their work allowing for less stress with the additional patient load. Streamlining a physician’s workflow for patient care through the implementation of Lean concepts can ease some of the demands on physicians and reduce burnout.

Standard Work is another Lean principle that can have lasting effects on physician burnout. Healthcare can have a wide variety of patient care tasks, but many tasks demand a safe and consistent approach. Physicians and other staff on the care team need to use the best method to have an anticipated outcome. Consistent patient care outcomes require physicians and staff to perform the same tasks consistently each time. Standard Work is defined as staff completing tasks in a consistent method (Steinfeld et al. 506). Standard Work includes the use of standard educational tools such as job instructions to train staff on the best practice (Steinfeld et al. 506). Physicians and staff know the expected approach to a task and are prepared to perform the task constantly each time (Steinfeld et al. 506). The processes of the workload have been evaluated and use the most efficient methods in order to achieve a desired outcome. The standard workflows are consistent and physicians can use their time efficiently in order to meet the demands of increased patient volumes, increased expectations for quality, and documentation requirements. Standard Work helps the entire care team to know their specific roles and responsibilities to complete work. The use of Standard Work with staff in a physician’s practice may also reduce the effects of burnout. Use of the “TEAM: Together Each person Achieve More
Primary Care concept allowed for an improvement of the care experience for patients, physicians, and medical assistants (Milford et al. E1-E2). Use of the “TEAM” approach allows for new and efficient workflows for those involved in a patient’s care through new and better-defined workflows, roles, and responsibilities during patient care (Milford et al. E2). This application of Standard Work approach, allowed for a reduction in total time patients are in a clinic, including their wait times, while increasing the time physicians and medical assistants directly spend with a patient (Milford et al. E2). This increased the employee satisfaction significantly and some physicians reduced their time completing work after clinic hours (Milford et al. E4-E5). The efficient use of workflows and roles to complete tasks, provides increased benefits for the patient, physician, and staff directly addressing the devastating effects of physician burnout. If the Lean concept of Standard Work can be applied in their clinics, physicians can reduce the drivers of physician burnout.

One of the largest drivers of physician burnout, is the increased need for electronic documentation of a patient’s care. Quality reporting requirements has led to increased use of Electronic Health Records (EHR). One study of 57 physicians over 430 hours, demonstrated only 33% of their time was dedicated to clinical work and 49% of their time was spent in documentation time in the EHR (Shanafelt et al. “Addressing Physician” 901). This study reported two hours of EHR clerical work for every one hour of clinical work (Shanafelt et al. “Addressing Physician” 901). The time required to provide adequate documentation is astronomical and must be reduced in order to decrease physician burnout. Documentation to meet regulatory, billing, and quality standards are not sustainable for physicians if current demands are not changed (Shanafelt et al. “Addressing Physician” 901). Improved efficiencies through the use of new technologies in Electronic Health Records is one approach to decrease physician burnout.
Electronic Health Records must be adapted to efficiently collect documentation. New technologies such as voice and gesture interfaces, and Artificial Intelligence (AI) systems could be incorporated into an Electronic Health Record to increase physician’s documentation efficiency (Wachter & Goldsmith 4). Typing and clicking, with the use of a keyboard and mouse to document and order patient care, are antiquated. Use of voice commands for documentation, ordering, and chart research, could be completed in the EHR without the use of a mouse and keyboard (Wachter & Goldsmith 4). Digital Scribes that listen for interactions between physicians and patients while documenting into a clinical note, are in pilot testing by companies such as Google and Microsoft (Wachter & Goldsmith 4). Use of such innovative EHR technologies could increase physician’s efficiencies while reducing the burden of required documentation. Healthcare leaders can seek innovative uses of technology to reduce the effects of burnout. Artificial Intelligence is another technological advancement that could be applied in Electronic Health Records in the future. Many EHRs have some basic forms of Artificial Intelligence, but most are in the early stages of use and need further development. (Wachter & Goldsmith 4). The application of AI to reduce repetitive information to meet regulatory requirements could impact physician workloads in the future (Wachter & Goldsmith 4). Artificial Intelligence is not limited to only the physicians in an Electronic Health Record and could be helpful by allowing patients and other electronic devices directly interact with the EHR (Wachter & Goldsmith 4). The time and effort required for documentation can be shifted from physicians to the patient’s interactive instrumentation and can allow for a patient’s data to be directly recorded without an extra human interaction (Wachter & Goldsmith 4). This elimination of inefficiency in the documentation process is reflecting a core Lean principle. New and innovative technologies such as voice recognition and Artificial Intelligence need to be a new standard in Electronic Health Records while new technologies continue to be developed. Electronic Health Records have decreased the personal interactions with patients (Linzer et al. 1585). Use of new tools such as voice recognition and Artificial Intelligence could increase the personal interactions.
Physicians have the opportunity to focus on the patient, rather than stress over the documentation of the interactions with the patient.

New technologies can be introduced into the Electronic Health Records, but physicians need to know how to use the technology effectively. Electronic Health Records are complex and require specific training and education on their use. Without training and continued education and support, physicians grow frustrated by the daily use of EHR. The constant stress of using an EHR can lead to physician burnout. To reduce this burnout driver, increased training and education of proper use of EHR for physicians is crucial. Many providers lack the basic computer and specific EHR skills required to effectively use an Electronic Health Records (Bredfeldt et al. 1). Healthcare organizations must offer training on basic computer skills and the use of their brand of Electronic Health Record to produce system-competent physicians. Training on specific EHR features, such as order sets and templates, have shown improved physician satisfaction (Bredfeldt et al. 1). Initial training and orientation are not the only areas in which EHR training is critical. In one study, 46% of providers did not believe their initial training on their Electronic Health Records was adequate and 75% stated they could improve their skills through additional training (Kaelber et al. 1002). Other studies have found up to 94.6% of respondents in the study stated their abilities of EHR use could be improved (Bredfeldt et al 1). Many physicians during the initial EHR orientation are focused on the basic skills required to use the EHR tool rather than the efficient and proficient use of the tool (Bredfeldt et al. 2). The majority of providers struggling with the use of Electronic Health Records and the increased use of EHRs, continues to add burden on physicians. With constant upgrades, improvements, and new features, physicians need additional training to be proficient in Electronic Health Records (Bredfeldt et al. 2). Continuous training for physicians is an important strategy in reducing burnout. Future development of Electronic Health Records must include physician input and guidance. The physicians must be included in the development of enhancements to an EHR and
in the development of the associated training. Training must include input from those who effectively and efficiently use the Electric Health Records and must include a variety of learning formats (Bredfeldt et al. 2). Education standards to meet the demands of physician documentation can reduce the burnout stressors for physicians. Effective training of the EHR use can help achieve an increase in work-life balance and overall satisfaction.

Balancing a professional life with a personal life is a challenge for many physicians. Physicians are at high risk to be unsatisfied with their work-life balance due to the large number of hours required to work and are twice as likely to be unsatisfied when compared to other employees in different industries (Shanafelt & Noseworthy 140). Physicians have the need for relationships within their own area of work. There is tremendous value of actively participating with colleagues in Healthcare organizations. There is a need for physicians to have recognition and connectivity to colleagues and is the definition of comradery (Swensen et al. 116). The simple act of spending time with those who one has a professional relationship with reduces symptoms of burnout (Swensen et al. 116). Professional comrades can offer a vital support network. Healthcare organizations must recognize the power of comradery and enhance opportunities where behaviors of mutual respect are accepted (Swensen et al. 116). Healthcare organizations must incorporate a culture of mutual respect and offer support from those who understand professional challenges (Shanafelt & Noseworthy 138). Offering a specific location for peer interactions and networking, such as a “physicians’ lounge”, can provide increased comradery (Shanafelt & Noseworthy 138). Engagement is higher and absentee and turnover are lower when teams work well (Swensen et al. 115). A trial, at Mayo Clinic, indicated offering one hour of protected time every other week for colleagues to meet and discuss current issues reduced burnout (Shanafelt & Noseworthy 138). One hour every other week is a small amount of time but offers a large benefit in reducing burnout without a complex approach. Physicians need to have a safe place where common issues and concerns can be discussed. A sense of belonging and
interactions with those who share in professional struggles can be effective to treat physician burnout.

Professional Coaching is a technique that can impact the effects of burnout after burnout symptoms are recognized by a physician. Coaching allows for physicians to become more aware of themselves, focus on their strengths, and offer support (Eschelbach 48). The act of adding some structure to the struggles a physician faces, can help physicians with burnout and can be customized to the individual needs of the physician. There are a wide variety of coaching methods which can range from very simple to highly complex (Eschelbach 48). A simple coaching method can include using personal health trackers to alert a person to take a break, move, or breathe when the heart rate becomes elevated (Eschelbach 48). More complex coaching mechanisms can include using professional career coaches in a more formal counseling session to a more complex program that analyzes personality traits and triggers and offers recommendations how to improve (Eschelbach 48). Since burnout is an issue effecting many physicians, there are ample resources to find coaching opportunities. Resources can be found in Healthcare organizations as they may directly employ career coaches, medical societies provide programs, and many state medical boards recognizes the need for physician wellness and offer assistance (Eschelbach 48). Coaching can be in large groups, individual confidential sessions, classrooms, or a benefit offered from an employer (Eschelbach 48). All methods should be available to physicians in order to meet a wide range of needs. Healthcare organizations should assist in the efforts of coaching in order to reduce physician burnout and continue to support the groups that provide such services.

Another strategy to reduce physician burnout can be the use of benefits when a physician is away from work. Healthcare organizations should review the benefits offered including vacation time, coverage for milestone life events, and methods for physician scheduling and weekend coverage (Shanafelt & Noseworthy 140). Physicians many times work schedules that
are very different from other employees and taking time away from practicing medicine can be a challenge. Around 45% of physicians work more than 60 hours per week (Shanafelt & Noseworthy 140). Benefits for physicians that facilitate time away from patient care, must be implemented to reduce burnout. Compensation methods for physicians must not hinder the use of vacation time in order to effectively reduce burnout (Shanafelt & Noseworthy 141). Physicians need to have time away from the demands of patient care in order to maintain work-life balance and reduce burnout symptoms. The reduction of work hours can even encourage recovery from burnout (Shanafelt & Noseworthy 140). Healthcare organizations must implement policies and procedures that encourage time away from patient care. This time provides for a renewal and allows for physicians to meet their obligations outside of work.

Physical and mental wellness programs for physicians is another strategy Healthcare organizations can implement to reduce burnout. Mental wellness for physicians is key to changing the impacts of burnout. One such approach to reducing frustration in Healthcare is Mindfulness. Mindfulness has been well studied in psychology and can be defined as a person being aware, present, and engaged at a point in time (Winner “Mindfulness” 29). Many physicians are distracted by the constant demands of their profession and miss the opportunities to be intentional about their frame of mind when caring for a patient. This approach allows for the mind to clear, focus on present time and be aware of one’s own senses (Winner “Mindfulness” 29). Physicians who can add the technique of Mindfulness into their daily patient care can increase their satisfaction and bring joy and appreciation back into their work (Winner “Mindfulness” 29). They can make connections and meaningful relationships with others while efficiently completing tasks. Healthcare leaders need to encourage physicians to be mindful when providing care for patients. Mindfulness encompasses both the mental and physical areas and works to balance both at any given time. Physical techniques are linked with the mental techniques in Mindfulness. This technique allows physicians to be aware physically through
their senses but also includes their emotions and thoughts. (Winner “Mindfulness” 30). Mindfulness can be achieved through breathing exercises and changes in posture with meditation (Winner “Mindfulness” 29). Physicians are trained to handle diverse and stressful situations but adding the practice of being mindful can allow for a physician to approach situations in a calm and effective approach (Winner “Mindfulness” 30). Taking the time to be mindful with each patient can bring physicians back to having compassion for their patients. Burnout many times eliminates the compassion a physician has toward patients (Winner “Mindfulness” 31). Physicians who practice Mindfulness have the chance to focus on each individual patient and calmly and methodically care for the patient rather than hurry through care with little emotional connection (Winner “Mindfulness” 31). Research on the use of Mindfulness has shown improvements in wellbeing and attitudes when used with patient care (Eschelbach 48). This improvement was seen through increased provider satisfaction and can lead to improved patient care (Eschelbach 48). Physicians can help themselves reduce burnout by taking a few minutes to be mindful and get back to the most important part of Medicine, taking care of others. Healthcare organizations can implement this type of care for physicians and reduce the burnout.

Another effective approach for physicians to use is a technique called Reframing. Reframing can be defined as changing your own thoughts about a difficult person or situation while reducing frustration and increasing sympathy (Winner “Reframing” 12). The concept integrates well into the practice of Medicine. Reframing reduces stress by allowing a person to improve connectivity with others and focus on problem solving (Winner “Reframing” 12). The primary role of a physician is to establish relationships with others and making a meaningful connection while resolving a health concern. The concept of Reframing allows a physician to gain a different perspective on a challenge (Winner “Reframing” 14). This approach can be helpful in many scenarios in a clinical setting including when patients are rude, noncompliant, seeking inappropriate medications, talking excessively, and failing at desired outcomes (Winner
“Reframing” 14). It also includes the tasks required to address the patients such as
documentation, staying on time for visits, and mundane tasks of a medical practice (Winner
“Reframing” 14). Physicians can use the reframing technique to look at each scenario with a
fresh viewpoint and adapt their approach toward a patient. This approach is an effective solution
to increase fulfillment of physicians and can help reduce burnout. Physicians may not be able to
control other circumstances in Healthcare, but Mindfulness and Reframing are approaches that
can be controlled, used individually, and applied outside their professional lives as well.

Physicians are not only impacted by burnout in their professional lives but the effects of
burnout can cross into their personal lives. Creating a balance of professional and personal areas
of life, can be extremely challenging for physicians. Physicians work long hours and have
significant responsibilities at work and at home. A study indicated that each additional hour
worked, having a work-home life conflict in the past 3 weeks, and resolving the work-home life
conflict in favor of work, increases the opportunity for burnout (Dyrbye et al. “Work/Home
Conflict” 1209). In order to reduce the work-home conflicts, physicians must have strong
relationships not only with colleagues, but with spouses and family (Hamilton 17). Healthcare
organizations must provide physicians with opportunities to schedule their professional life
around items such as being on call and family activities and offer events where families can join
physicians (Hamilton 17). Spouses and family can help support a physician’s roles and
responsibilities both at work and at home. Adventist Health System offers events and programs
such as picnics, concerts, and prayer breakfasts in order to encourage relationships (Hamilton 17).
Events such as these, help create family and friend networks to improve balance between work
life and home life. Adventist Health System also holds an annual conference focused on
physician wellness and has included topics of communication, balance, marriage and family,
spirituality and service and has great physician response to the usefulness of the conference
(Hamilton 17). This approach to include a physician’s personal life in their professional life has
been a success and offers an approach that can be replicated at other Healthcare organizations. Learning how to better incorporate work with home responsibilities can ease the stressors that cause physician burnout.

Schedule flexibility so physicians can maintain work life balance while still taking care of patients, is another approach Healthcare organizations can use to attack physician burnout. Physicians have an expectation to work more hours per week than other professions but could benefit from scheduling flexibility including part time positions (Shanafelt & Noseworthy 140). Healthcare organizations can offer both full time and part time positions to encourage physicians to meet both their professional and personal obligations (Shanafelt & Noseworthy 140). Offering part time positions can help set personal limits for work hours allowing physicians to balance priorities within a set structure. Physicians who have control over their calendars in their practices, is a strong indicator of physician wellbeing, satisfaction, and the physician’s devotion to a healthcare organization (Swensen et al. 115). Physicians can enjoy control of their scheduling when many other items in their practice cannot be controlled. Scheduling flexibility does not just include shorter work hours, but can include when and how physicians provide care. Physicians who can be given options to alter their start and end times of shifts or work shorter or longer hours on particular days of the week may have increased work life balance while not reducing the total amount of work (Shanafelt & Noseworthy 140). Healthcare organizations can achieve the same amount of work but performed in a method where physicians can better balance their professional and personal lives. This effort to offer flexibility in physician schedules can increase physician satisfaction and lessen the effects of burnout.

Staffing is another tool that can effectively be used to reduce physician burnout. Utilization of Non-Physician Providers (NPP) such as Nurse Practitioners and Physician Assistants can help reduce the stress on overloaded physicians. The supply of primary care physicians is projected to not meet the need of increased demand from an aging and expanding
population (US Department of Health and Human Services 4). A possible solution to meet this demand is for Healthcare organizations to incorporate Nurse Practitioners and Physician Assistants into Primary Care. A study completed by the US Department of Health and Human Services, indicate the supply of Nurse Practitioners and Physician Assistants in Primary Care is expected to exceed the demand and could offer a solution to improve access to Primary Care (US Department of Health and Human Services 4-5). Recruitment and retention of Non-Physician Providers, may be an easier task with an overabundance of Nurse Practitioners and Physician Assistants and reduce the stress of replacing physicians.

With this change in providers in Primary Care, quality has not suffered from a lack of Physicians. Nurse Practitioners in Primary Care consistently demonstrate patients receive higher quality care than from physicians in many areas of care and in the areas where care was improved by physicians, the difference was negligible (Buerhaus 16). The separation of services by Nurse Practitioners that reflects expertise of patient care is not required when the quality does not change. The delegation of care to Non-Physician Providers, such as Nurse Practitioners, can be considered a method to combat physician burnout when Non-Physician Providers deliver services within their scope of practice and deliver high quality care. In Primary Care settings, Nurse Practitioners are more likely than physicians to care for vulnerable populations such as patients including those who are not white, women, American Indians, poor, uninsured, Medicaid beneficiaries, patients who live in rural areas, Medicare beneficiaries due to disability, and those with dual eligibility in Medicare and Medicaid (Buerhaus 16). Healthcare organizations must recognize the potential use of Nurse Practitioners to reduce the stress on physicians. In rural emergency rooms, innovative roles such as a PEERist have been created to assist with coverage needs when physicians are not always easily recruited and accessible (Ensz and Kruger 54). The role of a PEERist (Physician Extender Emergency Room Hospitalist) was created to better utilize Nurse Practitioners or Physician Assistants in a rural hospital and emergency room (Ensz and
The PEERist duties include tasks such as being physically located in the hospital and emergency room to assist physicians on call with hospital duties such as rounding, responding to hospital emergencies and nursing questions, and with patient documentation (Emsz and Kruger 54). The use of a PEERist has seen benefits such as improved quality of care and increased hospital and patient satisfaction (Emsz and Kruger 55). Healthcare organizations can find alternative care providers without reducing quality. Continued use of innovative strategies, such as a PEERist, can help physicians with the tasks demanded. The increased use of Non-Physician Providers also requires additional collaboration and increased communication. All care providers must work collaboratively to provide constant care for patients (Swensen et al. 115). Open communication between physicians and others on the care team is encouraged. In a study of Veterans Health Administration clinics, found that communications, such as huddles and electronic communication, allowed for continuity of the management of a patient (Forman et al. 7). The National Committee for Quality Assurance (NCQA) added a structured communication component into their Patient Centered Medical Home (PCMH) elements (Forman et al. 7). Structured communication between team members can be effective methods to increase physician communication with Non-Physician Providers and remove stressors that impact burnout. The use of Non-Physician Providers, such as Nurse Practitioners, can lead to increased quality and access of patient care while helping with the burnout of physicians.

Physicians are not the only person responsible for a patient’s care and can include a wide range of medical professionals. An entire team is working to provide care for patients. Recruitment and retention of the care team is critical in reducing burnout but must be carefully reviewed so the burden is not shifted to others but truly eliminated. When a care team is functioning properly, the staff engagement is higher and can reduce turnover and absenteeism (Swensen et al. 115). Expanding roles and responsibilities to groups, such as nurses and medical assistants through proper use of physician driven standing orders, can be effective use of the care
team (Bodenheimer & Sinsky 575). This requires additional training and an understanding that
the work provided by nurses and medical assistants is meaningful, contributes to the care of
patients, and inefficient work is eliminated (Bodenheimer & Sinsky 575). This more efficient
use of skills and time allows all those on the healthcare team to work to the highest level of
licensure through protocols and algorithms to ensure patient care quality. Physicians are relieved
of some of the more administrative work that other team members can complete. Physicians can
focus on developing relationships with patients and the diagnosis and treatment of the patients.
The removal of this burden can reduce burnout.

The more efficient use of Medical Assistants is one method to reduce the burden on
physicians and can positively impacting physician burnout. Another application of “TEAM:
Together Each person Achieve More” Primary Care delivery model allows for increased use of
Medical Assistants in clinics (Milford et al. E1-E2). This methodology trains Medical Assistants
to help a physician with documentation while in an exam room with a patient in order for the
physician to have additional face-to-face time with patients using Standard Work concepts
(Milford et al. E2). This new role and responsibility for the Medical Assistants demonstrated an
improvement for patients, physicians, and Medical Assistants involved in the care for patients
(Milford et al. E2). Use of the “TEAM” approach also resulted in an increase in patient and
employee satisfaction (Milford et al. E3). A new care delivery model, such as this, opens
opportunities for additional success in clinical practices and healthcare organizations could
implement the use in order to increase patient, physician, and staff satisfaction. The increased
physician satisfaction can reduce the effects of burnout.

The Healthcare Industry will continue to change rapidly in the future and physician
burnout will be a chronic issue unless addressed by Healthcare leaders. The consequences of
physician burnout will not only affect physicians, but will also reach to healthcare leaders,
healthcare systems, and patients. A collaborative effort between healthcare leaders and
physicians to address physician burnout will increase the quality of care and satisfaction. Using strategies including a focus on building a new culture, Lean philosophy in workflows, increased efficiency of the electronic health record, work life balance, and improving the utilization of Non-Physician Providers and support staff, will address many of the stressors that cause physician burnout. These performance improvement strategies are key components to reduce physician burnout. The level of success in which healthcare is delivered will be impacted if burnout is not directly addressed in a Healthcare organization. The physician shortage will continue to grow as many avoid Healthcare to find a more fulfilling and balanced profession. If Healthcare leaders address the burnout issue directly, they have the opportunity to improve the quality of care delivery, financial metrics, and the recruitment and retention of physicians in Healthcare organizations. If Healthcare leaders ignore the burnout crisis in their organization, physician burnout will continue to have a crippling impact. It is time to take action now.
Works Cited


