Creating an Environment to Reduce or Eliminate Physician Burnout

Exploratory paper

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Healthcare is a demanding field. The requirements of reaching organizational goals, expectations of patients, goals of the Triple Aim, and balancing work and family life are just some of the issues facing physicians. The expectations of The Triple Aim, an approach to optimizing health system performance, strive for better patient experience, better health, and lower cost. In order to meet these expectations, physicians are often working harder with less resources; creating the environment for burnout. Burnout will impact not only the physician, but those who work closely with him or her, and the organization. Successful healthcare leaders and organizations must be able to recognize the signs of burnout, understand the causes, reduce it, and create strategies to eliminate it.

The purpose of this paper is to help healthcare leaders understand the growing problem of physician burnout. The reader will be able to identify the signs and symptoms of burnout. He or she will understand the far-reaching implications of burnout not only on the physician, but also on the organization with which he or she is affiliated. Examples of proven interventions will provide ideas and options for the healthcare leader to implement in his or her organization to proactively reduce or eliminate burnout.

To provide research for this paper, a literature review has been conducted, which includes peer-reviewed articles from the Capella University Alumni Library, the Medical Group Management Association (MGMA) website and *Connection Magazine*, articles from *Harvard Business Review, Forbes, Family Practice Management,* and other online articles.

Physician Burnout

The burnout rate among physicians is high with as many as 50% experiencing at least one symptom of burnout (Miller, 2016). Those who provide frontline care; family medicine, emergency medicine, and internal medicine are at a much higher risk of experiencing burnout. Women experience a higher rate of burnout than men (Henson, 2016). The rate of physician burnout continues to rise in both men and women. In a group of 7,000 physicians, 54.4%

experienced at least one symptom of burnout in 2014 compared to 45.5% in 2011 (Thew, 2017). Physicians are less likely to reach out for help (Miller, 2016). Burnout can lead to significant outcomes with physicians to include anxiety, depression, substance abuse, and suicide (Gregory & Menser, 2015). Physician suicides average 1.4 to 2.3 times higher than those who are not in the medical profession (Maples, Duffy, Cosgrove, & Paulus, 2016).

The first step in combating physician burnout is recognizing that it exists. Christina Maslach, PhD, professor of psychology at the University of California in Berkeley has defined burnout to include three key components; emotional exhaustion, cynicism, and inefficacy (as cited in Thew, 2017). Those studying physician burnout have hesitated to call burnout a diagnosis. When doing so, the problem becomes the clinician's to resolve. Rather, the problem reflects more on the organization and environment in which the clinician is working (Thew, 2017). Burnout occurs when there is a mismatch between demand and resources. The leaders of healthcare organizations must evaluate the workplace to determine if the environment is one that contributes to burnout. Work culture and work conditions contribute the most to physician burnout (Gregory & Menser, 2015). Garton (2017) found that companies with high burnout rates generally have three things in common; too many meetings, poor time management, and the habit of overloading highly capable individuals with too much work. The costs of burnout are estimated to be between $125 billion to $190 billion in healthcare spending in the United States annually (Garton, 2017). Those costs can be broken down to include absenteeism, turnover, reduced overall operational effectiveness, and physicians leaving their jobs (Andrews & Bonvicini, 2016). Consistently, burned out physicians leave the practice exacerbating the well-known shortage of primary care physicians. The estimated cost of replacing a physician alone is said to be a quarter of a million dollars (Thew, 2017).

The Characteristics of Burnout

The three major components of physician burnout are emotional exhaustion, depersonalization or cynicism, and reduced self-efficacy. Henson states that emotional exhaustion

describes one's soul feeling drained (2016). Depersonalization can be seen through withdrawal, impersonal responses, problems with interpersonal relationships, and the dehumanization of one's work (Gregory & Menser, 2015). Reduced self-efficacy is the feeling of low self-worth, lack of confidence in one's performance, and futility in one's work (Gregory & Menser, 2015). Statements made by physicians experiencing burnout include: "*the joy of practicing medicine is gone; I hate being a doctor…I can't wait to get out; I am no longer a physician but the data manager, data entry, and steno girl"* (Bodenheimer & Sinsky, 2014, p. 574). The feelings and behaviors described above can create a chaotic work environment for those working closely with the affected physician.

The Causes of Burnout

Some believe that the causes of burnout begin in the extensive and rigorous training physicians must endure. They are taught to persevere through enormous pressure and are rewarded for self-denial (Miller, 2016). Anthony Montgomery, an expert in physician burnout, believes that burnout has been perpetuated by an education that neglects critical aspects in learning that involve social, leadership, and teamwork skills (Montgomery, 2014). Maslach identifies six areas of work that can contribute to physicians experiencing burnout. She states that if there is a mismatch between the expectation of the physician and reality in any of the following areas, this can be a setup for burnout (as cited in Geis, 2017).

- Workload—the amount of time allowed to get the work done.
- Control or autonomy—the opportunity to make choices and have input on decisions.
- Reward—the acknowledgement of work contributions.
- Community—the ability to connect socially with peers.
- Fairness—equitable rules for all.
- Values—the physician and organization's goals must align.

Appendix A is a chart from the *2015 Medscape Physician Lifestyle Report* which shows the contributors of burnout as identified by physicians in order of importance on a scale from 1 to 7 with 1 representing no contribution at all and 7 reflecting significant contribution. The top five are: too many bureaucratic tasks, spending too many hours at work, increasing computerization of practice, income not high enough, and feeling like a cog in a wheel (Peckham, 2016). Each of these reflect one or more of the categories identified above.

The Effects of Burnout on the Physician—Signs and Symptoms

Burnout is considered a stress reaction that is specific to one's relationship to his or her work (Gregory & Menser, 2015). Burnout can result from the inability to meet workplace demands when resources are lacking or non-existent. The effects of burnout can impact a physician's personal health. Anxiety, depression, substance abuse, and suicide are all documented outcomes of physician burnout. Physicians are slow to seek help for fear of what others may think, the stigma attached, or receiving some form of punitive action (Jensen, Trollope-Kumar, Waters, & Everson, 2008). Family dysfunction, difficulty with interpersonal relationships, avoidance and withdrawal stemming from burnout can all contribute to increasing dissatisfaction and the desire to leave the profession. Symptoms that might help leaders identify burnout are irritability, low energy, and lowering or poor patient satisfaction scores (Henson, 2016). Burnout ultimately affects the physician's ability to engage and commit to developing and growing an organization (Swenson, Kabcenell, & Shanafelt, 2016).

Effects of Burnout on the Organization

Organizations may not experience all the associated issues with physician burnout, but statistics show that burnout is increasing and therefore, organizations must be prepared to be proactive. Considering the three components of burnout, emotional exhaustion, cynicism, and reduced self-efficacy, physician burnout can have a widespread impact across an organization. Once a physician begins to experience the symptoms of burnout, he or she may respond by limiting or reducing numbers of clinical hours each week. The reduction of just four hours per

week by one physician is equivalent to losing 36,000 physicians over a decade (Gregory & Menser, 2015). What seems like a relatively small reduction in clinical time can impact patient access and patient satisfaction scores. The physician may call off, creating an unscheduled absence and placing a burden on fellow partners to fill the void created in the schedule. This can add to the feeling of disconnectedness with colleagues, increased problems with relationships, and, ultimately, could then contribute to turnover of staff (Bodenheimer & Sinsky, 2014). A dissatisfied and burned out physician will create disruption in the medical practice. The disruption may be just poor attitude, lack of energy to complete the work, or difficulty dealing with demanding patients. Any of these symptoms can lead to increased medical errors, reduced quality outcomes for patients, and increased risk for malpractice claims (Gregory & Menser, 2015).

Physicians need strong physician leadership. Sometimes organizations have used management or leadership jobs as promotions to cover all career paths. Organizations must recognize that these positions require certain skillsets and must recruit managers and leaders who understand and practice "supporting, positioning, empowering, and engaging their staff", (Gallup, 2013, p.11). When strong leadership is not in place, physicians may choose to leave. Dissatisfied physicians are leaving practice at a rate of two to three times greater than their counterparts (Bodenheimer & Sinsky, 2014).

Creating an Environment that Promotes Engagement

MGMA Stat Survey—Reduce Burnout

Although physician burnout has been on the rise, many healthcare organizations have yet to develop any method to counteract it. Appendix B contains a recent MGMA Stat Poll showing that 63% of organizations do not have any engagement program to reduce burnout. Only 7% have engagement programs in place for physicians only, while 14% have programs in place for the entire staff (MGMA.org/polls, 2017).

Physician-Organization Collaboration

The Mayo Clinic experience.

The burnout rate at Mayo Clinic is approximately two thirds the national average. Over a two-year period of time, the burnout rate at Mayo Clinic decreased by 7% while nationally the rate increased by 11% (Davis-Laack, 2017). Mayo Clinic leadership believes that combating physician burnout is a process of eliminating the drivers of burnout and creating individual resiliency for physicians. The leadership at Mayo Clinic developed the Listen-Act-Develop model as a way to increase engagement and reduce burnout. The team listens to physicians and focus groups to determine the highest drivers of burnout in each physician's work area. A plan is then created to mitigate the driver of greatest concern identified across the focus groups. Action is taken by allowing physicians to create and implement solutions to address the top burnout driver in his or her work area. The participants are provided with a multi-disciplinary team and time to implement or refine the process. The team then monitors and measures outcomes and communicates the results to all staff members regardless of whether there is success or failure. The team is also recognized for its accomplishments (Swenson, et al. 2016).

The next step in the Listen-Act-Develop model is to identify physicians within the implementation groups and develop physician leaders. The identified physician leaders have the opportunity to receive active learning through the burnout mitigation process. Feedback is provided to each leader by those working within the group, and resources and support are offered as he or she develops as a leader and continue on in the burnout mitigation process (Swenson, et al. 2016). A process of continued performance improvement is maintained with a revisit of the burnout drivers to determine the next round of improvement activities.

The leadership at Mayo Clinic recognizes that the drivers of burnout can be universal, but the way they are manifested in each work area can be different. Using the Listen-Act-Develop model meets several needs. The model addresses the psychological needs of people, creates organization-physician collaboration, and develops physician leaders (Swenson, et al. 2016).

Choice, camaraderie, and excellence are the three factors necessary for success using the Listen-Act-Develop model (Parks, 2016). Physicians are given control when identifying and creating plans to mitigate burnout drivers. Working in multi-disciplinary teams allows for relationship building and camaraderie. Finally, developing physician leaders creates valuable relationships with the organization and fosters an environment of excellence.

Using the annual review.

The beginning of any successful burnout mitigation process is to identify the drivers of burnout. Physician leaders' behavior contribute to the satisfaction and well-being of the physicians they lead (Shanafelt & Swenson, 2017). Leaders must use the following four behaviors with those they lead: transparent communication, asking for input and ideas, be concerned and interested in professional development, and provide recognition for a job well done. The annual review is a tool that can be used to gather input, cultivate engagement, and identify the areas of work in which the physician is most passionate. Physicians are less likely to experience burnout if they are able to focus some of their time on the areas of most meaning. The annual review is an opportunity for leadership to have a meaningful conversation with the physician to determine the areas of keen interest, to allow the physician to provide input and feedback to the leader, and to deliberately plan for the professional development of the individual. Follow up communication is necessary to identify other coaching opportunities and long-term success. These tactics can increase the engagement of the physician and reduce his or her risk of burnout.

Stanford University's WELLMD online tool.

Stanford University has created a free online resource library, WELLMD, focused on physician wellness. The website offers resources to physicians on a variety of topics such as; burnout, general stress, traumatic stress, workplace stress, adverse event and litigation stress. Physicians can take assessments regarding stress, anxiety, post-traumatic stress disorder, and alcohol use. Classes are available for an array of topics and phone numbers are included for

instances of emergency. Resources are available for medical students, for issues related to grief and loss, for concern about a colleague, and for suicide prevention, including a listed phone number ("Stress and Burnout", 2017). Stanford has been known to be progressive in its approach to physician burnout prevention and wellness (Miller, 2016).

Physician Approach

Interventions are available for the physician to combat burnout. Physicians need to recognize when they are experiencing symptoms of burnout and be proactive about incorporating some of the following ideas and approaches. Practice managers and leaders will want to make the topic of burnout one that is discussed and understood at the practice level so that early interventions can begin. The physician can begin to change his or her paradigm by recognizing and accepting the role he or she plays with burnout. Physicians have been trained to be the lone hero. When one is acting in the role of the lone hero, it can be difficult to take time to care for him or herself, or even recognize the symptoms of burnout manifesting.

One approach for the physician is to begin to practice self-compassion. Healthcare today does not lend itself to the lone heroic physician. Healthcare focuses more on the role of the healthcare team. When physicians are feeling stress with the amount of work to be done, a typical response is to work harder. Physicians must curb their desire to overwork and depend on their team. Overwork leads to more stress, which can lead to disruptive behavior and isolation (McKee & Wiens, 2017). A better approach would be to focus on exercise, sleep, and spending quality time with family.

Self-empathy is another mindset shift for physicians. The reduced self-efficacy symptom of burnout can make it difficult for a physician to practice self-empathy. McKee and Weins (2017) encourage physicians to acknowledge feelings of stress and inadequacy when not meeting their own expectations, to acknowledge how others would feel in that same situation, and to forgive themselves. Lack of empathy comes with emotional exhaustion. McKee and Weins (2017) offer suggestions to help make empathy a larger part of a physician's practice. The

physician is encouraged to build friendships with those they work with and like. He or she should recognize and value people for who they are, and provide mentoring and coaching opportunities with staff in an effort to develop others. Finally, he or she must be driven to put patients at the center of care.

Resilience, or the ability to recover from adverse conditions, is thought to be primarily a part of one's makeup, but research has shown that resiliency can be taught (Davis-Laack, 2017). In a study done by Jensen, Trollope-Kumar, Waters, and Everson (2008), with a group of family physicians, the findings demonstrated there are four main aspects of physician resilience. The first identified is attitude and perspective, which encompasses valuing one's role, understanding self-limitations, and developing self-awareness. The second is balance and prioritization, which includes setting limits and finding honor in oneself. The third is practice management style, which includes having good staff and good business practices. The last aspect is supportive relations, which encompasses good communication and good professional and personal relationships. Shifting one's mindset from feeling threatened to practicing self-compassion will lead to stronger resilience (McKee & Weins, 2017).

Mindfulness is the difference between feeling frustrated, distracted, rushed, and stressed, and the feelings of being present, being actively engaged, and finding fulfillment in one's work. Mindfulness allows physicians to enjoy their work and not simply survive it as they feel when they are experiencing burnout. Easy techniques can be employed to increase one's ability to be mindful. Winner (2017) suggests that when feeling stress, the physician can begin to focus on one's breath or the feel of his or her feet on the ground. This practice allows one to draw his or her attention away from the stressful situation. He also notes that practicing this step will help the physician to recognize the stressful situation and decide how to respond. Practicing mindfulness at the office can consist of simple and focused techniques of sitting eye-to-eye with the patient and listening, fully listening when capturing heart and lung sounds, feeling the water when washing hands, and appreciating the smells associated with a coffee or lunch break. The

physician can be mindful, focus on the individual visit, and set an intention of how to care for the patient.

Organizational Approach

Reducing or eliminating physician burnout begins with practice managers, leaders, and physicians approaching the topic proactively rather than reactively. Physician burnout and returning joy to work must be approached with as much importance as any other business issue. Healthcare organizations must continue to focus efforts to measure, create strategies for success, and allocate time and resources to implement solutions (Noseworthy, Madara, Cosgrove, Edgeworth, Ellison, Krevans, Rothman, Sowers, Strongwater, Torchiana, & Harrison. 2017). Organizational impacts that contribute to burnout are high workloads, inefficient work environment, difficulty with work-life balance, and lack of flexibility (Swenson, Kabcenell, & Shanafelt, 2016). Steps can be taken from the organizational standpoint to eliminate these issues and create an environment that promotes engagement. Practice managers should measure the burnout level of physicians and then periodically re-measure. Maslach (2017) recommends a tool from *Scientific American* that can assess burnout for both physicians and staff alike.

Lack of autonomy and control are also contributing factors in physician burnout. Practice managers must be careful when implementing organizational processes and work toward the physician maintaining an appropriate level of control. Creating opportunities for joint decision-making between the organization and the physician will allow for solutions that respect the level of control physicians need in order to care for patients (Gregory & Menser, 2015).

Creating opportunities for physicians to work with other physicians on problem solving such as the Mayo Clinic experience will help to alleviate the lack of connection with peers. Incorporating a team-based care model can also help with the lack of connectedness and help to minimize workload. The Triple Aim focuses on better care, better health, and lower cost. Ongoing discussion centers on replacing the Triple Aim with the Quadruple Aim, the fourth aim focuses on improving the work life of healthcare providers and staff (Bodenheimer & Sinsky,

2014). The authors present several ideas to implement the goal of the fourth aim. They have considered implementing team documentation with the use of medical scribes; using pre-visit planning to streamline patient encounters; allowing staff to work at their highest skill level; standardizing and creating procedures to assign flow work to the appropriate staff; and confirming that affected staff are well-trained as they fulfill new roles.

Giving providers the ability to balance their work load is another way to reduce burnout (Thew, 2017). Physicians may decide to schedule complicated patients earlier in the day, or set aside time to complete messages or chart work within the day, rather than complete that work at the end of a workday. Allowing physicians to design their schedule can help to reduce chaos, increase the work life balance, and give providers an opportunity to design patient schedules outside of the normal nine to five model (Thew, 2017).

Finally, the organization has a responsibility to choose physician leaders who have demonstrated skills in leading physicians. As stated earlier, management and leadership positions must not be a reward for employees, but rather should be based on specific skills necessary to lead and manage physicians. Choosing people strategically because of their skill in managing people will help to engage followers since the problem of physician burnout can also be redefined as a problem of low engagement (Henson, 2016).

Conclusion

Physician burnout is a serious problem. Burnout is characterized by emotional exhaustion, cynicism, and reduced self-efficacy. These three characteristics contribute to anxiety, depression, and difficulty with family, personal, and professional relationships. Burnout leads to decreased physician clinical time, decreased patient access, reduced patient satisfaction scores, poor quality and patient outcomes, and increased malpractice risk. Physicians must shift their paradigm to self-care, self-compassion, practicing empathy, and being mindful. Proactively addressing the signs and symptoms of burnout is the responsibility of the practice manager and organizational leadership. Measuring burnout, implementing plans to reduce or eliminate it, and

committing to success must occur to return the joy to medicine. Medical practice leaders can create environments which lead to burnout or can create opportunities for engagement. Forward thinking organizations are creating opportunities for engagement for the entire staff. Creating opportunities for physicians to retain some control over their practice, work collaboratively with peers and healthcare teams, and minimize workload will help to create an environment where the well-being of the physician is a top priority.

References

Andrews, B., & Bonvicini, K., (2016). Caring for caregivers: Addressing physician burnout. *MGMA Connection*, 16(6), 16-21.

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine, 12*(6), 573-576. doi:10.1370/afm.1713

Davis-Laack, P. (2017, March 06). *Organizational strategies that promote well-being and reduce burnout.* Retrieved from https://www.forbes.com/sites/pauladavislaack/2017/03/06/organizational-strategies-that-promote-well-being-and-reduce-burnout/2/#715e90af17bf

Medical Group Management Association (MGMA). (2017, March 21). *Does your organization have a staff engagement program to reduce burnout?* [MGMA Stat Poll]. Retrieved from MGMA.ORG/POLLS.

Gallup. (2013). *State of the American workplace*. Retrieved from www.gallup.com/services/178514/state-american-workplace.aspx

Garton, E. (2017, April 17). *Employee burnout is a problem with the company, not the person*. Retrieved from https://hbr.org/2017/04/employee-burnout-is-a-problem-with-the-company-not-the-person

Geis, S. (2017, May 16). *Addressing employee burnout is not just an individual issue*. Retrieved from http://www.mgma.com/practice-resources/mgma-connection-plus/online-only/2017/may/addressing-employee-burnout-is-not-just-an-individual-issue

Gregory, S. T., & Menser, T. (2015). Burnout among primary care physicians: A test of the areas of worklife model. *Journal of Healthcare Management, 60*(2), 133-148.

Henson, J. W. (2016). Reducing physician burnout through engagement. *Journal of Healthcare Management, 61*(2), 86-89.

Jensen, P. M., Trollope-Kumar, K., Waters, H., & Everson, J. (2008, May). *Building physician resilience*. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2377221/

Maples, W., Duffy, B., Cosgrove, T., & Paulus, R. (2016, June 22). *Commentary: Physician burnout in America—a roadmap for restoring joy and purpose in medicine*. Retrieved from http://www.modernhealthcare.com/article/20160622/NEWS/160629975

Maslach, M. P. (2017). Quiz: Are you on the path to burnout? Retrieved from https://www.scientificamerican.com/article/quiz-are-you-on-the-path-to-burnout/

McKee, A., & Wiens, A. (2017, May 12). Prevent burnout by making compassion a habit. Retrieved from https://hbr.org/2017/05/prevent-burnout-by-making-compassion-a-habit

Miller, C. (2016, July 13). *What is the price of physician stress and burnout?* Retrieved from http://medicaleconomics.modernmedicine.com/medical-economics/news/what-price-physician-stress-and-burnout?page=0%2C0

Montgomery, A. (2014). The inevitability of physician burnout: Implications for interventions. *Burnout Research*, 1(1), 50-56. doi:10.1016/j.burn.2014.04.002

Noseworthy, J., Madara, J., Cosgrove, D., Edgeworth, M., Ellison, E., Krevans, S., Rothman…& Harrison, D. (2017, March 28). Physician burnout is a public health crisis: A message to our fellow health care CEOs. Retrieved from http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/

Parks, T. (2016, October 31). *How the Mayo Clinic is battling physician burnout*. Retrieved from https://wire.ama-assn.org/life-career/how-mayo-clinic-battling-physician-burnout

Peckham, C. (2016, January 13). *Medscape lifestyle report 2015: Bias and burnout*. Retrieved from http://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#5

Shanafelt, T., & Swensen, S. (2017). Leadership and physician burnout: Using the annual review to reduce burnout and promote engagement. *American Journal of Medical Quality, 1*(3), doi: 10.1177/1062860617691605

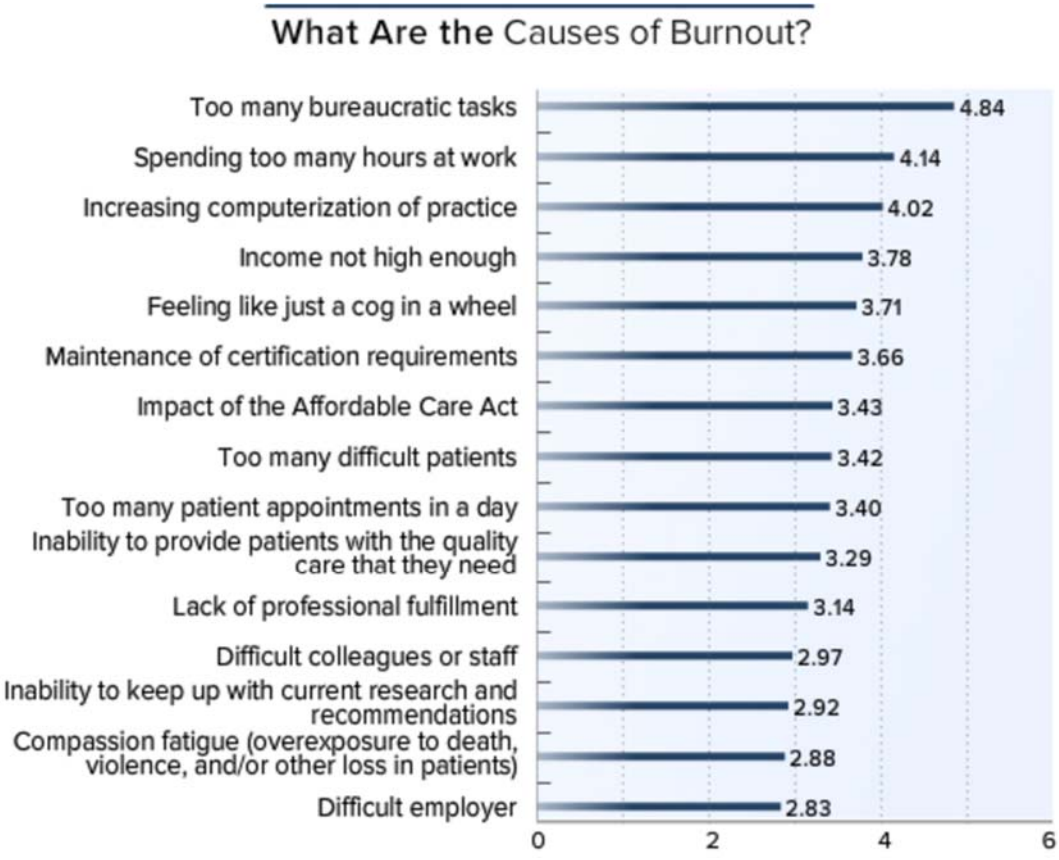
Stress & Burnout. (2017). Retrieved from https://wellmd.stanford.edu/healthy/stress.html

Swensen, S., Kabcenell, A., & Shanafelt, T., (2016). Physician-organization collaboration reduces physician burnout and promotes engagement: The Mayo Clinic experience. *Journal of Healthcare Management, 61*(2), 105-127.

Thew, J. (2017). Beating clinician burnout. *HealthLeaders*, *XX*(2), 11-21.

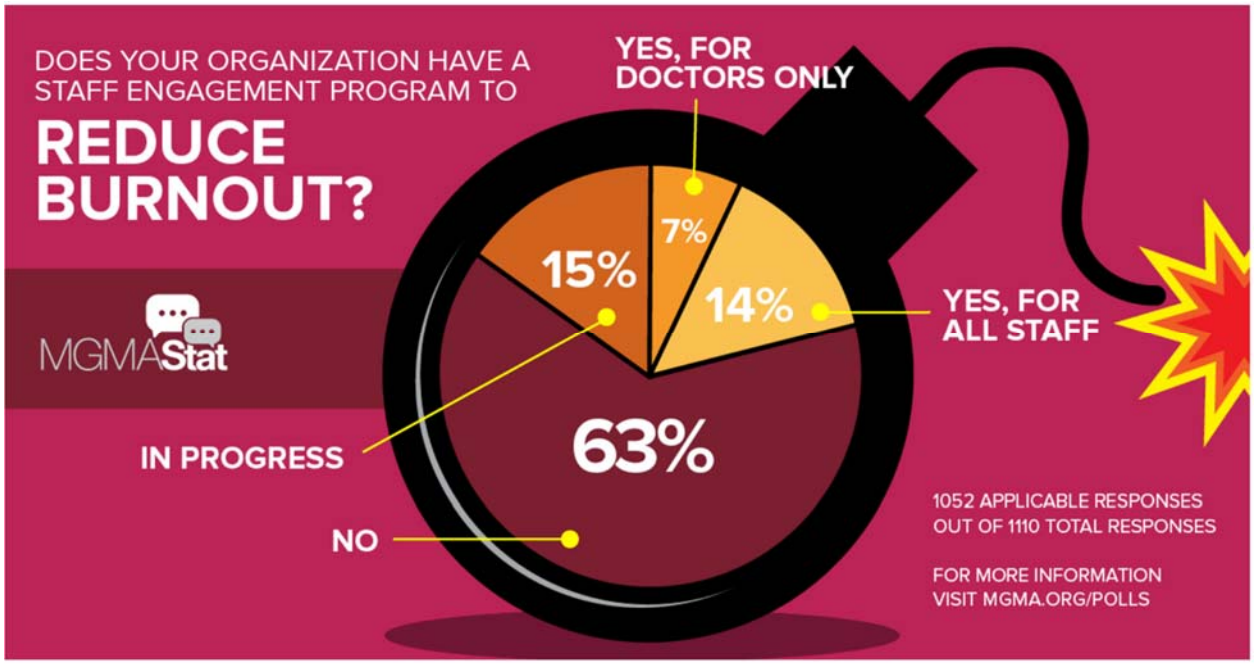
Winner, J. (2017). Reducing frustration and increasing fulfillment: Mindfulness. *Family Practice Management*, 24(4), 28-32.

Appendix A



(Peckham, 2016)

Appendix B



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