Physician Stress and Burnout: What Can We Do?

By Alan H. Rosenstein, MD, MBA

In this article...

A survey of more than 2,000 physicians finds that stress and burnout are on the rise, but there are some steps doctors can take to reduce the problems.

There is a growing amount of literature attesting to the increasing amount of stress and burnout and its negative impact on physician lives and performance.1-14 It occurs more frequently than admitted, is frequently ignored or accepted as part of doing business, and there’s an overriding rationalization and resistance to seeking or accepting help.

It’s a complex issue involving a variety of different factors including genetics, upbringing, and other life experiences later accentuated by the hardships of medical training and the realities of today’s medical environment. Something needs to be done, but are we doing it?

A recent survey conducted by Physician Wellness Services in Minneapolis, MN, and Cejka Search of St. Louis, MO, provides additional insight into the problem.15 The survey was completed in October 2011. Responses were received from over 2,000 practicing physicians nationwide across multiple specialties. Nearly two-thirds of the physicians identified themselves as being more stressed or burned out compared to three years ago.

- The top three personal life-related factors contributing to stress or burnout included not enough time to relax (53 percent), not enough time to exercise or to participate in wellness activities (51 percent) and concerns about work-life balance (45 percent). (See Figure 3.)

- The top three work-related impacts of stress or burnout were lower job satisfaction (51 percent), desire to work fewer hours (41 percent) and desire to retire early (30 percent). Twenty eight percent expressed a desire to change careers, 22 percent a desire to switch jobs and 16 percent a desire to switch to a new practice (See Figure 4.)

- The top three personal life-related impacts of stress or burnout were feeling tired (41 percent), sleep problems (37 percent), and general feelings of irritability and moodiness (34 percent). (See Figure 5.)

When asked if they have ever left a practice due to stress or burnout, 14 percent said yes. When physicians were asked what they were doing to combat stress, the three top answers were trying to exercise (63 percent), trying to spend more time with family and friends (57 percent), and trying to take more vacation time (48 percent).

When asked what they would like their organizations to do to help them address their stress and burnout, the top answers were to provide more ancillary support to help with administrative matters (63 percent), provide on-site exercise facilities and classes (39 percent), provide wellness initiatives (28 percent), provide workshops on stress/burnout management (24 percent), provide concierge services (20 percent), and provide coaching or mentoring resources (19 percent). (See Figure 6.)

When asked if their organization currently provided support for stress or burnout, only 16 percent said yes. For those organizations that did provide resources, the most common initiatives included wellness services (31 percent), workshops and education (29 percent), on-site exercise facilities (19 percent), an Employee Assistance Program (EAP),
programs or reduced work-hour commitments to encourage and support time for relaxation and recuperation. Now what can we do for the practicing physician?

Offer support

Looking at the first series of results, one category of stresses includes the external environment. There is probably little that we can do to affect concerns about the overall economy. Issues related to health care reform and CMS policies are left in the hands of governmental politics, lobbyists and influential medical societies. On the other hand, there is definitely room for opportunity to address work-related stress factors.

Physicians need to recognize that they are working under increasing amounts of stress, acknowledge it and take steps to mitigate its effect. So where do you begin?

There are many deep-seated factors, including age, gender, family and life experiences, culture, and ethnicity, that shape a person’s personality, values and behavioral styles. Many of these factors may affect the way an individual reacts to stress and may need to be addressed through appropriate counseling or behavioral modification programs.16

A second contributing factor is the intensity and duress of medical training. Much of the stress and burnout begins here. Many medical schools and training programs are beginning to address this issue through supportive programs or reduced work-hour commitments to encourage and support time for relaxation and recuperation. Now what can we do for the practicing physician?

Raise awareness

The first step is to raise levels of awareness of how prevalent and serious an issue this is. Organizations need to recognize the negative impact of stress and burnout on physicians and provide appropriate programs and support to enhance physical and mental well being to restore satisfaction, energy and performance.

counseling or behavioral health services (15 percent) (See Figure 7.)

Overall these were rather disturbing results that indicate that little is being done to help physicians. On the positive side, there’s tremendous opportunity for improvement. What can we do?

Figure 1:
External Factors Causing Stress or Burnout

The State of the U.S. economy in general
Health care reform
Centers for Medicare and Medicaid (CMS) policies
The number of unemployed and uninsured people
The performance of financial markets
Consolidation in the health care industry
The physician shortage
Nothing in the external environment causes me to feel stressed and/or burned out
The aging population
Political situation, general
Other/misc.
Be proactive

A second resource is the proactive organization. One of the most disturbing results from the survey is that only 16 percent of the physicians felt that their organization was providing the support they need. Support can come from many different directions.

The first issue is to address time demands and capacity. Using nurse practitioners or physician assistants can make a significant impact in reducing some of the clinical load. Administrative support staffers can help reduce the burden of non clinical responsibilities and administrative needs.

Being conscious and creative in addressing time commitments and on-call requirements will help reduce
Physicians have dedicated their lives to the practice of medicine. They work hard and sacrifice deeply in their quest to provide the best patient care. Economic realities have added additional stresses that amplify the business side of medicine, which many physicians feel are an encroachment on their practices. Some grin and bear it, some change practice models, some retire early and some change careers. Physicians are a precious resource that may soon be in short supply. We need to do all we can to help them.

To their surroundings. Providing resources to help physicians adjust to the stresses in their environment will go a long way toward improving overall satisfaction, energy, engagement, productivity and care efficiency. Services can include providing programs on stress management, time management and business management. Many of these programs can be offered through a physician wellness committee, human resources or medical staff services. Individualized services through a coaching or mentoring program can be particularly successful by allowing one-on-one interaction providing more personalized recommendations. These services can be provided internally or through contracted services such as a physician EAP. In some cases the situation may require more comprehensive counseling, therapy or recommendations for behavioral modification services.

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<table>
<thead>
<tr>
<th>Figure 3: Personal Life-Related Factors Causing Stress or Burnout</th>
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<td>Other/misc.</td>
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Not enough time to relax or for leisure/recreational activities: 52.8%
Not enough time for exercise or wellness activities: 50.4%
Concerns about work/life balance, in general: 65.0%
Concerns about finances: 32.8%
Not enough time to sleep: 30.4%
Issues at home with spouse/partner: 26.6%
Issues at home with children: 10.4%
Nothing in my personal life causes me to feel stressed or burned out: 8.4%
Issues at home with other family members (e.g., parents, in-laws): 8.2%
Concerns about personal drinking or substance use: 1.0%
Personal health-related: 0.4%
Other/misc.: 0.2%

By providing resources such as an EAP, physicians can receive confidential support and guidance to help them manage stress and improve their overall well-being. This will ultimately benefit their patients and themselves.
**Figure 4: Work-Related Impacts of Stress or Burnout**

- Lower job satisfaction
- Desire to work fewer hours
- Desire to retire early
- Desire to leave the practice of medicine for a different career
- Desire to switch jobs
- Desire to switch to a new practice
- Lower productivity
- More conflict with administrators
- More difficulty making decisions
- More issues with communicating effectively
- More conflict with peers
- More conflict with non-physician co-workers
- More work-related errors
- Other patient safety-related issues
- Worry about keeping job

**Figure 5: Personal Life-Related Impacts of Stress or Burnout**

- General feelings of tiredness
- Less sleep or problems sleeping
- General feelings or irritability or moodiness
- Impacts on your physical health
- More conflict with spouse/partner
- General feelings of apathy or cynicism
- Impacts on your mental health (e.g., depression, anxiety)
- General feelings of anger or hostility
- Less interest in engaging with those around you
- There are no personal life impacts caused by stress or burnout
- Less interest in normal activities
- Falling asleep during the day during other activities
- More conflict with friends and family members
- Drinking more and/or drug use
- Delaying personal life
- Other forms of acting out (e.g., shopping)
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**Figure 6: Desired Organization-Sponsored Assistance with Stress or Burnout**

- More ancillary support to help with things like paperwork or charting, such as physician aides (38.0%)
- On-site exercise facilities or classes (e.g., yoga, tai chi, Pilates) (22.8%)
- Wellness initiatives (21.8%)
- Workshops and education on managing and coping with stress and burnout (19.8%)
- Concierge-type services (18.5%)
- Coaching or mentoring resources (13.4%)
- Administration more in touch, involved, collaborative, or respectful (13.3%)
- Lower expectations for productivity, work loads, non clinical tasks; increase time off (6.5%)
- Better compensation (0.8%)
- More, better, or adequate levels of staffing (0.1%)
- Better or effective EMR (0.1%)
- Better call coverage (0.1%)
- List and access to available wellness resources (0.1%)

**Figure 7: Current Organization-Sponsored Assistance with Stress or Burnout**

- Wellness initiatives (29.3%)
- Workshops and education on managing and coping with stress and burnout (15.1%)
- On-site exercise facilities or classes (e.g., yoga, tai chi, Pilates) (15.1%)
- EAP/counseling/behavioral health services (6.5%)
- Coaching or mentoring resources (4.9%)
- Didn’t know what was available, specifically (4.4%)
- Social events (4.6%)
- Work practices and accommodations (6.6%)
- More ancillary support, such as physician aides, to help with things like paperwork or charting (4.6%)
- Time off (3.1%)
- Concierge-type services (2.8%)
- Outside gym/exercise memberships or discounts (2.5%)
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Alan H. Rosenstein, MD, MBA, is medical director of Physician Wellness Services in Minneapolis, MN. ahrosensteinmd@aol.com

References: