

July 2018

PROACTIVELY ADDRESSING PHYSICIAN BURNOUT

by

By Shena J. Scott, MBA, FACMPE

As physician practices face more and more stressors – increasing government regulation and administrative burdens, expanding coverage demands, transition to value based payments, uncertainty surrounding mergers and acquisitions, production pressures, financial challenges to “do more with less,” just to name a few – it is hardly a surprise that the New England Journal of Medicine (NEJM) reports that more than half of physicians are “burned out.”ⁱ

Physician burnout has received a lot of press in recent years because it has been linked to negative impacts on quality, patient safety, patient satisfaction and physician turnover, all criteria that are the new “measures of success” for hospitals and physician practices. Burnout has been linked to disruptive behavior, broken relationships, alcohol and substance abuse and, in its extreme, physician suicide. According to the NEJM, physician suicide rates are more than twice that of the general population and increasing each year. In January 2018, the Washington Post reported that male anesthesiologists have the highest suicide risk of any physician specialty.ⁱⁱ

Needless to say, these statistics have garnered the attention of hospital administrators and specialty societies like ASA to bring resources to physicians to help address the symptoms of burnout and to attack its root causes. But it takes more than that. It takes a concerted effort, both by the individual physician and the physician practice, to ensure success.

What is burnout and what can your practice do to help colleagues who are caught in its throes? Burnout is defined as *a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress, often from multiple sources. It is characterized by exhaustion, cynicism, depersonalization, reduced feelings of meaning or accomplishment and minimized effectiveness.* And, it is the gateway to a whole host of bigger problems. Another interesting NEJM statistic: while 65% of physicians acknowledged that burnout is a problem, only 35% believe it impacts someone that they know. But, truth be told, I would guess that every single person reading this article knows somebody who is experiencing these symptoms, someone for whom virtually every day is “just another bad day.”

Like most challenges we face, the first and biggest step to finding a solution for burnout lies in acknowledging that there is a problem. This can be particularly difficult for physicians because they tend to be perfectionists who hold themselves to extremely high standards. Clearly that is not a bad thing. You never would have made it through medical school and residency otherwise. And, trust me, all of your patients are extraordinarily grateful that you

Notice: This memo was prepared by the author in his/her personal capacity. The opinions expressed within are the author's own and do not reflect the view of the American Society of Anesthesiologists.

possess these admirable qualities. But the truth is also that every positive quality has a negative side when pushed to the extreme. All of the stressors physicians face today are pushing many of them to the extreme. Humans in general do not like to fail, and physicians most certainly do not. As such, it is critically important for physicians feeling the weight of burnout to understand that it is not an individual shortcoming but a system problem that can happen to anyone. It is not the failure of an individual, it is an amalgamation of circumstances that have piled on exponentially until they have “broken the proverbial camel’s back.”

The good news is that, while there are some common traits that push physicians towards burnout, physicians also stereotypically possess other traits that equip them to overcome it once the problem is acknowledged. They are highly intelligent, quick learners who are trained to analyze and attack problems. They don’t give up easily. They have a deep connection to their purpose and to their profession and they also tend to have really strong family support systems. Many physicians put an enormous amount of financial pressure on themselves, something they believe that their families depend upon, but often a conversation with their families unveils that they would rather make sacrifices elsewhere to release that burden from their loved one.

Frank, introspective conversations with family and colleagues are a good starting point for addressing burnout. Dike Drummond, M.D. www.thehappyemd.com,ⁱⁱⁱ offers a great resource for physicians and organizations looking to reduce stress and recharge, the Burnout Matrix 2.0. It is a quadrant- based system that lists 235 activities you can mindfully take on to help reduce stress and recharge your batteries (note to over-achievers: please don’t try to take on all 235 at once!). Here are a few of my favorites from the personal side of his list:

Personal Stress Reduction:

1. **Take time to reflect** (meditation, taking a walk or, for some, a bubble bath) – don’t let your mind wander, take the time to reflect on the blessings in your life. Think of three good things that happen each day (waking up, with a roof over your head, a place to work and food on the table is always a good start!) and keep a journal of them that you can look back and reflect upon when feeling overwhelmed.
2. **Get organized** – while it is easy to say, “I don’t have time for that,” making time to get organized reduces stress in the long run. Prioritize all of those things on your “to do” list and decide which ones really need to be done by you, which can be delegated to someone else, and which ones simply do not matter enough to be on the list at all.
3. **Get a handle on your finances** – develop a plan and stick to it. Feeling financial pressure adds enormously to the already stressful life of being a physician. So many things we think are important, like having a fancier car or a bigger house, really may

Notice: This memo was prepared by the author in his/her personal capacity. The opinions expressed within are the author’s own and do not reflect the view of the American Society of Anesthesiologists.

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

not be as important as we think they are, certainly not if they are hurting our health or making us miserable.

Personal Recharge:

1. **Create and practice a “boundary ritual”** – create a ritual to separate work from home and try to concentrate on the space where you are. In the days of electronic communication, we are all “on the grid 24/7” so it is nearly impossible to do this. But focusing on work while at work and home while at home improves relationships and can go a long way towards recharging yourself.
2. **Make time for your primary relationships, hobbies, spiritual pursuits and exercise** - All of these things recharge our bodies and our souls in different ways.
3. **Schedule and take vacation** – even if it is a “staycation,” everyone needs to take a break in order to recharge. And don’t wait for that once or twice per year vacation to do that, schedule open time for spontaneity and rest in between vacations as well.

The list above outlines some things the individual, and his/her family, can do to reduce stress. But what are some of the things the practice can do to foster a culture that avoids physician (and anesthesiologist) burnout?

1. **Offer flexibility in scheduling** – offering flexibility in scheduling allows people to take the time that they need to take care of themselves and their families and to be where they want to be on the income-lifestyle spectrum. Too many practices have a “one size fits all” approach to scheduling and do not allow physicians to work more or less in order to accommodate their personal needs.
2. **Emphasize, or at least acknowledge, lifestyle priorities** – create a culture that prioritizes family needs and offers support to families when they need it. All of us have times when we need a little extra time or help. Staff your practice to a level that can offer time off to people when they need it. The money you invest to get there will be reimbursed in the form of happier employees and reduced turnover.
3. **Hire a practice administrator to reduce the burden of running the business** – being a physician is hard enough! Don’t add to that stress by trying to take on all of the business side as well. It is much more cost efficient to hire a practice administrator on a full-time or part-time basis to help take some of those duties off the physician plate.
4. **Encourage people to take on small projects that interest them to increase their engagement in, and sense of ownership of, the practice** – people who are engaged in what they do are inevitably happier in their surroundings. There is nothing more stressful than lack of control. Getting involved in small ways to contribute to practice success and feel the pride of ownership helps people feel more engaged, and more in control of their destinies, which ultimately reduces stress and makes them happier.

Notice: This memo was prepared by the author in his/her personal capacity. The opinions expressed within are the author’s own and do not reflect the view of the American Society of Anesthesiologists.

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

5. **Create clear expectations** – this is really very simple. Not knowing what is expected of you is highly stressful. People cannot adhere to standards that they have not been told exist. Make sure that practice expectations are clearly communicated, fairly administered and understood by all.
6. **Show gratitude** – this is the simplest of all. Reward good behavior and say thank you. Everyone likes to feel appreciated for what they do. Simply smiling and saying thank you goes a really long way in creating a culture where people feel valued and appreciated. Take the time to say thank you to your colleagues and they will likely take time to return the favor.

In conclusion, burnout is not a problem that needs to be tackled alone. It is the unfortunate result of the society in which we live. Physicians experiencing burnout should not feel that they are failing but instead should take proactive steps to reduce stress and recharge their batteries. Practices that develop an organizational culture to address the root causes of burnout can go a long way to improving the health of their practices and the physicians that comprise it.

ⁱ Swensen, S, Shanafelt, T and Mohta, N, “Leadership Survey: Why Physician Burnout is Endemic and How Health Care Must Respond,” NEJM Catalyst 2016 Dec

ⁱⁱ Wible, Pamela “What I’ve Learned from My Tally of 757 Physician Suicides,” Health Science Section, Washington Post, January 13, 2018

ⁱⁱⁱ Drummond, D, “Matrix 2.0: 235 Ways to Prevent Physician Burnout,” TheHappyMD.com