

Preventing, Identifying, and Responding to Physician Burnout

Here are some thoughts and strategies for dealing with this issue.

BY MARK TERRY

Physician burnout is being called a national epidemic. The topic is complex, but burnout has a specific clinical definition. Although it overlaps with depression, not all burned-out physicians are depressed, nor are all depressed physicians burned out.

In a Stanford University School of Medicine study published in 2018, of the 6,695 physicians in active practice across the U.S. who responded to a survey, 55%, or 3,574, reported symptoms of burnout. An even scarier statistic is that 10% of those surveyed indicated they had made at least one major medical error in the previous three months. The study found that physicians reporting burn-

out had more than twice the odds of self-reported medical error after adjusting for specialty, work hours, fatigue, and work unit safety rating.

In 2019, Medscape published its

The study also found that a higher number of female physicians, 50%, reported feeling burned out, compared to 39% of male physicians.

Clearly this is an issue. Note that

Physician burnout is being called a national epidemic.

National Physician Burnout, Depression & Suicide Report 2019, which suggested that 44% of about 15,000 physicians involved in the study were burned out, 11% were “colloquially depressed,” and 4% were clinically depressed. Colloquial depression is reporting “feeling down, blue, or sad.”

the word “issue” is being used instead of “problem.” There’s a reason for that.

Framing Physician Burnout

Dike Drummond, MD, CEO of The HappyMD.com, who specializes in coaching, training, and consulting

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on physician burnout, is adamant about not framing physician burnout as a problem. “Because everybody,” he says, “is a victim of mathematical thinking. The magical thinking is that burnout is a problem and that there is a solution. Somewhere, you think

say “sorry, there’s nothing you can do, you’re screwed,” but it recognizes that there are systemic and complicated issues involved and there are no quick fixes.

What Is Burnout?

Gould notes, “We might use the word ‘burnout’ colloquially and say

this is most commonly described by physicians as, “What’s the use? ‘I’m really not making a difference here.’ Or the third sentence will be, ‘I’m concerned that if something doesn’t change, I’m going to make a mistake and somebody’s going to get hurt.’”

Hal Ornstein, DPM, of New Jersey Podiatric Physicians and Surgeons, who speaks regularly on the topic, describes burnout as



Dr. Drummond

“When you get to the point where things, in my concept, don’t bring you joy anymore

and you start avoiding the important things because you don’t want to deal with them.” Ornstein adds, “You know your life is on thin ice, and you don’t want the ice to crack. Little things become big things. Things that normally wouldn’t bother you become monumental.”

Not everyone will have all three symptoms, but a kind of mental, physical, and spiritual exhaustion is

There are three “symptoms” or signs of burnout: exhaustion, depersonalization, and loss of sense of purpose.

all you need to do is find and apply that solution and you won’t have to worry about burnout anymore. And that’s bullshit. That’s magical thinking. It’s a fantasy.”

He prefers to think of it as a dilemma. “It’s a never-ending balancing act. On one side is the energy you burn at work and at home and the other side is your ability to recharge to maintain a steady state of positive energy.”

Neda F. Gould, PhD, director of the Mindfulness Program at Johns Hopkins School of Medicine and Assistant Professor of Psychiatry and Behavioral Sciences, admits she had never thought of it quite that way. “I would think of



Dr. Gould

it more as a complex problem that doesn’t have one solution, but that there are ways to address it. That’s an interesting perspective. Can we eradicate physician burnout? That may be challenging or take a very long time. But we can begin to address it with different modalities with the physician and at a broader level. I think we can do that. We can mitigate it.”

The warning then, is that when—and this article will as well—a list of to-do activities is created to prevent or treat burnout, it’s viewed as a “do-this-and-everything-will-be-okay” kind of solution to a problem. But that tends to be simplistic. It’s not that this article will

somebody is burned out at work or stressed out at work, but academically it is more a cluster of symptoms: emotional exhaustion, reduced accomplishment from the work you’re doing, and depersonalization.”

By depersonalization, Gould means feeling less connected to people, feeling less compassionate, and lacking empathy for individuals. She also adds that, “There’s a high correlation between people who are burned out and who are depressed,

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but it’s not always that someone who is burned out is going to be depressed.”

Broadly, there are three “symptoms” or signs of burnout. The first is exhaustion. Drummond says, “exhaustion that doesn’t respond to normal rest, assuming that you can get it. It is one of the cardinal symptoms.”

Second would be depersonalization, which is sometimes referred to as “compassion fatigue.” Drummond says, “Everybody knows the symptoms of being cynical and sarcastic about the people you’re actually meant to be serving. That’s when you lose the ability to be emotionally available for other folks.”

The third, Drummond says, is loss of a sense of purpose. He says

common, or what Drummond refers to as the “canary in the coal mine.”

The Causes of Burnout

There are a multitude of reasons for burnout and, rather obviously, physicians aren’t the only people to experience it. However, physicians seem to have a higher proportion of burnout in their profession than many, although not necessarily the highest. Drummond notes that physicians fall into a category of professions where you are basically putting the welfare of others ahead of yourself. That can go anywhere from hotel and hospitality work where the “customer is always right,” to teachers, nurses, therapists, pastors, and physicians.

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“The two biggest groups with higher burnout rates than doctors,” Drummond says, “are law enforcement—to protect and to serve—and war fighting, military. The reason is, they may be asked in the normal course of their duties to give their lives for the people they’ve chosen to serve.”

There’s another factor for physicians that appears to be behind the growth of burnout. It’s related to the bureaucratization of healthcare, or perhaps another way of putting it is, more and more things stand between the physician and the patient.

“Now, in healthcare,” Ornstein says, “more than ever, we have everybody knocking on our door—there are



Dr. Ornstein

Electronic medical records and an overall digital world feeds burnout.

so many agencies that can literally close you down. You have HIPAA that you never had to deal with. You have computer programs where patients have to get access. You have billing and coding, which has become harder than ever. And a real big one is the number of audits that doctors experience. It’s all under the umbrella of compliance—there’s so much compliance in medicine that it’s absolute craziness.”

Drummond agrees, noting that electronic medical records and an overall digital world feeds burnout. “When they brought in electronic medical records, they were not designed by a doctor. They were not designed for ease of data entry. They were designed to justify the billing code and to make big data available, with the mantra being that it would improve healthcare. But it doubled the doctor’s workload. And in many cases, when you doubled the doctor’s workload, they didn’t provide any extra people in the back office.”

As a result, you get physicians spending additional hours a night at home trying to keep up with the chart or spending a lot of time during the workday on charting or supplying all the other metrics that regulators and payers are requiring now. Some of that relates to comparative-performance data, or what is also called healthcare quality metrics. This has placed pressure on healthcare providers to hit certain goals that are created by others—often number of patients seen in a day—which also takes away something that is usually valued by physicians (and everyone else): autonomy.

The Elephant in the Room—COVID-19

The bulk of this article was written prior to the COVID-19 pandemic. Obviously, for everyone, in the

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medical profession or not, this has been an area of stress. For individuals in health care, the so-called “front lines,” that stress can be enormous. In a follow-up with Drummond, he notes that about 25% of physician

are several quizzes that can be taken, some developed specifically for physicians. One was developed by Christina Maslach, PhD, and Michael Leiter, PhD, called the Maslach Burnout Inventory. [<https://www.mindgarden.com/117-maslach-burnout-inventory>].

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practices have been overwhelmed by viral disease and approximately 75% of services were “mothballed or furloughed by the postponement of everything that was not viral.”

In addition, of course, physicians who could, made a switch to telemedicine, which may have involved learning new systems and new coding procedures. And as everyone probably noted, for a while, because of the lag time between care and reimbursement, at what might be optimistically referred to as the “height” of the pandemic in April and May, money was coming in, but as things moved into June and July, the funds were starting to dwindle.

In addition, many practices dealt with cutting or furloughing staff, increasing hygienic practices with their existing patients, changing workflow, filing for government PPP loans, and the overriding stress of being in contact with the public in the midst of a viral pandemic.

Drummond noted, “The COVID-treating physicians are at personal risk, putting their families at risk and in the hottest spots will be plagued by trauma, PTSD, drugs and suicide in the months and years ahead. The pressure increases the stresses leading to burnout and adds in a healthy dose of trauma to the mix.”

Throw in financial pressures and the possibility of burnout only increased.

Drummond said, “It is time for exquisite self-care.”

Recognizing Burnout

Obviously, as we’ve described the symptoms above, you may recognize that feeling of burnout. There

Ornstein says, “It’s great to have people close to you that you can trust and ask. ‘Do I seem okay? Am I being myself? Do you see any changes? Do I seem burned out?’ Sometimes people see it before you do.”

“In my experience,” Gould says, “people begin to see they’re feeling disconnected from work. They no longer connect with their patients in the way they would like to, and just

Preventing and Responding to Burnout

Keeping in mind the earlier topic of not framing burnout as a problem to be solved, what can be done to prevent and/or mitigate burnout?

The Medscape survey listed 11 things physicians do to cope with burnout, also noting that men and women coped somewhat differently. They are, from most common to least common: exercise; isolate oneself from others; talk with family members/close friends; play or listen to music; sleep; eat junk food; drink alcohol; binge eat; smoke cigarettes/use products containing nicotine; use prescription drugs; smoke marijuana/consume marijuana products. Obviously, some of these are positive while others are not.

Ornstein notes that, “Diet is huge. Doctors don’t have time to eat, so they eat like crap. So take a lunch break. Take the time and realize, as a generally informed statement, you don’t have to sacrifice financial

“Burnout is a balancing act that requires a burnout prevention strategy. They do not teach you this in residency because residency is about survival. You learn the worst self-care habits in the world in residency.”—Drummond

feel overall exhausted. They don’t feel that motivation and drive because they’re so run down.”

There is also something called The Physician Well-Being Index [<https://practice.asco.org/practice-support/staff-recruiting-development/recognizing-preventing-physician-burnout>]. Specific key questions in the index include:

- Have you often been bothered by feeling down, depressed, or hopeless?
- Have you fallen asleep while stopped in traffic or driving?
- Have you felt that all the things you had to do were piling up so high that you could not overcome them?
- Has your physical health interfered with your ability to do your daily work at home and/or away from home?

things for balance in life.”

Drummond, in addition to his book, *Stop Physician Burnout*, has a Burnout Prevention MATRIX 2.0 that offers 235 ways to prevent burnout. But he says that “burnout is a balancing act that requires a burnout prevention strategy. They do not teach you this in residency because residency is about survival. You learn the worst self-care habits in the world in residency.”

Ornstein also suggests time management, simple things like having a daily to-do list. “Check things off. At night, review the list and update it for the next day. Do things right when they’re in front of you.”

And in our increasingly connected and digital world, putting the phone away can be an amazing step, even

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if just for an hour. Don't set it aside, but actually lock it away somewhere for an hour. And keep it away from your bed and try not to look at a phone an hour before trying to get to sleep—numerous studies have found that the blue light used in phones interferes with good sleep patterns.

Mindfulness or meditation is often suggested. This is Gould's particular specialty area. She offers a six-week series on mindfulness and meditation for students and trainees, "where we are teaching them some of the core

In terms of practical steps, Ornstein suggests a personal inventory, setting one, three and five-year goals.

skills of mindfulness and meditation in daily life as a tool for stress reduction. Part of it is giving individuals, especially early on in their careers, the permission to feel like they can engage in self-care, which is something that kind of falls by the wayside because physicians can get used to caring for others and have a mindset of putting everyone else before yourself."

In that regard, keep in mind the line from every airplane safety session—put the oxygen mask on yourself first; you can't help others if you don't. Gould also offers eight-week courses where "people get an intensive mindfulness meditation experience." She also says that if you're burned out or suspect you're burned out, she recommends seeking professional help. She adds, "The individual can also directly go to seek professional help—a primary care physician, if they're not comfortable with a mental health professional. Most universities and schools of medicine have mental health programs where they can begin to connect with some sort of counselor or mental health professional so they can begin to discuss some of what they're feeling. And from there they can collaboratively work with what is necessary or feasible in terms of intervention."

Practical Steps

In terms of practical steps, Ornstein suggests a personal inventory, setting one, three and five-year goals. He also points out that in terms of exercise, walking is a low-hanging fruit for good health. He's also a proponent of yoga and meditation.

Ornstein also recommends hiring a personal assistant, someone outside your office, not one of your employees, who "basically does everything and anything you want them to do." In that regard, he suggests that you take a piece of paper and on the left, list everything you do during the day; and on the right, list ones can you pay someone to do. He hired a personal assistant about 20 years ago and pays them \$15 or \$20 per hour 10 to 15 hours a week. "Come up with a list of what you want them to do." For example, he has a bin in his office of things that need to be

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returned or taken to the post office and the PA takes care of that.

He also suggests getting a “stress or burnout buddy. Somebody you can talk to once or twice a week. How are things going? It’s how Al-

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coholics Anonymous works, right? We almost need AA for burnout and stress management.”

A Systemic Issue

Everyone involved in this topic points out how the healthcare system has become increasingly complicat-

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ed—and perhaps even hostile to physicians. What Drummond and Gould also noted is that in healthcare institutions, not enough is being done to address it, although there does seem to be some initiatives for it. As Gould points out, at Johns Hopkins, they’re increasingly working with medical students and administrators on adding components of self-care and preventing and mitigating burnout into the curriculum, or they’re providing resources.

Drummond adds that, “There has been very little attention paid to the organizational aspects of burnout. There has been a lot of blaming the victim—that doctors just need to be more resilient.” This is why Drummond doesn’t view it as a problem to be solved, but a process, and the process needs an individualized strategy. It just takes a little tweak to rebalance their energy in the positive. And at this point, 70% of our clients recover without changing jobs, often over the course of about six to nine months coaching clients.” For the 30% who do require changing jobs to recover, they all recover. (He notes that for all the people who change jobs to recover, they all had conflicts with their boss.)

Although his book and his program offer 253 options, Drummond notes that, “There are a couple that make it into everybody’s strategy. There’s a weekly life balance scheduling process I called the schedule hack, and there’s a thing called a boundary ritual, where you drop boundaries between work and home so you can come all the way home at night.” But at the end, Drummond says, “You have to have a strategy.” PM

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