



More Thoughts and Strategies for Preventing Physician Burnout

Here are some tips to help stave off this ever-growing issue.

BY MARK TERRY

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Physician burnout appears to be on the increase. Or, at the very least, its prevalence is of concern. “It’s hard to know if it is or is not that much more prevalent,” says Mark Linzer, MD, Director of the Office of Professional Work Life for Hennepin Healthcare (Minneapolis, MN). “There’s a study from the early 2010s, where 43% of physicians reported being burned out in the country. Four years later, it was 54%. That’s when everybody got very worried about the high amount of physician burnout. But three years later, about two years ago, it was back to 44%. So I don’t know if it’s more prevalent or people are finally addressing something that’s been around for a long time.”

Either way, it’s not as if 43% of physicians being burned out is a good thing or even remotely acceptable.

And although comparing studies presents its own problems, the 2018 Survey of America’s Physicians Practice Patterns and Perspectives cited that an astonishing 78% of physicians had

Linzer says, “The three components are emotional exhaustion, depersonalization or cynicism, and lack of a sense of personal accomplishment. So tipoffs can be people looking more

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burnout. Additionally and unsurprisingly, all indications are that the burnout problem has been exacerbated by the COVID-19 Pandemic.

A Clinical Definition of Physician Burnout

Although there are a lot of variations to what can be called physician burnout, the 11th Revision of ICD (ICD-11) in May 2019 cited it as a syndrome of three components.

fatigued, unable to attend meetings, being more cynical, withdrawn, not connecting as well with their peers and patients, wondering why they got into medicine in the first place.”

That said, Rotenstein, et al. published an article in *JAMA* in September 2018, “Prevalence of Burnout Among Physicians: A Systematic Review,” that looked at 182 studies involving 109,628 people in 45

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countries between 1991 and 2018. The primary source for the studies, 85.7%, was a version of the Maslach Burnout Inventory (MBI). Although the three components were at the top, there were a minimum of 142 unique definitions for meeting overall burnout, which suggests there's some disagreement in the literature on a definition of burnout.

Michael Leiter, PhD, formerly with Deakin University School of Psychology in Australia and currently with Acadia University in Nova Scotia, has spent most of his career studying burnout and was involved with Christina Maslach, PhD, at the University of California Berkeley, in developing the Maslach Burnout Inventory.

The inventory and self-test is available at https://www.mindtools.com/pages/article/newTCS_08.htm. The survey, Leiter says, "was designed specifically for people who provide services to other people, teachers, doctors, social workers, etc. Then we

covering a wide range of work areas. It's just that medicine has an intensity to some of those configurations."

4 Broad Approaches to Preventing Physician Burnout

Dike Drummond, MD, is the CEO of TheHappyMD.com, a coach and speaker focusing on preventing physician burnout. On his website is his MATRIX 2.0 Report, which is free and offers 235 ways to prevent physician burnout.



Dike Drummond, MD

However, Drummond says, "There's basically four different categories of things people use to lower their stress levels." The first is to do something to life balance, Drummond says, "to be actively balancing your life because otherwise your career will eat it." The second broad category is to get home sooner, to take action about being more efficient and effective at work. This, Drummond says, "usually has to do with documentation and electronic medical records."



Michael Leiter, PhD

they don't like. "What are the top three things that fry your bacon at work? What's the top three stressors at work? Most people will complain about things, but not make a list. I like people to write it down. Write it all down, get it out of your head. And that allows us to circle one and get started on it."

Work-Life Balance

Although Drummond's MATRIX offers 235 ways to prevent burnout, he has found in coaching clients that there are a few that are used most often and seem to make a big difference to the most people.

#1. "One is a boundary ritual," he says. "What you do is do something when you come home to mark the boundary between work and home; to basically come all the way home so you can start to recharge."

For example, he notes he asks physicians: Have you ever found yourself sitting at home thinking about work? Of course, everyone laughs. But home is supposed to be where you recharge, Drummond notes, "and if you're sitting at home thinking about work, you're continuing to drain in a different place."

He suggests creating a ritual that marks the boundary between work and home. It could be anything. It could be taking a really deep breath as you turn the key to take it out of the ignition. It could be walking the dog or brewing a cup of tea.

"Hug your kids," Drummond says. "Work in the garden. Write in your journal. Take a nap. Take a shower. Change your clothes. Take out your contacts. What do I know? But with this action, it says to you: I'm coming all the way home."

#2. Make a schedule hack. This may not apply to everyone, but Drummond recommends it to anyone with children. "Basically, you buy a paper calendar and once a week you sit down with your family for 15 or 20 minutes and plan the week ahead."

Most physicians, he points out, have a work calendar, but almost

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had another scale that looked at other professionals, but included computer programmers, retail workers, mail carriers, all sorts of lines of work."

Leiter said, "It's really the gold standard for measuring burnout. When the World Health Organization (WHO) in May 2019 included burnout in its domain, it specifically used the structure and words we used to define the scale of burnout and efficacy." Leiter is more convinced that physician burnout is more prevalent for a variety of reasons. "It's really the nature of work has changed. The nature of the profession that leads to physicians constantly complaining of being constantly exhausted, disengaged, or discouraged, has multiplied. It isn't just for physicians; it's

Third, Drummond says, "is what I call eye-of-the-storm lessons. Learn how to be calm, centered, and focus no matter what's going on around you." And fourth, he says, is sharing the load, which is having leadership skills so your team works more effectively together.

"With the four of these, you can cover almost any base," Drummond says, "unless your overload is exclusively at home; for example, if you happen to be a pair of married doctors with six kids, in which case you need another team."

Before moving into specifics of those four broad strategies, Drummond suggests that every physician should sit down and make a list of the things about their practice

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no doctors carry a life calendar. “If you don’t have a life calendar, a calendar of the things you want to do that don’t have anything to do with work, then you don’t have much of a life,” Drummond says. “So I teach people to make this life calendar—a paper calendar, use four colored pens, grab everybody who lives with you, whoever is a member of that crazy menagerie, map out all the things that don’t have anything to do with work...things like date nights, exercise class and the kid’s baseball practice, the Louisville Women’s Gardening & Sweet, Sweet Kentucky Whiskey Tasting Society, that kind of thing.”

Then he suggests you take a picture of that calendar and keep it in your phone, right next to your work calendar. That way, if someone asks if you can work for them

Getting home sooner is related to being more efficient at work.

on Thursday night, you can look at your cell phone and check to see if you have a previous commitment. “That way,” Drummond says, “you can get better and better at saying the magic word of life balance, which is: no.”

Get Home Sooner

As Drummond points out, getting home sooner is related to being more efficient at work, a pretty common topic in *Podiatry Management*. Without going into too much detail, given that this publication literally offers hundreds of tips on becoming more efficient, he does offer two simple tips.

#1. Automate. For example, use templates. If you complain about the number of keystrokes something might take to enter in an EMR that you do over and over again, you can almost always create a shortcut on your keyboard to do it with one or two keys. And templates can apply to any number of multi-step activities in your practice.

#2. Huddle. Drummond says, “Huddle before you start seeing patients. Get together with your team for five minutes at the beginning of the day and look at the schedule, see who’s on the schedule, tell them what to do with open slots, make sure you have all the right equipment, and put out fires before they start. Huddles always save time.”

Eye of the Storm

There are a lot of ways one can stay calm and centered, including yoga, meditation, tai chi, and others. Drummond actually suggests something quite simple, but it requires building on what are known as super habits.

“A super habit is something you would never NOT

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do,” Drummond says. “A rude but reliable super habit for most people is you would never use the bathroom and NOT wipe. So what you do when you’re trying to develop a new habit is to stack it on top of a super habit.” Without getting sidetracked on the wiping image, consider what type of super habits you might have as a physician. For example, knocking on the examining room door before entering, washing your hands when you’re done.

“You have to do something in the chart,” Drummond points out. “What I have people do is take a big cleansing breath, in at the top of your head, out to the bottom of your feet, and let go of everything that doesn’t have to do with that patient right now. Take a deep cleansing breath with each patient at a point where you do the same thing over and over again, like wash your hands or open the door. You’re taking deep cleansing breaths multiple times a day to keep yourself centered throughout the day.”

Sharing the Load

There’s another word for this: teamwork. Again, *Podiatry Management* is chock full of tips for this, but Drummond suggests two that are used often by his clients.

#1. Say thank you. Drummond points out that physicians, office staff, and hospital staff—maybe everyone everywhere, but especially in healthcare—tend to move seamlessly from problem to problem to problem. As Drummond notes, “There’s not a lot of patting on the back or thank-you’s. It’s almost completely absent from many healthcare workplaces. So I teach doctors to say, ‘Thanks for your hard work, we really appreciate it.’ There are actually studies that prove the optimal frequency is once a week, but don’t do it once a week because I said so. It’s really easy to find things to thank your team members for. Just thank them when they do it. It makes everything better.”

#2. Ask questions. Physicians, Drummond says, typically lead by giving orders. “That’s fine if you’re treating a patient for disease, but if you’re talking to your staff about how the staff can work together better, the doctors are almost never the most qualified person to answer the question.”

For example, say a staffer asks the physician a question about the medical records or records that weren’t filed properly, what should they do about it? “The doctor’s the last person that has the answer to that question, right?” Drummond says. “But the doctor will always pipe up and give an order because that’s what doctors do. I recommend doctors lead by asking questions. For example, ‘Jennifer, that’s a great question. What’s your suggestion?’”

The Elephant in the Room—COVID-19

Obviously, for everyone, in the medical profession or not, the Pandemic has been an area of significant stress. For individuals in health care, the so-called “front lines,”

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that stress can be enormous. Drummond noted that during the initial half of 2020, about 25% of physician practices had been overwhelmed by viral disease and approximately 75% of services had been “mothballed or furloughed by the postponement of everything that was not viral.” As this article is being written (January 2021) the Pandemic continues to rage, so it’s safe to assume that COVID-19-related stressors remain a powerful influence on physician burnout.

In addition, many practices have dealt with instituting or increasing the use of telemedicine (which may have involved the stress of learning new systems and new coding procedures), 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, “COVID-treating physicians—any physicians, in fact, in frequent proximity to COVID-infectious patients—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 has only increased.

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

Institutional Changes

Much of this advice focuses on behavior for individual physicians, with something of an emphasis on podiatrists in private practice. Linzer points out that much of his work on physician burnout is related to changes in the workplace—organizational or institutional changes.

In one of his publications from 2015, “A Cluster Randomized Trial of Interventions to Improve Work Conditions and Clinical Burnout in Primary Care: Results from the Healthy Work

Place (HWP) Study,” [Linzer et al. *J Gen Intern Med.* 2015 Aug;30(8):1105-11.], he noted they studied three categories of interventions.

The first was workflow redesign, which reduced burnout by a factor of six. The second was improving communication between the provider group. “That improved satisfaction and the joy of work by a factor of three,” Linzer says. And the third was “quality improvement programs that shared the care beyond the physician doing it themselves. That re-

duced burnout by a factor of three.”

ple can be burned out and quite depressed. At that point, consulting a mental health provider or having a list of providers who can see the physician, sometimes offsite, can be very valuable.”

Leiter adds, “Everyone feels tired in the morning before they start their day at work sometimes, unless they have a really slow life. But that’s once a month or decade, but that’s not an unusual experience. But the thing with burnout is how frequently it happens. Once or twice a year is

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duced burnout by a factor of three.”

Linzer says that if you feel you are burned out—assuming you’re not a podiatric physician running your own practice—the first thing you can do is talk to your immediate supervisor and acknowledge that the work environment is challenging and burnout is something you might be experiencing. “Some people go part-time,” Linzer says, “where you have more space to reflect on what the issues are and what you might like the organization to do to make work-life better. It’s very effective, but in the end it’s probably not the ultimate choice.”

But, he says, it’s also important that organizations recognize that when people are burned out, there are things they can do that would make life less stressful for the individual doctors.

Prevention and Treatment

Much of this article has addressed ways to prevent burnout, although many can be used to treat it as well. It’s important to understand that from a diagnostic point of view, burnout and depression are separate things, but they often overlap. Linzer says, “they’re not the same construct, but they certainly overlap. Burnout can lead to depression. Depression can even lead to more perceptions of burnout. The point is, some peo-

no problem. Once or twice a week, you’re getting exhausted, your recovery cycle outside of work isn’t effective, you’re pushing yourself more than you can recover from; that’s more likely to be burnout.”

But prevention, he notes, “overwhelmingly comes to how you design your work. No, physicians aren’t failing in their patient contact time—it’s from doing clerical work, not that they’re irritated and bothered by patients. They’re bothered by their computer interfaces, which are designed to cover up the liability for the organizations or insurance providers. That’s a problem with how work is designed, not that they aren’t paying enough attention to their patients.” If that’s the case, consider changes to your environment and how you approach work and life. Make changes for the better. **PM**



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