Understanding Physician Well-Being
The Burnout Epidemic

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No Disclosures

• Pressio Spine
• CCDS/GE AI Development
Burnout;
It’s for real man !!
Doctor (Ortho surgeon) found dead with knife in chest inside Manhattan apartment while home alone with 11-year-old daughter

John Annese, Rocco Parascandola and Stephen Rex Brown

Dec 10, 2017 | Manhattan Daily News

Was this related to “Burnout”? 

Depression is the most common underlying diagnosis in MDs who commit suicide

>75% of physician suicides are attributable to depression or substance abuse

JBJS 2011
Doctors' Suicide Rate Highest of Any Profession

WebMD May 2018  Pauline Anderson

High stress of medical school and residency: high demands, competitiveness, long hours and lack of sleep. 
~ 3- to 400 MDs kill themselves each year, a rate of 28 to 40 per 100,000 More than double that of the general population.

Suicide Is Much Too Common among U.S. Physicians
It’s the second-leading cause of death for residents

Scientific American Aug 2017; Morris

Common assoc dx: mood disorders, alcoholism, and substance abuse. Similar results from Finland, Norway, Australia, Singapore, and China. Increases in anxiety, depression, and suicidal thoughts among medical students and health care professionals.
Are Physicians Burned Out or Depressed?

- Burned out: 44%
- Colloquially depressed: 11%
- Clinically depressed: 4%

Medscape 2019 MD Survey
Burnout

Freudenberger (1970’s)
• A state of fatigue or frustration that results from professional relationships that fail to produce the expected reward

Maslach (1982) defined burnout as a psychological syndrome involving:
• Emotional exhaustion
• Depersonalization
• Diminished sense of personal accomplishment

• *Maslach Burnout Inventory*- clinically significant burnout is defined as the presence of either high level EE or high level DP
Maslach Burnout Inventory

• Emotional exhaustion is a drained, depleted feeling arising because of excessive psychological and emotional demands.

• Depersonalization is the tendency to view others in an excessively detached, impersonal, cynical manner.

• Personal achievement is a sense of competence or accomplishment.

• Emotional exhaustion and depersonalization $\propto$ burnout
• Personal achievement is inversely proportional to burnout.

JBJS 2011 (A)
Sargeant, Sotile, Barrack, et al
Stress $\rightarrow$ **Burnout** $\rightarrow$

[**Depression** $\rightarrow$ Alcohol/Drugs ??]

Compromised Care $\rightarrow$ [**Depression** $\rightarrow$ ??]

• The occurrence of a major medical error correlates statistically with all three “burnout criteria of Maslach”

  • Each 1–point increase in the depersonalization score; increases the risk of error – 11%

  • Each 1–point increase in the emotional exhaustion score; increases the risk of error – 5%

$4.6 \text{ B annual cost}$ 2/2 MD Burnout

Wilkoff/ MDedge 2019

JBJS 2011
Barrack
A national survey of sixty-four residency programs with 650 responses (41% were faculty and 59% were residents)

**Resident respondents: Highest burnout risk**
- Female residents
- PGY-2
- Residents in training programs with > six residents / post graduate year

**Sleep deprivation** reported by 92% of residents and 79% of faculty
- Sleep deprivation → increased burnout \((p < 0.0001)\)
- Increased psychological distress \((p < 0.0001)\)
- Lowered marital satisfaction \((p < 0.0001)\)
More than 80% of the residents and faculty felt: 
"The sacrifices required for a life in medicine are worthwhile."

23% of residents and 15% of faculty would not choose a career in medicine again if they had it to do over.

For both resident and faculty spouses, as physician work hours increased:
- spouse satisfaction with their life in medicine
- their mate’s involvement in family
- their work-family balance
- the quality of their sex life

all decreased (p <0.001)
How Do Work Hours Correlate With Burnout?

- 31-40 36%
- 41-50 40%
- 51-60 48%
- 61-70 50%
- 71 or more 57%
**Burnout : Program Size**  
(Large $\geq 6$ residents /year)

**TABLE I Results for Residents at Larger Programs Compared with Peers at Smaller Programs**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher burnout</td>
<td>$&lt;0.01$</td>
</tr>
<tr>
<td>Financial concerns</td>
<td>$&lt;0.003$</td>
</tr>
<tr>
<td>More stressed and angry</td>
<td>$&lt;0.001$ and $&lt;0.08$</td>
</tr>
<tr>
<td>Irritable after work</td>
<td>$&lt;0.04$</td>
</tr>
<tr>
<td>Personal concerns interfere at work</td>
<td>$&lt;0.04$</td>
</tr>
<tr>
<td>Less likely to sacrifice for mate’s career</td>
<td>$&lt;0.01$</td>
</tr>
<tr>
<td>Less conflict between work and non-work lives</td>
<td>$&lt;0.01$</td>
</tr>
</tbody>
</table>

Is this all related to Depersonalization?
Burnout in Orthopaedic Surgeons: A systematic review

J Clin Ortho and Trauma 2019; Hui, Leung, et al

216 articles identified through database search

200 articles were excluded
- 25 articles: not in English language
- 19 articles: not original research articles
- 142 articles not relevant to topic
- 12 articles did not assess orthopaedic surgeons
- 2 articles did not use validated scales for burnout assessment

16 articles remained, with full text accessed for eligibility

2 articles were excluded in panel discussion
- Articles assessed burnout in surgeons in general, without specific analysis for orthopaedic surgeons

14 articles included in qualitative synthesis
Professionally, burnout is associated with:
- Medical errors
- Unprofessional conduct
- Reduced quality of patient care

Personally, burnout is associated with:
- Alcohol abuse
- Poorer physical quality of life
- Reduced career satisfaction

The evidence on (+) treatment of burnout in doctors is generally scarce.

Educational and mindfulness training programs have demonstrated (+) results in pilot studies, but long-term outcome and scalability of such interventions remain undetermined.

An alternative approach for burnout management is to identify the key protective factors and optimize such factors.
Personal factors (+) associated with burnout
Female
Racial minorities
Harassment and discrimination
Financial concerns
Alcohol and drug abuse

Family factors (+) assoc with burnout
Work-family conflict
Lack of spousal support/poor marital relationship
Significant others on military service

Work Factors (+) assoc with burnout
Sleep deprivation
Working in large residency programmes
Excessive work/long work hours
Nights on-call per week
Perception of stress in work
Stress in workplace relationships
Regret in choosing medicine
Current residents
Anxiety about clinical competence
Worry about competition

Personal factors (-) associated with burnout
High self-efficacy
Time for hobbies
Physician father
Good relationship with mother
Satisfaction from talking to friends and family

Family factors (-) assoc with burnout
Spends personal time with spouse
Spouse work long hours
Good marriage quality
Parenthood

Work Factors (-) assoc with burnout
Time for hobbies
Perceived support from faculty
Satisfaction from talking with colleagues
Frequent contacts with mentor
Standard working hours
Research duties on top of clinical duties

J Clin Ortho and Trauma 2019
Hui, Leung, et al
### TABLE 2. Protective Factors to Avoid Burnout\(^1,3–6\)

<table>
<thead>
<tr>
<th>Work</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer work hours</td>
<td>Hobbies and personal interests</td>
</tr>
<tr>
<td>Fewer nights on call ((\leq 2/\text{wk}))</td>
<td>Meditation</td>
</tr>
<tr>
<td>Control patient volume</td>
<td>Time for family and spouse</td>
</tr>
<tr>
<td>Have a mentor</td>
<td>Exercise</td>
</tr>
<tr>
<td>Supportive work environment</td>
<td>Low level of alcohol use</td>
</tr>
<tr>
<td>Involved in activities other than patient care</td>
<td>Adequate sleep</td>
</tr>
<tr>
<td>Leaves personal concerns out of workplace</td>
<td>Leaves work concerns out of personal life</td>
</tr>
</tbody>
</table>

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J Ortho Trauma 2012

Larry Marsh, MD
Research with orthopaedic surgeons documented the protective effects of making time for exercise, participation in hobbies, and meditation, and the advisability of limiting use of alcohol.
Which Physicians Are Happiest at Work?

2018

- Ophthalmology: 37%
- Orthopedics: 35%
- Plastic Surgery: 35%
- Pathology: 34%
- Dermatology: 33%
- Psychiatry: 33%
- Gastroenterology: 33%
- Public Health & Preventive Medicine: 31%
- Pulmonary Medicine: 26%
- Oncology: 28%
- Physical Medicine & Rehabilitation: 28%
- Surgery, General: 27%
- Rheumatology: 27%
- Urology: 26%
- Emergency Medicine: 26%
- Nephrology: 26%
- Pediatrics: 26%
- Allergy & Immunology: 26%
- Ob/Gyn: 26%
- Otolaryngology: 25%
- Neurology: 25%
- Radiology: 25%
- Anesthesiology: 24%
- Infectious Diseases: 23%
- Diabetes & Endocrinology: 23%
- Family Medicine: 22%
- Critical Care: 22%
- Internal Medicine: 21%
- Cardiology: 21%

2019

- Plastic Surgery: 41%
- Public Health & Preventive Medicine: 40%
- Ophthalmology: 39%
- Dermatology: 34%
- Pathology: 31%
- Pediatrics: 31%
- Critical Care: 30%
- Pulmonary Medicine: 30%
- Otolaryngology: 30%
- Psychiatry: 29%
- Orthopedics: 29%
- Oncology: 29%
- Rheumatology: 28%
- Surgery, General: 27%
- Cardiology: 27%
- Ob/Gyn: 27%
- Nephrology: 26%
- Diabetes & Endocrinology: 26%
- Infectious Diseases: 26%
- Radiology: 25%
- Anesthesiology: 25%
- Allergy & Immunology: 24%
- Urology: 24%
- Family Medicine: 23%
- Neurology: 23%
- Gastroenterology: 22%
- Internal Medicine: 21%
- Emergency Medicine: 21%
- Physical Medicine & Rehabilitation: 19%
Which Physicians Are Most Burned Out?

- Urology 54%
- Neurology 53%
- Physical Medicine & Rehabilitation 52%
- Internal Medicine 49%
- Emergency Medicine 48%
- Family Medicine 48%
- Diabetes & Endocrinology 47%
- Infectious Diseases 46%
- Surgery, General 46%
- Gastroenterology 45%
- Ob/Gyn 45%
- Radiology 45%
- Critical Care 44%
- Cardiology 43%
- Anesthesiology 42%
- Rheumatology 41%
- Pediatrics 41%
- Oncology 39%
- Pulmonary Medicine 39%
- Psychiatry 39%
- Orthopedics 38%
- Dermatology 38%
- Allergy & Immunology 37%
- Plastic Surgery 36%
- Otolaryngology 36%
- Ophthalmology 34%
- Pathology 33%
- Nephrology 32%
- Public Health & Preventive Medicine 28%

2018: 34%

Medscape 2019
Are Male or Female Physicians More Burned Out?

- Men 2019: 38%
- Women 2019: 48%
- Men 2019: 39%
- Women 2019: 50%

Are Older or Younger Physicians More Burned Out?

- 28-34: 35%
- 35-44: 40%
- 45-54: 55%
- 55-69: 40%

Medscape 2018, 2019
Which Physicians Experience Both Depression and Burnout?

- Ob/Gyn: 20%
- Public Health & Preventive Medicine: 18%
- Urology: 17%
- Neurology: 17%
- Family Medicine: 16%
- Critical Care: 16%
- Radiology: 16%
- Internal Medicine: 15%
- Physical Medicine & Rehabilitation: 15%
- Surgery, General: 15%
- Diabetes & Endocrinology: 15%
- Pathology: 14%
- **Orthopedics**: 14%
- Cardiology: 13%
- Allergy & Immunology: 13%
- Otolaryngology: 13%
- Anesthesiology: 13%
- Oncology: 13%
- Pulmonary Medicine: 12%
- Emergency Medicine: 12%
- Pediatrics: 11%
- Gastroenterology: 11%
- Rheumatology: 10%
- Plastic Surgery: 10%
- Infectious Diseases: 9%
- Dermatology: 9%
- Ophthalmology: 9%
- Nephrology: 9%
- Psychiatry: 8%

Medscape 2018
Why Have You Not Gotten Help?

- Symptoms are not severe enough: 50%
- I can deal with this without help from a professional: 47%
- Too busy: 39%
- Don't want to risk disclosure: 20%
- Other: 12%
- I don't trust mental health professionals: 7%

Medscape 2019
Do Male and Female Physicians Cope With Burnout Differently?

- Exercise: Women 43%, Men 51%
- Isolate myself from others: Women 42%, Men 41%
- Talk with family members/close friends: Women 52%, Men 37%
- Play or listen to music: Women 31%, Men 36%
- Sleep: Women 43%, Men 35%
- Eat junk food: Women 38%, Men 27%
- Drink alcohol: Women 21%, Men 23%
- Binge eat: Women 21%, Men 18%
- Smoke cigarettes/Use products containing nicotine: Women 2%, Men 3%
- Use prescription drugs: Women 3%, Men 2%
- Smoke marijuana/Consume marijuana products: Women 1%, Men 1%

Medscape 2019

<table>
<thead>
<tr>
<th>Sample Size:</th>
<th>Sample Error:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 15,543 physicians across 29 specialties met the screening criteria and completed the survey; weighted to the AMA's physician distribution by specialty and state.</td>
<td>• The margin of error for the survey was +/- 0.79% at a 95% confidence level using a point estimate of 50%.</td>
</tr>
<tr>
<td>• Screening Requirements: Respondents were required to be practicing medicine in the United States.</td>
<td></td>
</tr>
<tr>
<td>• Survey Method: Medscape member and non-member physicians were invited to participate in an online survey</td>
<td></td>
</tr>
<tr>
<td>• Recruitment Period: July 19 through October 2, 2017</td>
<td></td>
</tr>
</tbody>
</table>
Result of Increased Awareness of Burnout

- **Burnout** => financial implications of job turnover, costly avoidable mistakes, decreased productivity
  - Healthcare Industry: Directly affects quality and safety → huge financial implications

- **Wellness Industry has blossomed**
  - **Airport phenomenon**: Wellness is overtaking leadership

- **Google search**: 43,200,000 search results
Wellness Now a $4.2 Trillion Global Industry – with 12.8% Growth from 2015-2017
growing nearly twice as fast as global economy;

The Global Corporate Wellness market estimated to be $66B in 2022

• Approximately 75% of large employers and 33% of small companies run wellness programs.
• The corporate wellness industry is being driven by increasing insurance costs related to growing obesity levels.
• Well-designed wellness programs have a ROI of 1.5-3 times the dollar amount spent over 2-9 years.
The majority of respondents were clinicians (49%), followed by clinical leaders (28%) and executives (23%).

An online survey was sent to the NEJM Catalyst Insights Council; consisting of U.S. health care executives, clinical leaders, and clinicians at organizations directly involved in health care delivery. A total of 570 completed surveys are included in the analysis.
MGH/MGPO Wellness Initiatives

• 2016: Created standing subcommittee of the Physicians Organization Executive Committee: Frigoletto Committee

• Function: Oversight over areas of MD burden and burnout
  • Technology (EPIC; E-care)
  • Administrative requirements
  • Bureaucracy in the MGH/MGPO workplace

• Structure: 15 members
  • 6 Elected members; 4 At-large
  • 5 ex-officio: MGPO- CMO, CFO, CMIO, Medical Director- Partners EAP, Chief Compliance Officer
Committee Mission

• To promote career development and individual well-being, while also reducing administrative burden. [Depersonalization]

• The committee’s scope includes reflecting upon the effects of technology, administrative requirements, and bureaucracy as well as supporting physicians in finding ways to increase the amount of time they spend on aspects of their work they enjoy. [Personal achievement]

• The group monitors areas that create excessive and undue burden for physicians and detract from their essential clinical responsibilities and satisfaction in their work. [Emotional exhaustion]
Named in honor of Fred Frigoletto, an MGH physician who epitomized the spirit of physicians who work to mitigate the impact of administrative burden on clinicians.

**Membership:** 30 physicians representing primary and specialty care, two residents, and a member of the MGPO Board of Trustees

**Charge:** Identify, evaluate, prioritize, and offer suggestions to the PO Exec Comm for immediate and long-term remediation of factors contributing to physician burn-out

**Subcommittees:** tasked to review causes and evaluate potential solutions to causes of burnout and administrative burden

- Workflow
- MD Well-being
- IT/EHR
- Governance
Frigoletto Committee Final Recommendations

MGPO-wide:

Blue Tree Network Pilot
- 10 week engagement with in-depth observation of clinical workflows in multiple specialties
- **Helped identify specific strategies to enhance Epic’s clinical interface.**
- Identified key domains of work, proposed solutions, and assessed ROI

Department-level:

Frigoletto Grant
- Funding for department-specific initiatives aimed at reducing admin burden and burnout
- Chairs and departmental leadership applied for funding with specific metrics to measure impact
Frigoletto Committee Initiatives

• PHS is allocating 3 years of funding to the MGPO for admin burden related initiatives
• Initiatives include:

- Epic Support Hotline
- Epic Training
- IKS/Kitty Hawk
- Immunization Administration Certification
- In Basket Optimization for PCPs
- MGH Duet & Virtual Duet
- Constellation Dinner Series
- Female Surgeon Connectivity Program
- Pop-Up Resource Room
- Russell Hours
- Speaker Series
- Department Grants
- Individual Grants
- ClassPass
- Soul Cycle
- Yoga
- DOM Indian Health Service Initiative
- Office of Women’s Career Program
Admin Burden Relief

Connectivity

Epic Support Hotline

Grant Funding

Epic Training

Wellness

In Basket Optimization for PCPs

20% Meaningful Work

IKS/Kitty Hawk

Immunization Administration Certification

MGH Duet & Virtual Duet

Meaningful Work
Epic Support Hotline

(866) 266-3240

• 24/7 help line for physicians that have questions about Epic & Dragon NaturallySpeaking

• Support for:
  • “How-to” Questions (e.g. “How do I order this test?” or “Where do I find that feature?”)
  • General Epic/Dragon Troubleshooting
  • Tutorials
  • User configuration/personalization
In-Basket Optimization for PCPs

- PCPs receive highest volume of messages and alerts
- PCPs work with Blue Tree for 1:1 Coaching and personalization of In-Basket
- Disseminate best practices for efficient In-Basket use through:
  - Folder management
  - Use of quick actions
  - Quick notes
  - Efficient results management
IKS/Kitty Hawk

**Admin Burden Relief**

**CHASSIS** – *outside lab abstraction*
- 37 practices using
- 37,564 reports abstracted

**SCRIBBLE** – *virtual scribes*
- 28 practices live
- 200+ providers trained
- 95% coding accuracy

**IMMERSE** – *automated RX renewals*
- 626 providers
- 340,152+ processed Rx requests
- 92% of practice staff agrees the service has improved safety care

**DRAGON** – *voice recognition*
- 388 new DMO users (since June 2018)
- Live across 18 services
- ~10 million words dictated
Admin Burden Relief

Connectivity

Grant Funding

Wellness

20% Meaningful Work

Constellation Dinners

Female Surgeon Connectivity Program

Russell Hours

Pop-Up Resource Room

Speaker Series

Connectivity

Grant Funding

Wellness

20% Meaningful Work

Connectivity

Grant Funding

Wellness

20% Meaningful Work
Female Surgeon Connectivity Program

- Series of receptions or dinners engaging female surgeons at the MGPO
- Creates a female network across specialties
- Future collaboration between MGH/BWH female surgeons
- Most recent event: Summer Female Surgeon Celebration event at Cape Cod hosted by MGPO Trustees Laura Morse and Pam Reeve
Pop-Up Resource Room

- Space for physicians to connect with their colleagues
- Offers:
  - Catering and light snacks
  - Charging Stations
  - Massages
  - 1:1 Epic elbow support
  - Lounge furniture
- Held monthly
Department Grants

Individual Grants
<table>
<thead>
<tr>
<th>Department Grants</th>
<th>Individual Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In 2018, the MGPO received funding for departmental-based programs to reduce burden and promote well-being.</td>
<td>• Individuals can receive 1-year funding to help reduce burden or improve well-being.</td>
</tr>
<tr>
<td>• We received 3 more years of funding, providing support through 2021. Below are the types of projects funded in 2018.</td>
<td>• The MGPO will provide up to $20,000 to fund innovative and creative ideas from individual applicants that promote well-being.</td>
</tr>
<tr>
<td>• Virtual and in-room scribes</td>
<td>• Funding above the $20,000 limit may be considered for select proposals that are highly scalable and align with MGPO priorities.</td>
</tr>
<tr>
<td>• Coaching, mentors, leadership*</td>
<td>• More information to be released early Fall 2019.</td>
</tr>
<tr>
<td>• Wellness, team building, work-life strategies</td>
<td></td>
</tr>
<tr>
<td>• Epic training and support</td>
<td></td>
</tr>
<tr>
<td>• Clinical/administrative redesign and training</td>
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</table>

*most successful program and will be expanded in FY19-21 cycle
Admin Burden Relief → Connectivity → Grant Funding → Wellness → 20% Meaningful Work

Class Pass  Soul Cycle  Yoga
<table>
<thead>
<tr>
<th>ClassPass</th>
<th>Soul Cycle</th>
<th>Yoga</th>
</tr>
</thead>
</table>
| - An app that allows users to find a workout they want that fits with their schedules at studios all across the country | - Opportunity to meet colleagues in a fun environment while exercising  
- 45-minute indoor cycling class with high-intensity cardio, muscle-sculpting strength training, and rhythm-based choreography  
- Locations throughout Boston | - An opportunity to connect with one’s colleagues and oneself at Health Yoga Life  
- Locations in Beacon Hill and Cambridge |
| Allows users to “invite friends” to classes, promoting physician network |  |  |
| Launched June 2019 |  |  |
DOM Indian Health Service Initiative

Office of Women’s Career Program
Office of Women’s Career Program

• Funding to support resources:
  • Career development
  • Assistance with publications and CVs
  • Editing services
  • Babysitting
  • Travel
Frigoletto Committee: Next Steps

• Continue to develop strategies to reduce administrative burden and promote career development and individual well-being:
  - Continued collaboration MGH departments and PHS (BWH)
  - Additional pop-up faculty resource rooms, Russell Hours, and connectivity events
  - Events and programming for community health centers
  - Launch connectivity dinners for physicians who share patients, but may not connect in-person
  - Continue to fund department grants

• Work will be sponsored by funding from Partners specifically earmarked for administrative burden relief and wellness and the MGPO

• Work will be guided by:
  - Physician feedback
  - MGPO leadership
  - Frigoletto Committee recommendations
  - 2019 MGPO Physician Survey responses
  - Dashboard analytics
My Burnout Theory
Professional

Clinical Practice
Academics
Research
Teaching
Salary

Personal

Family
Health/Fitness
Hobbies
Financial security
Personal

Time (+/-) Money

Professional

Personal

Time
Things you can control

- Need/importance of money -- $
- Self-designated “Me time” – gym, hobbies, family, community/religion
- If academic practice: Degree of commitment towards the academic, research, and education pillars
- If private practice: Degree of commitment towards office management, hospital administration, state/regional societies

Burnout = loss of balance

What you have control over vs no control
We are trying to balance too many “priorities”

• **Patient care**- being the best MD for “your” patients including additional admin demands to provide appropriate level- EMR; Ins forms; pre-auth; PROMs, Registries

• **Autonomy**- Choice of who to offer surgery and how to do the surgery- including what equipment ; as well as where and when– PT before MRI; MRI before surgery; BMI < ;X “in the system- vs out of the system” ; prior approval; tiered pay schedule; “..does not qualify for in patient”

• **Academic**- AMC /Scholastic-Specialty Societies/ AAOS/ABOS; State Societies; MOC

• **Personal**- Family, Hobbies

• **Financial** – College; private school; LIFE
Physicians aren’t suffering from Burnout; they’re suffering from Moral Injury

### Military Veterans: Moral Injury = PTSD

### Moral Injury—“...a soldiers’ response to their actions in war. It represents, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations.”

### Physicians: Moral injury = Burnout

- MDs don’t like the term **Burnout** – suggests lack of resilience and failure of resourcefulness

### Moral injury of healthcare is the inability to provide patient centered, affordable, high quality care to all – equally. The commercialization and attempt at commoditization of health care has created multiple conflicts of interest between patient and MD

- MDs are distracted by EMR, threat of litigation, cost containment and network restrictions

- “Death by a thousand cuts”
Burnout is real and difficult to “treat”

• Constant effort to maintain **BALANCE** between personal and professional priorities
• Stress is part of medicine. Loss of sleep is part of medicine; but needs to be limited as best as possible. Work hours need to be controlled
• Building a “community” among care-providers is essential for care-provider well being
• Preventive activities are helpful
• Know/decide your limits
Thank you
National Environment for Burnout

Physician Burnout Outpacing Other Professions

Suicide Among Female vs. Male Physicians

Prevalence among Physician vs. Other Professions

Impact of Burnout

**Burnout =**

- 11% Medical Error rate
- 28% Professional Effort
- 67% Productivity
• An extraordinary intellect, education, work ethic, and capacity for stamina under stress will not make you immune to the wear-and-tear effects of a mismanaged lifestyle
Burn out
Research with orthopaedic surgeons documented the protective effects of making time for exercise, participation in hobbies, and meditation, and the advisability of limiting use of alcohol.
How Do Physicians Cope With Burnout?

- Exercise 48%
- Talk with family members/close friends 43%
- Isolate myself from others 41%
- Sleep 39%
- Play or listen to music 33%
- Eat junk food 32%
- Drink alcohol 23%
- Binge eat 19%
- Other 13%
- Smoke cigarettes/Use products containing nicotine 3%
- Use prescription drugs 2%
- Smoke marijuana/Consume marijuana products 1%

Medscape 2019
Do You Plan to Seek Help for Burnout or Depression?

- Yes, currently seeking professional help: 13%
- Yes, planning to seek professional help: 3%
- No, but under professional care in the past: 13%
- No, and have not sought professional care in the past: 64%
- Prefer not to answer: 7%
Which Physicians Are Most Burned Out?

- Critical Care: 48%
- Neurology: 48%
- Family Medicine: 47%
- Ob/Gyn: 46%
- Internal Medicine: 46%
- Emergency Medicine: 45%
- Radiology: 45%
- Physical Medicine & Rehabilitation: 44%
- Urology: 44%
- Allergy & Immunology: 44%
- Surgery, General: 43%
- Cardiology: 43%
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- Psychiatry: 36%
- Public Health & Preventive Medicine: 36%
- Diabetes & Endocrinology: 35%
- Orthopedics: 34%
- Ophthalmology: 33%
- Pathology: 32%
- Dermatology: 32%
- Plastic Surgery: 23%