

The Consequences of Physician Burnout

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Perhaps one of the most underappreciated aspects of medicine is the prevalence of physician burnout. The depth and degree of burnout has significantly increased after the onset of the COVID pandemic. In the AMA's Coping with COVID-19 for Caregivers Survey of 20,947 physicians and other healthcare workers found that 61% of those surveyed felt high fear of exposing themselves or their families to COVID-19, while 38% reported experiencing anxiety or depression. Another 43% suffered from work overload and 49% had burnout.

Researchers have described burnout as a combination of emotional exhaustion, depersonalization, and low personal accomplishment caused by the chronic stress of medical practice.

The downstream effects of burnout are important in that the repercussions for both the physician and the patient can be life changing. From the standpoint of the physician, burnout typically starts with emotional exhaustion, then depersonalization and feelings of depression often follow. When compared with other professions, physicians have nearly twice the risk of burnout and work life dissatisfaction (after controlling for factors such as work hours and education). The burned-out physician is often angry, irritable, impatient, has increased absenteeism, decreased productivity and decreased quality of care. In a 2018 Medscape survey, 56% of physicians who reported burnout cited excessive bureaucracy, long working hours, and lack of respect from colleagues as being the primary drivers of burnout.

We can classify the consequences of burnout into two categories: physical and psychological. Burned out physicians often complain of feeling tired, exhausted, fatigued, inattentive and irritable. This state increases the risk of substance and alcohol abuse. Recent research has focused on the link between work effort (the effort required to meet job demands) and the reward for job performance. An imbalance in the relationship between effort and reward (effort-reward imbalance, or ERI) has been linked to negative health outcomes.

Burnout can lead to negative, cynical, hostile attitudes, and detached feelings towards patients. This depersonalization leads

to treating patients as objects rather than human beings. When providers reach the point of burnout, they will become careful in the future investment of their resources. Leading to a negative attitude towards their patients, and limiting access and time to the physician. Thousands of patients die each year from preventable medical errors. Burnout results in medical errors, lower quality of care, higher costs and overall worse outcomes. The impact is substantial.

A recent meta-analysis of 47 studies involving more than 42,000 physicians found that physician burnout doubled the risk of adverse patient safety incidents and led to poorer overall quality of care and decreased patient satisfaction.

Among physicians the degree of perceived control over stressors at work can have significant behavioral effects. It is one of the single most potent predictors of burnout. The reduced sense of control over the work environment is associated with anxiety, reduced motivation, anger management issues and the tendency to give up easily.

Recent research on burnout among physicians has increased awareness of physician mental health and well-being as being an important issue. Recent suicides amongst Emergency physicians overwhelmed by the COVID pandemic has led the government to pass Senate bill S610. Bill S610 establishes grants and establishes requirements to improve mental and behavioral health among health care providers. The downstream effect of a happy workforce, increased patient quality of care and overall physician satisfaction make this an important aspect of the overall management of any physician group. There are multifaceted mental health prevention and control strategies available for physician burnout. Some of the most successful include: on the job resilience training, stress and coping management classes, and burnout CME. Innovative research and actionable resources should be given to all employees to help cope with this issue. At the forefront of physician burnout research, field testing new workflow methods to reduce the degree of frustration and give physicians more of a sense of control are at the cutting edge of solving this complex and prevalent problem.

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