PHYSICIAN BURNOUT AND ITS IMPLICATIONS

A serious look at a topic too often ignored.

BY RICHARD MANGAN, OD, FAAO

In recent years, a growing body of evidence has demonstrated a greater prevalence of occupational burnout among physicians compared with the general workforce.[1] Physician burnout was already an epidemic concern in the United States and abroad before the worldwide COVID-19 pandemic. Estimates suggest that, at any given time, one in three health care providers is experiencing burnout,[2] with certain subspecialties regularly topping the list.

According to the Medscape National Physician Burnout & Suicide Report 2020,[3] 42% of physicians described feeling burned out, down from 46% in 2015. Those in the profession of ophthalmology had a 30% burnout rate. (Optometric physicians were not included in this survey.)

BURNOUT DEFINED

What do we mean when we use the word *burnout*? Burnout is defined as "a combination of exhaustion, cynicism, and perceived inefficacy resulting from long-term job stress."[4] It's important to note that burnout and depression are not the same, although burnout can lead to depression.

Overwhelming workload, long hours, and lack of support have traditionally been top causes for physician burnout. Other causes include, but are not limited to:[3]

- Lack of respect from administrators, employers, colleagues, or staff;
- A growing lack of respect or cynicism from patients;
- Increasing computerization of practice (ie, use of electronic health records);
- Insufficient compensation and reimbursement;
- Increasing government regulation;
- Lack of control or autonomy.

This list of causes also supports findings indicating that burnout is more prevalent in large health care organizations fraught with red tape and bureaucracy, as compared with the autonomy one experiences in a smaller private practice. With that said, private practices are on the decline due to ever-increasing costs coupled with declining reimbursements.

WHY SHOULD WE CARE ABOUT BURNOUT?

Physician burnout has been linked to a number of adverse consequences:

- Lower patient satisfaction and

decreased quality of care;
- Increased medical error rates and malpractice risk;
- Increased physician and staff turnover;
- Physician drug and alcohol abuse or addiction;
- Physician suicide.

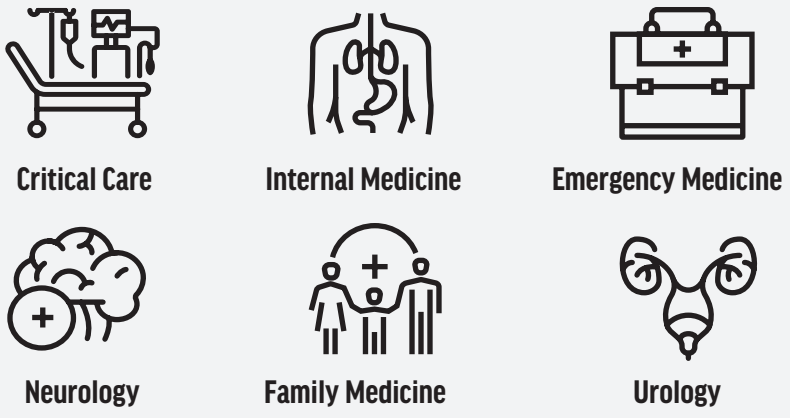
Yes, burnout among physicians can have fatal consequences. According to Dike Drummond, MD, a leading author and consultant on the subject, "Suicide rates for both men and women are higher in physicians than the general population and are widely underreported."[5]

Many health care settings, including hospitals and universities, have begun implementing wellness programs to combat physician and health care worker burnout, but physicians are sometimes reluctant to seek help for fear of being labeled or potentially losing their jobs.

Notably, some of the character traits that are essential to making it through an optometry or medical school program (eg, workaholism, perfectionism, and the perceived or unperceived need to micromanage) are the same as those that can also lead one down the path to burnout.

Many physicians experiencing burnout develop positive coping mechanisms such as starting or increasing exercise, improving sleep habits, listening to music, meditating, doing yoga, or seeking professional counseling.

SPECIALTIES AMONG THE HIGHEST IN REPORTED BURNOUT OVER THE PAST 5 YEARS



Source: The happiest physicians—and the most burned-out ones in 2020, according to Medscape. Advisory Board. www.advisory.com/en/daily-briefing/2020/01/16/physician-burnout-2020. Accessed June 22, 2021.

Others may resort to more harmful methods of coping such as recreational drug use, abuse of prescription pain medication or alcohol, binge eating, or increased nicotine use.

Physician burnout can lead to clinical depression, and, if not addressed in a positive way, depression can lead to suicide or suicide attempts, as noted above (Figure). Sadly, an estimated 300 to 400 physicians commit suicide each year.[6]

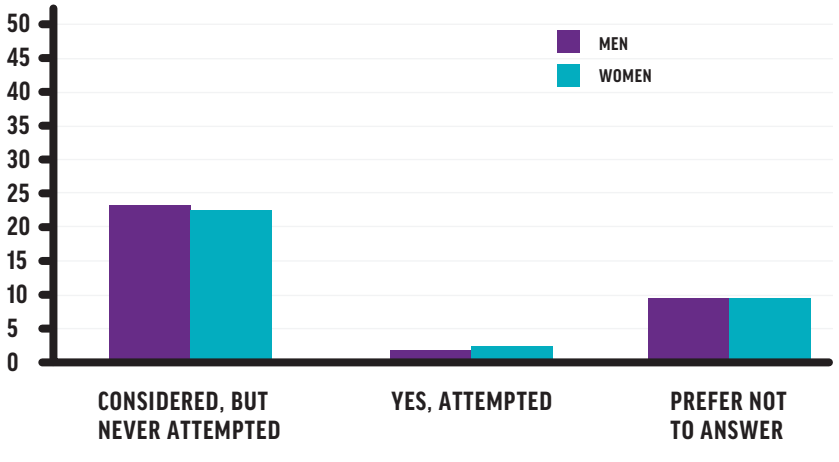


Figure. Physician responses to the question, "Have you ever felt suicidal or attempted suicide?"[3]

BURNOUT TRENDS

The Medscape National Physician Burnout & Suicide Report 2020 found that physicians in generation X reported noticeably more burnout than those in other groups (millennials, 38%; generation X, 48%; baby boomers, 39%). Midcareer, which is where gen Xers are currently, tends to trend higher for physician burnout, as this is the time when most physicians are not only juggling their careers but also caring for young children and, possibly, elderly parents. For these reasons, female physicians also tend to consistently trend higher than men for burnout, as they are more likely to be the primary caregivers in the home.

According to Halee Fischer-Wright, MD, CEO of the Medical Group Management Association, female physicians tend to take on more "non-promotable" work and carry more of the weight in collaborative work, as they tend to care significantly about the collective well-being of their colleagues.[3]

With regard to race and ethnicity, in a cross-sectional study of US

AT A GLANCE

- At any given time, one in three health care providers is experiencing burnout, estimates suggest.
- Burnout is more prevalent in individuals who work in large health care organizations than in those in smaller private practices.
- In one survey, one in five physicians reported that their burnout emerged during the pandemic.
- Physician burnout can lead to clinical depression, and, if not addressed in a positive way, depression can lead to suicide or suicide attempts.

physicians by Garcia et al, Hispanic/Latino, Black, and Asian physicians were less likely to report burnout compared with White/Caucasian physicians.[7] Data analysis of 4,424 physicians using the Maslach Burnout Inventory (MBI) was conducted to model three burnout dimensions: emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.

In this national sample of physicians, minority racial or ethnic groups experienced less emotional exhaustion, and Black physicians were more likely to report satisfaction with work-life integration than White physicians. No other statistically significant observations were made.[7]

TYPICAL BURNOUT PLUS A PANDEMIC

How has the COVID-19 pandemic affected burnout rates? Among women, physician burnout rates increased to as high as 51%, a finding believed to be largely influenced by pressing needs at home due to lockdowns (ie, child care, homeschooling, elder care, etc.), coupled with responsibilities on the front lines of patient care.

In one report, nearly 80% of physicians said they felt burned out prior to the pandemic, but one in five reported that their burnout emerged during the pandemic.[8] As hospitals were overwhelmed and clinics short-staffed, front-line health care workers also had to deal with uncertainty regarding their personal (and family) health risks. Given this situation, it is understandable that specialists in the fields of critical care (51%), rheumatology (50%) and infectious disease (49%) reached new heights in physician burnout rankings since Medscape began surveying on the issue in 2013.[8]

TAKE CARE

We entered this profession to take care of the eyes and vision of our patients, but, as is the case with many professions, our role extends far outside that simple description. Many of us find our personal and family time limited as we travel to conferences, serve on advisory boards, and accept speaking and writing invitations. It's all too easy for physicians, no matter the specialty, to overextend themselves, feeling a never-ending sense of dread. If this is you, know that you're not alone and that things can change.

Are you or a loved one suffering from burnout? See my suggestions in the *Live-Saving Resources* sidebar. ■

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LIFE-SAVING RESOURCES

If you are concerned about whether you or your physician spouse or friend are affected by burnout, consider visiting www.amaalliance.org/physician-burnout/.

Additionally, the Medscape National Physician Burnout & Suicide Report 2020 offers a 12-question quiz that can provide insight and guidance based on your score. There are a number of helpful resources including steps on how to effect change.

The American Optometric Association (AOA) can also be a valuable resource if there is concern about burnout. For example, the issue of physician burnout was introduced on the AOA's Ethics Forum, an online resource for AOA members' quandaries about common ethical challenges in optometric practice. One entry by Michael Larkin, OD, titled, "The Modern Practice and Optometrist Burnout," offers five self-reflecting questions. Even one "yes" answer should be cause enough to prompt one to address the issue or issues causing stress or burnout. Tips for managing stress are also offered.

> SOME OF THE CHARACTER TRAITS THAT ARE ESSENTIAL TO MAKING IT THROUGH AN OPTOMETRY OR MEDICAL SCHOOL PROGRAM ... ARE THE SAME AS THOSE THAT CAN ALSO LEAD ONE DOWN THE PATH TO BURNOUT.

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