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Addressing the Impact of Physician Burnout on Healthcare Delivery

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INTRODUCTION

Physician burnout is a pressing and multifaceted healthcare issue that demands immediate attention. Burnout refers to emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment experienced by healthcare professionals, particularly physicians, due to chronic work-related stressors.[1] Physician burnout has gained significant research interest due to its detrimental effects on healthcare delivery, patient outcomes, and overall healthcare system sustainability.

Physician burnout is a critical issue in healthcare administration due to its far-reaching implications. The demanding nature of the medical field, characterized by long working hours and high stress levels, often leads to emotional exhaustion and a diminished sense of personal accomplishment among physicians. This burnout contributes to decreased job satisfaction and lower productivity, adversely affecting healthcare organizations.[1] For instance, burnout increases physicians' likelihood of turnover and early retirement.[2] Turnover and early retirement among aging physicians can lead to workforce shortages and higher recruitment costs.[12] Such challenges create significant disruptions in healthcare administration, impeding the efficient delivery of quality care and potentially compromising patient outcomes.

The impact of physician burnout on patient outcomes is equally significant. Burnout affects the physician-patient relationship, as exhausted physicians may experience depersonalization and reduced empathy.[3] The result may be shorter patient visits, decreased communication, and the perception of rushed care. Consequently, effective patient-provider communication, shared decision-making, and patient satisfaction may be compromised. Burnout is also associated with medical errors and compromised patient safety. Physically and emotionally exhausted physicians are more prone to making diagnostic errors, medication errors, and inadequate follow-up, which can adversely impact patient well-being.[3]

DISCUSSION

Burnout was first described by Herbert Freudenberger, a clinical psychologist, in 1974 after observing staff at a volunteer clinic and seeing emotional depletion.[4] He defined burnout as excessive demands on energy, strength, or resources in the workplace, resulting in exhaustion. Symptoms of burnout included fatigue, frustration, malaise, inefficacy, and cynicism.[4]

According to the American Medical Association, 63% of physicians reported signs of burnout at least once per week.[5]

Contributing Factors to Burnout

Too Many Bureaucratic Tasks

Many physicians have reported that having too much paperwork contributes to burnout. Many programs like Medicare, Medicaid, and private insurance companies require additional documentation. Physicians spend less time with their patients when they focus on documentation rather than patient care. On average, U.S. physicians spend 2.6 hours per week doing extra paperwork when this time could be used to see approximately nine additional patients.[4]

Increasing Computerization of Practice

The switch to electronic health records (EHRs) was meant to streamline workflows and reduce the clerical work placed on providers, but for most, EHRs have created more work. EHR tasks include documentation, order entry, coding and billing, and inbox management.[4] One study reported that primary care physicians spent nearly six of 11 hours per workday on EHR tasks. Part of this time was completed after facility working hours.[4]

Too Much Time at Work

Due to the aforementioned required paperwork and EHR processes, physicians spend more time at the office. The patient load also contributes to extra working hours. Research has found that 57% of physicians who work 71 or more hours a week and 50% of physicians who work 61-70 hours per week experience burnout.[11] A 2018 study reported that 26% of physicians reported experiencing burnout, and 28% reported intentions to leave their positions within two years.[2]

Practice Environment

Factors such as work control, communication, and workplace cohesiveness are all reported to contribute to physician burnout. Chaotic workplaces and those that do not promote work-life balance cause physicians to feel overwhelmed with the demands of their jobs, leading to burnout.[6] Additionally, staff turnover as a result of burnout also contributes to physician burnout due to increased tasks.[6]

Impact on the Organization

Patient Care

Physician burnout can adversely affect patient care and has been linked to lower patient satisfaction and impaired quality of care.[4] Burnout compromises patient care and safety, as

exhausted physicians exhibit diminished clinical judgment and increased medical errors. When medical errors occur, medical malpractice lawsuits may follow. Subsequent litigation becomes costly for providers and healthcare systems as a consequence.[4] A level 4 cross-sectional survey found that across 60 U.S. hospitals, 12% of physicians and 26% of nurses gave their workplace a below C grade for patient safety.[7]

Economic Considerations

Burned-out providers are more likely to leave their practice, which impacts healthcare systems because recruitment and hiring expenditures often exceed the individual's annual compensation, with lost clinical income in the interim. These costs also need to consider the loss of clinical, research, or teaching expertise, which is much more difficult to quantify.[2] A level 3 study done in 2018 found that 21% of physicians who reported symptoms of burnout in 2013 had left their positions by 2015.[2] Burnout among aging physicians often leads to early retirement, which can cause workforce shortages.[12] In 2020, The Association of American Medical Colleges (AAMC) projected that by 2033, there could be a shortage of between 54,100 and 139,000 physicians as demand grows faster than supply.[12]

Personal Cost

The personal cost of burnout can be tremendous. Personal costs of burnout include the occurrence and consequences of chronic fatigue, relationship conflict, substance abuse, psychiatric morbidities, and suicidal ideation.[4] Level 1 studies have shown that physicians have a higher risk of substance abuse compared to the general population, which is estimated to affect up to 12% of physicians in active practice.[4] The probability of suicide approximates six times that of the general population.[4]

The Solution to the Problem

Burnout among medical providers is a big problem that remains largely unresolved. A solution must be multifaceted and coordinated by physicians and medical establishments. Efforts to combat burnout should be taken at the physician and organization levels. Despite the abundance of opinion pieces on the subject, there needs to be more evidence on resolving burnout. Putting in the necessary effort is imperative because it affects everyone. There are currently two types of intervention: physician-directed and organization-directed.

Physician-directed interventions aim to enhance resilience among physicians. These interventions use activities that promote mindfulness or cognitive behavioral techniques to

improve an individual's ability to cope, communicate effectively, and increase competency.[8] Organization-directed interventions include changing schedules, reducing workloads, improving teamwork, and increasing physician participation in decision-making.[8]

In numerous level 1 studies, organization-directed interventions seem more effective as they focus on the system as a whole, not just an individual.[8] Differences among studies make it difficult to compare physician versus organization-directed intervention's effectiveness directly.[8] Evidence from high-quality studies suggests that streamlining workflows, providing leadership-driven professional support opportunities, and reducing the administrative burden of EHRs through team-based care using scribes and medical assistants improve physician burnout.[8] It is crucial that these interventions are offered to healthcare providers if the prevalence of provider burnout is to be reduced.

Barriers to Implementation

Factors influencing the practice of healthcare professionals are barriers that limit the implementation of solutions. Change is more likely if strategies are developed to address these factors before encountering them. These factors vary according to healthcare settings, groups of healthcare professionals, or clinical tasks. Successfully implementing a solution depends on identifying and considering factors when designing implementation strategies.

Barrier One

One possible barrier to implementing organization-directed interventions would be obtaining funds for these changes.[9] Studies have demonstrated that organizational interventions can reduce burnout, and evidence suggests that even modest investments can make a difference.[10] The financial case to address physician burnout is multifaceted. Physician burnout not only leads to increased turnover and lost revenue from diminished productivity but also poses financial risks and jeopardizes the long-term sustainability of healthcare organizations.[10] This is due to burnout's association with lower care quality, decreased patient satisfaction, and heightened patient safety issues.[10] Physician burnout, alone, is a source of profound economic cost on the healthcare delivery system. For example, in an average organization with 200 physicians, physician turnover and reduced clinical hours attributable to burnout cost $1.5 million annually.[9] Addressing this issue is not only the organization's ethical responsibility but also the fiscally responsible one.[9]

Barrier Two

A common misperception about burnout is that many organizations believe that there is nothing they can do to address the problem. Then there are the organizations that realize the direness of the situation and know something must be done but often need help figuring out where to begin. These organizations also believe that they need more resources or money to invest in making a meaningful change. The available evidence contradicts all of these notions.[10] It is crucial that organizations understand the factors that drive burnout. These factors can be organized into seven driver dimensions that are all influenced by national, organizational, work unit, and individual factors. Factors include workload, efficiency, flexibility and control, culture and values, work-life integration, community at work, and meaning in work. [10] Organizations can often make profound and effective changes in several dimensions with limited investment. Organizations should also realize the potentially more significant benefits of taking on the challenge of improving the efficiency of their work environment, reducing clerical burden, and addressing problems with workload. [10] To coordinate these initiatives, nearly all healthcare organizations have a chief quality officer integral to the leadership structure. This individual is typically allocated resources, charged to assess the organization, and empowered to change processes and culture to help the organization improve.[10]

CONCLUSION

Reviewing numerous studies reveals consistent findings regarding the negative consequences of burnout on healthcare professionals, patient care, and healthcare organizations. Burnout leads to decreased job satisfaction, increased turnover rates, and workforce shortages, disrupting the continuity of care.[1,2,12] Burnout compromises patient care and safety, as exhausted physicians exhibit diminished clinical judgment and increased medical errors.[4] Organizational implications include decreased productivity and suboptimal healthcare outcomes. Contributing factors such as heavy workloads, lack of support, and emotional exhaustion exacerbate burnout.[6] Intervention strategies such as supportive work environments, workload management techniques, and open communication have shown promise in mitigating burnout and improving healthcare delivery.[8] Addressing physician burnout is crucial for enhancing patient outcomes, ensuring the sustainability of healthcare systems, and improving the overall quality of care provided.

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