Physician Burnout

"Self-love, my liege, is not so vile a sin/As self-neglecting."
King Henry V, Act 2, scene 4

Physicians are often prone to burnout because of their personality profiles. "We want people who are driven, who are competitive, who can excel at everything that they do. What do they do when they get into practice? They try to do everything, and they have this complex which also says they must succeed at everything," commented T. Jock Murray, MD, director of the medical humanities program at Dalhousie University in Halifax, professor of medicine (neurology), and director of the Dalhousie Multiple Sclerosis Research Unit.

Burnout has many characteristics, including fatigue, exhaustion, inability to concentrate, depression, anxiety, insomnia, irritability, and sometimes increased use of alcohol or drugs. Probably the most distinct characteristic of burnout is a loss of interest in one's work or personal life, a feeling of "just going through the motions." For the most part, burnout in physicians does not differ from that in other professions, but physicians' reactions may be unique in some respects, in part because burnout in physicians can have devastating consequences for patients.

Self-care is not a part of the physician's professional training and typically is low on a physician's list of priorities. "Physicians deal with [other people's] personal problems all day, but they're the least likely to raise their own personal problems. They don't easily admit that they're under stress," remarked Murray. Approximately one third of physicians do not have a doctor themselves, according to a recent study that examined graduates of the Johns Hopkins School of Medicine (Arch Intern Med. 2000;160:3209-14).

In his article "Physician Renewal: The Importance of Life Balance," Peter S. Moskowitz, MD, suggests that physicians deny their own emotions and needs as a survival mechanism. Because doctors are advised not to allow themselves to feel too much sympathy or sadness, some physicians may shut down emotionally (Sonoma Medical Magazine. 1999;50. Available at www.scma.org/magazine/scp/scp_newformat/scp990506/moskowitz.html).

Linda Clever, MD, founding chair of the department of occupational health at California Pacific Medical Center in San Francisco, remarked, "Exhaustion is pretty common in all walks of life, whether it's executives, attorneys, clergy, or teachers, and particularly where people care. If you don't care, you won't get exhausted." Clever also pointed out that the changing climate in medicine—increased administrative duties and managed care—is affecting the way physicians work and could make them more prone to burnout and exhaustion. "I think what's different about physicians is that we never expected what's happening in medicine to happen, and so we're caught by surprise and, to a certain extent, affronted by this," she noted. According to Murray, "They're saying 'I've had it.' Medicine is changing; it's not as rewarding for people—too much paperwork, administration, and hassle."

Clever believes that the changes occurring in medicine are particularly difficult for those who became physicians in order to attain power or control in some way. In fact, a study published in *Western Journal of Medicine* found a correlation between burnout and a perception of loss of control. As perceived control, social supports, and resources increased, burnout decreased. The study concluded that lack of perceived control was the best predictor of burnout (West J Med. 2001;174:13-8).

Another article in the same issue of that journal discusses major changes in Canada's health care system over the past decade that have adversely affected physicians. Some of these factors are reduced government spending on health care, diminished physician resources, and increased medical school tuition. All of these factors have apparently resulted in a marked increase in physician stress levels (West J Med. 2001;174:5-7).

The 1998 Physician Resource Questionnaire, issued by the Canadian Medical Association (CMA), indicated a serious decline in physician morale (CMAJ. 1998;195:525-8). The CMA noted these specific occupational stressors: volume of work, sleep deprivation, teaching and research demands, potential for litigation, and increased demands of the public (West J Med. 2001;174:5-7). The CMA also notes that some physicians have extra stressors, especially women, minorities, or those who practice in remote or underserved areas. In a survey of physicians performed by the journal *Hippocrates*, 44% of male physicians but only

26% of female physicians reported being very satisfied with their individual practices. Physicians who are married to physicians and physicians with children also carry additional burdens. Clever points out that when a husband and wife are both physicians and want to attend a teacher's meeting for their child, subtle pressures from within the medical community may inhibit them. The idea is not that they are acting as responsible parents by going, but that at least one of them is "slacking off."

General internal medicine had the lowest mean satisfaction score and the highest mean burnout score when compared with other specialty categories, according to a bivariate analysis of data obtained from a survey of Kaiser Permanente physicians in Ohio and the northwestern United States (West J Med. 2001;174: 13-8.) Other studies have shown that high levels of dissatisfaction, if persistent, can lead to mental strain and burnout (Med Care. 1994;32:745-54; HMO Pract. 1994;8:58-63). In the *Hippocrates* survey, 40% of physicians reported feelings of stress and burnout. When asked what changes they have noticed in the health care system since they began practicing medicine, an overwhelming majority—93%—cited increased paperwork and red tape. Perhaps most significant, however, was the fact that 70% of physicians reported feeling pessimistic about the future of the health care system as it related to improving their role as physicians.

J. Marc Shabot, MD, professor of medicine at the University of Texas Medical Branch at Galveston and governor of the Texas Southern Region of the American College of Physicians–American Society of Internal Medicine (ACP–ASIM), also believes that increased paperwork and documentation have taken their toll. "In some ways, more emphasis has been placed on making sure that you document a visit than on the quality of the encounter that you have with the patient," he commented.

However, as Murray noted, "It's not just paperwork. The nature of medicine has changed. Managed care, competition, third-party payers—that stuff is more prevalent now than it ever was. The rewards are not the same." In fact, Murray stated that early retirement, something he witnessed only rarely in the past, is now becoming commonplace. "Physicians used to die with their boots on, they practiced when they were 70, 80, 90, but they don't do that anymore," he comments.

One thing that has not changed is the way that physicians feel about patient encounters. In the *Hippocrates* survey, 73% of physicians cited "daily interaction with patients" as the most important or rewarding aspect of practicing medicine. Murray agreed, saying, "Physicians still love their patients and love to see their patients. It's the other things that are burning them out." But in the current climate of the health care industry, the amount of time that can be devoted to the doctor–patient interaction is dwindling.

Consequences of Physician Burnout

One of the most serious consequences of burnout is a tendency toward substance abuse. According to Susan V. McCall, MD, medical director of the Oregon Health Professionals Program in Tigard, Oregon, 8% to 12% of health professionals develop a substance-related disorder at some point in their lives (West J Med. 2001;174:50-4). Although similar figures have been cited in the general population, the risk factors, consequences, and characteristics of physician addiction are unique.

According to McCall, access to pharmaceuticals, high levels of stress, thrill seeking, chronic fatigue, self-treatment of pain, family history of chemical dependence, and emotional problems are primary risk factors for addiction in health professionals. McCall also noted that physician addiction is usually advanced before it is noticeable in the workplace. Like other signs and symptoms of physician burnout, addiction is often shielded by the "code of silence" among practitioners, who often do not confront colleagues exhibiting symptoms of addiction. McCall observed that physicians seem to avoid confronting colleagues in an effort to protect them from licensure actions, shame, or social stigmatization. Mutual respect and loyalty encourage physicians to ignore the problem and allow the addicted physician to treat himself (West J Med. 2001;174:50-4). "Physicians are, in fact, very reluctant to police themselves," according to Murray. "You won't find physicians being very critical of other physicians."

The statistics on physician suicide, too, are particularly alarming. According to the Psychiatric Clinics of North America, male physicians are two times more likely to commit suicide than average Americans, and female physicians are three times more likely (Psychiatr Clin North Am. 1985;8:337-87). Murray said that he noticed physicians were "drinking

too much, they were getting into problems with substance abuse, their marriages were breaking down, they had terrible relationships with their kids, and they were no longer enjoying the work that they were spending so much time on."

Personal relationships are often damaged by burnout. Clever, who is president of a nonprofit organization for health professionals called Renew!, stated that it is common—almost expected—for physicians to neglect their families and other relationships. "Being a physician is one of the few socially acceptable reasons for abandoning a family," she remarked. Clever also said that managed care is not entirely to blame. "For a long time, physicians have given up a really important part of their lives, and it's affected their ability to be good physicians."

In fact, physician dissatisfaction has been linked with inappropriate prescribing patterns (Soc Sci Med. 1980;14A:495-9), and a recent study by researchers at the RAND Corporation indicates that physician job satisfaction corresponds to patients' adherence. Patients are more likely to follow their physicians' advice when their physicians are happy with their work, have busy practices, answer patients' questions, and conduct patient follow-up by telephone or through office visits (Health Psychol. 1993;12: 93-102). Some studies suggest that burned out physicians have more trouble relating to patients, and the quality of the care they provide may suffer (Med Care. 1994;32:745-54; HMO Pract. 1994;8:58-63; Reid K, Quinlan RA, eds. Burnout in the Helping Professions. Kalamazoo, MI: Western Michigan University; 1980).

Robert K. Schneider, MD, a board-certified internist and psychiatrist who is an assistant professor at Virginia Commonwealth University in Richmond, observed that physician burnout may reveal itself through a boundary violation or unethical physician conduct. Examples include physician–patient sex; breach of patient confidentiality; social contact with patients; prescribing for self, family, or friends; and divulging personal information. "People start making mistakes with patients, personally, and that's one of the really bad things that can happen in physician burnout. Some of [the physicians] are people who are just burned out and tired—having problems in their marriages, having problems at work," Schneider said.

Combating Burnout: Renewal

State law often requires institutions and health care professionals to report their concerns about physician impairment to the licensing board. Many hospitals have physician wellness committees and policies and procedures that can serve as helpful guidelines when physicians observe impairment in their colleagues or in themselves. In addition, focus on physician renewal has recently increased. "Renewing," as defined by the Renew! organization, "means to revive values, motivation, and energy and to reformulate and refresh goals and skills." It can be perceived both as preventive care and as a treatment for burnout.

The ACP–ASIM Renewal Project

Cynthia Heller, director of governor and chapter activities at ACP–ASIM, says that in recent years, the ACP–ASIM Board of Regents noticed increased reports of physician burnout. "A lot of physicians are leaving practice. Some of the medical students hear these things and don't even want to go into medicine," Heller commented. The ACP–ASIM Board of Governors decided to address the issue by compiling a list of resources that includes books, Web sites, and contact information for experts and workshop leaders who are trained in combating burnout. "Some of the resources are nontechnical books about burnout, but some are books by Viktor Frankl and Camus," Heller stated. The list is not intended for physicians who are severely impaired from burnout. The objective, Heller asserted, is to provide physicians with resources that encourage them to focus on how to enjoy practicing medicine, to raise awareness of burnout, and to teach ways to avoid it. The information can be accessed at www.acponline.org/careers/catalog_resources.htm.

Renew!

Renew!, an organization that was founded 3 years ago, helps health care professionals prevent or deal with burnout through panel and group discussions, conferences, and retreats. To renew, physicians do not have to take time off from their families and practices. Clever commented, "It turns out that it's entirely possible to refresh and renew during a day, and in fact that's what we have to do ultimately every day. It's kind of like your nutrition; it needs to be integrated into your day." One of the approaches Renew! takes is to hold conversation groups among colleagues. "It may be about how to get through a tough day or how to

change your practice or how to deal with a very challenging patient, so we provide opportunities for people to have conversations," Clever explained. The renewing process can be done with friends, family, and colleagues. Clever stressed that of the essential elements of renewing, "The most important thing is to know that taking care of yourself isn't selfish. It's self-preservation."

Canadian Medical Association

In response to the increasing challenges faced by physicians and the prevalence of burnout, the CMA developed the CMA Policy on Physician Health and Well-Being. The CMA staff and an advisory group of physicians contacted medical organizations around the world for their position papers and activities, drafted a policy, and helped build a national consensus to support it. The policy acknowledges the specific occupational stressors faced by physicians and encourages physician self-care (e.g., proper rest and exercise, time with family) and having a personal physician to assess well-being objectively. It also urges medical schools to acknowledge the unique pressures medical students face, particularly in making a career choice. As a result of this policy, the CMA recommended that Canadian undergraduate medical institutions develop ways to expose students to more career options. In addition, the policy calls for limits on hours of work and the amount of time spent on call.

Another significant part of the CMA policy is that under- and postgraduate accrediting bodies are called on to create standards for physician health and access to treatment. The policy also urges the medical profession to adopt a collective responsibility toward the rehabilitation of colleagues. The CMA Code of Ethics also mandates that physicians get help when personal problems affect their ability to treat patients. The main thrust of the policy is clear: Physicians need more instruction about self-care and helping each other. More information about the CMA Policy on Physician Health and Well-Being can be found at www.cma.ca/inside/policybase/1998/05-05.htm.

Dalhousie University Medical Humanities

Approximately 15 years ago, Dalhousie University began to offer a series of informal discussions among medical students. The conversation groups were immediately successful. The groups mainly focused on living a balanced life and establishing strong relationships. Occasionally, residents were brought in to speak with the students about a particular topic and share their experiences. The school recently added a session in the faculty development program on achieving balance in the physician's life.

The program continues to be successful. According to Murray, "One of the reasons it works is that we implant in their lives in the first year that it's very important to balance your life. Your whole life is not medicine. Medicine is a very important part of your life, that's your professional life, but there's also a personal life and a community life."

Physicians' Wellness-Promotion Practices

A recent study in the *Western Journal of Medicine* investigated physicians' wellness-promotion practices. The study consisted of 304 members of a research group based in primary care practice who responded by mail to a survey on physician well-being. From that survey, 130 physicians responded to an open-ended survey item about their personal approach to these problems. The results indicate that physicians have five major categories of self-protective practices: relationships, religion or spirituality, self-care, work, and approaches to life. Responses grouped as "work" involved setting limits on hours and choosing a certain type of medical practice. "Approaches to life" involved general philosophical outlooks, such as being positive and maintaining a balance in life. Researchers concluded that physicians use various approaches to aim for well-being, and that these approaches are correlated with improved levels of psychological well-being (West J Med. 2001;174:19-23).

Many studies on physician burnout have been cross-sectional or proprietary. Well-designed empirical studies are needed, as are longitudinal studies and prospective data. Well-defined measures of psychological well-being among physicians and more clearly defined objective measures of workload must be developed. In the end, it is clear that physician burnout can be identified and possibly avoided only if we learn a great deal more about risk factors than we know now.

—Linda Gundersen