Physician Burnout

Preventing burnout improves quality of life for neurologists and patients.

By Practical Neurology Staff Writers

One of the most challenging issues facing healthcare today is physician burnout.

What Is Physician Burnout?

Burnout is characterized by exhaustion and cynicism, leading to decreased engagement in daily work.[1] Burnout is distinguished from depression in that it is specifically related to circumstances of the workplace and does not include the overall sense of defeat.[2]

Physician burnout has been increasing over the last 7 years and appears to be reaching a critical mass in the United States with more than 50% of practicing physicians reporting at least 1 symptom of burnout, a significantly higher percentage than in the general population.[3,4] Physician burnout is increasingly prevalent in primary care, as more than 60% of family medicine physicians and general internal medicine physicians experience burnout. The level of burnout among neurologists is not far behind, with 50% to 60% of neurologists meeting one criterion for burnout.[3,5] In fact, emergency medicine has been the only specialty with higher burnout rates than neurology or internal medicine.[3]

What Causes Physician Burnout?

Many professional and employment factors correlate with physician burnout, including practice setting (community vs academic); a shift from owning a practice to employment; the burden of clerical and administrative work, which may take twice as much time of the physician's time as clinical care[6]; dissatisfaction with work-life balance; and long hours and nights on call/week. Factors that alleviate the risk of burnout in the general population, which include higher education and professional degree, may have an inverse effect on the risk of physician burnout.[3] Interestingly in neurology, none of these is the strongest correlation, however. Instead, neurologists' risk of burnout most closely correlates with having difficulty finding meaning in their daily work[4].

Why Physician Burnout Matters

Understanding burnout among physicians and within medical specialties is essential, as the impact of this growing phenomenon has effects on quality of life and outcomes for both physicians and their patients.[7,8]

Physicians with burnout experience higher rates of substance abuse, depression and suicide.[9] They are more likely to make errors in prescribing and safety, potentially damaging their professional livelihood. Their ability to remain empathetic is compromised, which also creates disengagement, turning burnout into a vicious cycle. Burnout also correlates with early retirement, chasing competent physicians out of practice.

Patients who experience physicians with less empathy have a higher treatment burden, are more likely to experience medical errors, and have worse outcomes. In the United States, one of the main concerns of particular interest to neurologists is that of multimorbidity in an aging population.[10] Patients experiencing multimorbidity tend to use healthcare resources more frequently, having more appointments, physicians, diagnostic tests, and treatments than those without multimorbidity.[11] As a result, the patient experiences not only the burden of the illnesses, but also the burden of treatment for those illnesses.[12] Treatment burden also includes the stress experienced by patients when there are multiple demands placed on them as the result of their ongoing care regimen along with other stressors in the patient's life.[13] High treatment burden may lead to poor adherence to a plan of care, resulting in unfavorable clinical outcomes.[14] It is essential that physicians are aware of and empathetic to their patient's burden of treatment to achieve optimal outcomes.

What Can Be Done About Physician Burnout?

Given the complex causes of physician burnout, it is unlikely that there is a simple or one-size-fits-all solution, and the economics of decreasing burnout may not align with the aim of reducing the cost of care in all systems. However, there are ways for individuals to lead the way in addressing the problem. In their article detailing levels of burnout among neurologists, Neil Busis and colleagues[5] propose that engagement, "(a) positive state of fulfillment that is characterized by vigor, dedication, and absorption," is the inverse of burnout and

recommend strategies for increasing engagement as a potential solution in the specialty of neurology. These include engaging with local and national organizations of neurologists both online and in person, participation in counseling and mentoring programs, creating a culture of professional growth, and recognizing one anothers' professional accomplishments. In online discussion of that article, discussants also suggested meditation, mindfulness, and exercise as individual ways to address the issue of burnout. ■

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