New Survey Highlights Need to Address, Stem Physician Burnout

By Aubrey Westgate

There are multiple reasons why physician burnout is so prevalent. While many are obvious, there’s one that even doctors might fail to recognize.

It’s clear that burnout is a big problem for doctors. But a recent study sheds new light on just how significant an issue it is for physicians compared to the rest of the population.

The study, published in the *Archives of Internal Medicine*, is based on a comparison of two surveys; one, a survey with responses from more than 6,000 physicians of all specialties from across the country; and two, a survey with responses from more than 3,000 employed nonphysician adults.

It found that 10 percent more of the physicians (a total of about 38 percent) had burnout symptoms, characterized as loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.

Though the findings are worrisome, they don’t surprise Dike Drummond, a family physician who provides burnout treatment and prevention coaching to physicians and other healthcare professionals, and who is also the founder of TheHappyMD.com, a burnout treatment and prevention website for physicians.

Drummond told Physicians Practice he has seen several studies that reveal similar physician burnout rates — typically finding that one out of every three doctors is burned out on any given day.

But the rates can be even higher in some practices, he said. “There are practices where every single doctor is just hanging on by their fingernails.”

There are many factors why physicians have such high rates of burnout. While many are obvious, others might be hidden even to the physicians who are influenced by them.

Here are the obvious reasons: Physicians carry the weight of their patients’ health on their shoulders, and on top of that, they’re dealing with the threat of malpractice, declining reimbursements, uncertainty due to healthcare reform, and a host of other everyday stressors.

For independent physicians, there’s also the business side of medicine to deal with. And for employed physicians, especially the newly employed, there’s stress due to conforming to a bigger system and reporting up the food chain.

The less obvious factor contributing to physician burnout starts at the very beginning of physician training, said Drummond.

“Basic training in the military lasts eight weeks,” he said. “In eight weeks, I can take an 18-year-old recruit, and I can get him to take a bullet for me just for asking. Medical education is a minimum of seven years of conditioning.”

That conditioning includes the adoption of four “deeply unconscious” survival mechanisms.

“The survival mechanisms are workaholics, superhero, emotion-free, lone ranger ... it’s great for getting through a rotation in residency, it’s great for getting through 36-hours on call, it’s not a good way to live life — and it’s considered absolutely normal,” said Drummond.
Doctors learn these survival mechanisms, and they hold on to them throughout their careers, he said. This leads to dangerous habits, including a failure to confront stress and fatigue the right way.

“Most doctors, when any problems come up, they only have one way to deal with it: work harder,” said Drummond.

Worse, there’s a failure among the medical community and broader community to provide physicians with the coping tools they need. “If you say you need some time off, you’re a [weakling]; if you say, ‘I need to take care of my kids,’ you’re a wimp,” he said. “You can’t handle it.”

The good news is that there are a number of ways to address burnout, said Drummond. But action needs to be taken.

“We can’t refuse to acknowledge stresses we know exist,” he said. “How can we possibly sit here ... with yet another survey showing a burnout rate of 37 percent and be doing nothing about it? The higher your burnout rate the lower your care quality; the higher your doctor turnover, the lower your patient satisfaction; the higher your staff turnover; the higher your malpractice rate; the higher divorce, depression, drug and alcohol abuse, and suicide are. They’re all directly linked to that. How can we let this continue?”

*In the next few weeks, we’ll share some tips and suggestions for how physicians and practices can do more to combat physician burnout.*

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