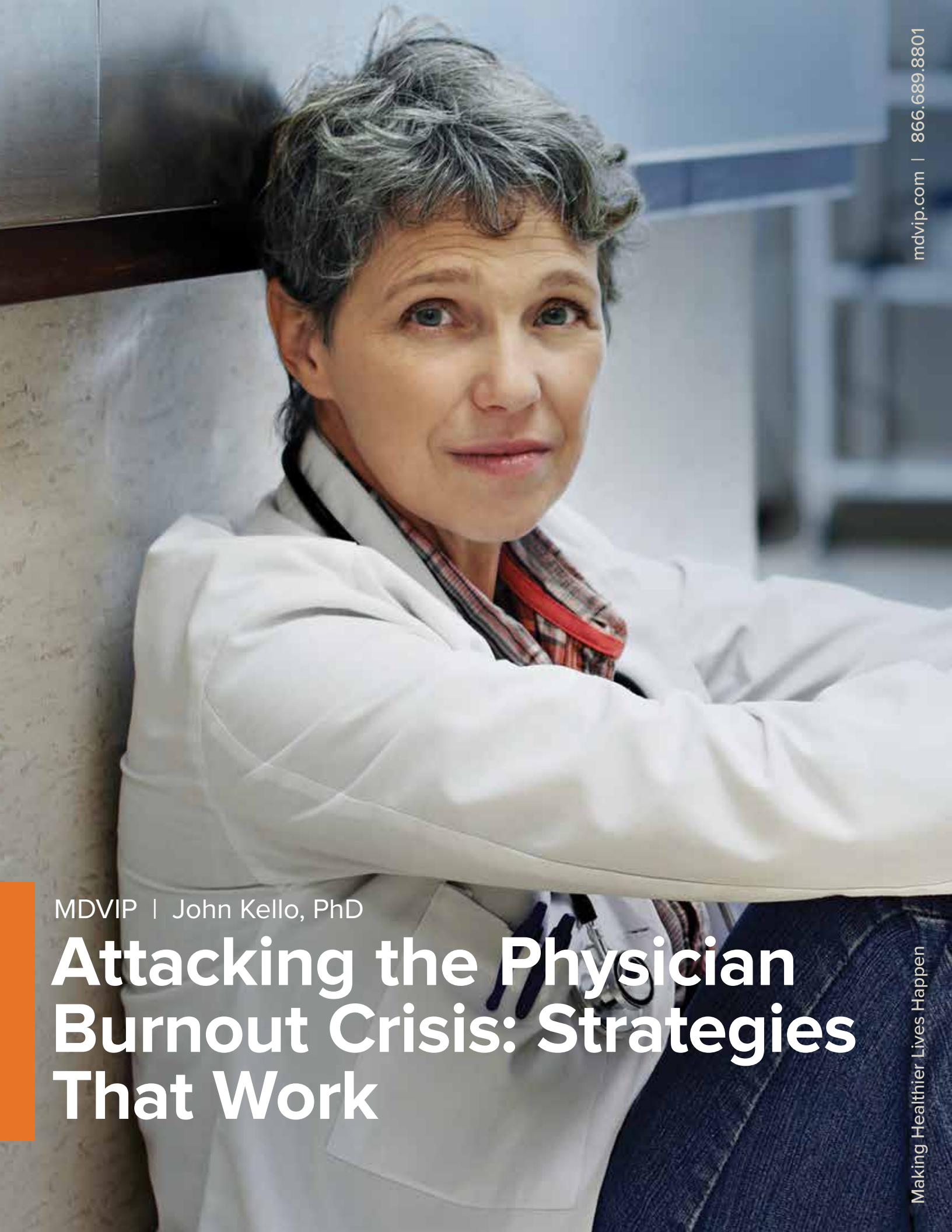

MDVIP | John Kello, PhD

Attacking the Physician Burnout Crisis: Strategies That Work

We know that burnout among medical practitioners is a major problem. Indeed, it is an epic problem, a true crisis that must be addressed.

We know from years of research and counseling in psychology that “continuing on as at present and hoping for the best” is not an effective strategy for addressing burnout. Hope has to be bolstered by mental, physical, and behavioral strategies that work.

The primary causes of such high levels of burnout in the field of medicine are work overload, the resulting fatigue, and the loss of work-life balance. How do physicians manage the overload?

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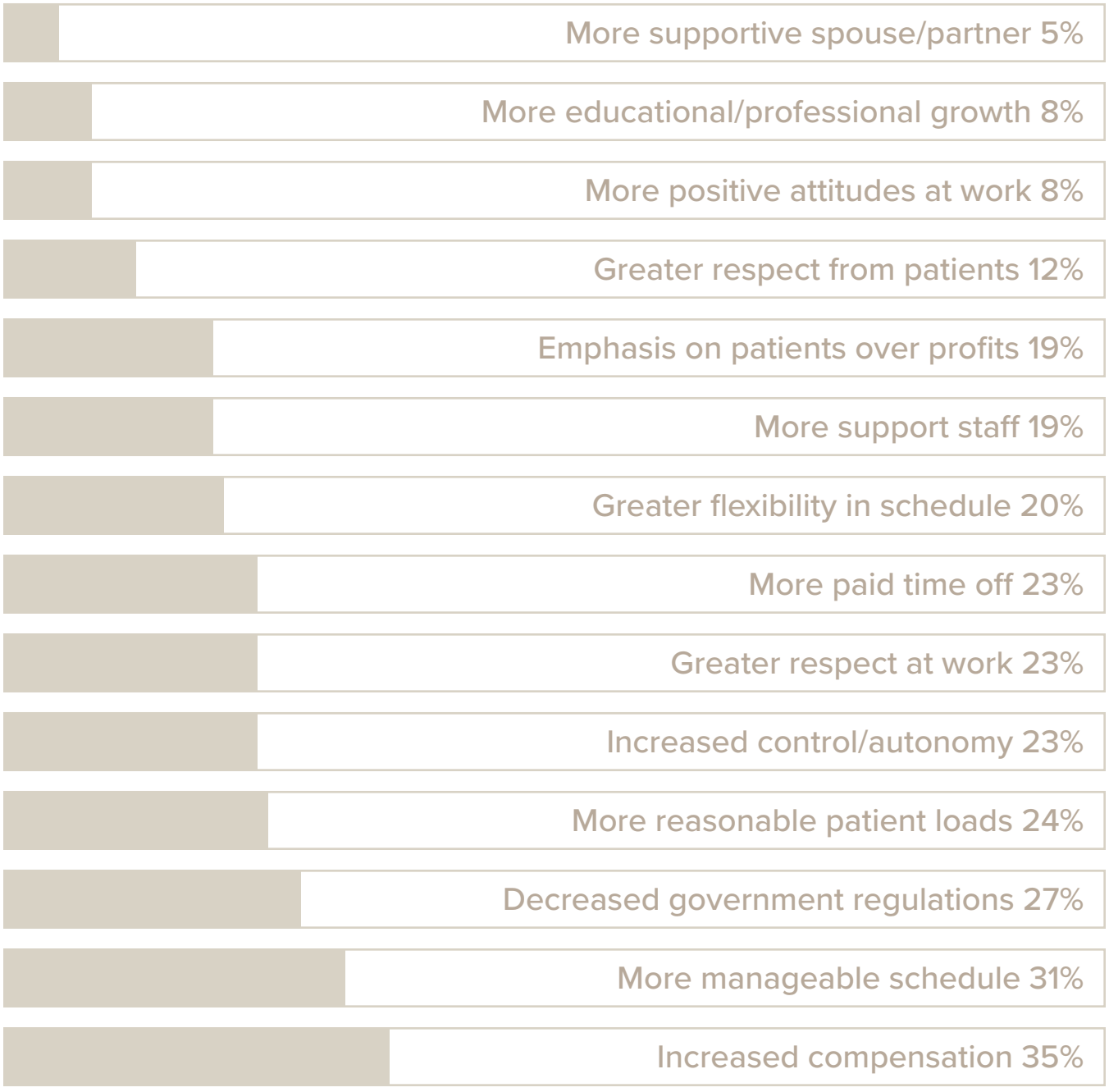
What Would Reduce Your Burnout?

Consider the self-reported data from a 2018 national survey of more than 15,000 doctors (Medscape National Physician Burnout and Depression Report 2018).



Note that many of the commonly reported “solutions” revolve around reducing workload and giving the respondents more autonomy and control over doing so. The “increased compensation” claim is an interesting one, in that while most people would happily accept more money for continuing to do what they are doing, the primary route to making more money for physicians is seeing more patients. Seeing more patients would result in an increased workload, and in toto, the prevailing fee-for-service model would only make a challenging situation worse.

Self-medication, whether with food, alcohol, or other drugs, may provide temporary relief... maybe... but is asociated with a wide range of serious problems. It is highly unlikely that doctors would ever recommend such “coping strategies” to their patients.

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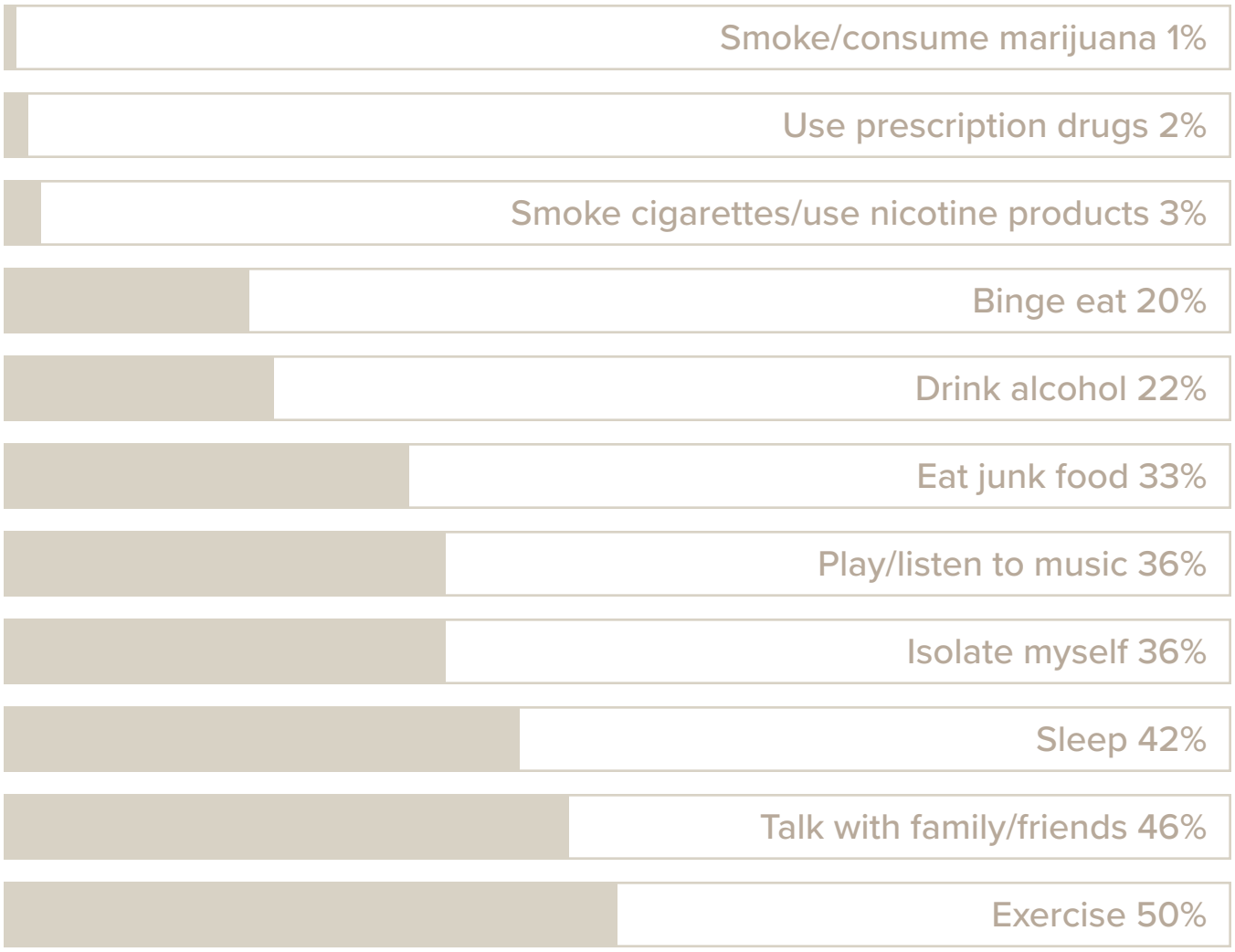
How do Physicians Cope with Burnout?

How do doctors say they are coping with burnout? Data from the same nationwide survey are as follows:



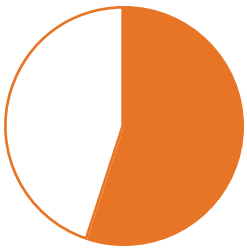
While the top three strategies are certainly positive ones, in and of themselves they are incomplete "solutions." They are buffers, efforts to strengthen the body, talk it out with supportive others, and rest. But looking at the other strategies listed… with the likely exception of "play or listen to music," it is a pretty dysfunctional set. Self-medication, whether with food, alcohol, or other drugs, may provide temporary relief… maybe… but is asociated with a wide range of serious problems. It is highly unlikely that doctors would ever recommend such "coping strategies" to their patients.

Note, critically, that none of the coping strategies, even the positive ones, directly address the root cause of burnout. Exercising is almost always good, and talking it out with people who care is absolutely golden (note, too, that one of the other high-frequency responses, "isolating myself from others," runs counter to the "talk it out" strategy), but neither of those buffering strategies directly addresses workload. They may be good bandaids, but they are just bandaids. When implemented, they offer only temporary relief. And "sleep" sounds fine, too, except that one of the prominent effects of burnout is insomnia. An at-risk doctor can choose to exercise more (if he/she has the time), can choose to seek social support, but cannot "choose to sleep."

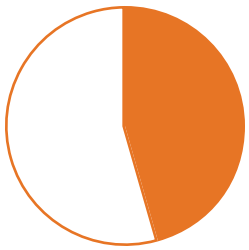
The top three strategies from the survey of physicians are also commonly highlighted in the general literature on job-related burnout. For anyone in any profession, exercise, rest, and social support are all positive. Again, as far as they go, these are sensible strategies for "handling the grind," for those stuck in the grind.

Note that many of the commonly reported "solutions" revolve around reducing workload and giving the respondents more autonomy and control over doing so.

An additional strategy that is prominent in the general literature is “change the work situation,” i.e., restructure your work, or possibly quit and get a different job. It is interesting that “change my work situation” doesn’t show up as a coping strategy in the Medscape survey data cited above. But, in the comprehensive Physicians Foundation 2018 Survey of America’s Physicians data, barely more than half (54.2%) of the respondents said that in the next 1-3 years they planned to “Continue as I am.” So, 45.8% claimed they intended to restructure their work situation in ways that ranged from “Cut back on hours” (22.3%) to “Find a non-clinical job or position” (12.4%) to “Transition to concierge/direct care practice” (4.5%)... and on a separate survey question, 18.9% indicated some plans to make such a transition to concierge/direct care practice.



54.2% Plan to “Continue as I am”



45.8% Intend to Restructure their Work Situation

22.3% Plan to Cut Back on their Hours

12.4% Plan to Find a Non-clinical Job/Position

4.5% — 18.9% Plan to Transition to Concierge/Direct Care Practice

Physicians, of all people, know the value of preventive strategies, rather than treating symptoms. Proactive/predictive intervention beats reactive every time. How often do they recommend to their patients that they have regular physicals and attend to exercise, diet, and stress management in order to stay healthy? Answer: very often.

To the extent that workload and lack of autonomy/control are critical causal factors in the burnout crisis, the most sensible strategies for doctors would be to attack those issues directly. But the current structure around the role of the physician makes it very hard to do so. What they would recommend to their patients is, yes, pay attention to diet and exercise, rest, social support, etc., but also attack the source of the problem first and foremost; don't just treat the symptoms.

It is revealing, and disappointing, that the same physicians in the same survey identified numerous "what would help" strategies, which were essentially elements of restructuring their work, while none of their "what I do" strategies involve restructuring their work.

Demands on physicians make it difficult to practice the preventive strategies they recommend to patients—exercise, diet, rest, manage stress, and social support.

When old ways don’t work anymore, fundamental change is required. Physicians are breaking out of the mold and restructuring their work to reduce stress and restore balance in their lives.

In a recent news story in North Carolina, doctors who were interviewed indicated that they felt like they were on a hamster wheel… run as fast as you can… hope for a break, if you can get one.

There is a growing trend for doctors to leave the mega health systems for smaller groups in which they hope to have more control over their practice, and ideally to reduce their workload. Indeed, the doctor with the hamster wheel quote above is part of a breakaway group, leaving a huge system to form a smaller practice in which they expect to regain professional control. At this point, it is unclear how effective these mass defections will be in restoring more balance and less stress in the lives of these doctors. But it is clear that these physicians see their current situation as untenable. They are making an effort to restructure their work, to break out of the mold. We’ll see if going to a smaller practice is the answer. But many physicians who are experiencing burnout are, in fact, already in small practices.

Change is hard. Disjunctive, transformational change is especially hard. Habit is comfortable. But when old ways don’t work anymore, fundamental change is required. Organizations… even whole industries, experience this. Think VHS videotapes (and camcorders)… think 8-track audio tapes (and cassette tape players)… think Blockbuster Video… think Sears… continuing to do the same things, and trying to do more of them, or do them harder, is not a success strategy when the environment shifts.

Physician, heal thyself.

Helpful Resources:

https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm/

https://www.apa.org/helpcenter/road-resilience

https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/art-20046642

MDVIP leads the market in membership-based healthcare that goes far beyond concierge medicine services. With a national network of over 1,000 primary care physicians, MDVIP is at the forefront of consumer-directed care. MDVIP-affiliated physicians limit the size of their practices, which affords them the time needed to provide patients with more individualized service and attention, including a comprehensive annual preventive care program and customized wellness plan. Published research shows that the MDVIP primary care model identifies more patients at risk for cardiovascular disease, delivers more preventive health services, and saves the healthcare system millions of dollars through reduced hospitalizations and readmissions. In response to the growing demand for a more personalized healthcare experience, hospital systems are meeting this community need by incorporating the MDVIP model into their primary care offering. For more information, visit www.mdvip.com.