



# CARING FOR CAREGIVERS: ADDRESSING PHYSICIAN BURNOUT

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**B**urnout is becoming widely recognized as an occupational hazard in healthcare. Defined as physical, emotional and mental exhaustion,<sup>1</sup> burnout brings in its wake ineffectiveness and depersonalization.<sup>2</sup> It is more than just a bad day or a bad week; it's a state of continual stress, resulting in a chronically lowered sense of occupational well-being and satisfaction. While many people recognize signs of burnout in themselves, many more people who are suffering from burnout may not recognize it as such.

High rates of burnout among clinicians have serious implications for providers, their patients and healthcare organizations. Burnout shares features with depression, and professionals who suffer from burnout are at higher risk for depression.<sup>3</sup>

Burnout affects not only caregivers' emotional and mental health, it is also linked with potentially serious physical health problems as well as a host of interpersonal and social problems.

### **Prevalence in healthcare**

The prevalence of burnout is nothing short of alarming: Researchers conducting a national survey found a 37.9% rate of burnout among physicians (compared with 27.8% in a nonphysician control group), and nearly one-half of respondent physicians (45.8%) reported at least one symptom of burnout.

Certain medical and nursing specialties face disproportionate burnout risk, such as





emergency room clinical staff. Further, high rates of work exhaustion and depersonalization are driving physicians to consider leaving clinical practice early, which could exacerbate doctor shortages and affect patient care.<sup>4</sup>

### Costs of burnout

At the organizational level, burnout contributes to absenteeism, turnover and experienced clinicians leaving their professions. Researchers have estimated the annual cost of burnout among healthcare managers at \$300 billion, encompassing reduced operating effectiveness, medical expenses and attrition.<sup>5</sup>

Where disengaged clinicians toil on in misery, a culture of cynicism and hopelessness can emerge. The skills, ideas and energies of burned-out clinicians remain untapped, and positive change and improvement become unattainable. Clinicians may experience difficulty connecting with, listening to and empathizing with their patients. A vicious cycle may be launched as low levels of patient satisfaction feed further clinician dissatisfaction.

### Contributing factors

A host of factors make caregiving professionals prone to burnout. Prodomos Mike Angelidis, MD, hospitalist and chief of internal medicine, Saint Francis Health System, Tulsa, Okla., notes the ever-growing array of distractions and stressors that can sap a clinician’s energies; physicians want to be effective, but frequently feel stymied by pressures to meet financial and productivity goals. For many, new assessments, such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), are perceived as additional burdens, as well as increasingly high patient panels, higher productivity requirements, shrinking resources and other external factors.<sup>2</sup>

### Recognizing burnout

The first step in addressing burnout is recognizing and acknowledging its existence. A brief quiz in *Scientific American*, “Are You on the Path to Burnout?”

([mgma.org/burnout](http://mgma.org/burnout)), asks about feelings regarding workload, control, reward, community, fairness and values. High scores highlight specific areas of dissatisfaction that need attention.

For many healthcare professionals, this first step can be extremely difficult. Wayne Sotile, PhD, clinical psychologist and assistant professor, Tulane University School of Medicine, New Orleans, who has counseled thousands of physicians, says, “Physicians can be exquisitely capable of denying themselves. They deny their anxieties, their fears, their fatigue, their wants. They go numb, but keep on going.”<sup>6</sup>

Because this first, necessary step may not be easy for some clinicians, we urge organizational leaders and managers to become more alert to the signs of burnout and more open to strategies for combating burnout.

### Responding to stress

As the *Scientific American* quiz highlights, many different domains of work life can contribute to stress. Every work setting and every role has its own stresses; these are unavoidable and not necessarily harmful by themselves. Difficulties develop when stresses accumulate and remain unresolved over extended periods of time and when individuals are unable to retain the necessary resilience to roll with the difficulties. When people do not recharge and renew themselves on a regular basis, they find their psychological and emotional resources become depleted. For too many professionals in healthcare, that state of depletion is the norm, beginning early in the profession — even in training.<sup>7</sup>

Many healthcare organizations have been slow to recognize the damage caused by burnout or are conflicted in their approach to self-care. Official policy may include ample vacation time; however, unofficial practice may make time away inconvenient and subject to retribution. The culture of hard-charging, ambitious healthcare organizations can, in effect, punish those who try to take care of themselves.

FACTORS CONTRIBUTING TO BURNOUT
Demanding work that calls upon deep reserves of compassion
Long hours and subsequent difficulty maintaining work-life balance
A never-ending stream of new information, new requirements, new processes, new scrutiny
High-achieving individuals who expect perfection of themselves
High levels of responsibility with low levels of authority

Even in organizations that consistently encourage and honestly welcome clinicians' efforts to avoid burnout, clinicians themselves may not be comfortable giving themselves permission to take vacations free of work interruptions, say no to new projects or take other actions to protect themselves from overextension and stress.

**Finding solutions**

There is no single "magic bullet" to address healthcare stress and burnout risk; there are, instead, many possible personal, organizational and systemic approaches that can ease the burden and help clinicians recapture the joy in practice that first brought them to careers in healthcare.

For Springfield (Ill.) Clinic, a multisite, multispecialty medical group serving patients throughout central Illinois, communication skills training workshops and one-on-one shadowing have been required of all new Springfield Clinic clinicians for the past two years. Matt Price, manager, talent development, notes that strong communication skills have helped clinicians maintain enthusiasm for their work.

The concept of the Triple Aim (population health, patient experience and lower per capita cost) as the

embodiment of optimized health system performance is now well-established and widely accepted.<sup>8</sup> But some experts question whether these goals can be achieved without also addressing provider burnout and propose expanding the Triple Aim to the Quadruple Aim, i.e., improving the work life of healthcare providers as a fundamental and crucial goal for American healthcare.<sup>9</sup>

Just as a cascade of undesirable effects flow from the actions of burnout victims, so do positive effects flow from joyful, engaged individuals. Interpersonal interactions are respectful and curious; people's energies are focused on solving problems, not just managing their emotions; and a positive learning environment promotes improvements and enhancements. Thus, a virtuous cycle of more satisfied patients and more fulfilled clinicians is launched.

**Bolstering resilience and meaning**

One of the ways to fight burnout and encourage joy in work is resilience — the ability to withstand adversity and stress. The term has become a popular embodiment of attributes that enable healthcare professionals to do demanding work without damage to themselves.




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Nursing professionals who “develop health coping strategies to build resilience are able to adapt to stressful work experiences in a positive manner. Factors [that] ... encourage resilience include a supportive social network, attention to physical well-being and development of active coping skills.”<sup>10</sup>

Sotile notes that resilient physicians “find meaning and purpose in their work” [and] “meaning is the antidote to burnout.”<sup>6</sup> There is no magic pill for recapturing meaning and cultivating resilience; an array of individual factors are important, including “the capacity for mindfulness, self-monitoring, limit setting and attitudes that promote constructive and healthy engagement with (rather than withdrawal from) the often-difficult challenges at work. Cultivating these specific skills, habits and attitudes that promote resilience is possible for medical students and practicing clinicians alike.”<sup>11</sup>

Angelidis, was an early – and initially skeptical – adopter of a communication skills training program implemented at the health center. “At a facility where I worked before I came to Saint Francis,” he says, “I won an award for patient care; meanwhile, my Press Ganey scores were low. I was frustrated with the conflicting results and really didn’t know how to interpret these or what to do. Like all doctors, I was trained to be critical, and I discounted the measurements overall. Still, I was interested in becoming a better doctor.”

The communication skills training program made him realize he was not doing a lot of simple things, like introducing himself or sitting down to talk with patients. The specific feedback and evidence-based suggestions he received helped him to refocus on his relationships with

patients and develop more effective ways of interacting with patients. He felt “reinvigorated” in his approach to his work. Best of all, he says, “I now have a game plan” for interacting with patients.

### Balancing caregiving and self-care

Reflection and mindfulness can also help clinicians to reconnect with the sense of purpose and meaning in their career choices. One of our authors has been practicing mindfulness for the past six years. “So many of the decisions I make and the activities I engage in are made through the lens of mindfulness,” says Kathleen Bonvicini, EdD, MPH, chief executive officer, Institute of Healthcare Communications, New Haven, Conn. “While I consider myself still in the embryonic state of learning, I believe that the practice of mindfulness has been my primary resource especially helping me through times of significant loss and stress in my personal and professional life.”

Strong social supports inside and outside the workplace can also help people weather the inevitable times of stress and disruption. Enhanced communication skills can bolster nurturing relationships, help clinicians maintain effective boundaries and make clinicians’ interactions with patients more effective. And making healthy habits a part of one’s routine can provide a critical “safety valve” for stresses.

### Shared responsibility for combating burnout

It hardly seems fair or reasonable to expect individuals to bear the brunt of burnout when many of its root causes are systemic or organizational. In fact, the best hope for combating burnout among healthcare workers is a shared

INDIVIDUAL RESPONSES	COMPLEMENTARY ORGANIZATIONAL RESPONSES
Recognize signs of burnout in oneself	Recognize signs of burnout in employees
Model strong self-care for good physical and mental health (exercise, sleep, diet)	Provide on-site exercise opportunities and time for exercise and meals; model good self-care
Nurture supportive social networks	Welcome and provide space for informal meetings
Recharge frequently and effectively (time away from work)	Actively encourage (not discourage) time away
Nurture effective coping skills (learn to say no; effective communication skills; problem resolution)	Provide communication skills training, manager coaching skills development and support for efficiency improvements
Model self-compassion	Acknowledge and recognize employees for their hard work and compassion
Cultivate purpose and meaning in work	Recognize hard work and compassion for patients; celebrate and support joy in work

approach, with organizational responses that help to make individuals' responses meaningful (see table on page 20).

Indeed, according to W. Edwards Deming, the father of improvement science, the overall aim of management should be to "create a system in which everyone may take joy in his work."<sup>12</sup>

There is a great deal that organizations can do to help to minimize burnout among their employees. Organizational strategies can and should complement individuals' responses.

Communication skills training, in concert with other strategies, can provide a powerful platform for helping clinicians engage with patients and reconnect with the reasons they chose clinical work. Specific communication techniques are well-documented to promote strong clinician-patient relationships. For example, introducing oneself, sitting when speaking with a patient and using friendly (and culturally appropriate) touch that is not part of the physical exam are simple and effective ways to communicate connection.

Angelidis grew up in a traditional, demonstrative Greek family and he was trained to maintain reserve in his professional interactions with patients. He needed some convincing — from his communication skills coach and the evidence in the literature — that friendly touch could enhance his interactions with patients.

With coaching, he altered his patient communication routine to include a friendly pat on the shoulder or touch to a patient's arm, all the while remaining sensitive to patients' cultural or individual situations that might make such contact uncomfortable for patients. He cites this as one example of a specific and simple tool he now uses to help to build rapport and connection with patients. With practice, it has become a part of his communication routine.

While Angelidis is pleased to report that his HCAHPS scores have seen marked and sustained improvement, he believes the greatest benefit of communication skills training is his enhanced ability to focus on the care he provides his patients. "It's a big step to say, 'Hey, I may be able to do this better,' he says. "Having the tools to be better is refreshing." ■

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