

Executive Brief

The epidemic of physician burnout

An examination of its sources and solutions

Physicians bear a large responsibility in caring for patients, and their role has always involved a certain level of stress. But the startling rise of physician burnout rates across the healthcare industry has alarmed many experts who are concerned about the consequences for patients, physicians and organizations.

A recent survey of more than 15,000 physicians conducted by Medscape revealed that 42 percent reported feeling burned out. Among the radiologists surveyed, 45 percent reported burnout — one of the highest rates of burnout by specialty.¹

42%
of physicians reported
feeling burned out

45%
of radiologists surveyed
reported burnout

What is physician burnout?

Although the term “physician burnout” has become more common in the past few years, the concept has been around a long time. The Maslach Burnout Inventory, developed in 1981, is the gold standard test to measure occupational burnout. It is based on questions that focus on three dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment.

Mental health professionals continue to explore how best to identify physician burnout. Some experts theorize that physicians refer to themselves as burned out when they’re actually experiencing depression, because burnout carries less of a stigma. In fact, some see burnout simply as a form of depression.²

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What’s causing physician burnout?

There are several factors causing physicians to feel burned out, such as long work hours or lack of autonomy. But the primary cause is widely agreed upon: too many bureaucratic tasks. In the Medscape survey, it was the most common contributing factor of burnout, cited by more than half of burned out physicians.¹ All the charting, paperwork, and other non-value-added tasks that are increasingly required of physicians are taking up a lot of time and causing a lot of frustration.

The administrative burden has gotten worse mostly through the use of electronic health record (EHR) systems. EHRs were introduced to ease the burden of healthcare’s data explosion and make patient records easier to share, but they have proved to be complex and non-user-friendly — they’re complicating

workflows rather than simplifying them. In addition, the EHR has become the de facto platform for organizations to collect the vast amount of information physicians are required to document and submit for each patient encounter, including clinical orders, billing and compliance codes and quality improvement data.

The problem has gotten so severe that there is now a booming demand for medical scribes, individuals who follow physicians throughout the workday and transcribe all the necessary documentation.

It’s no wonder that so many physicians are burned out: They feel like they spend an excessive amount of time on administrative tasks and far too little on what they were actually trained to do: care for their patients. One study found the less time physicians in an academic institution were able to dedicate to what they considered their most meaningful task (most often patient care, but also research or education), the greater their risk for burnout.³

Good news: There are solutions to burnout

Fortunately, there are ways to prevent burnout or reduce it when it occurs. A growing body of cross-sectional studies has provided evidence of effective measures to reduce the problem — both at the organizational and individual levels. According to a report in the Journal of Internal Medicine, the following measures have been shown as effective in combating physician burnout:⁴

Limit excessive workload

Organizations should set duty-hour limits and fair productivity targets for physicians.

Fix the workflow

Workflows should be simplified and optimized, and nonphysician staff support should be employed to help complete administrative tasks.

Train physicians

Leadership and communication training should be offered to clinical staff.

Offer support

Organizations should establish communities and forums where physicians can find peer support.

Practice mindfulness

Individuals should take part in stress management and mindfulness practices.

Since EHRs will not be going away anytime soon, their contribution to physician burnout must also be addressed. An Advisory Board article recommended two ways that organizations can mitigate the EHR's role in physician burnout:⁵

1. Examine data from the EHR to identify physicians who would benefit from training on how to use the system more efficiently.
2. Identify ways the EHR can be customized to solve workflow problems and consider additional resources that may help physicians, such as voice recognition to speed up documentation.

IBM Watson Health offers solutions that can reduce physician burnout by [customizing radiology workflows](#), [automating the collection of patient information](#) and even using [AI to surface relevant patient data from the EHR](#).

[Visit our radiology solutions page to learn more.](#)

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