

# Physician CONNECTION



ISSUE 2 • 2018



## Feeling the Burn

By Thomas Joensen

### Physician Burnout Defined

Workplace stress is far and away the major source for stress, which has escalated progressively over the past few decades.<sup>1</sup> Obviously, physicians are not immune to workplace stress. *Medscape* released its *2018 Report on National Physician Burnout & Depression*. This report indicated that 42 percent of physician respondents reported experiencing burnout in their jobs. Family physicians and ob/gyn physicians, for example, reported 47 percent and 46 percent burnout rates respectively.<sup>2</sup>

Burnout and workplace stress are sometimes difficult to differentiate. Burnout does not develop without work or stress. Burnout, however, is defined as a physical or mental collapse caused by being overworked or stressed. In other words, it is exhaustion of physical or emotional strength or motivation.

The CEO of a large specialty practice with 30 physicians and 15 physician assistants described burnout as “going through the motions.” The physician renders adequate care to patients, but not optimal attention. Sometimes

animus develops towards patients and malaise in interactions with colleagues. Often, everyone around the physician can see it except the physician himself or herself. A “decompensation” occurs—an inability to develop coping mechanisms.

### Top Reasons for Physician Burnout

Different sources highlight different reasons for physician burnout. Electronic Health Records (EHRs), which reportedly take up half of a physicians’ work day, has been identified as a culprit.<sup>3</sup> The reimbursement system creates frustration.<sup>4</sup> Patients who are incapable of caring for themselves or are irresponsible and noncompliant have been recognized as a cause.<sup>5</sup> Recently, just prior to a deposition, an ER physician spoke about the number of patients who come to the ED under the influence of illicit drugs or alcohol and who are unwilling to follow medical advice. He said it is far higher than it was 15 to 20 years ago.

*The Medscape 2018 Report on National Physician Burnout & Depression* also identifies stress



as caused by spending too much time at work, lack of respect from administrators and employers, insufficient compensation, lack of autonomy, and lack of respect from patients.

### What Contributes to Physician Burnout?

- 56%** Too many tasks (charting, paperwork)
- 39%** Too much time at work
- 26%** Lack of respect from staff, colleagues, administrators
- 24%** EHRs
- 21%** Lack of control/autonomy
- 20%** Feeling like a cog in a wheel
- 16%** Lack of respect from patients

Continued on page 2

Continued from page 1

- 16%** Government regulations
- 15%** Decreasing reimbursement
- 15%** Emphasis on profits over patients
- 12%** Maintenance of certification requirements

Source: 2018 National Physician Burnout & Depression Report, Medscape

## Other Reasons for Burnout

There are certainly other reasons for burnout. All of the aforementioned circumstances contribute to workplace stress. Indeed, nearly all physicians face these issues on a daily basis.

Extreme events also can cause a physician to cross the threshold from stress to burnout. The number one trigger is a lawsuit. The second most frequent trigger is a family crisis, such as a divorce.

These occurrences put the physician at another level beyond workplace stress. Particularly with lawsuits, they cause a preoccupation that impacts the level of attention and quality of interaction at work. A lawsuit and divorce usually will last for years, thus making the decompensating event a long-term burden. Some suggest that the



majority of cases of burnout resulting in a need for intervention have occurred due to a lawsuit or another family crisis.

The 2018 Report on National Physician Burnout & Depression, which was based on a voluntary questionnaire that received significant

response, appears to not report these two other factors triggering burnout (although it does identify the impact of burnout on family life).

It may be a question of the degree in which physicians self-diagnose “burnout,” when it’s really high stress levels. It could be that physicians are unwilling to identify other, nonwork-related events that cross the threshold into burnout. (Lawsuits are a unique breed of occurrence with both personal and professional concerns.)

It may be a question of the chicken or the egg, meaning burnout could cause a decrease in the level of carefulness and productivity that results in a lawsuit or a family crisis. This is not to diminish the feelings of physicians who have not suffered a lawsuit or a family crisis in the analysis of burnout. However, it may explain why one publication proposes that being a physician offers high compensation, manageable stress and high quality of life while another suggests that 42 percent of physicians suffer burnout. A good question would be what other things are going on in the physician’s life.

Regardless, lawsuits cause burnout, according to some experts. In the medical malpractice domain, it is generally established that a physician will be sued once during their career, with some specialties averaging multiple lawsuits.<sup>6</sup> It is estimated that by the age of 65 years, 75 percent of physicians in low-risk specialties had faced a malpractice claim, compared to 99 percent of physicians in high-risk specialties.<sup>7</sup>

Notwithstanding the underlying allegation of negligence of a physician—for which physicians and lawyers develop strategic responses and defenses—there seems to be a relationship with the symptoms of burnout and the criticisms by physicians experiencing a lawsuit.

During a lawsuit, physicians fault less-than-satisfactory, erroneous or missed documentation on the impact

of EHR use. Physicians feel that when plaintiff’s experts offer criticisms, they do not respect the work of the physician. And, physicians become frustrated with the patient/plaintiff because the physician feels a lack of respect. Physicians may feel that they did everything possible for the patient and the result was still a lawsuit.

## Consequences of Burnout

Burnout has emotional, legal and financial consequences for patients and family. The emotional consequences of burnout coincide with the sign and symptoms of the problem itself: fatigue, exhaustion, inability to concentrate, depression, anxiety, insomnia, irritability, and sometimes increased use of alcohol or drugs.<sup>8</sup>

The most distinct characteristic of burnout is a loss of interest in one’s work or personal life, a feeling of “just going through the motions.”<sup>9</sup> The difference between burnout in physicians and other professions is the potential for devastating consequences for patients.<sup>10</sup> (See below.) Also, patient dissatisfaction with the physician/patient relationship is a consequence of burnout.

## Does Depression Affect Patient Care?

- 40%** My depression does not affect my interactions with patients
- 33%** I am easily exasperated with patients
- 32%** I am less engaged with patients
- 29%** I am less friendly with patients
- 24%** I am less motivated to be careful with documentation
- 14%** I express my frustration in front of patients
- 14%** I make errors I might not ordinarily make
- 5%** I make errors that could harm patients

Source: 2018 National Physician Burnout & Depression Report, Medscape

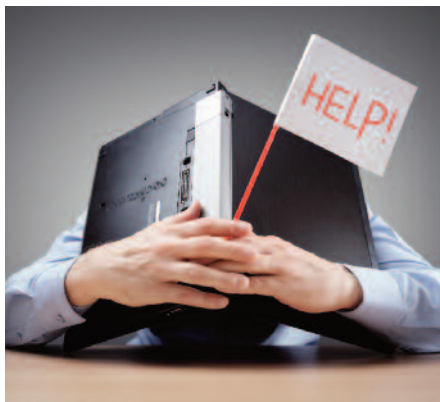
When a physician is served with a lawsuit, it is important for everyone to be aware that the lawsuit itself may cause burnout. Many attorneys and administrators have taken steps to educate themselves about appropriate avenues to help physicians become aware of and combat burnout, especially after a lawsuit has been filed. Indeed, there are more services available for attorneys themselves to deal with workplace stress and burnout. The realization is, however, that burnout may lead to the consequence of substandard care and a snowballing effect of further claims or lawsuits.

Other consequences are deterioration in productivity, thus causing strife within the practice for meeting expected obligations for patient care. This, in turn, may cause insufficient compensation. This, as identified above, is one of the reasons for burnout in the first place, thus highlighting the vicious cycle of the problem of burnout.

Finally, while family issues may trigger burnout at the workplace, the opposite is true. A depressed physician may not be able to be present for his or her family, thus causing additional strife.

## How to Avoid Physician Burnout

Due to the triggers of physician burnout, it may be impossible for it to be avoided, especially when causes include a lawsuit or family crisis. Many times, the remedy for burnout is for clinic leaders and administration to promote education and personal compensatory techniques. Physicians have identified ways to reduce burnout. These solutions may be impracticable and impossible in today's health care environment. Physicians suggest increased compensation, reduced work schedule and call hours,



decrease in government regulations, increased autonomy, greater respect from administrators/employers, colleagues, or staff, more paid time off, and greater flexibility in the schedule.<sup>11</sup> Many of these solutions may be unreachable.

The best advice to avoid and cope with burnout is to have a member of the administration who is educated in recognizing and intervening when burnout becomes noticeable. It is important to have trained counselors as a referral source. There are numerous continuing education and other programs available to address the issue. Proactively, there are workplace programs to reduce stress and burnout. The American Medical Association has resources for physician well-being.<sup>12</sup> In addition, the Mayo Clinic invented the Well-Being index to assess multiple dimensions of distress to monitor physician well-being. This would gauge the effectiveness of a physician wellness program.<sup>13</sup>

Other than developing a specific practice well-being program, the physicians themselves recommend a combination of professional help, exercise, maintaining a sense of accomplishment, managing expectations, shifting work hours via changing jobs, and seeking out supportive colleagues and staff. The vague "having a good work environment" is also identified as a solution.

## Risk Management Suggestions to Combat Burnout

1. Encourage practices to start a physician wellness program
2. Encourage insurers to offer limited sessions with a counselor after filing of a lawsuit
3. Educate all staff of signs and symptoms of burnout
4. Develop referral resources for experienced counselors for physician burnout once burnout is recognized
5. Initiate monitoring system to ensure that patient care or satisfaction is not impacted

### Case Scenarios

As the following scenarios show, physicians respond in a number of ways when experiencing burnout.



A physician suffers noticeable burnout, due to divorce exacerbated by an unusual residential issue. Colleagues and staff notice and report the burnout to the CEO. The CEO intervenes and refers the patient to a psychiatrist who is known for helping with physician burnout and physicians being sued. After appropriate counseling, the physician owns up to his mistakes and acknowledges burnout. He changes his behavior and practices in a healthy manner.

*Continued on page 4*

Continued from page 3



A physician undergoes an inquiry for a patient care issue and family stressors. She begins to show signs of noticeable burnout to staff and colleagues. The physician is referred to a psychiatrist and practice modifications are recommended.

The physician is unwilling to alter her behavior or to confront stressors. She leaves the clinic on less-than-satisfactory terms.



A physician is sued for malpractice. The lawsuit preoccupies the physician's mind and he or she requires significant support during the lengthy litigation process. Ultimately, the physician enters settlement discussions, which alleviate outward signs of burnout. The physician indicates that if he is ever sued again, he will engage in counseling to deal with the stress.



A physician is aware of a potential malpractice lawsuit that has not been filed. He is emotional to the point of tears when meeting with his administration and lawyers. The physician believes that psychiatry is ineffective and fanciful, thus he refuses a referral to go to counseling. The outcome is to be determined.



A physician seems to be more irritable at work. She has been receiving more patient complaints than in the past, and the staff also has noticed a change. She has become short tempered and has frequent outbursts of anger. The physician is engaged by the medical director, and the source of the frustration is identified. The medical director and the physician agree that the best course of action is for her to decrease the amount of hours worked with the goal of working towards finding the right balance for maximum job satisfaction.

*Thomas Joensen is a shareholder with the Bradshaw Law firm in Des Moines, Iowa. He has practiced law for over 10 years, having tried multiple medical malpractice defense cases. He recently was approved as a Fellow of the Iowa Academy of Trial Lawyers. Membership is limited to 250 attorneys who have displayed exceptional skills, the highest integrity and have dedicated their professional lives to trial practice.*

- 1 Workplace Stress, the American Institute of Stress, <https://www.stress.org/workplace-stress/> (last visited February 26, 2018).
- 2 National Physician Burnout & Depression Report 2018, Medscape, <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1> (last visited Feb. 26, 2018).
- 3 Corder, J. Collins, We Need to Reframe the Fire Before It Burns Out, St. Louis Metropolitan Medicine, December 2017/January 2018, p. 1.
- 4 Id.
- 5 Id.
- 6 Joensen, Thomas, Remaining Current: Helping Your Patient and Yourself, Physician Connection, Issue 3, 2015, p. 1.
- 7 Id., p. 2.
- 8 Gundersen, Linda, Physician Burnout, Annals of Internal Medicine, 17 July 2001 Vol: 135, Issue 2
- 9 Id.
- 10 Id.
- 11 National Physician Burnout & Depression Report 2018, Medscape, <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1> (last visited Feb. 26, 2018).
- 12 Preventing Physician Burnout, American Medical Association/Steps Forward, <https://www.stepsforward.org/modules/physician-burnout> (last visited March 1, 2018).
- 13 Physician Well-Being Program, Mayo Clinic, <http://www.mayo.edu/research/centers-programs/physician-well-being-program/overview>, last visited March 1, 2018).



Send all inquiries, address changes and correspondence to:  
 Physician Connection, P.O. Box 9118, Des Moines, IA 50306  
 Toll-Free 1-888-336-2642  
 Internet – [www.psicinsurance.com/physicians](http://www.psicinsurance.com/physicians)  
 Email – [riskmanagement@psicinsurance.com](mailto:riskmanagement@psicinsurance.com)

The goal of *Physician Connection* is to feature articles by leaders in the medical, legal and risk management professions. The practice of medicine can involve both science and art. A patient's medical history and treatment plan should be based on the patient's condition, appropriate guidelines and procedures, and the physician's clinical opinion. Therefore, the views and opinions expressed are those of the authors and do not reflect the policy or position of PSIC.

*Physician Connection* is published for policyholders of Professional Solutions Insurance Company. Articles may not be reprinted, in part or in whole, without the prior, express consent of Professional Solutions Insurance Company.

Information provided in *Physician Connection* is offered solely for general information and educational purposes. All names used in *Physician Connection* are fictional. Any relationship to actual people is purely unintentional. It is not offered as, nor does it represent, legal advice. Neither does *Physician Connection* constitute a guideline, practice parameter or standard of care. You should not act or rely upon this information without seeking the advice of an attorney.

You can also find us on:



Search PSIC Insurance



Search PSIC Insurance Company