Three surprising truths about physician burnout

Expert Perspective | June 08, 2016

Laura Martin, Senior Analyst

The practice of medicine in the U.S. is at a tipping point. Amid the shift to value-based payment and the transformation of care delivery is a burgeoning crisis among providers. Over half of physicians have lost the joy in the practice and increasingly feel “burned out.”

While some of the specifics are unsurprising—for example, front line physicians experience the highest levels of burnout—survey data and research conversations uncover a few unexpected trends. Here are three surprising truths about physician burnout you should know.

1. Burnout is not the same as disengagement, but they can coexist

First, let’s clarify “burnout.” Burnout and engagement are not merely two sides of the same coin. While engagement is defined as an employee’s “emotional connection with, and commitment to, the organization and its goals,” burnout is an emotional state that “comprises emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.

When the Advisory Board’s Survey Solutions assessed the issues of burnout and engagement in tandem, results from 11,000 healthcare employees reinforced this claim.

Percentage of Respondents, by Engagement Level, Agreeing or Strongly Agreeing
As shown in the far right bar, the most engaged respondents actually expressed the highest level of burnout. And this is not merely an inverse relationship, as the second most burned out group are the least engaged. While seemingly counter intuitive, this confirmed our expectation that combating burnout requires distinct strategies from those that we previously uncovered to improve physician engagement.

2. Burnout is variable across tenure, and its root causes differ

Although there is a fair share of rueful longing for “the good old days” of medicine when the practice was far less complex, the most burned out physicians are actually not the oldest or most tenured. The most burned out physicians are those in the middle of their career—between 11-20 years on the job—as shown in our survey data below.

Percentage of Respondents, by Tenure Level, Agreeing or Strongly Agreeing
While initially unexpected, data from the Mayo Clinic echoed these findings and the trend made sense when we dug a bit deeper.

Barring physicians with less than 1 year of experience—who are newly confronted with the intricacies of coding, billing, and workplace dynamics—new physicians (1-10 years) were not as burned out as older cohorts. They did, however, report experiencing the most work-home conflict and were the least able to find a resolution to competing demands.

Mid-career physicians (11-20 years), on the other hand, are the most burned out. A contributing factor is that mid-career physicians work longer hours, take more night calls, and handle more medical group responsibilities. But regardless of this apparent commitment, mid-careers are also the most likely to leave the practice of medicine for reasons other than retirement.

And while late-career physicians (greater than 20 years) suffer less burnout than their mid-career counterparts, they are the most likely to reduce their clinical hours. This may be the least surprising finding, as these physicians miss the days before meaningful use mandates, expanded access standards, and productivity benchmarks.

3. Burnout can have detrimental effects on the medical group business

Physician burnout can lead to devastating consequences, the most extreme being physician suicide—an alarming but growing trend. But a myriad of studies show that the effects of burnout can be felt across every aspect of your business and extend far beyond the individual.

### Associated Risks, Challenges of Physician Burnout
Physician burnout not only affects the mental health of physicians, but actually makes them less effective. There is a whopping 16% decrease in patient satisfaction scores among burned out physicians compared to a control group. Another study found that major medical errors strongly correlated with burnout.

Lastly, researchers at the Mayo Clinic exposed a link between physician burnout and a shift toward part-time work. Add that to the cost of physician turnover and it’s clear that burnout can certainly affect the bottom line.

**Now for the good news**

There are steps you can take to combat burnout at your medical group, and we have identified some of the key components.

Start simply by listening. If possible, give physicians a role in decision-making. Work to circulate positive patient feedback and recognize extra effort. Lastly, create an emotional support infrastructure and mechanisms for communication.

Join us at our **2016-17 National Summit** to learn how groups have implemented these action steps to reduce physician burnout and participate in in-depth conversations on other important issues facing medical groups.