



Physician Burnout

Don't Wait to Ask For Help

By Michael Baron, MD, MPH TMF Medical Director

Forty years ago, the Tennessee Medical Foundation's Physician's Health Program was just getting started, and the problem of Physician Burnout had not yet been described. At the current time, burnout among physicians and other health professionals is not only well described, but is pervasive.

Physician Burnout is a problem of national importance because it not only impacts the physician, it impacts the quality of care the physician provides. Burnout is a syndrome characterized by a high degree of emotional exhaustion, cynicism, and a low sense of personal accomplishment related to work.

TMF Adapts to Changing Physician Needs

In 1978, the Tennessee Medical Association established a committee offering professional assistance to physicians suffering from alcoholism and drug addiction. The next year the TMA's Impaired Physician Peer Review Committee was born, being only the fourth state physician health program in the country. In 1992, the TMA transferred oversight of the program to the Tennessee Medical Foundation, a 501(c)3 organization. Five years later the name Physician's Health Program replaced the Impaired Physician's Program. Now, 20 years later, the Tennessee Medical Foundation Physician's Health Program (TMF-PHP) is once again making changes to meet the needs of Tennessee's physicians. That current need has to do with Physician Burnout.

For the first 25 years of the TMF-PHP's existence most of our new identifications had a substance use diagnosis. That majority has now decreased to about 50 percent. The once-predictable referral patterns are rapidly changing to reflect the

impact that changing pressures are having on physicians. Physicians are now being referred to the TMF-PHP with increasing frequency for behavioral problems including boundary violations, disruptive behavior, and for being "distressed."

What is a Distressed Physician?

The distressed physician is a coined term that really implies burnout. The distressed physician is not keeping their medical records current; they are short or inappropriate with staff, peers, and even patients. Their efficiency has declined, which means they are seeing fewer patients per day. Something has happened to their smile and bedside manner; they have lost enjoyment and no longer get pleasure from going to work and being a doctor.

What is the source of this level of distress — this loss of passion, energy, and purpose?

The problems facing today's physicians are more complex than ever. Financial restraints, quality metrics, reimbursement structures, and institutional governance are just a few of the external confines that make us shudder. Add MOC, ACA, and EHR, and we get OMG. We are required to navigate an ever-expanding knowledge base, all while dealing with excessive workload, regulatory requirements, clerical inefficiency, meaningful use, and a loss of autonomy. It is estimated that for every hour of clinical work, primary care physicians now spend two hours on clerical work or other EHR-related tasks.

Physicians have maintained responsibility but with loss of control — a situation that is almost guaranteed to be unfeasible and induce despondency. Is anyone surprised that burnout has become an issue for practicing physicians?

The first large study of burnout among U.S. physicians was in 2011. That and subsequent studies have found that more than 50 percent of physicians have substantial symptoms of burnout; physicians working in the trenches of primary care have the highest incidence. Burnout is nearly twice as prevalent in the physician workforce as in non-medical matched cohorts.

What's the Solution?

Physician burnout has become widely recognized and of national importance, but there is still little information on how to address this problem. The evidence indicates that changes at the national, state, organizational, and individual levels can make a difference. However, progress is unlikely to occur at these grand levels until there is a coordinated effort to remedy the complex causes. Given the dysfunction ingrained in these layers above the individual physician, there is little chance that meaningful change can occur quickly. That leaves the individual physician to implement tactics and strategies that will help prevent, treat, protect, or reverse burnout.

The TMF-PHP is working to develop resources, personnel, and strategies to help the individual physician with burnout; resilience building, mindfulness-based stress reduction, and preventive mental health services are steps we are pursuing. We need your support to provide these resources. As always, if you, a colleague, friend, or significant other have burnout, please don't wait — contact the TMF-PHP for help. Your call is confidential.

We all have a vested interest in addressing physician burnout before it becomes something more serious. A healthy physician provides better care.



For assistance or to make a tax deductible contribution to the Physicians Health Program, contact the Tennessee Medical Foundation at 615-467-6411; write to the Tennessee Medical Foundation, 5141 Virginia Way, Ste 110, Brentwood, TN 37027; or visit e-tmf.org to send a confidential email or donate online.