

Physician Burnout

What is Burnout?

The WHO recognizes burnout as an occupational health phenomenon caused by a state of chronic stress [1]. The three primary dimensions of burnout are:

- **Feelings of energy depletion or exhaustion**
- **Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job**
- **Reduced professional efficacy (work performance)**

Symptoms of burnout may include:

- **Chronic fatigue**
- **Weight gain or loss of appetite**
- **Emotional exhaustion including anxiety and depression**
- **A drop in productivity**

Sponsored by a JCC initiative, a 2020 physician-led study found that emotional exhaustion and feelings of low personal accomplishment were higher in physicians who **identify as a woman** or a **person of color**. Physicians in **rural communities** have also felt a higher level of professional and personal isolation during this challenging time. [2]

Impacts of Physician Burnout

In response to a 2019 Doctors of BC survey on Physician Burdens [3], physicians reported the following impacts of burnout:

- 1 Unmanageable workloads
- 2 Decreased job satisfaction and joy in practice
- 3 Loss of work-life balance
- 4 Disengagement, inability to influence change
- 5 Reduced work hours or services, changing specialties
- 6 Leaving the profession

Factors Contributing to Burnout

Through online physician engagement conducted by Doctors of BC in 2019 [3], physicians showed decreased job satisfaction (**87%**), burnout (**68%**), and a range of other impacts on their mental and physical well-being are the **direct result of growing demands**. Rates of physician burnout and moral distress were rising before the COVID-19 pandemic, and they continue to rise.

Physicians identified the following challenge areas creating increased burden:

1. Increasing and uncompensated paperwork, charting and EMR-related tasks
2. Volume-based fee structures requiring high patient loads to ensure adequate compensation
3. Increasing rules and regulations developed without physician input that do not consider physician workflow or reflect appropriate evidence
4. Unrealistic exceptions related to physician capacity
5. System-wide resource constraints



Assessing Burnout

Beginning in the 1980s, Maslach and colleagues were among the first to carry out psychometric research in order to establish a method for evaluating the burnout experience. The tool developed is called the **Maslach Burnout Inventory (MBI)**, and it assesses burnout across the three dimensions (exhaustion, detachment/cynicism and lack of accomplishment/inefficacy) [4].

As burnout research has evolved, it has been determined that these three dimensions do not always move in lock-step, which means that they are not so highly correlated as to constitute a single, one-dimensional phenomenon. New scoring procedures for the MBI use a person-centred approach to allow for a range of responses along a continuum between burnout and engaged.

In addition to the MBI, there are a number of other burnout assessment tools, including the Physician Burnout Questionnaire [5] and the Mini-Z [6], which are measures designed to consider some of the distinct burnout factors. The Mayo Clinic Wellbeing Index [7] is another well-known tool developed by and for physicians and predicts risk of distress over 6 dimensions. The wellbeing tools can be helpful in seeing what elements of a physician's role are working well and providing insights into how things could be improved.

Learn More About Physician Burnout

Podcast - DocTalks: Burnout and COVID-19 - Warning Signs and When to Act

In this episode of DocTalks, psychiatrist Dr Jennifer Russel and family doctor Dr Lawrence Yang share their perspectives about how burnout affects doctors, how to recognize it, and what steps to take to minimize the impact.

Click [HERE](#) to listen

Article - Physician Burnout: Contributors, Consequences and Solutions

In this article, researchers from Stanford explore the unique workplace stressors and drivers contributing to burnout amongst physicians, the impacts on patient care and physician wellness and potential individual and organizational level solutions for managing burnout.

Click [HERE](#) to read

BC Physicians Tackling Burnout

Through engagement with their Divisions, Health Authorities, Facilities Engagement Initiatives, colleagues and communities, physicians across the province are involved in a variety of activities focused on improving physician health and wellness and managing workplace stress to combat burnout.

The Vancouver Physician Staff Association (VPSA) is encouraging department-level wellness solutions that are customized and relevant to the unique challenges experienced by each specialty area. Learn more [HERE](#).

The [Real Time Virtual Support \(RTVS\) Network](#) is helping strengthen core competencies, clinical skills, and confidence; reduces feelings of isolation, loneliness, and stress; and improve psychological well-being.

Coming in 2022, the PHP and JCCs are partnering on a Peer Support Initiative to support local physician organizations to develop their own physician peer support programs focused on delivering emotional, non-judgemental 1:1 peer support.

Supports for Dealing with Burnout

- 1 **Physician Health Program:** 24/7 helpline for confidential, personalized assistance with issues such as mental health, relationship stress, career and life transitions, substance use and concern for colleagues. Learn more [HERE](#).
- 2 **Divisions of Family Practice:** Check with your division regarding localized physician wellness supports.
- 3 **Physician Peer Support:** Virtual drop-in sessions available through BC PHP. Feel free to join anonymously and video is not required. Learn more [HERE](#).

Sources: [1] Burn-out: An "Occupational Phenomenon":

International Classification of Diseases, World Health Organization, 2019. Accessed here: <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

[2] Physician Wellness: Doctors Taking Care of Doctors. Karimuddin, A.A. MD FRCS, & Rudiman, A., MBBCh, Dip PEMP, FRRMS, BC Medical Journal. Issue: BCMJ, vol. 63, No. 10, December 2021, Pages 433,435 Accessed here: <https://bcmj.org/jccs/physician-wellness-doctors-taking-care-doctors>

[3] Physician Burdens: What We Heard Report. Doctors of BC. 2020. Accessed here: <https://haveyoursaydoctorsofbc.ca/physicianburdens>

[4] Latent Burnout Profiles: A new approach to understanding the burnout experience. Leiter, M.P., & Maslach, C., Burnout Research Volume 3, Issue 4, December 2016, Pages 89-100, <https://doi.org/10.1016/j.burn.2016.09.001>

[5] The physician burnout questionnaire: A new definition and measure. Moreno-Jimenez, B., et al. TPM - Testing, Psychometrics, Methodology in Applied Psychology. 19. 325-344. 2021. Accessed here: <https://www.sciencedirect.com/science/article/pii/S2213058615300188>

[6] The Mini-Z Survey. Institute for Professional Worklife. Further information available here: <https://www.professionalworklife.com/mini-z-survey>

[7] Mayo Clinic Well-being Index. Further information available here: <https://www.mywellbeingindex.org/about#mission>