PREVALENCE OF BURNOUT AMONG BOARD CERTIFIED FAMILY PHYSICIANS

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Burnout – A Definition

Burnout is the physical and mental exhaustion resulting from working in a stressful environment.
Prevalence

• In 2011 burnout affected 46% of physicians in general and 52% of family physicians. (Shanafelt TD et al Arch Intern Med 2012)

• A follow-up study in 2014 found the number of physicians in general experiencing burnout had increased to 54% and the number of family physicians to 64%. (Shanafelt TD et al Mayo Clin Proc 2015)
National Quality Strategy

- Patient and Family Engagement
- Safety
- Palliative and End of Life Care
- Equitable Access
- Elimination of Overuse
- Population Health
- Infrastructure Support
Burnout and Medical Errors

Large study of almost 8000 surgeons reported that medical errors were strongly related to degree of burnout and mental quality of life (Shanafelt TD et al Ann Surg 2010):

- Each increase in depersonalization by one point increased the likelihood of error by 11%.
- Each point increase in emotional exhaustion increased likelihood of error by 5%.
Burnout and Medical Errors

Stressed, burned out or dissatisfied primary care physicians report a greater likelihood of making errors and more frequent instances of suboptimal care. (Williams ES et al Health Care Man Rev 2007)
The Triple Aim

- Better Health
- Provider Engagement
- Lower Cost
- Better Care
The Missing Aim

- Better Outcomes
- Lower Costs
- Improved Clinician Experience
- Improved Patient Experience
Burnout in ABFM Diplomates

• Little has been published on the prevalence of burnout in board certified physicians.

• Accordingly, we were interested in determining the prevalence of this problem in board certified family physicians.
Methods

• The Mini Z Burnout Survey, developed from the Maslach Burnout Inventory by Linzer and colleagues, was administered to a random sample of family physicians applying to take the 2016 ABFM Certification Examination to continue their certification.

• Data from the ABFM administrative data base and responses to the Mini Z items were matched and analyzed for each physician.
The ACLGIM Worklife and Wellness Mini Z survey

For questions 1-10, please indicate the best answer.

1. Overall, I am satisfied with my current job:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

2. I feel a great deal of stress because of my job:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:
   1. I enjoy my work. I have no symptoms of burnout.
   2. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
   3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.
   5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

5. Sufficiency of time for documentation is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

6. Which number best describes the atmosphere in your primary work area?
   Calm  Busy, but reasonable  Hectic, chaotic
   1  2  3  4  5

7. My professional values are well aligned with those of my department leaders:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

8. The degree to which my care team works efficiently together is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:
   1 – Excessive  2 – Moderately high  3 – Satisfactory  4 – Modest  5 – Minimal/none

10. My proficiency with EMR use is:
    1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal
Methods

• Descriptive statistics compared Mini Z respondents to the exam candidates not administered the survey.
• Mini Z responses were tabulated, including burnout.
• Bivariate statistics compared personal and practice demographics by presence of burnout.
• Logistic regression models determined independent associations of each variable with burnout.
Results

• 1632 candidates received and answered the Mini Z survey for a response rate of 100%
• The Mini Z respondents were similar to the remaining 6,383 exam candidates with no statistical differences in gender, age, medical degree, IMG status, time spent in patient care, or employment status
<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I am satisfied with my current job (Agree / Strongly Agree)</td>
<td>75.3</td>
</tr>
<tr>
<td>I feel a great deal of stress because of my job (Agree / Strongly Agree)</td>
<td>49.8</td>
</tr>
<tr>
<td>Using your own definition of “burnout”, please select one of the answers below (“I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.” / “The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.” / “I feel completely burned out. I am at the point where I may need to seek help.”)</td>
<td>24.1</td>
</tr>
<tr>
<td>My control over my workload is (Satisfactory / Good / Optimal)</td>
<td>71.8</td>
</tr>
<tr>
<td>Sufficiency of time for documentation is (Satisfactory / Good / Optimal)</td>
<td>53.3</td>
</tr>
<tr>
<td>Which number best describes the atmosphere in your primary work area? (4 or 5 on 5 point scale with 5 being “hectic, chaotic”)</td>
<td>32.1</td>
</tr>
<tr>
<td>My professional values are well aligned with those of my department leaders (Agree / Strongly Agree)</td>
<td>63.5</td>
</tr>
<tr>
<td>The degree to which my care team works efficiently together is (Satisfactory / Good / Optimal)</td>
<td>92.5</td>
</tr>
<tr>
<td>The amount of time I spend on the electronic medical record (EMR) at home is (Excessive / Moderately High)*</td>
<td>43.7</td>
</tr>
<tr>
<td>My proficiency with EMR use is (Satisfactory / Good / Optimal)*</td>
<td>94.5</td>
</tr>
</tbody>
</table>
Results

• Bivariate analysis demonstrated that female gender and age were significantly associated with burnout as were USMG status, practice size, job stress, lack of satisfaction with the job, lack of control over workload, work environment, EHR proficiency and time spent working on electronic health records at home.

• Over 40% of physicians self-reporting burnout expressed satisfaction with their job.
Presence of Burnout by Gender and Age

Chart Title

Male  Female

30s  40s  50s  60s
<table>
<thead>
<tr>
<th>Variable</th>
<th>Burned Out (n=394)</th>
<th>Not Burned Out (n=1,238)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I am satisfied with my current job (Agree / Strongly Agree)</td>
<td>43.9</td>
<td>85.3</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>I feel a great deal of stress because of my job (Agree / Strongly Agree)</td>
<td>89.6</td>
<td>37.1</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>My control over my workload is (Satisfactory / Good / Optimal)</td>
<td>35.8</td>
<td>83.2</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Sufficiency of time for documentation is (Satisfactory / Good / Optimal)</td>
<td>23.9</td>
<td>62.6</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Which number best describes the atmosphere in your primary work area?</td>
<td>55.8</td>
<td>24.6</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>(4 or 5 on 5 point scale with 5 being “hectic, chaotic”)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My professional values are well aligned with those of my department leaders (Agree / Strongly Agree)</td>
<td>41.6</td>
<td>70.5</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>The degree to which my care team works efficiently together is (Satisfactory / Good / Optimal)</td>
<td>82.5</td>
<td>95.7</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>The amount of time I spend on the electronic medical record (EMR) at home is (Excessive / Moderately High)</td>
<td>61.8</td>
<td>37.8</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>My proficiency with EMR use is (Satisfactory / Good / Optimal)</td>
<td>92.5</td>
<td>95.2</td>
<td>0.046</td>
</tr>
<tr>
<td>Feature</td>
<td>Odds Ratio (95% Confidence Interval)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failed Last Exam</td>
<td>1.67 (1.10, 2.77)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age in &lt;40 vs. 60+</td>
<td>1.97 (1.00, 3.88)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age in 40’s vs. 60</td>
<td>1.66 (1.05, 2.64)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMG</td>
<td>0.65 (0.42, 0.99)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>0.99 (0.62, 1.56)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large (21+) practice</td>
<td>1.77 (1.16, 2.70)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with Current Job</td>
<td>0.28 (0.20, 0.40)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stressed</td>
<td>8.02 (5.34, 12.04)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good control over workload</td>
<td>0.32 (0.22, 0.44)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient time for documentation</td>
<td>0.59 (0.40, 0.86)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chaotic work environment</td>
<td>1.50 (1.09, 2.08)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values aligned with leaders</td>
<td>0.64 (0.46, 0.90)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team work efficiently</td>
<td>0.92 (0.54, 1.57)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive EMR documentation at home</td>
<td>1.22 (0.86, 1.72)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proficient with EMR</td>
<td>0.77 (0.40, 1.47)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary

• The prevalence of burnout in board certified family physicians appears to be lower than that reported previously for family physicians.
• Younger physicians under considerable stress and who have limited control over the work environment appear to be at considerable risk.
What Can We Do?

• Physician wellness should be measured and followed as a quality indicator like any other metric. (Wallace JE et al. Lancet 2009)

• Elements of the Patient Centered Medical Home (PCMH) improve physician practice experience. (Bodenheimer T and Sinsky C Ann Fam Med 2014)

• A quality implementation feedback loop can prevent stress and burnout. (Linzer M et al J Gen Int Med 2013)
What Can We Do?

Reduced burnout, depression symptoms and improved patient-centered attitudes after one year with intervention that employed (Krasner MS et al JAMA 2009):

• Appreciative inquiry
• Guided discussion to improve self-awareness
• Mindful meditation
Special Thanks

Lars Peterson, MD, PhD – ABFM Research Director
Bo Fang, MS – ABFM Research Assistant