

# Physician Burnout

**Comprehensive Guide to Preventing  
Clinical Staff Burnout**



# Introduction

In this guide, we'll breakdown the physician burnout crisis, looking at causes and solutions for addressing burnout on a systemic and individual level.

## Physician Burnout by the Numbers

**42%**

Nearly half of all physicians report experiencing burnout.

**7 of 10**

Physicians wouldn't recommend their profession to their children or family members.

**2x**

Burned out physicians are twice as likely to be involved in patient safety accidents.

**\$7.75 Million**

Stanford Medicine estimates that burnout costs their organization at least \$7.75 million per year.

“More than 7% of nearly 7,000 doctors had considered suicide within the prior 12 months, compared with 4% of other workers.”

- Reuters



# What is Burnout?

The [World Health Organization \(WHO\)](#) defines burnout as an occupational phenomenon and syndrome resulting from chronic workplace stress and is an epidemic impacting professionals across industries.

In 2019, WHO changed its definition of burnout from a [“state of vital exhaustion”](#) to officially classify it as a syndrome. This important change gave more legitimacy to the burnout epidemic, which for many years had gone unrecognized.

## Burnout in Medicine

No profession is more vulnerable to burnout than medicine. [A 2012 study](#) revealed that 45.8% of physicians reported at least one symptom of burnout on the Maslach Burnout Inventory—far more than professionals in any other industry.

[Reports](#) show that other healthcare professionals are experiencing high rates of burnout, as well.

## Burnout by Medical Specialty

Burnout can also vary by medical specialty. [Initial reports](#) of burnout indicated that physicians at the front lines of care delivery—family medicine, internal medicine, and emergency medicine—experienced the highest rates of burnout.

However, the statistics behind these reports tend to change from year to year. In 2020, [Medscape’s National Physician Burnout, Depression & Suicide Report](#) found that physicians in the fields of urology, neurology, and nephrology were the most burned out.

The bottom line? Many reports attempt to determine which specialties are most burned out. It’s not a competition. All too many physicians and medical staff are experiencing burnout at alarming rates.



**33-37%**

of nurses report experiencing burnout.

**69%**

of all residents report burnout.

**Half**

of all medical students report feeling burned out.

**30-50%**

of advanced practice providers, like nurse practitioners, and physician assistants report burnout.

# What Are the Signs of Clinical Burnout?

Though burnout is not classified as a medical condition, it is best identified via the following symptoms:

- Feelings of exhaustion and a lack of energy.
- Increased mental distance from your work, or feeling negative or cynical about your work.
- Reduced ability to perform efficiently at work.

Specific to clinicians, many researchers use the [Maslach Burnout Inventory](#) to measure provider burnout.

- Emotional exhaustion; feeling emotionally exhausted by work.
- Depersonalization or an impersonal response toward a service, care treatment, or instruction.
- Lack of personal accomplishment.

## Measuring Burnout With Maslach

Do these symptoms seem familiar?  
Use the Maslach Burnout Inventory to measure burnout.

Maslach Burnout Inventory



# What's Causing Burnout?

It's a complex question. Physicians, advanced practice providers, nurses, and other medical professionals have the unique privilege and responsibility of delivering lifesaving care. No matter how rewarding practicing medicine may be, it often comes with some personal cost, like working in a high-stress environment.

However, outside of the high-stakes nature of delivering medical care, there are many other factors that appear to be adding unnecessary stressors that impact clinician well-being. Let's outline a few of the major contributors to the burnout epidemic.

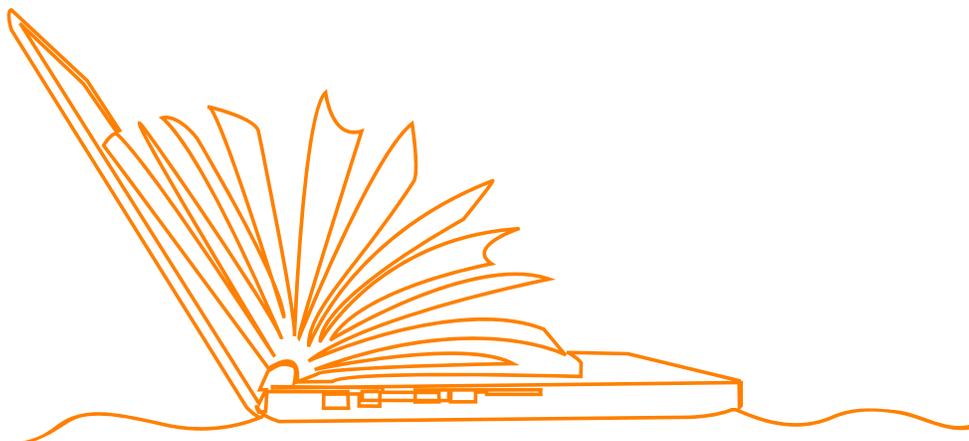
## The Leading Causes of Burnout

### 1. Administrative Burdens

With the implementation of the Affordable Care Act (ACA) in 2010, payment reforms shifted from volume-driven to value-driven, creating new documentation requirements.

- The average physician in the US spends **2.6 hours per week** complying with external quality measures, taking time away from patient care.
- For each hour of clinical face time, physicians spend **two hours** on administrative work.

The increased time clinicians must spend on administrative tasks decreases their satisfaction at work and depersonalizes the practice of medicine. All of this leads to higher rates of burnout.



## 2. Electronic Health Records

Bulky EHRs and their growing roles as safeguards have gotten in the way of provider satisfaction. In the past, a medical record provided a brief patient history to ensure continuity of care. Now, EHRs document against potential medical malpractice, ensure adherence to quality initiatives, and support billing processes.

The result? An incredible increase in screen time that reduces clinical face time with patients and increases the potential for burnout.

- **[13% of self-reported levels of stress](#)** and burnout were related to EHRs.
- Clinical documentation contributes to **[40% of clinician stress](#)**.
- Some physicians spend **[more than half](#)** of a 12-hour shift on documentation.

## 3. Unrealistic, Inequitable Scheduling

Adding to documentation woes is a lack of work-life balance for providers. An aging population, ballooning patient demand, increasing documentation, and a growing provider shortage mean clinicians are working more than ever:

- The average physician in the US works **[51 hours per week](#)**.
- 25% of US physicians work more than **[60 hours per week](#)**.
- Residents are expected to work **[80 hours a week](#)**.

In addition to grueling hours, clinicians are largely unsatisfied with the makeup of their schedules. In a [2019 survey](#), hospitalists spelled out a few contributors to schedule dissatisfaction: not enough flexibility, covering too many weekends and nights, and an inability to use vacation. This is a growing concern across medical specialties, particularly with younger physicians.

Doctors typically work long hours to ensure continuity of care. However, at a minimum providers, should have access to **equitable** scheduling. Issues like unequal distribution of nights and weekend shifts are avoidable. Advanced scheduling software, like [Lightning Bolt](#), can ensure shifts are evenly distributed across a care team.

Learn More >



# How Can Healthcare Organizations Combat Burnout?

To date, much of the burden to combat burnout has been left to clinicians. While things like meditation, yoga, and other mindfulness strategies can help clinicians curb stress and burnout, systemic change is needed across the healthcare industry to truly beat the epidemic.

## 6 Steps to Combating Burnout

### 1. Create an environment that values patient care over productivity.

Medicine has a long way to go to improve its work culture. With a history of avoiding regulations on shift hours and encouraging burnout-inducing work levels, the healthcare industry tends to favor productivity over patient care.

A key part of changing this culture will be understanding that **valuing and caring for** physicians leads to better patient care.

### 2. Better working hours and more equitable schedules for physicians and providers.

This one is pretty simple. Due to unrealistic shift schedules, physicians are sleep deprived and emotionally exhausted. It's inhumane for physicians and dangerous for patients. Think of it this way: there are regulations in place that limit shift length and require rest for truck drivers and airline pilots, but not for physicians.

Unfortunately, medicine has a long history of these dangerous practices. In reality, dangerous scheduling practices aren't necessary. Organizations can provide equitable scheduling for providers without sacrificing patient access or productivity. In many cases, these changes could actually improve patient care by reducing clinical errors that occur when physicians are burned out and tired.

Learn more about how prescriptive analytics can improve efficiencies and create balanced schedules for providers.

[Learn More >](#)

“No one tasked with saving lives and promoting the health of others should be expected to meet benchmarks set decades ago that leech from a physician's own well-being and are designed for people with a full-time stay-at-home partner.”

**- Suvas Vajrachara**

Ph.D., Lightning Bolt Founder  
for Mobile Health Times

### 3. Improve EHR usability and decrease documentation time.

Compared with the savvy tech available on our smartphones, some EHRs feel clunky to providers who wish they were more user-friendly. In addition, EHRs have grown to encompass excessive documentation tasks. The burden of preventing any number of negative outcomes now lies on the shoulders of already overwhelmed physicians.

Multiple groups—EHR vendors, hospitals and health systems, and legislators—should share the responsibility of simplifying documentation processes. Still, physicians should be strong advocates for improvements in their workplaces and beyond.

### 4. Leverage new technologies and resources that free up time for clinicians.

While we have a long way to go in the fight to improve EHRs and documentation for clinicians, there are tools that practices can implement right now to ease the administrative burden. Tools like speech recognition software and natural language processing can be leveraged to reduce time spent taking notes, allowing doctors to focus on patients.

Additionally, [optimized provider scheduling software, like Lightning Bolt](#), can free up time spent creating complex shift schedules and allow providers to request time off from their smartphones, without back-and-forth emails.

AI will become more and more important for streamlining the way clinicians practice and allowing them to focus on patients. Hospitals and health systems should implement more AI technologies, in addition to resources like scribe coverage, to reduce physicians' administrative workloads.



## 5. Offer wellness resources for physicians and providers.

To combat burnout, we need to ensure that physicians have stress management resources at their disposal every step of the way—from training to their practice settings. It is simple and cost effective for organizations to offer weekly meditation, yoga classes, access to mental health services, professional coaches, and other wellness management resources. Fortunately, these practices are becoming more common in medical schools, residency programs, and beyond. But there's still room for improvement.

## 6. Reduce the stigma surrounding mental health care and burnout.

Dr. Dianne Ansari-Winn, anesthesiologist, founder of the Physician Vitality Institute, and Lightning Bolt physician advisory board member, said it best in a recent [KevinMD article](#):

“Instead of continuing to indulge a culture in medicine that rewards silence, real change will happen when we encourage physicians to talk about the truly unhealthy conditions they're facing, that are affecting their well-being and the well-being of their patients.”

**- Dr. Dianne Ansari-Winn**

Anesthesiologist, Founder of the Physician Vitality Institute,  
and Lightning Bolt Physician Advisory Board Member for KevinMD

Providers need to be able to acknowledge the difficult environments and situations they often face. Not being able to do so only puts further strain on their well-being. Medicine needs a new culture, one where physicians are encouraged to seek help.

# Wellness and Burnout Resources for Providers



## Advocacy

- [Physicians Working Together](#)
- [ACP – Patients Before Paperwork](#)
- [The Sharp Index](#)
- [Mitigating Burnout](#)



## Wellness Resources

- [MindfulMD Toolkit for Change](#)
- [Stanford Medicine's WellMD](#)
- [Mind-Body Skills Training for Resilience, Effectiveness, and Mindfulness](#)
- [Guided Meditations](#)
- [AMA EdHub](#)



## MindfulMD Event

[Learn More >](#)



## Emergencies

National Suicide Hotline:  
**1-800-273-8255**



# About PerfectServe

PerfectServe offers unified healthcare communication and scheduling solutions to help physicians, nurses, and care team members provide exceptional care to more than 20 million patients every year. By automating workflows, speeding time to care, optimizing shift schedules, and streamlining communication, PerfectServe reduces care team toil and improves patient safety.



**To learn more or schedule a demo, please contact us:**

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