

# Physician Burnout - The State of the State: MSSNY Task Force on Physician Stress and Burnout Survey Findings

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In May of 2016, the MSSNY created a Stress and Burnout Task Force. This Task Force was charged to formulate a strategy and plan of action to fight burnout and reduce stress among the constituents of the MSSNY. The following article is the second of a miniseries that addresses the following topics: the problem of burnout, current state of the State (burnout survey), solutions at the individual and organizational level and opportunities for advocacy.

## INTRODUCTION AND METHODOLOGY

In the fall of 2016, the MSSNY Task Force on Physician Stress and Burnout sent out to the membership via email a survey with the purpose of identifying the prevalence of burnout among NYS physicians, as well as to get more insight into the potential factors associated with it, and the ways in which they cope with it.

While it is understandable that doing something about burnout is overdue [1], the task force members acknowledged that, prior to embarking on any further action, measurement was necessary as a first step to gauge the magnitude of the problem and to probe the ways in which help can be provided based on the voice of the customer.

In the survey, the Mini Z was the validated tool used to measure burnout [2]. In addition, demographic and pertinent questions were added based on the known stressors of burnout from the literature, prior surveys, as well as expertise from task force members.

## INITIAL FINDINGS

Of the 8,109 physicians who opened their email to the survey, 1,191 responded for a response rate of 14.68%. It was noted that the data was very rich and bared some in-depth analysis of both quantitative and qualitative nature (of the free text answers). In the following figures, we share with you some of the major findings of the survey that would hopefully reflect the bigger picture of burnout in NYS. So let us see what we found without delay.

## DEMOGRAPHICS AND SPECIALTY: HARD FACTS

The following 3 figures show the rate of burnout by age, gender and specialty. They show a higher prevalence of burnout among female physicians, and across a wide interval of age [25-64 years], and across many specialties. These are considered to be factors that are hard to modify in general. These findings are consistent with the published literature on burnout [3].

Highest Burnout Specialties (≥ 60% Burnout)	Rate (%)
Oncology	79
Pain Management	75
Neurology	73
Urology	67
Pediatrics	64
Otolaryngology	64
Emergency Medicine	64
Vascular Surgery	60
Family Practice	60

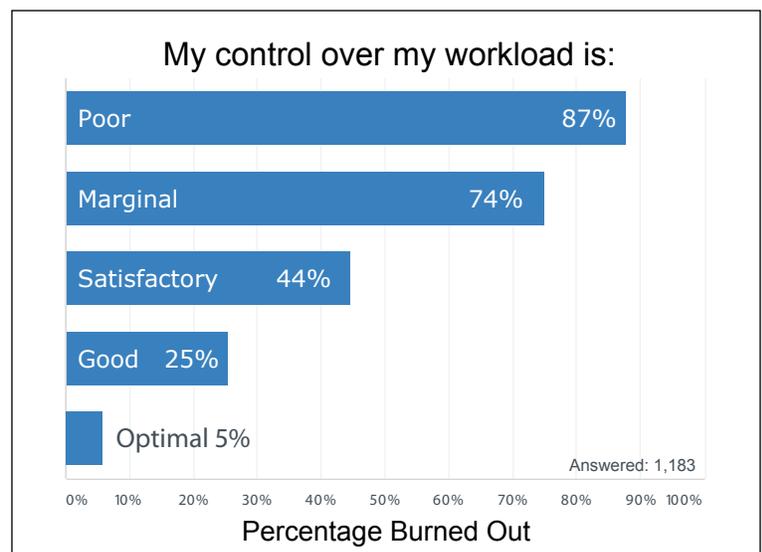
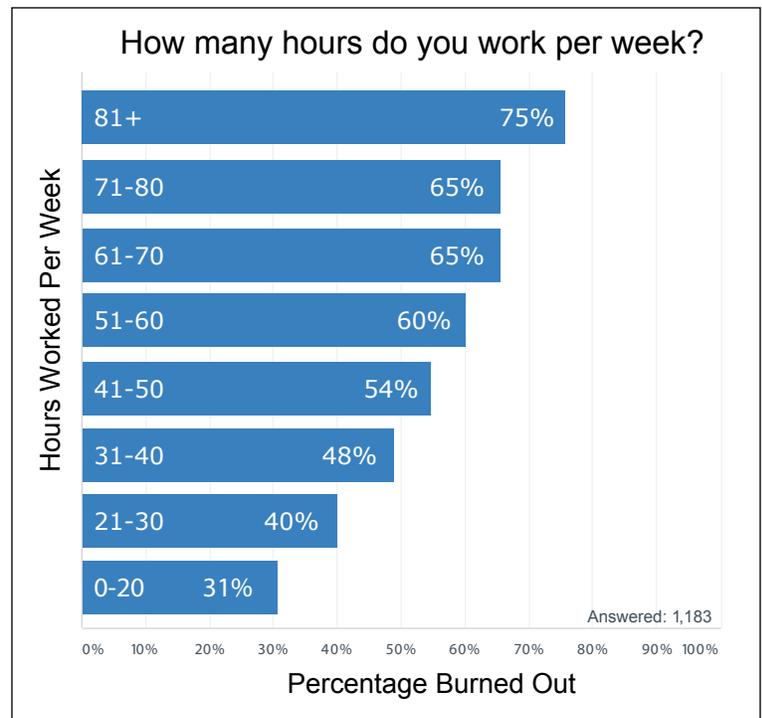
## CORRELATIONS: WORKLOAD, CONTROL, TIME

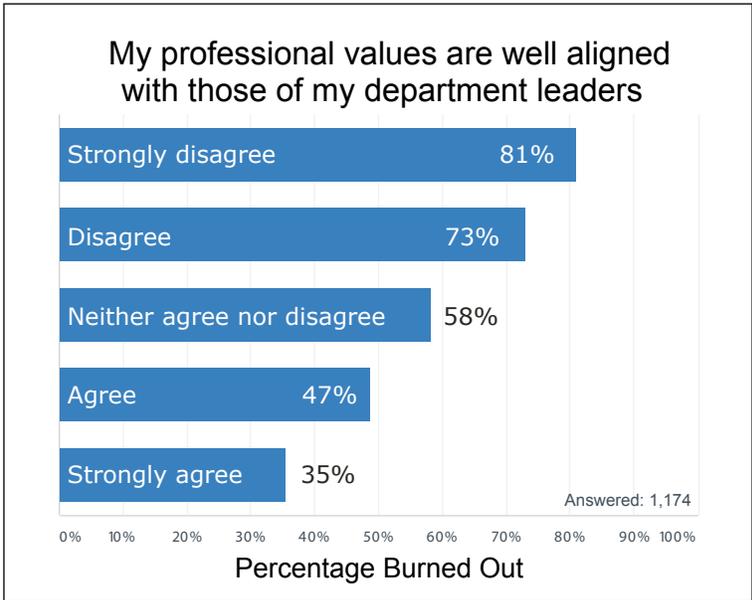
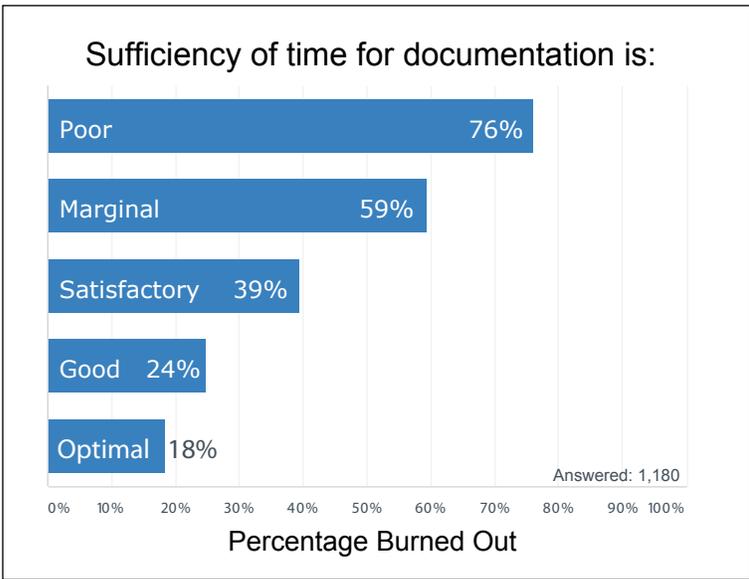
The next figures show the rate of burnout by workload reflected in hours worked per week, sense of control over the workload, and the time available for documentation.

The sources of these burdens have been understood to come from national, state and industry decisions that heavily affected physicians.

These are factors associated with burnout. Research has illuminated that for every hour with a patient, 2 hours is now either EMR or desk work [4]. While MSSNY continues to work on the sources of these burdens, these factors may be amenable to modification partly through improving efficiency, scribes, time management, office efficiencies,

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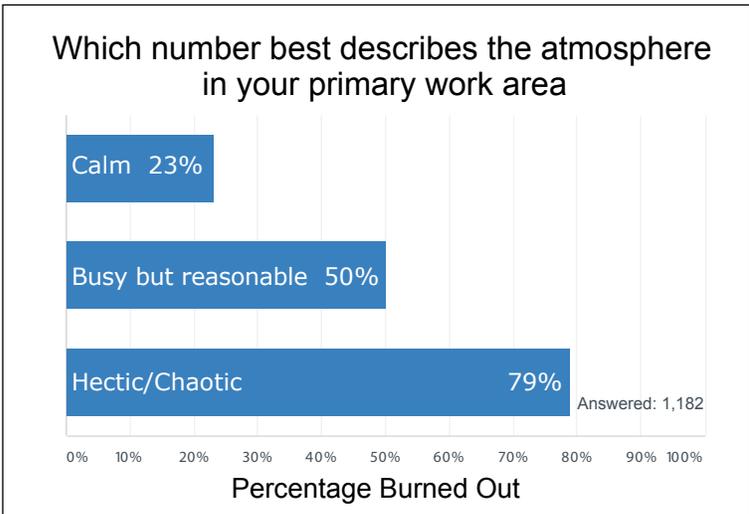
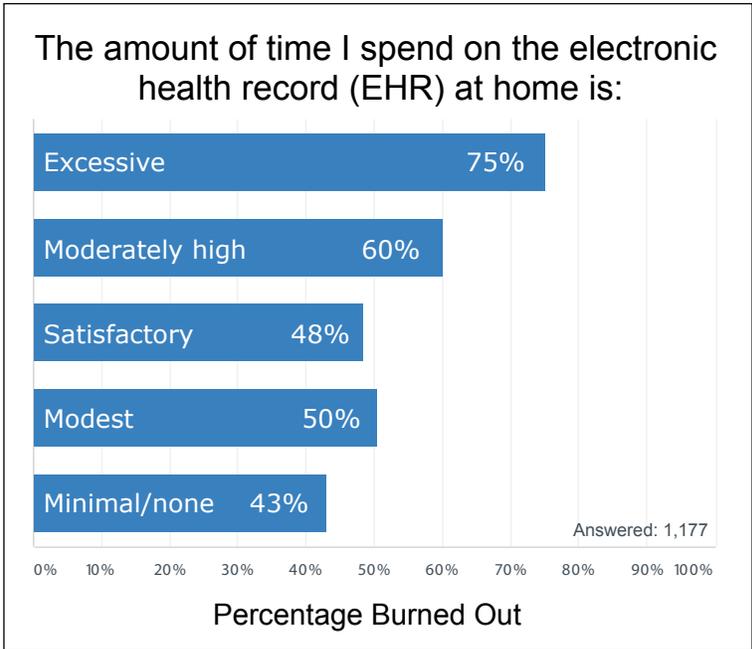
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creating or recruiting extenders that alleviate some of the work if possible.

**WORKPLACE CONDITIONS, LEADERSHIP ROLE AND WORK-LIFE BALANCE: THE DIFFICULTY IN MAINTAINING AN UNSTABLE EQUILIBRIUM**

The following 3 slides demonstrate the relationship between workplace conditions, (mal)alignment with professional values as reflected by departmental leadership, and the overflow of work to home “thanks to” the technological capabilities of Electronic Medical Records. Regardless of Proficiency with EMR, burnout rate is 53-62% (Not clearly differentiate or trend by proficiency)

While these are also modifiable, they differ from the previous factors in that they often require external environmental modifications. While learning time management and improving efficiency may help, they likely will require a higher level intervention aimed at improving work conditions. This would include leadership style, and a reduction in the “intrusion” of the EMR into private life in the name of accessibility by appropriate policy, work environment culture change and the personal decision to finish charting at work. The latter resolution may mean trimming down documentation to essentials clinically, for billing and for medical-legal reasons.



**WORK RELATED STRESSORS: THE HEAVY HAND OF REQUIREMENTS**

When asked about the top work-related stressors, the top 10 winners reflect the requirements at the individual level (e.g., CMEs), hospital or departmental level (e.g., Quality metrics, pre-authorizations), and regulatory level (e.g., documentation requirements).

Of these Top 10 Work Stressors of NYS Docs, **80% are organizational/systemic.** This list raises the need for local and state-wide advocacy and for a national awareness and action.

The percent of respondents who answered “Definite Barrier” to the question: “How important a barrier would it be for physicians to receive mental health care if they would have to report this on:

- License Applications and Renewals.....67%
- Malpractice Carrier Applications and Renewals.....62%
- Hospital Privileging Applications and Renewals ...64%

**SUMMARY AND CONCLUSIONS**

In summary, 70% of New York physicians feel a great deal of

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## Physician Burnout - The State of the State

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Rank	Description	% Responses
1	Length and degree of Documentation Requirements	65.99%
2	Extension of Workplace into Home Life (E-mail, completion of records, ...)	58.27%
3	Prior Authorizations for: Medications/ Procedures/Admissions	54.74%
4	Dealing with difficult patients	51.89%
5	EMR functionality problems	51.05%
6	CMS/State/Federal laws and regulations	44.33%
7	Lack of voice in being able to decide what good care is	40.39%
8	Hospital/Insurance company imposed Quality Metrics	38.87%
9	Dealing with difficult colleagues	31.49%
10	Requirement for increased CME/ Maintenance of Certification	31.49%

stress because of their job and 57% are burned out. Half of them are not satisfied with their jobs

And only 58% would choose to be a physician if they could revisit their career choice. On average, 2/3 of doctors believe that having to report mental healthcare on license applications and renewals, malpractice carrier applications and renewals and hospital privileging applications and renewals would be a definite barrier to receiving mental health care. We must figure out a way to protect the public, while still promoting the mental health of those taking care of the public in currently highly stressful healthcare environment.

These numbers reflect the need to act, and to act with traction, and soon, before the implications of this epidemic affect the physicians and the patients any further. While research agendas have been proposed and they are laudable efforts for a better understanding and for a better "case", there are many interventions that can be useful now in the fight against burnout, at the individual, organizational and national level. We will explore them in the next few articles. Stay tuned.

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### BURNOUT TASK FORCE MEMBERS

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