



July 18, 2007

To: Members, Medical Board of California  
From: Shelton Duruisseau, Ph.D.  
Subject: Physician Wellness as Constrained by Burnout

## **I. Purpose:**

The wellness of a person can be defined not only by the absence of disease and infirmity; a person's health is a state of complete physical, mental, and social well-being.

The purpose of this position paper is to identify, assess, and address physician burnout. The focus of the review centers on the benefits that might be derived from the implementation of the program to assist with licensees' well-being. Since the mission of the Board is to protect healthcare consumers, it must be recognized that this best can be achieved by having healthy physicians care for their patients.

## **II. Background:**

Through their extensive education and training, physicians are seen as the preeminent healthcare providers of the modern world. But the wellness of the patient relies of the wellness of the practitioner, who often gives priority to those under his care before his own well being and that of his family. The stresses of the job are created by a broad spectrum of factors yet can significantly impact the effectiveness of a physician.

In the early 20th century, a physician wrote about his profession:

*...my wife and I had come to realize one of the chief difficulties of the family doctor -- the constant drain upon the emotions. To stand helplessly while relentless organisms destroy a beautiful mother, a fine father, or a beloved child, creates terrible emotional distress; and this feeling is increased by the necessity of suppression.*

Physician stress increased dramatically over the past twenty years. In spite of achieving career and financial success, today's physicians are stressed and overworked, often losing sight of their career goals and personal ambitions. The resulting frustration, anger, restlessness, and exhaustion are known as physician burnout and adversely affect the quality and costs of patient care.

In a recent article from the Courtland Forum, a British web site with a mission of keeping primary-care physicians up to date in current medical practice, using real-life, case-based learning scenarios, a physician's spouse was quoted:

*We pay the price. We do the chores, plan family and social activities, and arrange most other activities of daily living. What most concerns us is that our physician-mates give so much emotional support to their patients and colleagues that there is often very little left to share with us.*

Survey results suggest that levels of professional dissatisfaction among physicians have doubled in only a few decades. In 1973, less than 15 percent of several thousand practicing physicians reported any doubts that they had made the correct career choice. In contrast, surveys administered within the past 10 years have shown that 30 to 40 percent of practicing physicians would not choose to enter the medical profession if they were deciding on a career again, and an even higher percentage would not encourage their children to pursue a medical career.

Overall, it has been found that physicians have healthier lifestyles and generally live longer than the population at large. But the strain of the job takes its toll on members of the profession. Numerous recent studies and articles highlight the growing discontent of physicians with the increasing complexities of the medical profession. Further, physicians are frequently overloaded with the demands of caring for sick patients within the constraints of fewer organizational resources.

Physicians are challenged by both the lack of fulfillment in their careers and the effect of long hours and job stress on their personal lives. Numerous studies have confirmed the difficulties faced by today's physicians. Divorce rates among physicians are reported to be 10-20% higher than those in the general population. One study showed that 31% would choose a different profession if given the chance to start over, while another reported that most participants had thought of leaving the profession at least once in the last twelve months and many would not want their children to go into medicine. In that latter study, by the Sacramento Medical Society, 76% reported that burnout affected patient satisfaction at a "medium to high" level.

Along with its emotional toll, yet to a lesser extent, prolonged job-related stress can drastically affect a physician's physical health. Constant preoccupation with job responsibilities often leads to erratic eating habits and not enough exercise, resulting in weight problems, high blood pressure, and elevated cholesterol levels.

While the general population of physicians has healthy lifestyles, it is documented that physicians have a higher rate of depression than non-physicians as well as a much higher rate of suicide, beginning in medical school and continuing throughout their lives. A study (Eva S. Schernhammer, M.D., Harvard Univ.) found that the suicide rate among male doctors is 40% higher than among men in general, whereas the rate among female doctors is 130% higher than among women in general (Am J Psychiatry. 2004;161:2295-2302). In another paper, Schernhammer suggests possible reasons for

this finding, including a higher prevalence of psychiatric disorders among physicians than in the general population, drug abuse and alcoholism, the professional burden carried by doctors, and the tendency by physicians to neglect their own need for psychiatric, emotional, or medical help, stress, and burnout (N Engl J Med. 2005;352:2473-2476).

In spite of achieving mastery of his or her specialty and, to varying degrees, financial success, something is missing: a lack of excitement, loss of meaning, and/or a feeling that there is "something else." For some, this produces a sense of ongoing frustration and anger; for others, it is a sense of melancholy or restlessness of spirit. Burnout, a term that has moved from colloquial speech into the vernacular, describes the condition, which is most frequently marked by emotional exhaustion and negative or cynical attitudes toward others and towards themselves.

### **III. How to Address Physician Burnout**

The best prevention for burnout among physicians is to promote their personal and professional well-being on all levels-physical, emotional, psychological, and spiritual. This needs to occur throughout the professional life cycle of physicians, from medical school through retirement. It is a challenge not only for individual physicians in their own lives but for the profession of medicine and the organizations in which physicians work.

The implementation of well-being programs can be accomplished through various educational, consulting, and advisory programs and services. Recognizing that many California licensees are in geographic areas that do not lend themselves to frequent contact with their professional peers, individuals and small groups may be in greatest need to receive educational and well-being interventions. And while larger health-care facilities may already have well-being committees, they could be encouraged to expand the traditional scope of service to their physicians, not just focusing on alcohol and substance abuse issues, but to foster an all-encompassing culture of mutual concern, safety, professionalism, and confidentiality. Such efforts can lead to an improved work environment (heightened productivity, creativity, reduced turnover, improved conflict resolution, diminished intra-practice lawsuits, and uplifting of morale), improved level of care for and appreciation by patients, and more satisfying personal relationships.

Lastly, a critical element in the successful implementation of wellness efforts best can be achieved with the involvement of spouses, significant others, and family members as a foundational element of any proposed solution.

#### **IV. Conclusion**

Burnout is characterized by emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment. Preventing burnout--a responsibility of all physicians and of the healthcare organizations in which they work--entails the explicit promotion of physician well-being. Physicians must be guided from the earliest years of training to cultivate methods of personal renewal, emotional self-awareness, connection with social support systems, and a sense of mastery and meaning in their work. Maintaining these values is the work of a lifetime. It is not incidental to medicine, but is at the core of the deepest values of the profession: 'First, do no harm.' Harmlessness begins with oneself. If physicians hope to heal the distresses of the 21st century and lead their patients to enjoy healthy, sustainable lives, they must show that this is possible by their own lives of sustainable service that emanates from the depths of spirits that are continuously renewed.

#### **V. What Role, if any, Should the Board Consider?**

Should the Medical Board consider it within the scope of its mission to protect healthcare consumers by creating programs to assist with our licensees' well-being?

There are several ways in which the Medical Board can be involved in encouraging physician well being. Staff resources dedicated to such a well-being project could range from one end of the spectrum to the other.

1. In the last several editions of the *Newsletter*, a popular series of articles has been printed. Each edition has covered one of the seven deadly sins and how each relates to the practice of medicine. Similar articles could be written to address physician burnout and various manners in which problems can be addressed. The Board, via a Wellness Committee, could reach out to experts to author these articles.
2. The Medical Board could outreach to the many healthcare facilities in California, encouraging each Well Being Committee to ensure that the scope and mission include avenues through which employee burnout would be addressed. Such well being programs could be expanded to include:
  - a) establishing a mentor program, in which senior clinicians guide and support junior members in their career development and in balancing their personal and professional lives.
  - b) providing confidential support groups that meet monthly on a voluntary basis with topics generated by the group and facilitation by an outside professional;
  - c) providing an annual well-being retreat on company time;
  - d) providing memberships in a fitness center;

- e) having a contractual requirement that all physicians have their own primary care physician;
- f) offering a sabbatical program linked to productivity incentives;
- g) encouraging periodic continuing medical education Continuing Medical Education (CME) programs on various topics related to well-being;
- h) offering flexible scheduling to allow time off for critical family events such as births, deaths, graduations, caring for aging parents and leaves of absence to pursue travel and avocational interests.

In undertaking this endeavor, the Wellness Committee could partner with other strategic partners, such as medical schools, hospitals, specialty societies, the PACE Program, IMQ, insurers, CMA, etc.

3. Expand the use of current technology, using the pool of physicians who have indicated that they would like to volunteer their services. Well being programs could be developed for broadcast using a technology similar to telemedicine classes. Such programs also might be broadcast on UC-TV (based out of UCSD), which offers "The Med Ed Hour," including a variety of medical programs aimed at physicians, nurses and other health care professionals who wish to expand their knowledge base, keep current on the latest research, and, in some cases, earn CME credit. The "teachers" of such broadcasts might also be available as part of a Speaker's Series, being available to make customized presentations around California.

## **VI. Recommendations**

1. The Board could establish a Wellness Committee, comprised of three Board members and three to five public members representing strategic partners to further consider the Board's role in addressing programs to improve in licensees' well being.
2. Schedule the first Wellness Committee meeting for early September, 2007.
3. Authorize the Wellness Committee to establish advisory committees on the various subjects or issues as a means of addressing the topics developed by the Committee.
4. The Wellness Committee could start its work on a limited basis, such as writing articles for publication in the Board's *Newsletter* and other professional journals, as discussed in V. 1., above. Then, as strategic partnerships are developed, move forward with more aggressive plans, such as outreach to healthcare facilities and the development of telemedicine broadcasts.