

The Burnout Assessment Guide for Physicians

Introduction - My Story

At one time, many years ago, my life had become completely unmanageable. I became an alcoholic, put my career in jeopardy and was ruinously close to losing everything for which I had worked so hard.

I was able to get sober and have remained sober for the past 24 years. Little did I realize this was just the beginning of my transformation. There was much more in the way of personal disappointment and turmoil on the horizon. Though, I was unable to see it at the time and was wholly unprepared for it when it arrived.

All of the years I have spent in the practice of medicine have not been great years. Medicine has been good to me and I believe I am good at the everyday practice of medicine. Yet, I have always felt as though something was missing. Have you ever felt this way?

I enjoyed my work when I first began my career. I was very thankful for having such a great job. Still, I had never felt as though the profession fit me just right or that I fit medicine just right. Does this sound familiar?

The best way I can explain what this feels like to me is by way of an example. As you know, what we do day-in and day-out requires the use of a lot of exam gloves. Over the years I have tried on countless myriad gloves in various sizes from an array of manufacturers composed of various materials - latex, PVC, nitrile, synthetic rubber, etc. I have tried them all.

To date, none of them have ever felt as though they fit my hands perfectly. I wear them and I can always get the job done while wearing them. But, this "not quite right feeling" is emblematic of how I have felt for the past 23 years in the practice of medicine.

I have never been able to shake that feeling. In spite of feeling this way I put my head down and worked hard for many years. I was able to accomplish a lot and succeed in many areas of medicine as a clinician, speaker, volunteer and teacher.

I was even fortunate enough to be named Family Physician of The Year in 2002 by the North Carolina Academy of Family Physicians. All the while feeling like I was meant for some other purpose.

This feeling spilled over into my practice. Although it took many years, I developed a dissatisfaction with my job. I came to feel emotionally drained most all of the time. I couldn't wait to get off work and lived for the weekends. At the same time, I dreaded going back in on Monday mornings.

Ever increasing patient care mandates, unreasonable care guidelines, rule changes from government agencies and insurers, rapidly increasing costs, malpractice concerns, loss of autonomy when making decisions on behalf of my patients, time constraints during patient encounters, having to manage an increasing number of morbidities among a rapidly growing and aging patient population, unreasonable and burdensome continuing medical education requirements - all of these things contributed to my unrest. Do you identify with any of this?

I felt used up. I was becoming very cynical. I was irritable and unhappy. I felt put upon by everyone and everything. I hadn't felt any joy or pleasure in my work for a very long time. It was only my 17th year in private practice and I was a long way from retirement but I knew, I knew, something had to change.

In 2009 I went to my practice partner and told him that I either had to make some changes or I was going to have to quit practicing medicine. I told him how I felt, overworked, dissatisfied and unappreciated. I didn't feel I was making any difference in the lives of my patients. I didn't blame him but I secretly resented him because he didn't seem to feel any of what I was feeling. He seemed happy and balanced.

Truth is, I had over extended myself in trying to be the "everything to everybody" doctor. I was trying to do too much for everyone around me, and not enough for myself. I was a people pleaser and I definitely had a hard time saying no to anyone.

I had been reading on the subject of physician burnout and was convinced I aptly fit the definition, well, like a hand fits a glove. So, I put an action plan together for myself and began taking steps to fix what was broken.

The first thing I did was go to three days a week in the office. I made those days each an hour longer but I was now off four days out of seven. I took a cut in salary but I would have worked for free just to feel better and to have a shot at happiness in my work. I began to use the extra time to get my mental, emotional, physical and spiritual house in order.

I resigned from half a dozen boards, staying only on the one for which I was most passionate to serve. I read, traveled, ran and rekindled old interests outside of medicine for which I had previously made no time.

I studied physician burnout in depth, its warning signs, symptoms, consequences and treatment. I began to give talks on the subject and they were well received. I found many colleagues who identified with the way I was feeling.

These steps made all of the difference. I began to enjoy the practice of medicine again. I developed a new patience for my patients. Energy returned. I felt more at peace. I became hopeful for the future again. I began to achieve a more balanced life.

Still, I had not quite put all of the pieces together. That feeling that I wasn't doing what I was called to do never completely went away. It took a few more years in private practice, a convergence of circumstances and another personal crisis for me to realize that for true happiness and fulfillment I would have to completely transform my life, first by defining and then by pursuing my true passions and purpose.

This has brought me to the present. I have begun to share my experience, strength and hope with others who feel as I once felt - burned out. I have begun coaching others on their journey from silent suffering to wellness.

Now, all of the pieces seem to fit. Through coaching I feel as though I now fit medicine, like a hand fits a glove. Do you feel that way about what you do?

My transformation was nothing short of miraculous and has brought me a new freedom and a new happiness that I had never envisioned for myself. The same principles I applied toward my own transformation will help others facing similar circumstances. Perhaps that is you.

I am a personal coach, writer, speaker, podcast host, and family physician. I use all of these abilities to convey a simple but powerful message -

- A life changing transformation is possible
- You can erase the causes and effects of professional burnout
- You can uncover and discover your true passions
- You can recapture the joy of purposeful work and in living
- You can remodel your thinking for tangible, positive, real-life benefits
- You can let loose your creative potential using your natural God given talents and abilities.*

***If this sounds appealing to you, I want to be your personal transformation coach. I want to help you to erase the causes and effects of professional burnout. I want to be your burnout specialist.**

Physician Burnout

Physician burnout is more than a growing concern in the United States, it is an epidemic. While burnout rates may vary among the myriad medical specialties, that in no way reduces the impact associated with each of them nor does it lessen the risks involved. All demographic groups are affected.

Among the nation's healthcare providers burnout rates can approach 70% in some specialties. If not properly addressed, this can lead to immense dissatisfaction within the practice of medicine or a loss of expertise through early retirement, an alternate career choice, or by way of acting out through addiction to alcohol, drugs or other addictive behaviors.

The house of medicine is literally on fire with physician burnout. In my opinion, it is a slow motion national emergency.

The Scope of Burnout

The facts are in and it is very clear that we have a big problem when it comes to physicians experiencing burnout in this country. Burnout among physicians is worse than among other professional workers and it is a catastrophe that has been in the making for sometime now. Here are some of the numbers:

- In 1987, an AMA survey showed that 44% of physician respondents over the age of 40 would not choose medicine as a career if they had it to do all over again.
- A 2001 survey of physicians in Massachusetts found 62.3% dissatisfied with their practice environment.
- A survey by the Kaiser Family Foundation in 2002 revealed that 45% of physicians would not recommend that a young person choose medicine as a career choice.
- A 2007 survey of primary care physicians found 38.7% were somewhat or very dissatisfied with the practice of medicine.
- A 2011 survey of 2,069 physicians by Physician Wellness Services, a Minneapolis based company, found 87% of respondents felt moderately or severely stressed or burned out daily. The median age was 45 with an average of 13 years in practice.
- In a survey that was presented to 13,000 physicians in 2012, 6 out of 10 physicians would quit today if financially able to do so. That's 60%!
- A 2012 study of 7288 physicians published in the Archives of Internal Medicine revealed that 46% reported at least one symptom of burnout.
- From an Academic Medicine paper dated July 2012, 14% of respondents had seriously considered leaving their own institution during the prior year and 21% had seriously considered leaving academic medicine altogether due to dissatisfaction.
- Burnout rates approach 70% in some specialties. Specialties with higher than average rates of burnout were Emergency Medicine, Family Medicine, General Internal Medicine, and Neurology.
- The highest burnout rates for physicians are in the specialties of Emergency Medicine and Critical Care.

- One report shows that nearly 50% of practicing radiologists surveyed had at least one symptom of burnout.
- The burnout rate among female physicians at 60% is higher than the male physician burnout rate of 52%.
- Burnout rates are highest in the 46 to 55 age bracket.
- Using the Primary Care Evaluation of Mental Disorders screening instrument, the percentage of depressed physicians who may have been depressed was 37.8%, much higher than the national average across the general population.
- Suicide rates among physicians is significantly higher than the rate in the general population. Having a job problem that contributed to suicide significantly predicted the likely hood of being a physician.
- A Medscape survey found that although physicians in the specialty of OB/GYN and Women's Health did not rank themselves highest in terms of percentage of physicians burned out, they did rank their burnout as the most severe compared to other specialties.
- Burnout doesn't just affect US physicians. In a 2013 study, 82% of Chinese physicians said that they were burned out compared to 42% of US physicians.

So it goes, on and on and on. This is a problem that is getting relatively little attention and it's getting much worse!

"6 out of 10 physicians would quit today if financially able to do so."

Defining Burnout

How does one define physician burnout? There are many different ways but only one best way to define burnout. Here are some currently accepted definitions.

Mosby's Medical Dictionary 2009 defines burnout thus:

A popular term for a mental or physical energy depletion after a period of chronic, unrelieved job stress characterized sometimes by physical illness. The person suffering from burnout may lose concern or respect for other people and often has cynical, dehumanized perceptions of people, labeling them in a derogatory manner.

The Gale Encyclopedia of Medicine 2008 defines burnout as:

An emotional condition marked by tiredness, loss of interest, or frustration that interferes with job performance. Burnout is usually regarded as the result of prolonged stress.

Mosby's Dictionary of Complementary and Alternative Medicine 2005 defines burnout as:

- 1. a state that occurs when energy is used up faster than it is restored.*
- 2. psychological and physical fatigue of a caregiver resulting in apathy and depression.*

Finally, the Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, Seventh Edition 2003 gives the definition of burnout as:

Emotional and physical exhaustion resulting from a combination of exposure to environmental and internal stressors and inadequate coping and adaptive skills. In addition to signs of exhaustion, the person with burnout exhibits an increasingly negative attitude toward his or her job, low self-esteem, and personal devaluation.

The Industry Standard Definition - The MBI

But, the best and most accurate definition of burnout would enable one to quantify it in a way that is both sensitive and specific. This brings us to the seminal work published in 1981 by Christina Maslach and Susan E. Jackson entitled *The Measurement of Experienced Burnout*.

This was the work that defined burnout and designed a scale for measuring the various aspects of the burnout syndrome. This led to the development of the Maslach Burnout Inventory (MBI), an assessment tool which is still valid and in widely accepted use today.

The 3 hallmarks of burnout as determined by Dr. Maslach and her associate are:

- **Emotional Exhaustion** - a feeling of being emotionally depleted to the point where you feel you can no longer give of yourself at an emotional or psychological level. KEYWORD: exhaustion
- **Depersonalization** - development of negative and cynical feelings leading to a callous and dehumanized perception of patients, clients or customers which further leads to the view that they are somehow deserving of their problems and troubles. KEYWORD: cynicism
- **Lack of a Sense of Personal Accomplishment** - feeling so little reward that there is a tendency to evaluate oneself in negative terms which leads to dissatisfaction and unhappiness in one's work creating a lack of a sense of personal accomplishment. KEYWORD: inefficacy

For those that are reading this and are interested in assessing for physician burnout, you can purchase a Maslach Burnout Inventory (MBI) questionnaire and complete it at your leisure online. A full report will be provided once the questionnaire is completed.



The link to
the MBI is
[HERE!](#)



Stress versus Burnout

Everyone feels stressed at times. Stress, when not excessive, can be healthy. It can keep us on our toes, conscientious, sharp, alert, on time, motivated and moving forward. It is when stress becomes excessive and transitions to distress that it becomes toxic.

Stress is a contributor to burnout but it is just one of many causes and factors associated with burnout. You can be stressed but not burned out. But, if you are burned out I can say with 100% assurance that you are stressed or distressing.

There are many differences between stress and burnout. Here are some of the differences:

- Stress is characterized by over-engagement. Burnout is characterized by disengagement.
- In stress emotions are overactive. In burnout emotions are blunted.
- Stress produces urgency and hyperactivity. Burnout produces helplessness and hopelessness.
- Stress leads to loss of energy. Burnout leads to loss of motivation, ideals and hope.
- Stress leads to anxiety disorders. Burnout leads to detachment and depression.
- With stress the damage is primarily physical. With burnout the damage is primarily emotional.
- Stress may kill you prematurely. Burnout will make life seem not worth living and increases your risk of suicide.
- Stress is more easily identified and treated. Full blown burnout can be much more difficult to manage as it includes stress and many other factors.
- Stress is almost always recognized by the individual. Burnout may not be recognized as such by the individual. Symptoms may be incorrectly attributed to some other cause.

Self Assessing for Burnout

The following questions can be used as a guide for the self-assessment for the possible presence of burnout. They are a useful tool for indicating that burnout may be at issue but they should not be used as the final arbiter as to the presence or severity of burnout. For that I would suggest taking the Maslach Burnout Inventory (MBI) and following up with a professional burnout specialist if indicated.

Have you had these thoughts, made any of these statements or asked yourself any of these questions lately?

- I feel burned out. I have nothing left to give.
- Is this all there is to life? Is there nothing more?
- I hate my job. But, I can't do anything else.
- My life feels unmanageable, like I have no control.
- Life will get better when I retire.
- How do I discover my passion? How do I know my purpose for being?
- I'm just too old to start over?
- I don't have the time, money or luck I need to become successful.
- My future seems out of my control.
- I can't create anything anyone would want. I have no natural talents to develop.

Have you recently felt any of the following?

- More and more time pressured?
- A sense of dread associated with going to work?
- A sense of relief that the weekend has finally arrived?
- A lack of recognition or feeling rewarded for good work?
- Unclear or unreasonable job demands?
- That your work is no longer challenging or overwhelmingly challenging?
- Work that seems chaotic and too high pressured?
- That there is no time to take time off from work?
- Feeling that you have to be too many things for far too many people?
- Feeling as though you have no help?
- That you lack close and supportive relationships in both your work and personal life?
- Less patient? Less empathetic? Less enthusiastic?
- More irritable? More intolerant? More exhausted?
- Disengaged? Unmotivated? Uninterested and uninteresting?
- That life is no longer worth living?
- A feeling you should be doing something else?
- A feeling you do not fit your profession or it does not fit you?

The Signs and Symptoms of Burnout

First and foremost, the signs and symptoms of physician burnout are eminently identified, amenable to treatment and wholly preventable. For physicians already suffering from the effects of burnout, just know that it doesn't have to be that way.

The signs and symptoms of burnout can be subtle to overt. Its development is a gradual process, usually over an extended period of time. Unless the underlying causes are identified, addressed and corrected, burnout tends to get progressively worse over time for most people. If full blown burnout occurs then the consequences can be severe and very difficult to reverse.

The following realms are affected by burnout and some of the salient signs and symptoms of each are listed.

- **Mental Signs** - Inability to concentrate, short term memory impairment, cognitive impairment, easily distracted, difficulty making simple decisions.
- **Physical Signs** - Feeling tired, lethargic, or sick quite often. Decreased appetite and/or sleep disturbance. Frequent headaches, dizziness, back pain, muscle aches.
- **Emotional Signs** - Feeling detached and lonely. An overwhelming sense of failure or self-doubt. Feeling helpless, trapped, or defeated. Loss of motivation. An increasingly cynical and pessimistic outlook. A lack of a sense of accomplishment in life.
- **Spiritual Signs** - A profound dissatisfaction with oneself, others, the world and of living. Un-sourced and unnamed fears and anxieties. Unreal feelings that can not be described. Feeling as though you are living outside of your true self. An unrest or unease deep inside that can not be adequately described.
- **Behavioral Signs** - Withdrawing from people and responsibilities. Isolating, procrastinating and avoidance behaviors. Use of food, drugs, alcohol or addictive behaviors as a coping mechanism. Increased irritability and lashing out at others. Skipping out on work or working at odd hours.

If you feel you are experiencing many of the traits listed above then it may be time for you to act. A comprehensive burnout assessment may be in order. The MBI assessment tool is available for a more formal qualitative and quantitative burnout assessment. Click [here](#) for more information.

If you discover that you are burning out or are burned out, just know that it doesn't have to be that way. Help is available through personal coaching and many other avenues as well.

Burnout and the Future of Medicine

It is incumbent for you, as a physician, to continuously assess for the signs and symptoms of burnout, not only for your own health and wellness but for that of your colleagues as well. It should be one of the main missions of large physician groups, institutions, and academic programs to provide for education on burnout and develop strategies not only to prevent burnout but to assist with treatment efforts as well. Sadly, this is not often the case. The reasons for doing so are obvious.

We can ill afford to lose additional expertise to burnout. The country is already facing a physician shortage at a time when the pool of available qualified physicians is shrinking and at a time when the population is becoming more aged with more complicated health concerns.

To this add an adversarial payer system with ever increasing regulatory edicts coming in from every direction and one can see why these ever mounting pressures are creating burned out doctors.

Like most medical maladies, burnout is most easily identified, treated or prevented early on. The education of all stakeholders on this topic is key. The consequences of failing to get out in front of this growing concern will be disastrous for physicians and the house of medicine.

I encourage you to do whatever you can, whatever is necessary, to help yourself or a colleague who might be suffering from physician burnout.

ABOUT THE AUTHOR –

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I am a writer, speaker, personal coach, podcast host and family physician. Physician burnout is my area of specialty.

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