

Physician Well-Being: A Powerful Way to Improve the Patient Experience

By Diane Shannon, MD, MPH

In this article...

Take a look at the factors that lead to physician burnout and see how managing them could also affect the way patients view their doctors.

Improving the patient experience—or the patient-centeredness of care—is a key focus of health care organizations. With a shift to reimbursement models that reward higher patient experience scores, increased competition for market share, and cost constraints emphasizing the importance of patient loyalty, many health care organizations consider optimizing the patient experience to be a key strategy for sustaining financial viability.

A survey conducted by The Beryl Institute, which supports research on the patient experience, found that hospital executives ranked patient experience as a clear top priority, falling a close second behind quality and safety.¹

According to the institute, engagement with employees, including physicians, is the most effective way to improve the patient experience, as more engaged, satisfied staffers provide better service and care to patients.²

Data on physician satisfaction support this supposition: Research has shown that physician career satisfaction closely correlates with patient satisfaction within a geographic region.³

Given the importance of physician satisfaction to the patient experience, it is concerning that dissatisfaction and burnout are on the rise among physicians. In a 2012 online poll of more than 24,000 physicians across the country, only 54 percent would choose medicine again as a career, down from 69 percent in 2011.⁴ Almost half of the more than 7,000 physicians responding to a recent online survey reported at least one symptom of burnout.⁵

Physician dissatisfaction and burnout have a profound negative effect on the patient experience of care. Physician leaders can take steps within their organizations to foster

physician well-being, improving the care experience for physicians and patients while strengthening the sustainability of their organizations.

Dissatisfaction and burnout

Evidence suggests that considerable physician dissatisfaction has existed for several decades, and it is increasing. In 2001, 87 percent of about 2,600 physicians reported that the morale of physicians had declined in the previous five years.⁶ More recent research suggests that dissatisfaction has not declined. The online poll of more than 24,000 physicians found that in almost half the specialties surveyed, overall satisfaction scores were less than 50 percent.⁴

Burnout is a long-term stress reaction that is generally defined as a loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization), and a low sense of personal accomplishment.^{5,7} Primarily seen among individuals in the human services professions, it is common among physicians in training. More than three fourths of internal medicine residents had symptoms of burnout in a 2002 study.⁸

Practicing physicians also commonly suffer from burnout. In one study 26 percent of physicians reported symptoms of burnout, and 31 percent were contemplating leaving the profession within two years.⁹

In the 2012 study almost half of 7,000 physicians had at least one symptom of burnout, and the reaction was most commonly seen among those at the frontlines of care: family medicine, general internal medicine and emergency medicine.⁵

According to Tait Shanafelt, MD, a hematologist and director of the Mayo Clinic Department of Medicine Program on Physician Well-being, the high prevalence of physician burnout suggests that its causes are systemic rather than specific to individual physicians' coping skills.⁵ As the investigator wrote, "The fact that almost one in two U.S. physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals."⁵

Researchers have identified five domains that predict physician dissatisfaction:

1. Income
2. Relationships
3. Autonomy
4. Practice environment
5. Broader market environment^{10, 11}

These domains overlap with the factors identified in a study of physician burnout funded by the Agency for Healthcare Research & Quality (AHRQ). The MEMO (Minimizing Error, Maximizing Outcome) study identified four variables associated with burnout:

1. Time pressure (stress due to insufficient time to see patients)
2. Work control (influence on the workplace and schedule)
3. Workpace (degree of chaos in the work setting)
4. Values alignment (degree to which the physicians' and leaders' values and purpose align)¹²



Linzer

Mark Linzer, MD, division director of general internal medicine at Hennepin County Medical Center in Minneapolis, profes-

sor of medicine at the University of Minnesota, and primary investigator of the MEMO study, refers to these as “the big four.” He has found a strong correlation between these variables and physicians’ reactions, including satisfaction, stress, burnout and intent to leave.¹²

Not only are physician dissatisfaction and burnout increasing, but they are likely to be exacerbated by several factors on the health



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care horizon. First, the aging of the Baby Boomer population is likely to increase demand for physician services.¹³ Second, health system reform may lead to reduced compensation and autonomy for physicians, along with new administrative tasks and increased time pressure due to greater access among patients previously unable to obtain care.¹⁴

Physician well-being and the patient experience

Dissatisfaction and burnout among physicians—or the converse, physician well-being—affect patient care in a number of direct and indirect ways.

Numerous studies have found an association between physician job satisfaction and patient satisfaction.

A survey of more than 2,000 patients found that physicians who were very or extremely satisfied with their work reported greater overall satisfaction with their health care.¹⁵

Although physician job satisfaction varies by region, it has been shown to correlate closely with patient satisfaction within a geographic area.³ In a 2002 study, dissatisfied primary care providers were significantly more likely to report difficulties in caring for patients, such as adequate time with patients and the ability to provide quality care.¹⁶

Research has not demonstrated a consistent relationship between physician well-being and clinical outcomes. A 2005 study of more than 2,000 patients with pain or depression seen in a primary care practice found a relationship between

physician job satisfaction and patient-rated quality of care measures such as patient trust and confidence in the primary physician, but not clinical outcomes such as scores on the symptom checklist for depression.¹⁷

Linzer, who found a similar relationship in the MEMO study, calls it the “buffer effect.” “Physicians act as a buffer between adverse work conditions and patient care—but at their own expense. They experience burnout, and many leave the profession,” he said.

Although the effect on overall quality may be minimal, specific care quality measures have been shown to correlate with physician well-being. The MEMO study found that adverse factors in the physician practice environment were associated with specific patient outcomes.⁹

For example, there was a statistically significant relationship between perceived time pressure during follow up appointments and control of hemoglobin A1c among patients with diabetes. In addition, researchers have documented a relationship between physician dissatisfaction and lower patient adherence with treatment.¹⁸

Data also support a relationship between physician well-being and patient safety. Residents with high scores for burnout were more likely to report suboptimal care practices, such as errors that were not due to inexperience or lack of knowledge.⁸ One of the few studies to date on the effects of interventions to improve physician well-being on patient safety found an association between improved well-being and a reduction in medical errors.¹⁹

Indirect effects

In addition to its direct effects on patient care, physician well-being has a number of indirect effects on the health care organization that also impact patients. The first relates to organizational culture.



Spiegelman

According to Paul Spiegelman, founder of The Beryl Institute, health care organizations are beginning to appreciate the connection between staff satisfaction and customer satisfaction—a correlation long accepted in other industries. “Happy workers are more productive and serve customers better. This applies to health care as well. The impact isn’t necessarily on clinical care but engagement and bedside manner,” he says.

Dissatisfaction and burnout may lead physicians to leave practice. A 2006 study found that dissatisfied physicians are two times more likely to cut back or leave practice within two years than their more satisfied colleagues.¹¹ Such turnover has several adverse downstream effects, including physician shortages, interruptions in continuity of care, and problems with patient access. In addition, physician turnover is expensive, estimated to cost \$250,000 or more for replacement and recruitment.²⁰

Physician dissatisfaction and burnout have other economic and legal consequences. With reimbursement now based in part on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores that assess patient-clinician communication, the financial implications of dissatisfied or distressed physicians could be significant.



Wolf

According to Jason A. Wolf, PhD, president of The Beryl Institute, “Physician encounters will affect HCAHPS scores.” In addition, satisfied physicians may be less likely to be sued. An intervention to promote physician well-being was associated with a 70 percent reduction in malpractice claims in the next year, compared with a 3 percent increase at control hospitals.¹⁹

Why address well-being?

Improving physician well-being is essential in the current health care climate. Engaged physicians are an essential ingredient for success in value-based purchasing and accountable care. With the increased competition for the patient volume needed to offset reduced reimbursement, customer loyalty—and physician loyalty—will likely become more important.

Accountable care organizations will require a stable pool of primary care physicians to create effective primary care medical homes. They will also need engaged physician champions to foster change within their organizations. Shifts in care delivery will also require physicians to be engaged members of multidisciplinary health care teams.



Berrett

Britt Berrett, PhD, president of Texas Health Presbyterian Hospital-Dallas, says the engagement of physicians in teams is essential for high-quality care. “When physicians feel engaged and a respected part of the care team, and feel they can call on the resources of the team, they can provide exceptional results.”

Finally, as health care coverage is expanded to previously uninsured individuals, health care organizations will need a reliable stable of physicians to meet the increased demand.

Improving physician well-being is the right thing to do. The suicide rate among physicians is significantly higher than in the general population, especially among women physicians.²¹ Thus, addressing physician well-being may be life-saving.

As Richard Gunderman, MD, PhD, professor and vice-chair of the Radiology Department at Indiana University wrote in *The Atlantic*, “Physicians are human beings too, and their suffering should summon

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Finally, addressing dissatisfaction and burnout may be pragmatic. As Linda Hawes Clever, MD, clinical professor of medicine at the University of California at San Francisco wrote in a 2002 *Annals of Internal Medicine* editorial, "Part of our calling is to relieve suffering. We cannot relieve the suffering of others if we, ourselves, are suffering."²³

How to improve physician well-being

The question on the minds of health care leaders is not whether greater physician well-being can improve the patient experience but how to foster it. "We don't need to make the business case for improving physician satisfaction, we need to know how to do it," Berrett says. Here are 10 action steps physician leaders can take to improve physician well-being at their organizations.

- 1. Listen to your physicians.** Discern their pain points. Recognize that their needs may vary by group and age. "Veteran physicians—those 55 years old or older—want respect, to be able to practice the art of medicine. Younger physicians want work-life balance. And pediatricians are not like neurosurgeons," Berrett says.
- 2. Enhance meaning in their work.** As Gunderman stated in *The Atlantic*, "The key to combating physician burnout is not to reduce stress, but to promote professional fulfillment."²² According to Linzer, actions that facilitate physicians' feeling they have made a true difference in others' lives will increase satisfaction, loyalty, longevity and, potentially, quality of care.
- 3. Assess career fit for every physician at your organization.** Academic physicians who spent less than

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20 percent of their time in their passionate work—research, direct patient contact, education—experienced a burnout rate of more than 50 percent, significantly higher than colleagues who spent more time in work that was meaningful to them.²⁴ Ensuring that physicians spend some portion of their work week doing the tasks they are passionate about decreases the risk of burnout.

- 4. Gather data on the climate of the physician workplace.** Linzer and colleagues have created a tool called the Office and Work Life (OWL) measure that assesses the culture and structure of the workplace, providing a "snapshot of a practice." Although it is not available in the public domain yet, the researchers are currently validating a "mini-OWL" that will be accessible in the near future. In the meantime, physician leaders can poll physicians on the key variables that correlate with burnout: time pressure, control of the workplace and schedule, degree of chaos, and values alignment.
- 5. Reduce chaos at work.** The MEMO study demonstrated a correlation between perceived chaos in the workplace and physician burnout.⁹ Invest in more space, more staff, expanded hours, and other interventions to increase calm in the workplace.
- 6. Reduce time pressure and increase work control.** A packed schedule and lack of control over time are triggers for physician burnout. Consider extending appointment time—from 15 to 20 minutes for follow up, for example—and allotting scheduled time during the workday for record-keeping and other administrative tasks. Hire additional staff to take on tasks that do not require direct physician involvement.
- 7. Support work-life balance.** Offer part-time and flexible schedules. Hire floats and retain retired physicians to fill in gaps due to family illness, birth, or other needs. According to Linzer, these are cost-effective investments that will help retain physicians, especially those in the younger generations for whom personal and home life weigh heavily in career decisions.
- 8. Start a physician well-being initiative.** A program that included assessment of physician satisfaction and planned interventions with monitoring reduced emotional and work-related exhaustion among primary care physicians.²⁵ Similarly, an intense educational program in mindfulness, communication and self-awareness reduced burnout and improved patient-centered behaviors in primary care physicians.²⁶ Adapt or create a program to address physician needs.
- 9. Clarify roles and expectations; invest in leadership training.** Berrett restructured and clearly communicated the roles and expectations of medical directors at his organization and ensured that performance metrics were aligned with global and service-line objectives. He then invested heavily in leadership training and development. He found that some physician leaders moved on, but most blossomed in their new roles.

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10. Reconsider your compensation model for physicians. A model based on volume can contribute to burnout by rewarding a faster, more chaotic pace. According to Linzer, an alternative, such as salary with incentive bonuses for hitting quality targets, may reduce that risk.

The current level of dissatisfaction and burnout among U.S. physicians—especially those on the frontlines of care—is high. To support improvement in the patient experience, which has become an essential strategy for financial sustainability under health system reform, health care leaders must assess and take steps to improve physician well-being.

Although some of the needed solutions may require sizable resource investment, they are likely to be highly cost effective and reap wide-reaching and long-term rewards for the organization in physician and patient loyalty.



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