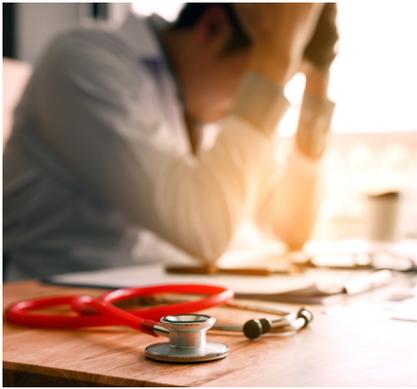


Physician Burnout



Physicians are **15** times more likely to suffer burnout than other professions.

Author: Mallory Earley, JD, Senior Risk Resource Advisor

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While employees in many professions report burnout, physicians appear uniquely susceptible and the consequences can be detrimental. Physicians are 15 times more likely to suffer burnout than other professions, and statistics indicate that at any given time nearly a third of physicians are experiencing its symptoms.¹ Throughout the course of a career, nearly half of physicians are likely to suffer from burnout, and depending on specialty, burnout can affect 30 to 65 percent of physicians. Physicians in the midpoint of their career are the most likely sufferers, but the rates and trends across age groups continue to worsen.²

Causes and Impact

Various theories suggest reasons why the problem is reaching epidemic proportions for physicians. One commonly identified contributing factor is that physicians feel increasingly overworked. In addition, one study identified the lack of control over a physician's daily schedule as a primary driver for experiencing burnout.³ Technology is also recognized as a culprit and studies show doctors are increasingly spending time on the computer instead of interacting with patients.⁴ Yet another modern contributor to physician stress can be negative online reviews,⁵ which may result in physicians feeling increasingly judged and scrutinized by their patients. A decrease in healthy eating habits or exercise is also shown to lead to or exacerbate the problem.⁶ This decrease in quality of life is likely driving physicians from the practice of medicine, which further increases stress on the healthcare system already facing a looming physician shortage as baby boomers retire.⁷

The impact of physician burnout can be enormous. On an individual level, it is destroying quality of life for physicians to the point that many leave the practice of medicine or even turn to suicide. Suicides among male physicians are 40 percent higher than the general population, and among female physicians a staggering 130 percent higher.⁸ Increased suicide rates are not only high throughout a physician's career, but are also evident in medical students with 9.4 percent of students reporting suicidal thoughts.⁹ Physician burnout has also been associated with significant decreases in patient care and safety.¹⁰

¹ Elaine Cox, MD, "Doctor Burnout, Stress and Depression: Not an Easy Fix," US News & World Report, April 12, 2016, <https://health.usnews.com/health-news/patient-advice/articles/2016-04-12/doctor-burnout-stress-and-depression-not-an-easy-fix>, accessed February 25, 2019.

² Staff, "Medical specialties with the highest burnout rates," AMA Wire, January 15, 2016, <https://wire.ama-assn.org/life-career/medical-specialties-highest-burnout-rates>, accessed February 26, 2019.

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⁴ Paige Minemyer, "Study: Docs spend more time with computers than patients," FierceHealthcare, January 31, 2017, <http://www.fiercehealthcare.com/it/study-docs-spend-more-time-computers-than-patients>, accessed February 25, 2019.

⁵ Amy Wallace, "New study shows online reviews stressful for doctors," United Press International, http://www.upi.com/Health_News/2017/02/02/New-study-shows-online-reviews-stressful-for-doctors/9561486052157/, accessed February 25, 2019.

⁶ Cox, loc. cit.

⁷ "Physician Supply and Demand Through 2025: Key Findings," AAMC, <https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf>, accessed February 25, 2019.

⁸ Edward M. Ellison, USA Today, "Stepping back from the brink of burnout: How I'm tackling the epidemic of physician suicides," November 30, 2018, <https://www.usatoday.com/story/opinion/voices/2018/11/30/physician-doctor-suicide-epidemic-work-balance-column/2067427002/>, accessed February 25, 2019.

⁹ Louise B Andrew, MD, JD, "Physician Suicide," Medscape, August 1, 2018, <https://emedicine.medscape.com/article/806779-overview>, accessed February 25, 2019.

¹⁰ Megan Brooks, "Provider Burnout Tied to Lower Levels of Patient Safety, Care," Medscape, December 19, 2016, <http://www.medscape.com/viewarticle/873434>, accessed February 25, 2019.

Physician Burnout



Solutions

While there are no simple or obvious solutions to physician burnout, there are multiple approaches to consider. For starters, physicians and the greater medical community cannot afford to ignore the impact burnout is having on both individual physicians and the practice of medicine. The impact of burnout continues to worsen and may be approaching epidemic proportions. One component physicians should recognize is that shouldering the burden themselves is not enough; to paraphrase a classic literary character, you can't just work harder.¹¹ Physicians may need to change how they practice medicine by accepting their own limitations and saying "no."

Other studies point to promoting lifestyle decisions as a way to combat burnout. Specifically, physicians should find ways to maintain a healthy lifestyle. This can involve eating a healthy diet, sleeping 7-9 hours regularly, and exercising in appropriate amounts.¹² Besides physical health, physicians should be encouraged to have creative outlets such as hobbies, sports, leisure activities, and vacations.

ProAssurance's Efforts

ProAssurance is also seeking ways to support physicians and the medical community regarding burnout and the implications it may have on patient care. In September 2017, ProAssurance established a \$1.5 million gift to the University of Alabama at Birmingham (UAB) School of Medicine to endow a chair to support physician wellness. This endowment supports research and efforts addressing the issues and challenges related to physician burnout. UAB combined the endowed chair with the existing Chief Wellness Officer position, which has been filled by David Rogers, MD, MHPE since January 2018.

In a recent interview, Dr. Rogers stated, "Many people talk about burnout as though you're burned out or you're not. But it isn't that simple. There are degrees of burnout or being engaged. Month by month tracking lets you see a pattern and reevaluate before things spiral in a negative way."

The use of month to month well-being assessments, such as the Mayo Clinic Well-Being Index,¹³ may help identify and track individual physicians' well-being. Hospitals may use these assessments to identify departments where stress and/or engagement are particularly high; the groups' scores can be used to help create customized resilience training for them.

To reduce burnout in the medical community, there must be a systemic and cultural shift. Physicians need to be free from judgment in seeking the solutions to this crisis. From his experience, Dr. Rogers would also like to focus on training for frontline leaders in the medical industry. Leaders often set the tone for their employees, so teaching them to identify and mitigate stress is essential. Dr. Rogers believes the medical community is at a crucial point and must start having conversations about physician burnout. "There has to be a change in culture," he concludes. "It's hard, but critical to think about what happened to the industry, what we can do to correct it, and what lessons we can learn for the future."

As a professional liability insurer, ProAssurance recognizes the increasing danger of physician burnout, the potential harm to our insured physicians and organizations, and to their patients. Although the seriousness of this problem is apparent, there is still a struggle as to how to identify or prevent it. ProAssurance is committed to finding ways to mitigate burnout before it manifests in professional liability claims, and we encourage our physicians to reach out for solutions if they are feeling overwhelmed or at risk. 🍀

**Contact the Risk
Resource Department
with any questions
you have at 844-223-
9648 or RiskAdvisor@
ProAssurance.com.**

¹¹ "Boxer (Animal Farm)," Wikipedia, [https://en.wikipedia.org/wiki/Boxer_\(Animal_Farm\)](https://en.wikipedia.org/wiki/Boxer_(Animal_Farm)), accessed February 25, 2019.

¹² Cox, loc. cit.

¹³ <https://www.mayo.edu/research/centers-programs/program-physician-well-being/mayos-approach-physician-well-being/mayo-clinic-well-being-index>, accessed December 20, 2018.

Robotic-Assisted Surgery

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Since 2000, more than three million patients have experienced robotic-assisted surgery (RAS) worldwide.¹⁴ While there are at least a dozen surgical robotic companies, Intuitive Surgical Inc., which manufactures the da Vinci[®] Surgical System, dominates the market.¹⁵ According to Intuitive's website, intuitive.com, every sixty seconds, somewhere in the world, a surgeon uses a da Vinci Surgical System.

Institutions should ensure that appropriate patient counseling and informed consent for RAS is happening consistently. This tracking could be accomplished through auditing of informed consent materials as well as intermittent patient interviews.¹⁶

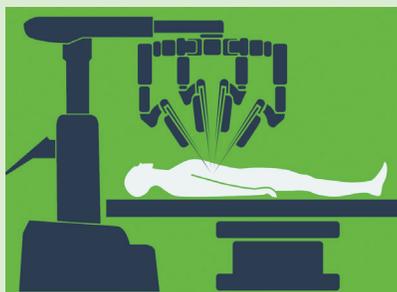
As stated in an editorial in *The Lancet*, "Patients look to doctors for advice and expect an evidence-based assessment of the probability of different outcomes" on which to make informed and personal decisions. The editorial continues, "In medicine, the discomfort of uncertainty, desire to constantly improve, failure to recognize personal biases, and susceptibility to aggressive marketing can lead to innovation being embraced without rigorous evaluation. By doing so, we risk the use of inferior techniques or not providing evidence of benefit and limiting widespread adoption."¹⁷

Due to this surge in popularity, hospitals may feel pressure to not only purchase robotic systems, but to encourage physicians to promote this technology to patients—before physicians are sufficiently trained. The skyrocketing interest in robotic surgery could lead patients and hospital personnel to believe that surgeons using this equipment have been appropriately trained and credentialed. One might assume privileges granted to surgeons imply they have met minimum RAS competency criteria and possess a certain level of expertise. However, in both 2014 and 2015, the ECRI Institute listed robotic surgery complications due to inadequate certification requirements on its Top 10 Health Technology Hazards list.¹⁸

Currently, there is still no universal consensus on the appropriate type and duration of training for credentialing surgeons to perform RAS, and requirements vary widely between facilities. The lack of a standardized training curriculum lends itself to serious disparity in the quality of robotic training depending on trainee location and specialty.¹⁹ Repetition is the hallmark of surgical proficiency. Yet, some hospitals require surgeons to proctor just a few robotic surgeries before receiving privileges to perform independently.

In an effort to address the issue of ensuring physicians are properly trained and credentialed, hospitals should:

- Establish protocols governing the surgical evaluation of RAS system patients.
- Educate patients about their various treatment options. The focus should be on the experience of the surgeon rather than on the technology.
- Establish protocols for surgeon credentialing for the operation of RAS systems at the facility, including the methods of training in the operation of such systems.
- Have surgeons describe their experience with RAS when counseling patients regarding these procedures. 🍏



Every 60 seconds a da Vinci Surgical system is used.

¹⁴ <http://www.bfohealth.com/wordpress/features/3000000-thats-the-number-of-robotic-assisted-surgeries-performed-worldwide/>, accessed March 18, 2019.

¹⁵ <https://www.analyticsinsight.net/top-7-healthcare-robotics-companies/>, accessed March 18, 2019.

¹⁶ Tara Kirkpatrick, MD, and Chad LaGrange, MD, "Robotic Surgery: Risks vs. Rewards," AHRQ PSNet, September 10, 2016, <https://psnet.ahrq.gov/webmm/case/368/robotic-surgery-risks-vs-rewards>, accessed September 18, 2017.

¹⁷ "Robotic surgery evaluation: 10 years too late," *The Lancet*, September 10, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31586-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31586-0/fulltext), accessed February 25, 2019.

¹⁸ https://www.ecri.org/Resources/Whitepapers_and_reports/2014_Top_10_Hazards_Executive_Brief.pdf and https://www.ecri.org/Resources/Whitepapers_and_reports/Top_Ten_Technology_Hazards_2015.pdf, accessed March 18, 2019.

¹⁹ Benjamin T Carpenter and Chandru P Sundaram, "Training the next generation of surgeons in robotic surgery," Dovepress, April 21, 2017, <https://www.dovepress.com/training-the-next-generation-of-surgeons-in-robotic-surgery-peer-reviewed-fulltext-article-RSRR#ref4>, accessed February 25, 2019.

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