

BURDA ON HEALTHCARE

Calling a Physician Burnout Timeout

By David Burda

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I have no doubt that a lot of physicians are burned out. So are a lot of nurses, teachers, journalists, IT people, assembly line workers, truck drivers, rideshare drivers, restaurant servers, fast food workers and pretty much anyone else who's been asked by their bosses to "do more with less" or "work smarter not harder" as they adapt to the post-pandemic economy.

Doctors aren't any different than anyone else in that regard. In fact, if you look beyond all the physician burnout rhetoric, you could argue that doctors, as a whole, aren't as burned out as everyone else or at least not as burned out as they say they are.

So, I'm calling for a burnout timeout. That's one step below calling bullshit on physician burnout. I'm not there yet, but I'm open to the possibility.



DO YOU SPEAK BURNOUT?

My trigger for this column literally was burnout rhetoric from the American Medical Association (AMA). In May, the AMA published a [glossary of physician burnout terms](#) that, according to the AMA, are important for all doctors to know. Here are a handful of burnout terms from the glossary.

Depersonalization

Moral distress

Emotional exhaustion

Pajama time

Imposter phenomenon

Work overload

Intent to leave

Work-life integration

The AMA is writing a unique physician burnout language for doctors to speak amongst themselves, to their organizations, to the media and to anyone else who will listen. That strikes me as a little over the top. What physicians are feeling is so intense, so debilitating, so special it requires its own language so us mere mortals can understand what they're going through and do something about it. A glossary of terms from a unique language is a means to an end.

Here's the problem. I know a lot of doctors professionally, clinically and personally. And guess what? They all seem pretty happy. They all seem to like what they do. They all seem to be happy to see me, whether that's on a virtual call, in an exam room or over the fence. They don't talk to me in burnout.

Is there any evidence to support what I'm seeing or hearing? Well, of course there is, or I wouldn't have written this column. Here goes.



NOT ALL DOCTORS ARE SELLING OUT TO HOSPITALS OR PRIVATE EQUITY FIRMS

If things are so bad that you need your own language to describe what's happening to you, you'd be bailing out and transferring the headache and burnout to someone else. But that's not the case, at least according to a [Policy Research Perspective](#) released by the AMA in July. The research brief is based on a survey of about 3,500 doctors and focused on trends in physician employment and practice ownership.

According to the survey:

- 46.7% of medical practices were wholly owned by physicians in 2022. That's down a little from 49.1% in 2020.
- 4.5% of medical practices were owned by private equity firms in 2022. That's barely up from 4.4% in 2020.
- 44% of physicians owned their own medical practice in 2022. That's unchanged from 2020.

Not exactly an image of doctors hurling themselves off a burning platform.

NOT ALL DOCTORS SEEK GREENER PASTURES

If things are so bad that you need your own language to describe what's happening to you, you'd be jumping at any new opportunity that came along at another medical practice, hospital or health system. But that's not the case, at least according to a [study](#) published in July in the *Annals of Internal Medicine*.

Seven researchers affiliated with Weill Cornell Medical College, University of California San Diego and Yale University looked at how often physicians left their positions for a position at another medical practice, dubbed "movers," or left the practice of medicine altogether, dubbed "leavers."

Here's what the study found:

- The physician turnover rate for movers crept up to 4.1% in 2020 from 3.7% in 2010, averaging about 4% a year over that 11-year study period.
- The physician turnover rate for leavers rose to 3.1% in 2018 (the latest year for which they had data) from 1.7% in 2010, average about 2.7% over that nine-year study period.

Physicians make hospital CEOs look like a bunch of millennial job hoppers. The hospital CEO turnover rate was 16% in 2022, according to the [latest data](#) from the American College of Healthcare Executives. Again, doctors aren't running out of their offices so fast that they're forgetting to log off from their electronic healthcare records (EHR) systems.

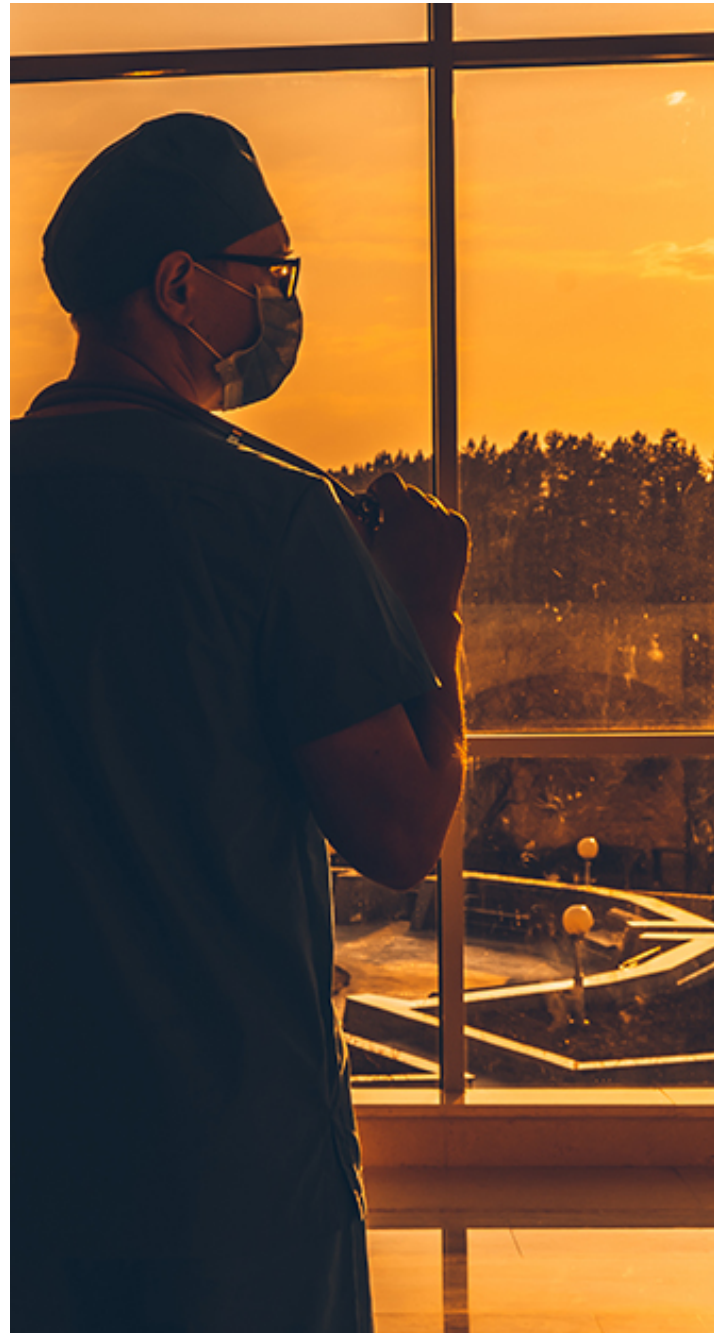
THERE'S A LIMIT

If things are so bad that you need your own language to describe what's happening to you, you'd do anything to stop the pain, i.e., burnout. But that's not the case, at least according to a [study](#) published in July in *JAMA Health Forum*. Turns out there's a limit to what physicians will support to prevent burnout.

Seven researchers affiliated with the Center for Health Outcomes and Policy Research, School of Nursing and Leonard Davis Institute of Health Economics at the University of Pennsylvania wanted to know what interventions doctors and nurses preferred to improve their workplace well-being and reduce burnout. So, they asked more than 21,000 of them at 60 hospitals across the country.

High on the list of interventions preferred by physicians were:

- Reducing time spent on documentation.
- Improving the usability of EHR systems.
- Not routinely working unscheduled hours.



Low on the list of interventions preferred by physicians were:

- Employing more nurse practitioners and/or physician assistants.
- Creating time and places for meditation and reflection.
- Delegating more clinical decision-making authority to nurses.

The message is crystal clear. Doctors want help to improve their workplace well-being and reduce their feelings of burnout. But they don't want help if that means off-loading their job responsibilities to other clinicians, especially those pesky nurses, while they chill in the physician lounge. Never teach a potential competitor what you know. It's that old guild mentality.



MOST DOCTORS WOULD CHOOSE TO GO INTO MEDICINE AGAIN

If things are so bad that you need your own language to describe what's happening to you, doctors wouldn't voluntarily choose to become doctors again. But that's not the case, at least according to the official chronicler of physician burnout, Mayo Clinic Proceedings.

Published last December, Mayo's [latest installment](#) in its series of physician burnout research studies is based on a survey of 2,440 doctors. It found that 62.8% of physicians experienced at least one symptom of burnout in 2021, up dramatically from 38.2% in 2020.

Still, most of the surveyed physicians said they would become a doctor again if given the chance. It was 57.1%, specifically. True, that's down from the 72.2% of physicians who said the same thing in 2020. But who wasn't bummed out after the pandemic hit in 2020 and bled over to 2021. Despite it all, nearly 6 in 10 doctors would choose medicine again. That says something.

KEEP YOUR GLOSSARY TO YOURSELF

Like I said at the top, I have no doubt physician burnout is real. But the above evidence suggests that the situation isn't so dire that doctors and the healthcare industry need their own language for it.

Here's a thought. Maybe if we stop telling physicians how miserable they are, they will feel less burned out. And keep that glossary to yourself. Sharing it with doctors will just bring them down.

Thanks for reading.

AUTHOR



David Burda began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers — patients — are king. If you do what's right for patients, good business results will follow.

Dave's personal experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 40 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 40 years and his three children, none of whom want to be journalists or lobster fishermen.

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