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We've all heard that physicians are experiencing significant burnout – mental exhaustion from long-term stress. There are at least three stages of burnout: emotional exhaustion, depersonalization/cynicism, and low sense of professional achievement which can result in a desire to leave medicine. Burnout can adversely affect not only physicians, but also patients (who may suffer poor clinical outcomes), and society as a whole as physicians leave the profession. Here is what we know:

Extent of burnout: The National Academy of Medicine (NAM) reports that more than 50% of US physicians report significant burnout symptoms. NAM has taken the lead in researching and addressing this issue, and has formed an Action Collaborative with many organizations, some of which are listed below*.

The 2018 Medscape study on burnout reports that 42% of the more than 15,000 physician responders from 29 specialties reported burnout. The study also reports 14% of physician responders said they are both burned out and depressed.

Causes of burnout: NAM has identified these general categories of burnout causes:

External factors:

- Socio-cultural factors
- Regulatory, business and payer environment
- · Organizational factors
- · Learning / practice environment

Individual factors:

- Healthcare role
- · Personal factors
- Skills and abilities

Medscape's survey asked those who reported burnout to select contributing factors (more than one), and found the top four causes to be too many bureaucratic tasks (56%), too many hours at work (39%), lack of respect from administrators/employers, colleagues, or staff (26%), and EHRs (24%).

By gender: Medscape's survey found 48% of the female physicians reported burnout, whereas 38% of males reported burnout.

By age: Medscape's survey found the following rates of burnout: 35% of physicians aged 28-34, 44% for 35-44, 50% for 45-54, and 41% for 55-69. However, I don't think this includes residents, so keep reading!

By medical specialty: The APA reportsⁱⁱⁱ two out of every five psychiatrists have professional burnout. In terms of Medscape's annual report, since my prior postivon burnout in 2016, psychiatry has moved from being the least burned out specialty at 40% in 2016, to being the 8th lowest at 36% in 2018. The good news is that the percentage in psychiatry reporting burnout decreased in this survey series. In 2016, the most burned out specialty was reported to be critical care at 55%; in 2018, critical care still tops the list, but shares the 48% burnout rate with neurology. In terms of being very to extremely happy at work, psychiatry had the 5th happiest physicians with 33%, below ophthalmology (37%), orthopedics and plastic surgery (35%) and pathology (34%). The least happy were internal medicine and cardiology at 21%. 14% of all physicians surveyed in 2018 reported they were both burned out and depressed; psychiatry had the lowest rate at 8%. And, psychiatry was the most likely specialty, at 40%, to seek professional help for burnout and/or depression. As noted in an article on burnout in psychiatry, stressors unique to the practice of psychiatry include patient violence and suicide, the shortage of mental health resources, including hospital beds, etc.

By type of practice: The Medscape results were even at 42% reporting burnout by both self-employed physicians and employed physicians.

Not addressed in the Medscape study, but a very important topic is burnout in medical training. One literature review found burnout among medical students to be 28%-45% and among residents 27%-75%, depending on the specialty. Highest residency burnout was reported in internal medicine and obstetrics/gynecology. In this article, psychiatry residents had a 40% burnout rate, and mention was made again of the significant stressors of violence and suicidal patients.

We know that resident burnout can ultimately lead to suicide in trainees.

So what are those who are responding that they are not burned out doing? Here is Medscape's summary of their answers: "Most often, these respondents said they maintain a positive attitude about their jobs, strive to manage their expectations, and try to balance their work and home lives. Some, however, are just lucky: they have flexible schedules, work part-time or locum tenens, have supportive colleagues, or enjoy a good workplace environment."

Resources:

- National Academy of Medicineviii
- The American Psychiatric Association^{ix}
- For residents:
 - NEJM blog^x
 - Accreditation Council for Graduate Medical Education:
 - General resources^x
 - After a resident suicide resource^{xi} for training programs

*NAM Action Collaborative includes, among others, the American Psychiatric Association, the American Medical Association, the American Osteopathic Association, the Federation of State Medical Boards, the Accreditation Council for Graduate Medical Education, and the Association of American Medical Colleges. I was disheartened to read about the CBS investigation into physicians prescribing medications to military personnel based on an online form, without ever seeing the patient. (I was even more disheartened to read that one physician had agreed to speak to the reporters when they showed up at his office!)

- i https://nam.edu/initiatives/clinician-resilience-and-well-being/
- iii https://www.medscape.com/slideshow/2018-lifestyle-burnoutdepression-6009235
- iii https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout
- iv https://www.linkedin.com/pulse/medscape-report-physician-burnout-bias-donna-vanderpool-mba-jd/?lipi=urn%3Ali%3Apage%3Ad_flagship3_pulse_read%3BCF3UWChjSXOpXe0MJ%2FcBwg%3D%3D
- v https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2175073/

- vi http://www.jgme.org/doi/pdf/10.4300/JGME-D-09-00054.1?code=gmed-site
- vii https://nam.edu/initiatives/clinician-resilience-and-wellbeing/#publications
- viii https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout
- ix https://resident360.nejm.org/content_items/connection-and-meaningresident-leadership-to-combat-burnout
- x http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/
- xi http://www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_ Clinician_Toolkit_Final_2.pdf



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