

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

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Abstract

Objective: To evaluate the prevalence of burnout and satisfaction with work-life balance in physicians and US workers in 2014 relative to 2011.

Patients and Methods: From August 28, 2014, to October 6, 2014, we surveyed both US physicians and a probability-based sample of the general US population using the methods and measures used in our 2011 study. Burnout was measured using validated metrics, and satisfaction with work-life balance was assessed using standard tools.

Results: Of the 35,922 physicians who received an invitation to participate, 6880 (19.2%) completed surveys. When assessed using the Maslach Burnout Inventory, 54.4% (n=3680) of the physicians reported at least 1 symptom of burnout in 2014 compared with 45.5% (n=3310) in 2011 ($P<.001$). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; $P<.001$). Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty. In contrast to the trends in physicians, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working US adults, resulting in an increasing disparity in burnout and satisfaction with work-life balance in physicians relative to the general US working population. After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; $P<.001$) and were less likely to be satisfied with work-life balance (odds ratio, 0.68; 95% CI, 0.62-0.75; $P<.001$).

Conclusion: Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.

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Medicine is both a demanding and a rewarding profession. Physicians spend more than a decade in postsecondary education, work substantially more hours than most US workers in other fields, and often struggle to effectively integrate their personal and professional lives.¹ They engage in highly technical and intellectually demanding work that often requires complex, high-stakes decision making despite substantial uncertainty. These challenges are offset by meaningful relationships with patients, the intellectual stimulation of the work, and the satisfaction of helping fellow human beings.²⁻⁴ Physicians are also well

compensated relative to many professions, are part of a fraternity of supportive colleagues, and often enjoy the respect and appreciation of their community.

The cumulative effect of these forces on the personal and professional satisfaction of each physician is unique. Although future physicians begin medical school with mental health profiles better than those of college graduates pursuing other fields,⁵ this profile is reversed 1 to 2 years into medical school.⁶ Once in practice, physicians have generally high degrees of satisfaction with their career choice but experience high degrees of

professional burnout and dissatisfaction with work-life integration.^{1,7} Burnout is a syndrome of emotional exhaustion, loss of meaning in work, feelings of ineffectiveness, and a tendency to view people as objects rather than as human beings.⁸ Burnout has profound implications for individual physicians and their families.^{9,10} In addition, burnout appears to impact the quality of care physicians provide¹¹⁻¹⁶ and physician turnover,^{17,18} which have profound implications for the quality of the health care delivery system.^{15,19,20}

In 2011, we conducted a national study measuring burnout and other dimensions of well-being in US physicians as well as the general US working population.¹ At the time of that study, approximately 45% of US physicians met criteria for burnout. Substantial variation in the rate of burnout was observed by specialty, with the highest rates observed among many specialties at the front line of access to care (eg, family medicine, general internal medicine, and emergency medicine). Burnout among physicians also varied by career stage, with the highest rate among mid-career physicians.²¹ Burnout was more common among physicians than among the general US working population, a finding that persisted after adjusting for age, sex, hours worked, and level of education.¹

The landscape of medicine continues to rapidly evolve. Technology, legislation, and market forces have contributed to consolidation of medical practices, fluctuating reimbursement, new care delivery models, increased productivity expectations for physicians, and more widespread use of electronic medical records over the past several years.²² The study of US physicians we first reported on in 2011 was designed to reevaluate the well-being and satisfaction of US physicians approximately every 3 years to assess changes in burnout and satisfaction with work-life balance (WLB) over time. Here, we report results of the 2014 survey in comparison to the 2011 findings.

PATIENTS AND METHODS

The 2014 survey used methods similar to those of the 2011 study.¹ At both time points, we assessed a range of personal and professional characteristics as well as personal well-being in several dimensions (described below).

Participants

Physician Sample. A sample of physicians from all specialty disciplines was assembled using the American Medical Association (AMA) Physician Master File (PMF). The PMF is a nearly complete record of all US physicians independent of AMA membership. To ensure an adequate sample of physicians from each specialty area, we oversampled physicians in fields other than family medicine, general pediatrics, general internal medicine, and obstetrics/gynecology. Canvassing e-mails stating the purpose of the study (eg, to better understand the factors that contribute to satisfaction in US physicians), along with an invitation to participate and a link to the survey, were sent to 94,032 physicians in August 2014 with 3 reminder requests sent over the ensuing 6 weeks. The 35,922 physicians who opened at least 1 invitation e-mail were considered to have received the invitation to participate in the study.²³ Participation was voluntary, and all responses were anonymous.

Population Control Sample. For comparison to physicians, we surveyed a probability-based sample of individuals from the general US population in October 2014. Although the initial population comparison (December 2010) used modest oversampling of individuals younger than 34 years (to allow comparison to medical students and residents),¹ the 2014 population survey oversampled individuals between the ages of 35 and 65 years to better match the age range of practicing US physicians. The population survey was conducted using the Knowledge Panel, a probability-based panel (<http://www.knowledgenetworks.com/knpanel/index.html> and <http://www.knowledgenetworks.com/ganp/reviewer-info.html>) designed to be representative of the US population. On the basis of the intent to compare workers in other fields to physicians, only employed individuals were surveyed. The Mayo Clinic Institutional Review Board reviewed and approved the study.

Study Measures

Both the physician and population controls provided information on demographic characteristics (age, sex, and relationship status), hours worked per week, burnout, symptoms of depression, suicidal ideation, and satisfaction with WLB. Physician professional characteristics

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