

The Effects of Fatigue and Dissatisfaction on How Physicians Perceive Their Social Responsibilities

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Abstract

Objective: To examine how fatigue and dissatisfaction with practicing medicine relate to US physicians' perceptions of their professional responsibilities in a time of upheaval in health care.

Methods: From May 30, 2012, through September 1, 2012, we mailed an 8-page paper survey, including measures of perceived social responsibility, fatigue, and satisfaction, to a random sample of 3897 physicians selected from the American Medical Association Physician Masterfile. We performed bivariate tests and multivariable logistic regression to examine associations between key predictors (fatigue and satisfaction) and 3 dependent variables: obligations to care for the uninsured and underinsured, obligations to address policy issues, and agreement with cost-containment.

Results: A total of 2556 physicians (65.6%) responded to the survey. Nearly half of physicians (1160 [45.4%]) reported high levels of fatigue, whereas most (1810 [70.8%]) expressed satisfaction with practicing medicine. Dissatisfaction in practicing medicine proved to be a significant predictor in how physicians perceive their professional responsibilities and in medical decision-making. Overall, physicians who rated themselves as very dissatisfied had a significantly reduced likelihood of favoring limiting reimbursement to expand basic coverage (odds ratio, 0.5; 95% CI, 0.3-0.7), recognizing an obligation to care for the uninsured (odds ratio, 0.5; 95% CI, 0.3-0.7), and addressing societal health policy issues (OR, 0.7; 95% CI, 0.5-0.9).

Conclusion: Although fatigue and satisfaction are strongly associated, only satisfaction appears to correlate with physicians' perceived social responsibilities. Physicians who are dissatisfied with their profession may be less inclined to address health policy issues, embrace charity care, or practice cost containment.

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Building a high-quality health care system in the United States requires a vibrant health care workforce committed to the well-being of patients and society as a whole. A longstanding problem within the medical profession, possibly exacerbated by the changing health care climate, is physician burnout, fatigue, and dissatisfaction.¹⁻⁴ Physicians, by their profession, make a commitment to advocate for the health of all people, yet dissatisfaction with practicing medicine and attendant fatigue may narrow physicians' perspective on their professional obligations to society as a whole. Because physicians share in the responsibility to promote high-quality health care, the effects of burnout, fatigue, and dissatisfaction among physicians may have implications for reforming and improving care.⁵

Studies have identified profession-related stressors that lead to burnout, including excessive workloads, difficulty balancing personal and professional life, deteriorating autonomy, the burden of dealing with patient pain, greater number of patients, reduced time with patients, and greater administrative requirements in practice.^{5,6} As physicians encounter any number of these stressors, they risk feeling greater emotional exhaustion and distress that could lead to decreased effectiveness in practice. Previous research also reveals that physicians who experience burnout are more likely to make medical errors, have less empathy, have reduced patient satisfaction and patient adherence, and retire earlier.^{2,4,7-9}

Prior work has revealed that most physicians believe they have an obligation to society in their work, that limiting coverage for expensive care

to expand coverage for the uninsured is appropriate, and that all physicians have an obligation to care for uninsured and underinsured patients.^{10,11} However, physicians who experience excessive levels of stress from the demands of their own life may not feel they have the capacity to address broader societal issues outside their immediate sphere of control. Indeed, burnout among medical students is associated with less altruistic views regarding physicians' responsibility to society, including personally wanting to provide care for the medically underserved.¹² These students also felt less confident in their abilities to meet the needs of the medically underserved. Whether fatigue and dissatisfaction similarly relate to physicians' perceived social responsibilities and medical decision-making is not known.

The objective of this study was to examine the associations among US physicians' levels of fatigue, overall satisfaction with practicing medicine, and perceived social responsibility. We also sought to understand how fatigue and satisfaction may function as independent covariates of physicians' perspectives on their professional obligations to society.

METHODS

Study Participants and Data Collection

This study was approved by the Mayo Clinic Institutional Review Board. From May 30, 2012, through September 1, 2012, we mailed a self-administered, 8-page survey entitled "Physicians, Healthcare Costs, and Society" to 3897 practicing US physicians representing all specialties. Physicians were randomly selected using the American Medical Association (AMA) Physician Masterfile, a database devised to include virtually all US physicians. Our vendor (Medical Marketing Service Lists) selected a simple random sample of all US physicians from the AMA Masterfile to provide a requested sample size of 3897. The first mailing of the survey included a cover letter, the survey, a stamped and addressed return envelope, and \$20 cash. A second subsequent mailing was sent 6 weeks later to nonresponders, and a third and final mailing was sent after an additional 6 weeks to the remaining physicians who had not responded.

Survey Instrument Development

We developed the survey to include questions evaluating physicians' perspectives on health care reform, societal responsibilities, medical decision-making, and health care costs. After an extensive literature review, we held multiple focus groups with physicians and extracted themes from the focus groups from which we formulated questions for the survey. Cognitive pretesting was performed on all items as reported elsewhere on the basis of qualitative focus groups described elsewhere.¹¹ The survey was developed with the assistance of the Mayo Clinic Survey research center. The single-item measures reported here related to fatigue and social responsibility have been previously reported and are known to have reasonable psychometric properties. In addition to specific items related to physician attitudes toward health care costs, societal responsibility, and medical decision making, we included measures of fatigue, satisfaction, and comfort with uncertainty, believing they may be relevant predictors of perceived social responsibility.^{13,14}

Survey Measures

Survey items reported in this analysis include fatigue ("How would you describe your average level of fatigue during the past week, including today?"), measured on a 0- to 10-point linear analog scale, with 0 indicating no fatigue and 10 indicating constant tiredness; satisfaction with practicing medicine ("Overall, how satisfied are you with practicing medicine?"), with response categories of very dissatisfied, somewhat dissatisfied, satisfied, and very satisfied; and the degree to which they "find the uncertainty involved in patient care disconcerting," with response categories of strongly disagree, moderately disagree, moderately agree, and strongly agree.¹⁵ We also examined physicians' opinions and perceived responsibility toward limiting coverage for expensive care ("I would favor limiting coverage for expensive drugs and procedures if that would help expand access to basic health care for those currently lacking such care"), sense of obligation to care for the uninsured and underinsured ("Every physician is professionally obligated to care for the uninsured and underinsured"), and agreement with addressing societal health policy issues ("Addressing societal health policy

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