

Special Article

Provider Health and Wellness

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Provider health and wellness is a significant issue and can impact patient care, including patient satisfaction, quality of care, medical errors, malpractice risk, as well as provider and office staff turnover and early retirement. Health and wellness encompasses various areas including burnout, depression, divorce, and suicide and affects providers of all specialties and at all levels of training. Providers deal with many everyday stresses, including electronic health records, office politics, insurance and billing issues, dissatisfied patients, and their own personal and family issues. Approximately half of all physicians suffer from burnout, and the rate of burnout among physicians of all specialties is increasing. An important first step in dealing with burnout is recognition and then seeking assistance. Strategies to prevent and treat burnout include increasing provider resiliency as well as implementing practical changes in the everyday practice of medicine. There is currently very little data regarding health and wellness specifically in the field of allergy and immunology, and studies are necessary to determine the prevalence of burnout and related issues in this field. Many medical specialties as well as state and national medical associations have health and wellness committees and other resources, which are essential for providers. Health and wellness programs should be introduced early in a provider's training and continued throughout a provider's career. © 2017 American Academy of Allergy, Asthma & Immunology (J Allergy Clin Immunol Pract 2017;■:■-■)

Key words: Health; Wellness; Burnout; Depression; Suicide; Exhaustion; Depersonalization; Addiction; Retirement; Personal accomplishment; Allergy and immunology; Provider; Physician; Nurse; Stress; Divorce; Mindfulness; Emotions

“Before you can help others, you must help yourself.” This is a common quote of unknown exact origin. Health care providers’ overall goal is to help patients. However, what about care of the provider? Provider health and wellness is a significant issue and

can impact patient care, including patient satisfaction, quality of care, medical errors, malpractice risk, as well as provider and office staff turnover and early retirement.¹ Provider health is also impacted with issues including provider alcohol and drug abuse, addiction, and suicide.¹ Health and wellness encompasses various areas including burnout, depression, divorce, and suicide and affects providers of all specialties and at all levels of training.¹ In the current and future health care climate with providers under an increased amount of stress, provider health and wellness is going to become an even more significant topic.

BURNOUT

Maslach and Leiter² at the University of San Francisco defined burnout as “an erosion of the soul caused by a deterioration of one’s values, dignity, spirit, and will.” The 3 main symptoms of burnout are exhaustion, depersonalization, and lack of efficacy, or personal accomplishment (Table I).¹ Exhaustion involves decreased physical as well as emotional energy levels.¹

Stedman’s Medical Dictionary defines depersonalization as a state in which the normal sense of personal identity and reality is lost, characterized by feelings that one’s actions and speech cannot be controlled. Depersonalization leads to sarcasm, cynicism, and venting about patients or career.² Lack of efficacy, or personal accomplishment, refers to a feeling of one’s work not making a difference.¹ Causes of burnout are multifactorial and include the stress of practicing medicine, medical education itself, and stress from management and supervision.¹

In a study published in 2012, 7,288 physicians in the United States completed the Maslach Burnout Inventory, a validated 22-question assessment of burnout, measuring exhaustion, depersonalization, and lack of personal accomplishment.³ A total of 45.8% of the physicians reported at least 1 burnout symptom (exhaustion, depersonalization, or lack of personal accomplishment).³ As compared with a probability-based sample of working US adults, physicians were more likely to have burnout symptoms (37.9% vs 27.8%) and were more likely to be disappointed with work-life balance (40.2% vs 23.2%).³ Individuals with a high school, bachelor’s, master’s, or other professional degree (besides MD or DO) had lower rates of burnout compared with physicians.³ Among the medical specialties, highest rates of burnout were noted in emergency medicine, general internal medicine, neurology, and family medicine.³ Lowest rates of burnout were noted in pathology, dermatology, general pediatrics, and preventive medicine.³ Of note, internal medicine and pediatric subspecialties (no specific data were mentioned with regard to the individual subspecialties) had lower rates of burnout compared with the mean burnout of all physicians.³ A lower overall risk of physician burnout was noted with increasing age and being married.³ A systematic review among the surgical subspecialties revealed that plastic and vascular surgeons demonstrated lowest career satisfaction.⁴ A survey by the American Academy of

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Conflicts of interest: The authors declare that they have no relevant conflicts of interest.

Received for publication May 4, 2017; revised May 26, 2017; accepted for publication May 31, 2017.

Available online ■■

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2213-2198

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<http://dx.doi.org/10.1016/j.jaip.2017.05.025>

TABLE I. Basic elements of burnout

Exhaustion (physical and emotional)
Depersonalization
Lack of efficacy or personal accomplishment

Pediatrics noted a 22% burnout rate among pediatricians.⁵ A survey of 465 faculty physicians in the department of internal medicine at a large academic center revealed a 34% burnout rate.⁶ Another study, the Physician Worklife Study, involved about 6,000 physicians in primary and specialty care.⁷ Compared with their male counterparts, female physicians were 60% more likely to experience burnout.⁷ With regard to geographic regions, a physician survey noted more perceived burnout in the Northeast region of the United States (46%) as opposed to West (32%), Midwest (31%), and South (31%).⁸ Physician burnout rates have been shown to be increasing over the last few years.⁹ Burnout has been linked to early physician retirement, and a study in Canada revealed an estimated cost of \$213 million due to physician burnout (\$185 million due to early physician retirement and \$28 million due to decreased clinical hours).¹⁰

Causes of burnout

It has been postulated that causes of burnout are associated with 4 values attributed to physicians: service, excellence, curative competence, and compassion (Table II).¹¹ The belief in service and sense of duty can lead to self and/or family sacrifice and deprivation.¹¹ The expectation of excellence can lead to perfectionism.¹¹ Curative competence refers to taking responsibility for patient outcomes, and this can lead to a perception of omnipotence and intolerance for ambiguity in diagnosis.¹¹ Compassion can lead to a suppression of emotions and eventually, emotional isolation.¹¹

Beside these physician-attributed values, other practical contributing factors for burnout include excessive workload, inefficiency in practice environment, and clerical burden (Table II).¹² In an observation study of 57 physicians, it was found that 33% of time was spent in direct clinical care, whereas 49% of time was spent doing clerical work and dealing with the electronic health record.¹² In a 2015 *Medscape Physician Lifestyle Report*, physicians ranked bureaucratic tasks, hours at work, and insufficient income as the top 3 causes of burnout.¹³ In a 2016 survey of physicians, increased clerical tasks, increased productivity requirements/expectations, and reimbursement issues were the top 3 causes of burnout (Table II).⁸

TABLE II. Causes of burnout

Practical contributing factors
Clerical burden
Increased work productivity requirements and expectations
Reimbursement issues
Stress of practicing medicine
Medical education
Stress from management and supervision
Provider-attributed factors
Belief in service and sense of duty
Expectation of excellence
Curative competence
Compassion

Burnout in medical training

Burnout starts at the beginning of medical education.¹ A study involving 2248 medical students at 7 US medical schools using the aforementioned Maslach Burnout Inventory revealed a burnout rate of 49.6%.¹⁴ A total of 40.1% of students had high rates of emotional exhaustion, 31.8% had high depersonalization, and 30.6% had low perception of personal accomplishment.¹⁴ A 1-year follow-up survey revealed that 26.8% of responding students had recovered from burnout.¹⁴ Another study of 1701 medical students from 5 US medical schools revealed a burnout rate of 47%, and 49% had positive screening for symptoms of depression.¹⁵ Mental quality-of-life scores of medical students (43.1%) were lower than those of age-matched general population sample (47.2%).¹⁵ The prevalence of burnout was higher among nonminority medical students compared with minority students (39% vs 33%), but rates of depression were similar.¹⁵ Minority students did indicate racial discrimination, feelings of isolation, and distinctive cultural expectations as causes for unfavorable medical school experiences.¹⁵

After medical school, burnout also occurs in residency.¹⁶ One study of 115 internal medicine residents using the Maslach Burnout Inventory revealed that 76% had burnout.¹⁶ Moreover, residents with burnout were more likely to report suboptimal patient care practices (such as making medication or treatment errors or discharging a patient earlier than medically required) than were residents without burnout.¹⁶ Another survey among residents of various specialties in Israel reported increased burnout scores during their intern years.¹⁷ A study in the Netherlands linked work schedule, amount of workload, and reliance on supervising attending as contributing to resident burnout.¹⁷ Surgery residents had a higher rate of burnout than surgical attendings across the surgical subspecialties, including otolaryngology.⁴

Burnout in nursing and extended care providers

Other health care providers besides physicians are at risk for burnout.¹⁸ One study among 10,184 hospital nurses reported that 43% had high emotional exhaustion and 41% were not satisfied with their current job.¹⁸ Higher patient per nurse ratios correlated with increased risks of burnout and job dissatisfaction.¹⁸ Another study among 1,380 primary care nurses reported a 36.7% burnout prevalence.¹⁹ Many physicians of all specialties work with extended care providers, including physician assistants. One study used a modified Maslach Burnout Inventory involving 230 physician assistant students and found higher rates of depersonalization in younger students and in those with children.²⁰ Another study of rural physician assistants reported elevated emotional exhaustion and depersonalization rates as well as low levels of personal accomplishment.²¹

Provider depression and addiction

A predictable consequence of burnout for many providers is depression, which may lead to addiction, divorce, or suicide. Although the prevalence of depression among practicing physicians is unknown, recent systemic reviews and meta-analyses of medical students and residents revealed a depression rate of 27% and 29%, respectively.^{22,23} This is higher than the rate in the general population. A total of 15.7% of these medical students sought psychiatric treatment.²² In the entire group, the pooled rate of suicidal ideation was 11%.²³ Resident depression led to increased medical errors and low-quality patient care. It is reasonable to postulate that practicing physicians may have a

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