

# At Stanford, physician burnout costs at least \$7.75 million a year

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Physician burnout is a major predictor of physician turnover, which has a high cost. At Stanford Medicine, replacing a physician who leaves because of burnout can cost at least \$250,000. So addressing the organizational factors that contribute to burnout becomes more than just a question of helping physicians. It's a matter of the bottom line.

"If we don't do anything about burnout, what would happen?" asked Maryam Hamidi, PhD, during a presentation at the American Conference on Physician Health. Hamidi and Mickey Trockel, MD, PhD, of the Stanford Medicine WellMD Center and Department of Psychiatry and Behavioral Sciences led this study.

"Physicians who are experiencing burnout are more than twice as likely to leave their organization within two years," said Hamidi. "This results in significant financial burden to academic medical centers and health care organizations."

If nothing were done to address burnout, Hamidi and Dr. Trockel estimated, almost 60 physicians would leave Stanford within two years. The cost of recruitment for each physician—depending on the specialty and rank of faculty—would range from more than \$250,000 to almost \$1 million. And, for those 58 physicians, Stanford's economic loss over two years would range from a minimum of \$15.5 million to a maximum of \$55.5 million.

These figures grew out of research at Stanford that sought to better quantify the relationship between physician dissatisfaction and their likelihood of leaving to work elsewhere.

"We do know there are a lot of studies on how people affected by burnout are more likely to say they are going to leave an organization, but we don't know how many actually do," Hamidi said.

In 2013, Dr. Trockel and the Stanford Physician Wellness Committee administered the survey to a random sample of physicians and 65 percent responded. They then sent the survey to remaining

medical staff with a 31 percent response rate. The survey included questions on burnout, work hours, surgical specialty, anxiety, depression and sleep-related impairment.

The team then looked at data between 2013 and 2015 based on unique identifiers, which are associated with each employee or student at Stanford. If a person leaves the organization and comes back, they will receive the same identifier.

When identifiers were not found in the roster, names were manually searched in the internal directory. And if they were still missing, they were considered to have left the organization.

The group of physicians that left had slightly higher scores of anxiety, depression and sleep-related impairment, but there was not a significant difference between the groups.

“Burnout was the variable that explained the difference,” she said. “Physicians who were experiencing burnout in 2013 were more than twice as likely to leave compared to those not experiencing burnout.”

For the group of doctors that left Stanford, 23 percent had symptoms of burnout, while 16 percent of those who did not leave the organization exhibited signs of burnout. The cost of physician recruitment was very conservative, reported Hamidi.

“Aside from the humanistic reasons, we’re also trying to make a point that organizations should invest money into preventing burnout,” she said. “If they don’t do that, it can have a significant financial cost associated with it.”

The AMA’s STEPS Forward collection offers free online modules that help physicians and system leaders learn their risk factors for burnout and adopt medical practice solutions to reignite professional fulfillment and resilience, including modules that focus on how to change key workflows and processes, such as pre-visit planning and synchronized prescription renewal.

Several modules come thanks to a grant from, and in collaboration with, the Transforming Clinical Practices Initiative (TCPI), an effort designed to help clinicians achieve large-scale health transformation through TCPI’s Practice Transformation Networks. The AMA, in collaboration with TCPI, is providing technical assistance and peer-level support by way of STEPS Forward resources to enrolled practices. The AMA is also engaging the national physician community in health care transformation through network projects, change packages, success stories and training modules.

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