

Small practice, less doctor burnout? 4 reasons that may be

OCT 29, 2018

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Doctors who work in small, independent primary care practices (SIPs)—those with fewer than five physicians, nurse practitioners or physician assistants—may offer some insight on how to prevent physician burnout and improve doctors' well-being. Learn why one of the benefits of private practice medicine may be lower rates of doctor burnout.

Studies over the past several years have researched both individual and organizational factors that affect physician burnout and have reported burnout rates between 45 to 54 percent. However, because these studies have focused on hospital settings or large primary care practices, little is known about the prevalence of physician burnout among providers who work in SIPs.

Just 13.5 percent of providers who work in SIPs reported being burnt out, according to a study published in the *Journal of the American Board of Family Medicine*, titled "Correlates of Burnout in Small Independent Primary Care Practices in an Urban Setting." The survey's respondents included 204 physicians and 31 nurse practitioners or physician assistants.

The survey used a one-item variant of the Maslach Burnout Inventory. Earlier results, such as the December 2015 *Mayo Clinic Proceedings* study, found that 54.4 percent of 6,880 physicians reported at least one symptom of burnout.

Researchers involved in -the 2015 study, "Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014," looked at the association of private practice and burnout, but did not examine practice size.

4 reasons for higher satisfaction

Dr. Shelley and her colleagues acknowledged their research has limitations. For example, the data was collected only from practices in New York City, so the findings may not be generalized nationwide. Also, the data focused on site-level outcomes and excluded provider demographic

characteristics that may have offered additional insights.

Nevertheless, the low burnout rates found in the New York City survey are important to consider. The study suggests that several factors intrinsic to SIPs may be correlated to lower rates of burnout and incorporated several variables that previous studies have linked to greater physician well-being.

Autonomy. Physicians at SIPs have more control over their work environments compared with doctors working in integrated health systems or Federally Qualified Health Centers where providers are subject to greater administrative regulations, study authors wrote. As noted in previous studies, low work control and low autonomy has been linked with higher levels of burnout.

Deeper relationships with patients. Physicians who practice in SIPs may have deeper relationships with their patients than physicians at larger practices. That, in turn, may lead to greater job satisfaction and less burnout for physicians at SIPs, authors said.

Fewer work hours. Previous studies have found that fewer work hours result in lower burnout rates. Physicians surveyed at the SIPs reported working fewer hours per week than doctors have reported in other studies examining the topic. However, the SIP study authors noted that because they asked how many hours physicians worked at the study site, it may have resulted in fewer hours being reported.

Higher adaptive reserve scores. Researchers asked questions about the culture of physician practices, specifically “adaptive reserve”, which the authors described as a practice’s “internal capacity for organizational learning and development”.

The study’s authors concluded that “the relationship between adaptive reserve and provider burnout suggest that interventions to reduce burnout in primary care practices should focus on strengthening factors that support organizational capacity for change (i.e., strong communication, leadership supports, innovation).”

The recent survey on SIP physicians’ experiences with burnout—which includes emotional exhaustion, depersonalization and low sense of personal accomplishment—is believed to be one of the first to focus on large numbers of small independent primary care practices.

“The good news is that a culture and systems can be changed to support primary care doctors in a way that would reduce the factors that are leading to burnout,” the study’s senior author, Donna Shelley, MD, said in a statement. She is a professor in the departments of population health and medicine at New York University School of Medicine.

The AMA’s STEPS Forward™ is an open-access platform featuring more than 50 modules that offer actionable, expert-driven strategies and insights supported by practical resources and tools. Based on best practices from the field, STEPS Forward modules empower practices to identify areas or

opportunities for improvement, set meaningful and achievable goals, and implement transformative changes designed to increase operational efficiencies, elevate clinical team engagement, and improve patient care.

Several modules have been developed from the generous grant funding of the federal 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.