

Physician burnout: 4 types of interventions and how they can help

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There has been growing interest in physician burnout, with health care organizations launching their own solutions to improve well-being. But how have those different interventions affected physician burnout? New research examines the effect of organization-directed workplace interventions on physician burnout.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face.

The AMA assesses burnout levels within medical organizations to provide a baseline measure for implementing solutions and interventions that reduce system-level burnout rates and improve physician well-being. Email practice.transformation@ama-assn.org to learn more.

The study, “Effect of Organization-Directed Workplace Interventions on Physician Burnout: A Systemic Review,” published in Mayo Clinic Proceedings, was co-written by AMA leaders on professional satisfaction, Christine Sinsky, MD, and Michael Tutty, PhD, along with researchers at IBM Watson Health.

“Burnout more often stems from organizational or system-level factors, and interventions to prevent burnout may be more effective when they focus on changing the system rather than individual physicians,” says the study.

Each burnout intervention was categorized into the one of the four T’s, a unique scheme created for this study. Here are the four categories used to assess organization-directed interventions and their impact on physician burnout.

Teamwork

Out of 50 studies examined, 20 focused on improving teamwork through team-based care, scribes to enter EHR data and communication between physicians. Each subcategory of teamwork showed improvements in physician burnout, satisfaction and stress.

With increased capabilities of the care team, there was also lower prevalence of exhaustion and cynicism, a higher likelihood to recommend the clinic as a place to work and greater feasibility of providing primary care. The study also found that when practices and organizations expanded the duties of medical assistants, professional fulfillment and practice satisfaction improved.

Practices with full-time clerical support for physician order entry in primary care also saw a decrease in weekly self-reported burnout. At baseline, 43% of doctors were burned out compared to the four-month follow-up of only 14%.

Time

Fourteen interventions limited working hours, modified work schedules and promoted time banking to relieve physician burnout. Eight of those studies reported a positive impact on doctors. Another six focused on restricting the number of hours physicians work. However, only two studies found limiting hours alleviated burnout because many physicians felt pressured to get the same amount of work done in less time.

As for time banking, medical school faculty were able to spend time on additional activities, such as teaching, clinical service and mentorship. This improved job satisfaction.

Transitions

Another aspect of the interventions involved transitions or workflow changes. Eight out of nine studies found that changes to workflow redesign, including targeted quality improvement projects and separating workflows, had a substantial impact on physician burnout and job satisfaction.

One study exhibited significant improvement in physician burnout scores after quality improvement initiatives were implemented in areas most taxing for doctors, such as medication reconciliation. Physician satisfaction increased and stress decreased with quality improvement interventions.

Technology

All efforts involving technology focused on EHR health information. Five out of 10 studies reported interventions that successfully improved physician burnout and satisfaction. Interventions that evaluated EHR improvements saw significantly improved physician satisfaction while decreasing burnout and stress.

However, in one study, EHR implementation in a workflow worsened or had no effect on burnout. This could be due to insufficient training, which led to EHR inefficiencies. And when more features were added to EHR systems, physicians exhibited greater stress and burnout. Similarly, higher keyboard use led to poor satisfaction. Fortunately, if a physician is satisfied with different applications of information technology, they were four times more likely to be happy with their medical practice.

The AMA's STEPS Forward™ open-access modules offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency. One CME module specifically addresses establishing workflows and process.

STEPS Forward is part of the AMA Ed Hub™, an online platform that consolidates all the high-quality CME, maintenance of certification, and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.