8 terms every doctor should know about physician burnout

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Sara Berg, MS
Senior News Writer

Unfortunately, doctors know all too well about physician burnout and its impact on medicine. With most American physicians experiencing some sign of burnout, it is a condition that affects all specialties and all practice settings.

While you've most certainly heard of physician burnout, what other terms are important to know? Here is a convenient glossary to help guide you through different aspects of physician burnout and how the AMA is fighting to improve the well-being of doctors in a broken system.

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. By focusing on factors causing burnout at the system-level, the AMA assesses an organization's well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

While the physician burnout rate has dropped below 50% among doctors in the U.S., according to a triennial study from the AMA, the Mayo Clinic and Stanford University School of Medicine, more work still needs to be done.

Physician burnout

A long?term stress reaction characterized by depersonalization. This can include:

- Cynical or negative attitudes toward patients.
- Emotional exhaustion.
- A feeling of decreased personal achievement.
- Lack of empathy for patients.

Emotional exhaustion

Defined as a state of feeling worn-out and drained from an accumulation of stress from personal or work lives, or a combination of both, emotional exhaustion is a leading sign of burnout.

While no one is expected to be upbeat all the time, there is a big difference between being tired at work and being exhausted by your profession. It is important that physicians feel comfortable asking for help or speaking with their family, other doctors or even seeking professional help.

“Pajama time”

On average, family physicians spend 86 minutes doing administrative work after hours or at home, which is commonly known as pajama time with the EHR. This playful-sounding term is caused by more than just the between-visit work on the EHR.

It includes receiving, sorting, organizing and responding to all information flowing into the practice from email, phone calls, faxes, postal mail, forms and the EHR. The unclear or undefined workflows add to the dreaded pajama time. This means physicians need to trust their teams to help balance their workload.

The “stupid stuff”

Have you ever performed a daily task and thought, “Why do I even bother to do this?” If you have, then you are not alone. Increasing administrative tasks for physicians means they have less time to focus on what is important, such as interacting with patients and delivering care.

This is where “getting rid of stupid stuff” comes into play. “Getting rid of stupid stuff” means sending time-wasting EHR activities straight to the chopping block. To tackle physician administrative burdens, eliminate “stupid stuff” to free up time for doctors and other health professionals.

Clerical burdens

The biggest drivers of physician burnout are clerical burdens, which are heavily influenced by electronic health records (EHR). Clerical burdens include hours finishing notes, documenting phone calls, ordering tests, reviewing results, responding to patient requests, prescribing medications and

communicating with staff. And while it is easy to heap blame on EHR vendors for clerical burdens associated with their products, there are others to shine the spotlight on too.

Unnecessary documentation

In addition to some vendors' poor product design, payers, lawmakers and regulatory bodies have all had a hand in creating a situation that leaves too many physicians feeling like documentation drones instead of doctors.

Health care organizations also play a role through their decisions affecting governance, resource allocation, and EHR implementation and training. The AMA is committed to making technology an asset in the delivery of health care, not a burden.

Regulatory myths

There are a series of commonly misunderstood regulatory guidelines on pressing clinical topics. The AMA's regulatory myths series provides physicians and their care teams with resources to reduce guesswork and administrative burdens.

This helps shift the focus back on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction. Some regulatory myths include pain assessments, medical student documentation and computerized provider order entry.

Moral distress

When a physician or other health professional feels the ethically correct action to take is different from what they are tasked with doing, it can cause moral distress. Policies and procedures that prevent a physician from doing what they think is right can also lead to moral distress.

Medical students, residents and physicians must navigate conflicts between their own aspirations for patient care and the requirements of technology, administrative rules and other external factors. The AMA developed resources to help medical professionals assess and address emotional and psychological distress.