From Burnout to Wellness: A Professional Imperative

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Abstract

Professional burnout is a barrier to physician wellness. Burnout is prevalent across medicine, and otolaryngology as a specialty ranks near the mean. We review burnout levels in various subgroups of otolaryngology, including academic chairs, faculty, and residents. Risk factors of burnout are discussed, which differ by subgroup. Finally, we propose measures that could help minimize burnout and promote healthy and satisfying careers.

Keywords
burnout, otolaryngology, wellness

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You have no doubt felt burned out at some point in your career. The demands of a thriving practice are great and the bewildering, ever-shifting challenges of modern health care do not help. Professional burnout is increasingly recognized as a major impediment to wellness, the vital theme of this journal’s issue.¹,² In the 13 years since our team first published on burnout,³ the number of yearly scholarly citations has increased 6-fold.³,⁴

Burnout brings a certain image to mind: a callous stoic who has long lost the ability to empathize. Or a short-tempered grouch who can’t cope with anything going wrong. However, there is more to burnout than stereotypes. Furthermore, doomsday predictions about the future of our career are certainly overrated. We hope to enhance understanding of professional burnout in otolaryngology and, more important, guide readers away from it and toward a healthy and fulfilling career.

Burnout is an occupational syndrome resulting from a prolonged response to job stress. It is characterized by 3 domains:⁵,⁶ emotional exhaustion (depletion of work-related emotional resources), depersonalization (treating people as objects, not caring), and low personal accomplishment (a subjective sense that does not always correlate to objective success). Burnout occurs with high emotional exhaustion, high depersonalization, and low personal accomplishment. It is assessed by the validated Maslach Burnout Inventory (MBI), containing 22 questions spanning the 3 above domains.⁶

Burnout is high if you score high in all 3 domains or moderate in 2.

Etiologically, job stress is a root cause that can lead to emotional exhaustion. Over time, this produces depersonalization, which in turn reduces perceived job efficacy. If these feelings persist, burnout can ensue. While burnout can be related to depression, they are distinct.⁷,⁸ Of course, we are all going to feel some emotional exhaustion, depersonalization, and low personal accomplishment from day to day. We cope with these feelings, some better than others.

Burnout manifests differently in different occupations. In teachers, burnout is dominated by emotional exhaustion.⁹ For physicians, depersonalization is common. The idea that we might treat our patients as objects is a bit scary, but it is pervasive and in seemingly innocuous ways. Is there anyone who has not had the experience of describing patients as “cases” rather than individuals? “Oh, the fun-gating tumor guy,” “The tracheal resection is in room 26.” “My clinic is packed with phlegm.” “It’s only dizziness today.”

Admittedly, this behavior does provide a mental short-hand. After all, it is impossible to keep track of everyone’s name in a busy practice. But sometimes this thinking becomes subversive, a symptom of depersonalization and pulling back from the person behind the patient. A point can be reached where we become so emotionally drained that we feel little empathy. Patients are somehow deserving of their problem. They are disqualified from sympathy. They are the problem. Or maybe they are merely another billing opportunity, not a person with an ailment to be caringly addressed.

Burnout has consequences beyond job dissatisfaction. Physicians with burnout are more likely to report medical

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errors, perform worse on measures of empathy, and plan to retire earlier.

How burned out are otolaryngologists? The 2017 Medscape physician lifestyle report showed that 53% of otolaryngologists had burnout. Across all specialties in medicine, the prevalence of burnout was 51% (up by 25% since 2013). Thus, despite high prevalence, otolaryngologists were about average. Of those who reported high burnout, 12% were considering leaving the field altogether. That is 1 in 10 otolaryngologists! Burnout is seen at all career stages, from medical students to attendings, from academics to private practice.

From 2005 to 2010, our team performed a series of studies examining burnout in otolaryngology. This included senior US academic faculty (n = 351), UK academic faculty (n = 8), US academic chairs (n = 107), US residents (n = 684), and US microvascular/free flap surgeons (n = 60).

Burnout levels were concerning but not alarming. None of the 5 groups had high mean burnout in any domain. However, moderate levels were common. Residents were the most burned out, with moderate levels in all 3 domains. Following this were US department chairs, US microvascular surgeons, and UK academic faculty, all of whom had moderate burnout in 2 domains and low burnout in 1. Senior US academic otolaryngologists were the least burned out, with moderate burnout in only 1 domain.

Our data illustrated that burnout is based on internal perceptions. For example, chairmen had, ironically, the lowest sense of personal accomplishment despite high objective accomplishment being a prerequisite to chairmanship. While resident burnout was concerning, it was certainly not unique to otolaryngology. A few limitations apply. First, the greatest body of US otolaryngologists, namely private practitioners, was not studied. Survey response rates were good but variable (50%-89%, except for 35% in the UK study). Finally, some recent reports suggest that burnout has risen in the past decade. While this could be due to increased awareness, follow-up is needed.

What are risk factors for burnout? Intrinsic factors include personality traits such as resilience. Extrinsic factors are an easier target for intervention. Among senior academic faculty, burnout was associated with poor work/life balance, low sense of self-efficacy (ie, perceived control), inadequate research time, and inadequate administrative time. Among residents, burnout was associated with excessive work hours, poor work/life balance, relationship instability, poor sleep, and little extracurricular time.

Technology exists to make our lives easier. The modern electronic health record (EHR) is a glaring exception. Nearly all EHRs receive poor user satisfaction scores. They create efficiencies in some areas but harm others such as in-office patient-physician rapport. The solution is not to resist the EHR but to work toward (and pray for) better future products. We should not accept anything less.

We have high expectations for work satisfaction because our profession has made a special societal pledge: to cultivate the conditions under which health and healing flourish. Thus, does the “epidemic” of burnout have anything to do with the health of our profession?

How much has abandoning our societies and being content as lone-rangers left us to precariously float on our own bottom? If the organizations that represent us are not representing our interests, then we must get involved and change them. How much has adherence to traditional silo-based practices and resistance to collaborative teamwork contributed to ceding control to other interests, be they corporate, institutional, or bureaucratic?

How much has a focus on institutional and personal income eroded the public’s trust? Has our professional standing been demoted because the public does not see our full investment in the pursuit of health and healing above all else? We need to consider the health of our profession as a profession.

What can be done? Creating a healthy workplace is obviously key. Intrusive regulations that do not improve patient care must be eliminated. EHRs must be designed with the physician and physician-patient interaction in mind. Workloads must be reasonable. While this may seem pie-in-the-sky, there is an important economic case for aggressively investing in physician well-being. Replacing a single doctor costs half a million dollars.

Recognizing and addressing burnout is critical to the wellness of otolaryngology and our patients. Physicians’ insight into their own mental and professional well-being is often not crystal clear. Curbing burnout must come from our medical profession as much as the individual. Only then can we ensure a bright and optimistic future for otolaryngology.

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