

”THE MEDICAL

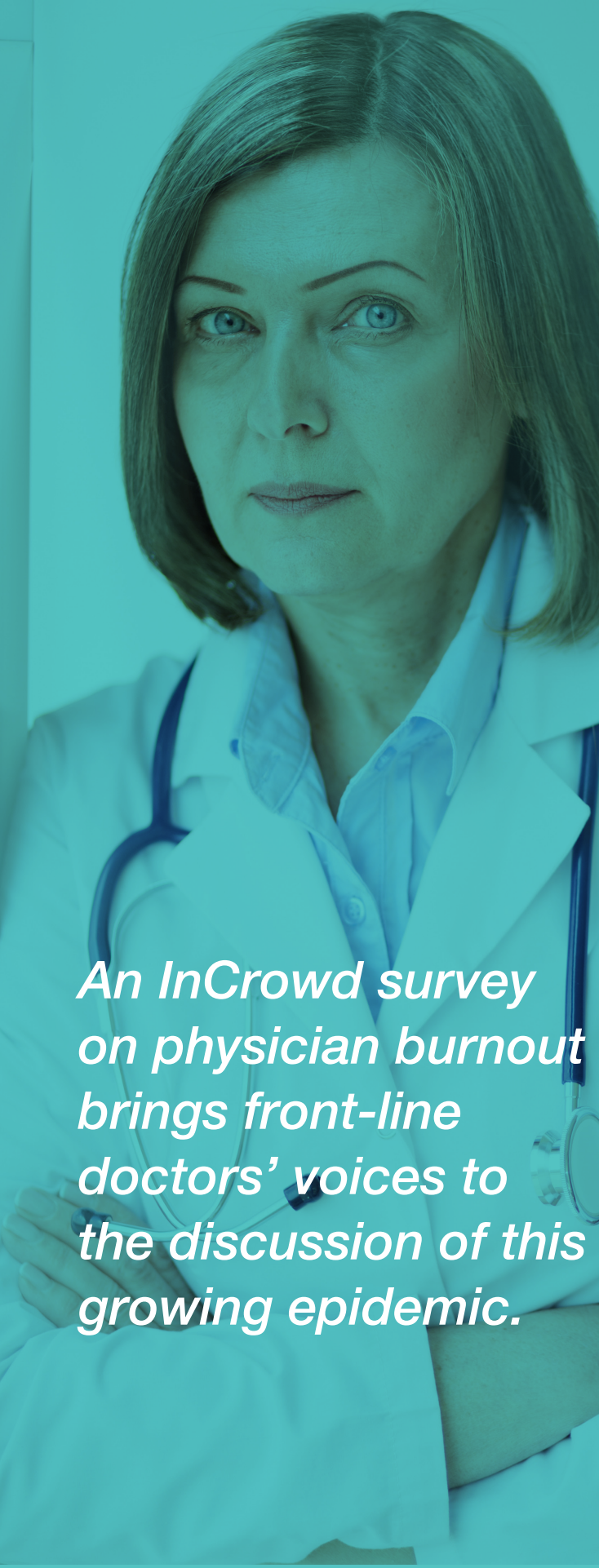
SYSTEM

EXHAUSTS ME”

INCROWD SURVEY FINDINGS ON PHYSICIAN BURNOUT



“THE MEDICAL SYSTEM EXHAUSTS ME”



An InCrowd survey on physician burnout brings front-line doctors' voices to the discussion of this growing epidemic.

Physician burnout is not a mystery. Prior research has confirmed that escalating demands from government, insurance companies, and employers is leading to increased levels of stress. Doctors are squeezed by powerful forces that seem indifferent to their well-being, and it's taking a toll. Notably, and ironically, many of these forces stem from efforts to increase the quality of care and time spent with patients.

Studies to date have given a bird's eye view—changes over time in attitudes, experiences, career choices, etc. InCrowd wanted to learn more about the problem directly from doctors, and add their very personal points of view to the public dialogue. We conducted two microsurveys of more than 500 physicians, most of them working in the areas most prone to fatigue: primary care and emergency medicine.

A lot of what we heard was harrowing, and often implicated some of the very tools, technologies, and promises purported to reduce physician time spent on paperwork. One common thread was that there simply aren't enough hours in the day to meet every expectation, nor enough days in the week to achieve anything close to a work-life balance.

This research paper shares some of these compelling voices and experiences, and finds rays of hope from certain sectors of the industry where action is being taken.

SURVEY METHODOLOGY

MAY

200

**emergency room
and primary care
physicians**

In May 2016, InCrowd sent a microsurvey to 200 emergency room (ER) and primary care physicians (PCP). In June we sent a second survey to different PCP and ER doctors, but this time we included a range of specialists as well, with an n of 318. We then broke the respondents down by experience: 1-10 years in practice, 11-20 years, or 21+ years.

In both surveys, the responses came from a wide range of work settings, from solo practices to academic and community hospitals, and everything in between.

JUNE

318

**PCP, ER doctors +
specialists**

WHAT IS A MICROSURVEY?



“ By keeping it to this short, brief window of time, we ensure that doctors can really concentrate and give the best answers possible.”

Philip Moyer, Senior Director of Crowd Operations at InCrowd

Microsurveys are short, easy surveys that take between two to five minutes to complete. They give monetary incentives for answering questions relevant to your area of practice.

Because they're brief, microsurveys can easily be completed over a mobile device and answered by doctors when they're on the move or between patients.

Participants don't have to spend 40 minutes or more filling out a lengthy survey. Microsurveys are mindful of the busy lives doctors lead, and treat their time and knowledge with respect.

Interested in joining our Crowd or learning more about our services? Email us today at incrowdcommunity@incrowdnow.com

SYMPTOMS OF BURNOUT



“I routinely feel depressed and overwhelmed as I consider my future as a physician in solo practice.”

PCP, Arizona, 12 years

Regardless of setting, specialty, or years in practice, significant portions of every subgroup we surveyed reported symptoms of burnout. That there are few options available for those struggling with the increasing demands on their time; and that patient care is suffering.

“I find that I get annoyed more easily with patients and can’t wait for the day to be over.” (PCP, Indiana, 20 years)

WHO AND WHAT IS TO BLAME

“I have multiple physicians in my group retiring early or moving to non-clinical medicine because they could no longer tolerate patient care. Business has taken over medicine with front-line providers having no input on how to care for patients.”

**Emergency Medicine,
Illinois, 6 years**

There is no single culprit when it comes to burnout. Insurance companies, federal regulations, and the transition to electronic record-keeping were all cited as major causes. Many doctors noted that expectations to work ever harder for the same or less compensation was also a factor.

Two of the most frequently mentioned sources of stress are intertwined: meeting the requirements for maintaining electronic medical records (EHR), and coding for Medicare.

“I have been burned out by so much paperwork that will keep me working five plus hours each day after I leave the office.” (PCP, Virginia, 10 years)

“Expectation is that providers become coders and computer experts instead of clinicians. We are struggling with codes. The education from my clinic is horrible, expecting me to reference coding books to use the correct codes. I just feel like giving up.” (Hospitalist, Iowa, 13 years)

“Medicine has become less about helping people and more about writing things down.” (PCP, New York, 16 years)



“I get irritated when our administrators are constantly trying to bring in more business strictly to make more money.”

PCP, Idaho, 11 years

Over and over, we heard doctors explain how they are expected to see more patients per day, and keep up with increasing non-medical duties. This comment summed it up:

“Trying to balance the need to work faster, see more patients, generate more income (often for others, i.e. accountable care organizations, hospitals, insurers) against the fear of error (facing irate families, malpractice juries). Hardly seems worth the trouble when all I wanted to do was practice medicine and help people.”
(Emergency Medicine, Florida, 40 years)

Pressure to see more patients was another commonly cited stressor, with the notable consequences of reduced quality of care, increased tension and, at least in some cases, higher costs.

“When you are burned out, you spend less time with patients and just ‘order everything’ in order to practice defensive medicine.” (Emergency Medicine, Texas, 7 years)

“I see it every day I work. Doctors and nurses wanting to take short cuts instead of doing what is right for the patient. This has a ripple effect.” (Emergency Medicine, Vermont, 9 years)

CONSEQUENCES

I am at my wits end with burnout. I need less regulation, more help, more time off. I am 56 and cannot keep this up, will be quitting or whatever soon.

Pulmonary Medicine, Indiana, 14 years

Several colleagues have retired before they originally planned. Just couldn't take all the non-medical torment.

PCP, Pennsylvania, 35 years

I've seen many good physicians want to leave medicine or actually leave because it's not fulfilling anymore. There were many that quit when the healthcare reform passed because they knew it wasn't going to make things better for patients or physicians, so they left. It was basically the last straw for them.

Emergency Medicine, Kansas, 7 years

Closed family medicine practice after 35 years when I had to double the time spent in practice to manage the 40% of my time that had to be spent in supporting, financing, and utilizing computerized systems.

PCP, Florida, 45 years

I went into depression and was finding all sorts of physical excuses not to go to work.

PCP, California, 15 years

I have seen physicians close to retirement age go ahead and retire just because of the implementation of electronic medical records.

PCP, Florida, 22 years

While some doctors are speaking up, and some are even being heard, a large majority—approximately three out of four—said that their employers were doing too little, sometimes nothing, to address burnout. These doctors (and even some who concede that help is available) are either suffering in silence; quietly cutting back their hours, leaving “front line” work like primary care and emergency medicine for specialties, or just walking away from medicine all together.

Departures only exacerbate the shortage of doctors in the U.S., which could reach 90,000 by 2025, according to a [2015 report](#) from the Association of American Medical Colleges. And the decline in the number of medical graduates choosing primary care has been well documented and of so much concern that the American College of Physicians and American Academy of Physician Assistants made a joint commitment in 2010 to reverse the trend.

As our survey shows, these concerns are real. Many doctors shared their thoughts with us about quitting (sometimes abruptly), retiring early, closing practices or just wishing they could.

In some extreme cases, a feeling of no way out was expressed. This may explain the increasingly common cases of physician suicide.

Dr. Pamela Wible, a family physician and author from Eugene, Oregon, wrote in [this](#) Washington Post article that, “about 400 doctors commit suicide each year, according to studies, though researchers have suggested that is probably an underestimation.

“Go in with low expectations and high awareness that the burdens, stresses, and pressures exceed air traffic controllers’ but the impression of the public is greatly a diminished one and the government and regulators have expectations of perfection at no cost.”

*Endocrinology, NY,
33 years*

Here at InCrowd, we talk to a lot of doctors every day. Whenever we ask them why they went into medicine, we almost always hear some version of “to go to bed knowing I helped people that day.” It is indeed one of the noblest professions. So one surprising finding for us was that respondents were almost evenly divided on whether they would recommend the profession to the next generation.

Roughly one-third of respondents—including many who also expressed frustrations and shared stories of burnout—indicated that they **would** recommend a career in medicine. Many from this group spoke highly of the profession, using words like “noble,” “rewarding,” “stimulating,” “lucrative,” and “recession-proof.” One doctor stated simply that medicine is “still the world’s greatest calling.”

Another third indicated that they too **would recommend medical school, but with caveats:**

- Have low expectations.
- Know the burdens, stresses, and pressures.
- Be aware that others expect perfection.

Way too much stress for what is now much less reward, both financially and regarding career satisfaction.

PCP, New Jersey, 21 years

Too much uncertainty with the time and cost of school compared to earning potential and number of hours spent at work.

*Emergency medicine,
Arizona, 12 years*

*I do not recommend.
I feel that I am not
able to enjoy my life.*

PCP, Virginia, 10 years

The final third of respondents were unequivocal in stating that they **would not** encourage someone to pursue medicine. Some put this in terms of return on investment on the high cost of medical school, but most simply indicated that the negatives outweigh the positives.

GETTING HELP

The stigma around burnout often prevents many from seeking help. Medical schools can foster a culture and unattainable ideal of personal sacrifice through all-nighters or long resident shifts that are seen as part of the job and as building “character” or “stamina” for the profession.

A striking finding in our survey research was that a solid majority of respondents—approximately 75 percent—stated that their employers either don’t acknowledge the problem, acknowledge it but do too little to address it, or deny it even exists. This perpetuates issues surrounding burnout, and makes it less likely for physicians to speak up about problems they face.

This is an issue that we have continued to list as paramount but yet our system does not address at all.

As an employer, the hospital does little more than provide a hotline to call for its employees. They don’t acknowledge their role in causing burnout.

Anesthesiology, Illinois, 9 years

PCP, Emergency Medicine, Tennessee, 35 years

Some respondents hinted that such attitudes dissuade doctors from seeking help or even admitting to themselves that their work is taking a toll.

Unfortunately burnout is viewed as weakness and not an opportunity to balance practice and lifestyle.

Anesthesiology, New York, 27 years

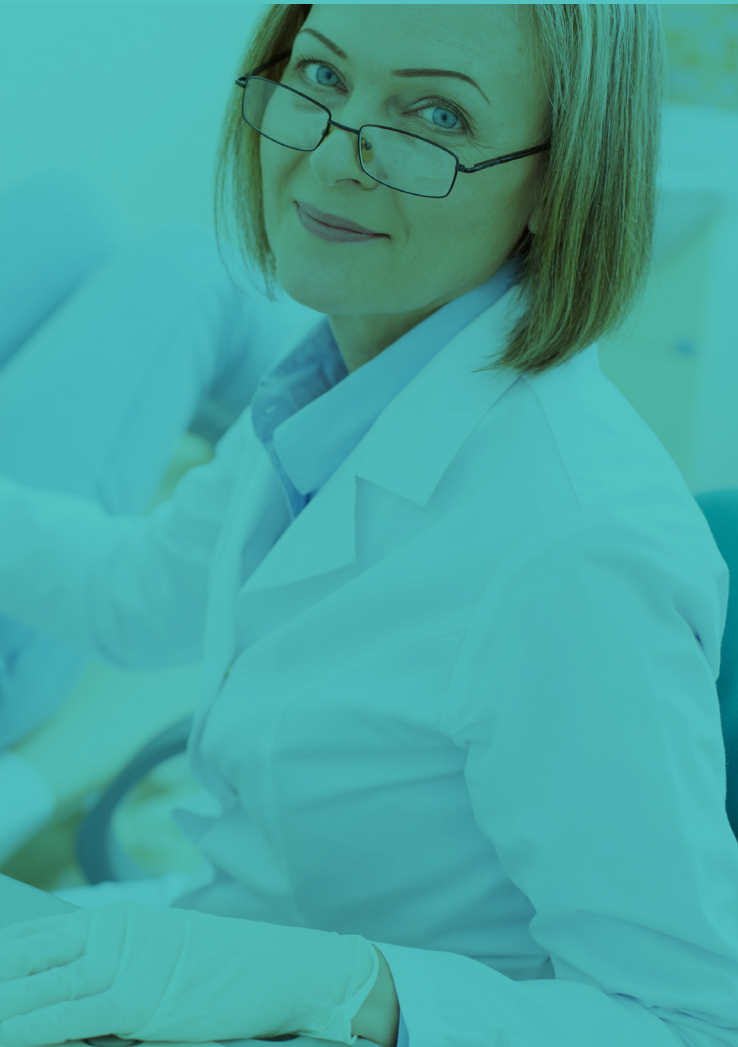
Not enough awareness. Programs are in place, but there is still the physician pride to overcome.

Echocardiography, Cardiothoracic Surgery, California, 9 years

They would prefer that the burned out physician leave rather than addressing the systemic problems leading to the problem.

Echocardiography, Nuclear Cardiology, New Jersey, 14 years

CONCLUSION



There is a long history of burnout in the medical profession, and InCrowd's survey responses bring physicians' front-line experiences into the ongoing debate about what's happening and what needs to be done.

A slew of factors is behind this problem. The recent, sweeping reach of EMRs has only added fuel to the fire rather than living up to their original promise of resolving time burdens.

It is possible that in years to come, EMRs will in fact alleviate the pressure on doctors' time with better training and experience. A new generation of doctors more schooled in healthcare technology may be more comfortable integrating EMRs into their daily practice. However, until then, burnout remains a predicament, and the rates of medical students entering primary care in particular remains threatened.

This report is a clarion call—literally, a compendium of doctors voicing their pain and their answers—to burnout. There are signs of hope and change in parts of the healthcare system. It is time for all stakeholders to find the solutions that might work best for their unique facilities and situations, and act.

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