

Physician Burnout and the threat it poses to patients

Christian Pineda

Physician burnout, defined as a psychological syndrome in response to chronic interpersonal stressors on the job, poses significant challenges to the well-being of healthcare professionals and the quality of care they provide. This testimony aims to shed light on the various dimensions of burnout and its consequences, as well as highlight the urgent need for systemic changes to address this critical issue.

The three key dimensions of burnout, namely overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment, paint a grim picture of the toll it takes on physicians. Astonishingly, about 50% of family physicians report experiencing at least one symptom of burnout, which underscores the pervasive nature of this problem within the medical community.¹

The symptoms of burnout encompass a wide range of physical, emotional, and cognitive challenges that impede a physician's ability to deliver optimal care. Lack of motivation, self-doubt regarding professional abilities, difficulty coping with daily stressors, insomnia, isolation from others, excessive worry or rumination, anxiety, irritability, fatigue, and trouble concentrating or remembering things are among the debilitating effects experienced by burnt-out physicians.

One of the most concerning aspects of physician burnout is its potential impact on patient safety. Extensive evidence indicates that burnout can lead to decreased productivity, compromised quality of care, and an increased likelihood of diagnostic errors. The emotional exhaustion and depersonalization experienced by burnt-out physicians can diminish their capacity to form meaningful connections with patients, resulting in suboptimal care delivery. The World Health Organization has estimated that 4 out of 10 patients have been harmed in primary care settings with a driving force being physician burnout and well-being.²

Several factors contribute to the burnout experienced by family physicians, including paperwork overload, feeling undervalued, frustrations with referral networks, challenging patient encounters, medicolegal issues, and difficulties in achieving a healthy work-life balance. Additionally, factors such as autonomy and work control, practice leadership, collegiality, fairness, and respect, work quantity and pace, regulatory and professional liability concerns, work content, and the availability of allied health professionals and support staff also influence physician professional satisfaction.

The emergence of telehealth as a crucial component of healthcare has introduced new challenges and potentially exacerbated the issue of burnout. While telehealth offers undeniable benefits, it is not suitable for every patient and should be limited to specific concerns or follow-up care for stable chronic patients. The integration of telehealth into clinical practice should be carefully managed to prevent additional burdens on physicians and mitigate the risk of moral injury.

A report in the Physician's Well-Being Report of 2023 shows that physicians are already planning on changing their work in healthcare. In a survey, over 50% report their plans to reduce their hours working. About 40% of respondents plan to leave healthcare entirely in the next 2 years. Of these who responded about 70% worked in a primary care, outpatient setting.⁴

The financial implications of physician burnout are significant. It is estimated that burnout-related turnover among primary care physicians (PCPs) amounts to 3,006 PCP turnovers each year, resulting in approximately \$979 million in excess healthcare expenditures annually for public and private payers. Medicare beneficiaries alone spend an additional \$189 in the first year after losing a PCP due to increased utilization of specialty, urgent, and emergency care. The excess healthcare expenditures per PCP in the first year after leaving practice are estimated to total \$86,336.⁵

The question of how to help these physicians was also studied. A report in 2023 showed that burnout would be alleviated by factors that the PC4You legislation hopes to address. Nearly 50% feel that increased investment in Primary Care would reduce burnout. Close to 40% believe that increased work staff support would reduce burnout. Over 30% feel that reduced regulations to adhere to would reduce burnout.³

The prevalence and consequences of physician burnout pose a grave threat to the healthcare system. The physical, emotional, and cognitive toll experienced by burnt-out physicians compromises patient safety and quality of care. Urgent measures are needed to address the underlying causes of burnout, such as excessive paperwork, inadequate support systems, and challenges in achieving work-life balance.

The Primary Care for You (PC4You) legislation presents a critical opportunity to address physician burnout in substantive ways. PC4You doubles primary care investment and, through investment in the Transformers, provides a robust team to support the Primary Care workforce.

By prioritizing the well-being of healthcare professionals, we can enhance the delivery of high-quality care, improve patient outcomes, and mitigate the significant financial burdens associated with burnout-related turnover.

Thank you for considering the recommendations presented in this testimony. Please support S.750 and take action to alleviate physician burnout for the betterment of our healthcare system and the well-being of patients and physicians alike.

References:

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