VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey

2015

Survey of over 2000 physicians to understand why physicians feel stressed or burned out, the impact stress and burn out has on the different facets of physicians' lives and what, if anything, physicians or their organizations have been doing to successfully address this critical issue in American healthcare.

Physician stress and burnout is prevalent and increasing.

April 2015

Dear Colleague,

Physician stress and burnout is prevalent and increasing.

Some would say it has grown to the point of epidemic, even a threat to public health. Based on continued concern for physicians and witnessing the most significant changes in healthcare's history, we embarked again[1] to measure physician stress and burnout. There is an urgent need for healthcare organizations to recognize and address this crisis; initiatives are needed for physicians to feel understood and supported by their leadership and to develop greater well-being.

More needs to be done - and soon.

Physicians are a precious resource and they are suffering. To make matters worse, when physicians suffer, the downstream effects on patient safety and satisfaction, risk management, staff retention and recruiting are immense.

Because we at VITAL WorkLife, formerly Physician Wellness Services, support organizations struggling to combat this problem, we, along with our survey partner Cejka Search, asked the national physician population the same questions as our 2011 survey, so we could compare progress on this critical issue. The results revealed the progress, prevalence and effects of physician stress and burnout. Our goal was to not only understand the nature of the problem, but also to learn whether or not organizations have been successful in providing solutions to correct the problem.

The results are alarming. The situation has gotten significantly worse.

At the same time, the baby-boomer generation is retiring, physicians are leaving the practice at increasing rates and millennials are questioning the benefits of entering the profession – all at a time when highly educated technical labor is predicted to be shrinking. This can seem nearly insurmountable to healthcare organizations also facing operational and technical pressures, increasing expenses and with limited experience in building sustainable, healthy work environments.

At VITAL WorkLife, we work every day with physicians presenting behavioral and performance issues, suffering from depression, lacking engagement or dealing with problems in their personal lives. We have helped not only individual physicians, but also teams, departments and entire organizations to address the effects of stress and burnout.

Healthier and happier physicians are critical in helping healthcare organizations to meet the challenges ahead. These survey results will help your organization to better understand and address stress and burnout in your physician population. We stand ready to help you develop the right solutions to both prevent and ameliorate stress and burnout, so your organization can, in turn, stay healthy and achieve your goals.

Sincerely yours,

Mitchell Best
CEO
VITAL WorkLife, Inc.

[1] Physician Wellness Services & Cejka Search, 2011 Physician Stress & Burnout Survey www.VITALWorkLife.com/forPhysicians/ResearchArticles

VITAL WorkLife, Inc.™ is a national behavioral health consulting organization providing support to people facing life's challenges, while also assisting organizations in improving workplace productivity.

We have deep experience in healthcare, especially assisting physicians and providers in dealing with the challenges facing their profession.

This approach of helping employees and their families, while also guiding organizations, builds healthy, sustainable behaviors. For over 30 years, we have offered industry leading Employee Assistance Programs, specialized support, training and consulting for a wide variety of industries.

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Cejka Search recruits top healthcare talent for organizations nationwide through our team of experienced professionals, award-winning recruitment technology and commitment to service excellence.

For more than 30 years Cejka Search has specialized exclusively in healthcare recruitment, delivering the competitive edge that enables our clients to find and hire top physicians, advanced practice and allied professionals, and executive leaders who fit well in their organizations.

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2015 Physician Stress and Burnout Survey

Presented by
VITAL WorkLife and Cejka Search

Introduction

VITAL WorkLife and Cejka Search have each worked very closely with physicians and healthcare organizations for more that 30 years. Formerly known as Physician Wellness Services, VITAL WorkLife, through its comprehensive proven solutions, addresses emotional and behavioral related issues concerning individual physicians and their organizations. Our programs, such as Physician Interventions and Physician Wellness Resources effectively address disruptive behaviors and other performance issues with peer coaching, in the moment counseling and ongoing support programs to build sustainable healthy behaviors. Cejka Search works with physicians in meeting their career and work needs, and also works with healthcare organizations consulting on recruitment and retention of physicians.

Both companies have seen a notable increase in physician stress and burnout in their respective practices, resulting in everything from behavioral and performance issues at work, to conflict in the workplace and at home, to dissatisfaction with jobs and careers. The impact on healthcare organizations due to escalating physician stress and burnout ranges from increased patient safety issues and lower staff morale at all levels, to increased turnover and recruitment challenges as physicians look for better work environments. As physicians leave the practice of medicine, it becomes more challenging to replace them, due to the growing shortage of highly skilled and trained professionals and a difference in work style from the baby boomers by the growing ranks of millennial physicians.

The research done to date on stress and burnout has been focused largely on determining the degree of physician stressed and burn out. However, little research has been done on why physicians feel stressed, the impact it has on the different facets of their lives and what, if anything, they or their organizations have been doing to successfully address this issue.

Questions asked in this survey focused on:

- Prevalence of stress and burnout, and levels of stress and/or burnout compared to those experienced three years previously
- Causation, measured across three areas: external factors, work-specific factors and personal life-related factors
- Effects of stress and/or burnout, measured across two areas: workplace and personal life
- Actions currently taken to combat stress and/or burnout, individually and organizationally
- Assistance that respondents felt would be helpful in combating stress and/or burnout more effectively in their lives, either from their organization, or in general.

By conducting this survey, VITAL WorkLife and Cejka Search sought to provide greater insight into what is acknowledged to be a problem, but due to lack of specificity on causes and effects, has been problematic to address effectively. The results show several areas where healthcare organizations can take action in promoting wellness, productivity and greater satisfaction among their physicians. This has never been more critical than now, when the healthcare environment is becoming more complex, challenging and stressful.

The situation needs to be addressed, and very soon.

Methodology

The survey was developed with all questions mandatory to ensure a comprehensive data set. Multiple choice questions were used in most cases.

The survey was sent via email in September, 2014 to a sample of 153,363 individual physicians from the Cejka Search active physician database, reflecting a representative national sample across multiple practice areas, which was also geographically representative of the national population. The email was sent from Mitchell Best, CEO of VITAL WorkLife, formerly Workplace Behavioral Solutions, Inc., parent company of Physician Wellness Services, with a subject line of "Share Your Opinion on Physician Burnout." Physician respondents accessed an online survey instrument that compiled results and screened for non-completes. A second round of surveys was deployed ten days later to the same group, excluding those who had initially responded in the first deployment, with a subject line of "We need your insights on Physician Stress & Burnout – Short Survey." A third round of surveys was deployed seventeen days later to the same group, excluding those who had initially responded in the first and second deployments, with a subject line of "We need your insights on Physician Stress & Burnout – Short Survey." The survey was held open for an additional twenty-three days.

Of the initial 153,363 e-mails sent, 147,184 were delivered and there were 28,181 unique opens. A total of 2,005 surveys were completed. This represented a 1.4% completion rate against survey requests delivered and 7.1% against unique opens. The data was collected in an Excel database allowing for multivariate analysis across most survey fields. Demographic data was compared with the AMA 2013 Physician Masterfile to determine correspondence to a national active physician profile.

Survey Results

Demographics:

The 2015 survey respondent profile largely mirrored the national active physician profile as measured by 2013 AMA Physician Masterfile[1] data. The 2,005 completed surveys represent a 99% confidence level with a +/- 3% margin of error against an active physician population in the US of about 818,000.

With regard to the primary practice area of the 2015 respondents, most were in non-primary care practice areas (primary care as defined by the AAMC Center for Workforce Studies).

	Primary Care	Non-Primary Care	Total
2015 Survey Sample	27.4%	72.6%	100.0%
2011 Survey Sample	24.1%	75.9%	100.0%
AMA Active Physicians	34.6%	65.4%	100.0%

The 2015 survey respondent sample skewed more toward non-primary care practices than the national active population by 7.2 percentage points, possibly reflecting the somewhat younger skew of this survey sample (see below, Q4) and the trend away from primary care in more recent medical school graduates.[2] The 2011 survey respondents were also more concentrated in the non-primary care practices. (See Appendix A for chart)

[1] AAMC Center for Workforce Studies, 2013, "*2013 State Physician Workforce Data Book*," retrieved November 17, 2014 from AAMC website: https://www.aamc.org/download/362168/data/2013statephysicianworkforcedatabook.pdf

[2] D. Holt, Rebecca S. Miller, Ingrid Philibert, and Thomas J. Nasca, 2014, "*Patterns of Change in ACGME-Accredited Residency Programs and Positions: Implication for the Adequacy of GME Positions and Supply of Physicians in the United States"*, Journal of Graduate Medical Education: June 2014, Vol. 6, No. 2, pp. 399-403, retrieved December 5, 2014 from the Journal of Graduate Medical Education website: http://www.jgme.org/doi/full/10.4300/JGME-D-14-00140.1

Q1: What is your primary area of practice or specialty?)
With regard to where the 2015 survey respondents practiced, the distribution very closely reflected the national active physician population on a regional basis, based upon US Census regions.

	West	Midwest	South	Northeast	Total
2015 Survey Sample	23.1%	21.6%	31.2%	24.1%	100.0%
2011 Survey Sample	19.4%	23.9%	32.2%	24.5%	100.0%
AMA Active Physicians	22.6%	20.9%	33.8%	22.8%	100.0%

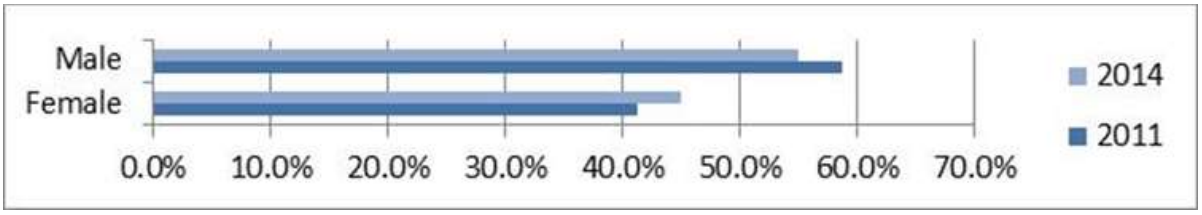
The 2015 survey respondents were slightly over-represented in the West, Midwest and Northeast, and slightly underrepresented in the South. The 2011 survey respondents were slightly over-represented in the Midwest and Northeast, and slightly underrepresented in the West and South. See Appendix A for chart Q2: What is your primary state of practice?

With regard to gender, both the 2015 and 2011 survey respondent samples were more skewed toward females compared to the national active physician database:

	Male	Female	Total
2015 Survey Sample	55.0%	45.0%	100.0%
2011 Survey Sample	58.1%	41.3%	100.0%
AMA Active Physicians	68.1%	31.9%	100.0%

As with primary practice area differences, this is very possibly a function of the somewhat younger age of the respondents compared to the national active physician population (see below, Q4), as gender trends have moved toward more female medical school graduates over the past several years.[3]

Q3: Gender



As noted above, the age of both the 2015 and the 2011 survey respondent samples skewed younger compared to the national active physician profile whose age was known:

	Less than 40	40-59 Years	60-plus	Total
2015 Survey Sample	32.0%	53.2%	14.8%	100.0%
2011 Survey Sample	35.0%	54.0%	11.0%	100.0%
AMA Active Physicians (age known)	17.2%	55.2%	27.6%	100.0%

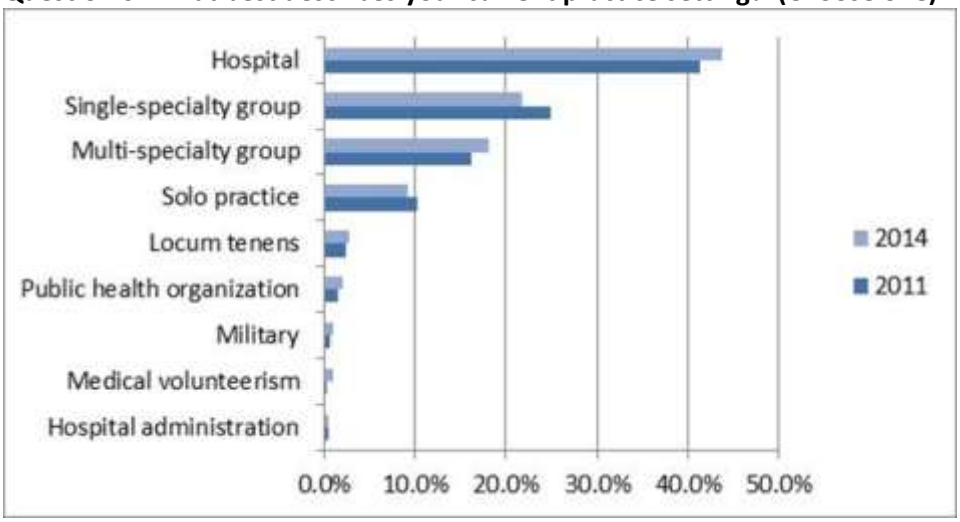
[3] AAMC, 2012, "U.S. Medical Students and Applicants 1982-83 to 2011-12," retrieved November 17, 2014 from AAMC website: https://www.aamc.org/download/153708/data/charts1982to2012.pdf

Although the middle range of the 2015 survey is within 5 percentage points of the national active physician database, the more significant differences are seen in the youngest and oldest cohorts. This was the same for the 2011 survey. The average age of the overall 2015 sample was 42.2 years and 2011 sample was 45.3 years. (See Appendix A for chart **Q4: Age**)

The average years in practice for the 2015 survey respondents was 13.4 years and 2011 survey respondents was 13.1 years. This tracks generally with a) the average age of respondents and b) the skew toward non-primary care and the longer residencies and fellowships involved in various specialties and subspecialties. No comparable national data was available. (See Appendix A for **Q5: Years in practice**)

The clear majority of 2015 survey respondents were employed by hospitals 43.7%, followed by those who were in a single-specialty practice 21.7% or multi-specialty practice 18.1%. This tracks with the 2011 survey respondents and national trends of increasing hospital or health system employment. AMA research data[4] from showed Single specialty practice cited at 32.9% vs, 12.8% for multi-specialty. An Accenture report[5] shows a 36% (estimated) of all physicians independent in 2013 compared with 39% in 2012, 43% in 2009 and 57% in 2000. The Physicians Foundation[6] projected independent physicians to be 33% in 2013.

Question 6: What best describes your current practice setting? (Choose one)



The vast majority 85.2% of 2015 survey respondents were employed full-time. This mirrors the 2011 survey and 2013 AMGA Physician Retention Survey,[7] by Cejka Search, which found 17% of respondents were employed part-time in 2013, up from 21% in 2010 and 13% in 2005**.**

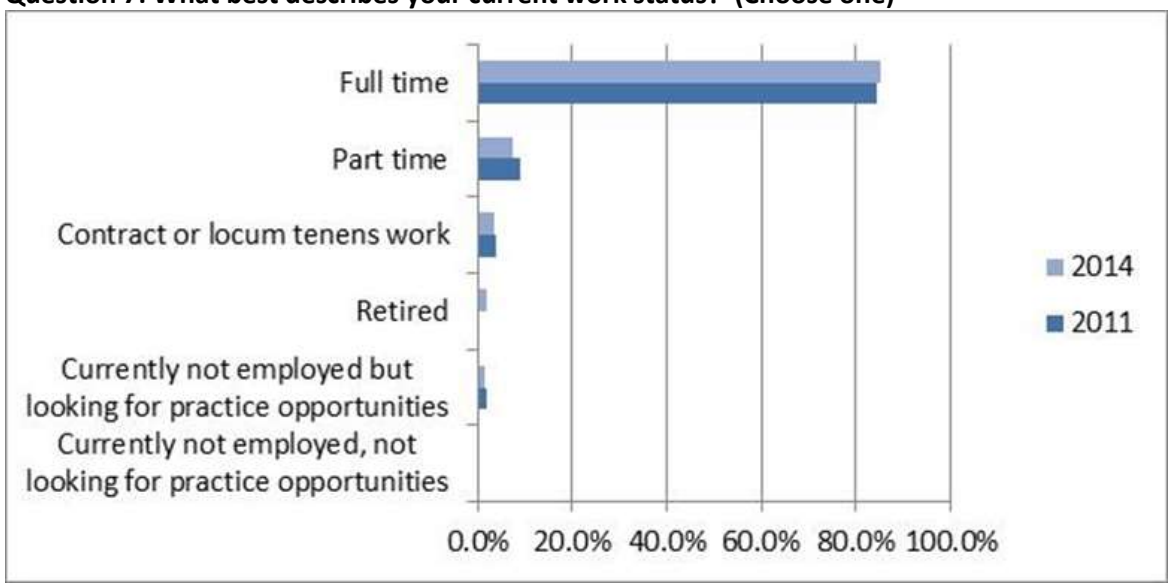
[4] AMA, 2013, "*AMA Policy Rsearch Perspectives, New Data on Physician Practice Arrangements*" Retrieved December 29, 2014 http://www.nmms.org/sites/default/files/images/2013_9_23_ama_survey_prp-physician-practice-arrangements.pdf

[5] Accenture, 2012, "Clinical Transformation: New Business Models for a New Era in Healthcare," Retrieved November 17, 2014 accenture.com/SiteCollectionDocuments/PDF/Accenture-Clinical-Transformation-New-Business-Models-for-a-New-Era-in-Healthcare.pdf

[6] The Physicians Foundation by Merritt Hawkins, 2012, "A survey of America's Physicians: Practice Patterns and Perspectives," Retrieved December 29, 2014 http://www.physiciansfoundation.org/uploads/default/Physicians_Foundation_2012_Biennial_Survey.pdf

[7] 2013 Cejka Search/AMGA Physician Retention Survey https://www.amga.org/store/detail.aspx?id=CEJKA13_RETSY

Question 7: What best describes your current work status? (Choose one)



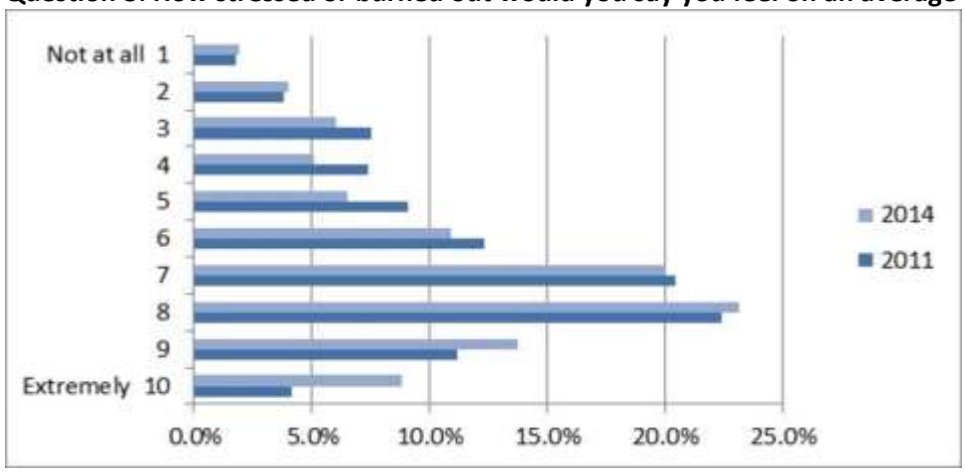
Prevalence of Stress and Burnout:

Stress and burnout are extremely prevalent, with 88.0% of all 2015 survey respondents identifying themselves as moderately to severely stressed and/or burned out on an average day using a 10-point Likert scale, and 45.6% specifying severe stress and/or burnout. This is compared to 86.9% and 37.7% in the 2011 sample, respectively. Put another way, 76.6% of the upper 50th percentile of the 2015 survey respondents reported feeling stressed and/or burned out on a daily basis compared with 23.5% of the lower 50th percentile, compared to the 2011 survey levels of 70.4% and 29.6%, respectively.

Level of Stress/Burnout	**1-3**	**4-7**	**8-10**	
	Not Very	**Moderately**	**Very**	**Total**
2015 Survey Sample	11.9%	42.4%	45.6%	100.0%
2011 Survey Sample	13.1%	49.2%	37.7%	100.0%

Level of Stress/Burnout	**1-5**	**6-10**	**Total**
2015 Survey Sample	23.5%	76.6%	
2011 Survey Sample	29.6%	70.4%	100.0%

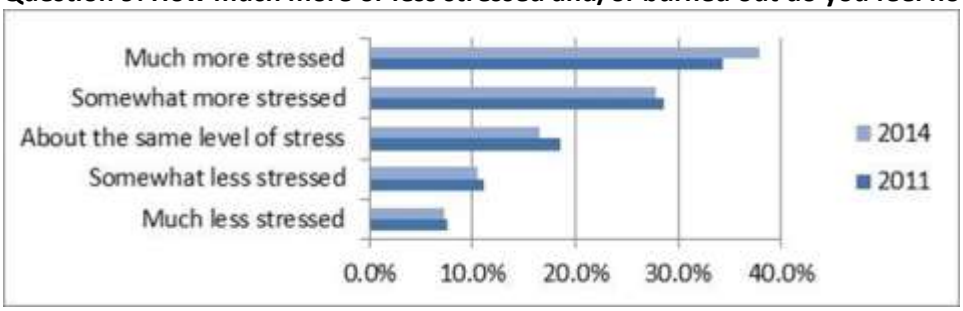
Question 8: How stressed or burned out would you say you feel on an average day?



The study clearly showed not only is it prevalent, but stress and/or burnout is increasing. Almost 66% of 2015 respondents said they were more stressed and/or burned out than in the 2011 survey, using a 5-point Likert scale, compared with just 34.3% who reported feeling the same level of stress or less over that period. The 2011 survey showed 62.9% and 37.1%, respectively. The largest number of 2015 respondents 37.9% identified themselves as "much more stressed" than they were in the 2011 survey as did the largest number of the 2011 respondents 34.3%.

Stress/Burnout vs. 2011 survey	**1-3**	**4-5**	
	Same or Less	**More**	**Total**
2015 Survey Sample	34.3%	65.7%	100.0%
2011 Survey Sample	37.1%	62.9%	100.0%

Question 9: How much more or less stressed and/or burned out do you feel now compared to the 2011 survey?



Causes of Stress and Burnout:

The survey sought not only to determine what was causing stress and/or burnout in survey respondents' lives, but also to help identify the causes in three separate areas: external factors, work-related factors and personal life related factors. In doing so, the researchers wanted to see if there were particular areas that seemed to be causing more or less stress, but also to capture stressors on a more granular level, with the goal of creating solutions or providing assistance for stressors that were actionable at either the individual or organizational level compared to those where little impact could be exerted (e.g., the state of the US economy).

For all questions, which required a mandatory response, survey respondents were asked for the top three causes or effects in each area, but were given the option to report that there were no causes or effects if they so chose. In addition, respondents were able to select anywhere from one to three choices, so they weren't forced to provide answers that were not important or relevant to them. In addition, they were only allowed to choose any given response once.

The first question regarding causation related to external factors. The top three external factors for the 2015 survey respondents were:

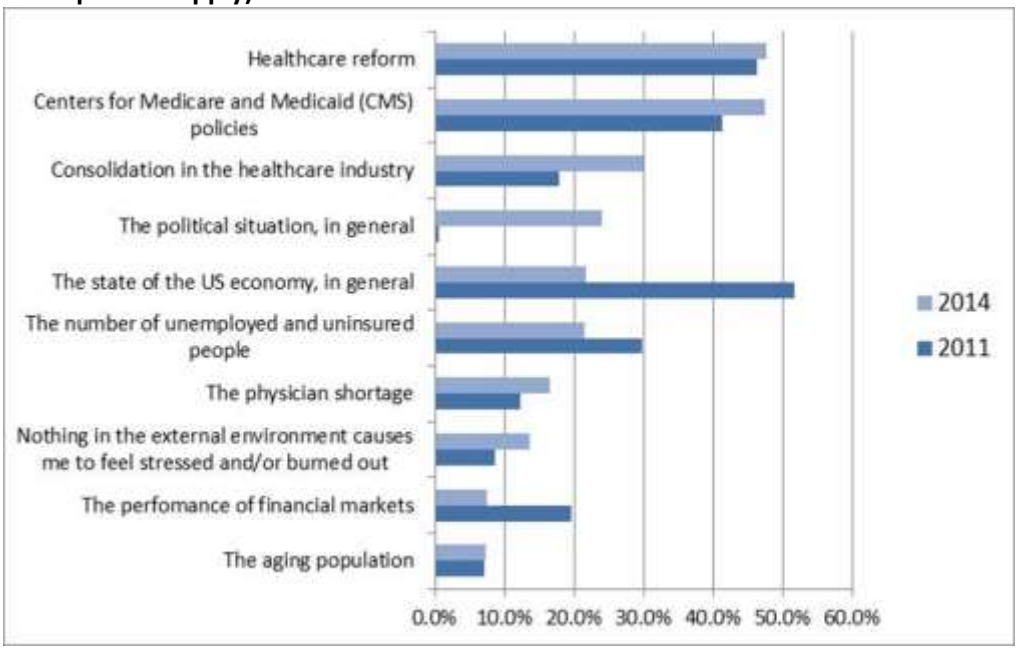
- Healthcare reform 47.6% of all respondents
- Centers for Medicare and Medicaid (CMS) policies 47.4%
- Consolidations in the healthcare industry 30.0%

By comparison, the top three external factors in the 2011 sample were:

- The state of the US economy, in general 51.6% of all respondents
- Healthcare reform 46.4%
- Centers for Medicare and Medicaid (CMS) policies 41.2%

Two of the top three highest scoring external factors—Centers for Medicare and Medicaid (CMS) policies and healthcare reform—were the same for both the 2015 survey respondents and the 2011 survey sample. A total of 13.5% of 2015 survey respondents indicated there was nothing in the external environment that caused them to feel stressed and/or burned out compared to 8.6% of the national survey sample. A response index of 236.6 showed that 2015 respondents, on average, made at least 2 choices among the options presented. This was the lowest response rate in the survey.

Question 10: Which if any of these external factors cause you to feel stressed and/or burned out? (Please select the top 3 that apply)



The responses to the question regarding the work-related factors that caused stress and/or burnout were more broadly distributed. The top work-related factors for 2015 respondents were:

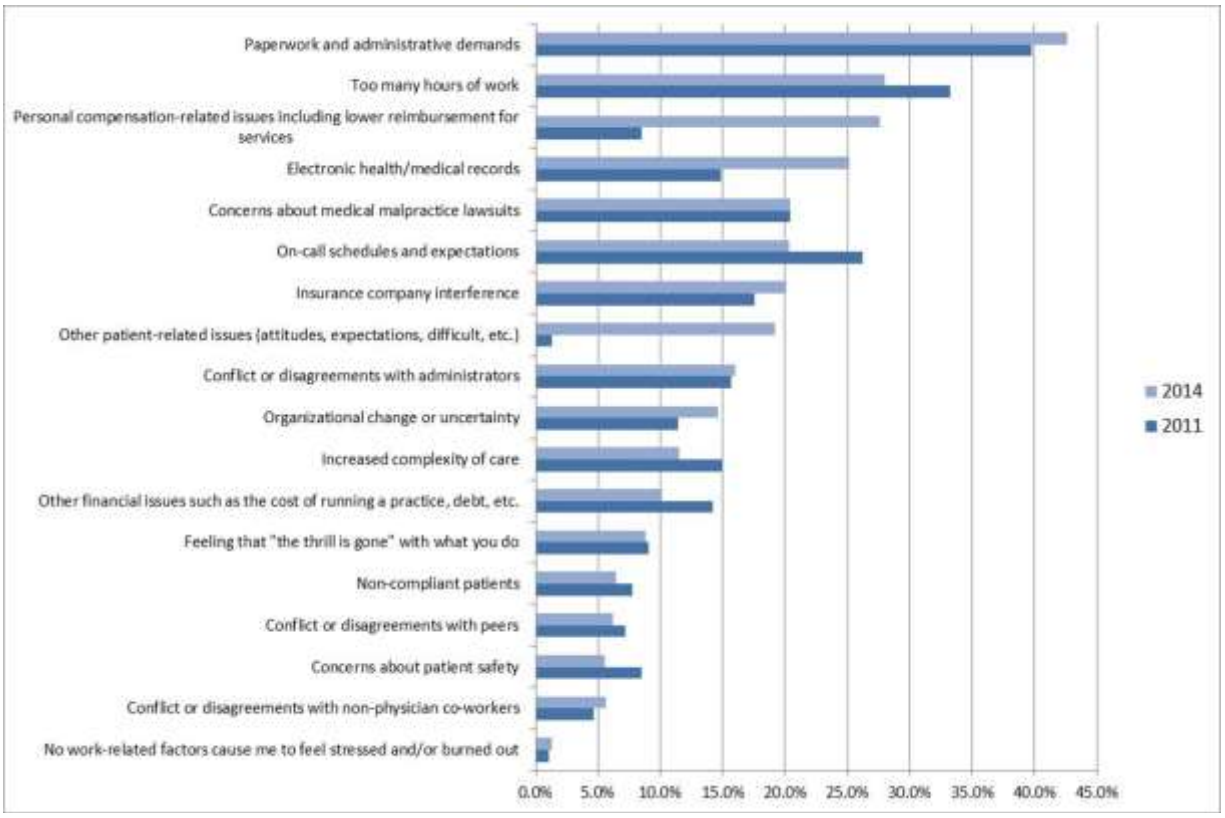
- Paperwork and administrative demands 42.6%
- Too many hours of work 28.0%
- Personal compensation-related issues 27.6%

These were followed closely by electronic health/medical records 25.1%. By comparison, the top 3 work-related factors in the 2011 sample were:

- Paperwork and administrative demands 39.8% of all respondents
- Too many hours of work 33.3%
- On-call schedules and expectations 26.2%

Two of the top highest scoring work-related factors—paperwork and administrative demands and too many hours of work—were the same for both the 2015 survey respondents and the 2011 survey sample. A total of 1.3% of the 2015 respondents indicated there was nothing in his/her work/life causing him/her to feel stressed and/or burned out compared to 1.1% of the 2011 survey respondents. The response index was 289.5, indicating that most 2015 respondents provided at least two options in this area.

Question 11: Which if any of these work-related factors cause you to feel stressed and/or burned out? (Check the top 3 that apply)



The last question regarding causation pertained to personal-life-related factors. There were three personal life related factors that predominated for the 2015 survey respondents. The top three personal life related factors were:

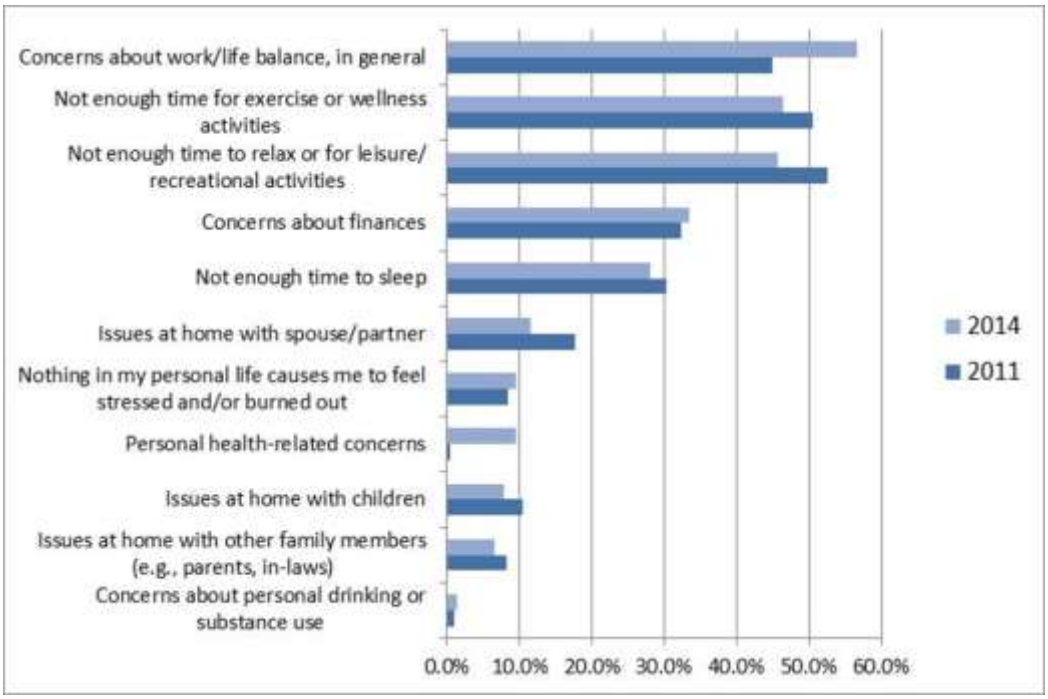
- Concerns about work/life balance, in general 56.6% of all respondents
- Not enough time for exercise or wellness activities 46.5%
- Not enough time to relax or for leisure/recreational activities 45.7%

By comparison, the top three personal-life-related factors in the 2011 survey sample were:

- Not enough time to relax or for leisure/recreational activities 52.6% of all respondents
- Not enough time for exercise or wellness activities 50.6%
- Concerns about work/life balance, in general 45.0%

The top three personal-life-related factors tracked for both groups of respondents. A total of 9.6% of the 2015 survey respondents indicated that there was nothing about their personal lives that caused them to feel stressed and/or burned out compared to 8.4% of the 2011 survey sample. With a response index of 256.9, most 2015 respondents chose three options in this area.

Q12: Which if any of these personal life factors cause you to feel stressed and/or burned out? (Check the top 3 that apply)



Effects of Stress and/or Burnout:

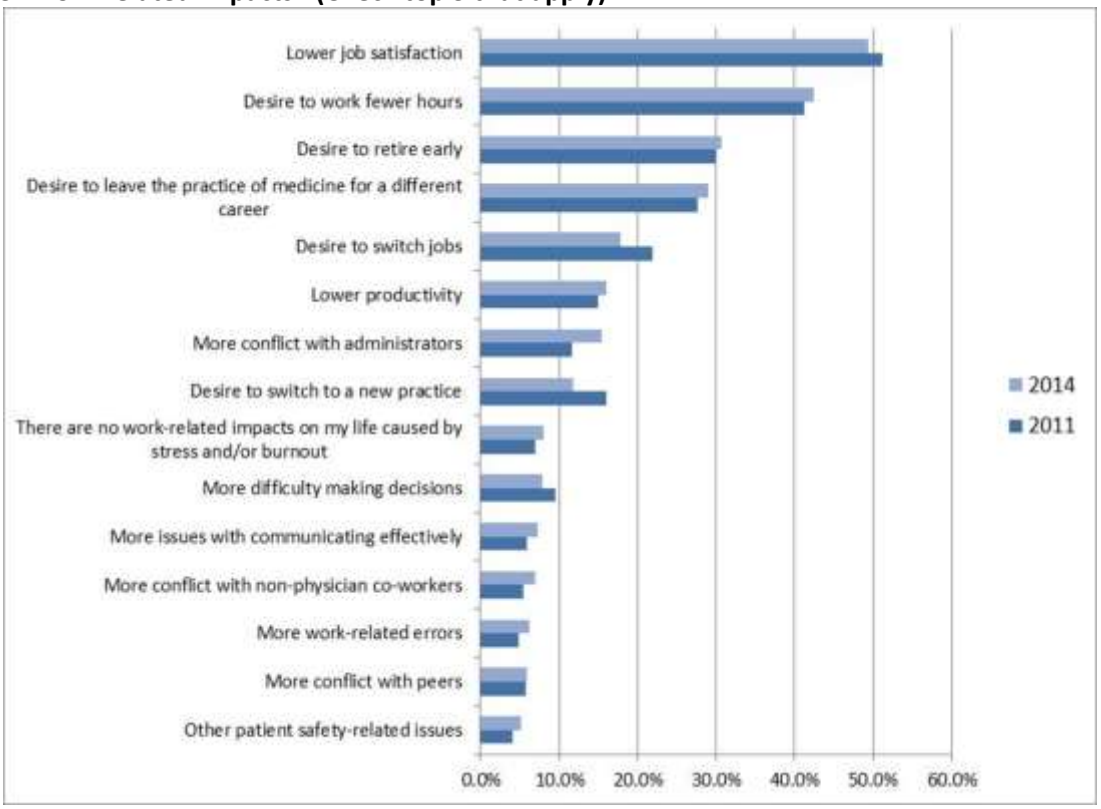
The next set of responses focused on the effects of stress and/or burnout. The impact on their lives was significant, both in work-related and personal-life-related areas. Asked to name the top three impacts in their work lives, there were two that predominated for 2015 survey respondents:

- Lower job satisfaction 49.4% of respondents
- Desire to work fewer hours 42.4%

The next cluster of two were desire to retire early 30.7% combined with a desire to leave the practice of medicine for a different career 28.9% result in an overwhelming nearly 60% of the physician respondents say they want to get out of medicine. Add the 42.4% who desire to work fewer hours, as another indicator of this growing crisis. The next factor was also related to change in their work situation: desire to switch jobs 17.8%. These responses point to an overwhelming desire by 2015 survey respondents to do something different from what they are currently doing with their medical careers.

The 2015 survey results mirror those of the 2011 survey. A total of 8.1% of the 2015 survey respondents reported no work-related impacts due to stress and/or burnout compared to 6.9% of the 2011 survey respondents. With a response index of 259.9, most 2015 respondents chose three options in answering this question.

Question 13: Work-related impacts: (Check top 3 that apply)



With regard to the top three personal life-related impacts for 2015 survey respondents they were:

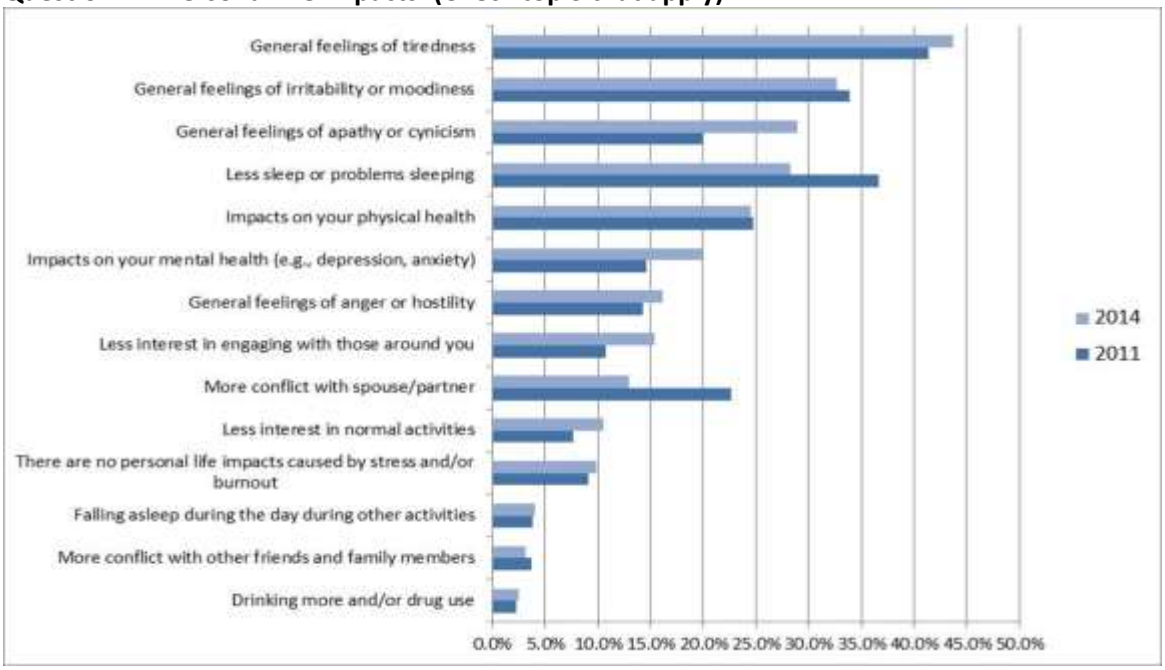
- General feelings of tiredness 43.6% of respondents
- General feelings of irritability and moodiness 32.7%
- General feelings of apathy or cynicism 28.9%

These were closely followed by less sleep or problems sleeping 28.3%. The next cluster involved impacts on their physical 24.5% and mental 19.9% health. This compares with the 2011 sample, which responded with:

- General feelings of tiredness 41.4% of all respondents
- Less sleep or problems sleeping 36.7%
- General feelings of irritability and moodiness 33.9%

The personal-life-related impacts closely tracked for both groups of respondents. Two of the top three highest scoring impacts on their personal lives— general feelings of tiredness and general feelings of irritability or moodiness —were the same for both the 2015 survey respondents and the 2011 survey sample. A total of 9.8% of 2015 respondents reported no impact on their personal lives due to stress and/or burnout compared to 9.1% of the 2011 survey respondents. With a response index of 252.6, most 2015 respondents selected three options in this area.

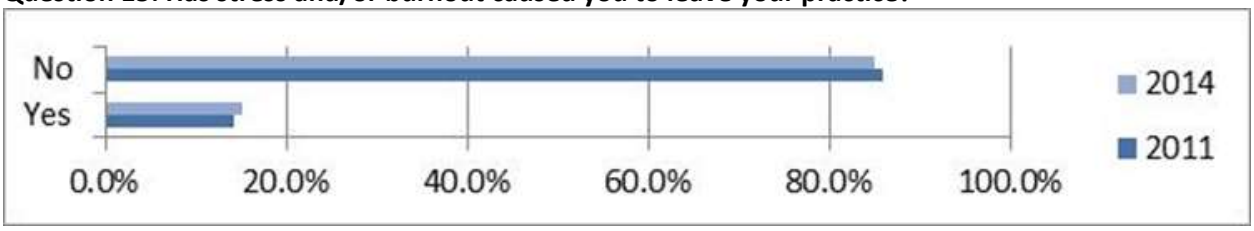
Question 14: Personal life impacts: (Check top 3 that apply)



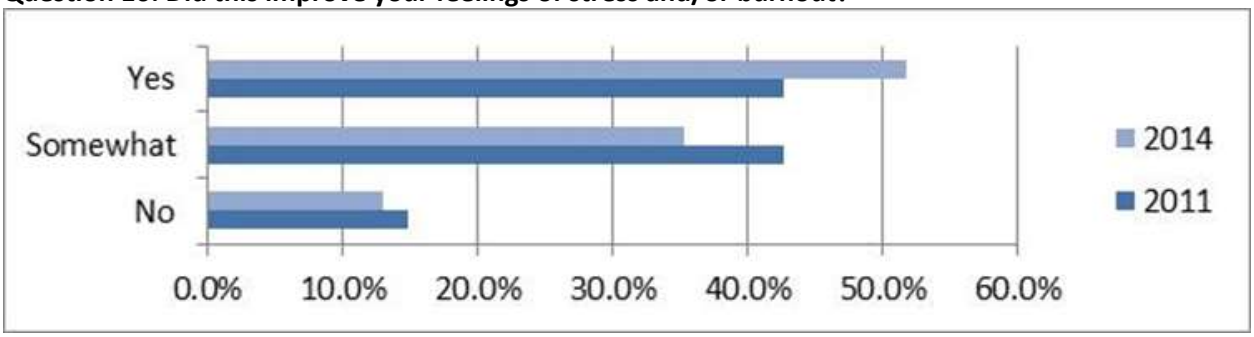
As another way of assessing the impact on stress and/or burnout on their lives, respondents were asked if it had caused them to leave their practice at any point, and 15.0% of 2015 survey respondents answered yes, compared to 14.1% in the 2011 sample.

Those who had left their practices were then asked whether this had improved their feelings of stress and/or burnout. Most 2015 respondents noted some improvement, with 51.7% saying yes and 35.3% saying somewhat, compared to the 2011 sample, where 42.6% answered affirmatively in each category.

Question 15: Has stress and/or burnout caused you to leave your practice?



Question 16: Did this improve your feelings of stress and/or burnout?



When asked what had contributed most to the improvement, the 2015 survey respondents answered with:

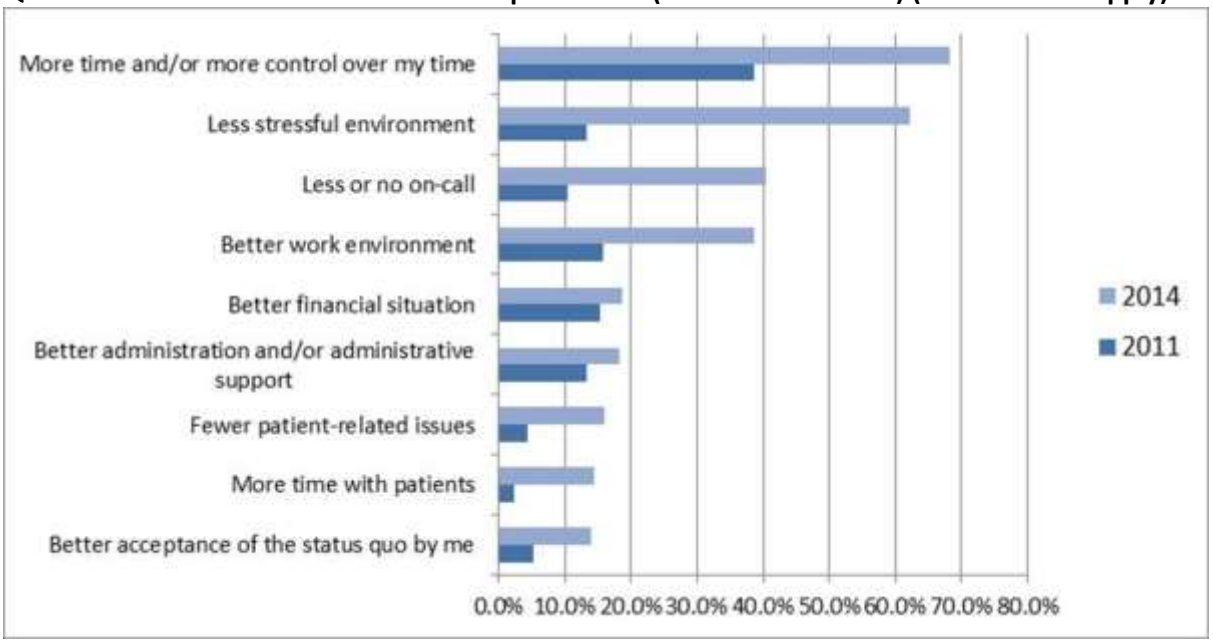
- More time and/or control over my time 68.3% of all respondents
- Less stressful environment 62.2%
- Less or no call 40.5%

These responses were followed closely with better work environment 38.5%. This compares to the 2011 sample which responded with:

- More time and/or control over my time 38.5% of all respondents
- Better work environment 15.7%
- Better financial situation 15.3%

Only the highest scoring factor contributing to improvement in feelings of stress and/or burnout—more time and/or control over my time—was the same for both the 2015 survey respondents and the 2011 survey sample. Respondents were allowed to check as many choices as they wanted.

Question 17: What contributed to that improvement (if Yes or Somewhat) (Check all that apply)?



Dealing With Stress and Burnout:

The next series of questions dealt with what to do about stress and burnout. Respondents were first asked what they, themselves, did to address it in their lives. There were no limits to the number of choices they could make. The top choices for 2015 respondents were:

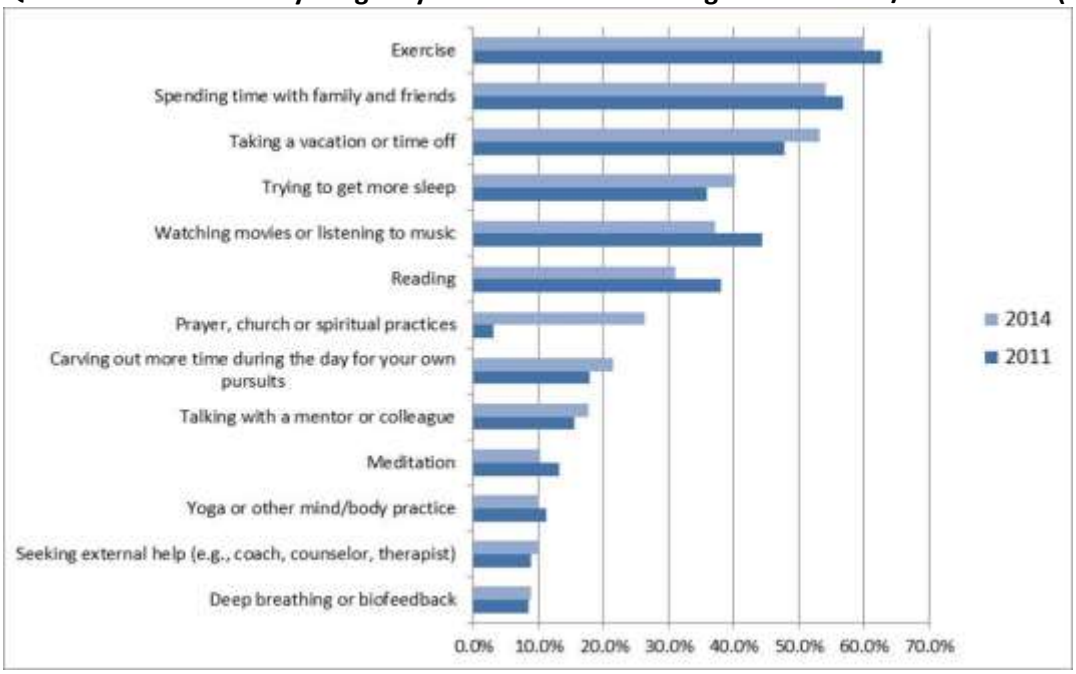
- Exercise 60.1% of all respondents
- Spending time with family and friends 54.1%
- Taking a vacation or time off 53.2%
- Trying to get more sleep 40.3%
- Watching movies or listening to music 37.1%
- Reading 31.0%

By comparison, the 2011 survey sample responded with:

- Exercise 62.8% of all respondents
- Spending time with family and friends 56.9%
- Taking vacation or time off 47.8%
- Watching movies or listening to music 44.3%
- Reading 38.0%
- Getting more sleep 35.8%

The 2015 survey responses closely tracked with those of the 2011 survey sample. In the comments section, some physicians noted finding the time to do something to relieve stress was a challenge. With a response index of 380.5%, most respondents made at four choices in this area. This was the highest response rate in the survey.

Question 18: What if anything do you do to combat feelings of stress and/or burnout? (Check all that apply)



The survey then asked what organization-sponsored things might be helpful to respondents in more effectively addressing stress and burnout in their lives. The top choices for 2015 respondents were:

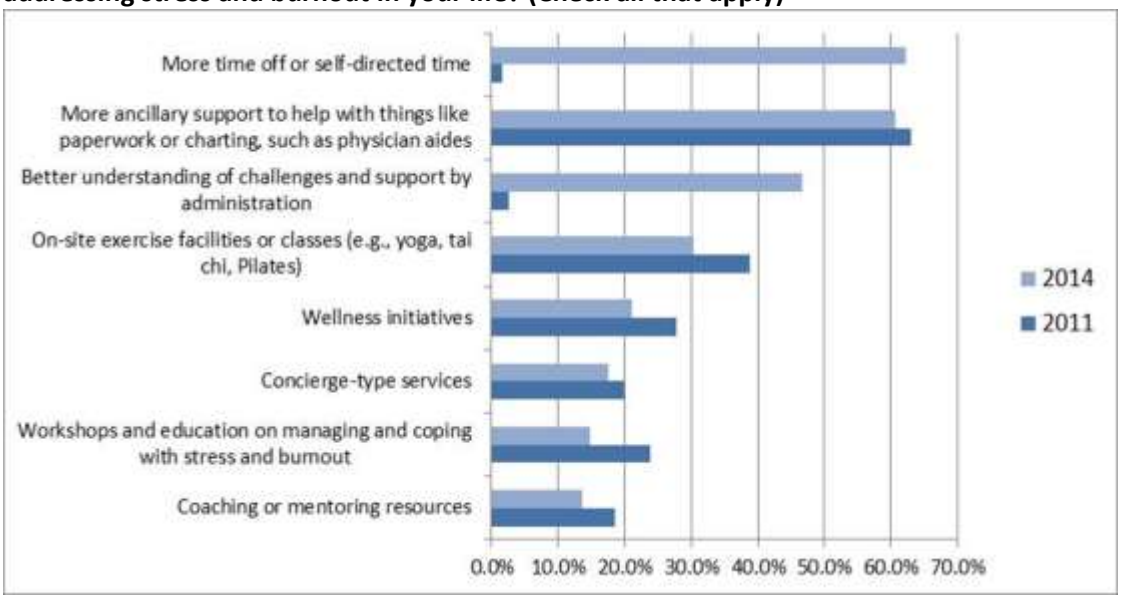
- More time off or self-directed time 62.1% of all respondents
- More ancillary support to help with things like paperwork or charting, i.e.; physician aides 60.6%
- Better understanding of challenges and support by administration 46.7%
- On-site exercise facilities or classes (e.g., yoga, tai chi, Pilates) 30.4%
- Wellness initiatives 21.1%

By comparison, the national survey responses were:

- Provide more ancillary support or staff support 63.0% of all respondents
- Onsite exercise facilities or classes 38.9%
- Wellness initiatives 27.8%
- Workshops and education on managing and coping with stress and burnout 23.8%
- Concierge-type services 19.8%

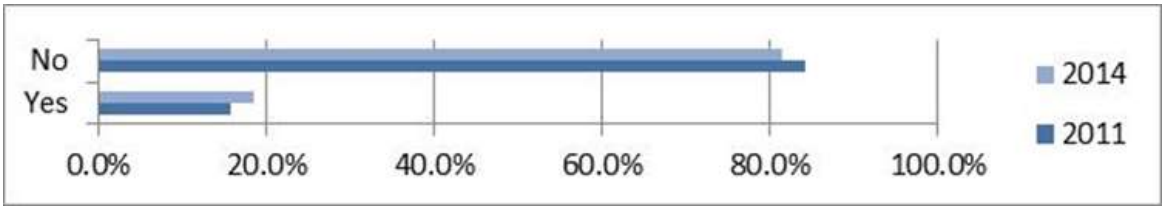
Only one of the three highest scoring organization-sponsored things—more ancillary support to help with things like paperwork or charting —was the same for both the 2015 survey respondents and the 2011 survey sample. As with the previous question, respondents were allowed to check as many choices as they wanted. With a response index of 266.7, most respondents gave three options.

Question 19: What organization-sponsored things do you think might be helpful to you in more effectively addressing stress and burnout in your life? (Check all that apply)

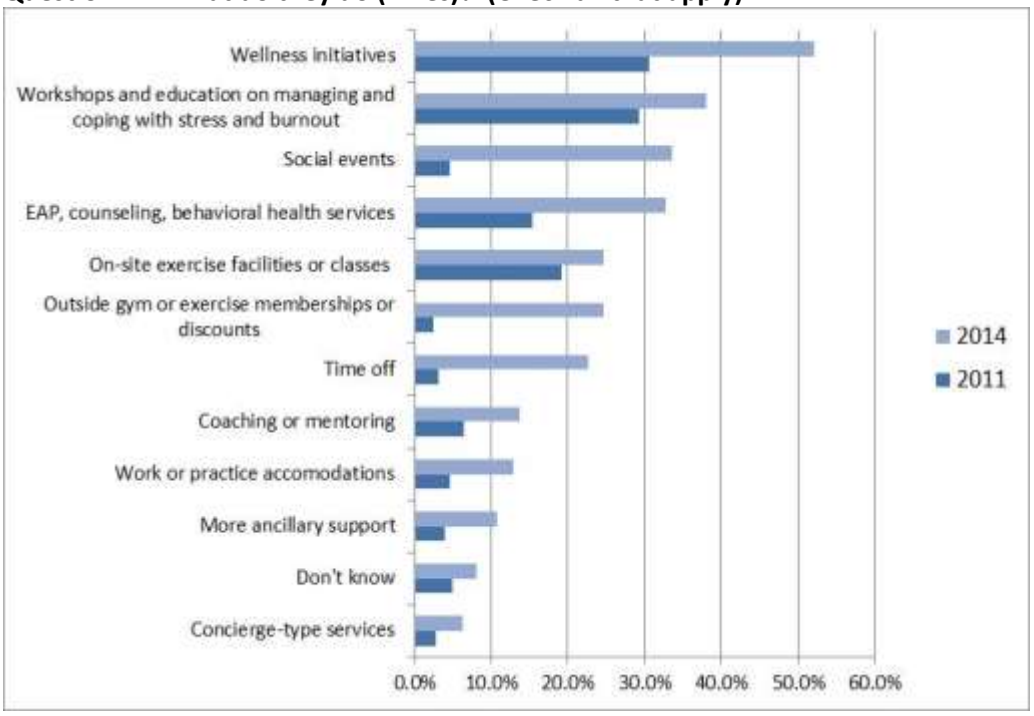


When asked if their organizations did anything to help them deal more effectively with stress and burnout, 81.5% of 2015 respondents said no, compared to 84.3% of the 2011 survey respondents. For those who responded yes, when asked what was offered, 52.2% of 2015 respondents noted there were wellness initiatives, followed by workshops and education (38.1%), social events (33.5%) and EAP, counseling or other behavioral services (32.7%). When 2011 survey physicians were asked what was offered, 30.6% said there were wellness initiatives, followed by workshops and education (29.3%), onsite exercise facilities or classes (19.1%) and EAP, counseling or other behavioral services (15.4%). Several respondents commented even with these offerings, it was difficult to find time to utilize them, especially during normal clinical hours and some were not available after hours. Interestingly, over 8% of these respondents said that they knew there were some options, but didn't know what was available, specifically. Most 2015 respondents who answered yes mentioned three organization-sponsored offerings compared to 2011 respondents who only mentioned one.

Question 20: Does your organization do anything currently to help physicians deal more effectively with stress and/or burnout?



Question 21: What do they do (if Yes)? (Check all that apply)



Finally, respondents were asked what the top three things were that they felt would help reduce stress and burnout in their lives. These included changes in their lives or the ways they work. The results tended to mirror priorities from previous sections. The top choices for 2015 survey respondents were:

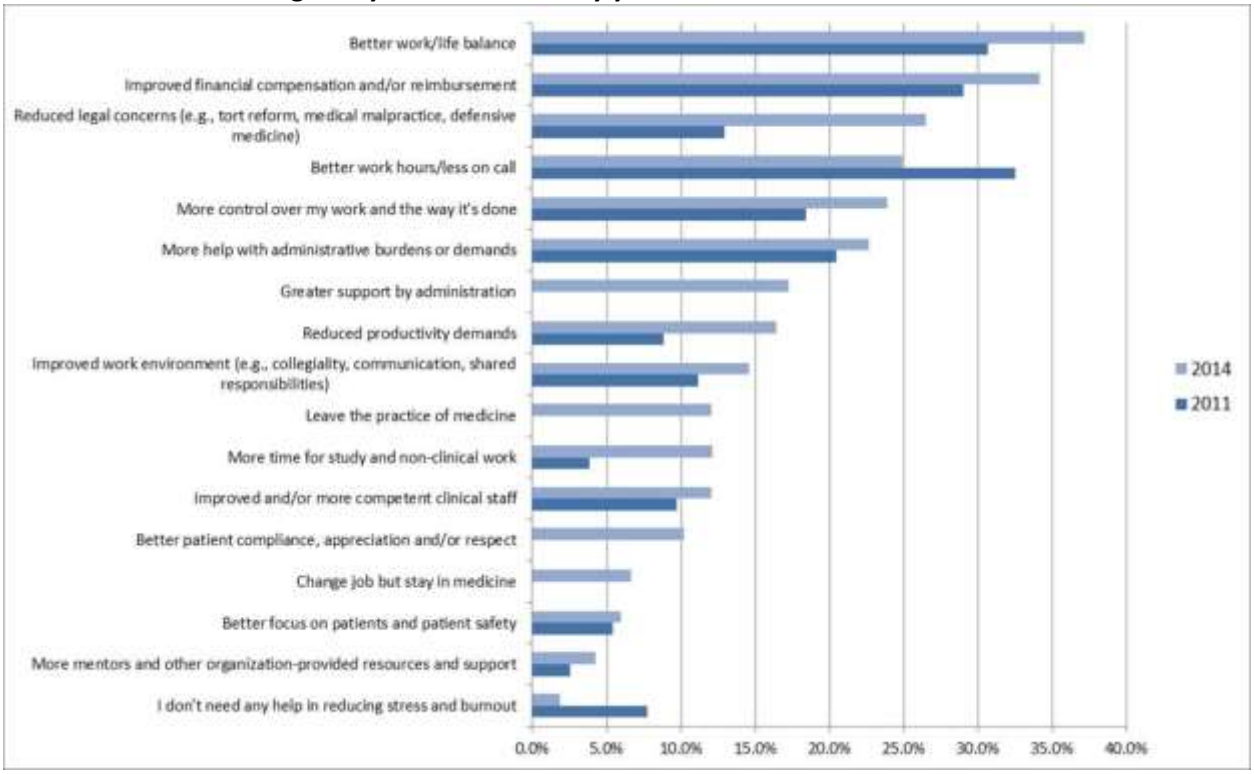
- Better work/life balance (37.2% of all respondents)
- Improved financial compensation and/or reimbursement (34.2%)
- Reduced legal concerns (e.g., tort reform, medical malpractice, defensive medicine) (26.5%)
- Better work hours/less on call (24.9%)
- More control over my work and the way it's done (23.9%)
- More help with administrative burdens or demands (22.6%)

By comparison, the 2011 survey sample responses were:

- Better work hours and/or less on call (32.5% of all respondents)
- More or better work/life balance (30.7%)
- Improved finances, compensation, reimbursement (29.0%)
- Greater levels of respect and support from administration and patients (27.4%)
- More time and support for self-care such as exercise, more sleep, attention to health (20.5%)
- Less, or help with, administrative burdens or demands (20.4%)

There was no single response that stood out—they were much more evenly spread, and also spanned both work- and personal life-related areas. Two of the top three things respondents felt would help reduce stress and burnout in their lives— better work/life balance and improved financial compensation and/or reimbursement—were the same for both the 2015 survey respondents and the 2011 survey sample. The rest of the 2015 and 2011 survey responses were more evenly distributed making comparisons not useful. With a response index of 282.6, most 2015 respondents supplied three responses.

Q22: What are the top 3 things you think would help you reduce feelings of stress and burnout in your life? These can be changes in your life or the way you work.



Physician Comments

Many of the respondents took advantage of the last question (not mandatory), which asked for any comments they might have. These are included in Appendix A

Discussion

The prevalence of stress and burnout among physicians continues at a crisis level. A startlingly 88% of physicians are feeling moderately to severely stressed and burned out on an average day, compared to 86.9% in 2011. Almost 66% of them are feeling more stressed and burned out than they did in the 2011 survey. In fact, the very stressed/burned out portion of this number has now grown to 45.6 % compared to 37.7% in 2011. The implications are enormous for individual physicians reporting these numbers, the healthcare organizations who employ them and the patients they are caring for.

Because of their stress and burnout, as self-reported in this survey, individual physicians are suffering from:

- Decreasing job satisfaction
- Decreasing productivity
- Insufficient work/life balance
- Conflict at work and at home
- Feelings of irritability, moodiness, anger and hostility
- General tiredness, lack of sleep and difficulty sleeping
- Negative impacts on physical health
- Negative impacts on mental health such as depression and anxiety, or symptoms such as apathy and cynicism, less interest in engaging with others, or in normal activities

- Patient safety-related concerns such as difficulty making decisions, communicating effectively with others, and increased risk of medical errors

Many of these are interrelated and the line between cause and effect can become blurry. Some of the physician comments (Appendix C) were very telling of the crisis:

- The expectations are so much more and the responsibilities are tremendous.
- We are given so many unreasonable demands from patients, politicians, insurance companies and the legal system, yet we have no one on our side.
- Burnout is being caused by administrative demands, particularly from the EMR and the myriad of rules with which one needs to comply. More is expected yet compensation is falling.
- The greatest impact of stress is less time with my young children. I sometimes go days without seeing them.
- Some of my burnout is related to current activities but a lot has carried over from prior and more intense burnout (such as during training in residency) that I have never managed to overcome (something was permanently damaged).
- I wish I could practice what I preach to patients. There's no time to focus on myself.

In the face of even more pressure in the healthcare industry from healthcare reform, accountable care organizations, declining reimbursements, electronic health/medical record adoption, consumerism and a host of other trends and initiatives, the number of stressors for physicians will only increase. At a time when "physician engagement" is a high-priority goal for most healthcare organizations, it's difficult to engage physicians when they're already having a hard time coping.

For organizations, failure to deal with stress and burnout in their physician population, whether they are a large healthcare system or a group practice, can have unfortunate consequences. These include:

- **Increased turnover and retention challenges.** A total of 15% of respondents said they had left a practice due to stress and/or burnout. Survey respondents identified the desire for some sort of job change, ranging from switching to a new job or practice to retiring early or leaving the practice of medicine entirely, at a combined frequency of 89.2%. Even allowing for some overlap in respondents, this exit number is untenable in the face of physician shortages for the foreseeable future.

  For the healthcare organization or practice, turnover due to physician stress and burnout is highly disruptive and expensive. Due to the physician shortage, turnover causes additional stress to the remaining staff. The expense and challenge of recruiting new physicians and the cost of onboarding a new physician can add up to hundreds of thousands of dollars for each physician not retained.

  For the public, fewer physicians mean patients have more difficulty getting access to care. This can also result in longer in-office wait times and reduced quality of care. Losing their doctor to another practice, non-clinical role or to retirement can also mean the loss of continuity of care and a valued, trusted resource and relationship.

- **Patient safety and quality issues.** Stress and burnout-related lack of sleep, issues with communication, difficulty making decisions, conflict with peers, administrators and non-physician co-workers, more work-related errors—numerous studies have linked these factors to adverse events and outcomes, and to increased medical malpractice lawsuits. The higher the prevalence, the higher the risk.

- **Lower productivity.** Aside from the 16% of survey respondents who self-reported lower productivity as an effect of their stress and burnout, and 42.4% who want to work fewer hours, several other factors were cited affecting productivity directly or indirectly.

- **Presenteeism** (defined as being at work physically, but not mentally or emotionally) has been shown to be caused by tiredness and sleep deprivation, depression and the challenges of balancing work and life demands, among other factors. In addition, almost 25% of survey respondents chose impacts on their physical health as an effect of their stress and burnout. Additionally, nearly 20% of survey respondents identified impacts on mental health as an effect of their stress and/or burnout, up from 14.6% in 2011. Both physical and mental health issues drive absenteeism and can also increase an organization's medical costs over and above lost revenue when a physician is not practicing.

- **Disruptive behavior and lower morale.** Underlying much of the reported effects of stress and burnout, at both the work and personal levels, and very evident in the comments physicians made, is an increasing sense of apathy and hopelessness or, conversely, anger, resentment and frustration. Aside from the more tangible impacts noted above, the increasingly lower morale will make engaging physicians even more difficult, and lead to even more conflict at work at all levels, from staff and administration, to colleagues, to the patients themselves.

For these reasons and more, it is critical that organizations confront and effectively address stress and burnout and its causes, at the individual and organizational level, using both preventative and mitigative measures.

What Can Be Done?

Some factors causing physicians to feel stressed or burned out are out of their control, and that of the organizations they work for. Many if not most of the external causal factors are life issues that many professionals inevitably face. This is also true of the work-related factors but organizations have some ability to ameliorate these effects by providing relevant, proactive resources. The same situation holds for many of the personal life related causative factors as many have their roots in work/life balance issues—work carries over into personal lives, just as the reverse is sometimes true.

It was notable financial issues as factors were not among the most pressing issues in these survey respondents:

- The performance of financial markets (certainly influencing the investment portfolios of some of the respondents) was cited as a top-three external factor by 7.4%, ninth on the list of overall factors as compared to 19.6%, fifth on the list of overall factors in 2011.
- With regard to work-related factors, "Other financial issues such as cost of running a practice, debt, etc." was a top-three cause of stress and/or burnout for 10.1% of respondents, a decrease from this issue being ranked ninth on the list in 2011. "Personal compensation- related issues including lower reimbursement for services" for 27.6% of respondents, third on the list, a significant increase from 8.5% and ranked twelth in 2011.
- "Concerns about finances" was fourth on the list of personal life-related causative factors at 33.5%, followed by "Not enough time to sleep" at 28.1%.

A small number of respondents (18.5%) report their organizations have initiatives in place to deal with stress and/or burnout. These findings are up slightly but not statistically significant, from 15.7% in 2011 suggesting these initiatives are either not enough, not relevant, not accessible or unknown to the physicians.

In the end, there are three primary areas repeatedly cited in the physicians' quest to address stress and burnout:

- More time, and more control over their time for the things most important to physicians at work, and to carve out more time for their personal lives and interests. Interestingly, this was the most often-cited reason (68.3%) by those who said they had left their practice due to stress and/or burnout. This was a significant increase over the 38.7% cited in 2011.
- More opportunities for self-care, such as exercise and other wellness activities, was what most physicians are trying to pursue on their own, at almost equivalent levels to more control over their time.

- Likewise, more time off or self-directed time at 62.1.6% was the number 1 response to, "What organization sponsored things do you think might be helpful to you in more effectively addressing stress and burnout in your life?"
- More "ancillary support, such as physician aides to help with things like paperwork or charting" at 60.6% was the number 2 response in to what organizations can to do help physicians more effectively deal with the stress and burnout in their lives. This thread runs through several responses, not only coaching, mentoring and collegial support, but also educational opportunities and wellness initiatives, support, respect and recognition from administration for what they do and the contributions physicians make.

This suggests a number of solutions that should be effective in helping physicians, and that can be implemented with available tools and resources.

- **Physicians need greater flexibility and control over their working hours to mitigate burnout and stress.**
    - Physicians surveyed indicated that of the organization-supported services which they felt might help them more effectively deal with stress and burnout, the top choice by far was "ancillary support," at 60.6%, statistically consistent with 2011 feedback at 63.0%.
    - Ancillary support can help physicians deal with their top two work-related stress factors: paperwork and administrative tasks (39.8%) and too many hours of work (33.3%). In addition, it frees them up to provide more time with and to see more patients.
    - Of the top three things physicians felt would reduce stress or burnout in their lives overall, the top one was related to flexibility and control over their time spent at work.
    - Part-time practice is a trend that continues to grow:
        - Since 2005, the part-time physician workforce has grown by 62%. This trend tracks with the change in profile of today's medical workforce, with the two fastest growing segments as females entering practice and males approaching retirement.
        - In the Cejka Search/AMGA 2013 Physician Retention Survey, 10.2% of males practiced part-time and 28.4% of females practiced part-time, up from 13% and 36% respectively in 2010 and 7% and 29% respectively in 2005.
        - This upward trend in part-time practice creates a need for advanced practice providers (nurse practitioners and physician assistants) to help provide accessible, effective care when more physicians are opting for fewer (or more flexible) patient care hours.

- **Physicians need more opportunities for and assistance with taking better care of themselves and to understand and practice better self-care.**
    - Helping physicians understand good self-care is necessary, especially with the self-admitted low priority physicians have for taking care of themselves. As one comment said, "I wish I could practice what I preach to patients. There's no time to focus on myself." In our experience, this does not happen overnight and it is both an issue for individuals and organizations. Workshops, facilitated support groups, physician wellness committees and individual coaching can all be extremely effective.
    - On top of feelings of stress and burnout, physicians cited lack of sleep, impacts on physical, mental and emotional health, and overall lack of time to engage in self-help activities as major challenges. After more ancillary support, onsite exercise facilities or classes (e.g., yoga, tai chi, Pilates) was the second most favored (38.9%) organizational sponsored activity physicians wanted their organizations to provide at times accessible to them.
    - Related, ensuring physicians have time to engage in those activities is equally important, even if not provided onsite. Allowing for blocking time during the day and then respecting that time signals organizations understand the importance of such activities in promoting physician wellbeing.

- We have found that it is a norm for organizations to require or allow for schedules that include insufficient breaks during the work day, and that don't adequately allow for sleep and rejuvenation. Even if changing this pattern means enduring the cost of increased hires, enlightened administrators understand that such costs are minor compared to losses incurred by employing burnt out physicians.

- **Physicians need support on multiple levels in dealing with stress and burnout in their lives.**
  - As indicated in their responses to what they would value from their organization, several initiatives to support physicians both on a day-to-day and long-term basis were mentioned, including wellness initiatives (21.2%), concierge-type services (17.5%), workshops and education on managing and coping with stress and burnout (14.8%) and physician peer coaching and mentoring resources (13.5%). These could be easily implemented through such things as a physician-specific employee assistance program (EAP) and wellness resources, a robust and functioning physician wellness committee and grand rounds programs, to name a few.
  - Conflict at home and in their personal lives was cited as both a cause of and effect of stress and burnout by a sizeable percentage of respondents. This has ties to communication skills and organizational culture, in addition to day-to-day situations that quickly escalate when physicians are stressed and have poor coping skills. Providing more opportunities for collegial interactions can certainly help. In addition, facilitated discussions to help identify areas of conflict and training around more effective communications and better ways to address workplace conflict can be invaluable in setting a more supportive culture promoting greater job satisfaction.
  - Organizations need to consider looking outside their internal resources to provide physician specific solution expertise in behavioral health and well being. The field is over simplifying well being issues and it is evident the situation has gotten worse since 2011. Organizations have not been successful in ameliorating physician stress and burn out. Looking for assistance outside the organization can lead to increased value for physicians and organizations.

Normalizing work/life balance—what it is, how to achieve it—is an important goal for physicians and organizations. It ties directly into the most desired things physicians said they wanted—more and better work/life balance (37.2%)—yet was what they were finding to be among the most difficult to achieve. Encouraging physicians to achieve it through activities such as those mentioned above around wellness, cultural change and coaching to change their own habits and perceptions, supported by changes in their work environments and how they do their jobs, can result in physicians who are healthier, happier, more productive and more satisfied with their current jobs and roles.

Demographic Variable Analysis Addendum

To further understand the causation and effects of stress and burnout on the physician population, single-variant analyses of the data were done to determine if there are any variables showing a greater correlation with levels of stress and and/or burnout, or changes in stress and burnout levels since the 2011 survey (over and above the +/- 3% confidence level for the survey, overall). Four variables were examined:

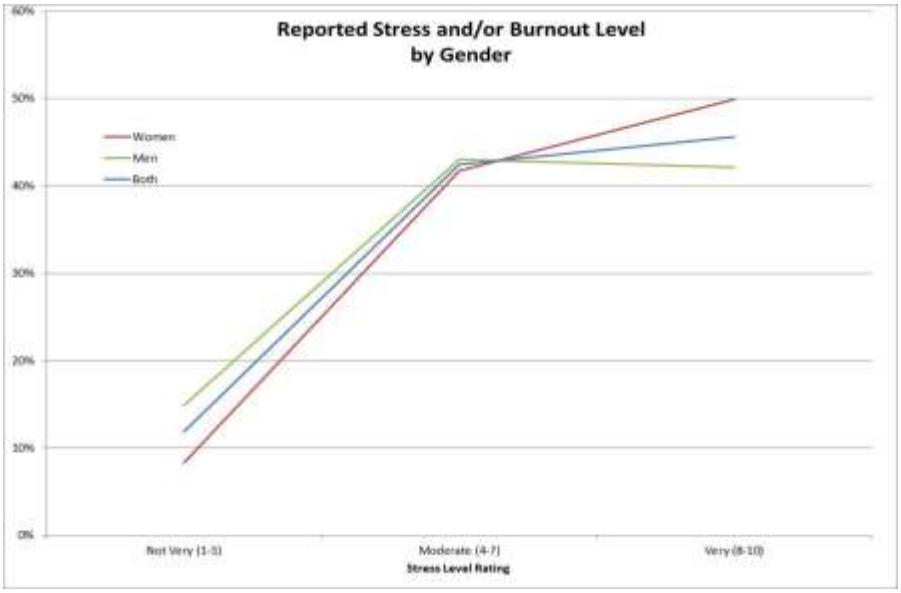
- Gender
- Age
- Years in practice
- Practice setting

Gender

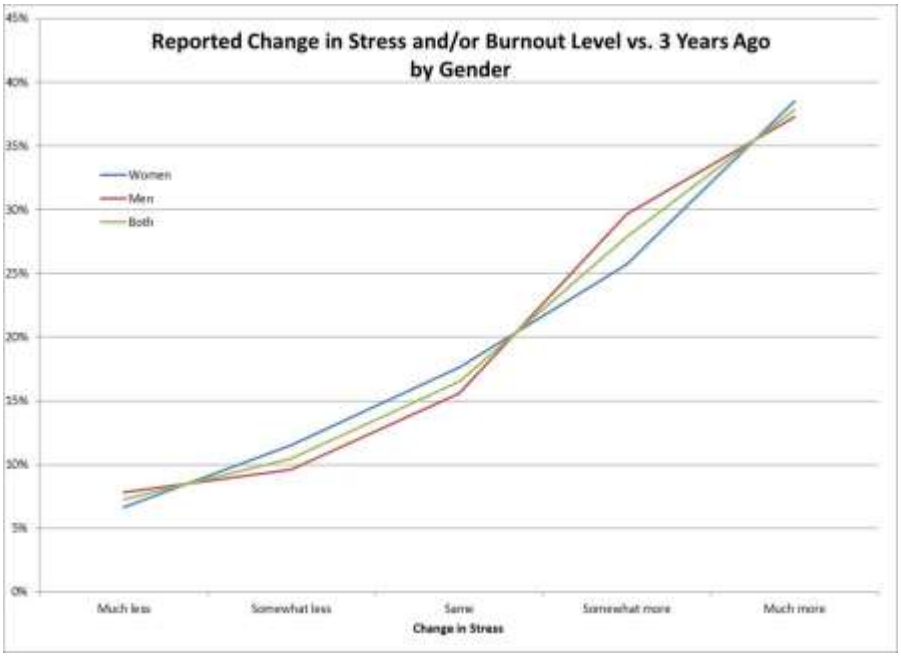
Despite anecdotal evidence and some studies that would suggest that females are experiencing higher levels of stress and/or burnout, this is not generally borne out in the survey results.

For the question asking about their level of stress and/or burnout on an average day, female survey respondents report being "Not Very Stressed or Burned Out" at somewhat lower rates vs. males (8.3% vs. 14.9%, respectively). Looking at it another way, male survey respondents are proportionately more likely to score in the "Not Very Stressed and Burned out" category compared to their representation in the overall sample (68.6% vs. 55.0% in the overall sample) and females skew lower (31.4% vs. 45.0% in overall sample).

Looking at the 50th percentile analysis, the female sample skews slightly higher toward the upper half of the stress and burnout scale compared to their representation in the overall sample (81.2% vs. 76.5% in the total sample), with men commensurately less.



Thus, while females are slightly more stressed and burned out than males, the margin is relatively narrow. In terms of change in stress and burnout levels vs. the 2011 survey, all differences are within the survey margin of error.



Age

Physician ages show the highest variations in level of stress and/or burnout on an average day. Those under 40 tend to be more "moderately" stressed and/or burned out and less "very" stressed and/or burned out compared to the total sample (49.5% and 38.8% vs. 42.7% and 45.1% respectively). However, when looked at on an upper/lower half scale, the effects are more moderate, skewing slightly toward the lower end of the scale relative to other age cohorts and within the margin of error for the survey. The sample size for those in their 20s is small, so this trend manifests itself in the 30s age cohort, showing about a 5 percentage point swing above the total sample for "moderately" stressed and/or burned out and nearly 4 percentage points below the total sample for "very" stressed and/or burned out.

Compared to the total sample, the 40-59 age cohort trends less "moderately" stressed and/or burned out by nearly 4 percentage points, and more "very" stressed and/or burned out by 6 percentage points. On an upper/lower half scale, they are 5 percentage points above the total sample on the high end of the scale and a similar amount below the total sample on the lower end of the scale.

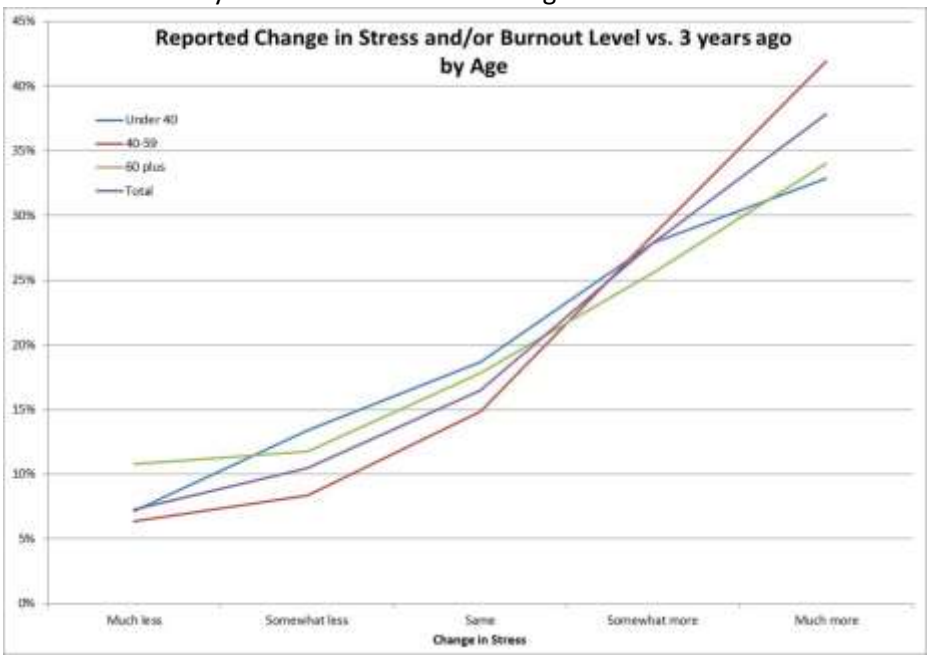
On a more granular age cohort level, the trend toward more stress and/or burnout is more pronounced in the 40s age cohort, with a move toward higher levels of stress and/or burnout in the 50s cohort. Both the 40s and 50s age cohorts are above the total sample for "very" stressed and/or burned out by 5 and 8 percentage points respectively. Both those in their 40s and 50s are "very" stressed and/or burned out (49.8% and 53.0% respectively) more than "moderately" so (40.4% vs. 37.5% respectively).

The 60+ cohort is clearly less stressed and/or burned out than other cohorts, with 21.9% reporting "Not Very" stressed and/or burned out levels compared to the overall sample at 12.1%. Similarly, they are 8 percentage points less likely to be "very" stressed and/or burned out compared to the overall sample, and somewhat less likely to be "moderately" stressed, but this rate is within the margin of error for the survey.

Thus, in terms of stress and burnout levels on an average day, levels rise significantly in the 30s, continue to rise in the 40s and peak in the 50s, followed by a sharp drop-off in the 60s and beyond. However, 37.0% of the latter cohort still reports being "very" stressed and 41.1% are "moderately" so. This is different from the 2011 survey where stress peaked in the 40s age range.

Looking at change in stress and/or burnout levels vs. the 2011 survey, similar trends are seen. Compared to the total survey sample, the 20s and 30s age cohorts are more likely to report feeling less or the same level of stress and/or burnout although overall they are experiencing more rather than less or the same levels with those in their 30s reporting 38.8% at less or the same levels and 61.2% reporting more, a 22 percentage point difference. They are also less likely to report they are "Much more stressed" than the other age cohorts.

Things change significantly in the 40s age cohort, with nearly 39% of respondents reporting more stress and/or burnout than less or the same levels (69.3% vs. 30.7%, respectively). Those in their 50s report more stress and burnout. Those in their 60s+ report lower levels of stress and/or burnout vs. the 2011 survey than 40s and 50s age cohorts and nearly the same as 20s and 30s age cohorts.



The results indicate levels of stress and/or burnout are growing over time, regardless of age cohort, but those in their 40s and 50s are experiencing the highest levels of increases in stress and burnout. This tracks with overall day-to-day levels (above), with those in their 40s and 50s reporting the highest stress levels.

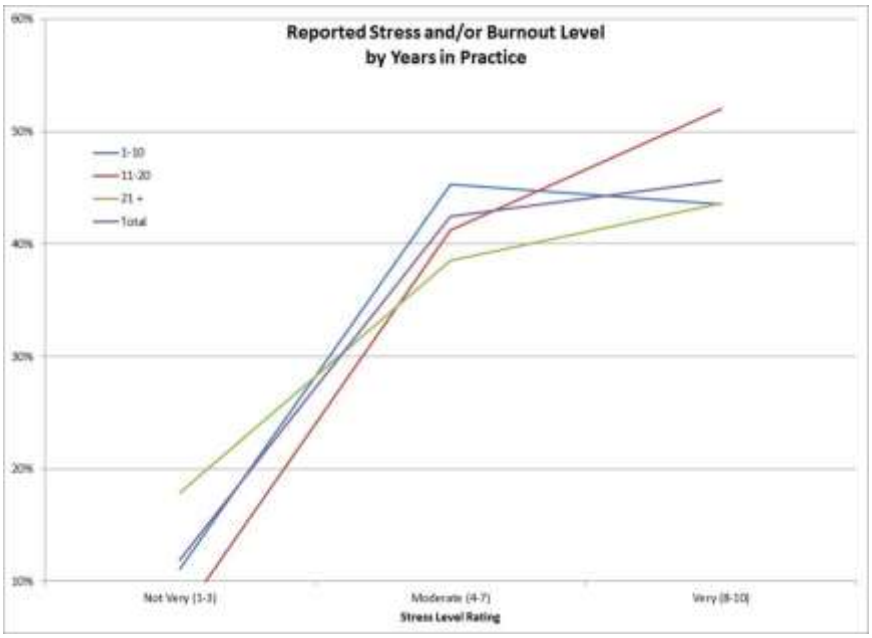
Years in Practice

The trends observed with age are generally seen in corresponding years in practice with regard to level of stress and/or burnout on an average day. Those in the 1-10 years of practice cohort are slightly more likely to be "moderately" stressed and/or burned out than the overall survey sample and slightly less likely to be "very" stressed, but both are within the margin of error for the survey.

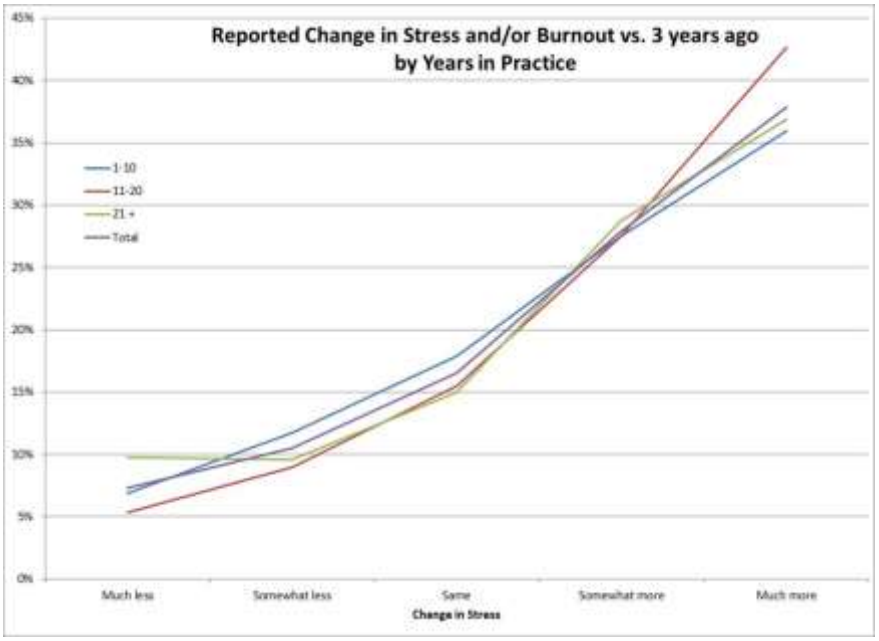
Those in the 11-20 years of practice cohort are much more likely to be "very" stressed and/or burned out compared to the overall survey sample (52.0% vs. 45.6%) and slightly less likely to be "moderately" stressed and/or burned out. The latter is within the margin of error for the survey. Similarly, on an upper/lower half scale, this cohort is much more likely to be in the upper end of the scale.

The cohort with 21+ years in practice is much more likely to be "not very" stressed and/or burned out, less likely to be "moderately" so and slightly less likely to be "very" stressed relative to the other cohorts. The latter is within margin of error for the survey. On an upper/lower half scale, this cohort is much more likely to be in the lower end of the scale.

Overall, those in the middle of their practice years are more likely to be "very" stressed, with over half reporting feeling that way. This correlates with the results by age, as nearly half of those in their 40s reported being "very" stressed and/or burned out, and would typically be in their second decade of practice.

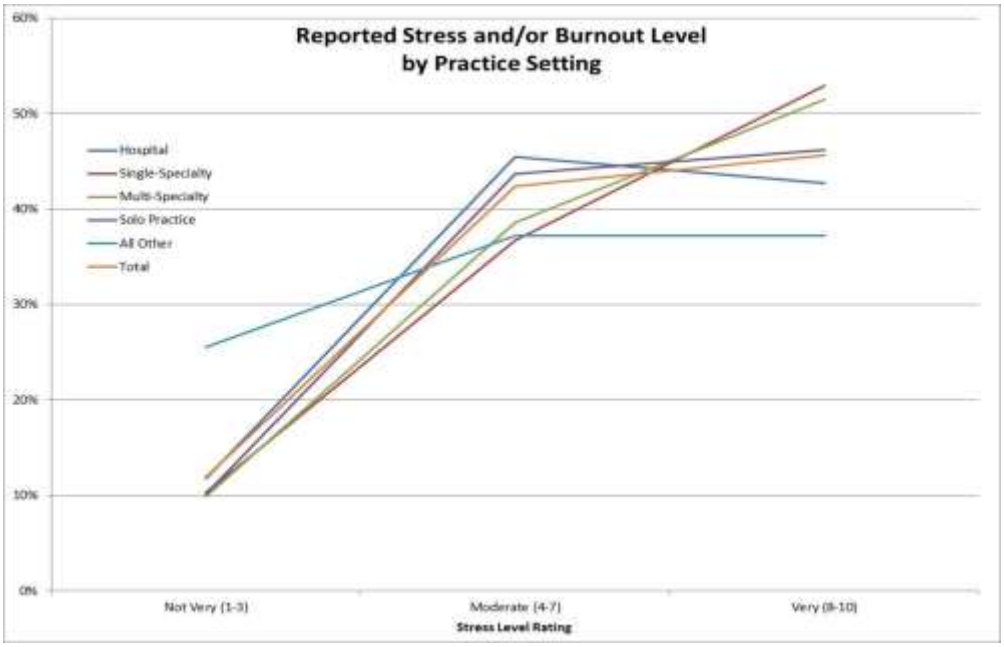


When looking at change in stress and burnout level vs. the 2011 survey with regard to years in practice, those in the 11-20 years of practice cohort are more likely to report more stress or burnout compared to the total survey sample. All other differences are within survey margin of error.

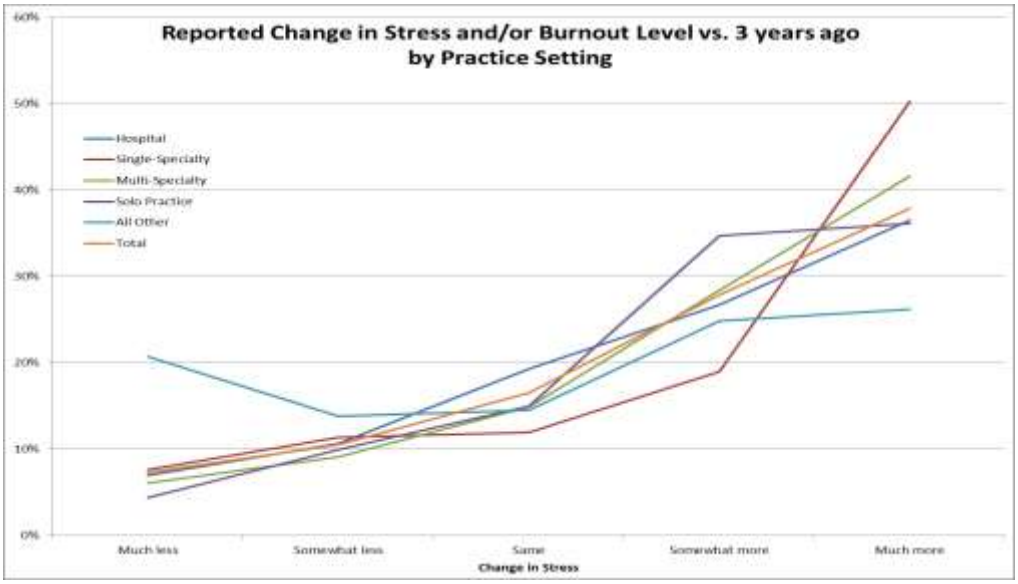


Practice Setting

Conventional wisdom would point to variation based upon practice setting, especially as more physicians are moving toward employed, hospital-centric models compared to independent or group employment, presumably to achieve lower levels of stress and/or burnout with more predictable income and work schedules. 2015 survey respondents in single-specialty and multi-specialty groups show a significant difference compared to the total sample, being more likely to be "very" stressed and/or burned out and less likely to be "moderately" so. Survey respondents in "all other" forms of practice, representing 7.2% of all respondents (e.g., locum Tenens, public health organization, military or medical volunteerism) show a significant difference compared to the total sample, being more likely to be "not very" stressed and or burned out. Other differences are within survey margin of error.



A somewhat similar pattern is seen when looking at change in stress and/or burnout vs. since the 2011 survey, as those in single-specialty, multi-specialty groups and solo practice report feeling more stressed or burned out compared to the total sample. Almost three-quarters of respondents in these three practice settings report feeling more stressed than three years previously. Those in "all other" forms of practice report feeling less stressed or burned vs. the 2011 survey out compared to the total sample. Differences between those in a hospital setting and the total sample are within survey margin of error.



Overall, there are no dramatic differences seen when looking at different demographic variables among the survey respondents in terms of levels of stress and/or burnout on an average day or in changes in stress and/or burnout levels vs. the 2011 survey. 2015 survey respondents in single-specialty and multi-specialty groups show a significant difference compared to the total sample of more likely to be "very" stressed and/or burned out and less likely to be "moderately" so. Survey respondents in "all other" forms of practice, representing 7.2% of all respondents (e.g., locum Tenens, public health organization, military or medical volunteerism) show a significant difference compared to the total sample, being more likely to be "not very" stressed and or burned out. Other differences are within survey margin of error.

A somewhat similar pattern is seen when looking at change in stress and/or burnout vs. the 2011 survey, as those in single-specialty and multi-specialty groups, in addition to solo practice, report feeling more stressed or burned out compared to the total sample. Almost three-quarters of respondents in these three practice settings report feeling more stressed than three years previously. Those in "all other" forms of practice report feeling less stressed or burned vs. the 2011 survey out compared to the total sample. Differences between those in a hospital setting and the total sample are within survey margin of error.

Female physicians are more stressed and burned out than males physicians, with the percentage of burned out females 45% is higher than males 37%.[9] A review of 14 studies found that the relative risk of suicide in physicians compared with the general population is between 1.1 and 3.4 for men and 2.5 to 5.7 for women.[10]

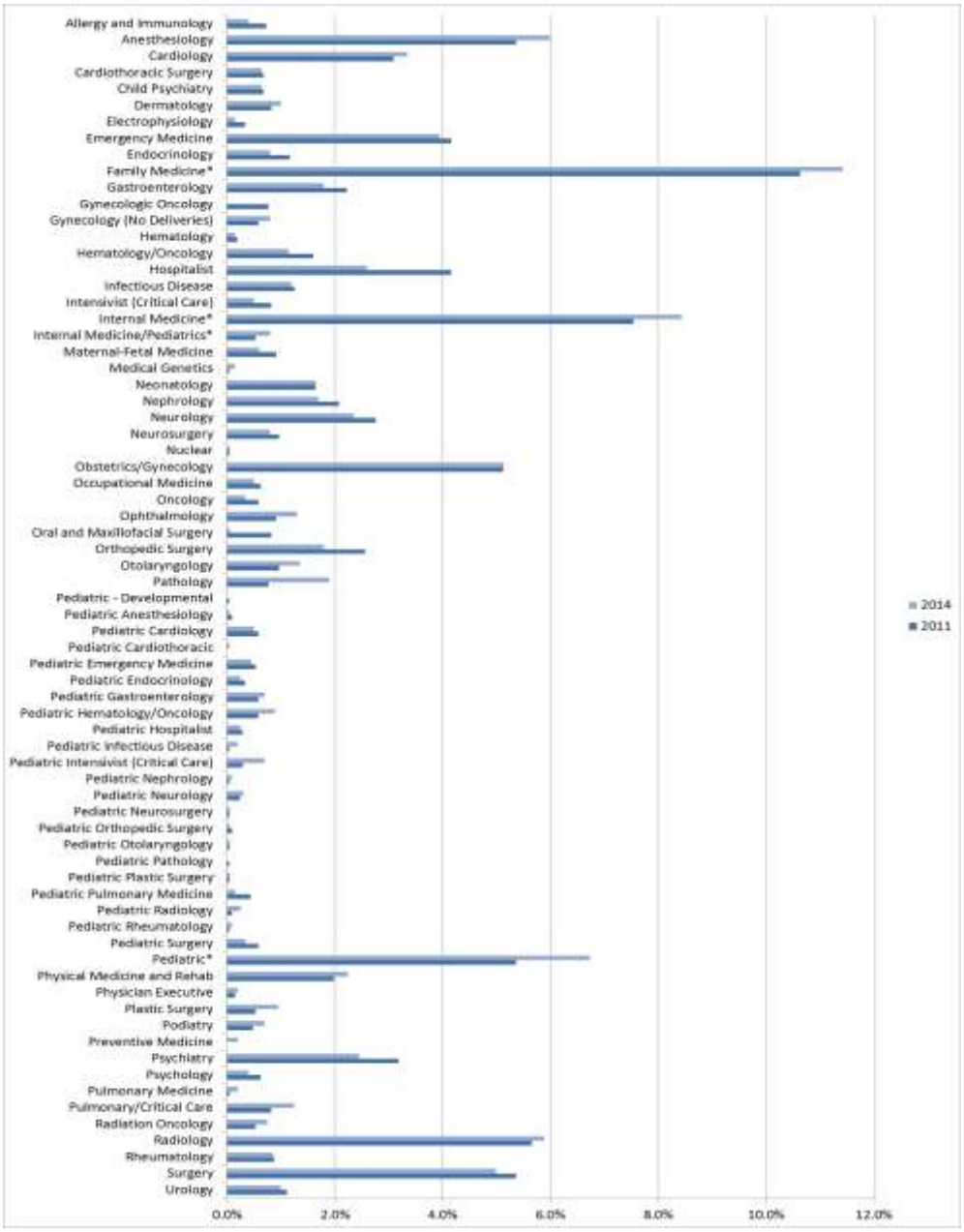
Age and years in practice paint a picture of physicians who start out somewhat stressed and/or burned out, possibly due to a carryover from their years in medical school and residency compounded with looking ahead to years of paying off education debt for many and uncertainty as to the direction of healthcare for most, but quickly become much more stressed and/or burned out by the time they're in their 40s and have practiced for a few years. There is little respite, even for older and more experienced physicians, as most still report moderate to high levels of stress as they near retirement.

These results suggest that there are truly no groups of physicians, or medical practice models, which are escaping the realities of stress and burnout. Newer and younger physicians have a slight advantage that quickly evaporates. As the overall survey results demonstrate, the net effect is a population of physicians who are unhappy or dissatisfied with their jobs and, in some cases, careers, who are tired, angry and anxious, and experiencing poor work/life balance with increased negative impacts on their mental and physical health.

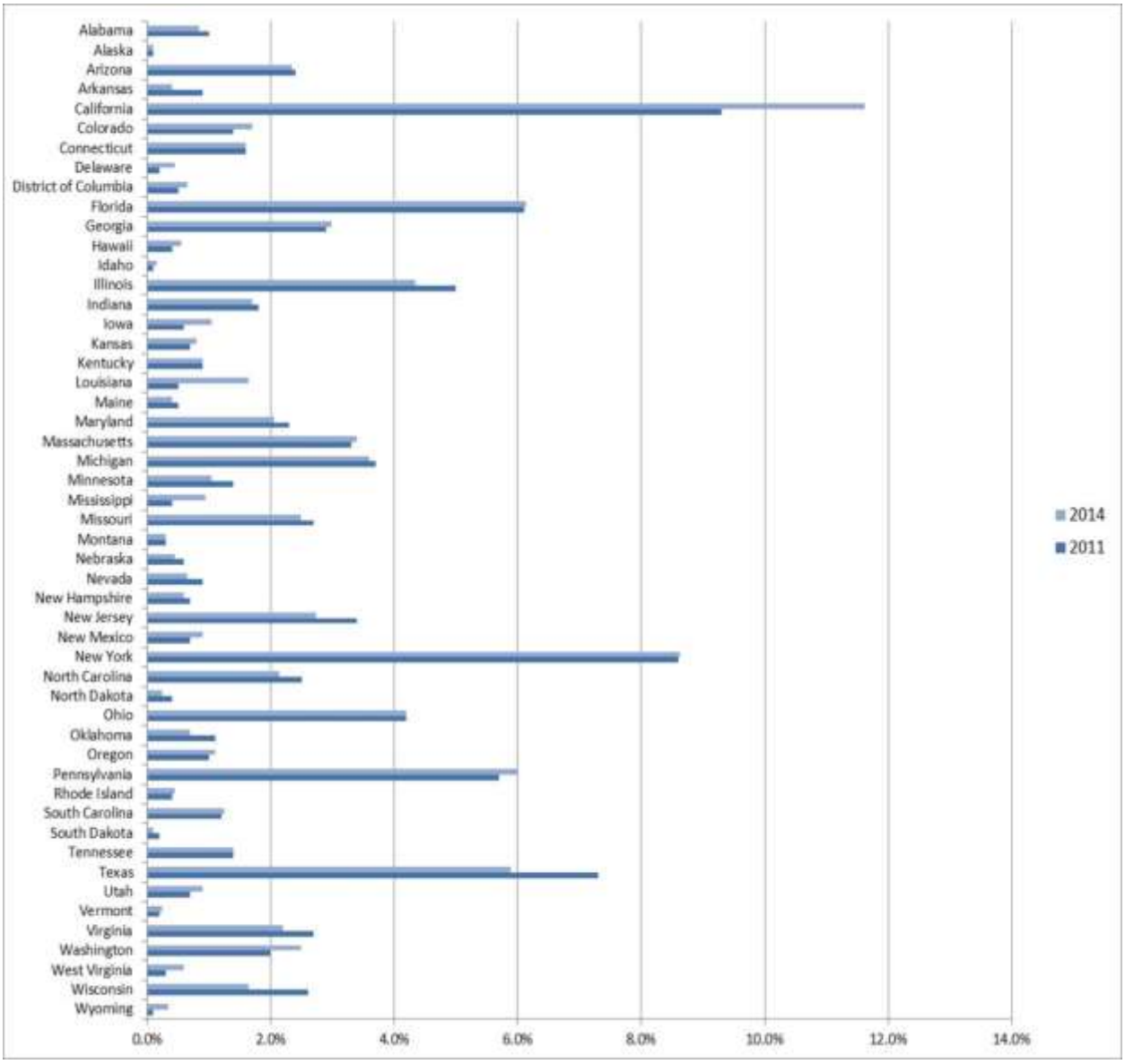
For organizations, this points to one conclusion—they must do something to mitigate and prevent stress and burnout. At the organizational, work group and individual physician levels there may be opportunities to address specific needs with programs. Once such programs are put in place, administrators can utilize various tools, ranging from surveys to one-on-one interviews with their physicians to measure effectiveness and determine where additional assistance might be needed on a deeper level.

Appendix A
Detailed Results for Questions 1, 2, 4 and 5

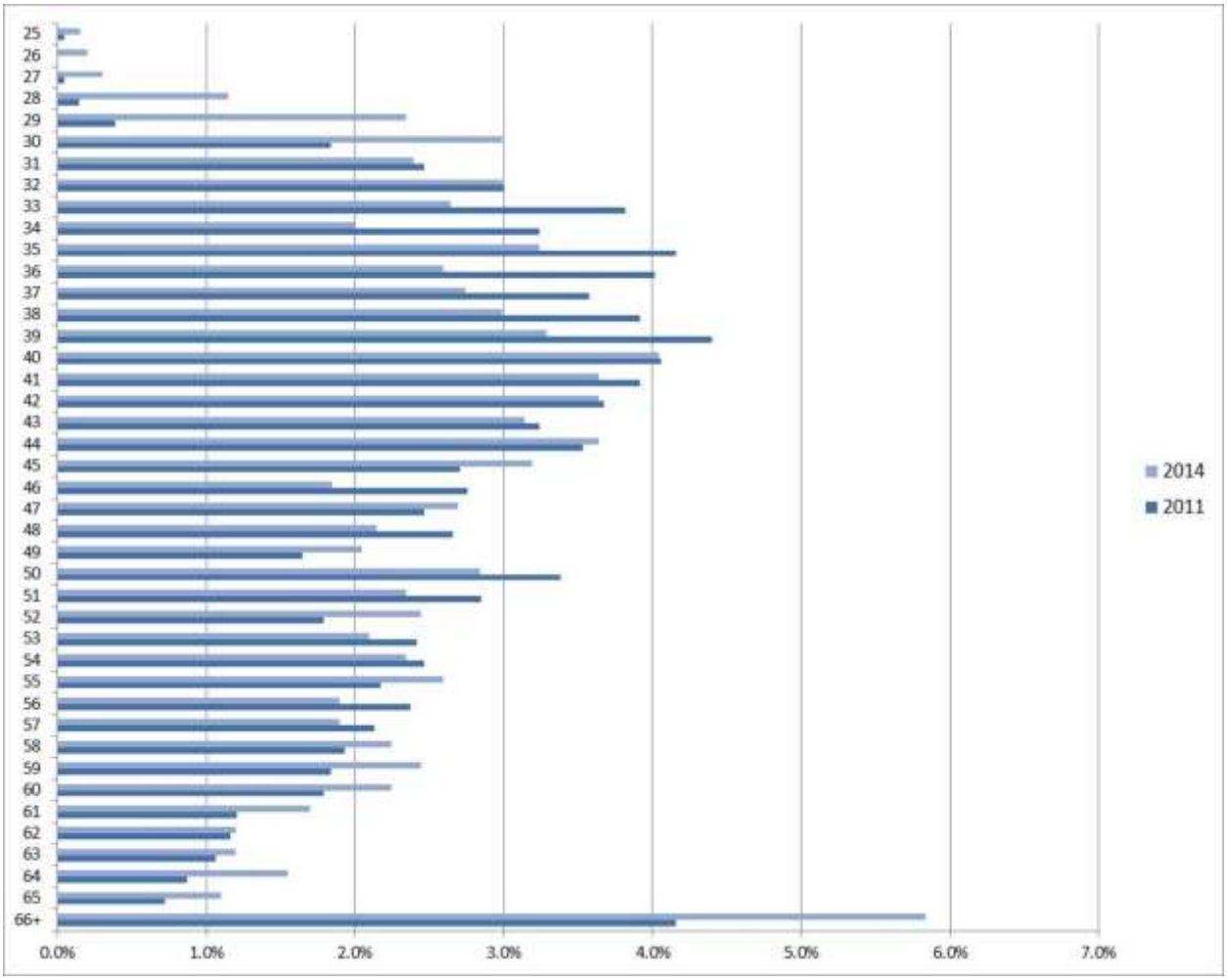
Q1: What is your primary area of practice or specialty?



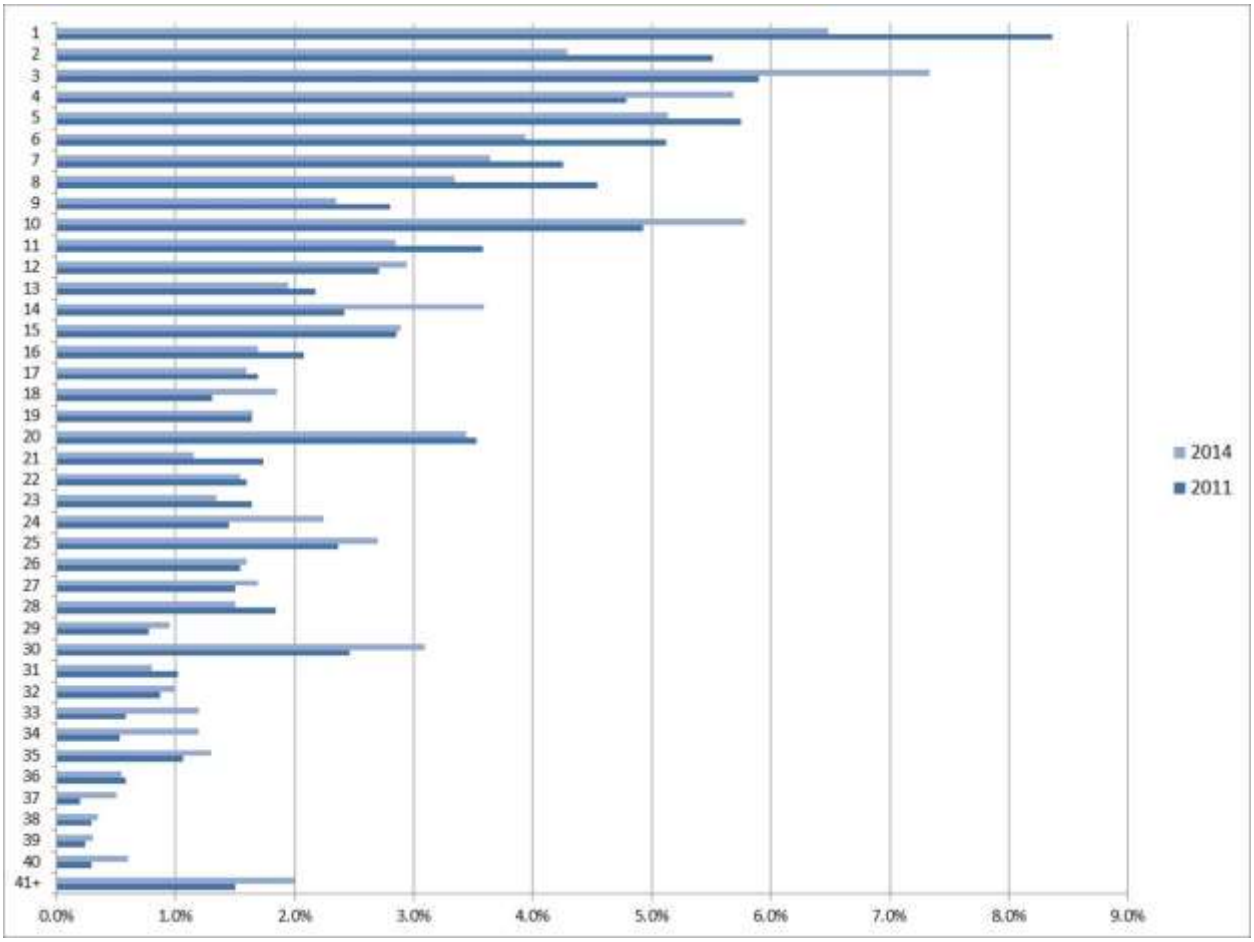
Q2: What is your primary state of practice?



Q4: Age



Q5: Years in practice



Appendix B
SOLUTIONS

VITAL WorkLife, Inc.™ is a national behavioral health consulting organization providing support to people facing life's challenges, while also assisting organizations in improving workplace productivity. We have deep experience in healthcare, especially assisting physicians and providers in dealing with the challenges facing their profession. This approach of helping employees and their families, while also guiding organizations, builds healthy, sustainable behaviors.

We help people and organizations build pathways to well being.

VITAL WORK·LIFE

VITAL for Physicians Solutions Guide

Physician Wellness Resources

Organizational sponsored program includes all solutions in Coaching & Support services plus:

- Physician orientation and leadership training
- Time of Need support for physician & their families:
  - Stress & Burnout
  - Depression
  - Conflict & Relationships
- Available 24x7x365
  - Time-saving virtual concierge services
  - Professional & family counseling
- Assistance locating reputable resources outside the program for issues such as chemical dependency
- Legal & Financial Resources

Executive summary with non-identifiable reports & best practice guidelines to maximize organizational ROI.

Coaching & Support

Many physicians are reluctant to ask for help—yet they're often in desperate need of a compassionate listener who understands the work, personal and family challenges they face. Physicians receive up to 6 hours of coaching and consultation over a 3 month period to include:

- Peer Coaching
- Executive Coaching
- Counseling
- Mentoring

Individuals can:

- self-refer
- be referred by their organization

Program can be:

- Purchased by the individual physician
- Organizationally supported

Physician objectives vary:

- Leadership development to support career goals
- Well being lifestyle changes
- Stress and burnout management

Physician Intervention

Organizational process & tools to support the referring organization and physician in addressing behavioral concerns and holding the physician accountable for sustainable behavior change. Not typically voluntary for physician.

- A non-diagnostic evaluative, four phase process includes:
  - Organizational Consultation
  - Physician Assessment
  - Follow-Up and Monitoring of progress for up to a year
  - Transition and close

Our goal is to help the organization retain a valued physician by effectively addressing problem behaviors at the earliest possible stages

Training & Education

One to many, informational sessions to learn well being best practices, such as:

- Training on Workplace Well Being topics:
  - Change
  - Resiliency
  - Stress & Burnout
  - Conflict
  - Grief & Loss
  - Custom topics to fit the needs of your organization
- Crucial communication skills building programs
- Keynotes at Conferences & Conventions
- Delivered in person, online or telephonically

Consulting

Consulting to address organizational well being, including:

- Facilitation & Mediation
- Cultural Renewal
- Leadership Development
- Strategic Visioning/ Planning
- Well being Assessment
  - Stakeholder Interviews
  - Organizational Survey
  - Benchmark to National Norms in:
    - Stress & Burnout
    - Physician Engagement
    - Organizational Culture
- Custom Solutions to address issues, such as:
  - Culture
  - Communications
  - Conflict
  - Crisis

VITAL WorkLife recognizes a physician's well being directly impacts patient care, safety and engagement, as well as staff relationships, satisfaction and productivity. Our consultative solutions and team of physician coaches/consultants and PhD & Master's level behavioral health counselors, we understand the impact of today's high pressure healthcare environment. By providing appropriate resources to help physicians and organizations achieve their goals, VITAL WorkLife creates pathways to build sustainable healthy behaviors.

VITALforPhysicians.com | 877.731.3949 *Pathways to Well Being*

Appendix C
COMMENTS

Question 24: Are there any other comments that you would like to share?

Please note: Comments were edited for punctuation, spelling and minor grammar issues, but the content was left unedited to ensure the intent of the writer was conveyed. Comments were tracked for the following were key words as stressors/sources of dissatisfaction. The numbers in parentheses are the number of comments that included the word. The data tracked with the survey results.

- EMR (32), EHR (19)
- Electronic (16), Paperwork (23), Administrative (21), Documentation (14)
- Insurance (50), insurers (4), payers (1)
- Reimbursement (27); compensation (17)
- Malpractice/lawsuits (11), Legal (10), Lawyers (10), Litigation (5), Suing/sued (2)
- Control (31), Hours (31), Productivity (17)
- Medicare (11); CMS (5); Medicaid (2)

Physicians seem to be having a big problem with EMR/EHR. 125 comments are related to electronic records and other administrative demands. This is consistent with the responses to survey question 11 on work-related factors causing stress and burnout.

COMPLAINTS ABOUT INCREASED COMPUTER TIME

1. With increasing numbers of employed physicians there is shortage of doctors willing to take care of acute or complex patients. This is my experience in an era with 7 fellowship programs in my specialty within a 50 mile radius. I wonder what is happening in states with fewer resources. We should be allowed to concentrate on medical care and not spend a majority of our time trying to adhere to evaluation and management (E&M) criteria and the meaningful use of EMR. I spend double the time documenting useless data to meet these criteria than listening to patients and making clinical decisions.
2. The significant number of hours that I spend each day documenting patient visits and updating patient records with relevant lab results, specialist consult reports/recommendations, etc. is a major source of stress and dissatisfaction for me. It is clerical work that takes time away from both my patients and my family, and I have been forced to reduce the number of hours per week that I provide direct patient care, so that I have time to better keep up with the mundane task of documentation. I would give almost anything for a medical scribe.
3. Electronic medical records cause the most stress.
4. The electronic medical record eats all my spare time. Charting, reviewing records and finding information is a nightmare. I spend 8 hours a day with patients and 4-5 hours on computer work related to patient care. Plus the cost of using the EMR is much more than I would spend on 2-3 employees. It sucks the time and money right out of the practice and it is hard to see what I get in return that has value for me or my patients.
5. The electronic medical record and lack of appreciation/recognition for doctors and what they do contribute to burn out. They keep squeezing and squeezing and…
6. The practice of medicine is in crisis. I embrace all the technology. It's truly amazing what we can do now during a visit, but between the MOC on one side and the pressure on providers to do everything faster and see larger number of patients with little or no assistance in getting the work done, the physician is squeezed in the middle. Every bit of this new technology and, no matter how you cut it, all the time it takes to document in an EMR leaves little time to think. Mid-levels can help, but only if they know what is going on and what the provider was thinking. Providers need more support integrated into the visit to allow them to apply their medical knowledge, but most importantly their experience and understanding. Everything can be looked up in seconds, but it's how the information is matched to the patient and applied in what has become increasingly complex patient care that is all too often lacking. Myocardial infarction (MI) ruled out, discharge, but to what

to do with the next bout of pain. The cardiologist doesn't say the discharging hospitalist or mid-level doesn't know and following diagnostic clinic (DC) the mid-level or primary care physician (PCP) in the out-patient (OP) clinic doesn't have or take the time or all too frequently doesn't even know what they must find out more about.

7. Many of my colleagues are leaving patient care and going into industry. I plan to do the same. At least in industry there are rewards for curing diseases and helping sick people. The assumption by the government and insurance companies that we are out to defraud them, threats of serious penalties for accidental documentation oversights and the morphing of the medical record into a "billing document" instead of a medical record, have changed the practice of medicine in such a negative way. I went into medicine to help people and cure disease. It has never crossed my mind to make a million dollars by defrauding the government. I really do not think it is possible anymore to put the patient first. I spend more time on documentation than on patient care.
8. The amount of time I spend in front of a computer as compared with the time I spend with patients is absurd. I finish with my day and am left with completing notes, complying with "meaningful use" BS that is neither meaningful nor useful and dealing with piles of paperwork and authorizations. That means not going home to my family at a reasonable hour. I work "part time" so that I can work only 40-50 hours per week because a "full time" position would require 70-80 hours and I love my family. But that means that my part time salary, after taxes, just pays for daycare and some pocket change. Once I give birth to my third child soon, day care costs will actually exceed my salary. I will essentially be volunteering to take care of peoples so at least let me take care of people without burdening me with absurd paperwork and making me wait 45 minutes on the phone to explain to 5 different non-medical people why my patient needs an MRI. I understand why people are leaving medicine and I find it so, so sad that I feel this way after just finishing residency and fellowship and being in practice for all of 7 months. My husband (non-medical) is encouraging me to do something else. This is what doctors today are going through. If the health care system doesn't get its act together, we're going to lose people and it won't be fixed with these "how to manage stress" programs. We don't have time for those!! Give us less crap work and we'll talk.
9. I have been in practice for 23 years and love patient care, but spend the majority of my workday in front of the computer instead of in the room with patients. Very frustrating.

COMMENTS ABOUT PATIENTS

10. Patients often do not respect physicians' time restraints.
11. It is hard to tell how much is age, boredom with the same routine, realization that our responsibility as caregivers is so stressful (causing anxiety). Patients have no sense of responsibility (no shows, late for appointments, etc.).
12. Need some respect. There should not be grading of the medical outcome by the patients. I'm tired of getting less of a score when I don't give antibiotics or prescriptions at everyone's request.
13. Demands in productivity from the health system by which I am employed are suffocating. Treadmill medicine reduces quality of care. I become extremely distressed when patients have to wait an hour to see me.
14. Better coordination of care for patients (especially for patients with poor health literacy), because they may not understand how to navigate multiple specialties or what they need to do to stay healthy. Improved compensation for time spent counseling/educating patients on their health problems and treatment options. Improved compensation for preventive health care.
15. Expectations of seeing more patients with less time and with less compensation while expecting teaching and clinical research.
16. Less patient load and more time to spend per patient to provide better quality care.
17. I would like to spend more time with patients; however, my schedule and the administration's expectation for productivity do not allow me to do so.

18. Patients and society expect physicians to always be available and spend extensive time during visits. However, administration requires patients to be seen in 15-minute slots. CMS and insurance companies require the completion of piles of paperwork. There are more expectations and work for the physician and little time to do it. Physicians need to see more patients in a day since compensation has been cut, but the demands of the patients and the complexity of patients remain the same. Physicians are bursting at the seams relative to what they can do in a day and spend many hours, in addition to patient visits, calling back patients/reviewing results and filling in paperwork. Health care costs are focused on physician compensation. How about insurance company CEO salaries? Patients have little accountability for their own health and want magic pills/solutions for their problems, but don't want to work hard for their own health with balanced diets and exercising. Add to that fear of law suits and you have the perfect storm of why physicians are burnt out and unsatisfied.
19. Less interference in the doctor patient relationship would be helpful.
20. Your doctor is running out of time. Doctors used to have time for you. Their job was to establish rapport, review your history, examine you, diagnose, treat, educate, and explain your treatment instructions. In today's cutthroat healthcare environment, we're lucky if they can do half these things. To turn a profit doctors, must see 3, 4, or 5 patients an hour. And guess what? They only spend 20-30% of that hour interacting with patients. Most of their time is spent on a computer reviewing charts, updating records and completing reimbursement forms. So educating and explaining treatment often falls by the wayside or is left to nurses who are also very busy. Lots of patients jump on the Internet to educate themselves -- often finding questionable medical advice from celebrities and quack television doctors.
21. What happened? There are many reasons that medicine is less profitable and doctors have less time to spend with patients.
22. Declining payment rates by Medicare and insurers means less profit per patient
23. More time on computers means less time interacting with patients
24. New healthcare discoveries and innovations mean more complex, sicker patients to treat
25. Billing complexity adds 2 billing administrators for every 5 doctors
26. Big salaries and bonuses for insurance, drug company and hospital executives.
27. Spending less time with patients creates many problems. Five to fifteen minutes isn't much time to educate and explain how to manage complicated conditions like COPD, diabetes and heart failure. And spending less time with patients leads to other problems:
28. Low patient satisfaction surveys (leading to lower reimbursement & patient referrals)
29. Misunderstandings + mistakes = bad outcomes (leading to higher costs)
30. Low patient compliance = bad outcomes (leading to higher costs)
31. No-shows (leading to lower reimbursement + higher costs)
32. Re-hospitalizations (leading to lower reimbursement + higher costs).

COMMENTS REGARDING EMR/EHR

33. Most of the OB/GYNs I know would not choose this field if they could choose again. Long hours, made longer by poor electronic medical records (EMRs), lower reimbursements, high malpractice cost and fears, overall poor pay for the years of training (and loan accrual) and ongoing work overload have all combined to create an unpleasant field in which to work. The job itself, however, is not bad and often rewarding.
34. I work as hospitalist. There are ten of us in the group. Nine out of ten stay two hours longer daily because of the amount of patients we see (more than 18). The company for which we work and the hospital administration play the game of "we are getting more help". The truth is they are just waiting for censuses to go up so they can hire more physicians to overwork. I do not think anything will change anytime soon. With everything going on in healthcare, I feel that patient care and physician payment will keep going down. Insurance companies, CEO, CFO, CNO and others alike will keep getting bigger bonuses.

35. Primary care physicians are now the least paid specialty by far. The expectations are so much more and the responsibilities are tremendous. That is why health care in this country will continue to go down until primary care practices get the fair share of and fair compensation for our services.
36. I think changing our EMR system would reduce a lot a stress.
37. For the amount of time spent, we don't get paid enough.
38. Many of the top factors that contribute to my stress at work and therefore burnout include: EMR, administrative demands and insurance. I still find great joy (even in my non-compliant patients) helping those in need and practicing medicine. Most of us went in to medicine to help others and it's the additional work and/or added demands that take away from patient care or demands of insurance that don't allow us to care for our patients the way we would like that add much stress to our work life.
39. Interestingly, EMRs have made the practice of medicine more cumbersome and what I believe to be less accurate medical records. Likewise, the use of email has cluttered life and creates another level of communication to which legally you may have to answer. Because these additions to the practice of medicine are available anytime and anywhere, instead of leaving it at work, you "take it with you" on vacation, weekends, etc. Likewise, the level of expectations of patients to have every question and concern answered leads to dissatisfaction. The media, most especially the Internet, has created a tremendous amount of unrealistic expectations for patients, and in most circumstances, the Internet (an unfiltered source of information) misinforms or over-informs patients/lay persons who don't truly understand medicine/health care. I find myself many times having to re-educate misinformed patients which is time consuming and of course, not reimbursed.
40. Without a doubt, an EMR with all its implications has converted a big portion of my job into a being a glorified data entry clerk, taking time away from clinical work, resident and fellow teaching and research. By far this is the biggest aggravation.
41. There are too many new non-clinical entities consuming health care resources without adding to patient care like EMR or so called safety organizations.
42. Increased compliance regulations that have no benefit to medical care. Electronic medical records are cumbersome and slow down treatment and evaluation. Increased use of emergency room by patients has increased demands of weekend and night call.
43. The intrusion of mandated EMR makes it impossible to satisfy patients' desire for interaction with the needs of a productive practice, especially in the face of an adversarial relationship with the hospital administration. The single-payer model is not viable in a community with a single hospital.
44. I am now over the worst of adopting EMR as far as loading in all past patient data, etc. I am angry at Federal regulations and control over the practice of medicine.
45. EMR is greatly contributing to burnout: soul-sucking, time-consuming, and not much benefit.
46. Reduction of unnecessary paperwork. Selection of the right electronic record (ER) system that has been proven to be user-friendly, reduce paperwork and is much faster and efficient.
47. The amount of crap that is not patient-care-related in medicine is ridiculous. Take down all the roadblocks to actual patient care (e.g., charting demands, paperwork, complicated IT, complicated billing) and everything would be much better.
48. The EMR is catastrophic.
49. The inherent inefficiencies of EMRs designed to meet meaningful use requirements is the underlying cause of stress and burnout for many physicians with whom I work.
50. Paperwork and compliance with insurance company and government policies are a huge burden. EMR is tremendously taxing on productivity and satisfaction. I feel like I have virtually no power to control my schedule or my life.
51. Burnout is being caused by administrative demands, particularly from the EMR and the myriad of rules with which one needs to comply. More is expected yet compensation is falling.

52. EMR and the current meaningful use and patient-centered medical home initiatives are negatively impacting my satisfaction with medicine and do not improve patient care. More time is spent looking at a computer and checking boxes to make sure everything is documented correctly. What loses out in this is the patient-doctor relationship which is what drew me to primary care in the first place.
53. Electronic health records have fundamentally changed the practice of medicine. The majority of time is spent entering data to satisfy computer requirements. There are only 2-3 beneficial aspects to EMR. People now wait longer for appointments and there are less available appointments because of the decreased ability to see patients. The role of a physician is increasingly clerical. This is a tremendous waste of highly-educated and trained people, especially as the government tries to insure more people. This is all in a setting of do more with less funding and reimbursement.
54. EMR is the worst thing ever. It has reduced stints to a piece of paper and has decreased the interaction as the important thing is the meaningful use dot points.
55. EMR has increased the non-physician work demands. We are now doing things that used to be done by the ancillary staff. Also, there are several EMRs, a different one in each hospital, a different one in the office. Little technical issues can take a while to resolve. Even though there are EMRs, they don't talk to each other. It is very frustrating trying to coordinate care with multiple facilities in a big city. Also, ancillary staff members are rarely nurses now. Mostly low-paid assistants are replacing nurses and are first responders. I think this is unfortunate. Procedures and tests pay more than actually taking care of patients and physicians are becoming businessmen. Very frustrating.
56. The main unhappiness I have with work is the new computerized EMR which is unbelievably cumbersome and has been like throwing wet cement onto an already too busy work load. The administration has absolutely no interest in making changes to the system which would make it easier to use and there appears to be no real desire to get help to do the work either.
57. With EMR and the emphasis on documentation, the art of medicine is being lost. Mired in all the paperwork, more is expected of us with less time and less help. Patient population and their demands also are stressors and at times unreasonable. Not only doctor but with "X" and all those parameters to use to assess our care. Especially when we have 15 minutes to address all issues and at times the unreasonable expectations of patients.
58. Eliminate EMR and third-party payers.
59. EMR is the main factor that is causing the burnout factor. We did not go to medical school to write notes and scripts especially when you are seeing 40 patients per day with more demand to be productive.
60. The main problem is the EMR. It is hard and frustrating to use. Using it feels like beating my head against the wall! IT support frequently is useless!
61. EMR is the biggest headache right now by reducing productivity.
62. I am in a small single practice. Since hospitals began using electronic health records (EHRs), the 3 doctors covering 5 hospitals have conflicts in that they each have different EHRs and cannot master all. It was easier to use pen and paper. I have not had a day off in 3 years - 7days a week, 24 hours a day, 365 days a year. I cannot find coverage for minor procedures (e.g., dental).
63. Not being able to attract a new physician has been so hard for a year. Still no help is coming. Also, the EHR has been a big negative - slower, more cumbersome, and frustrating. Also, EHR has added at least 2 hours to my work day!
64. Defensive medicine in USA and the things we have to deal with to cover all bases, like documentation and spending more time on every single detail, is the main reason for burn out.
65. EHR has made simple tasks that only took a few seconds now take several minutes. Multiply each task by each patient by 5 to equal the amount of extra time EHR prolongs patient care.
66. I love the field and am in love with the work but find myself stretched. Those of us more senior find the biggest toll is "multitasking". The EHR had made that worse. As a physician administrator, I miss the physician part, the actual patient care.

67. EHR compliance has increased workload of non-compensated duties enormously leading to significant burnout.
68. The irrelevant demands imposed by EHR and complex documentation by EHR in the hospital as well as the office are just too burdensome.
69. EHR is by far the greatest cause of increased stressed I have ever seen in medicine, including being forced to use "X" dictation. It's amazing in this day and age of technology how far backwards and inept these systems are. Administrators are shoving this down our throats. How did we physicians allow this to happen to us? We are not running the ship here; we just sit back and take it.
70. I have reduced my patient contact hours from 32/week to 20/week with a resultant cut in pay. I still work 36-40 hours/week to finish all the EHR demands. The meaningful use requirements and requirements for Medicaid/Medicare billing have added hours to my day. My stress is relatively the same as I have reduced my hours and am deeply spiritual. However, I would love some way to reduce the hours of EHR. My patient contact and EHR hours are close to a 1:1 ratio. Thanks. I hope to get into hospice work next.
71. EHRs are adding to stress and lower productivity without appropriate benefit for patients.

PASSION NO LONGER PRESENT

72. It was my life-long dream to practice medicine. At this time "the thrill is gone" and I am constantly looking at ways to make my exit from medicine.
73. Meaningful use requirements have taken away the efficiency and pleasure of practicing medicine.
74. The current state of medicine reduces the motivation for physicians to practice. Costs of education are too expensive and physician pay is too low. It is no longer worth it to be a physician.
75. I am very unhappy with my choice of careers. I had no idea it would be like this.
76. Doctors are not in control of their destinies anymore.
77. This is one profession that is expected to be available and not be compensated. Most physicians have to work more than 80 hours a week just to make a living. More and more the hearts and care are getting further and further away from medicine. It is not satisfying anymore. It's becoming just a job. It is very, very sad!!!
78. Becoming a doctor and practicing medicine has been the biggest disappointment. The overall disdain and lack of respect for physicians is depressing. This coupled with decreasing reimbursements for what we do make me wish I would have become a plumber.
79. I am saddened by how much I dislike my job. My geographic location has largely dictated how I practice, as non-residency, employed family doctors are not given OB or any hospital privileges. All outpatient all the time, with high volume demands and the burdens of the EHR, is very stressful and unsatisfying. Thank you for doing this survey.
80. Unfortunately, this is a major issue in my life. For the first time in my career, I feel I will need to leave the practice of OB/GYN to save my sanity. I used to love what I do. I cannot say that anymore. So very sad.

DIFFICULTY IN OBTAINING MONETARY SUPPORT

81. As an academic, a lot of the stress/burnout comes from the difficulty in obtaining funds for research. This makes publication and promotions more challenging and has led to a recent job change for me. Difficulty with compliance requirements (constant need to do online modules for HIPAA, biosafety regulations, etc.) also contributes to stress/burnout.
82. Our personal costs to maintain a practice keep increasing but our reimbursement keeps decreasing. We are given so many unreasonable demands from patients, politicians, insurance companies and the legal system, yet we have no one on our side. We need people to help us with reimbursements, liability issues and workload. I see a lot of burnout and heart attacks in physicians. They have no time to care for themselves, only others.
83. I am in academic medicine with clinical, research, teaching and administrative responsibilities. Poor reimbursement for clinical activities, increased documentation requirements and dismal research funding.

84. Reimbursements and regulations are killing private practice.
85. Better reimbursement so I don't have to work so many hours to make up for all the extra implied costs by medical boards, specialty boards, CMEs, test taking, insurance and malpractice concerns, etc.
86. Medicine no longer remains service. It became industry where money counts. Everything in life cannot be measured with money. No longer joy in medicine, it's not physical burnout but more emotional drain and it's affecting overall well-being.
87. Debt. I borrowed a little over a hundred grand between 1983 and 1987 for medical school. I still owe over two hundred grand after 30 years. I was kicked off Medicare due to defaulting on a government-secured student loan. No matter what, I can never pay the debt.
88. I would stop practice now if I could afford it.
89. Finances are my biggest stress (i.e., debt and less income, less reimbursement from insurance companies and higher overhead.
90. The media, the public and the government seem to think healthcare costs are due to doctors and how much money they make, when the reality is that the "healthcare costs" for the nation are high because of on whom the money is being spent, i.e., people with chronic health conditions who don't take care of themselves and wind up spending the last few years of their lives in and out of hospitals and ultimately ending up in an ICU for the last two months of their lives, costing millions and millions and millions of dollars to the US tax payer. The nation seems to be placing the blame of healthcare costs on physicians, people who spend a lifetime working and training to take care of people, leading everyone to believe the answer to the healthcare crunch is to pay doctors less - a lot less. You might not see it in five years or ten years, but you will see it: the smartest people will leave medicine or will not go into medicine and the overall quality of healthcare in America will decline. The greatest percentage of healthcare dollars is spent on people who are already too far gone. It's called throwing good money after bad. If we spent a fraction of that money on nationalized prevention programs, then the majority of people who are reasonably healthy and require minimal healthcare intervention throughout their lives could continue to receive excellent healthcare at an appropriate level of compensation for the physicians who have trained and worked so hard to be able to provide the kind of excellent healthcare we currently have in America.
91. The medicine should not be corporate medicine just to worry about stocks of corporation and cutting service to patient for sake of corporation whose main concern is making money. Medicine should be direct relation between doctors and patient, no interference in this relation from the likes of a HMO or PPO. We have cost of medicine close to 3 trillion dollars, 60% of it for profit of drug companies, executive lawyers and administrators, stockholders. Some of these clinic and organization, as long a service is presented, for some indication, they want to use it for everyone since they get paid and push the provider to order the service; even that could be on their schedule of their work up without order of the doctors. We use and give the license to medical assistant and even E.R facilities without good experience and well training, they order text book work up unnecessary, that 90% are normal, since they are pushed to do it to make money and also defensive medicine. Every medical school should be very concern and watch to give diploma to someone that has honesty, integrity and well trained and capable of delivering best care to their patient. They should not graduate con artist, charlatan and student that could get to medical school suppose just could afford the high tuition or because they are minority or they play good sport. They have to admit the best student that want to be very good doctor and willing to do that, not because they play football or basketball good. The life your loved one could be in their hand. You know that Pfizer like drug company spend more than 1 billion dollars on advertisement for their product ZOLOFT, and make more than 11 billion dollars from one drug that addict the people. Do you know one in ten people are depressed in this country? Do you know why? Because they see depressive event in our country, because they see no one, even their close family do not care about them, or for each other. Because they see so many social event and war game destruction killing and bad news media and everything so badly materialized, and see everybody looking accuse of someone. They see every day disappointing matter, so many advertisements for so many things that they cannot afford it.

They have lost their job, their home and have been in war zone with so much post traumatic syndrome physical or psychological, that cannot do anything about because we are just capitalism, and everything is money, to make it by false of overdue advertisement bad politician and corruption, drugs and lack of care, all makes millions depressed, now drug company wants to give them life time Prozac to make them insensitive to the problem and make them silence of the lamb. You know every year we have so many suicides even in our dear soldiers that have been in combat. They saw destruction of civilization. They saw so many innocent children, women and men die and suffer under demolished cities, by wrong politics and by their own feeling of injury, because war game is profit of stockholder of war machine made by so many companies, investors and politicians.

INSURANCE

92. Frequent insurance rules and coverage changes with reduced reimbursements and making patients pay more co-pay or out-of-pocket expenses in-spite of insurance coverage is one of the main problems.
93. Overall insurance companies dictate the care not the physicians, but physician face liabilities.
94. It is clear that in the war between physicians (the good guys) and hospital and insurance company administrators (the bad guys) that the latter have won and are wasting no time ramping up their abusive and obscene practices.
95. Insurance interference with patient care and the administrative and bottom line load that has nothing to do with patient care and all to do to their stockholders and CEOs. (Paying them to make our lives miserable and medical decisions about which they have no idea or common sense.)
96. Health insurance makes things more complicated. Too much paper work.
97. National health insurance for all and an end to fee-for-service billing as the primary financial driver would greatly reduce stress.
98. Some of the greatest stressors are the requirements for hyper-documentation and the practice by both commercial and government funded insurances to engage in witch hunts and attempts to recoup funds 3-4 years after the fact, that were legitimately earned at the time, based on the retroactive application of rules that have been written or updated long after the services were initially rendered and billed. These factors create personal- and practice-related stress and, these days, frequently make me wish that I had followed my alternative career path of becoming an art conservationist.
99. I don't even know where to begin, this problem is so big. I think the bottom line is that with all the federal regulations, insurance company control and practice of defensive medicine due to an irresponsible legal system, it's hard to feel like you've done a good job. Couple that with decreasing wages (I haven't had so much as a cost of living raise in the past 11 years) and physician shortages leading to everyone working more and it makes for extreme dissatisfaction in this profession. To make matters worse, the government (lots of attorneys) and media demonize physicians to the extent that it makes it very difficult to maintain the energy necessary to do this job well. T minus 14 years to retirement - hopefully sooner.
100. The practice of medicine has changed considerably in even the last 15 years. Patients have higher demands, insurance companies are more restrictive and administrators are more demanding. The "on-the-ground" clinician is squeezed between multiple "masters" all while trying to just practice good and honorable medicine. I discourage all young people I know from going into medicine. It is not what it used to be.
101. The burden of meeting multiple primary care directives (meaningful use, Physician Quality Reporting System (PQRS), insurance demands - prior authorizations, forms, monitoring patients' compliance with medications and screening/prevention exams, etc.) that 99% of the time have nothing to do with the patient visit, makes me feel like I am not taking good care of my patients. I know these things are important, but do not have the financial means to hire staff that could take on most of these administrative tasks, leaving it to me to do. I hate feeling that I am not able to meet all the expectations and that excellent patient care in 15 minutes is impossible. I am looking to take early retirement.

102. I love doctoring. I love the relationship with my patients. I love the pursuit of learning and knowledge and sharing that knowledge with patients. My major stress comes from the insurance companies - private and federal (Medicare, Medicaid).

DECREASING QUALITY OF PHYSICIANS

103. I predict both the quality of physicians and the number of physicians will decrease rapidly.
104. Yes. In my current job, it is not so much the hours worked which causes stress but the heavy volume of patients to be seen. I am actually working an average or slightly less than average number of hours compared to a full time job but seeing far too many patients within that time.
105. Health care is going down fast. We need to take care of our doctors first. This will trickle down to the staff and patients. An overworked, underpaid physician will only spread negative vibes.
106. Stress/burnout needs to be recognized as a major threat to physician productivity!!!
107. I have burned out already. I would like to leave medicine altogether as I feel it is no longer a decent field in which to work and I think it is beyond any hope that it will change for the better. All I see is more regulation and a steady decline in quality. I no longer want to be a part of this. Medicine has been ruined at every level!!
108. I'm a PA and not a physician, but the stressors are very much the same. I've only been doing this for 5 years and I just want out, but I don't see a way out. I see the situation only getting worse, particularly when the focus has shifted from quality care to patient satisfaction.
109. Quantity of patients seen can't be proportional to quality of care. There are a lot of demands in terms of improving quality of care for patients but this only true on paper and not in actual practice. All the quality measures can't be done in a 15-minute clinic well or sick visit, especially if being double booked.
110. Patient load reduction, allowing total engagement and safe practice, is essential. Mid-levels should be legislated to assist and complement, not attempt to feebly replace. Our health care system and patients cannot afford the risk associated with the market- pressured, mass infusion of “physician wannabes”, masqueraded by policy makers as adequate replacements. Deplorable!!
111. Medical malpractice is driving medicine in this country down. Medicine is a high calling, a mission, a service and in the US unfortunately it became a business with "customers", not "patients" anymore. We are forced to practice defensive medicine and we still get sued. If I knew how it is here, I would have never come to the United States to practice medicine.
112. Doctors want to help people. They need to know that their toil is making people better. There are no feedback mechanisms to determine this.

LACK OF PHYSICIAN CONTROL

113. Better work environment and support, flexibility and feeling in control of work improve the stress level.
114. I decided to no longer practice OB/GYN, but just locum tenens work PRN. More control of my time.
115. Intrusion of “business” into medicine is troublesome; understanding that waste needs to be evermore avoided; lack of MD involvement and power.
116. Doctors have no rights to representation or recourse.
117. Burnout, for most doctors and me, is usually caused by actual problems that can potentially be fixed. If physicians had more control over their lives and practice, there would be less burnout. We don't need counseling and yoga classes!!!
118. Physicians are losing power and position. More third-party persons are controlling us. We are losing autonomy.
119. I would replace 'burn out' with physician 'loss of control' over the practice of medicine. The source of much frustration is that decisions are largely made by non-clinicians, because clinicians by and large are focused on actually caring for patients. Ironically, dedication to patients makes it so clinically-busy physicians aren't at the decision-making table and if you aren't at the table, you're on the menu!

120. Everyone loves to talk about primary care, but no one wants to do it. I have to answer to a *$#%! RN. I have zero control of my life. I dream of just walking out the door one day.
121. The main problem with US healthcare was recently described in an article identifying the key issues.
122. Physicians have no control over the status of healthcare, which is being overtaken by politicians, lawyers, and insurance companies.
123. There is more emphasis on patient satisfaction, regardless of the appropriateness of patient care or patient non-compliance, with the penalty being placed solely on physicians with decreasing reimbursement for poor outcomes.
124. The blame is placed on physicians for the high price of medical care ("unnecessary testing", etc.), yet it is the physician that gets sued for missed diagnoses from pressure not to order such tests, further driving up the cost of medicine.
    a. Meanwhile the lawyers and politicians get richer, while the physicians continue to lose reimbursements, which constitute <10% of the "cost of healthcare". Patient satisfaction plummets if the physician doesn't order whatever tests or medications/services the physician deems unnecessary, and again, physician reimbursement plummets when patients aren't satisfied with their care (e.g., mother who wants antibiotics for her child's viral illness).
    b. Without tort reform and physician protection from external pressures (e.g., Press Ganey, patient satisfaction, malpractice lawsuits, political regulation of healthcare), the medical profession will continue to spiral downhill, making it less worthwhile for bright students to choose the medical profession and ultimately leading to poor health care for everyone. Until our politicians, insurance companies and lawyers realize this and stop penalizing physicians (which only makes the problems worse), health care in the US will only continue to suffer.
    c. Raises for employees (i.e., physicians) at my institution were halted this year due to "financial difficulties". It would be interesting to see how many raises amongst the hospital administrators, lawyers, politicians, and CEOs of our insurance companies were halted this year.

POOR TREATMENT

125. Physicians have less and less autonomy as more and more hospitals and practices are absorbed into large corporate organizations. This "big-box medicine" results in administrators attempting to micromanage all aspects of physicians' practices and establishing "metrics" that often are not accurate measures of good practice. However, non-clinical administrators become irrationally devoted to these metrics. "X" also is having a ridiculous impact on medicine, as health care organizations are trying to give patients what they want, rather than what they need in pursuit of their healthcare dollars. This is establishing a chronic conflict of interest and often ethical dilemmas for practicing physicians who still idealistically want to aspire to provide the best patient care even while being pressured by administrators to set different priorities (e.g., metrics, Press-Ganey scores, slot fill rates, daily visit quotas, etc.). It is incredibly demoralizing.
126. In my 23+ years of practice, I have seen medicine change dramatically for the WORSE! It is no longer caring for patients; it is completing "benchmark" things that insurance or government put into place. It is defining productivity by a mythical accounting term "Relative Value Unit" (RVU) instead of patient care and satisfaction and it has turned medicine into a business, not a "practice". Medicine is "cookbook" now based on random "evidence-based medicine" recommendations, many of which are not yet proven, but they become standards of care because someone attaches the label "evidence-based". I love what I do but if I was young and smart and thinking of medicine as a career, knowing what I know now and seeing where medicine is going, I would not choose it as a career anymore. We have all become monkeys, just copying the "cookbook" recommendations of treatment, and ordering tests for everything instead of using good, sound clinical judgment. Everything will end up being a "physician extender" with markedly less training than a fully trained physician, but they can follow protocols and that is all you need to do in medicine anymore. It is no longer a "noble profession."

127. Need to get rid of litigation/suing of doctors, healthcare workers. Such a noble, respectable field is treated like garbage. Go to other countries in world and see. Need to control pharmaceutical and insurance companies.
128. Beyond all personal, subjective feelings, objectively the environment tends to be hostile down to the disparity of care offered to various ethnic/socioeconomic populations.

ADMINISTRATION

129. The biggest stress is the lack of clinical background in administrators who make decisions regarding how we will practice medicine. They have no idea what the impact is on appropriate patient care or on the physician who is expected to compromise his/her ethics so the facility can check off a few more boxes.
130. I left a multi-specialty group practice because of burnout, lack of support and harassment by administration of the group
131. There has been a marked worsening of support by hospital administrators over the last several years. This has been accompanied by an increase in pay for hospital administrators and an increased sense of entitlement. Poor hospital administrators who are not supportive of physicians are one of the greatest challenges we face in health care today.
132. If physicians were appropriately compensated, the amount of time and stress would be worth it. However, with dwindling compensation, why should physicians be martyrs? I personally have sacrificed my entire life and went hundreds of thousands of dollars into debt to become a physician. The negativity in the media, constantly portraying physicians as greedy. The constant barrage of attacks by Medicare and insurance refusing to pay and taking back money for services provided. As physicians, we can no longer do what is best for the patient. We have to ask permission of some idiot with a high school degree on the other side of the phone at the Medicare office. Additionally, state and federal politicians are now legislating that allied health professionals with a fraction of the training of physicians are equal to and, in the case of optometrists, better than physicians. It is disgusting and insulting. We have given up our lives and finances for this profession and all we get in return are law suits by patients, investigations by Medicare, no –bills and insults by legislators saying our expertise is the same as allied health professionals. I would never recommend anyone go into medicine. And if I did, I'd tell them to be an oral surgeon because they are the only physicians that get compensated anymore and have the guts to stand up for their reimbursement.
133. I like the actual practice of being a physician but there are so many things that almost seem intentionally designed to cause headaches (e.g., meaningful use, Maintenance of Certification (MOC), "face-to-face" sheets for home care, preauthorization for imaging).
134. I would like to regain more control, more autonomy of my practice, less bureaucracy.
135. Need more administrative time and working a 4-day work week or 4.5-day work week, not 5 days a week.
136. Improve compensation for the hours of work done. Greater support by administration. Society needs to go back to the basic principle that respect goes both ways.
137. Non-clinical people make the job much harder. Administrative and financial people make large salaries but are very disconnected from the reality on the ground.
138. The hospital administration is a danger to the patients!!!
139. Our administrators are heartless.
140. The medical community does very little to help provide a healthy work environment. There is no support when stressful situations take place. We are supposed to help others, but the medical community cannot help itself. Sometimes I feel embarrassed to work in the medical field because there is no support for us.
141. I basically still enjoy medicine. I left the ER after 20 years. I am making a lot less money, but have a much better lifestyle and diminished clinical stress. The majority of my stress these days stems from an ineffective and uncaring administration.

142. We are expected to be perfect in a system that is far from perfect. It is easy for an administrator to tell me I need to be better when sitting in his office. Every day one more thing gets added to the day - one more rule, one more compliance issue, one more… As this happens I am supposed to smile and keep everyone happy. I don't know why I it is my responsibility to keep people happy. Shouldn't they do this themselves? Ever been through a credentialing process? I am not a criminal but you wouldn't know that by the way this process works - the back ground checks, the health questions, the explanations as to why you took time off to have a baby and on and on and on. I am supposed to smile and be nice.
143. Most physicians became such to help people. Now we spend more time pleasing administration and "checking" boxes and patient care is lost. It feels like who cares how the patient is really doing, just make sure all the boxes are checked!
144. More productivity is required with more record keeping/regulatory hurdles, with less administrative support and with a political climate that does not reward effort.
145. I recently left the medical group at which I was employed for the past 7 years. Stress and burnout was the main reason. Lack of administrative time was the leading cause of this stress.
146. It's not so much having more people to deal with the administrative burden, but not even having the administrative tasks that are not helpful or necessary to care for patients which most of them are.
147. Employment of physicians by hospitals and working for administrators who judge you by the number of RVUs you create and not the quality of care you provide is the worst thing that has happened to the practice of medicine in this country.
148. Warning: These comments are not from a touchy-feely primary care provider. Beginning in 1979, medicine began to lose it shine. Medicine became an administrative open running field to simply take a vulnerable profession and basically rape it under the guise that we were bumbling idiots. The op-ed writers with nothing better to do started writing doctor-bashing stories for the nightly news and special reports. Pharma won the right to advertise directly to the public taking the doctor out of the process. What we have today is the end result of the "selling" of medicine for no good. Now, we have a sick population, not due to the doctors. Who do we blame now? Big money, pharma, hospitals and insurance. The same groups that "won" the ACA bill. Now we providers are challenged with taking a bad system that make trillions a year and keeping it healthy as well as the population. The Baby Boomers are going to die before they get to retirement. Baby Boom doctors are dying as well as retiring half broke so decreasing doctors' "stress" won't get it. These Boomer facts are going to crash the system. When it's reborn it will look a lot like it looked in 1979 - no-wait walk-in, call anytime for help, one place to go for all needs and everybody just waiting to take good care of you. Sounds like a patient-centered medical home. WOW. Great idea. It is a good idea but it didn't from ACA. Digits will help us keep track of the patients for sure. EMR is now a windfall, multi-billion-dollar business and prior they were asleep. The program for the organization will cost 50 million dollars, yep. Who pays that really? From what I can see, we do the same wrong things, just more efficiently and faster. The mistakes that are being made are from employees that have no real dedication and can't understand why providers are upset with a tiny mistake. Dangerous. So how do think we are doing so far? B-.
149. Retired from outpatient Veterans Affairs (VA) clinic after 17 years. Generally, good honest patients. The VA administrators are idiots and squandered our good will and skills the past few years.
150. My administration, "X", contributes to and causes burnout, rather than assisting with resolution.
151. "X" is a greedy corporation who undermines their physicians and provides no support putting patients at risk, notably in the "X" market!
152. Better understanding and respect from administration. Even small things like a well-stocked physicians' lounge helps since many doctors don't have time to leave the hospital for lunch. Just a small example would show we are appreciated.
153. "X" calls itself the industry leader, but they are running good providers away.

154. It isn't patient care that is the issue; it is the increasing demands and regulations imposed upon the practice of medicine that is the problem. Non-medical people making decisions about health care. Emphasis on fee for service rather than preventative care. Interference by insurance organizations.
155. Patient satisfaction is one of many quality indicators but administrators have focused on it as the only quality indicator and it is currently done in a completely haphazard and non-scientific way. I believe it has materially contributed to stress in the Emergency Department.
156. I think we all expect as physicians that we will work longer than 9 to 5 and some days and patients will be difficult. What we don't expect is to have ill-equipped administrative personnel trying to control the practice of medicine to the point of making it no longer an art, no longer exciting, no longer the reason we spent years in training.
157. As much as physician burnout is discussed, it really seems that administrators sweep it under a rug. I have received two one-page handouts in my mailbox at work from the Physician Retention Committee. That is their net contribution to physician support.
158. Get administrators out of medicine. Let's make healthcare about patients and doctors. Let's look at factors other than physician compensation as a means to reduce costs.
159. Often it is those non-clinical administrators that make life difficult for physicians.
160. In general, the administration is the source of stress. When I was in private practice the stress was different and more manageable, instead of all these administrative experts telling you how and when with respect to every aspect of your waking life while working for the hospital. They tell you that you practice medicine your way but in reality they control you.
161. I will always be involved in some aspect of health care but will strongly consider administrative management capacity in the future.
162. Hospital administration and insurance companies do not care about the patients. I do. This makes me want to leave medicine.
163. Burnout is not understood by administration. I was told "you have to be nicer", but there was no help to control my schedule and 24-7 call responsibilities.
164. I am a fellowship program director. Lack of administrative support and difficult personalities in the current work environment are a contributor. I also have 3 boys ages 11, 14 and 15 and my husband is a physician executive and Boy Scout troop master. We never get a break.
165. My administration creates stress and burnout and takes pride in it.
166. While compensation is obviously important, the paperwork demands are increasing constantly. In contrast with lawyers, our paper work is considered "part of the job" and not reimbursed separately, which results in spending more time complying with paperwork requirements and less time on patient care without any increased reimbursement.
167. Increased amount of paperwork and charting requirements in family medicine cause a significant increase in stress level.
168. I think there are too many competing pressures on and expectations of many physicians (for example, doctors are pressured to see more and more patients per day, expected to do more documentation (as a result of the implementation of new electronic health records) and paperwork and at the same time to perform well on patient satisfaction surveys (which are becoming more common tools of performance evaluation in large medical organizations)). I left the large multi-specialty group I was in because I got overwhelmed and burned out by the combination of these work-related pressures with the pressures of other aspects of my life (including raising two young children and trying to help care for an ill parent). The organization had really nothing to offer me in terms of measures that might help to alleviate my stress level/burnout in a timely fashion (such as decreased patient load, assistance with paperwork, more team-oriented approach to work with more sharing of responsibilities).

169. I have been in practice for 20 years. Each year reimbursement has been cut and documentation requirements have increased. I have less time to read and learn new things that would benefit my patients. I am a very successful and popular solo physician and love caring for patients, but I don't get to because of paperwork. These items along with the increasing paperwork requirements by insurance companies make the practice of medicine the worst career option possible.
170. When I was at this organization, I felt like I had no work/life balance. As far as the work/life imbalance issue goes, time is a huge factor. If you don't have time to do things other than try to complete your work, you don't have balance in your life. Things like counseling or stress management seminars did not interest me at all, as theses would just take more time away from my family and other non-work-related pursuits. I don't think these would be at all helpful to most physicians dealing with burnout, unless offered in conjunction with measures implemented to decrease time demands on physicians (such as decreased time spent on documentation and paperwork).

HAPPIER AS A RESULT OF LEAVING JOB

171. I left a position as medical director of an urgent care for two days a week at a community health center, and two days a week at home doing telemedicine. I am much happier, even though both of these new pursuits have their own issues, of course.
172. I retired in March and now do locum tenens. Ninety to one hundred hours a week was just too much.
173. I was in an extremely stressful hospital-based practice with poor relationships between the fellow physicians and with the administration. I left as soon as my contract was up and went to work for the governmental agency in town. My life is much improved with minimal impact upon my family life. While pay is less, time off is more and call a thing of the past. The one-third pay cut was worth every penny.
174. No longer working in the intensive care unit helped a lot.
175. I was in a highly stressful situation due to hostile partners and an unethical administration interested only in the bottom line. Left that as my solution and am now in a minimally stressful situation with a good partner and supportive staff and administration.
176. I left my job and went to a new institution. The stress of my previous job completely overshadows the stress of moving my family out of state and away from the only place we had ever lived. I was there thirty-two years and my husband there for more than four generations. It was unbearable and hurting both of us physically. My new position isn't perfect, but leaving has saved us physically. And leaving one place empowers you to set limits at another place.
177. I had my own practice for eighteen years, left and have had several jobs since, some locum tenens, some employed, all with the goal of seeing family more. Will likely return to locum tenens again by next July. Leaving the partner and the business concerns helped my burnout and stress immensely. I will be looking for no-call and part-time jobs.
178. I gave up obstetrics 2 years ago. Since then I get more sleep and feel healthier.
179. Switching to locum tenens has helped a lot! No politics, no administrators, walk in/walk out.
180. I recently changed specialties due to burnout and could not be happier. I moved from an outpatient call-from-home specialty to an inpatient shift-work specialty and it has been wonderful. There is more control over when I have my time and when I am taking care of patients. The new institution I moved to is also more supportive of physicians in general from the administration down.
181. Life as a retired physician at 58 is grand! I lost weight and feel great. Now I just devote my time to medical education and it is very rewarding.
182. After practicing solo internal medicine for 36 years, I sold my practice to a hospital. After working for the hospital for 6 years, I quit. For the past year, I am practicing full-time telemedicine from home. I couldn't be happier. Everything I hated about practicing is now gone! I work for 6 different telemedicine companies.

PERSONAL LIFE

183. The key is more time for recreation with not a significant drop in salary.
184. Better work/life balance is most important.
185. Yes. Most ICU physicians don't last 30 years in practice like I have. I was helped by having a partner, also with 30 years in practice, side by side. The main thing is having control of time which means control of schedule, number of weeks worked and ability to trade. This is possible in our private practice setting but not possible in most hospital-employed practices.
186. Another factor of stress that I am dealing with is moving states. (My husband is military). The process of re-licensing in a new state is a huge stressor and it seems as though there aren't good resources to help navigate the system.
187. Growing family can contribute to stress due to increased financial needs for family. Also, a new work environment and living environment may be more stressful than previous place of residence (i.e., different city, state and weather).
188. Half-day work options for moms.
189. Many people are burned out, but the field of medicine is not one that welcomes admission of weakness or "not being able to keep up" especially if there are other providers in my practice that are "able" to keep up with the same or more demands than I can. Work/life balance is a struggle. I do not want to be a stay-at-home mom, but the stress from work makes me feel very ineffective. When I'm at home, I feel I should be working. When I'm working, I feel I should be at home. I love my work, but hate the job.
190. I reduced my work hours over a year ago due to severe burnout. I now work two days a week (12 hour shifts) and my life is so much better.
191. I wish I could practice what I preach to patients. There's no time to focus on myself.
192. Sleep is key. Sleep cleanses the mind of old, used neurotransmitters. Sleep is the first thing to go under heavy stress.
193. You spend more time at work than with your family/spouse. If the work environment is negative and stressful you will carry that with you to home and elsewhere.
194. Physicians should incorporate exercise, time with loved ones and healthy eating into their life.
195. Work/life balance is especially hard for working mothers with children. Demands from patients and job responsibility directly conflicts with family demands.
196. I believe that physicians, particularly physicians in training, should be provided the same human and work rights as other individuals. This includes small breaks after a number of hours at work, a dedicated time for lunch and, in general, shorter hours to allow time for oneself and family. There has to be a better way.
197. The greatest impact of stress is less time with my young children. I sometimes go days without seeing them.

GOVERNMENT

198. There is nothing I can do to change the insurance policy or health care reform. It is helpless.
199. Appeal Obamacare!!!
200. Obamacare has wrecked our healthcare system! Administration and government middlemen make too much money telling me how to best care for patients!
201. There have always been stressors in the practice of medicine. However, what has happened since Obamacare has been implemented has multiplied these exponentially.
202. It is a time of transition in healthcare with so many in the same boat. Physicians need to take control of their futures and realign expectations with the reality that faces us.
203. The last two years I spent worrying about and paying for an FCA lawsuit against our practice based entirely on lies, yet the government backs the extortion in spite of finding no evidence to support claims. More of these suits will destroy practices and hospitals if the law continues to allow Qui Tam suits to advance beyond government investigation.

204. Obamacare, HIPPA, insurers denying payment, we are drowning in ineffective paperwork issues and with the restrictions, patient care is at best a C+.
205. Malpractice and fear of frivolous lawsuits is the number one stressor for me and most of my colleagues, and will probably be the reason I leave medicine. Being a target for litigation creates resentment towards patients.
206. Constant change (increase) in documentation requirements, reduced ancillary support, incessant demands all combined.
207. Attacks by the Department of Health and Department of State against physicians are increasing, and this is a great source of stress. There is no defense against them, and they can destroy a practice or career without any oversight or actual proof of a problem.
208. The corporate and governmental takeover of medicine is a disaster for all involved, except the bean counters and the lawyers.
209. Repeal of the Affordable Care Act (ACA) (a misnomer if there ever was one), holding the Centers for Medicare and Medicaid Services (CMS) accountable for their decisions to unilaterally cut reimbursement and nationwide tort reform would do wonders in reducing physician stress as a whole.
210. Actually the government directives which are often punitive are largely without merit, often inefficient as systems are not prepared to cope with these demands, and seemingly enacted with little physician input. More and more at meetings one hears that the physician organizations should act to "stop the madness". The practice of medicine is more and more not patient care but documentation. Unfortunately, this documentation has become so prolific that it is increasingly difficult for the clinician to find the clinical 'needle' of concern in the haystack of paperwork.
211. Administrative fiat by CMS, Joint Commission, and others, most of which is non-evidence-based (HIPPA for example), is a chronic source of stress and "burn out" for myself and my peers. Preoccupation with potential litigation, and a social environment fixated on getting a "quick buck", has poisoned the practice environment.
212. I worked at an Urgent Care for 10 years doing 15-hour-days 3 days in a row then off for a few. I got named in a lawsuit, but my liability was minuscule and we settled my part out of court for $50,000. But that was the last straw for me because I consider urgent care work as malpractice waiting to happen.
213. Getting the government out of health care would help tremendously.
214. One of the stress-related factors (the most important for me) was the threat of malpractice suites. I retired a few years early to avoid ending my career facing a suit.
215. Poorly thought out consolidation and hospital network contributed to my retiring. The cost of practice and practice environment were critical. I find the present political environment most discouraging.
216. I went part time because of stress and burn out. But what I find is I am getting paid for less and still expected to do the same amount of work. The political system and malpractice have to change. The patient also has to take more responsibility for their health for anything meaningful to happen.
217. There is no other profession that requires so much of their colleagues without any benefit, (e.g., continuing medical education (CME), hospital safety). If you are at more than one hospital for each one, all are unpaid, no overtime or anything else. Doctors work like crazy and don't get compensated. We also have to deal with malpractice, legal issues, and unreasonable patient demands. I want to retire as soon as I can without having to pay a tail and good bye.
218. The dominance of government, hospitals, insurance companies and legal firms in the decision making processes, often with physician input limited to those elite physicians who do not actively treat patients, has resulted in a delusion-based system that as often as not fosters or creates poor health - more of a sickness than health system. The solutions offered by those listed above most often only worsen the situation.
219. It's a tough life. I wouldn't be a doctor if I had to do it again. State and federal regulations are killing/have killed the practice of medicine.

220. Increased CMS and government regulation interfering with our ability to actually practice medicine as we are trained to do, in conjunction with an insurance industry that increases administrative burdens while ratcheting down reimbursement, are destroying the profession. I routinely counsel young people not to go into medicine. It is less about caring for people and more about checking boxes and filling out the appropriate computer generated forms. The art and practice of medicine is long gone.
221. Both private insurers and government continuously mandate more paperwork. Each new item is not that significant, but the combination of all of them has become overwhelming.
222. We have lost our way and given our sacred profession over to bureaucrats. I hope all the business people who have overrun our profession have the misfortune of being cared for by the "health care provider" of the (not-too-distant) future that they have created. Very, very, very sad state of (health care) affairs.
223. Too much governmental intrusion, intimidation; constant "dumbing down" of physicians by idiot administrators; too many new unqualified, undereducated, narcissistic "physicians" with bad work ethics and unrealistic expectations; too much political correctness without visible improvement or quality improvement. Qualified students based on their academic merits with medicine as a "calling" are being replaced by political correctness. The science of medicine is being replaced by simulations and people with their noses in their iPhone and iPad and not examining or evaluating their patient. Erosion and loss of the patient-doctor relationship due to it being replaced with the "best medical evidence" purported by computer-generated data.
224. Government, health care institutions and organized medicine have forever poisoned the practice of medicine. Nice job guys.
225. Get government out of medicine.
226. Biggest concerns are government/regulatory interference and expense, poor economy, poor work ethic from office employees and patient sense of entitlement.
227. Get the government out of healthcare. Ditch EMR and International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10).
228. Constant changes in what is required by government and especially the states for Medicaid are very frustrating. Just when you finally get patients to understand one way of doing things, requirements change and we have to start from square one again. The amount of work we do to get the pennies on the dollar while caring for the poor is discouraging on a daily basis for a doctor who owns a small business and scrapes by each day to make ends meet. Then you have a good year through extreme hard work and pinching pennies, and the government kills you with excessive taxes on that profit. It never ends.
229. Get the government out of medicine. Doctors should be running medicine.
230. Government-directed and hospital-administration-supported demands are increasingly placing pressure on physicians. In response, much of electronic medical record has become template-driven sheets that provide little information or thought. And yet, the requirement is “fulfilled”, adding little to patient safety or care and resulting in more work, less reimbursement and increasing bitterness.
231. I retired last December thanks to a fortunate financial decision. I am done with medicine hopefully forever. Medicine is a complete disaster as a profession thanks to attorney, insurance and government involvement.

IN-OFFICE STRESS EXERCIZES

232. Our institution provides wellness classes but they are during the workday and when one is attending or in clinic it is impossible to join this. In addition, although the EMR is of help, it has allowed the clinic system to demand even more patients be scheduled and has caused me to have to work extended evening and weekend hours every day of the week. There is also no such thing as a vacation free of looking at the electronic record unless you are on a cruise ship with little wireless access. You are expected to answer all emails and electronic chart questions about your patients as the covering physician is unable to do that and cover their own activities. Everyone is so overextended in my academic unit. There is no real downtime ever.

233. More office team building.
234. You forgot to ask about computer games. Candy Crush helps too.
235. I wish our job had a place we could exercise to help release our stress.
236. Fewer exams and recertification testing it. Either use MOC or continuing medical education (CME) as means of maintaining qualifications for board certification. Offer quarterly support groups or exercises for managing physician stress by the medical societies locally, state or nationwide.
237. Doctors need more time free of patient care to catch up on administrative duties and paperwork and time to just think.
238. I work in a residency and the administrative demands have had an impact on the stress in this job as well. The course, "The Healer's Art", is taught in several medical schools. It is designed to help students stay connected to the values that brought them to medicine. I think similar groups for attending physicians would be helpful. Please look at the website for "Finding Meaning in Medicine" or the blog by Rachel Remen.

SPECIFIC WORK-RELATED

239. Additional answer to #19: Keep current job with support staff but change physician partners or attitudes.
240. I am working in a residency program. Residents are great as are most patients. Trying to address patients' substance abuse with narcotics is exhausting and stressful. Also, difficulty finding doctors who will work as faculty makes us perennially short staffed which adds to the work load which adds to the stress I suppose.
241. I am a chief resident, and I spend much of my time addressing resident burnout/stress. We've done much for them in that regard (education, awareness, adjusting workloads, etc.). Ironically, this is a great stressor in my day and forces me to stress others (less work for one means more work for others). I dream of better teamwork amongst individuals prior to administration involvement. I think of my old track/field days, during hard training we supported each other, got through the challenges and were stronger/closer because of it. I think that is healthy and enriching at any level of analysis, but also requires motivation from individuals (which can be challenging).
242. I recently left solo practice to join a very large practice. I was not used to being "managed" by non-physician administrators. When considering a new opportunity, I have learned it is very important to clarify whether or not the physician has control over basic decisions affecting one's practice. Had this group not misrepresented their model, I never would have joined them.
243. I left a practice with veterans' health care because of unrealistic expectations and micromanaging by those who were not frontline clinicians. There was an overall atmosphere of implicit unrealistic responsibility without explicit resources or authority to meet these patient care expectations. It is sad the veterans' health care's resources for patient care are not being appropriately used because frontline providers are not supported by senior and mid-level leadership.
244. In the setting I left 3 months ago, the leadership changed. Each new set of leaders sought to "make their mark" with increasingly unacceptable and indeed stupid changes driving several practitioners away, including myself.
245. Forced retirement due to recognized autism-Asperger's Syndrome now as a senior. Highly functional but poor communicator. Recognition too late in life to be accepted back into the profession.
246. I left practice after being diagnosed with multiple sclerosis (MS). I received zero support from the hospital that employed me. I would no longer consider going back into practice because I feel that the stress, both physically and mentally, would be detrimental. I still have children at home and that keeps me very busy.
247. I am in academia. The demands in academia are overwhelming. Not only is one expected to make their salary like our colleagues, but there is expectation of peer-reviewed publications and grants (the rates of success of which are on a steep decline) for promotion. These demands coupled with a huge disparity in compensation (lower) in academia are deterring graduates from entering academia.

TECHNOLOGY

248. The increasing dependence on technical support to maintain the electronic record systems and navigate software updates and glitches is demeaning. We are required to use a system we often can't fix and one with unpredictable breakdowns.
249. My time is consumed by documenting in the electronic medical record as I don't type well and the voice recognition system we use frequently doesn't get what I say right. It takes me a fraction of the time to actually take care of the patient as it does to document what did. I miss reading, learning and the joy of medicine and the science as I have little energy at the end of the day to read. I often have paperwork to take home.
250. One of my personal greatest stressors is the cumbersome, growing number of user-unfriendly electronic systems that we have to use with seemingly little interest from administrative leadership to make sure these systems are workable for the computer "illiterates" that populate medical care.

INTERACTION OF "LOWER RANKS"

251. The increasing use of mid-levels (e.g., PAs and NPs) working at the same level as a physician gives hospitals and corporations the idea they can train anyone to do our job. It has downgraded us and lowered our compensation for primary care. Eighteen months of training does not equal eight years of training or rate pay that is 74% of the physicians, but backing this trend up will be nearly impossible.
252. Most NPs and PAs make just as much as I do and have profoundly less responsibility.
253. The lack of support staff (e.g., lab techs, administrative assistants, etc.) has led to a lot of extra stress amongst the physician population in my department.
254. I was in a job where a nurse went after me as a "disruptive physician." It was a very stressful and unpleasant experience because there was minimal support for me. I was put through drug testing, counseling and coaching at my own cost and had I stayed at that job, the "process" would have gone on for at least two years. The hospital protected those who complained about me and would not give any examples of disruptive behaviors. I left a practice in which I had been a founding partner because of that experience. I now have little faith in the powers that rule medicine because I saw the damage petty people can cause. Situations like the one I endured are not uncommon and add to stress and burnout.
255. Emergency physicians are still treated as second-class citizens and get no respect from administrators, nurses and patients. We have no due process and almost no rights. All hospitals, staffing companies, and locum tenens groups care about is having a warm body in the emergency department (ED).

GENERAL CONCERNS

256. I just read an article about physician suicide. This is very concerning.
257. Some of my burnout is related to current activities but a lot has carried over from prior and more intense burnout (such as during training in residency) that I have never managed to overcome (something was permanently damaged).
258. The primary care physician is undervalued, under respected and underpaid. I can't afford a home in the community in which I practice. For what was all the sacrifice? Especially since I can't even treat patients as I would like (without a less educated administrator).
259. It is frustrating that patient safety is being compromised by overreach from nurse practitioners encroaching on the practice of medicine and masquerading as physicians.
260. Asking physicians to do things over which they have no control (e.g., controlling patients' behavior and compliance).
261. Stress is the number one issue that will affect how long and where I practice.
262. Medicine has become factory work.
263. There needs to be more appreciation for the time involved in complex subspecialty care, and less duplication of efforts.

264. Continue to work after leaving practice.
265. Health care insurances' profit priority is taking resources from medicine that never return to medicine. This affects every aspect of the activity, as well as any government health care plan, because it is left with all the patients who are not "good business" for those organizations. In fact, their activity is based in charging for a service and minimizing what they spend giving back to such service. In addition to this, there is a cultural pattern of never going to the main problem, and putting on patches which look as doing without changing anything. Obamacare is the less bad available option but its future will be soon exhausted because it does not address the core of the problem. Medicine cannot be business for corporations. The money of medicine has to come back to the circle of medicine.
266. The medical field is broken and horrible; choose a different career.
267. Always feeling that I need to do more to maintain my position and income is very stressful.
268. This is a huge issue that needs input from the functional medicine and integrative medicine communities. Our health care system is broken.
269. The increasing ridiculous demands on physicians to comply with Medicare and insurance companies and the reduced pay with longer hours are the main reasons for burnout among me and the majority of physicians with whom I speak.
270. Even though there are work-hours restrictions now, stressors are on the rise, especially for those in surgical subspecialties.
271. The "Walmartization" of healthcare in America, pushed by Medicare, is a true depressing trend in primary care. I can no longer participate in this process. I give up. I'm retiring.
272. I need a facilitator so I can do what I like to do, practice medicine and take care of my patients.
273. I had to leave the Catholic Health system for which I worked for because I felt uncomfortable. I am openly gay and have many LGBT patients. I was in fear of being fired at any moment. The church should not have the power over physicians that they currently possess. Some cities have no other options besides Catholic health care. They should lose their Medicare privileges or have non-discrimination rules in place.
274. I feel a great many physicians are experiencing burnout. Unless some action is taken, we will end up with a national physician shortage.
275. Boarded in oncology and in palliative medicine, I work at an academic cancer center where I am part of an expanding palliative care service. The growth of our service has been poorly managed and we are under resourced (i.e., not enough physicians, nurses, or office assistants) given the intensity of the work. The current stress level is unsustainable and has drained all my reserve.
276. I've learned that no job is perfect and I will face same or similar issues no matter where I go. The biggest stressor is dealing with physician extenders (e.g., certified registered nurse anesthetist (CRNA)) who think they know as much as physicians but who are not liable if something goes wrong.
277. Physicians need to start being a patient advocate instead of concentrating on the reimbursement issues. We are losing the public support.
278. Academic medicine, as well as private practice, seem to focus on productivity rather than quality of care. Not why I went into medicine!
279. Not sure why anyone in their right mind would want to be part of the health care debacle that is currently transpiring. I used to be proud of my profession. Physicians are now considered a slave-like commodity with little respect and essentially no say in the health care arena that has been taken over by bureaucrats that have utterly no idea what they are doing....be it federal, local or organizational. Very sad and pathetic. I would never advise a young person to go into medicine in this era and environment. The EHR has enslaved us and made us an instrument of the government without providing any benefit such as reducing cost of care or improving quality of care. The attorneys are now gearing up for the medical-legal consequences of an EHR that forces poor quality and lack of physician-patient relationships. I can't wait to retire!!!
280. I had severe burnout just prior retiring.

281. The focus on money is eclipsing the focus on health and caring.
282. I am seeing that changes in healthcare are pressing solo practitioners to become part of larger organizations to be employed and not autonomous anymore so we can fulfill the demands of third party payers and stockholders. I see erosion of healthcare quality. It is now quantity what matters.
283. Major problem in the future especially with the surgical workforce.
284. I work at a federally qualified health center (FQHC). There is too little control over patient care. Medicaid managed care organizations' (MCOs') methods of patient care are backwards in that too much money is hospital-focused. There is no control of ER visits and huge limitations on medications (especially over-the-counter (OTC) meds which are not covered - why???) and mental health visits. Also, FQHCs require huge productivity numbers from providers to cover the cost of wrap-around services (e.g., social work, case management, insurance support).
285. I feel that the practice of medicine is turning into a retail-like environment. That's beyond unfortunate (and causes unbelievable stress).
286. Lessen burdensome compliance that is not necessary for patient care, less interference from every aspect from pharmacy to health insurance, too many policies and too much paperwork that have not added to patient care.
287. The largest concern I currently have is the feeling that those with whom I work, particularly those who are considered my colleagues, do not work well together toward a common organizational vision. The results are insulation from colleagues at work, to the extent that is possible, and when we are called upon to work together there is a feeling of combativeness in which members of the department turn angrily on each other over minor issues. This is not the first time I have had this experience in medicine, and have seen it in academics, private practice and employed practices. We must learn to work together and quit seeing each other as a threat.
288. I would like to see a return to free-market medicine with fee for service and insurance companies only for catastrophic care. Remove the middleman from the doctor-patient relationship.
289. As long as hospitals remain business centered and disguised as "not for profit" with CEOs surrounded and loaded with bureaucratic managers who emphasize "nice"" instead of reasonable expectations to do efficient work, we will keep the burden. Our ever-growing obese, demanding, ultra-sedentary society that skips no dollars for entertainment is the same in that a big part demands excellence they never had in any other area. We devote our best years to train and lead medicine but are not businesspeople. Salaries of all physicians must be above CEOs and managers should mix clinical work with their endless meetings and utopian planning.
290. I have left the clinical practice of medicine after nearly 30 years and can see now that during my last 10-15 years, I was miserably unhappy. I was an obstetrician and feel very strongly that without genuine tort reform this country will never be able to adequately control health care costs.
291. I am a minority physician and have found that there is still a great deal of sexism and racism in the practice of medicine. These factors have also added significantly to the stress I feel on the job, especially in dealing with colleagues.
292. Addressing burnout often seems to be an individual issue. Employers do not tolerate decreased work hours or the idea of non-clinical sabbaticals to address burnout. A culture shift is needed; otherwise, physicians internalize that handling their burnout is their individual problem, leading to more burnout symptoms.
293. I quit my full time job due to stress of work/life balance and became an office per diem physician. I feel less satisfied with my contribution to work and my patients, but it was the only way I could find to balance my work and home demands. I think American culture will need to change to allow women the ability to have full-time help at home to relieve the stress and guilt of working outside the home in a two- income family. There either aren't any "Alices" or it seems culturally unacceptable to have one.

294. Stress and burnout feels terrible and is very isolating. I have made a choice to change the field of practice in which I work. However, I see that promises for work hours expected are not kept. It just seems that I will be expected to work more than 60 hours per week no matter what I try. This is just very depressing.
295. Trauma is the main source of burnout for me. It will end my career prematurely and the Emergency Medical Treatment & Labor Act (EMTALA) is a huge factor involved when you must accept everyone that someone else doesn't want to take care of despite the patient not being a candidate for neurosurgery.
296. I wish we had a class in medical school about how to cope with burnout!

NO COMPLAINTS

297. Not at this time. Overall I love my job.
298. I quit the practice medicine this year at age 53 even though I liked it.
299. My Christian faith has led me to a mission of healing. I no longer practice medicine on my own and successes are not mine but that of a divinely led team.
300. As you can see, in general I am not stressed. If I'm stressed about something, I do what it takes to resolve it.
301. I'm retiring in 2 more years!!
302. I have complete control over how much stress I have in my practice, but I don't want to decrease my work hours as I solidify the stability of my practice that is less than two years old.
303. I'm quite happy with my work, family and current life situations. My children are productive members of society. I've been able to surround myself with great partners, a great lawyer and great accountant. My wife is smarter than I am about keeping our family whole.
304. Overall I am happy with my job but a lot of stressors can definitely be avoided to make it a better work environment.
305. Liking what you do helps burnout a lot. The appreciation of patients for what you are doing for them makes my day. I feel lucky to be able to do what I am doing and I owe orthopedics a lot. I don't think I would feel the same if I were a pediatrician (my second choice when I was selecting residencies). On the other hand, my wife is a pediatrician and she loves her job also. She does not feel she is burned out either. I think our common thread is that we like what we are doing.
306. I worked as an emergency room (ER) doctor for 25 years and saved thousands of lives. I also am a spouse of an Army doctor who has been deployed times four times. We have saved thousands of lives and more than done our civic duty. I am now focusing my energy on raising our children.
307. I am fortunate I have the opportunity to create balance in work/personal life.
308. In spite of it all, it feels good to care for my patients!
309. Still very happy with my job.
310. I have loved my career and enjoyed the challenges of difficult surgery and long hours. That is why I went into medicine.
311. I have always preferred to work fewer hours and make less money than work more and have more money which is why after so many years working I am not burned out like so many other physicians.
312. I have loved being a physician for 42 years.
313. I like my job and am comfortable with it. I just don't feel all that stressed. More money would always be nice, but in truth I think that I am paid fairly.

SURVEY SUGGESTIONS

314. You did not include geriatrics as a medical specialty in your list from which to choose.
315. Your survey did not address an emergency medicine type of practice where productivity, "move the meat" and “X” scores can contribute to burnout.
316. These questions are too general for this survey to be of any use to anyone. What a waste of time and resources. The only way to determine physician burnout issues is with open questions, not multiple-choice. Most of the available answers did not apply to a solo doc like me.

317. Survey is too limited.
318. Some questions are poor and may be misleading for me. I have “less stress than 3 years ago” because of my change in job. I now have 3/4 time non-clinical and 1/4 clinical. Also, you don't say when to start counting years in practice (i.e., med school, residency or post-residency).

SURVEY PRAISE

319. I believe that this is a very serious problem facing physicians from all specialties, and the trend appears to be towards less satisfaction and more burnout. Interventions need to be made in order to improve physician outcomes,
320. Hey, thanks for asking!
321. Very good questions concerning this important issue.
322. Great survey!
323. Thanks for asking.
324. Thank you for doing this.