

# VITAL WorkLife & Cejka Search: Physician Stress and Burnout Survey

# 2011

It's no secret to anyone in healthcare that physician stress and burnout is prevalent and increasing. Something needs to be done—physicians are a precious resource and when they are suffering, the downstream effects on patient safety, risk management, physician and staff retention and recruiting make this a top priority. With that in mind, we conducted this survey to delve much deeper into the prevalence, causes and effects of physician stress and burnout. Our goal was to better understand the nature of the problem, and then help the organizations we work with to develop solutions that go beyond applying a band-aid to the wound and address the root causes in an effective, long-term manner.

## **Survey Report and Addendum**

November, 2011

Dear Colleague;

It's no secret to anyone in healthcare that physician stress and burnout is prevalent and increasing. We see it every day in both our businesses. At VITAL WorkLife, we see physicians engaging in disruptive behavior or who have other performance issues, who are suffering from depression or anger issues, or encountering problems in their home and personal lives that both cause and are effects of their stress and burnout. At Cejka Search, we see more and more physicians who are looking for change in an effort to escape the stress and burnout they're feeling, whether it's a new job or practice, a change in job structure—or leaving clinical practice or, unfortunately, the practice of medicine entirely.

We also work with organizations that are concerned, and struggling to understand how they can combat this problem. This can seem nearly insurmountable in an environment that appears, oftentimes, to offer limited options due to external pressures and mandates around performance and cost-cutting, and where the pace of change makes charting a course for even the next month unattainable.

However, something needs to be done—physicians are a precious resource and when they are suffering, the downstream effects on patient safety, risk management, physician and staff retention and recruiting make this a top priority.

With that in mind, we conducted this survey to delve much deeper into the prevalence, causes and effects of physician stress and burnout. Our goal was to better understand the nature of the problem, and then help the organizations we work with to develop solutions that go beyond applying a band-aid to the wound and address the root causes in an effective, long-term manner.

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

Sincerely yours,



Mitchell Best  
COO  
VITAL WorkLife



Lori Schutte, MBA  
President  
Cejka Search



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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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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# VITAL WorkLife and Cejka Search Physician Stress and Burnout Survey

## Introduction

VITAL WorkLife and Cejka Search work very closely with physicians and healthcare organizations. VITAL WorkLife, through its Physician EAP, addresses mental, behavioral and work/life-related issues that concern individual physicians and their families. In addition, its Intervention Services assist organizations in effectively addressing disruptive behavior and other performance issues in physicians within their organizations. 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.

The research done to date on stress and burnout has been focused largely on determining that physicians are, indeed, stressed and burned out. However, little research has been done that delves more deeply into why physicians feel stress, the impact it has on the different facets of their lives, and what, if anything, they have been doing to address it—or the help they feel that they need to more effectively deal with it.

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 that are actionable by healthcare organizations in promoting wellness, productivity and greater satisfaction among their physicians at a time when doing so has never been more important in the face of physician shortages and a healthcare environment that is becoming even more complex, challenging—and stressful.

## Methodology

The survey was developed with all questions mandatory to ensure a comprehensive data set. Multiple choice questions were used in most cases, with the opportunity for an “other” response in most areas to mitigate any potential survey bias in the choice or framing of questions.

The survey was sent via e-mail in September, 2011 to a sample of 115,844 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 e-mail was sent from Physician Future, an informational, non-recruitment oriented website with general news and information geared to practicing physicians, with a subject line of “Physician Stress and Burnout: A 3-Minute Survey.” Physician respondents accessed an online survey instrument that compiled results and screened for non-completes. An additional round of surveys was deployed one week later to the same group, excluding those who had initially responded in the first deployment. The survey was held open for an additional two weeks.

Of the initial 115,844 e-mails sent, 97,630 were delivered, and there were 8,496 unique opens. A total of 2,069 surveys were completed. This represented a 2.1% completion rate against survey requests delivered, and 24.4% against unique opens. The data was collected in an Excel database that allowed for multivariate analysis across most survey fields. Responses to open-ended questions were categorized manually after adjusting for duplicate responses at the individual respondent level. Demographic data was compared with the AMA 2009 Physician Masterfile to determine correspondence to a national active physician profile.

## Survey Results

### Demographics:

The survey respondent profile largely mirrored the national active physician profile as measured by AMA 2009 Physician Masterfile<sup>1</sup> data. The 2,069 completed surveys represent a 99% confidence level with a +/- 3% margin of error against an active physician population in the US of about 750,000.

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

	<u>Primary Care</u>	<u>Non-Primary Care</u>	<u>Total</u>
<b>Survey Sample</b>	24.1%	75.9%	100.0%
<b>AMA Active Physicians</b>	35.2%	64.8%	100.0%

The survey respondent sample skewed more toward non-primary care practices than the national active population by 11.1 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.<sup>2</sup> (See Appendix A for chart **Q1: What is your primary area of practice or specialty?**)

With regard to where the survey respondents practiced, the distribution very closely reflected that of the national active physician population on a regional basis, based upon US Census regions:

	<u>West</u>	<u>Midwest</u>	<u>South</u>	<u>Northeast</u>	<u>Total</u>
<b>Survey Sample</b>	19.4%	23.9%	32.2%	24.5%	100.0%
<b>AMA Active Physicians</b>	22.4%	21.0%	33.2%	23.4%	100.0%

The 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, the survey respondent sample was more skewed toward females compared to the national active physician database for physicians:

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<b>Survey Sample</b>	58.1%	41.3%	100.0%
<b>AMA Active Physicians</b>	71.1%	28.9%	100.0%

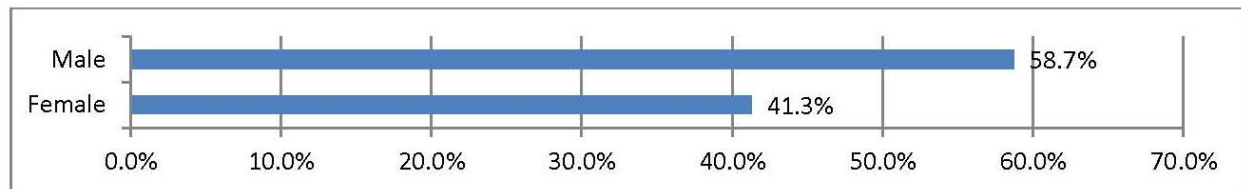
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<sup>1</sup> AAMC Center for Workforce Studies, 2009, "2009 State Physician Workforce Data Book," retrieved November 1, 2011 from AAMC website: <https://www.aamc.org/linkableblob/47340-11/data/statedata2009-data.pdf>

<sup>2</sup> GAO, 2009. "Graduate Medical Education: Trends in Training and Student Debt," retrieved November 1, 2011 from GAO website: <http://www.gao.gov/new.items/d09438r.pdf>

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.<sup>3</sup>

### Q3: Gender



As noted above, the age of the survey respondent sample skewed younger compared to the national active physician profile whose age was known:

	<u>Less than 40</u>	<u>40-59 Years</u>	<u>60-plus</u>	<u>Total</u>
<b>Survey Sample</b>	35.0%	54.0%	11.0%	100.0%
<b>AMA Active Physicians (age known)</b>	18.0%	57.3%	24.7%	100.0%

Although the middle range is within 4 percentage points of each other, the more significant differences are seen in the youngest and oldest cohorts. The average age of the overall survey sample was 45.3 years. (See Appendix A for chart **Q4: Age**)

The average years in practice for the survey respondent sample 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 sample survey respondents were employed by hospitals (41.3%), followed by those who were in a single-specialty practice (24.9%) or multi-specialty practice (16.1%). This tracks with national trends that show increasing hospital or health system employment. MGMA survey data<sup>4</sup> from 2009 showed that 65% of established physicians and 49% of those hired out of residencies were placed in hospital-owned practices in the previous year. An Accenture report<sup>5</sup> based upon the same MGMA survey data shows that 43% of all physicians were independent in 2009, compared with 49% in 2005.

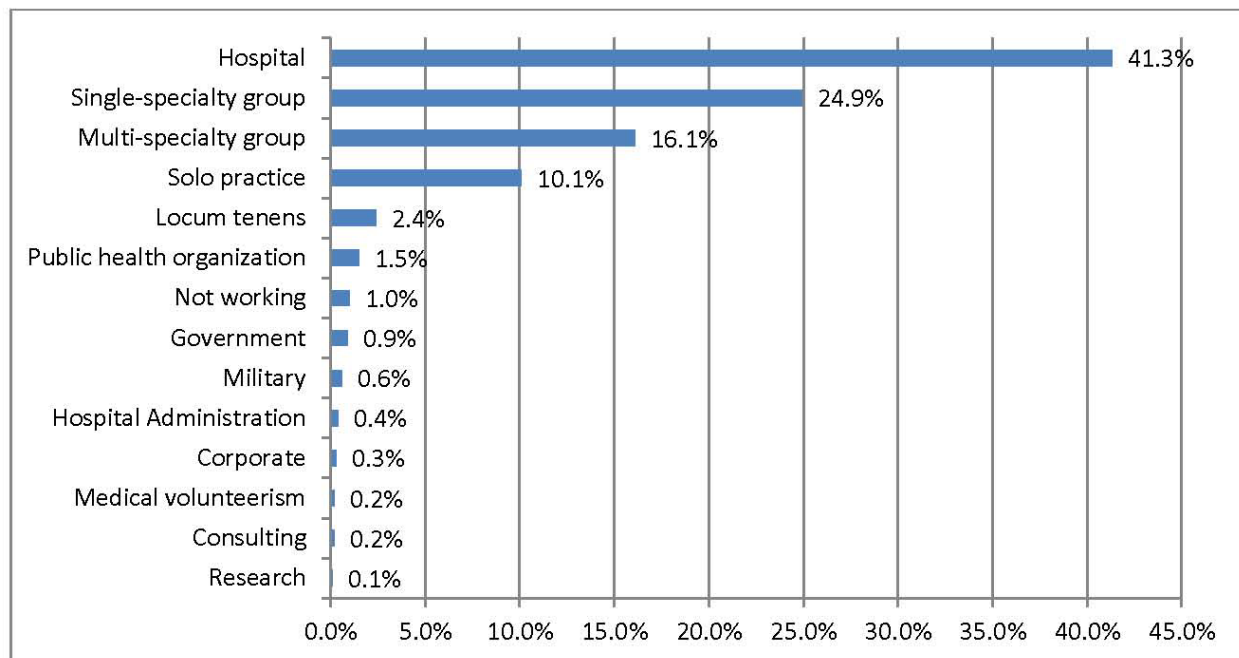
<sup>3</sup> AAMC, 2011, "U.S. Medical Students and Applicants 1982-83 to 2010-11," retrieved November 1, 2011 from AAMC website: <https://www.aamc.org/download/153708/data/charts1982to2011.pdf>

<sup>4</sup> MGMA, 2010, "MGMA Physician Placement Report: 65 percent of established physicians placed in hospital-owned practices," retrieved November 1, 2011 from MGMA website at: <http://www.mgma.com/press/default.aspx?id=33777>

<sup>5</sup> Accenture, 2011, "Clinical Transformation: Dramatic Changes as Physician Employment Grows," retrieved November 1, 2011 from Accenture website at: [http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture\\_Clinical\\_Transformation.pdf](http://www.accenture.com/SiteCollectionDocuments/PDF/Accenture_Clinical_Transformation.pdf)

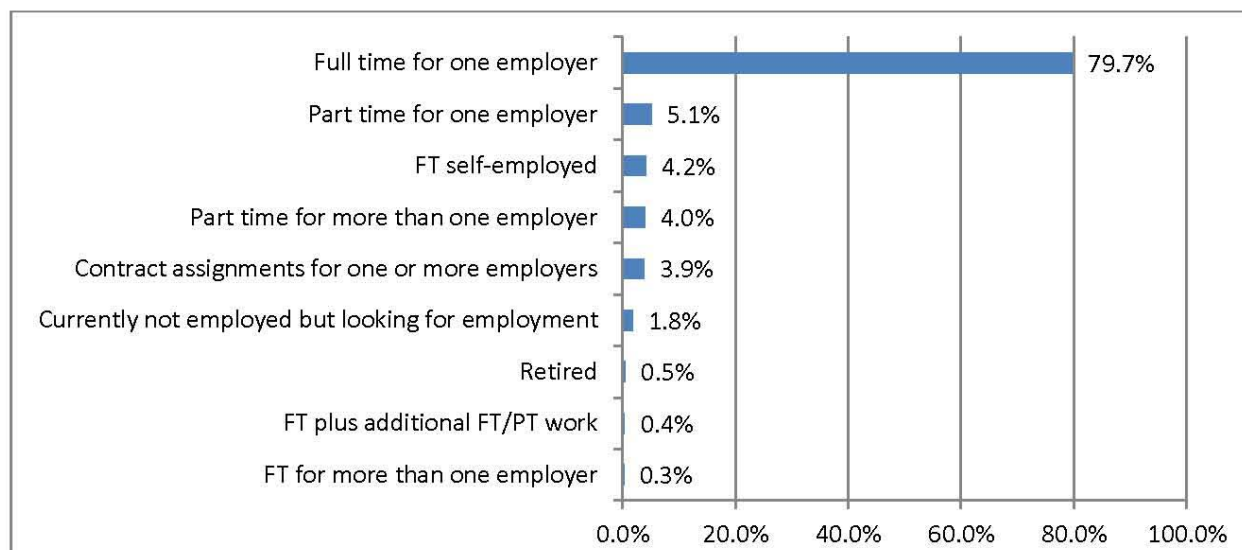


**Question 6: What best describes your current practice setting? (Choose one)**



The vast majority (79.7%) of survey respondents were employed full-time with one employer. This mirrors the 2010 Cejka Search and AMGA Physician Retention Survey,<sup>6</sup> which found that 21% of respondents were employed part-time, up from 13% in 2005.

**Question 7: What best describes your practice or employment situation? (Choose one)**



<sup>6</sup> 2010 Cejka Search/AMGA Physician Retention Survey

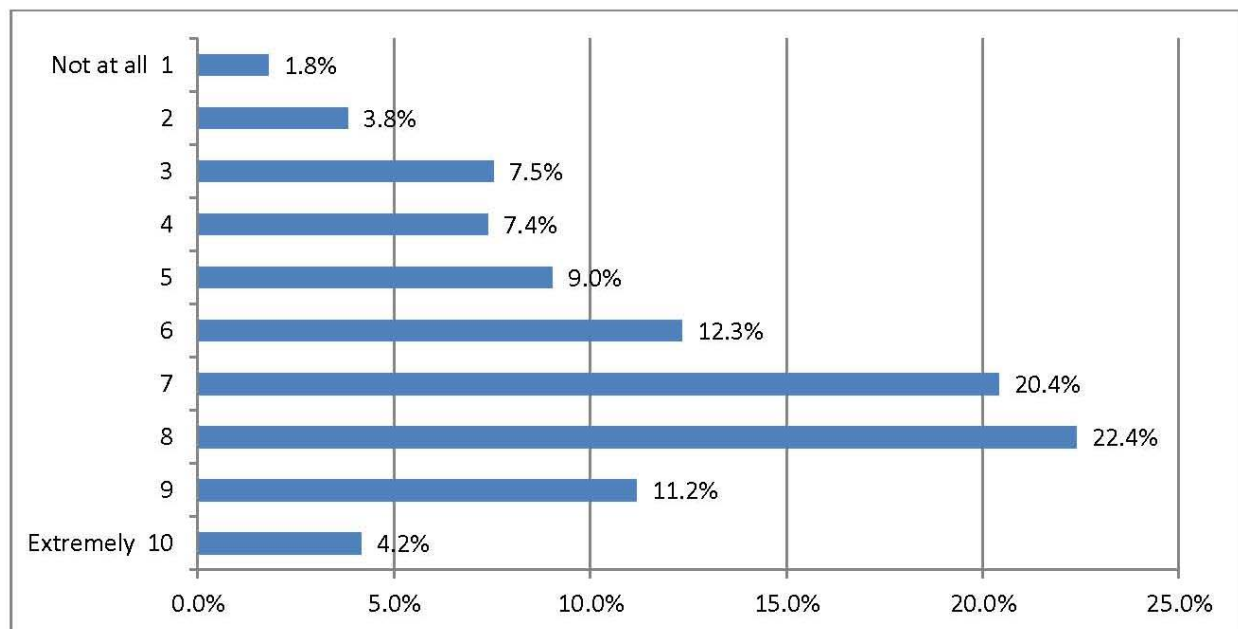
### Prevalence of Stress and Burnout:

Stress and burnout are extremely prevalent, with almost 87% of all respondents identifying themselves as moderately to severely stressed and/or burned out on an average day using a 10-point Likert scale, and 37.7% specifying severe stress and/or burnout. Put another way, 70.4% of the upper 50<sup>th</sup> percentile reported feeling stressed and/or burned out on a daily basis compared with 29.6% of the lower 50<sup>th</sup> percentile.

	<b>1-3</b>	<b>4-7</b>	<b>8-10</b>	
	<b><u>Not Very</u></b>	<b><u>Moderately</u></b>	<b><u>Very</u></b>	<b><u>Total</u></b>
<b>Level of Stress/Burnout</b>	13.1%	49.2%	37.7%	100.0%

	<b>1-5</b>	<b>6-10</b>	
			<b><u>Total</u></b>
<b>Level of Stress/Burnout</b>	29.6%	70.4%	100.0%

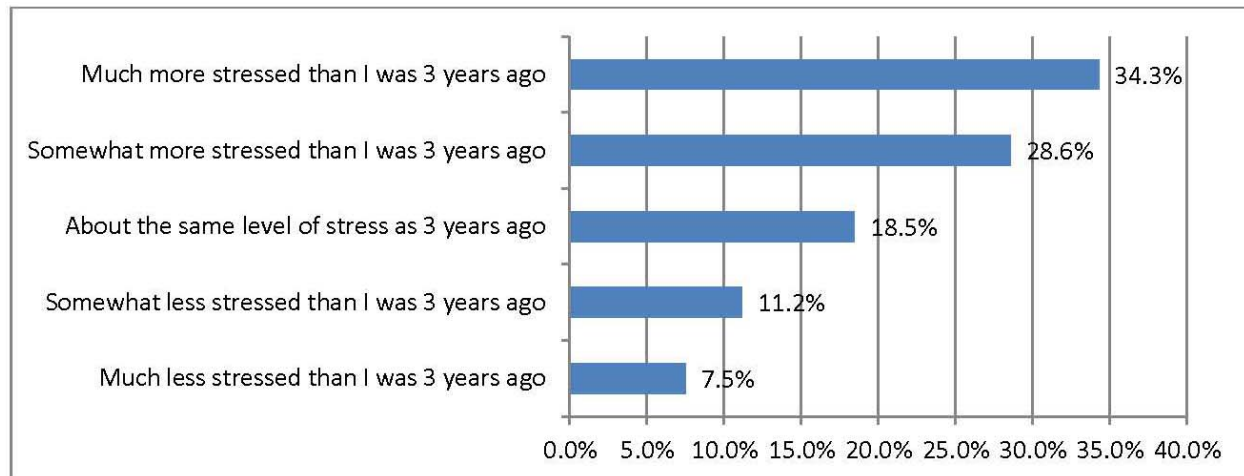
### **Question 8: How stressed or burned out would you say you feel on an average day?**



The study clearly showed that not only is it prevalent, but stress and/or burnout is increasing. Almost 63% of respondents said they were more stressed and/or burned out than three years ago, using a 5-point Likert scale, compared with just 37.1% who reported feeling the same level of stress or less over that period. The largest number of respondents (34.3%) identified themselves as “much more stressed” than they were three years ago.

	<b>1-3</b>	<b>4-5</b>	
	<b><u>Same or Less</u></b>	<b><u>More</u></b>	<b><u>Total</u></b>
<b>Stress/Burnout vs. 3 Years Ago</b>	37.1%	62.9%	100.0%

**Question 9: How much more or less stressed and/or burned out do you feel now compared to 3 years ago?**



**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. An open-ended "Other" option was also given for causes or effects that were not captured in the standard responses for each question. Both options were provided to eliminate survey bias toward any particular response or conclusion. 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, and "Other" responses were checked to ensure that they did not duplicate one of the other responses by each individual survey respondent.

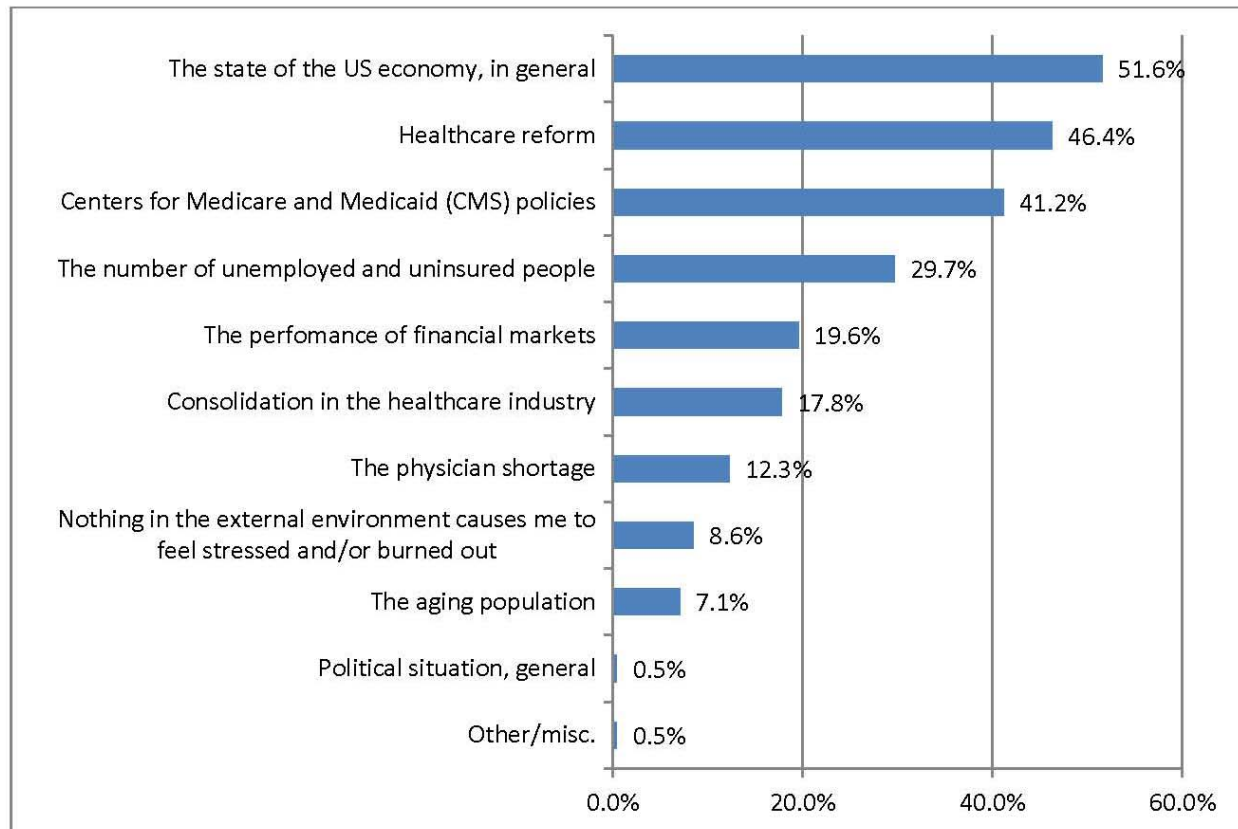
The first question regarding causation related to external factors. The top three external factors were:

- 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%)

After this cluster, the next factor—the number of unemployed and uninsured people—was chosen by 29.7% of respondents. At that point, there was a drop off of about ten percentage points to the fifth most prevalent response. Only 8.6% of respondents indicated there was nothing in the external

environment that caused them to feel stressed and/or burned out. A response index of 235.2 showed that respondents, on average, made at least 2 choices among the options presented.

**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)**

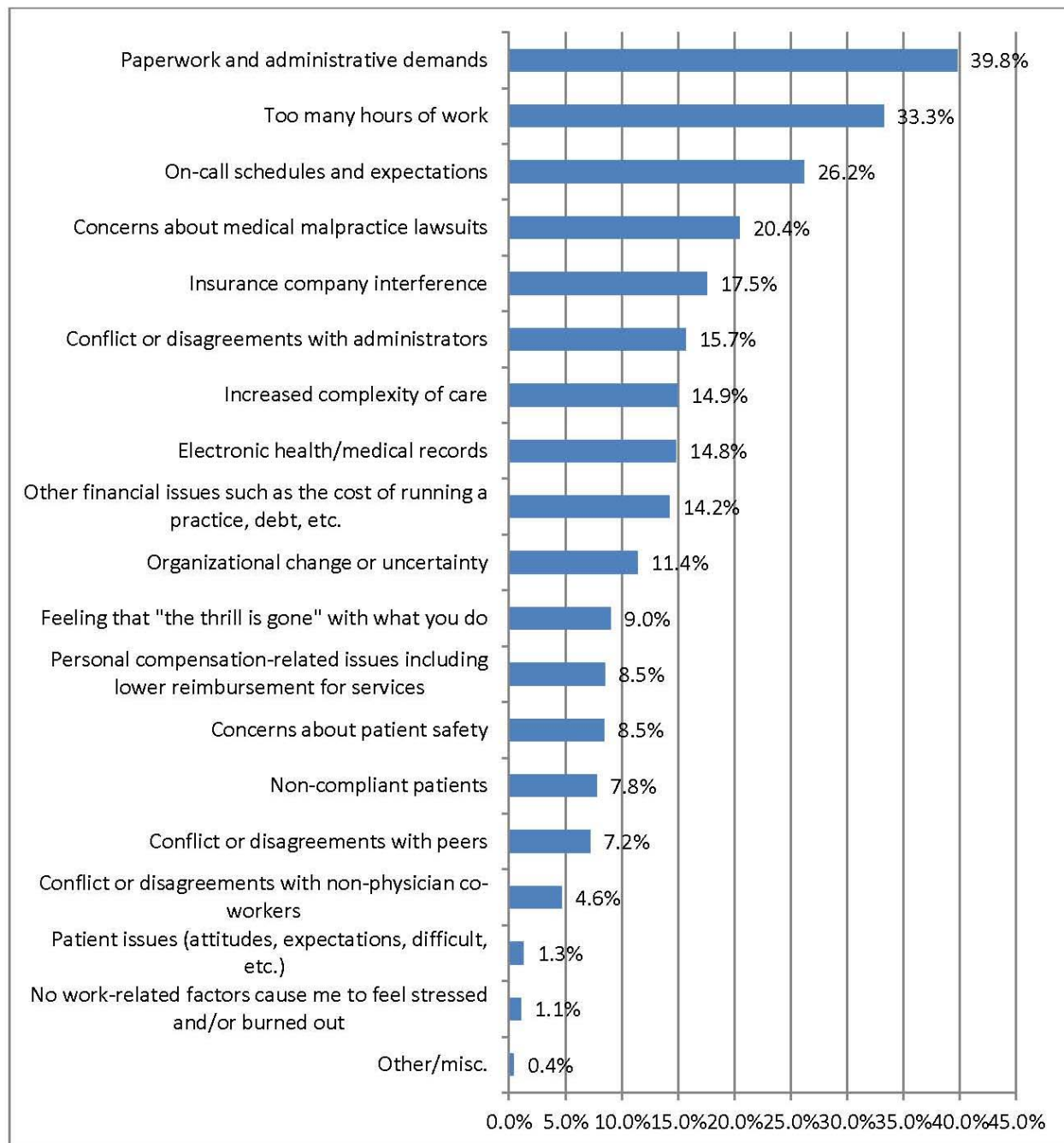


The responses to the question regarding the work-related factors that caused stress and/or burnout were much more broadly distributed. The top three work-related factors were:

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

The next cluster of responses led with concern about medical malpractice lawsuits, followed by insurance company interference, conflict or disagreements with administrators, increased complexity of care and electronic health/medical records. Only 1.1% indicated there was nothing in their work lives that caused them to feel stressed and/or burned out, and the response index was 256.7, indicating that most respondents responded with three 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)**

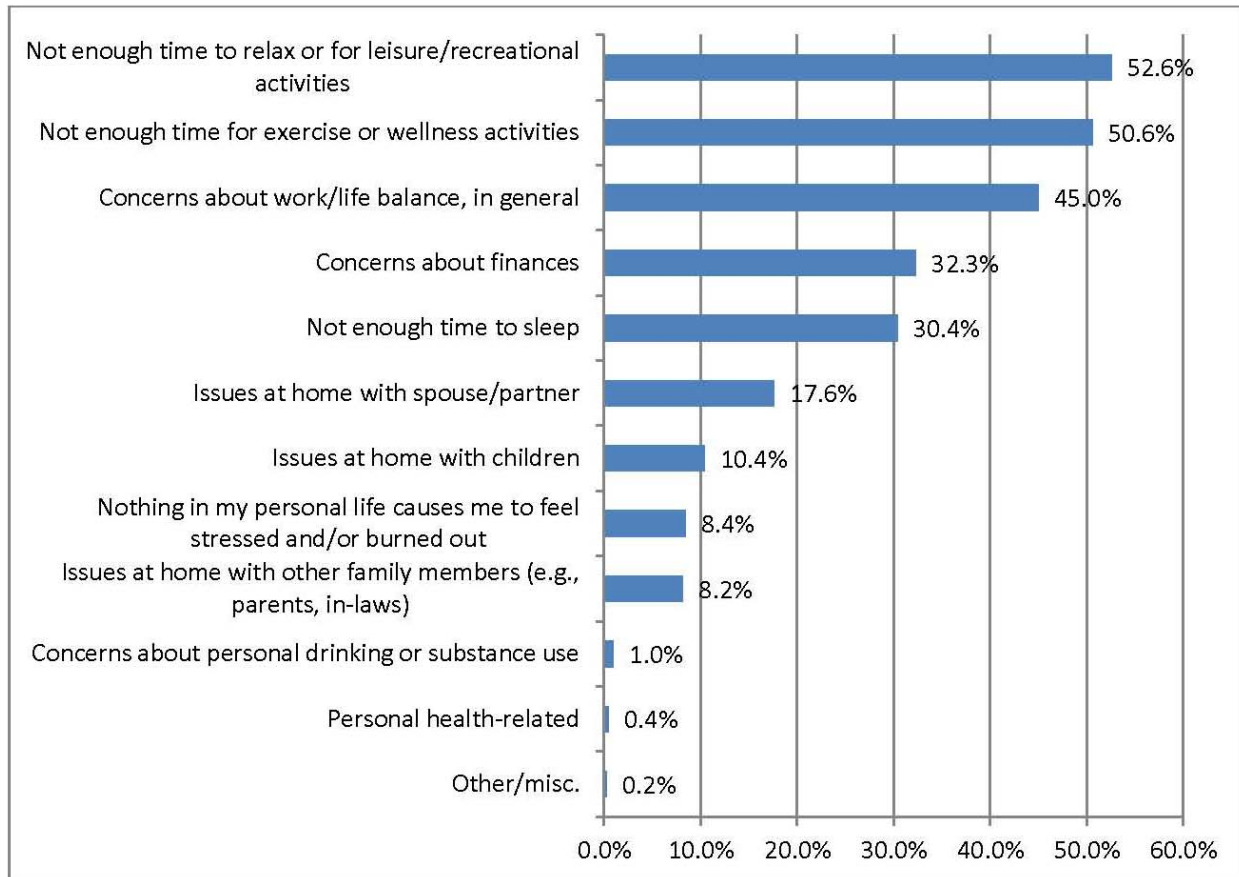


As with the external factors, there were three personal life-related factors that predominated. The top three personal life-related factors were:

- 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%)

After a drop of almost 13 percentage points, the next cluster involved concern about finances, followed by not enough time to sleep. There was another drop of almost 13 percentage points to the next items, issues at home with spouse or partner, and then issues with children. Only 8.4% of respondents indicated that there was nothing about their personal lives that caused them to feel stressed and/or burned out. With a response index of 257.2, most 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:

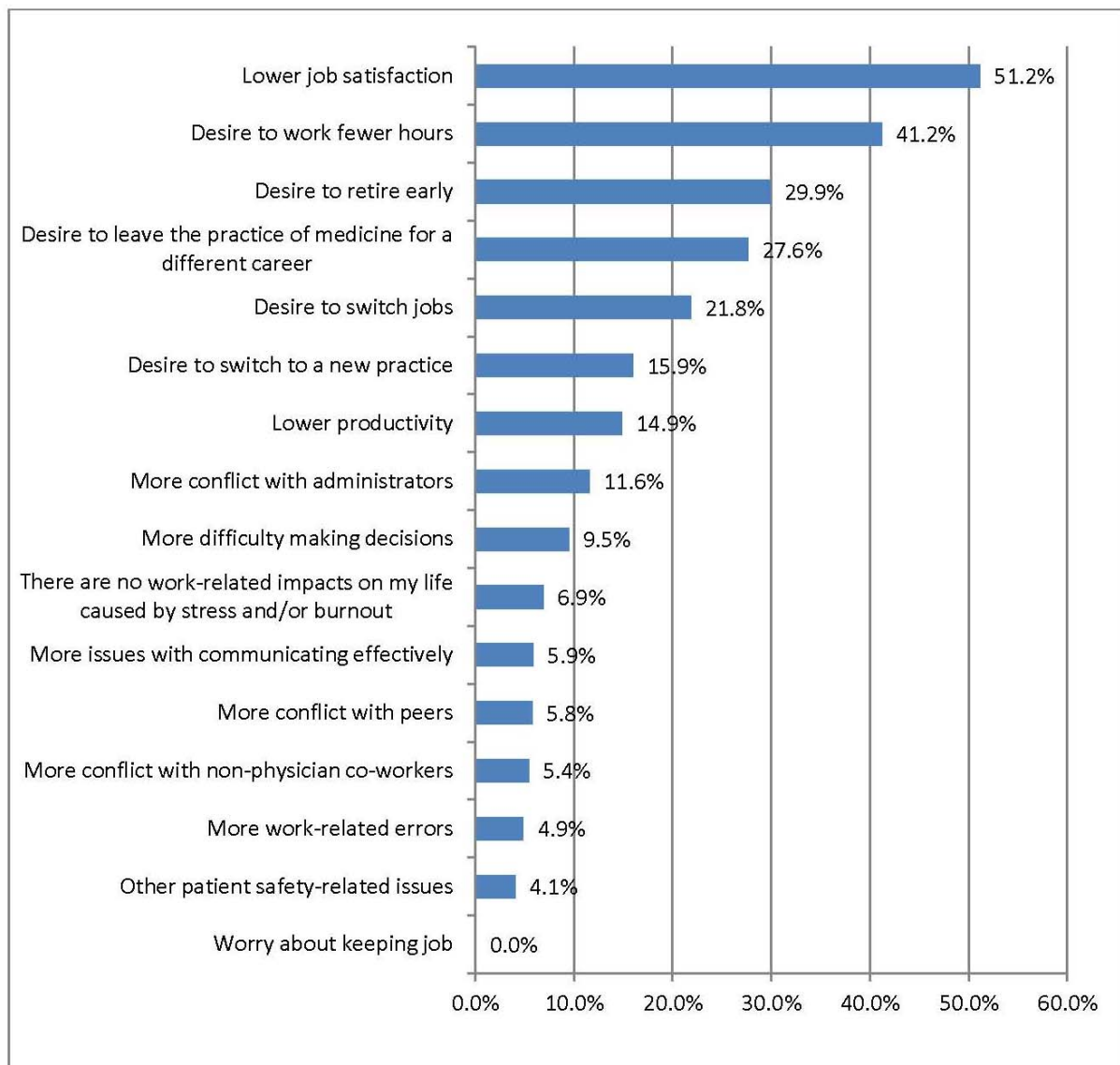
- Lower job satisfaction (51.2% of respondents)
- Desire to work fewer hours (41.2%)

The next cluster of two were desire to retire early (29.9%), nearly tied with a desire to leave the practice of medicine entirely for another career (27.6%). The next two were also related to changes in their work

situation: desire to switch jobs (21.8%) and desire to switch to a new practice (15.9%). Taken together, these four responses point to an overwhelming desire by respondents to do something different from what they are currently doing, job- and career-wise.

Only 6.9% of survey respondents reported no work-related impacts due to stress and/or burnout. With a response index of 256.6, most respondents chose 3 options in answering this question.

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



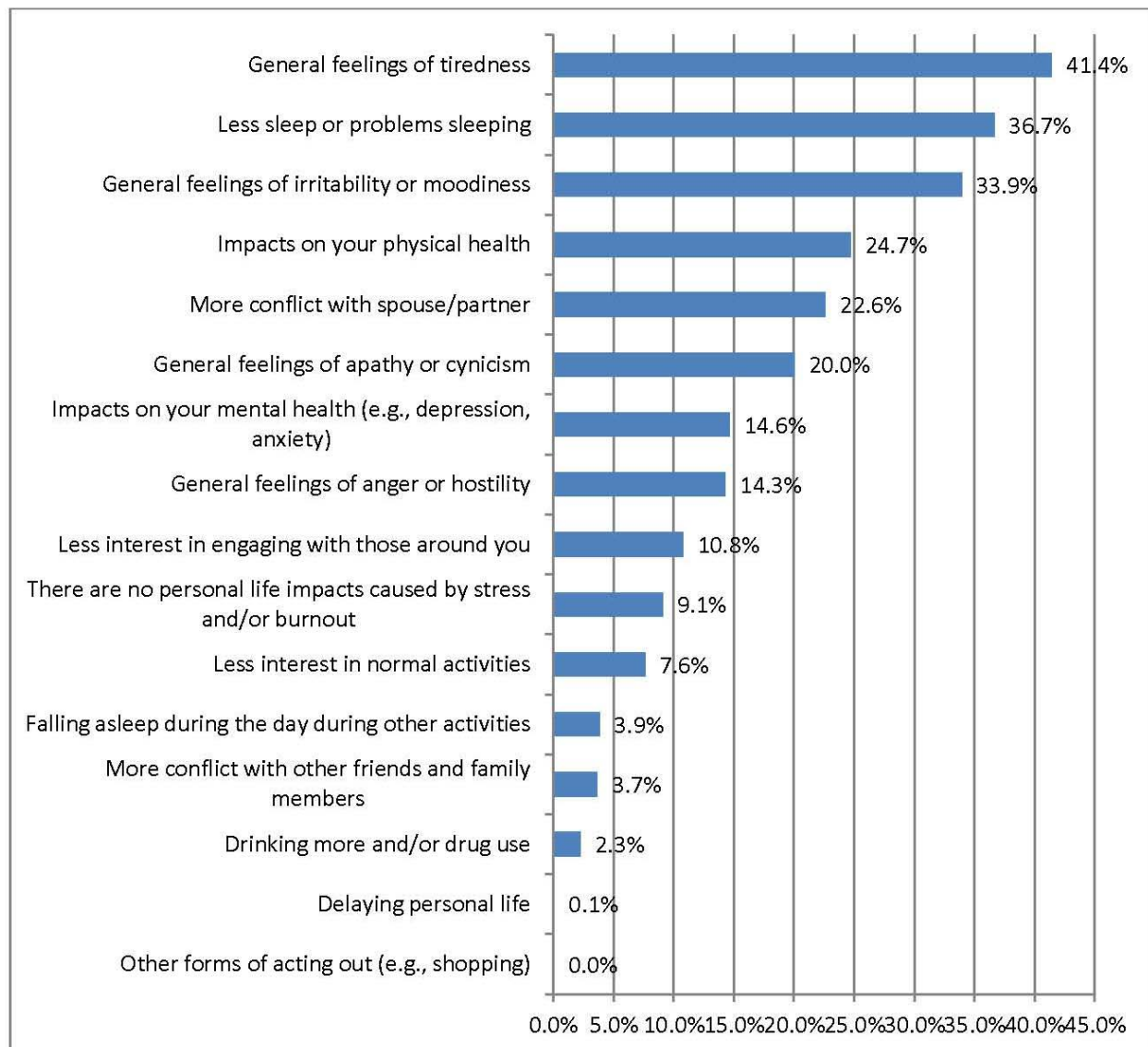
With regard to the top three personal life-related impacts, they were:

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



The next cluster involved impacts on their personal health (24.7%) followed closely by more conflict with a spouse or partner (22.6%). A total of 9.1% of respondents reported no impact on their personal lives due to stress and/or burnout. With a response index of 245.8, most respondents selected at least two options in this area.

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



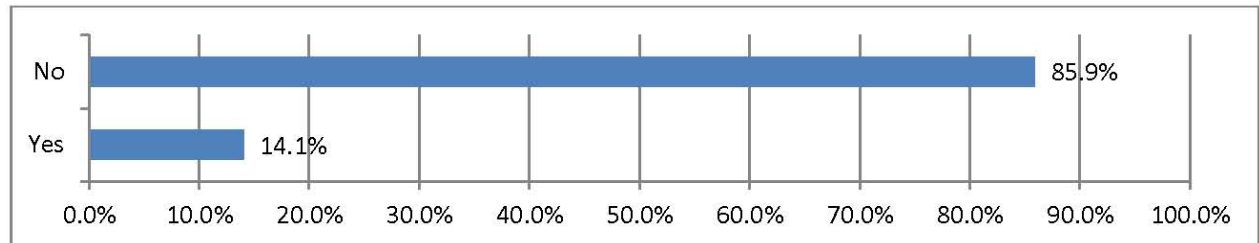
As another way of assessing the impact on stress and/or burnout on their lives, respondents were asked if it had caused them to leave their practice at any point, and 14.1% of respondents answered yes. Of those who answered yes:

- 56.7% continued practicing, but in a different setting
- 33.3% continued working in medicine, but in a different job or role
- 10.0% left the practice of medicine entirely

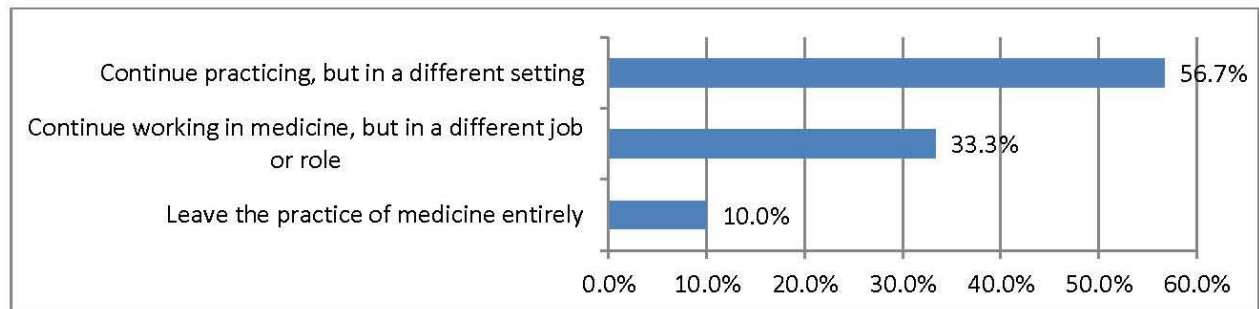


Those who had left their practices were then asked if this had improved their feelings of stress and/or burnout. Most noted some improvement, with 42.6% each saying yes or somewhat. What each of these cohorts had done largely mirrored the practice avenues outlined above, although those who answered a definitive yes were more likely to have left the practice of medicine entirely.

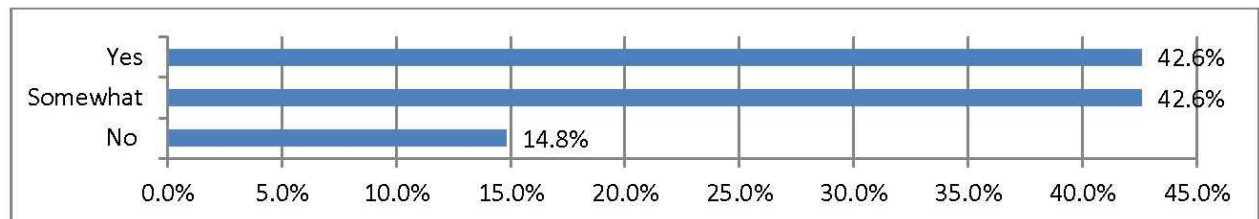
**Question 15: Has stress and/or burnout caused you to leave your practice?**



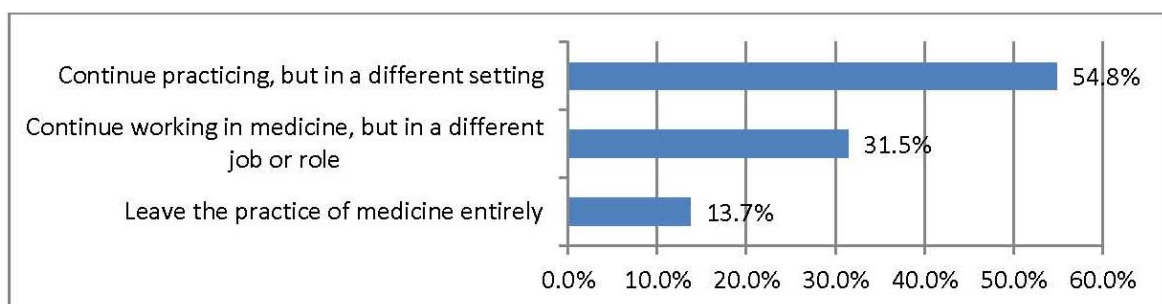
**Question 16: Did you (if yes):**



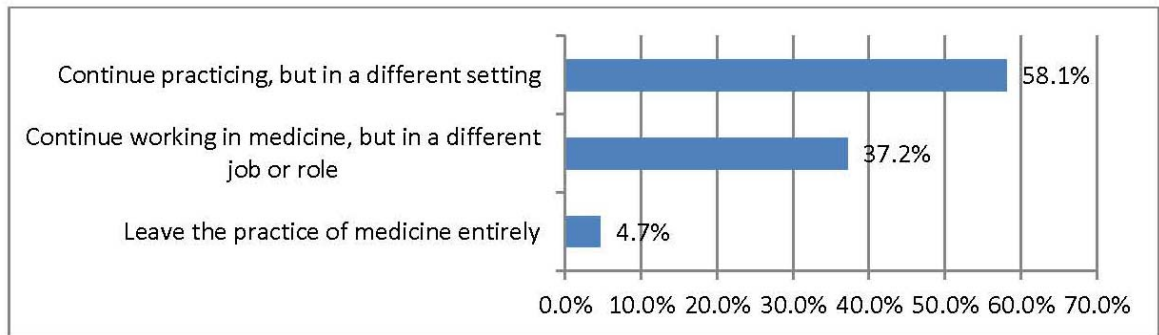
**Question 17: Did this improve your feelings of stress and/or burnout?**



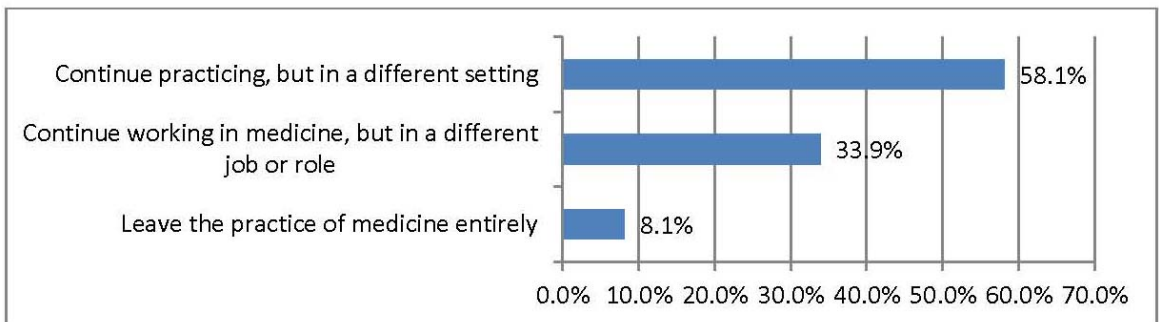
**Yes:**



**No:**

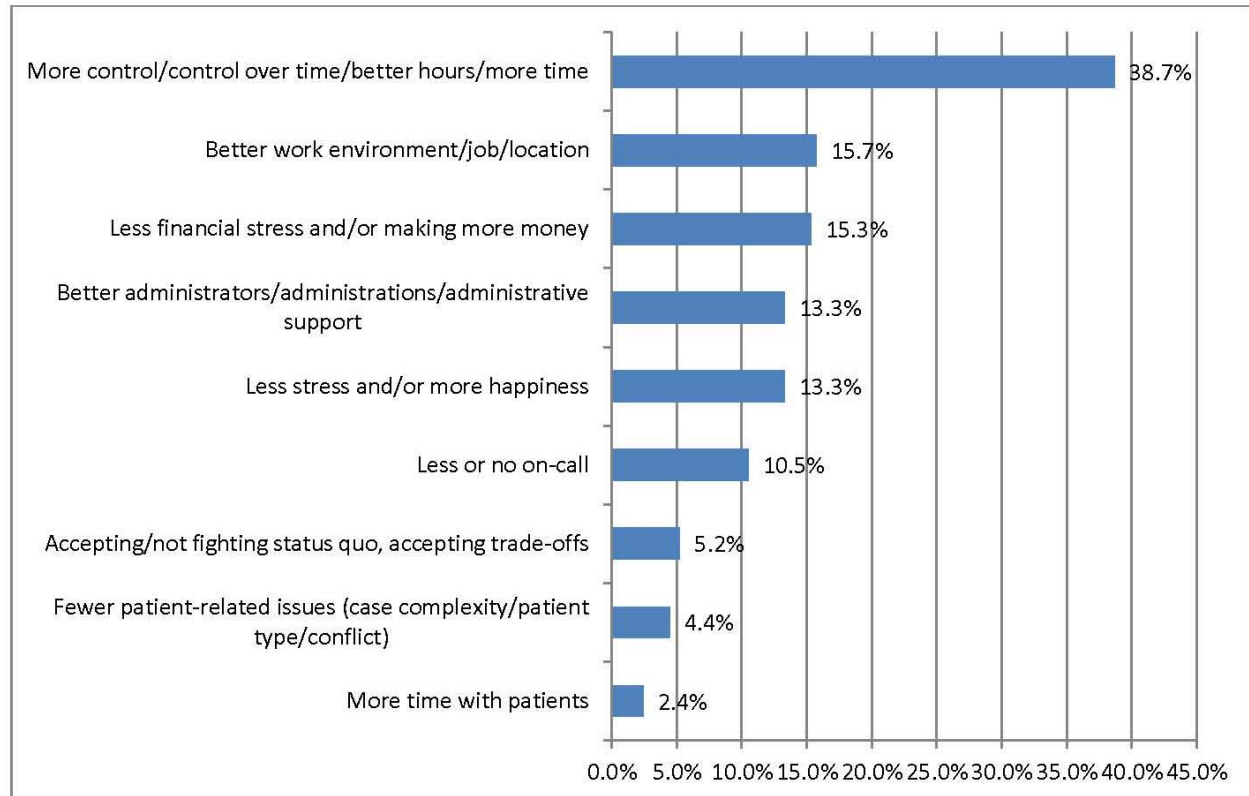


**Somewhat:**



When asked what had contributed most to the improvement, the most common response (38.7%) attributed it to more control—over their work and their time—resulting in better hours. Responses after that were more fragmented, with the next most common responses, at 15.7% and 15.3%, respectively, were that they had found a better work environment, and were making more money or had less financial pressure.

### Question 18: What contributed to that improvement (if Yes or Somewhat)?

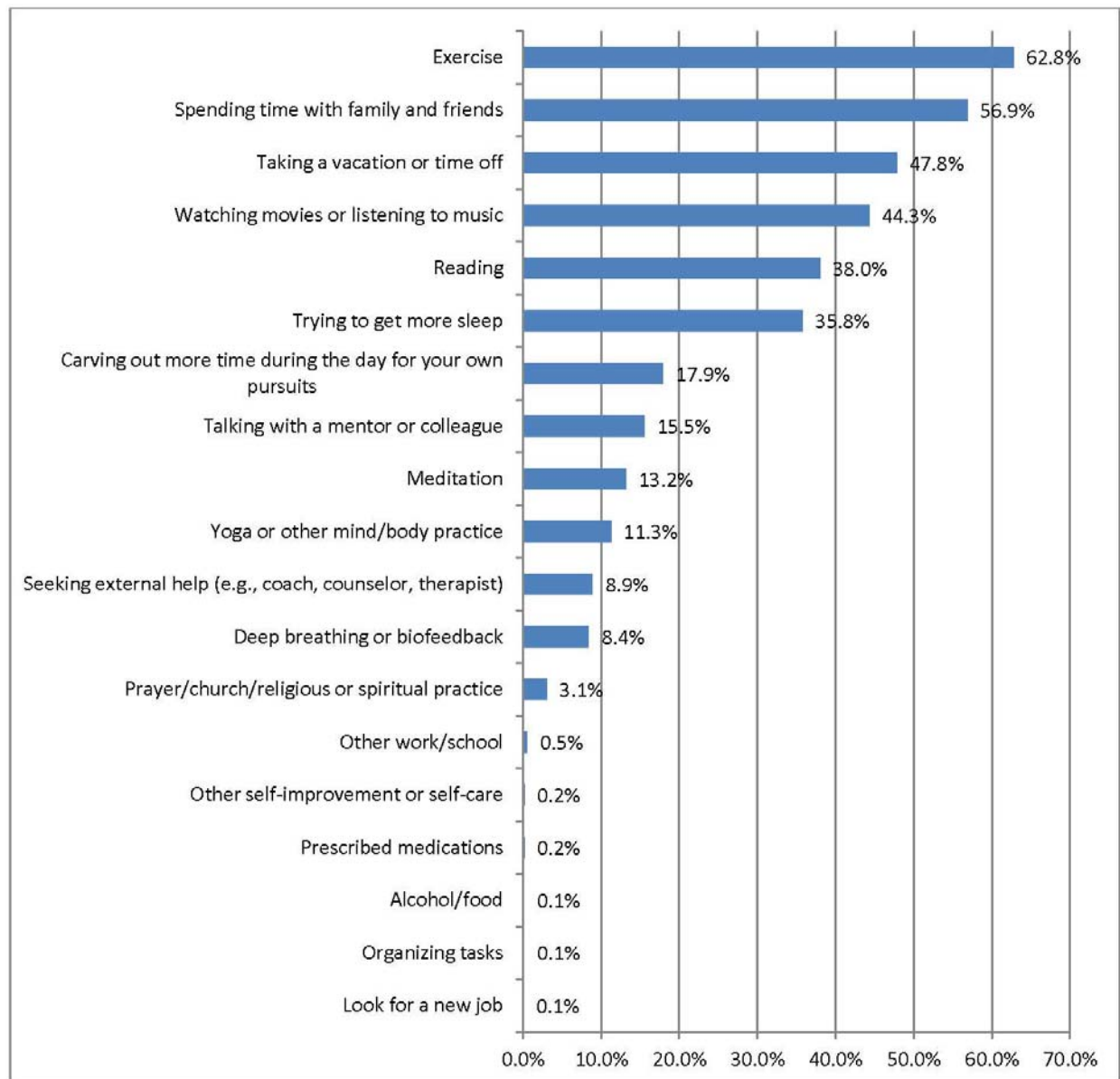


### Dealing With Stress and Burnout:

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 two choices were exercise (62.8%), followed closely by spending time with family and friends (56.9%). The next cluster were taking vacation or time off (47.8%) and watching movies or listening to music (44.3%). Reading (38.0%) and getting more sleep (35.8%) comprised the third cluster. More traditional self-help activities, such as taking part in coaching or mentoring, yoga, meditation or collegial support, were not as prevalent. In the comments section, many physicians noted that finding the time and, in some cases, money to do something to relieve stress was a challenge.

There was no option in this question for respondents to say there was nothing that they were doing; the presumption was that they could respond to the "Other" option and indicate this if appropriate. However, none of the respondents took this option, and with a response index of 365.3, most respondents made four choices in this area.

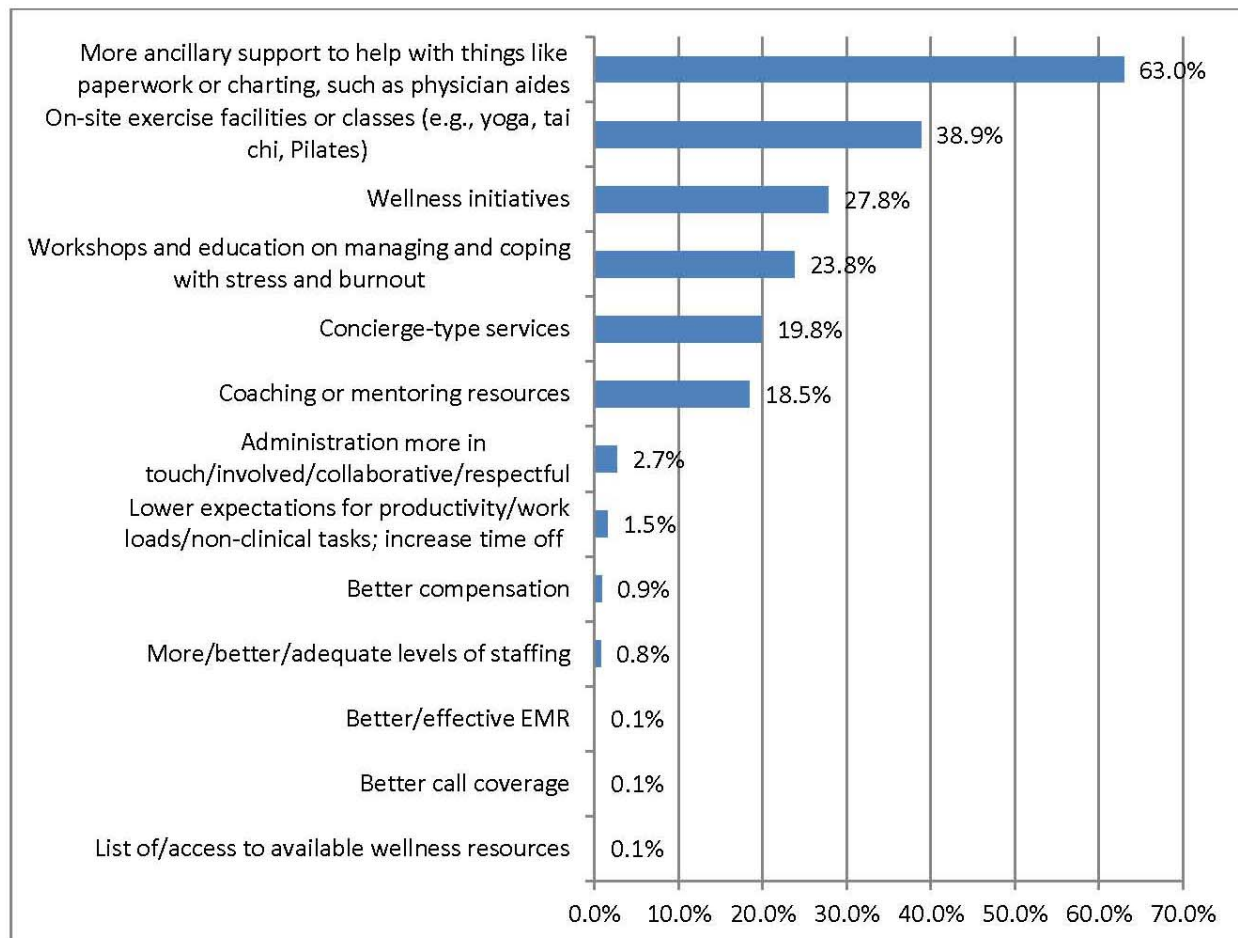
**Question 19: What, if anything, do you do to combat feelings of stress and/or burnout? (Check all that apply)**



The survey then asked what organization-sponsored things might be helpful in helping the respondents more effectively address stress and burnout. The top choice by far at 63.0% was to provide more ancillary support or staff support, such as physician aides, to deal with things like paperwork and charting. The next thing respondents wanted were onsite exercise facilities or classes (38.9%). The next cluster involved wellness initiatives (27.8%), workshops and education on managing and coping with stress and burnout (23.8%), concierge-type services (19.8%) and coaching and mentoring resources (18.5%).

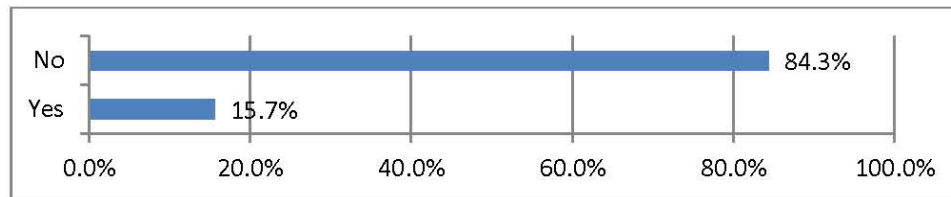
As with the previous question, respondents were allowed to check as many choices as they wanted, with the “Other” option, as well. With a response index at 197.9 that indicated that most gave two options, this was the lowest response rate in the survey.

**Question 20: 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)**

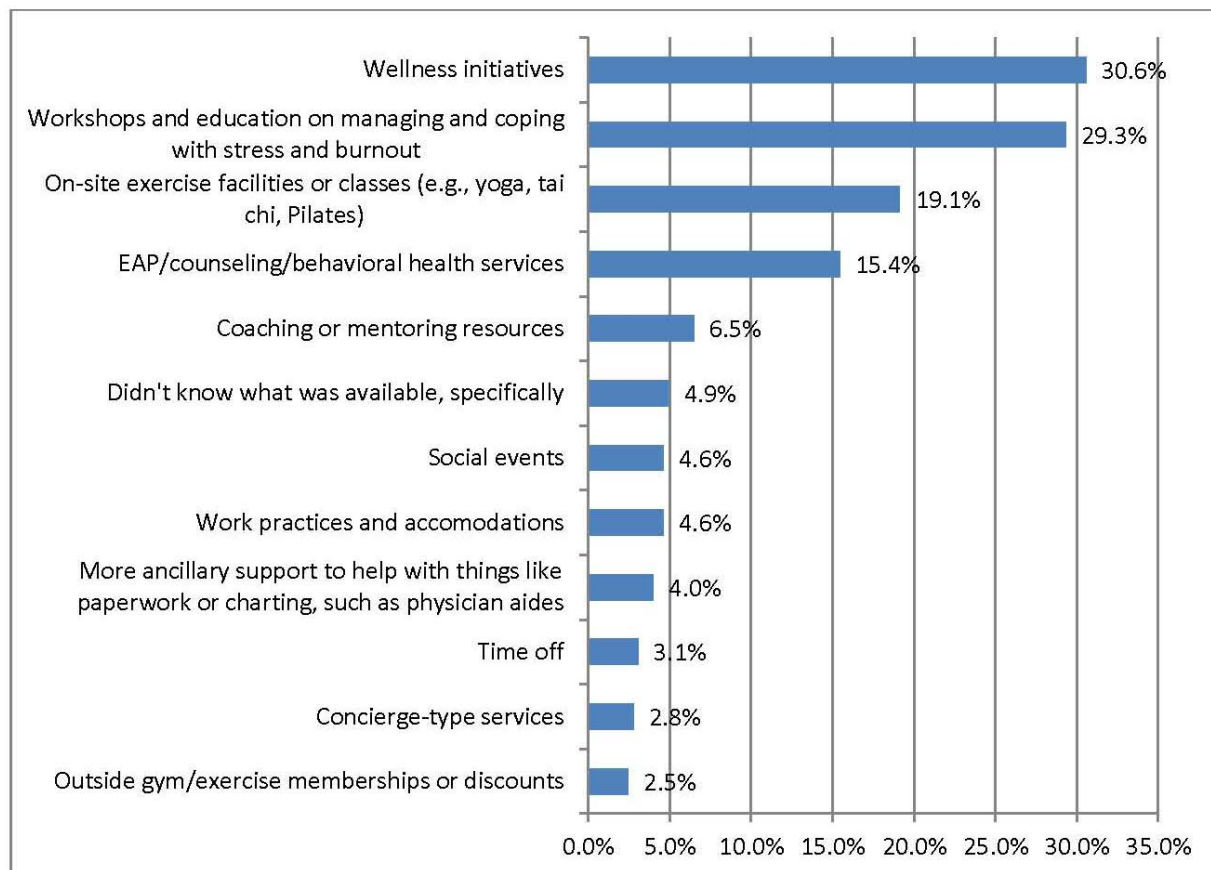


When asked if their organizations did anything to help them deal more effectively with stress and burnout, only 15.7% said yes, and when asked what was offered, 30.6% said there were wellness initiatives, followed by workshops and education (29.3%), onsite exercise facilities or classes (19.1%) and EAP, counseling or other behavioral health services (15.4%). Again, there were several comments that even with these offerings, it was difficult to find time to utilize them, especially during normal clinical hours, and that some were not available after hours. Interestingly, almost 5% of these respondents said that they knew there were some options, but didn't know what was available, specifically. Most who responded yes only mentioned one organization-sponsored offering.

**Question 21: Does your organization do anything currently to help physicians deal more effectively with stress and/or burnout?**



**Question 22: What do they do (if Yes)?**

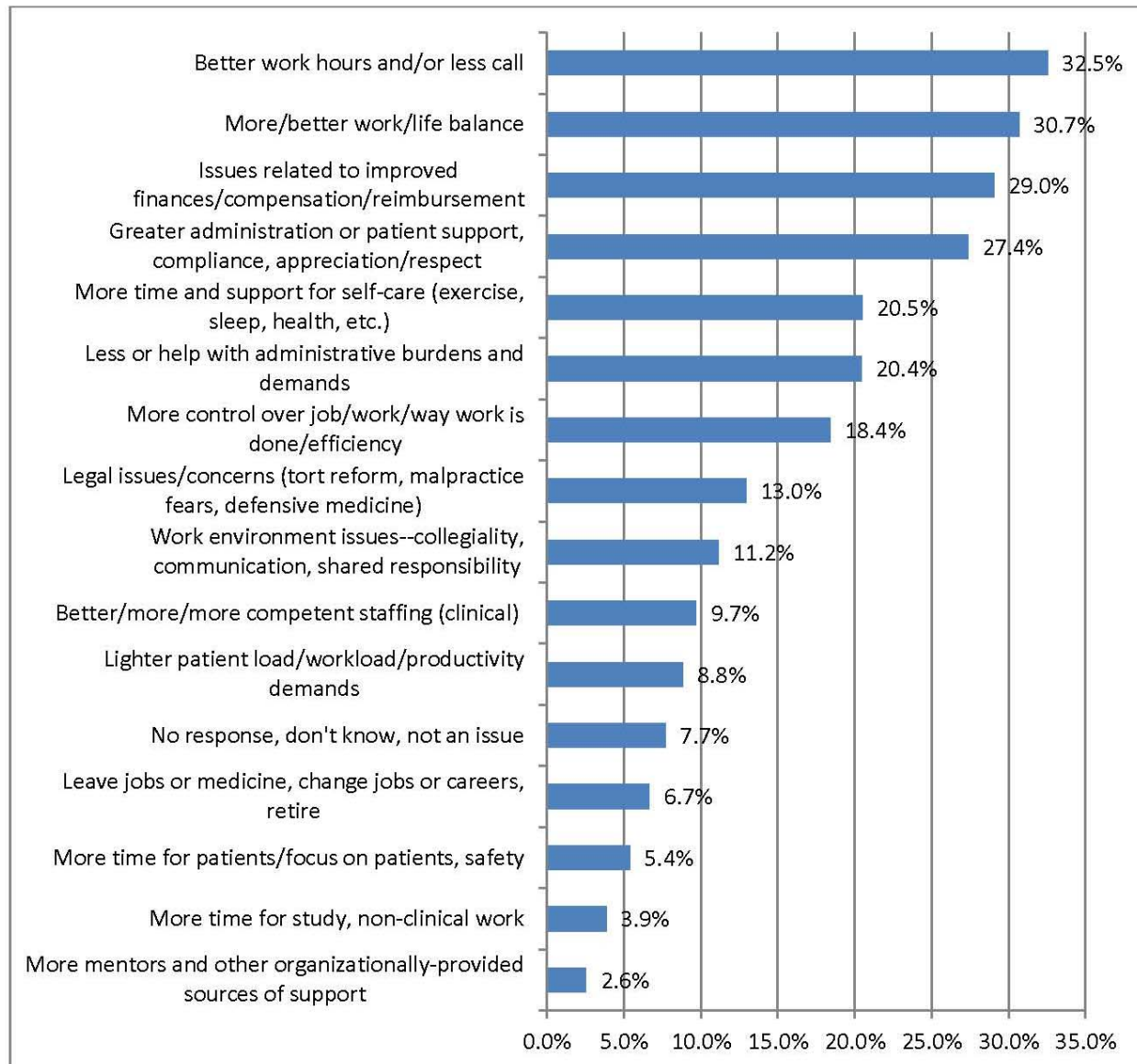


Finally, respondents were asked what the top three things were that they felt would help reduce stress and burnout in their lives. These were completely open-ended, and the results tended to mirror priorities from previous sections:

- Better work hours and/or less call (32.5% of 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. With a response index of 247.5, slightly more respondents supplied two choices instead of three.

**Q23: 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, but some notable ones included below:

Employers need to find out from their physicians if they are satisfied with their job.

Physicians' burnout negatively affects patients in a myriad of ways. Many doctors feel trapped and feel they can't leave. Coaching helped me have the strength and courage to leave. I am a much better doctor since I left and came back because I take care of myself first. It took me a long time to learn how to do that. Self sacrifice is rewarded but causes so many problems.

Hard work does not cause burnout, as the work remains important and valuable. Work loses its value and causes burnout when one deals with corrupt, wasteful, irrational and disingenuous people and systems.

You can't limit many of these answers to 3—it is a problem with so many contributing issues. Most docs I work with are unhappy. I, myself, am miserable, depressed, drinking too much and unable to formulate a plan to change—while all day I help others

I think surgeons in my generation are squeezed between those who are getting ready to retire and those who are starting but already set limits on what they are willing to do (hours, time and salary). The difference is carried by those of us who aren't at either end. No wonder we are burned out.

The joy of practicing medicine is gone.

It has become extremely unpleasant working in an environment where physicians are no longer respected or are valued for the work they do. The trust is gone. Insurance companies, hospitals, lawyers, regulations and the government have demoralized the physician community. If I could change careers, I would.

I hope this survey will be used in a constructive manner so employers will recognize the huge issue of stress in medicine, as we are losing fine physicians largely because administration is not listening well. Retention is becoming a significant issue.

I see the younger physicians talking about burnout and being unhappy, and I wonder about the culture of the newer docs being similar to what I see in my children who are college age... they want to work less and make more money. They want to protect their personal time, which is good, but it causes tension between the older physicians like myself and the younger ones who have a different paradigm.

I HATE being a doctor. It has changed so much since I started. There is no reward for working your butt off, all future docs will be shift workers. Non-doctors and doctors who are traitors (administrative doctors) have too much control over me and my patient's care. Doctors who provide care are left holding the bag of litigation responsibility but no control over quality of care... I can't wait to get OUT!!!



Thanks so much for addressing this. Hospitals must develop confidential ways of identifying burnout and provide help especially for surgeons. Also, as a physician recruiter, please look into discrimination in recruiting physicians, especially surgeons, in this bad economy.

The data on the negative impact of sleep deprivation on patient safety and personal health have accelerated my burnout. I feel that in the near future working more than 12-18 hours and having an adverse outcome will expose me to liability based on sleep deprivation alone.

Burnout is a process that occurs gradually over time. If you are unaware of its occurrence you don't realize what is happening until it is extremely hard to deal with and change. EDUCATION is necessary before it occurs and setting a plan to prevent it.

We have to find a way to help docs recognize burnout. We didn't get through medical training by thinking about how it affected us; we just put our heads down and muscled through. You can do anything for 8 years, but you can't live that way for 40 years. We need to encourage ourselves to develop an external barometer so someone can tell us we're burning out. My husband is that for me as are my girlfriends.

Patient, take care of thyself first. Doctors, be nice to each other and resist throwing a colleague under the bus, even if you are truly time-starved.

I've probably vented enough but I chose to go into psychiatry, the least paid medical specialty, not for the money but for the individualized and diverse care I could provide which could help people change their lives and get back on their feet. I never imagined I would barely be getting by financially in what should be the most productive years of my professional career. I fear for what the future holds not only for myself and my family, but all physicians, as long as corporate health care, pharmaceutical companies and insurance companies put profits before ethical and quality care for each individual patient.

The younger generation of physicians has created this whole "stress" issue because they are "soft" and trained not to work hard, long hours.

Medicine is no longer fun.

Medicine and the opportunity for meaningful work have been such a blessing. But, costly. I came to it late in life, and because I worked with poverty and HIV, will never catch up financially. I watch my son struggle now, paying for the richness of a work he loves with long hours away from family because he thinks that soon there will be no financial rewards, no way to pay his debts back. The price is so painful. I wish people understood that part.

Things like a type A personality, making work the greatest priority, working longer days, skipping meals, exercise, and adequate sleep over a two year period have resulted in major health issues.

## Discussion

The prevalence of stress and burnout is startlingly high. If almost 87% of physicians are feeling moderately to severely stressed and burned out on an average day, and almost 63% of them are feeling more stressed and burned out than they did three years ago, the implications are enormous for both individuals and healthcare organizations.

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. As one of the comments pointed out, tiredness and lack of sleep can result in medical errors. Decreasing job satisfaction can tie to depression. Insufficient work/life balance can tie to problems with family and co-workers—and depression.

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.** More than 14% of respondents said they had left a practice due to stress and/or burnout. Of that number, 10% left the practice of medicine entirely, one-third continued working in medicine, but in a different job or role, and 56.7% continued practicing, but in a different setting.

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 95.2%. Even allowing for some overlap in respondents, that is a number that 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 loss of downstream, the expense and challenge of recruiting new physicians, and the cost of starting up a new practice can add up to hundreds of thousands of dollars for each physician lost.

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 almost 15% of survey respondents who self-reported lower productivity as an effect of their stress and burnout, and 41.2% who want to work fewer hours, several other factors were cited that affect 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 personal health as an effect of their stress and burnout. This drives absenteeism, which is also strongly associated with depression, and can also increase an organization's medical costs over and above the revenue lost 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?

Many of the things that are 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 factors cited as causes are facts of life, at least for the time being and at least the near-term future. This is also true of some of the work-related factors, but organizations have some ability to ameliorate some of the effects. 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 that financial-related issues, while factors, were not among the most pressing issues in this group of survey respondents. For example:

- The performance of financial markets (certainly influencing the investment portfolios of some of the respondents) was cited as a top-three external factor by 19.6%, fifth on the list of overall factors.
- 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 14.2% of respondents, as was “Personal compensation- related issues including lower reimbursement for services” for just 8.5% of respondents—they were numbers nine and twelve, respectively, on that list.
- “Concerns about finances” was number four on the list of personal life-related causative factors at 32.3%, almost the same as “Not enough time to sleep” at number five.
- In the overall top-three list, “Issues related to improved finances, compensation and/or reimbursement” was in the number three position at 29%, but behind issues related to better hours and work/life balance.

It is clear that, while a small number (15.7% as reported by survey respondents) of organizations have initiatives in place to deal with stress and/or burnout, they’re either a) not enough, b) not relevant, c) not accessible or d) unknown. Most of the respondents who reported some knowledge of organizational-sponsored initiatives to address stress and burnout only cited one, and several noted that they were offered or available at times that made them unavailable or impractical.

In the end, there are three primary areas that seemed to come up repeatedly in physicians’ quest to address stress and burnout:

- **More time, and more control over their time—for the things that are most important to them at work, and to carve out more time for their personal lives and interests.** Interestingly, this was the most often-cited reason (38.7%) by those who said they had left their practice due to stress and/or burnout.
- **More opportunities for self-care, such as exercise and other wellness activities.** This is what most physicians are currently trying to pursue on their own, at almost equivalent levels to more time.
- **More support in helping them more effectively deal with the stress and burnout in their lives.** This is a thread that runs through several responses—not only coaching, mentoring and collegial support, as well as educational opportunities and wellness initiatives, but also support, respect and recognition from administration for what they do and the contribution they 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 63%.
  - Ancillary support can help physicians deal with their top three work-related stress factors: paperwork and administrative tasks (39.8%), too many hours of work (33.3%), and on-call schedules and expectations (26.2%). 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 two, better work hours and/or less call and more or better work/life balance, were 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, in which the two fastest growing segments are female physicians entering practice and male physicians approaching retirement.
    - In the Cejka Search/AMGA 2010 Physician Retention Survey, 13% of male physicians practiced part-time and 36 percent of females practiced part-time, compared to 7% and 29%, respectively, in 2005.
  - The upward trend in part-time practice creates a need for advanced practice providers (nurse practitioners and physician assistants) that can 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.**
  - 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 thing that physicians wanted their organizations to provide—and at times that are convenient and accessible to them.
  - Related to that, ensuring that they have time to engage in those activities is equally important, even if not provided onsite. Allowing for blocking out time during the day—and then respecting that time—signals that organizations understand the importance of such activities in promoting physician wellbeing. Again, providing more ancillary support would help this become more practicable.
  - Helping physicians understand what good self-care is, to begin with, may also be necessary, especially in the face of the self-admitted traits that physicians have which make taking care of oneself a low priority. As one comment said, “Physician, heal thyself.” In our experience, this is not something that happens overnight, and it’s both an issue for individuals and organizations—their culture and practices. Workshops, facilitated support groups, physician wellness committees and individual coaching can all be helpful in this regard.

- **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 potential initiatives that would support physicians both on a day-to-day and long-term basis were mentioned, including wellness initiatives (27.8%), workshops and education on managing and coping with stress and burnout (23.8%), concierge-type services (19.8%) and coaching and mentoring resources (18.5%). These could be easily implemented through such things as a physician-specific employee assistance program (EAP), 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 survey respondents. This has ties to communication skills and organizational culture, in addition to day-to-day situations that can quickly get out of hand when physicians are stressed and have poor coping skills—which is sometimes the root cause of disruptive behavior. 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 culture that is more supportive and promotes greater job satisfaction.

Normalizing work/life balance—what it is, how to achieve it—is an important goal for physicians and organizations. It ties directly into the second most desired things that physicians said they wanted—more and better work/life balance (30.7%)—yet was what they were finding to be among the most difficult things to achieve. Encouraging physicians to achieve it—through activities such as those mentioned above around wellness, cultural change, and coaching to change their own ingrained 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 that show a greater correlation with levels of stress and and/or burnout, or changes in stress and burnout levels over 3 years (over and above the +/- 3% confidence level for the survey, overall). Four variables were examined:

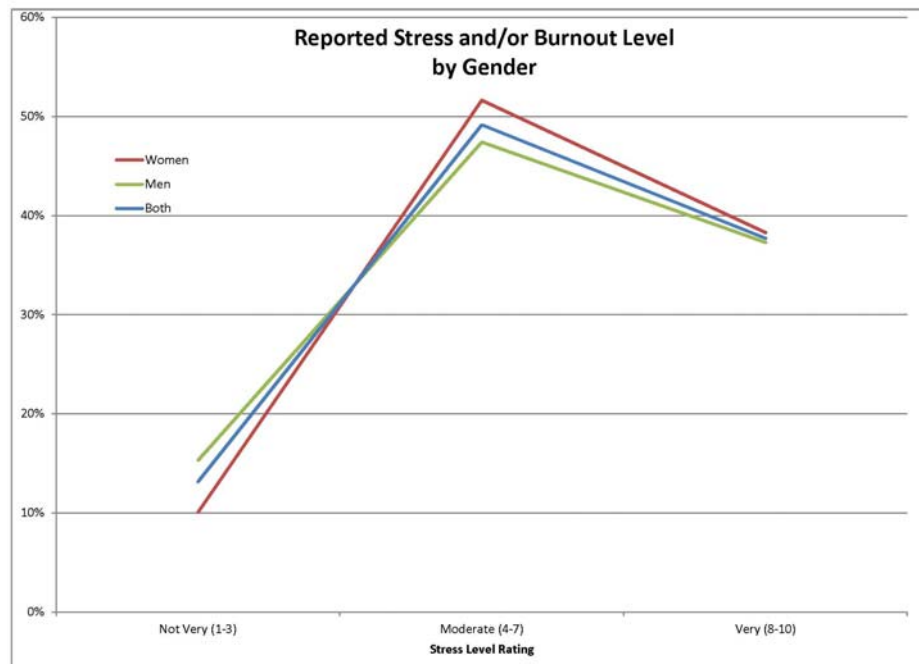
- Gender
- Age
- Years in practice
- Practice setting

### Gender

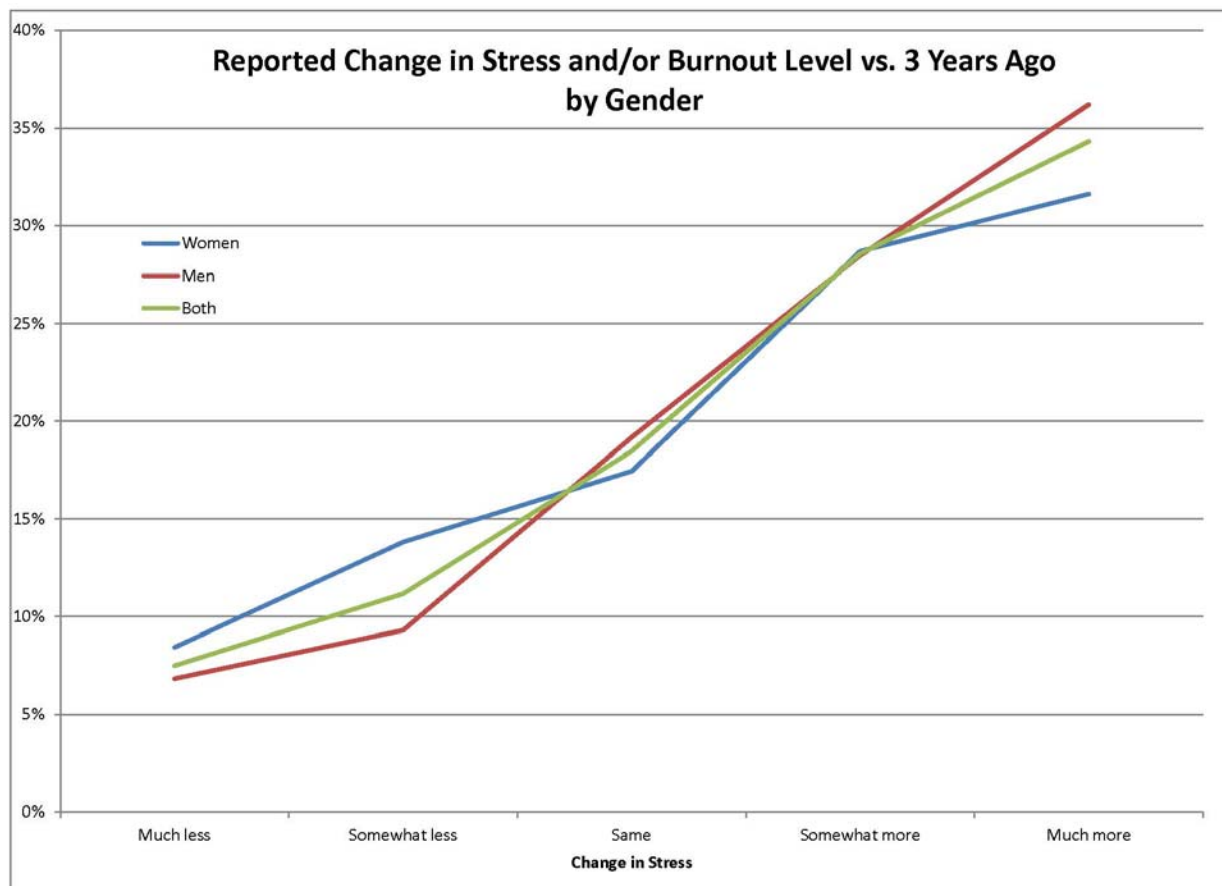
Despite anecdotal evidence and some studies that would suggest that females are experiencing higher levels of stress and/or burnout, this is not generally borne out in the survey results.

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 (10.1% vs. 13.1%, respectively), but this is just within the margin of error for the survey. 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 (68.4% vs. 58.7% in the overall sample) and females skew lower (31.6% vs. 41.3% in overall sample).

Looking at the 50<sup>th</sup> 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 (73.9% vs. 70.4% in the overall 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. 3 years ago, 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 (57.9% and 29.5% vs. 49.2% and 37.7% in the total sample, 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. The sample size for those in their 20s is small, so this trend manifests itself in the 30s age cohort, showing about an 8 percentage point swing above the total sample for "Moderately" stressed and/or burned out and 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 5 percentage points, and more "Very" stressed and/or burned out by 7 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.

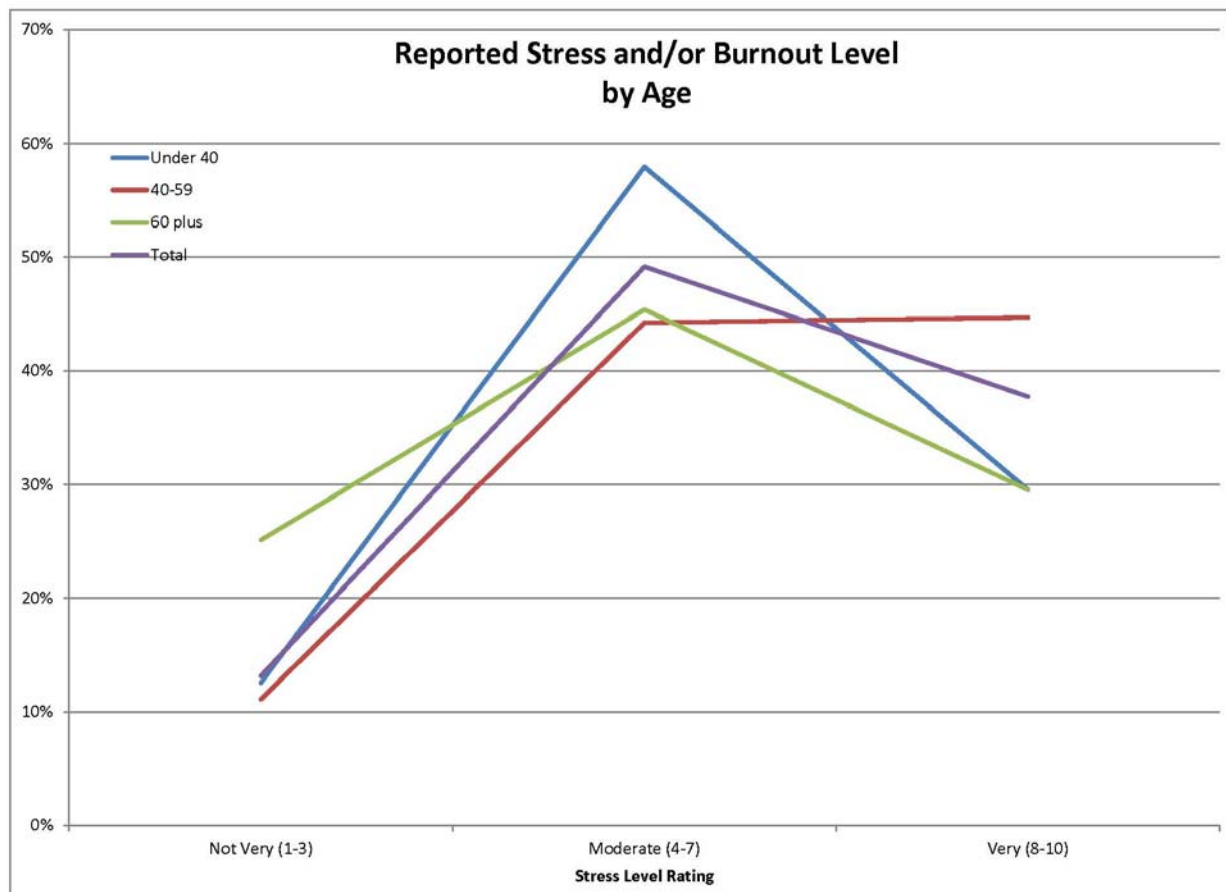
On a more granular age cohort level, the trend toward more stress and/or burnout is more pronounced in the 40s age cohort, with a move toward lower levels of stress and/or burnout in the 50s cohort,



although the latter are still at levels above the total sample for “Very” stressed and/or burned out (42.9% vs. 37.7% in the total sample, respectively). However, whereas those in their 40s are “Very” stressed and/or burned out more than “Moderately” so (46.1% vs. 43.7%, respectively) and those in their 50s are more “Moderately” stressed and/or burned out rather than “Very” (44.9% vs. 42.9%, respectively), these are within the survey margin of error.

The 60+ cohort is clearly less stressed and/or burned out than other cohorts, with 25.1% reporting “Not Very” stressed and/or burned out levels compared to the overall sample at 13.1%. 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.

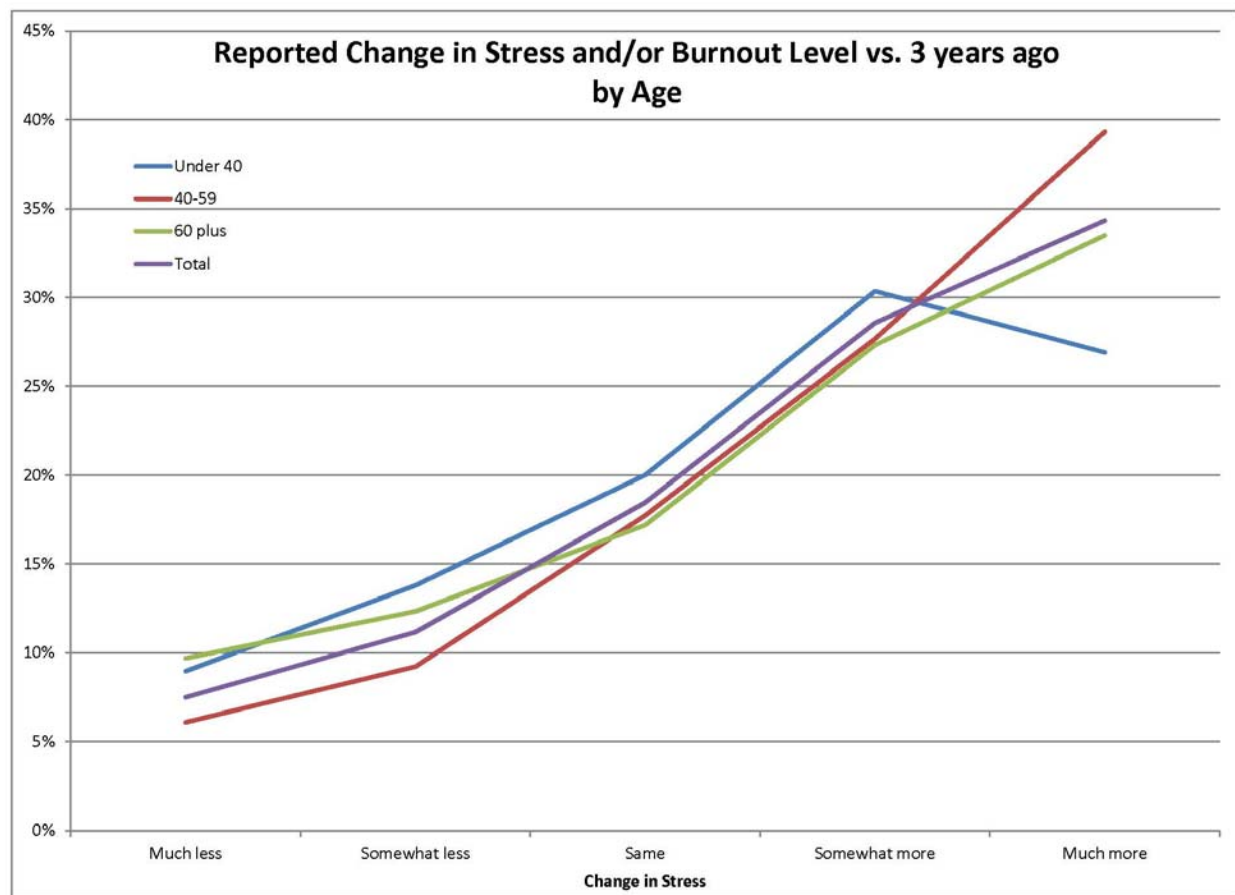
Thus, in terms of stress and burnout levels on an average day, levels rise significantly in the 30s and peak in the 40s, with a slight lessening in the 50s followed by a sharper drop-off in the 60s and beyond. However, 29.5% of the latter cohort still reports being “Very” stressed and 45.4% are “Moderately” so.



Looking at change in stress and/or burnout levels vs. 3 years ago, 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 42.7% at less or the same levels and 57.3% reporting more, a nearly 15 percentage point difference. They are also less likely to report that they are “Much more stressed” than the other age cohorts.

Things change significantly in the 40s age cohort, with twice as many respondents reporting more stress and/or burnout than less or the same levels (66.9% vs. 33.1%, a 33 percentage point difference). Those in their 50s show essentially the same levels, very slightly reporting more stress and burnout.

Those in their 60s+ report lower levels of stress and/or burnout vs. 3 years ago, but still more stress than those in their 30s.



The results indicate that 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), although whereas those in their 50s report somewhat lower stress levels daily than those in their 40s, both groups are reporting similar rates of increased stress, overall, compared to three years ago.

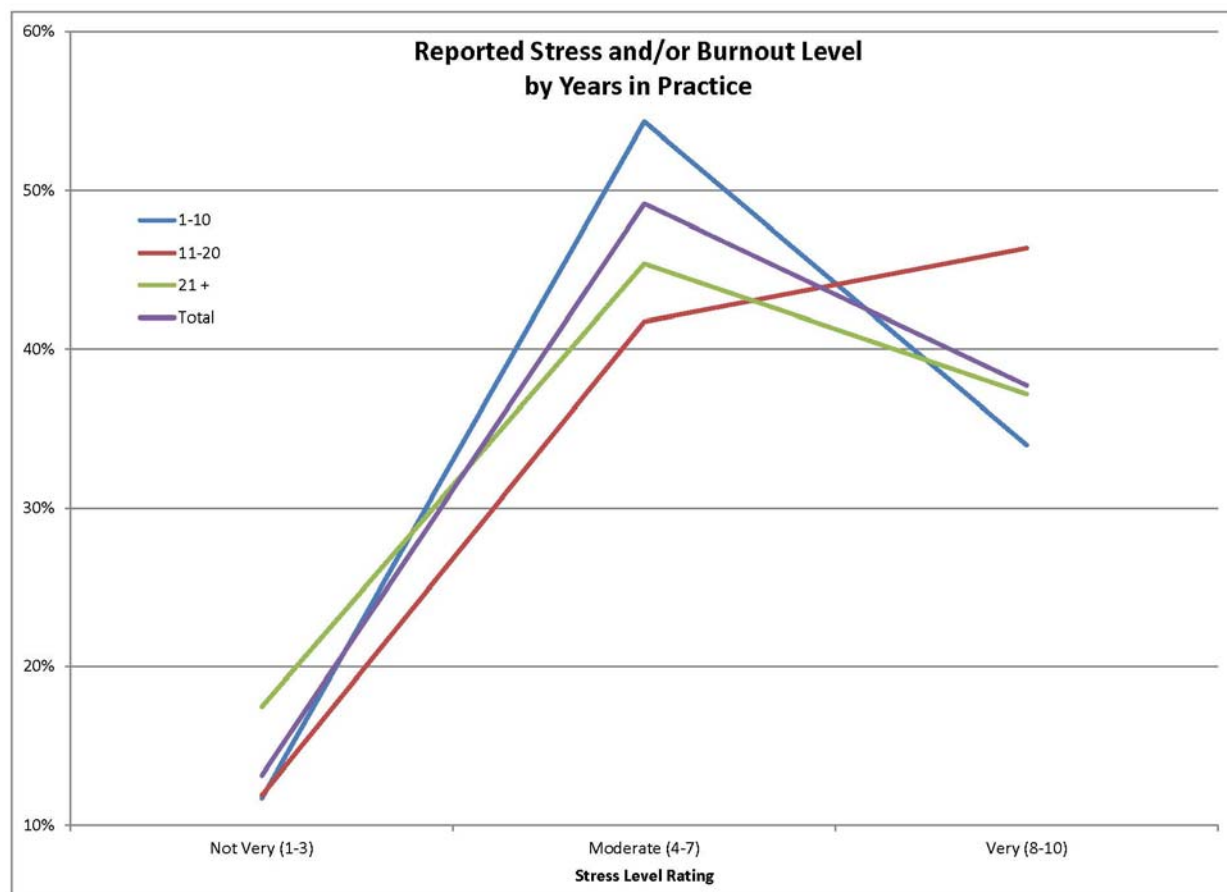
## Years in Practice

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.

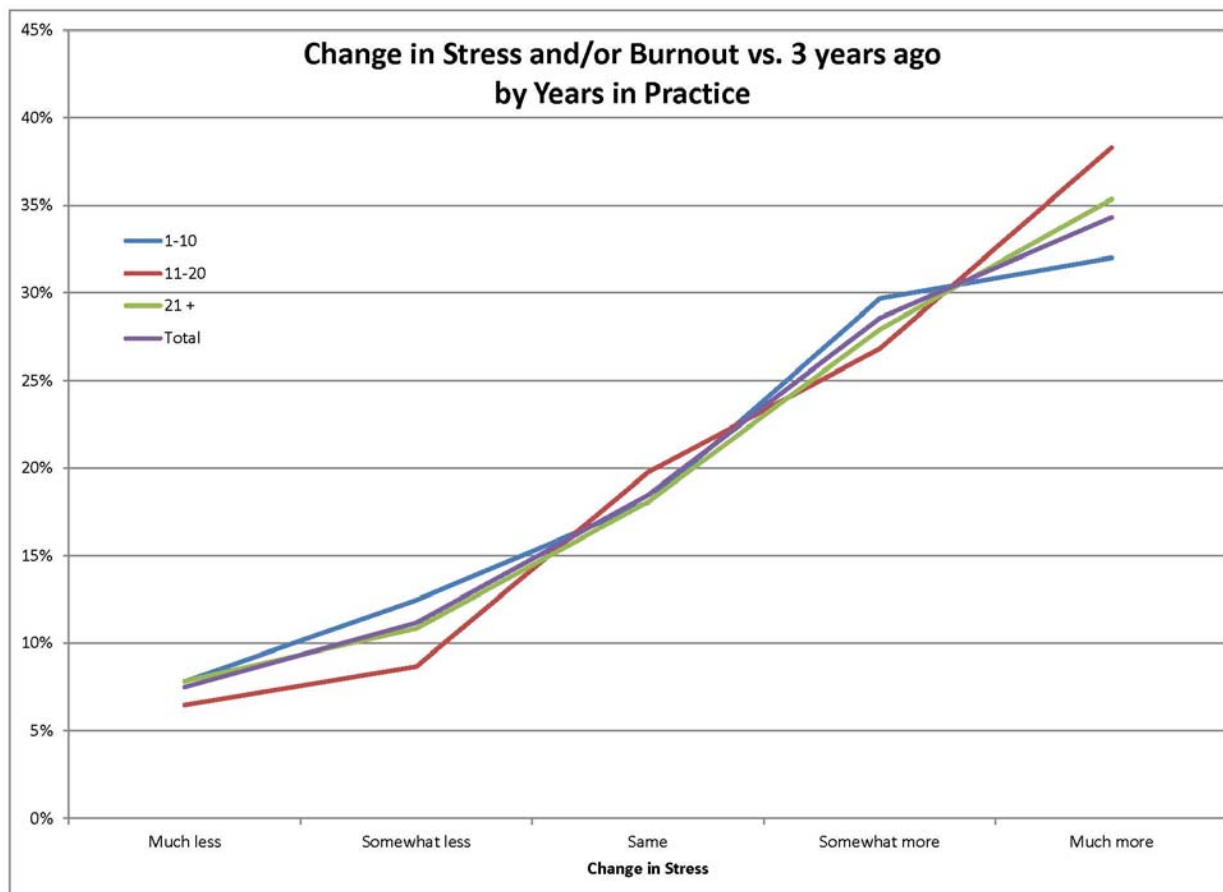
Those in the 11-20 years of practice cohort are much more likely to be “Very” stressed and/or burned out compared to the overall survey sample (46.4% vs. 37.7%) and almost commensurately less likely to be “Moderately” stressed and/or burned out. Similarly, on an upper/lower half scale, this cohort is slightly more likely to be in the upper end of the scale.

The cohort with 21+ years in practice is slightly more likely to be “Not Very” stressed and/or burned out and less likely to be “Moderately” so, but is comparable in its rates of being “Very” stressed relative to the other cohorts. On an upper/lower half scale, this cohort is slightly 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 almost half reporting feeling that way. This correlates with the results by age, as those in their 40s saw peaks in stress, and would typically be in their second decade of practice.



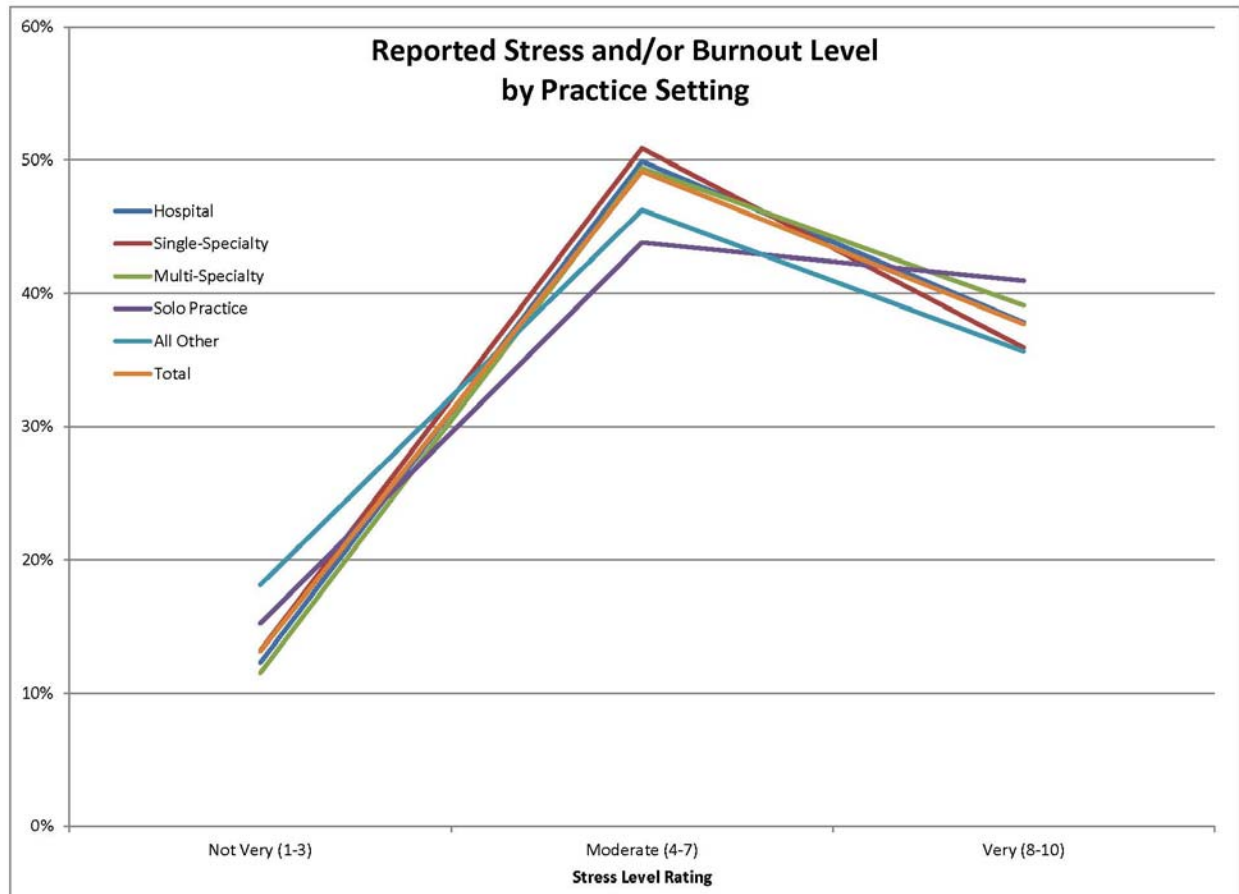
When looking at change in stress and burnout level vs. 3 years ago with regard to years in practice, all differences are within survey margin of error.



## Practice Setting

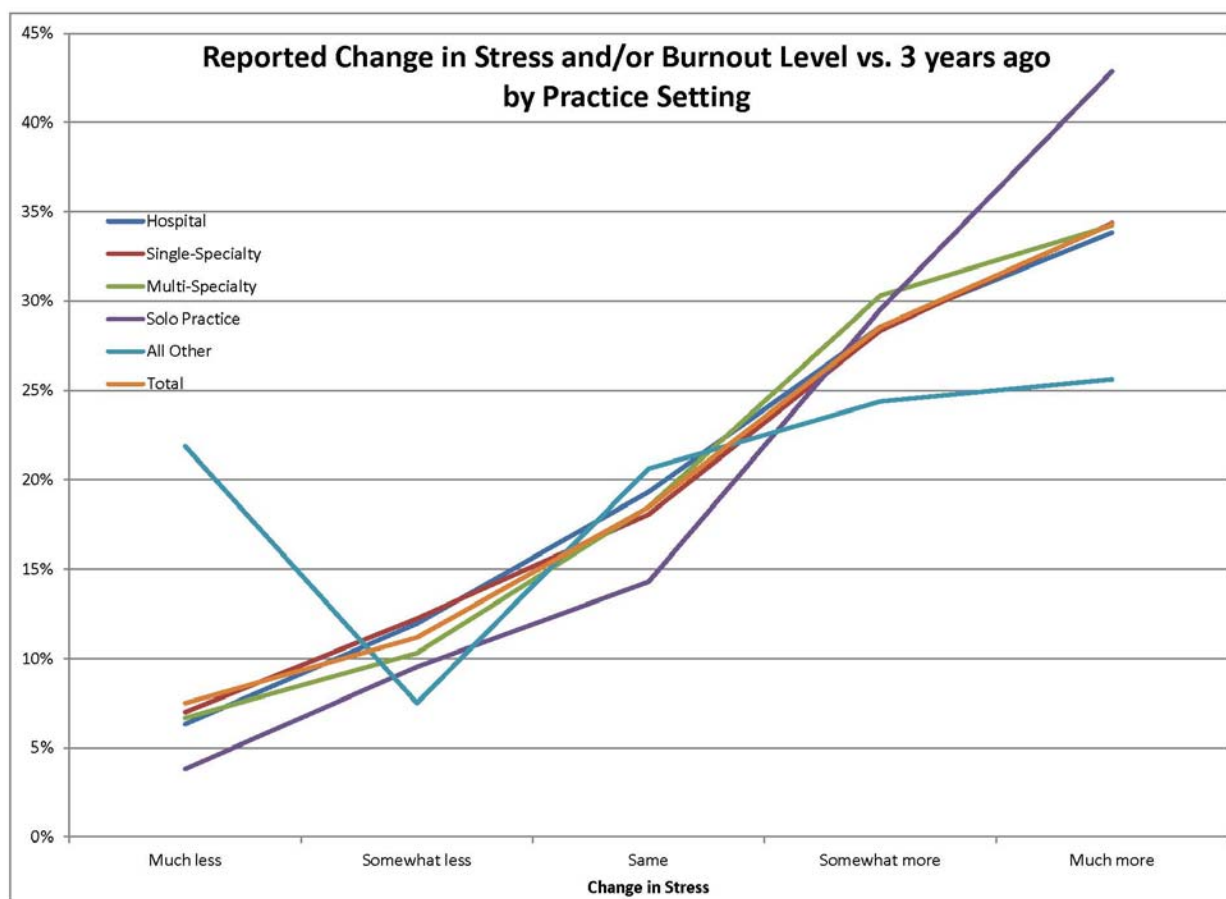
Conventional wisdom would point to variation based upon practice setting, especially as more physicians are moving toward employed, hospital-centric models compared to independent or group employment, presumably to achieve lower levels of stress and/or burnout with more predictable income and work schedules. This was not evidenced in this survey with regard to level of stress and /or burnout on an average day.

Survey respondents in solo practice are the only cohort that shows a significant difference compared to the total sample, being somewhat more likely to be “Very” stressed and/or burned out and less likely to be “Moderately” so. Thus, practice setting appears to have very little impact on stress and/or burnout levels, overall.



A similar pattern is seen when looking at change in stress and/or burnout vs. 3 years ago, as those in solo practice report feeling more stressed compared to the total sample, by almost 10 percentage points (72.4% vs. 62.9%). Interestingly, those in “All Other” forms of practice, representing 7.6% of all respondents (e.g., locum Tenens, public health, government or those not working), are evenly split between feeling less or the same amount of stress and more stress. They are more likely to feel less stress than the total sample.

Overall, solo practitioners are feeling even more stress and/or burnout than physicians in other practice settings, with almost three-quarters feeling more stressed than three years previously.



## Discussion

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. 3 years ago. There are virtually no differences with respect to gender, and few with respect to practice setting, other than for those who identified themselves as solo practitioners, who report higher levels of stress and/or burnout, both on an average day and compared to three years ago.

This is corroborated by a recent articles focusing on these practitioners such as “Is the Independent, Private Medical Practice Losing Its Gravitational Pull?” in the July/August 2011 issue of Group Practice Journal. Faced with increasing operational and economic pressures, these physicians are increasingly considering other employment models. However, the move toward more employed physicians is having little impact at the current time on stress and burnout levels.

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, nor 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 are experiencing poor work/life balance and increased negative impacts on their mental and physical health.

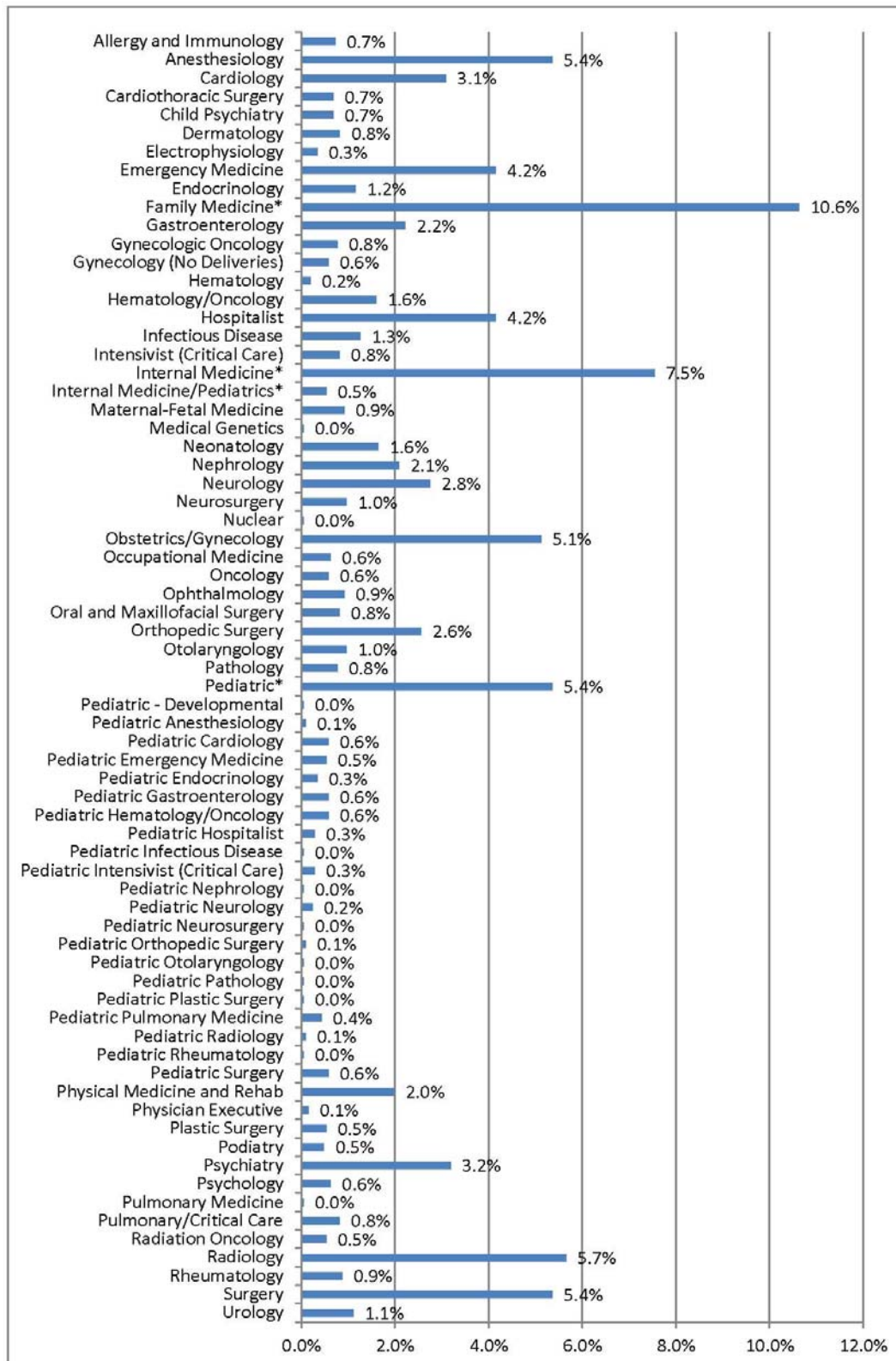
For organizations, this points to one conclusion—they must do something to mitigate and prevent stress and burnout, and at least initially, a one-size-fits-all approach will probably suffice, and is infinitely preferable to doing nothing at all to assist their physician population. However, at the organizational, work group and individual physician levels, there may be opportunities to address more specific needs with programs and accommodations. Once programs such as those suggested in the main survey report 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 more granular level.

## **Appendix A**

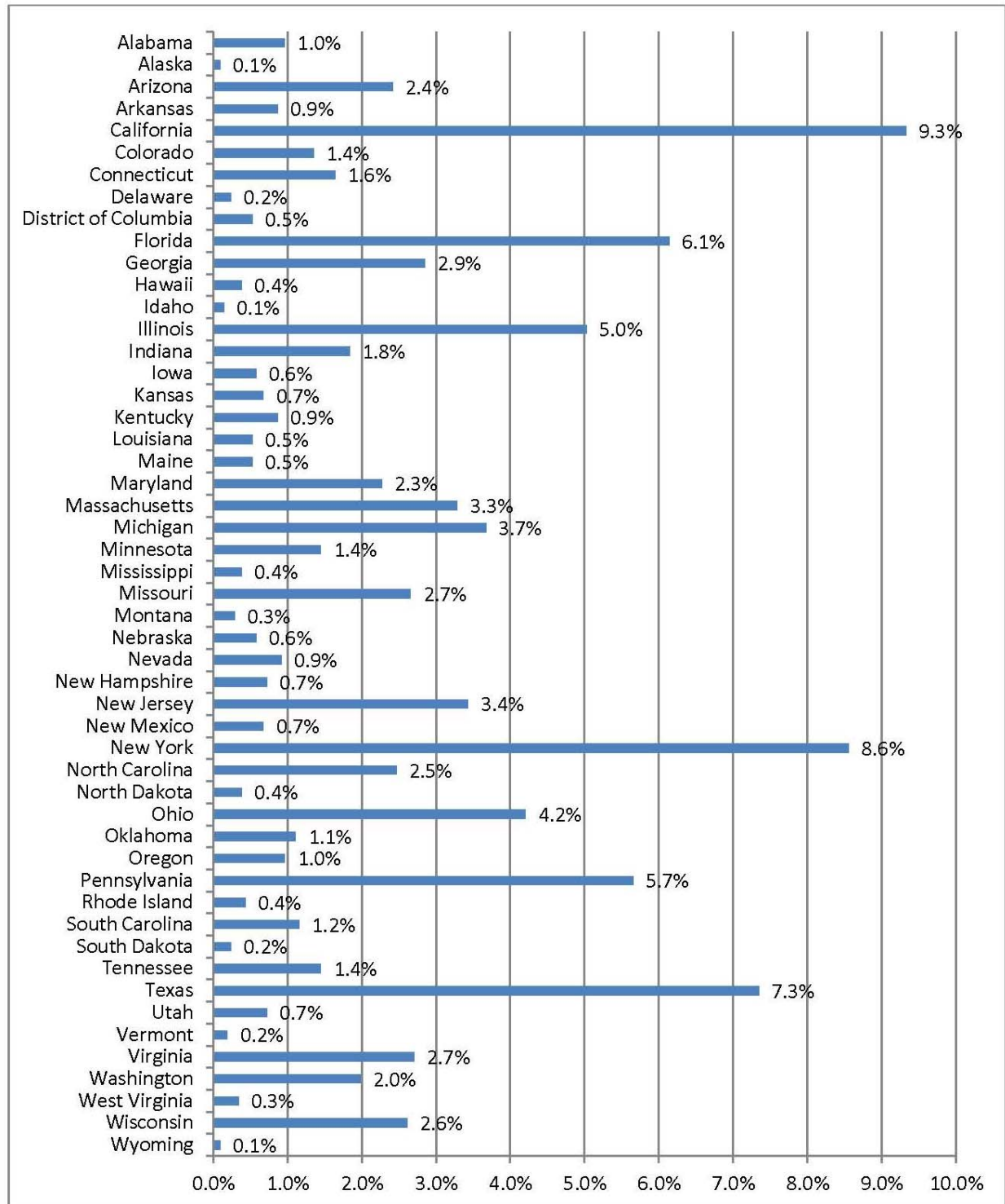
### **Detailed Results for Questions 1, 2, 4 and 5**



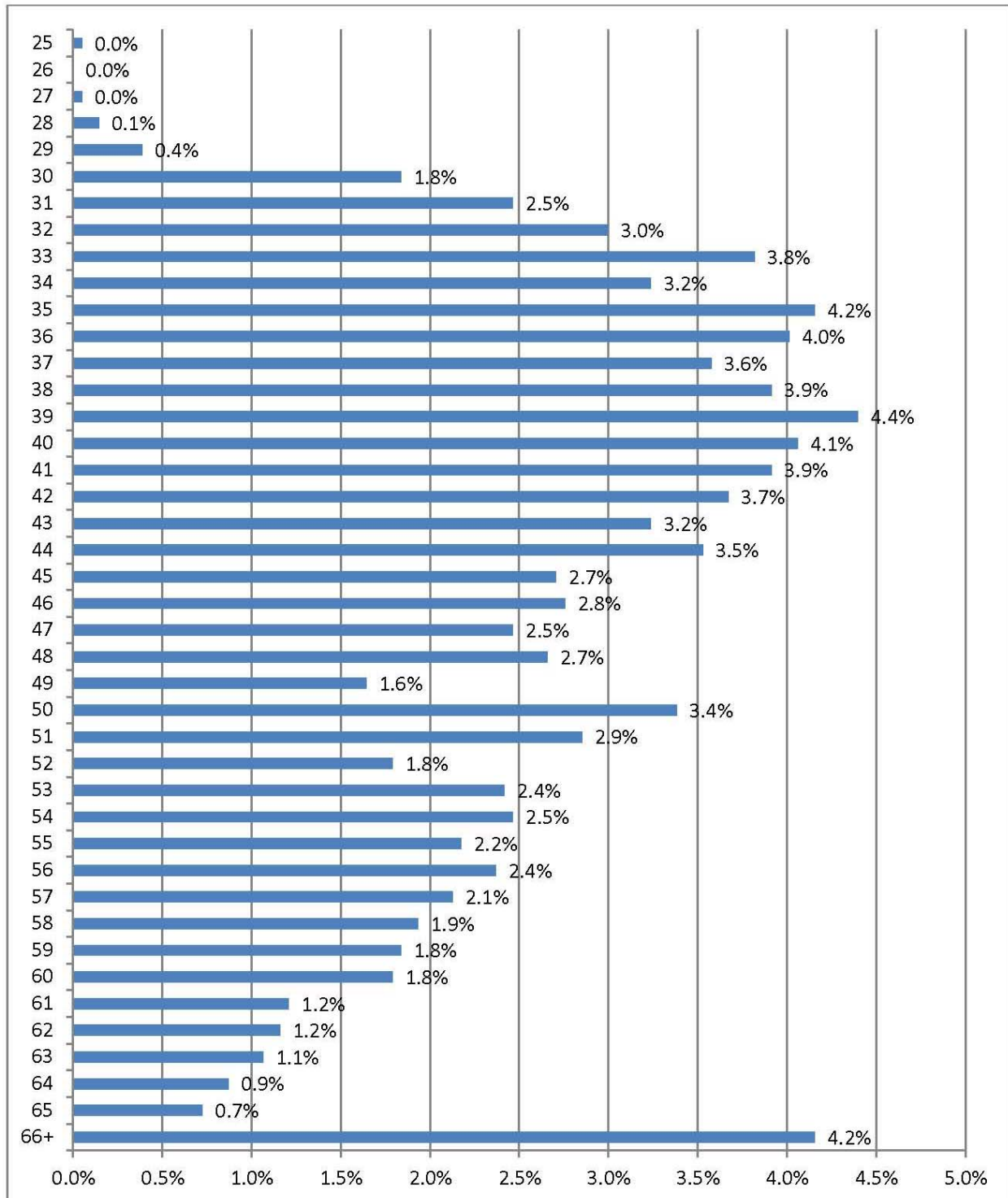
**Q1: What is your primary area of practice or specialty?**



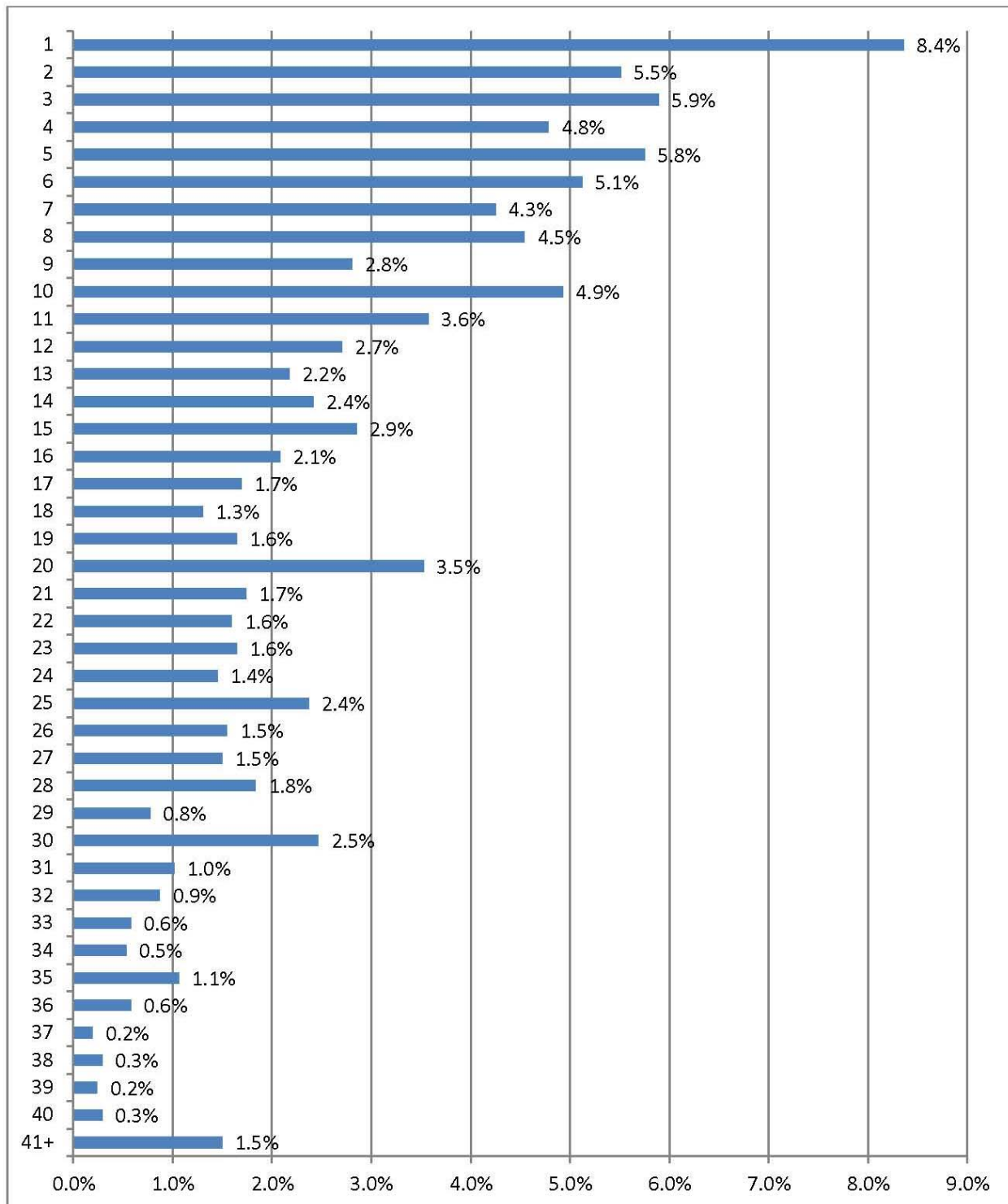
## Q2: What is your primary state of practice?



#### Q4: Age



## Q5: Years in practice



## Appendix B

### 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 that the intent of the writer was conveyed.**

1. There should be a mechanism where a person can complain about inappropriateness in the workplace without fear of retribution (the administrator should not be able to get back to me for revenge).
2. I think this is an important area and hope that it continues to be investigated.
3. If a physician takes some time off to avoid burnout, the gap reflected in their resume should not be viewed with a negative connotation by a future employer.
4. It is discouraging as a new grad just out of residency to feel already burnt out and cynical at times, with the hours I work and the debt on my shoulders, to wish I had picked a 9-5 job that I could have started right out of college.
5. Increase reimbursement for primary care.
6. There should be a network of physicians sharing their experiences, and suggesting what helped them with their stress-related issues.
7. If I had it to do over, as much as I love the field I'm in, I doubt I'd choose it again—the stress is very high.
8. Overall, being a physician remains a noble profession of which I am proud to be a part.
9. Burnout can be particularly tricky for working mothers, especially when a spouse is a busy professional (in my case, a physician) who is always expected to be at work. I think America has the wrong mentality about work and it is causing undue health problems and conflict.
10. I'm only one year out of residency, and sometimes I feel like life isn't better than when I was a resident.
11. Work is stressful. It's hard to meet everyone's expectations. Everyone seems to be pulling at you and you run out of time to get everything done and spend time with your family, as well.
12. The 7/7, on/off system sucks.
13. It's just not worth it to be a physician anymore.
14. There is a misconception that physicians are somehow superhuman and that we don't deserve a "life" outside of medicine because of the salary we earn. We have the same needs as other

workers—to eat lunch, have potty breaks and to leave work to attend our families and ourselves.

15. Listen to solutions from physicians to improve the workplace.
16. I am still happy to be a physician.
17. These things need to be incorporated into residency.
18. Stressed, but I'm managing well.
19. Social media for physicians will be extremely helpful. A Facebook for MD of sorts. This way we can know what each other's interests are, and what we're currently seeing. I've put my practice on FB/Twitter/YT, and I feel somewhat connected to the world at large through my little practice.
20. I really love practicing medicine but paperwork and bureaucracy and drug seekers/malingers often keep me from doing so.
21. My primary source of stress in medicine is from the patients, not from the practice, insurance companies etc.
22. It would be great if our workplace would offer 30 minutes of yoga or meditation classes right before the start of work at least 2-3 times a week. That way it's built in to the routine of the day and I don't have to waste time traveling to a gym.
23. Malpractice reform: Why are we not spending more time on this?
24. Change in malpractice claims and laws will definitely help with cost and stress.
25. With the EMR, more and more is coming back on to doctors. There is so much we're responsible for, and at the same time, reimbursements are going down and so there's a constant pressure to perform in order to stay alive. This doesn't even touch on how stressful the responsibility of our job is. We are juggling so many things and running ragged. Also, patients want instant gratification in regard to everything. There is limited trust or loyalty so it doesn't always lead one to feel very fulfilled. Though some days are very fulfilling, there's no doubt that I hope to retire early, and I wish I could lighten my schedules so the day to day wouldn't be so stressful.
26. Stress and burnout come from lack of control of your work situation and being in an environment which is not satisfactory, as well as other personal factors
27. I don't know a single physician who is happy with the current state of healthcare and who has any faith in hospital administrators, insurance companies, politicians, business/corporation execs, or lawyers who are going to make the situation any better, but continue to attack our profession, leading to increased discontent and continued drops in medical school admissions, etc.

28. Physician burnout is real and a very concerning problem. I appreciate much the current study/research involving this important matter. Physicians are human beings with physical and emotional limitations. In order to perform better, we need better physical, emotional health and work environment as Humanity's health depends on us. Thank you.
29. For me, more time is more important than more money.
30. Great survey – hope it is a jumping-off point for potential change.
31. One of the most frustrating aspects is not medical, but a general attitude among people that their health is our responsibility. You smoke, do drugs, drink, and then expect physicians to fix everything, and BTW, you are on disability for "nerves." How do you change that?
32. I am experiencing an increasing trend of unrealistic expectations from patients in their healthcare where they are not taking some of their own responsibility for their own health. Most notably in the aging baby boomer generation.
33. Practicing good quality primary care medicine is challenging to do alone!
34. Administration keeps adding more and more work to hospitalists and when they do that, they should keep in mind that they need to reduce work at some other place for the hospitalists.
35. A lot of younger surgeons I know want to quit medicine for a different career.
36. Please check out this pattern at Johns Hopkins, Duke, NY hospitals, etc.
37. Standardize physician salaries nationwide based on education, liability, hours and productivity. This would take physicians out of the equation so that all who think that our salaries are too high can realize that it is not physicians, but insurance companies, pharmaceutical companies, and hospital entities that drive increased healthcare costs and are reaping the profits.
38. Physicians are sensing a lack of appreciation from politicians and the general public. We are called greedy and selfish when we argue against cutting our reimbursement. Meanwhile, celebrities and athletes are making 10 – 20 times our income and they are venerated.
39. More respect and compensation needs to be given to primary care.
40. Single payer, please.
41. I think meditation, especially mindfulness meditation by Jon Kabat Zinn, is a very useful tool to reduce the stress.
42. Pediatric hematology/oncology docs need to be compensated more – the salaries we make at large academic centers do not correlate with a stress-free life.
43. Hospital administrations only care about the money and not the quality of care. I think it is not a good idea for doctors to be employed by hospitals.

44. I would not advise anyone to go into medicine unless they absolutely love it, because they will be aware of the increasingly uncontrollable variables that impact their delivery of care outside of their own competence and ethical behavior.
45. It is frustrating to see how private physicians re-order unnecessary consults, labs, imaging, etc. since outside hospitals do not sign out patient information or send the discharge summaries upon admission or transfer of a patient.
46. In general, I love what I do. But long hours and lack of supporting staff can be very tiring.
47. Healthcare is going to continue to decline until someone realizes that physicians will no longer practice with this government. Then, the future physicians will no longer be the cream of the crop... scary.
48. Too many emails, etc.
49. Stress and burnout is more common than is known. The reason I participated in this survey is to be able to help my peers who might reap benefit from the findings of this survey. Thanks.
50. We need to lobby so that telemedicine gets reimbursed so we can work from home.
51. I wish doctors were treated as they were 50 years ago and as in other countries!
52. Physicians tend to be very childish and treat each other with such disrespect. Perhaps they need to be bred differently and disciplined like children ought to be.
53. Physicians should not be picked on and considered lazy if they decide to want to work less than 5 days in a week, i.e., part time. Right now part time equates to being considered a not dedicated physician. That's unfair.
54. Medicine is delivery of excellent care without compromising on time and getting stressed. The healthcare system is doing everything to stay away from this goal.
55. Business professionals need to stay out of clinical care. They have no idea what it takes to take care of people, yet all they do is look at numbers as if disease is something that numbers can correct. This is what is wrong with healthcare. Doctors are no longer able to practice for the good of their patients.
56. It is very unfortunate that every year including in residency I filled out this type of survey, yet nothing is done on the federal or state level. Every other profession that involves public safety requires mandatory time off. A majority of nurses and doctors are experiencing burnout, yet nothing is said or done about it. Thanks for your initiative. I pray it makes a difference.
57. Too few choices are allowed. Choosing 3 is not enough.
58. Please, can someone advocate for those who have sacrificed so much and work such long hours at great personal risk and cost to provide our nation with healthcare? We are people, too. We are some of the nation's brightest sons and daughters and are being treated like school children



in need of detention. You are turning us against our patients and our nation with these impossible policies—it takes a lot to make someone who has gone through medical school and residency say "what's the use?" but you are pushing many of us to the brink of despair over our profession.

59. Government intrusion into healthcare will only increase physician stress, and decrease interest in the career of medicine.
60. We need to start making patients more accountable for their own health. With pay for performance coming soon, what is going to keep me or any other clinician from refusing to provide care for non-compliant patients? Why should we be held accountable for tracking patients down to get their labs done or take their medicines as prescribed? I'm tired of feeling more like a babysitter and less like a doctor.
61. Free texting instead of "clicks" on EMR. More legal support for physician rights and humanizing instead of robotizing physicians.
62. Electronic records are cumbersome on an MD level—too much expected of physicians that could be done by less trained professionals. It has also cut into learners' active roles.
63. Physicians really want the best for their patients but with all the movement toward improvements in patient care, it seems as though physicians are going to be the ones needing advocates.
64. Most physicians I know are burned out.
65. I am a palliative medicine/hospice physician, which was not an option to choose from at the beginning.
66. After years of education, training and certification exams, some GED-educated clerk at an insurance company has more medical decision making than a licensed physician. With crushing student loans and decreasing reimbursement, we are becoming slaves to the big money in medicine: the government, insurance companies, hospitals and pharmaceutical companies. If I could afford to stop practicing, I would.
67. Ideally it would be to drop off Medicaid, then Medicare, then insurance and take cash upfront for my services. Unfortunately, there are too many providers of health services, especially too many nurse practitioners driving down demand for real doctors' services at fair cash price.
68. I would like to see the aggregate results of this survey.
69. Did I mention asking our current President to resign before he completely destroys medical care?
70. The fear of coming cutbacks in reimbursement is also causing stress as radiologists are losing jobs and taking pay cuts.

71. I think this is an important issue and if left unaddressed, can greatly impact the future of medicine.
72. The website [www.niramultiversity.org](http://www.niramultiversity.org) has helped me tremendously in gaining back my balance in life and becoming a better, more efficient and smarter doctor.
73. The use of hospitalists has dramatically changed my stress level, improved quality of life, call and practice. I would not go back to inpatient work.
74. The stress of having to address all of a patient's issues in a 10 or 15 minute visit, then doing 5 to 30 minutes of paper work to complete the visit, was too much for me. I resented working 10 to 12 hours a day, but only being compensated for 8. I felt unappreciated and disrespected by the non-medical administration. I have found a healthy niche for myself within the profession and now feel I can give myself fully to my patients on my terms. It's better for me.
75. This is an important area of research!
76. Medicine is unfortunately not the same. It has become a business in which the doctor's decisions are controlled by insurance companies with incompetent personnel that do not know anything about medicine. This is a profession in which every year the salary goes down despite being required to see more patients. Most of us do our best to take care of real humans and yet if something goes wrong, it is our fault and that is the end of your career. You get sued. What liability does a football player have who earns millions??
77. I worked weekends as a hospitalist for 5 years. This is a position that not many want to do. I asked repeatedly for assistance from partners seeing admissions, which was never, done so I left. Now they have no one to do a full-time weekend position and are short-staffed.
78. Right now my biggest stressor is EHR. My bosses have started the system early on, in the interest of profiting from incentives earlier. In doing this, we had no proper introduction and no personal one-on-one training. Also, we are responsible for inputting all data. This means only since August 15th. I'm not sure what will happen with the old charts. My back up is impossible as I have full schedules and the charts just pile up with no end in sight.
79. Lots more young primary care physicians (less than 45 years old) are looking to get out of practice due to the demands and lack of respect or compensation.
80. Do you have programs for non-clinical opportunities?
81. For younger physicians who are recently out of training, especially those who had families in training, the debt burden and resultant negative net worth is a significant source of stress. This will likely be exacerbated by declining reimbursements and the state of the economy.
82. Paper work should be decreased, so that a doctor has more spare time to take care of patients, and family.
83. One factor leading to burnout with physicians of most, if not all, specialties is that they are getting a decreasing return on investment (education, time, compensation, satisfaction) year

after year. Practice costs have gone up and payments are flat or decreasing. Job satisfaction is decreasing for a variety of reasons (documentation/insurance issues, loss of control over the profession, etc.). Employed positions are a temporary solution, and until/unless these issues are improved, this issue of "burnout" will likely continue to worsen.

84. Medical care is now being protocol-driven; the more tests, the more money. You are not trusted to use clinical judgment and you are being forced to chase every foolish complaint to its MRI end. Chronic pain patients are a big problem.
85. I am in a University setting and have seen the many, many, external requirements from regulatory agencies negatively impacting the focus of healthcare. There needs to be a refocus on empowering caring physicians to actually deliver good care to patients instead of the current focus on meeting regulation requirements/goals and customer satisfaction scores.
86. The US economy and healthcare is so screwed up, there is no hope.
87. This is something our administration seems to care very little about.
88. God is good. He has provided for my family in every way, including financially, physically, spiritually and emotionally. I do not want to allow work to hinder my relationship with God. My work and my life are to bring Him glory and honor through obedience to Him, loving my wife and kids, and service to and loving others. He is the source of my joy and why I feel generally good and content about life.
89. I got out of family practice and switched to urgent care. It helped getting away from the paper work, clueless administrators, etc. I'm doing more real medicine—what I was trained to do.
90. Managed care forced me to do so much more obstetrics to make a good living. The exchange was way more stress, fatigue, anxiety and more time away from my family.
91. Do you really think the working situations for primary care providers can get better? Please show us a light at the end of the tunnel. And, please help us by preventing the light from being an on-coming train.
92. Inequities in demands on younger vs. older physicians are irritating. Older physicians not retiring have dramatically tightened the job market and at same time they are not subject to the rigors of re-certification.
93. I hate being a doctor in this environment. I'm going to stop "caring" about doing the right thing because some nurses and front desk staff want to leave on time and not serve patients, and because CEOs care about their image in front of the board and their bonuses, they don't care about quality of care. I feel forced to go along and play their game. Their game is money, power and control—they don't give a damn about patients. Doctors need a voice.
94. Restrictions on resident training hours and the mandatory use of EHR is ruining training. I fear for the future of medicine.

95. Thanks for studying this issue! Reportedly more than 50% of primary-care docs are dissatisfied with their profession and wish they had taken a different path in life, which I find really depressing. I think we feel undervalued both in terms of prestige and financially (particularly Family Practitioners).
96. Makes me feel even more miserable.
97. EMR has greatly increased my workload by 1-2 hours a day even 1 year after implementation.
98. Never become a doctor. Talk your children out of becoming doctors. It is thankless, stressful, unhealthy and under-compensated.
99. As a physician who just completed a fellowship and started a practice at the age of 41, I feel that I am years behind my life.
100. I like being a doctor, after all.
101. We are losing the brightest minds to other fields of endeavor because medicine is no longer rewarding. If you want "cheap" healthcare, get ready for department of motor vehicles-type medical workers. As soon as I can leave medicine, I will.
102. I love my specialty and love being a psychiatrist. I love dealing with my patients. The paper work burden and apathetic administration make my current employment very stressful and frustrating.
103. Concerns over malpractice and general fearfulness of patients are one of my greatest work stressors.
104. More emphasis on primary care docs.
105. Patient-centered care, rather than the business of medicine, has been a great impact on my amount of stress (I now practice in a VA hospital, previously in private practice).
106. One of my biggest work stresses is patient misuse of the healthcare system. We are overloaded by people who have unrealistic expectations of doctors and no self-responsibility for their own health. Patients on government assistance often come in for very minor illness or injury because they do not have to pay, while others who are in true need of care do not seek care due to costs. Huge amounts of money are wasted on unnecessary testing every day in this country due to lawyers and lack of tort reform.
107. I continue to find the actual medicine, and patient, colleague, and nurse contact part of work rewarding. It is the never-ending increase in paper work, combined with EMRs that make the process slower, that are the huge problems.
108. Mandated meetings, new discharge forms, etc.—all of these bright ideas by administrators that just waste my time. There are too many administrators! They do nothing but make my job more difficult and increase the costs of healthcare.

109. When I left my residency I was ready to simply practice medicine but it has not turned out to be what I wanted it to be. Lawsuits, noncompliance and decreasing salaries will cause a physician shortage when I am a senior citizen
110. Keeping up to date with the latest information.
111. Less conflict at home.
112. Because of their inability to organize and form a unified lobby, physicians have become a major impetus for the decline of their own profession.
113. Employers need to find out from their physicians if they are satisfied with their job.
114. The future of medicine looks a bit dark. Uncertainty equates to anxiety
115. Overall, I have found medicine a personally destructive career choice. I was much happier before ending up living to work and not being able to enjoy my wife and children.
116. I make good money, just less motivated.
117. I feel I'm too young in medicine to be this tired and ready to change career paths. While in training an attending warned me to get out of medicine. I wish I had listened before accruing all this debt!
118. Thanks for letting me vent. Unfortunately, being a physician has turned into a job and there is no longer room for any such thing as a higher calling—those who did it as a calling are now working abroad. I'll be joining them soon
119. Everybody wants a piece of us, and we are responsible for everything that goes wrong.
120. I am grateful and blessed and wish I were physically and mentally healthier and stronger. :)
121. Leave all medical decisions on every individual patient of mine to the individual patient him/herself and me, not the government or any other administrator!
122. The healthcare system will collapse as they cut Medicaid and Medicare again and again. So many physicians are refusing to accept them now that there will be no medical homes for these patients. The patients will suffer and not be able to get care.
123. The lack of attention to tort reform continues to drive defensive medicine and lead to additional aggravation.
124. Being a doctor sucks. With enough intelligence to get into med school, that ability could be better applied to a more rewarding career. Patients don't value doctors. We never get any thanks. They see us merely as highly trained technicians. Insurance companies and government see us as the enemy. Keep it up and you all can figure out how to take care of yourself. Good luck.

125. I was making great money working in a terrible working environment, seeing 80-100 patients per day and I was miserable. Now I'm at a practice making less money but with less of a patient load and great colleagues, and I'm much happier with less stress.
126. There is no (better) way than learning to go spiritual!
127. The water boy makes more (per hour basis) than a majority of Physicians these days! (Don't take my word for it—look it up for major world Institutions/bodies.)
128. Hospitalist groups have become more and more commercialized and less patient oriented. Patients are not heard. We are not given enough time for the patients/family.
129. The number of patients are increasing steadily.
130. Physicians' burnout negatively affects patients in a myriad of ways. Many doctors feel trapped and feel they can't leave. Coaching helped me have the strength and courage to leave. I am a much better doctor since I left and came back because I take care of myself first. It took me a long time to learn how to do that. Self sacrifice is rewarded but causes so many problems.
131. 1. Female physicians have it extra hard. It's a given.  
2. Patients must be given clear expectations, e.g., your visit will be for 20 minutes. Other concerns may need to be addressed another time. Counselors do that regularly. Why don't insurance companies clearly state this visit is for a period of 20 minutes, 40 minutes, etc.? Each patient is scheduled for 20-40 minutes but some want to talk for 1 hour and throw my whole day off, and they are not aware their slot is 20 minutes only. Inform them!!!
132. I don't think the issue of burnout can be addressed until issues of physician reimbursement are addressed. I know I could be making a lot of money if I worked for a hospital but I felt like I was trading my health for an income (I certainly wasn't modeling healthy living for my patients and I couldn't muster up much compassion when I felt like my basic needs for sleep, nutrition and exercise weren't being met). I think that all of the ills of our healthcare system are intricately linked and I don't think we'll be able to resolve the issue of burnout if the greater questions of healthcare delivery and reimbursement are not addressed. I hope I don't sound too negative. I'm glad that there are people who are smarter than I am who are willing to tackle these issues :)
133. I still think the practice of medicine is a great opportunity and definitely worthwhile.
134. Gender inequality is still a real problem and cause for burnout in academic medicine among women. There is a significant gap in pay for the same jobs and also in chances of being promoted.
135. I was beginning my 15th year of private practice in Oklahoma but due to stress, just moved 3 months ago to rural Colorado. I answered this like I was still in Oklahoma since that was my location. 100% of the reason I moved was due to job burnout and stress and I had to find a different way to live my life. I quit delivering babies and I am AMAZED at how much less stress I feel! I am not constantly worried about outcomes/litigation worries/not meeting expectations of patients and families. And I was a GOOD OB!

136. I know that none of the above are going to happen so I am preparing to move abroad to practice. At least in foreign countries, private practice is protected and patients in urban areas value exceptional quality and are willing to pay for it.
137. In my home country, patients don't talk about their 5 star trip to Italy and then complain to the front desk about their \$20 copay. Also the costs of practice are MUCH lower, so you are not working until 1 pm just to get ahead of the overhead gorilla, then dealing with Machiavellian Medicare regulations and documentation requirements, followed by ludicrous insurance and government accounting regulations. For one, I would like to practice medicine and see patients who want to see me... not just because I take their insurance.
138. Basic self-care needs to become a priority for physical, emotional and mental health: rest, exercise, healthy diet, alone-time, gratitude, forgiveness of self and others, conscious clearing of the day's events, act of service, massage, prayer, let go and let God, acceptance, believing that we are divine in nature, self-love, self-parenting, exposure to nature and outdoors, meditation, conscious re-directing of mind and the temptation for the material world, avoiding over-creation and taking on too much responsibility, learn to say no to "opportunity."
139. Over the past 14 years with the same "employer" I have seen the workload and stress on primary care docs really increase. Most are cutting down on their hours.
140. The negative connotation for doctors in American practice is the largest source of irritation—particularly as it is described by our legislators in the central government. They really do not understand what we do and how difficult they (government and insurance companies) make managing patients.
141. Government is ruining healthcare.
142. I think the stuff about meditation and a counselor/coach and all that misses the point. The issue with burnout is less pay, more work. Period.
143. The system is so utterly broken, it is pathetic. I work in the private and public sectors. Obamacare is a pipe dream. There will never be enough physicians to take care of all of the people he is signing up because the public sector works at 1/10th of the efficiency that the private sector does. I know because I work in both. The more patients, the more bureaucracy, the less reimbursement equals more stress and more people dropping out because of the stress. This only compounds the problem. I am not sure how it is all going to pan out, but there are certainly storm clouds on the horizon. Good luck with your study.
144. There is a paper that suggests burnout can be predicted by personality traits present prior to training, suggesting that burnout cannot, as is typically done, be blamed on external factors. Rather, if we are honest with ourselves, we can really understand burnout rather than blaming our environment (BMC Medicine 2004, 2:29 <http://www.biomedcentral.com/1741-7015/2/29>)
145. Medicine is the only career path in the US where professionals can expect to work harder (longer hours and more work at a faster pace) and make less money as each year passes in their

career after residency. With all other career paths, your life gets better as you move up the ladder.

146. Introduction of electronic medical records have increased the work load rather than decrease the work load. At the same time physicians are expected to see more patients to hit the "quota" as set by administration. Often the electronic medical record is magnifying the medical errors at faster pace and wider dissemination of wrong information.
147. It's disturbing to see the surveys and statistics regarding the large numbers of physicians who would choose a different profession if given another opportunity
148. I am not satisfied with patient care through medication prescription. If facilities could afford sessions and education to health providers about natural management techniques to deal with illnesses, we can provide patients with a more honest opinion and do no harm.
149. Where I live, commuting is a major issue—even nearby residential areas have long commutes.
150. Hard work does not cause burnout as the work remains important and valuable. Work loses its value and causes burnout when one deals with corrupt, wasteful, irrational and disingenuous people and systems.
151. I love the career I chose but our crummy economy is making it tough to earn a good living—as everyone else is feeling.
152. Recently switched medical career “path” from clinical private-practice setting to administrative position and am MUCH happier with work duties and lifestyle.
153. Bigotry needs to be addressed with these hospital management groups against black female doctors on well rounded opportunities
154. This is a complex multi-factorial problem. Patients are more demanding, demands of employers are higher for productivity and output, and remuneration is down. All in all. unsatisfying
155. I think it is very important for non-clinical people to realize the extreme value physicians and providers are to a health center. In this day and age of running a medical practice like a business, the administrators forget the importance of keeping the providers in the loop when it comes time for decisions—especially clinical ones.
156. It's interesting how physicians have to go through so many problems to get paid. It is not so for plumbers or electricians who get paid what they ask for without having to justify this with a tower of paper work or appropriate documentation. In addition, lobbyists can pay to affect legislation but we as physicians are not allowed to receive a pen from a drug company for the fear it will “influence” our prescribing habits!
157. Work/life balance is the hardest to achieve.



158. My plumber makes more than me in half the hours.
159. The current practice of medicine is killing good doctors. The doctors that you want in medicine are getting burned out and getting sick from the stress. I have numerous colleagues in a relatively small department with serious health issues including cancers. We need a universal not-for-profit single payer (e.g., Medicare) but with streamlined documentation guidelines and less bureaucracy. It can be done.
160. I think medicine is still a worthy profession. I just need a lesser dose of it.
161. Insurance barriers and the enormous burden on the system from non-English speaking, uninsured, impoverished, illegal immigrants.
162. I love my patients but don't know how much longer I can be on this hamster wheel.
163. You can't limit many of these answers to 3—it is a problem with so many contributing issues. Most docs I work with are unhappy. I, myself, am miserable, depressed, drinking too much and unable to formulate a plan to change—while all day I help others.
164. I think surgeons in my generation are squeezed between those who are getting ready to retire and those who are starting but already set limits on what they are willing to do (hours, time and salary). The difference is carried by those of us who aren't at either end. No wonder we are burned out.
165. The electronic medical record is another unfunded mandate by the government. Its use has added hours per day to my paper work burden and takes time away from patient care. CMS and the Joint Commission requirements often do little to enhance patient care or safety, but documenting to them also adds to the burden. I am all for recertification exams for physicians and have passed 2 already, but the PIP and other requirements require too much tracking/paper work and really offer little in terms of a meaningful learning experience.
166. In many ways, I find it less stressful to have my own practice and be my own boss. I don't have to worry about losing my job and having to relocate. I am able to take as much time off as I want and not have colleagues resenting me for having to cover for me while I'm gone. I have more control over my cost/overhead. I can make decisions to change my practice and not have to get a consensus from others. I am no longer being underpaid for what I am really worth by medical groups.
167. Going from a 4 days a week to 2.5 days a week schedule has greatly decreased my stress (except on my 2 long days). I have more time to exercise, relax with a book or journal, do odd jobs around the house that I need/want to do and spend more time with my family when I am not so exhausted.
168. In the last 2 years my job has become more stressful since moving more into an administrative role.

169. Illegal drug use and prescription narcotic abuse is ruining our patient population and turning them into addicts and difficult patients to treat properly.
170. In general, it is less rewarding to be a physician than a person in another profession.
171. Burnout and stress is a major problem, especially with physicians who have not spent many years in practice, due to changing practice environment. I hope we don't reach a stage where our youngsters opt not to choose this wonderful profession.
172. Feeling appreciated would be most effective at relieving my feelings of malaise!
173. I don't think any of the aforementioned actions will happen.
174. I feel like a pawn on a chessboard that is controlled by the insurance industry and by a hospital that values the happiness of the nursing staff more than the physicians. The physicians have little control over their clinics, OR time or patient load.
175. How to get information to help other doctors with stress?
176. They should focus on primary care and be appreciative than specialists who see them less frequently and already stabilized by the primary care doc.
177. This is a great field but as I see it, medicine will be so difficult to practice that the desire to work is decreasing, and the incentive to work is decreasing.
178. Educate the public what reasonable expectations are.
179. We recently hired a PA, which has helped significantly.
180. Primary care practice is a sure way to get burned out these days. They keep on requiring docs to see more patients to get the same or less reimbursement. That is why I left primary care for urgent care. Less hassle, better pay. If this continues, more docs are going to be dropping out of primary care and the doctor shortage will make things worse. Thanks Obama. Things will get much worse with Obamacare!
181. Make practicing medicine less stressful and more fun.
182. MDs are the whipping post of healthcare right now. It is beleaguering. Someone needs to throw us a life line!
183. I think more and more and more is asked of physicians from every corner with really little support or positive effective change. The government, insurance companies and hospital administrators have totally no clue how to fix anything. There is a nearly total lack of support.

184. Medicine as a whole is about to experience the worst physician shortage and lack of patient care with the changes being made. No longer will we continue to sacrifice ourselves and family for the lack of support and the lack of professional recognition not given by congress and the insurance companies.
185. Our nation does not value physicians who invest years and years in acquiring skills that save lives or improve the quality of life. These physicians sacrifice during their years of grueling residency and fellowship trainings with meager salaries, carry large loans, and then take care of patients during practice, working more hours than every other profession in society, frequently not getting enough sleep, sincerely trying to help all who need care. Yet, they are unappreciated as a profession. People don't think twice about paying an attorney, plumber or auto mechanic, but everyone has a problem with physician reimbursement. I am afraid the nation will pay a price for this and soon learn. There is a looming shortage of physicians. Access and quality of care is already on the decline and will deteriorate further.
186. The joy of practicing medicine is gone.
187. There are increasing bureaucratic demands from hospital staff, the Joint Commission, committees associated with the above, as well as trying to keep the practice in the black in the face of decreasing reimbursement and increasing costs of unfunded mandates. Included are the joy of call every other night and weekend, and the hospital administrators don't understand the frustration of continuing practice.
188. Need to redesign medical school teaching, residencies and fellowships to better align with modern medicine.
189. Stress and burnout is a very real problem in medicine. Much of the joy of dealing with patients is being overrun by paper work, worries of malpractice, and demanding more for the same pay.
190. Too much stress with little compensation.
191. No physician should work more than 12 hours a day.
192. There are a lot of women who have become so dissatisfied with medicine in private practice that they stop—such a waste of intellectual capital.
193. It seems the practice of medicine is being taken over by non-medical people who believe (in earnest, likely) that their brand of organization is feasible and that physicians can be pushed to uncomfortable degrees.
194. Improve healthcare issues with consideration to the doctors, too, and not the consumers alone.
195. Medicine has changed for the worse and a loss of autonomy is the main reason I want to do something else with my life.
196. Have minimal government involvement in healthcare.

197. It is discouraging to see better payments to certain specialties, i.e., better payments to do less desirable work. Why do we encourage more specialists by paying them more? Yes, they have more education, but in the end they narrow their practice focus and do only their specialty, leaving the less desirable work for primary care. This is why patient satisfaction is low.
198. I wish there were more preventive health programs that would try to give my adolescent patients an outlet for their curiosity as an alternative to video games and drugs.
199. In my group, too many are doing administrative work, so doing nothing, so a small group has to carry the burden. Do administrative work at your own time, not at the expense of the others
200. The growth of the administrative side of medicine has come at the cost of patient/doctor interaction, privacy and confidence.
201. The business model needs to be modified before it destroys medicine.
202. Rewards and incentives should happen and not have to be insisted on.
203. At age 50, I have already transitioned from the private practice of OB/Gyn to the private practice of gynecology-only and finally to the public/government hospital-based practice that I am currently in; none of the transitions were completely helpful, but all have helped at least a little bit to relieve burnout/stress. Ultimately, I wish to transition even further out from clinical responsibilities to the realm of more administrative/teaching duties.
204. Regardless of what Washington states, the economy seems to have a huge impact in my community. Patients seeking free or reduced care at our community center have grown exponentially—and they are looking more and more like middle class folks.
205. Managed care, lawyers and the managed care attitude have destroyed medicine.
206. I still believe that burnout is not permanent.
207. No job is worth getting burned out over...
208. We are being crushed by one-more-thing-itis. Everyone from hospital administrators to CMS, to the Insurance industry comes up with a new idea for what physicians should be expected to do. As a result, every year we work longer and harder to get the same number of patients seen.
209. More office help improves provider productivity!
210. Major cause of burnout seems to be patient overload for Hospitalists and ER physicians, and too many nights on call for surgical specialties. I take call 15 nights/month, every other weekend, and half of all holidays. It's not so much the work as it is constant pages for little things, broken sleep, and missing family activities due to call obligation, which, by the way, is done without additional compensation.

211. It's hopeless without just getting off the merry go round.
212. I truly despair for the future of medicine. My CEO once admonished me, "Can't you be mercenary enough to just think of this as a business?" I hate to think that the medical "professionals" I see here are the best and the brightest that our medical and nursing schools have to offer.
213. Medicine and specifically primary care is changing in a way that portends poorly for continued sustained physician satisfaction and this may negatively impact the availability of PCPs.
214. The current trend of mandatory insurance and massive consolidation WILL NOT make health care more affordable or accessible!!
215. I am a solo practitioner in a call pool so I have good call. My stress is increased by a disruptive physician in my call pool. Our call group is working to fix this behavioral issue. It just feels like it is taking too long to get it resolved.
216. I love practicing medicine, but currently, I have no life outside of work due to work I am unable to do while seeing patients. I will not be able to continue doing this much longer.
217. The economy stinks and I really need a job!
218. Burnout is a HUGE problem in the lives of physicians. The EMR is being promoted as a wonderful advancement for medical providers. Living through the transition has been a very difficult financial and physical experience.
219. This is truly a big issue. In the future, there will be more mid-levels, more shift work, and less "human connection" in medicine.
220. It has become extremely unpleasant working in an environment where physicians are no longer respected or are valued for the work they do. The trust is gone. Insurance companies, hospitals, lawyers, regulations and the government have demoralized the physician community. If I could change careers, I would.
221. I rate my life today 9/10.
222. Medical boards need to be reformed and to take a positive and helpful approach to their mandate.
223. If government and policy makers do not look into physician issues carefully and do not make sensible choices, then pretty soon a lot of physicians will be discouraged from practicing any more.
224. I'm sorry all the ideals I had when I became a physician are now gone!

225. Do not change the world.
226. I haven't left medicine yet, but there are days I wish I could.
227. I fear that the future of medicine is hopeless unless significant change occurs.
228. I need a new job location. I, in general, love my work and love my patients!
229. Total administration on the clinical side should be with the physicians.
230. In CT surgery there is way too much focus on marketing, taking on a sicker, more elderly population, and meeting all these somewhat arbitrary goals ( e.g., extubation times).
231. I would like more communication between physicians in the same practice. I would like all physicians to share the financial difficulties.
232. I think we would achieve a great deal more in truly caring for people's health if we changed the way healthcare is run in the US. I worked in New Zealand for 2.5 years and experienced their healthcare system. It is a nationalized system in which ALL are covered and cared for. Additional private insurance is available for those who wish to purchase it. I experienced the system firsthand as a patient, and saw how simple and complex healthcare was delivered. It was a wonderful system, and I am not exaggerating when I say that the care was FAR better for patients than care in the US. From the physicians' perspective, it is a vastly simplified system compared to the US system of reimbursement. Physicians were not nearly as stressed as they are here—they were truly ENGAGED in their work and it showed. I think that we could reduce stress and burnout here by following a similar model, and eliminate our obsessive focus on profit.
233. Yes, the woman who has children, a mother and a husband to take care of, she cannot be a doctor full time.
234. In my pediatric practice over 25 years, I have been seeing more and more major psychiatric issues in kids, to the point it is over 30% of my practice. Medications are generally minimally effective, and so is traditional "counseling." I have very little to help many of these kids, which makes me frustrated. What they need is parenting, mentoring and community support.
235. I hope this survey will be used in a constructive manner so employers will recognize the huge issue of stress in medicine, as we are losing fine physicians largely because administration is not listening well. Retention is becoming a significant issue.
236. The medical field is full of peers who are dedicated to undermining other physicians. This has gotten worse since the bad economy and managed care etc., decreasing reimbursements occurred.
237. If those of us in the baby-boomer generation are feeling the pain, so too the following generations will likely feel it even more acutely as they are less work-driven. Healthcare delivery

will escalate to a crisis if these issues are not solved. Part of my experience is based on the fact that the indigent come to us, and to meet costs, I have to see so many more people to fund my secretary, nurse and me. The volume leads to burnout across the board—not just physicians. Getting good help is always difficult; keeping them even more so. Fringe benefits should include exercise access.

238. The healthcare system as a whole does very little to address or support physician burnout and stress.
239. Acknowledging that there is "burnout" is the first step toward change but the difficulty is that healthcare itself is a moving target. What you plan for 5 years down the line may no longer exist. That in itself is stressful.
240. I see the younger physicians talking about burnout and being unhappy, and I wonder about the culture of the newer docs being similar to what I see in my children who are college age... they want to work less and make more money. They want to protect their personal time, which is good, but it causes tension between the older physicians like myself and the younger ones who have a different paradigm.
241. The relative financial security of the practice of medicine relative to other professions is the major reason I have not left this profession.
242. I HATE being a doctor. It has changed so much since I started. There is no reward for working your butt off; all future docs will be shift workers. Non-Doctors and Doctors who are traitors (administrative Doctors) have too much control over me and my patient's care. Doctors who provide care are left holding the bag of litigation responsibility but no control over quality of care... I can't wait to get OUT!!!
243. Happy to have a good job.
244. I wouldn't recommend general surgery to anyone.
245. Make the practice of medicine simpler, remove fear of lawsuits, treat doctors with more respect.
246. Interesting survey. I would like to see the compiled results.
247. I am optimistic that things will improve.
248. I have spoken across the board with physicians and it appears that there are quite a lot of physicians who are disenchanted with medicine and can't wait to retire or quit and find another way to make a living. Solo practice is EXTREMELY difficult.
249. Healthcare in America is reaching a point where it is frankly dangerous... tired, burned out doctors, facilities that have cut back to the point where care is curtailed due to lack of equipment...

250. I'm feeling a bit pessimistic about this survey, as I believe it to be purely academic.
251. Thanks so much for addressing this. Hospitals must develop confidential ways of identifying burnout and provide help, especially for surgeons. Also, as a physician recruiter, please look into discrimination in recruiting physicians, especially surgeons, in this bad economy.
252. Although work is enjoyable, more personal time off from work (e.g., by working part time) and adequate vacation time seem to work best for minimizing my stress and burnout.
253. Use the clinical expertise of the experienced ones in running the system.
254. I fear for anesthesiology. I have recommended young doctors not to enter the specialty.
255. I discourage anyone to enter medicine.
256. The data on the negative impact of sleep deprivation on patient safety and personal health have accelerated my burnout. I feel that in the near future working more than 12-18 hours and having an adverse outcome will expose me to liability based on sleep deprivation alone.
257. Apply healthcare reform to insurance companies, hospital and other for-profit organizations and leave doctors to practice their art.
258. It is very sad that we went to medical school to help people but the issue of too much paper work is such a burden that many of us are considering early retirement or even leaving medicine as the level of job satisfaction is near zero. We are tired and overworked, even if we still like to see patients.
259. Burnout is a process that occurs gradually over time. If you are unaware of its occurrence you don't realize what is happening until it is extremely hard to deal with and change. EDUCATION is necessary before it occurs and setting a plan to prevent it.
260. The insurance industry is a scam. Every patient I have ever had that works for an insurance company has gotten raises and bonuses over the past 25 years but not providers.
261. Night and weekend calls were the main source of physical exhaustion for me. Eliminating both has brought back the energy I need to better care for my patients.
262. Physicians are besieged by non-physician administrators and state officials and insurance company representatives, as well as government members, all trying to alter and dictate the practice so that the result is a hodge-podge of unreasonable and trying expectations, and an overall lack of validation and appreciation of the skills that the physician offers.
263. At the moment I am not burnt out because I work locums. Previously, I was near burnout because I couldn't find enough time to go to work, be a mother, be the family bookkeeper, be a wife, let alone find time for myself.



264. I'm losing the joy I used to have in practicing medicine largely due to regulations, paper work and patient satisfaction surveys, etc., that seem to be more important to my employer than providing good, evidence-based medical care. I'm a small part of a big machine and don't feel my opinions matter or that good medical care is valued. Practice satisfaction rules because federal dollars are tied to performance and patient satisfaction. Not that I support poor medical care. But, the things we are asked to do to meet these regulatory requirements take too much time.
265. The EMR is the major cause of stress. It is primitive and counter to a caring profession. It interferes with connecting to patients and their problems.
266. There is too much commercialization of care.
267. Bad administrators are killing some of the best physicians.
268. Personally, for me, I feel burnt out when more work is required of me without any say in the matter and then being treated by administration as if they don't care if I like my job or not.
269. The "Corporatization" and "Governmentization" of medicine are the most destructive factors affecting medical practice today.
270. Life is so much harder. Administrators come in late, go home early and just look at numbers—they have no appreciation of working 24/7, taking holidays, weekends and nights. They make oodles of money and treat doctors like employees. They have no respect for doctors and are driving them out of the profession. That is making everyone just work like widgets—which, in point of fact, is what they want.
271. Physician burnout occurs more frequently than we realize.
272. I quit after 25 years of private practice and now work in an indigent hospital part time.
273. This is likely to miss a great deal, e.g., knowing what you know, would you have chosen the path you did? Why not? If you remained in medicine, what would have changed with hindsight? (E.g., you have one choice at the beginning re: specialization. Why not have the ability to sub specialize later? Because training programs are based solely on Medicare funding with restrictions within 10 years of graduation.) What skills do you think might have helped if learned at another stage, e.g., business side, greater psychological or wellness while in medical school/residency? (Although there is time off during current residency, is there "resiliency" training? I doubt it.)
274. Would be nice to see the results of this survey.
275. It is going to be tough to continue for another 11 years and I am not sure I can make it.

276. There is no support for illnesses such as what I have – excessive sleepiness despite treatment. People don't seem to believe in it. Also, there is NO tolerance for anything but a perfect resume—I have a withheld judgment for kicking my ex in the butt during a high conflict divorce and as soon as I disclosed that, I stopped getting my calls returned. Also, my private disability policy has so far taken 6 months and no \$\$ (or decision). Loss of professional friends has been lonely. Hard to maintain CME when stressed/working.
277. I think many docs have these issues. The system is broken in many ways. The economy causes many to struggle. Burnout, as you put it, may come from many places but the delivery of care is so sophisticated that it's impossible to meet every requirement and still make a living.
278. I feel like a Microeconomics guy in a huge top-heavy clueless Macroeconomic-type organization.
279. Who is going to care for me in retirement if they rid the practice of REAL physicians? Where does this go?
280. I think I could be less stressed if I did not had to be constantly thinking about the possibility of being sued.
281. More sleep.
282. I would not be a doctor if I knew then what I know now.
283. My situation is mostly burnout, not necessarily stress. My work hours are fine. I've just lost my enthusiasm for doing surgery, mostly because of the technological changes in the field. I've grown weary of constantly retraining on how to do operations that I learned as a resident over 25 years ago.
284. I found out I was stressed and burned out and immediately changed my lifestyle. I feel extremely well now. I have less income but much, much better physical and mental health!
285. This is a very important topic. It should be addressed early in career – medical school. We work with this a lot with residents here.
286. Working for universities is a challenge. There is a dichotomy between being a good doctor or a good researcher. The former is good for the patient but the latter is more prestige for the university, hence valued more. At this major university where I am, personal ethics and morals are hardly questioned in those with grant support. It seems like a "Wall Street" mentality.
287. I now know what it is like to be a provider and not a physician! This is not worth my many years of sacrifice and sweat.
288. We have to find a way to help docs recognize burnout. We didn't get through medical training by thinking about how it affected us; we just put our heads down and muscled through. You can do anything for 8 years, but you can't live that way for 40 years. We need to encourage

ourselves to develop an external barometer so someone can tell us we're burning out. My husband is that for me, as are my girlfriends.

289. Patient, take care of thyself first. Doctors, be nice to each other and resist throwing a colleague under the bus, even if you are truly time-starved.
290. Only been at this a few years and I love it. I can certainly see where burnout is a problem, but I think lots of the factors are personally driven and folks need to be responsible for their own actions and attitudes and make changes accordingly. Love what you do, do what you love. If not, then make a change.
291. Thanks for asking. Just thinking that someone cares how I feel makes me feel better.
292. Being so close to retirement and not desiring a major (anterior and posterior fusion) back surgery in order to continue to practice, I chose to take disability. I looked at the current work environment, legal environment, government interference and I decided it wasn't worth it to practice just a few more years. I have had to scale back any extra activity over the last decade anyway just to continue to practice. I have also had to rethink my finances. However, it has been worth it. I can still read, take other classes of interest, be involved with family and church... which are all things that I had no time to do for most of my life. The only stress that I have currently is dealing with my back pain and being in a position that I cannot physically do more than a desk job if needed. The only other stressor I have is continued difficulty with sleeping. For 14 years I took 24 hour call 2-3 times a week on a very busy OB floor. Very little sleep was ever gotten there. Between my back pain and the residual effects from years of interrupted sleep, I continue to have problems sleeping at night.
293. My stress level, using a hospitalist, is about 1/1000 what it would be if I had to do my own hospital work.
294. I still love my work.
295. I work for the VA. While there are many individuals and colleagues that are great, and I really like working in what is essentially a socialist medical system, there are a number of individuals in positions of authority above me that seem immune from accountability, and who seem determined to block my efforts to deliver care more effectively. This is greatly demoralizing.
296. I am unable to accomplish any of the above—I have NO CONTROL over my life.
297. The business of medicine saps the joy of medicine.
298. I've probably vented enough but I chose to go into psychiatry, the least paid medical specialty, not for the money but for the individualized and diverse care I could provide which could help people change their lives and get back on their feet. I never imagined I would barely be getting by financially in what should be the most productive years of my professional career. I fear for what the future holds not only for myself and my family, but all physicians, as well, as long as

corporate healthcare, pharmaceutical companies and insurance companies put profits before ethical and quality care for each individual patient.

299. All administrators should be required to walk into the hospital and witness firsthand how what they do influences safety and delivery of care. They should have to do this at least weekly.
300. The younger generation of physicians has created this whole "stress" issue because they are "soft" and trained not to work hard, long hours.
301. I wrote an article on burnout published as part of an MBA project way back in the 1987. I enjoyed taking this survey, and am glad to see the increased awareness of this issue as it affects the quality of life for healthcare professionals.
302. Greed in medicine is the culprit of all problems.
303. Reform the health system and insurance industry!
304. Small, more efficient clinic or solo practice that could survive.
305. Stressors are multiple and the uncertainty of the future of healthcare is a major issue.
306. JCAHO and other policy makers are like Unions—initially a tremendous benefit. However, they require voluminous paper work which only appears beneficial. As the saying goes: power corrupts and absolute power absolutely corrupts.
307. I still enjoy the practice of medicine, but hate the business and political side of it.
308. The biggest stresses in medicine right now are politicians and insurance companies mandating patient care without ever seeing a patient. These mandates have more to do with them increasing their power and financial gain than it does with patient safety or healthcare delivery. Being a concerned physician who really does the best care I can for my patients, being mandated to do differently and possibly injure them is a great source of stress, as I am constantly hassled to do what I do not consider the best care.
309. I'm very concerned about the future of healthcare in this country and can easily see myself going overseas in the future for healthcare.
310. Organizations should insist/expect that staff should take regular vacations.
311. This is a worthwhile study; I would be interested in the statistics at the end of it. Would you be able to share it?
312. We should not allow PAs to see patients independently; this is a disservice to patients.

313. Medicine mirrors the general state of America. No one really cares and is always "for me." Our attitude will be the destruction for us all.
314. I think it was question 14... I wanted to check off just about every single one, but was only allowed 3.
315. The ability to earn a reputation as honorable and professional so that I was not continually in question would be a great relief. As it is now, we seem to all be judged based on the worst of physicians and are unable to effectively deal with such physicians who seem to have all the protection that the legal system has to offer—jabberwocky!
316. It feels good to know someone cares how physicians are doing.
317. I give an annual lecture on physician wellness, burnout and related issues so I understand better than most the causes and potential cures. I've learned that burnout is the direct result of the current way medicine is practiced in the US, driven by the health insurance industry, politics, the pharmaceutical industry, the legal industry, the food industry, the educational system and the generally mindless American approach to living. The burnout problem will be resolved when we have meaningful healthcare reform, requiring, ultimately, the complete remodeling of each of the influences listed above.
318. The current era of political correctness is pure hypocrisy.
319. Medical care can be best understood as a jobs program, and the resulting delivery structure is not particularly healthy for the population or compassionate. It provides an issue for political discourse and diverts attention away from other issues
320. Medicine has patients. McDonalds has customers.
321. Thank you for introducing a major issue in every doctor's life
322. There is still an aura of dictatorial and hierarchy system in the medical field with threat of losing your job or not getting promoted. Working with a micromanaging boss is detrimental to your productivity in work and in research.
323. The medical residents with whom I work have to spend too much time at the computer instead of with patients.
324. Some people are not stressed out by anything. They got lucky. I would say that about 60% of oncologists experience some degree of burnout.
325. I would tell young want-to-be doctors NOT to enter the medical arena
326. I wish all my colleagues well; I am especially concerned for the young people coming into this profession—I don't envy them. Sorry.

327. Spirituality and prayer.
328. I chose to go to a higher-pressure, more academic institution at the age of 58 and, overall, I am very happy despite the increased demands.
329. I am less burnt out than my brothers-in-law who are in high finance! And, I work fewer hours with less stress. Hard to believe, but true.
330. I was a practicing orthopedist for 26 years. My academic job was eliminated. Now I do administrative work only and have little to no stress—no patients, no hospitals, no practice partners, and a flexible, less than full time schedule have all eliminated my stress.
331. I believe that the rising tide of more work and less pay will leave us all looking for other jobs and fewer doctors to care for us in our old age.
332. Why not ask patients if care was provided; not expecting endless time devoted to typing/documenting everything in the record to verify with the credo that anything not written didn't occur. EMRs may be good in future, but right now they are dangerous in amount of time they are stealing from true patient care!
333. Doctoring is a calling. It should not be a job. If the pendulum has a chance to swing back to that position before the apocalypse, perhaps there will be some hope for survival of the species.
334. Burnout is real for most physicians I know.
335. It is very sad that small practices that have personal relationships with patients are almost a thing of the past and may never return.
336. Malpractice reform along the lines of state of Texas is needed.
337. Medicine has to change. It cannot expect the highest paid employees (Physicians) to waste their time doing data entry computer work and leaving little time to devote directly with patients.
338. The questions here are inadequate to assess this subject.
339. I am surprised how many physicians continue in practice in the US given the present climate and poor working conditions. I anticipate that more and more will be leaving practice over the next 10 years unless there are significant changes.
340. I appreciate the opportunity to complete this survey. I found it helpful in organizing my thoughts and feelings on this important issue.
341. Yes, my former group practice was hugely abusive of physicians and ignored their needs.

342. The medical model changing to a government-insurance ran form is EXTREMELY detrimental to career satisfaction.
343. I truly love taking care of my Parkinson's patients, but I deeply regret ever having gone into the practice of medicine as it currently exists.
344. Insurance and administrators have really ruined medicine. They have really lost respect and no doctor wants to deal with them.
345. It is time to admit nationally that paying the prices for 3rd world medical care does not allow us to keep the current system.
346. Care has become impersonal and rushed. Medical quality is wildly disparate among the providers and venues available to patients. Care is largely delivered in a fragmentary fashion. The aging population will add a huge financial strain to an already strained federal budget. Medical schools will continue to turn out bottom of the class primary care doctors and still there will be fewer of them. I have observed new grads to be inadequately trained or they simply don't have wherewithal to be a competent and trusted colleague.
347. The local, for-profit hospital is in the business of running independent physicians out of the community.
348. Gracie Allen, "It's mind over matter; if you don't mind, then it does not matter."
349. Good doctors will be in great demand and in very short supply unless things change dramatically.
350. Our clinic worked well for 17 years. We have new administrators who concentrate only on the bottom line and morale is now terrible.
351. Physicians are expected to handle much more now than when I began practicing and this leads to more stress and anxiety, and therefore, risk of errors, which causes more stress.
352. I have not quit yet but as soon as my kids finish college I would like to do something else. No one in their right mind would pick OB as a specialty today.
353. The mismanagement of our federal government is really beginning to wear on me.
354. American healthcare is doomed. We will be forced to accept a different model in the near future. Likely it will involve greater use of ancillary providers, i.e., NPs and PAs serving as the hub of patient-centered care, and less use of procedure-happy specialists. In countries where primary care is utilized well, the total cost of medical care is always lower. America cannot afford to keep the current model because it is unsustainable.
355. Medicine is no longer fun.

356. We need change in the way medical care is delivered including malpractice reform to avoid frivolous suits.
357. I gave up partnership track and job security so I could work less, have time for more balance in my life.
358. Thanks for your interest. You must be noting a lot of stress in our profession.
359. Dedicated support staff would reduce stress and maximize production.
360. In my opinion, age is correlated to burnout if the younger docs are not aware of their future lifestyles within their desired specialties. That is, it takes 1.5 "young" docs to fill the schedule of 1 "old" doc, per the desired lifestyle of the "young" doc.
361. The records have evolved to 1) secure 3rd party payment and 2) protect against liability. It results in meaningless checklists and forms. There is very little reward for writing a thoughtful note that discusses a therapeutic dilemma. Time spent talking to patients is poorly rewarded, and time spent in paper work is not paid (unlike for the lawyers who make so much of it necessary).
362. I would like to find a non-clinical position.
363. I hear too often from patients that their doctors don't have time to talk to them, or that we don't examine them anymore. Many complain that they never see the doctor, just his AR/NP/PA. The doctors counter with not being able to make enough money unless they see 6 to 8 patients per hour. Again, we need to get back to the fundamental reason we exist, and that is to do the best job caring for each and every patient regardless of the financial reward.
364. This is a big problem that is heading toward crisis. More women in medicine are leaving medicine to raise families. Default is to the male physicians to suck up the extra work, with ever diminishing reimbursement and compensation for the effort. The collision is that the treadmill to succeed is ever increasing and never improving. More regulation, less compensation and huge ever-increasing workloads as the age wave of baby boomers reach the age where they need medical care. Programs in insurance with high deductibles are poorly planned for by the insurance industry, and consumers and the doctors are always the only accountable individuals. Everyone is after a piece of the doctor, Insurers, government, lawyers, patients, medical device and equipment salesmen, big pharmaceuticals and every way to lessen the cost burden is scrutinized and regulated under the rubric of compliance.
365. Obamacare will only make things worse!
366. Do not feel respected by my old partners—now employers. Hospital (administrative) becoming more protocolized but this is not translating into improved outcomes for patients.
367. I would like to not be on call and have no weekend work. I would be less stressed than many peers and I like my work.



368. Thanks for sponsoring the survey. It's an important and relevant topic.
369. Thanks for showing concern for what is a bigger and bigger issue. In academics, with the hours and regulations on younger folks, the older guys and gals are taking a hit that isn't necessarily considered by the powers that be.
370. Just as, "Only you can prevent forest fires," "Only you can prevent burnout." It is your life, so you must live it.
371. I am actually very happy with my career and have developed effective coping methods. There are, of course, stressful times when it is very busy but that is part of the medicine that I have chosen. I have never felt burned out except in the past when unable to be off for more than one week at a time.
372. I have recently accepted a new (national-level) position of interest to me, which helps to un-load aspects of work. It focuses energy, too. We've had some excellent news for our organization also, in the past 4-5 months, and that has improved morale across the institution.
373. Unless you are the boss, you will be used regardless of your credentials... so discouraging.
374. ACOs and medical homes, with constantly increasing, constraining, productivity and accountability requirements, will drive doctors out of primary care into specialties. Primary care, including for complex patients with multiple chronic conditions, and frail elderly, will be provided increasingly by physician extenders.
375. We need Medicare to give us our consultation specialty service payments back. I work too long and hard as a neurologist to be paid like a GP.
376. Isolation contributes to burnout.
377. Physicians have become well paid shift workers, but shift workers we are. Employers have only one main interest: How many did you see? And one secondary interest: Were the patient surveys acceptable? It's all about the numbers and nothing else.
378. The life of a doctor does not have to be consumed in medicine alone; rather, it should be fulfilling in every other aspect of life like art, fun, sports, yoga and meditation.
379. Uncertainty in the future of cardiothoracic surgery for someone in the latter years of practice is extremely stressful, especially if, like me, you have spent most of your career in the military and have not gotten the big bucks or fancy rewards. Military retirement pay is OK but not huge.
380. Especially frustrating: re-inventing wheels that were better constructed years before—perhaps that is a dinosaur view!
381. I would suggest a special class or book or course.

382. The number of rules and interference with productivity by non-physicians (government, CMS and insurance companies) has and is slowly destroying the joy of being a doctor.
383. Mismatch in fee schedules over-rewarding procedures and "doing more" rather than valuing/rewarding care and thinking and outcomes.
384. Medicine and the opportunity for meaningful work have been such a blessing. But, costly. I came to it late in life, and because I worked with poverty and HIV will never catch up financially. I watch my son struggle now, paying for the richness of a work he loves with long hours away from family because he thinks that soon there will be no financial rewards, no way to pay his debts back. The price is so painful. I wish people understood that part.
385. I will never be able to retire because I blew the whistle on a former employer.
386. The fall in the country's economy, particularly the real-estate market, is the greatest stressor.
387. Enough said. Flexibility on part of administrators could help. Changing departmental leadership often is often associated with jealousy against senior physicians and using devious means to marginalize good senior physicians. Unfortunately, university and hospital administrators help in this process.
388. Organized medicine has failed the generally practicing MD in the field of multiple inter-dependent and complicated medical problems that the CEOs want handled with pills rapidly, in 10 to 20 minutes.
389. No other comments. Over the years I have had rough places and have either slowed down or asked to be re-assigned to a different part of the organization.
390. I was working part time so I am not the typical case at age 71 and I actually retired a few months ago because of a health issue.
391. Stress and burnout are not a major problem at this stage of my life and career. Working part time and having time for exercise and proper sleep keeps me fairly stress-free.
392. Computerization should be an option until practices have good physician typists for record keeping and stop medical decision making by non-practicing doctors who are paid by government or insurance companies to cut costs above anything else.
393. There should be less computer time.
394. Things like a type A personality, making work the greatest priority, working longer days, skipping meals, exercise, and adequate sleep over a two year period have resulted in major health issues.
395. I semi retired early (55) and went cruising for 5 years. Then, I returned to locums. Now I enjoy working full time for VA, and now have little stress. I will be part time soon at age 76.

396. MEDICINE IS THE NOBLEST AND MOST GRATIFYING CALLING ON EARTH. Physicians need to do their work with minimal hassle to avoid depression.
397. Obamacare is an abomination and the government is lying to the people. This must be overturned.
398. Hospital administrators are able to use QA to punish doctors, such as through dishonest ("sham") peer review and hiring practices.
399. Burnout to some degree is bogus. Medicine is demanding. Do it, modify your situation and accept the implications, or bail out.
400. I am still involved in patient care and resident teaching and loving it, but age is becoming a factor.
401. I need reasonable security of freedom from fear.
402. This is the best country in the world, offering the best healthcare and we are letting it go downhill.
403. Stress management is important to the young physician. I am either worn down by the system such that I don't recognize the system or have learned to cope. Which one is unclear.
404. I am witness to continuing desires to shrink the work day, reduce overhead, and have more free time to help reduce the stress of declining reimbursement and greater restrictions on what a doc can do without obtaining an OK from some non-clinical bureaucrat.
405. Physicians are now rewarded for decades of hard work and delayed gratification by being relabeled healthcare providers.
406. A better balance between medicine and private life is possible. This is, however, a multifactorial issue that must involve all who make medicine more complex and expensive. There is plenty of blame to go around from a perverted tort system to unrealistic patient expectations.
407. The Joint Commission is a wasteful, irritating committee making laws with wonderful goals but minimal benefit.
408. Malpractice is a major reason of burnout, stress, depression, feelings of inadequacy... I no longer enjoy practice. I fear that all patients become a potential malpractice.
409. Get rid of Obama!
410. Let the physician be and do what we have been educated and trained for.

411. The younger physicians seem to be more worried about the income levels, etc. The medical school or wherever the responsibility lies should deemphasize the monitory aspects of medicine and emphasize more patient care and empathy.
412. I love practicing my profession but there are too many things now that interfere with that love and which prevent me from practicing to the best of my ability