

Five Ways to Reduce Provider Burnout



Physician burnout is real – and it’s finally getting the attention it deserves among healthcare administrators. While most hospitals and health systems are talking about it, many struggle with how to address such a massive, systemic issue. The reality is physician burnout isn’t a problem that will fade quickly, as it truly requires a massive cultural and operational shift. Developing a comprehensive plan that involves partnering with your physicians can help start to erode a longstanding cultural norm seen in hospitals across the country.

Staggering Statistics on Physician Burnout

If you still need convincing, there’s plenty of data to support that physician burnout is a very serious issue. Here are some numbers to back it up.

- Surveys show that more than 50% of physicians report some level of burnout – a number that has increased by nearly 30% since 2013.
- Only 14% of physicians feel like they have the time needed to deliver high-quality care.
- Doctors are 15 times more likely to suffer from burnout when compared to other professions.
- The suicide rate among physicians is approximately double the rate for the general population.
- Experts estimate the cost of physician burnout to be approximately \$4.6 billion a year – mostly tied to the cost of physician turnover and the reduction in clinical hours.

As your organization focuses on addressing physician burnout, here are five proven strategies to consider:

1. **Ask Them What They Want.** Start with a survey. Getting candid feedback from your physicians is critical – and anecdotal feedback isn’t going to cut it. Those organizations that really want to make an impact need to get measurable, statistically significant data that samples all work settings (ie. hospital vs outpatient, rural vs. urban), all specialties, and all levels across the system. By determining which changes are likely to make the greatest impact on your physicians, you’ll spend your time and resources more wisely and may gain early wins that can start to change the tide – or at least demonstrate your commitment to addressing their concerns.
2. **Evaluate Potential Solutions.** Once you determine what your physicians’ biggest complaints are – put time and effort into evaluating what it would take to improve those conditions. Whether it is scribes they want, dedicated IT support for the EMR, building time into their workday for documentation, reducing their workload, or something as simple as developing more standing order sets – put together a comprehensive cost/benefit analysis for each proposed change. While some solutions may be cost-prohibitive, communicate with your providers throughout the evaluation process – and help them understand why or why not certain changes can or cannot be made.



3. Give Them Back Some Control. It's difficult for providers to feel like they have little control over their work, but that has often become the norm amongst physicians who have little influence over hospital policies, their schedules, how EMR workflows are built, and much more. Be sure to engage physicians in decision-making – and find creative ways to give back some control. If scheduling is an issue (chances are, it plays a part) – consider implementing a cloud-based scheduling tool that can allow physicians to swap shifts or share call coverage with the click of a button.
4. Encourage Them to Become a Part of the Solution. While the practicing physician's time is at a premium – it's important to ensure providers are encouraged to become engaged in both decision-making and performance improvement efforts. Ensure they have a way to get involved at the practice level, specialty level, and beyond. Many organizations choose to put a dyad leadership structure into place to include both an operational leader and a physician leader to ensure the provider perspective is represented in improvement projects, policy discussions, and operational decision-making. Because you don't want to add to the burnout issue by adding more to the busy provider's plate – make participation optional. Or, even better – hardwire it into certain job roles to ensure adequate involvement.
5. Talk About Burnout & Mental Health. Many providers fear the stigma of seeking professional help – so talk openly about its importance and make it easy for your providers to access mental health services confidentially. By engaging in an open dialogue about burnout, depression, anxiety and other related mental health disorders, you'll start to normalize an issue that's been ignored for far too long. Some ideas include – offer regular depression screening; bring in a local or national speaker on physician burnout for your next

medical staff meeting; send your physicians a book on how to manage physician burnout (there are plenty to choose from); or include a regular column on physician burnout in your regular physician communications (newsletters, emails, etc.)

While physician burnout isn't a new issue, it's one that can be addressed with the proper attention. Even though some solutions for burnout (ie scribes, reduction in hours, etc.) can be very costly, there are affordable tools that can make a real difference.

If your organization is struggling with provider burnout, OnCallPeople Can Help.

OnCallPeople is the only cloud-based, HIPAA-compliant application that combines the ability to communicate seamlessly across healthcare teams and manage complex schedules in a single application. It can help reduce physician burnout by:

- Giving providers control over their schedules. With OnCallPeople, physicians can swap shifts, find a colleague to take their call coverage or make changes to their schedule with the click of a button.
- Respecting your providers' privacy. OnCallPeople's intelligent call routing technology assigns all on-call physicians with a unique, masked phone number that allows providers to keep their personal contact information protected.
- Protecting their precious time off. OnCallPeople makes it easy for fellow providers, nurses and referring providers to know who is on call – with 100% accuracy. That means no more calls to physicians who aren't on-call – and giving providers the time off they need to recharge.

To learn more, visit www.oncallpeople.com

Sources

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