

## Feel the Burn. . . Out



Every day between countless mouse clicks and key strokes, I evaluate and treat patients, and teach residents and fellows how to do the same. The clinical and patient care activities make it well worth the long hours spent at the office and hospital, the on-call weeks, and the highly anxious patients and families that make decisions and carry out interventions based on my advice. Thankfully I have an excellent team of residents and fellows, and dedicated office and hospital staff personnel who help me maintain a heated pace throughout the day. Unfortunately, if I manage to get my notes finished, I usually still have about 20 new emails from the health system to go through and figure out if, in any way, they contribute to patient care and actually pertain to my patients and I. Despite going in early and coming home late so that I can attend to my patient calls and paperwork, the electronic medical record (EMR) inbox notifications sent by the health system keep piling higher and higher, and I have to race ever faster to try to address every item. This scenario is commonplace and is known to lead to physician burnout, a syndrome defined by the triad of emotional exhaustion, depersonalization, and low sense of personal accomplishment related to one's work (1).

Burnout has been reported to affect approximately half of practicing physicians (2). Burnout can affect both physicians' satisfaction with their work and the quality of medical care that they provide, and it can have dire physical and psychological consequences for physicians themselves (3). Specifically, it has been associated with chronic headaches, sleep disturbances, depression, hypertension, anxiety, alcoholism and myocardial infarction (4). Attempts to identify at-risk individuals has shown that those who are most susceptible to burnout tend to be those who are highly dedicated, conscientious, responsible and motivated. These individuals also tend to be perfectionists, which may lead them to "submerge themselves in their work and devote themselves to it until they have nothing left to give. Thus, commitment to patients, attention to detail, and recognition of the responsibility associated with patients' trust, the very traits that define a good surgeon, place them at a greater risk for burnout" (4).

Unfortunately, and despite growing recognition of the devastating effects of burnout on doctors and their patients, our understanding of how to prevent and treat it remains limited (3). Efforts by health systems to try to improve physician resilience to burnout have been met with limited success, since such measures do not get to the root of the problem, namely the huge clerical burden put upon physicians using EMRs and trying to meet the requirements of meaningful use. One investigation showed that physicians that used electronic health records and computerized order entry were less satisfied with the amount of time spent on clerical tasks and were at higher risk for professional burnout, in comparison to those that did not use the EMR (5). The clerical burden is difficult for all practitioners, and those that have to see large numbers of patients in order to meet productivity requirements are particularly susceptible to burnout. As for the burden of EMR inbox notifications, practicing physicians recommend that notifications be restricted to those that are actionable and pertain to their patients; and, that inboxes be designed to optimize response efficiency, reduce the risk of losing messages, leverage team support to decrease message load; and, that sufficient time be provided for physicians to respond to notifications (6). Physician resilience, in general, is not the problem, and efforts that consider burnout solely as a shortcoming of individual practitioners usually fail (7). The problem, at baseline, is systematic and due in large part to an overload of clerical work that physicians do not have the time to address if we want to appropriately execute our primary job, which is evaluating and treating patients. Physician burnout is epidemic and recognized as a major problem in healthcare. Efforts to teach and promote wellness (8), as well as strategies to reduce the clerical burden placed on physicians so that time can be freed up for the more rewarding and valuable aspects of practice, like patient care, teaching, and completing our required tasks at a more reasonable pace, have to be effectively implemented if provider burnout is to be reduced. I think we still have a long way to go in this regard.

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