

EP News: Quality Improvement and Outcomes: Physician Burnout

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Physician burnout

In this issue of *Heart Rhythm Journal*, we present recent publications relevant to quality of care and outcomes, particularly in relation to physician burnout. Although a myriad of terms may be used to define *burnout* as it relates to work, the core underlying characteristics consist of the triad including emotional exhaustion, depersonalization, and reduced personal accomplishment (Annu Rev Psychol 2001;52:397). More than 50% of physicians in a US report have at least 1 symptom of burnout (Mayo Clin Proc 2015;90:1600), yet this news predated the recent transformation of the health care world caused by the coronavirus disease 2019 pandemic. As a result, there is a particular urgency now to study mechanisms that address and then improve physician burnout. Such interventions would additionally mitigate the consequences of the downstream effects of physician burnout, including impaired physician health and/or reduced quality of patient care. In the recent white paper “Framework for Improving Joy in Work,” the Institute for Healthcare Improvement frames physician burnout from the perspective of experiencing joy in work and identifies key elements critical for organizations to improve joy in work. One of those elements—teamwork—is highlighted in the first publication that focuses on evidence evaluating the effect of organizational-led interventions on physician burnout, stress, and job satisfaction. While literature concerning physician burnout specific to electrophysiology is lacking, the first study provides useful insights for future directions to reduce burnout, or improve joy in work, as an electrophysiology community. The second selected publication is of equal significance as it reports on the prevalence of burnout in cardiologists. Consistent with the former study, while the research is not electrophysiology specific, the results do underscore the significance of burnout in our own backyard.

Effect of organization-directed workplace interventions on physician burnout: A systematic review

DeChant et al (Mayo Clin Proc Innov Qual Outcomes 2019;3:384, PMID 31993558) reviewed 50 studies that evaluated the efficacy of workplace-driven interventions on physician

burnout, stress, or job satisfaction. Seventy percent of the studies (35 of 50) reported improved outcomes. Interventions associated with the most consistent positive effects included use of scribes or medical assistants (MAs) to lessen electronic health record (EHR) duties, promotion of team-based care (such as expanded roles for MAs), facilitation of improved physician communication/support, alteration of workflows for reduced redundancy, and designation of provider level responsibilities for maximal efficiency. In contrast, approaches to limit work hours or implement EHR interventions did not overwhelmingly improve the measures, though EHR optimization strategies did. The authors additionally recognized the review’s limitations including the heterogeneity of the studies and the lower tiered evidence levels of most (80%) references. *The authors conclude that organization-directed interventions that streamline workflows, provide professional support, optimize EHRs, and reduce EHR administrative tasks through team-based care and by using scribes and MAs can positively affect physician burnout.*

Burnout and career satisfaction among US cardiologists

Mehta et al (J Am Coll Cardiol 2019;73:3345, PMID 31248556) presented the results of a Professional Life Survey and Mini Z survey in order to address burnout among cardiologists. Survey respondents, including 1321 men and 953 women, were categorized into 2 groups: no burnout (no burnout or feeling stressed, but not burned out) and burnout (≥ 1 symptoms of burnout, constant feelings of burnout, or complete burnout feelings). The majority of survey respondents (73.2%) did not report burnout symptoms. Among this group, 23.7% reported enjoying their work and 49.5% reported being under stress with less energy. Approximately a quarter of respondents reported being burned out; 19.2% experienced at least 1 symptom of burnout, 6.4% reported chronic burnout symptoms that led to frequently thinking of work frustrations, and 1.2% reported feeling completely burned out to the point of possibly needing outside intervention. Mid-career cardiologists (8–21 years of practice) and women reported burnout more frequently than did their counterparts. Physicians reporting burnout were less likely to report being treated fairly at work, feeling valued, and feeling that their contributions matter compared with their peers ($P \leq .001$ for all). *The authors conclude that by identifying specific modifiable drivers among cardiologists, data may inform efforts to understand the causes of burnout and to design solutions at an individual and organizational level.*

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