BACKGROUND

Burnout is a syndrome defined by the three principal components of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment. Unlike major depressive disorder, which pervades all aspects of a patient's life, burnout is a distinct work-related syndrome. When more than half of the physicians are experiencing burnout, the problem is not with the worker – it is the workplace environment (Shanafelt, 2015). Physician burnout can negatively affect the quality of patient care and result in physicians leaving practices and hospitals. Burnout is most likely to occur in jobs that require extensive care of other people. This growing epidemic is also contributing to the lack of medical students who are choosing to pursue primary care as their field of study and practice (Shanafelt, 2015).

Physician burnout has gained notoriety late in part because of two Mayo-Clinic AMA Studies (Shanafelt, 2015) that showed rates of depression among responding physicians at 54%, a 10% increase from 2011. Burnout is a syndrome of depersonalization, emotional exhaustion, and a sense of low personal accomplishment. Physicians often develop burnout incrementally due to chronic increases of stress, inefficiency, and excessive workload. Physicians in the United States spend about 28,000 hours in medical school, residency, and clinic administrators will be administered by using an online questionnaire to explore perspectives on physician burnout and engagement, and identify barriers to physician burnout and improve engagement, and identify barriers to

RESEARCH DESIGN

QUALITATIVE STUDY

The purpose of a phenomenology-grounded study, using in-depth interviews of medical residents, is to identify their perception of burnout drivers in their current educational environment within critical care residencies. These residencies take place under the guidance and instruction of The Oregon Clinic physicians.

QUANTITATIVE STUDY

The purpose of an experimental study will be to test the theory that relates to the use of a focused mindfulness exercise and “self-help” programs directly correlating to the reduction of individual physician burnout. The control and independent variables, the implementation of mindfulness exercises and the use of “self-help” programs, will be defined by utilizing baseline and post implementation survey data. Mindfulness exercises will be conducted with physicians at specific times of each day while they are assigned to both critical care inpatient units and the office clinic setting for a period of thirty days prior to the completion of a post survey. The dependent variables related to success will be identified by each individual physician.

MIXED METHODS STUDY

The purpose of a mixed method study is to understand hospital and clinic administrators’ perspectives on issues related to physician burnout and engagement, including determinants of physician burnout, organizational efforts to reduce physician burnout and improve engagement, and identify barriers to improving physician burnout. A qualitative study of hospital and clinic administrators will be administered by using an online questionnaire to explore perspectives on physician burnout and engagement. The questionnaire will address perceived determinants of burnout, effective organizational efforts to reduce burnout, and perceived barriers to reducing burnout and improving physician engagement utilizing open-ended questions.

ABSTRACT

Physicians can experience burnout at any stage of their careers, from medical school through the years leading up to retirement. With a little self-awareness, physicians may be able to identify the emotional, physical, and behavioral signs of burnout and seek assistance. Some of the most common symptoms of physician burnout are loss of motivation, feeling helpless, and detachment. Other symptoms are negative outlook, decreased satisfaction, feeling tired, and not responding to rest, headaches, changes in appetite, notable withdrawal from responsibilities, procrastination, and arriving late to work.

This study will survey critical care physicians, medical residents, and administrators to determine what they identify as triggers related to physician burnout. A mindfulness exercise will be trialed to identify its potential effectiveness in reducing physician burnout.

CONSEQUENCES OF PHYSICIAN BURNOUT

Figure 1. Physician Burnout obtained from Physician Burnout: Consequences and Solutions; West, C.P. (2019), Journal of Internal Medicine, Vol 283 - 6-15.

ACKNOWLEDGEMENTS

I would like to thank Dr. Laura Dimmler for serving as my instructor, sounding board, and Dissertation Committee Chair. Thanks to Dr. Natalie DeWitt and Dr. Cornelia Taylor for serving on my Dissertation Committee.

My husband Mark...my biggest fan and supporter.

Thanks to all!

REFERENCES


CONTACT INFORMATION

Principal Investigator
Tina Foss, MHA
T: 971-280-0743
E: tfoe1742@pacificu.edu