



InCrowd  
know now

# 2019 Physician Burnout Survey

June 2019



# EXECUTIVE SUMMARY

- ✓ **Primary care physicians (PCPs)** report **higher burnout rates** than **specialists**, with 79% of PCPs personally experiencing burnout compared with 57% of specialists.
- ✓ Burnout is highest among younger physicians, with **those in their 30s and 40s** reporting highest rates of burnout (74%), and burnout rates dropping thereafter.
- ✓ Only 25% report that their **facilities effectively address burnout**. **Hospital employees** report slightly worse metrics for addressing burnout (20% effective) compared to those who work across **private practices** (27% effective).
  - ✓ Those who report that their facilities effectively address burnout credit workplace initiatives that **improve workflow** (46%), **provide schedule flexibility** (45%), and **support wellness** (41%).
- ✓ Over half of respondents report that **increased support staffing** (66%), **mandatory vacation time or half-days** (57%), and **reduced patient volume** (56%) are likely to help alleviate the issue of physician burnout.
  - ✓ In open-ends, 51% of those suggesting unaided recommendations propose fixes related to **improving administrative burden**.
- ✓ More than one-third (34%) of physicians would **not recommend the profession** to young family members, with 32% citing that its not worth the sacrifices, financial, emotional, and otherwise.



# Survey Methodology



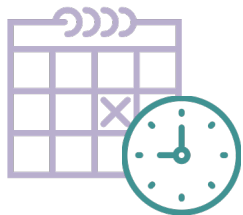
## Method

**Five**

Minute MicroSurvey

**Four**

Questions



## Fielding Period

**June 6–7, 2019**



## Crowds

**612**

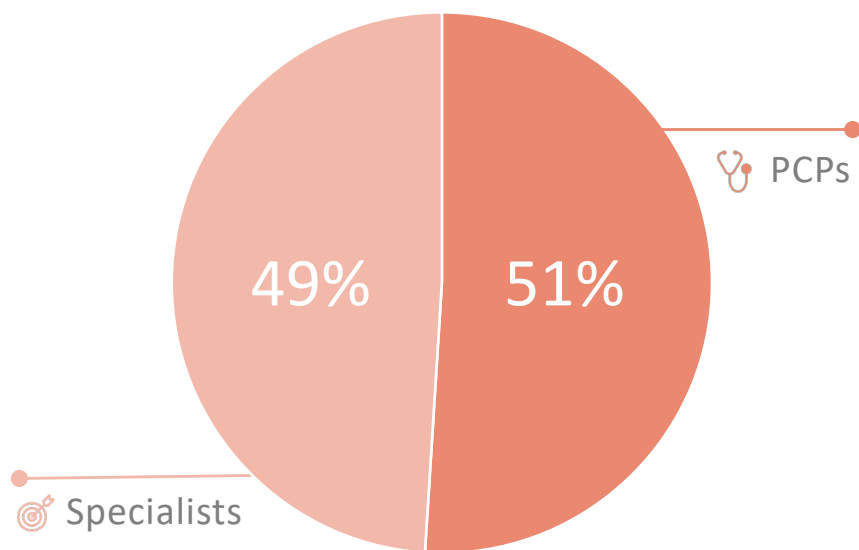
Physicians (**657** Total Screened)



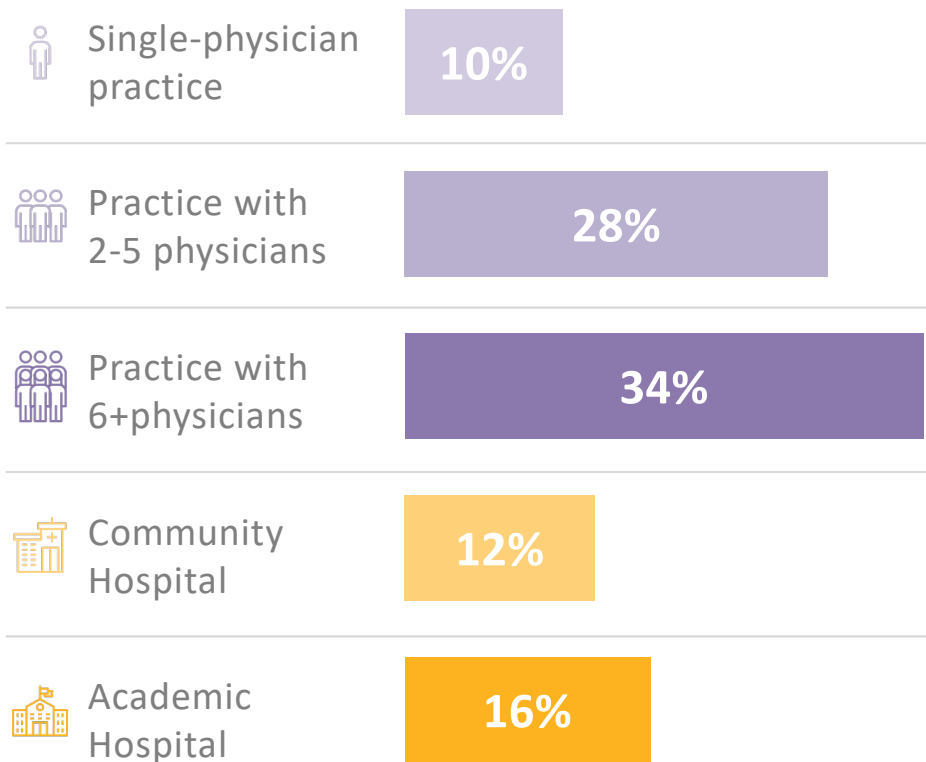
# Respondent Demographics

Respondents are **PCPs** (51%) and **Specialists** (49%), working in **private practices** (72%) and **hospitals** (28%) panels.

## Physician Type n=612



## Practice Setting n=612





# Experience with Burnout

**PCPs report higher burnout rates than specialists**, with 79% of PCPs personally experiencing burnout compared with 57% of specialists.



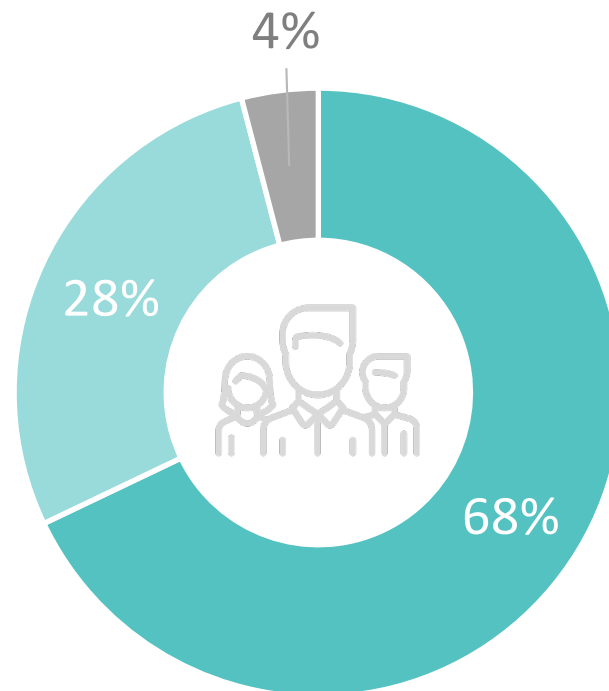
## KEY

Yes, I have **personally experienced** physician burnout.

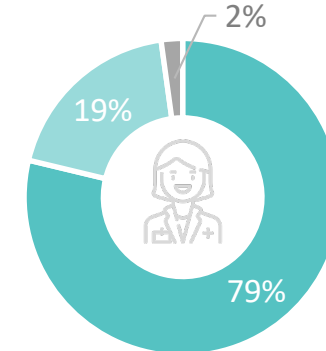
No, I have not experienced burnout, but I **know others** who have.

No, I have not experienced burnout and **don't know anyone** who has.\*

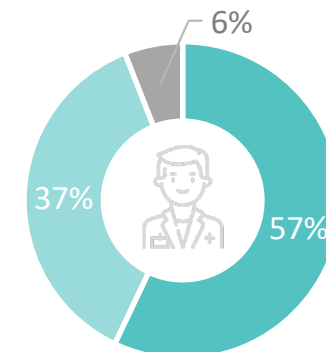
**TOTAL** n=639



**PCPs** n=320



**Specialists** n=319



**S2.** Have you, or other physicians you know, experienced burnout?

\* Those selecting this response screened out of the remainder of the survey.



# Experience with Burnout

Burnout is highest among younger physicians, with **those in their 30s and 40s** reporting highest rates of burnout (74%), and burnout rates dropping thereafter.



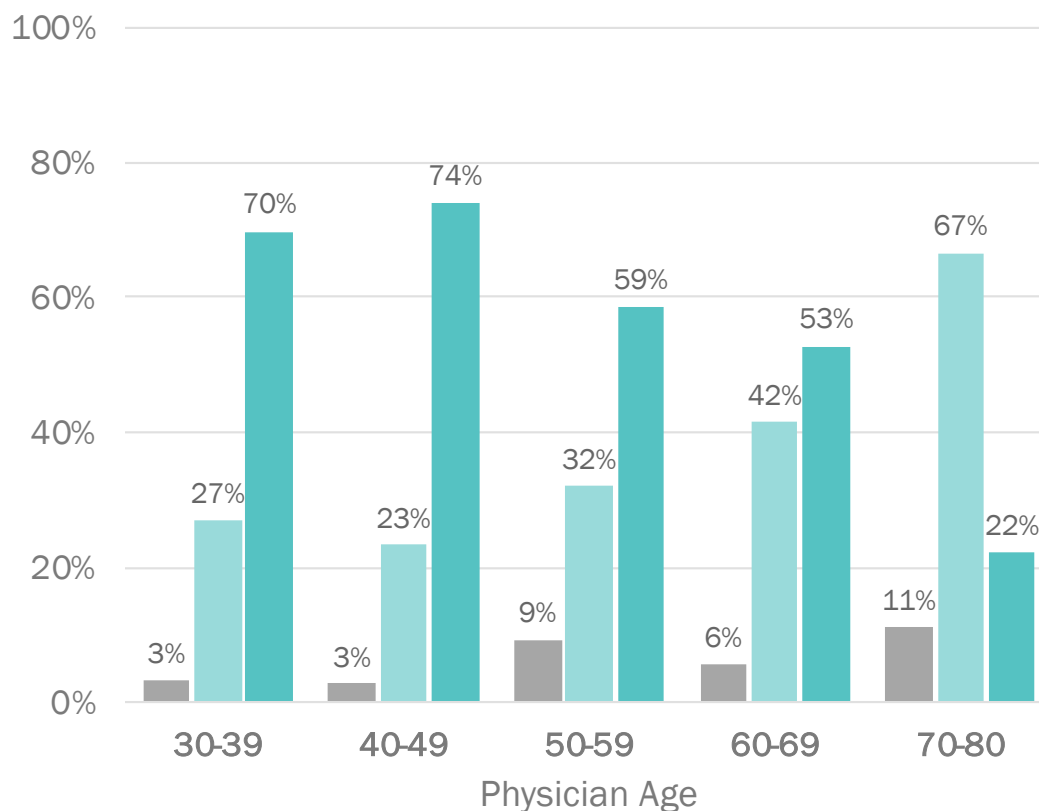
## KEY

Yes, I have **personally experienced** physician burnout.

No, I have not experienced burnout, but I **know others** who have.

No, I have not experienced burnout and **don't know anyone** who has.\*

## Burnout Experience Across Age Groups n=639



**S2.** Have you, or other physicians you know, experienced burnout?

\* Those selecting this response screened out of the remainder of the survey.



# Effectiveness of Addressing Burnout (1/2)

Only 25% report that their facilities effectively address burnout. Hospital employees report slightly worse metrics for addressing burnout (20% effective) compared to those who work across private practices (27% effective).

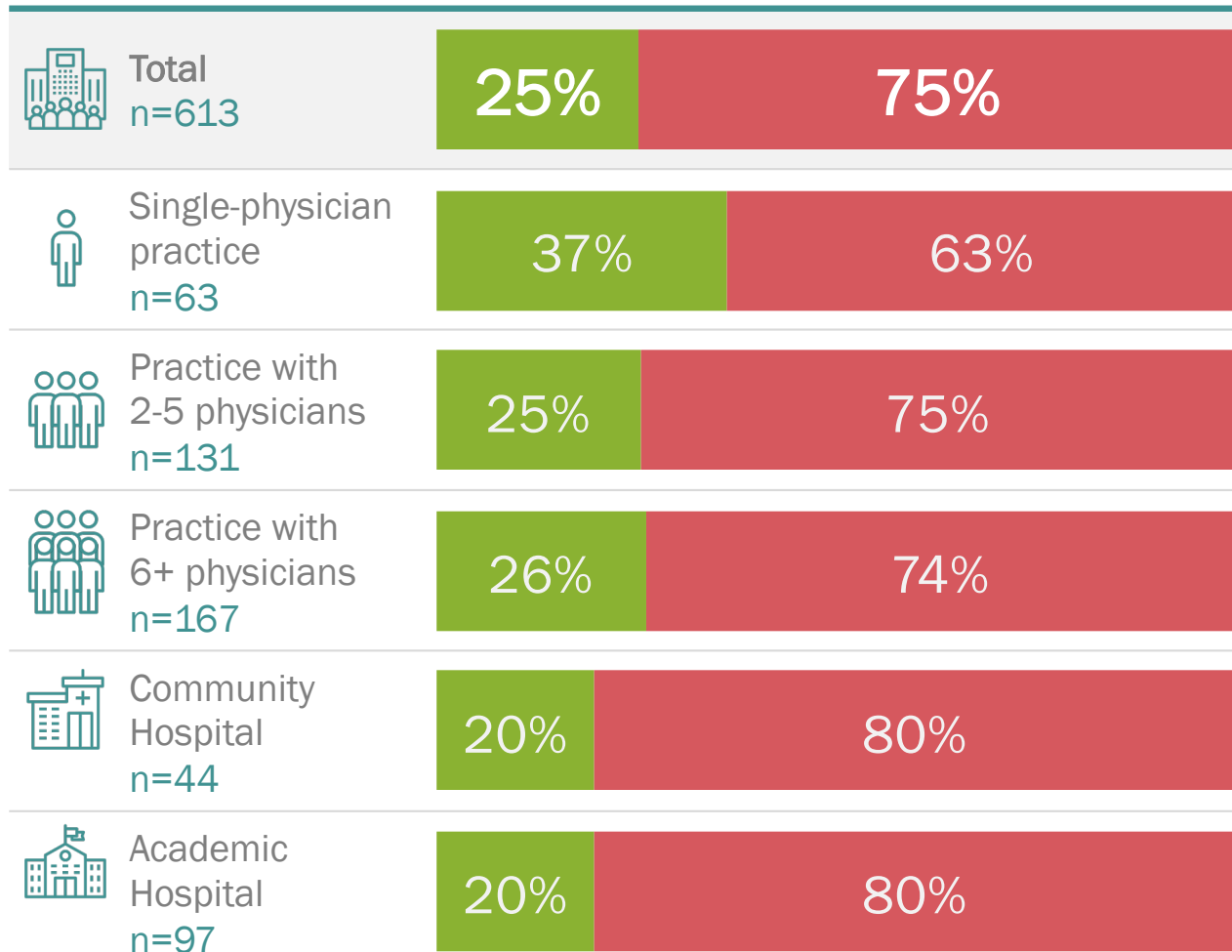


## KEY

My facility **effectively** addresses staff member burnout.

My facility **does not** effectively address staff member burnout.

## Effectiveness of Addressing Burnout by Facility



**Q1a.** Do you think your medical practice/facility effectively addresses staff member burnout?



## Effectiveness of Addressing Burnout (2/2)

Those who report that their facilities effectively address burnout credit workplace initiatives that **improve workflow** (46%), **provide schedule flexibility** (45%), and **support wellness** (41%).

### Effective Burnout Practices\*

n=155, Open Ended

	%
Creating systems that improve workflow and reduce administrative burden	46%
Providing schedule flexibility and/or generous vacation time	45%
Investing in wellness initiatives and support systems	41%



*“My institution makes a concerted effort to address burnout in many facets: rewards, lunches, social events, being flexible with work/life balance and supporting personal interests and outreach services.”*

- PCP, Practice with 2-5 physicians

**Q1b.** Please elaborate on how your medical practice/ facility does or does not effectively address burnout.

### Contributors to Burnout Negligence\*\*

n=457, Open Ended

	%
Complete lack of action and acknowledgement of burnout/no meaningful changes	53%
Minimal available resources that offload tasks or provide support	15%
Cultural emphasis on the bottom-line over wellbeing	15%
Burdensome workload and understaffing	11%



*“The amount of work required of physicians keeps increasing. We deal with long hours, lack of recognition for hard work, no compensation for phone calls or time spent filling out tedious paperwork, decreasing compensation, increasing regulations, patients getting more demanding, jobs being taken by mid-level providers to save money...just to name a few.”*

- PCP, Practice with 6+ physicians

\* Among those who find that their practice/ facility effectively addresses burnout in Q1a.

\*\* Among those who find that their practice/ facility does not effectively addresses burnout in Q1a.

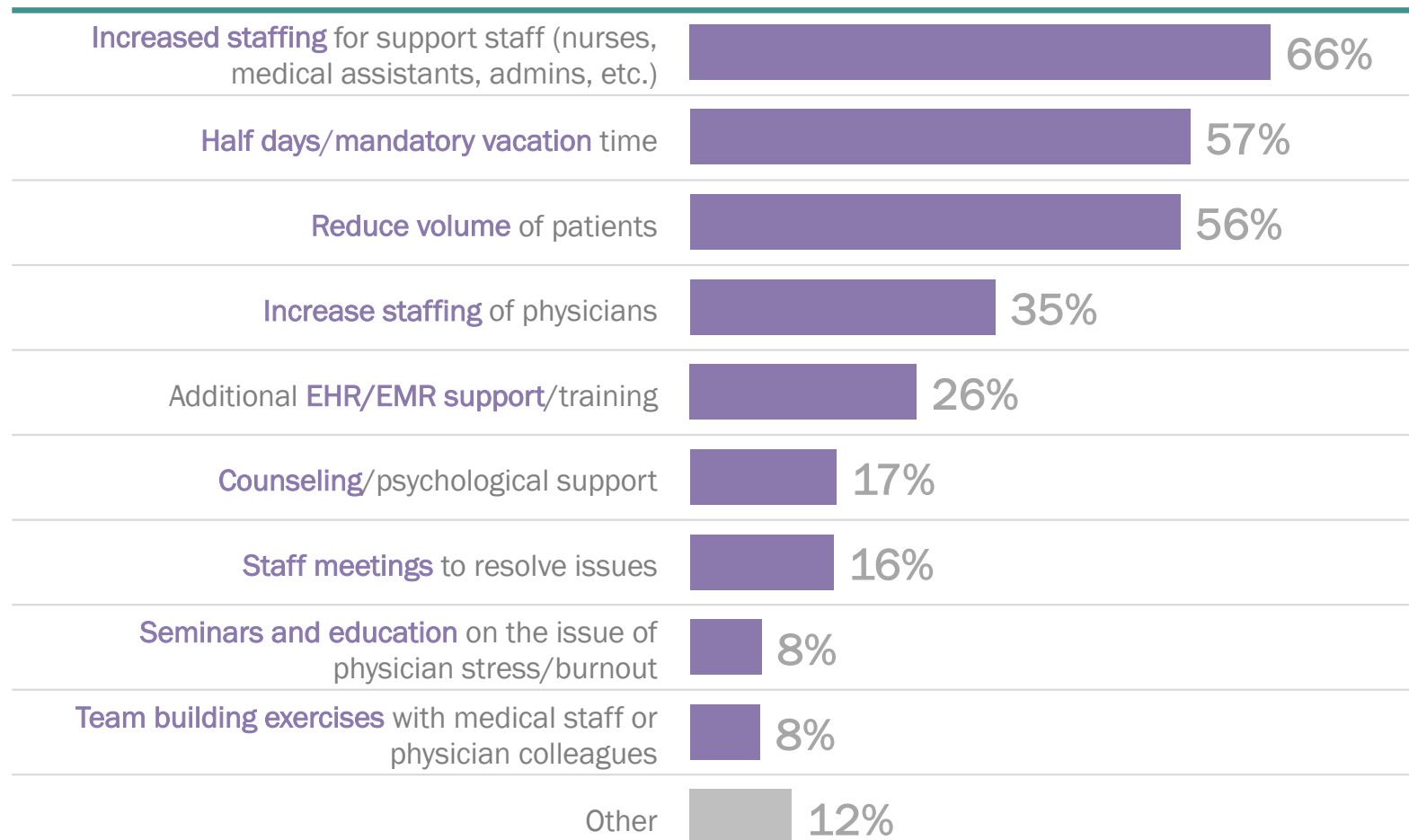




## Suggestions for Addressing Burnout (1/2)

Over half of respondents report that **increased support staffing (66%)**, **mandatory vacation time or half-days (57%)**, and **reduced patient volume (56%)** are likely to help alleviate the issue of physician burnout.

### Preferred Implementations for Addressing Burnout n=612











**Q2a.** In previous research we have conducted with physicians, there were many suggestions made about steps which could be taken to alleviate the issue of physician burnout. From the list below, please select the three options which could be implemented by facilities to address burnout.



## Suggestions for Addressing Burnout (2/2)

More than half (51%) of those providing additional recommendations suggest improving processes related to **administrative burden**: 23% suggest **employing scribes**, 23% advocate for **reduced documentation**, and 5% propose **scheduling more time for charting**.

Other Suggestions for Addressing Burnout* n=71, Open Ended	%	Select Representative Verbatim
 Provide scribes & support staff	23%	<i>"Increase not just staffing but training to have that staff do non-clinical work that is falling on doctors. Scribes could be included in this."</i>
 Reduce documentation requirements	23%	<i>"Decrease documentation requirements from government and private insurers. Same groups need to stop impeding patient care through all of the prior authorizations requested."</i>
 Increase pay/Improve reimbursements/Build-in paid time for charting	20%	<i>"Increase payments so we can spend more time with patients. 5-10 min is not enough. It's a mill. Also, why is it so complicated to get paid?? Easy answer - insurance auto rejects claims to save money."</i>
 Foster a culture that supports, recognizes, and humanizes staff	17%	<i>"Just show more personal appreciation for the work that is done, whether it be in words, treats, small gifts, etc."</i>
 Provide more breaks/Reduce working hours/Offer sabbaticals	15%	<i>"We should also have mandatory lunches with peers once a week. We do not get lunch breaks ever because it's our time for notes. I never have time to talk to other docs unless it's to work a patient in."</i>
 Increase time spent with each patient	14%	<i>"We are also expected to shuttle patients in and out in an almost assembly-line fashion, not allowing time for an authentic/healing human interaction."</i>
 Ensure physicians have sufficient administrative time	5%	<i>"Provide more admin time - 40 mins per day and one half-day per week."</i>
 Improve tech/workflow	5%	<i>"The EHR has kind of been 'the last straw' for many docs - some simply retired early rather than train for yet another (poorly functioning) EHR format."</i>

**Q2b.** If you have chosen 'other' as an answer choice, please elaborate on your suggestion.

\* Among those selecting 'Other' among their top three suggestions for what facilities can implement to alleviate physician burnout in Q2a.



## Recommending Medicine as a Career (1/2)

Perceptions on medical careers are almost evenly split three ways: 36% **would recommend a career** in medicine to family/ friends, 34% **would not**, and 31% **aren't sure**.



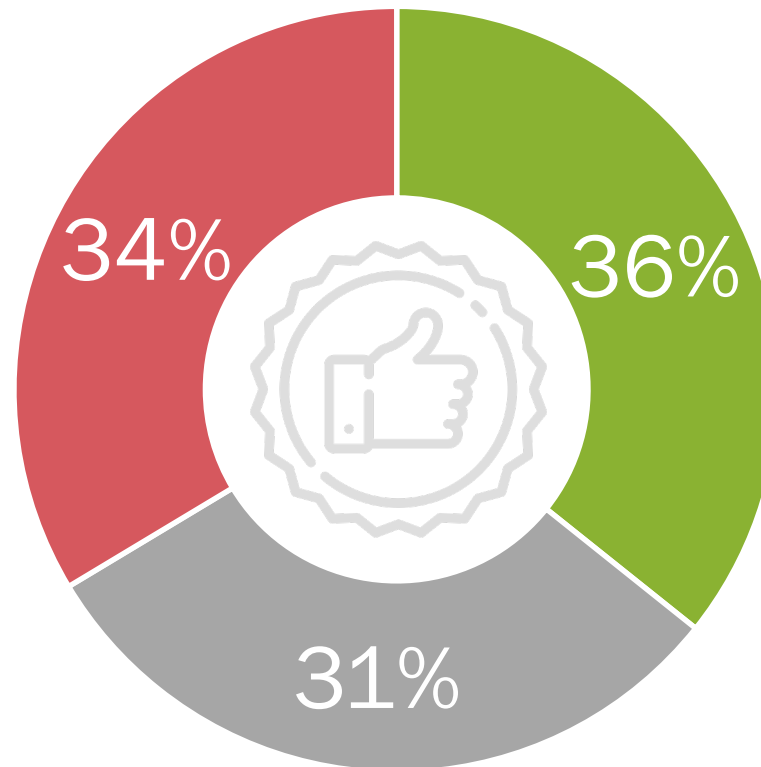
### KEY

Yes, I would **recommend** a career in medicine.

I'm **unsure** if I would recommend a career in medicine.

No, I would **not** recommend a career in medicine.

### Willingness to Recommend Medicine as a Career n=612



**Q3a.** Would you recommend a career in medicine to your child or family member?



## Recommending Medicine as a Career (2/2)

Those recommending medicine do so because it is a **fulfilling** (51%) and **respected** (30%) career, however those who don't emphasize being **overworked** (47%) and making **too many sacrifices** (32%).

Reasons for Recommending Career* n=217, Open Ended	%
Uniquely fulfilling, meaningful career helping people	51%
Respected, honorable profession	30%
Good pay/stable income	6%
Guaranteed job security	6%



*"Despite the challenges, it is the most fulfilling career I could imagine. I get great satisfaction from taking care of patients and educating residents. I am certain that changes can be made to help alleviate physician burnout."*

- PCP, Practice with 2-5 physicians

Reasons for <u>Not</u> Recommending Career** n=205, Open Ended	%
Too much work/poor work-life balance	47%
Not worth the investment/sacrifices	32%
Administrative burden/Fighting with insurance	27%
Too much debt/student loans	21%
Declining compensation and reimbursements	21%
Poor autonomy/system no longer benefits docs	20%
Underappreciated/thankless	15%



*"It would be hard to see someone you care about go through the stress of medical school, residency, and fellowship knowing that they will face pressure to see as many patients as possible, EMR stress, administrative duties, etc. all while being reimbursed less and less with time. I did not become a doctor to fight with insurance companies yet I spend a fair amount of my time doing so weekly."*

- Specialist, Practice with 6+ physicians

**Q3b.** Please elaborate on how your medical practice/ facility does or does not effectively address burnout.

\* Among those who would recommend a career in medicine to a child or family member in Q3b.

\*\* Among those who would not recommend a career in medicine to a child or family member in Q3b.



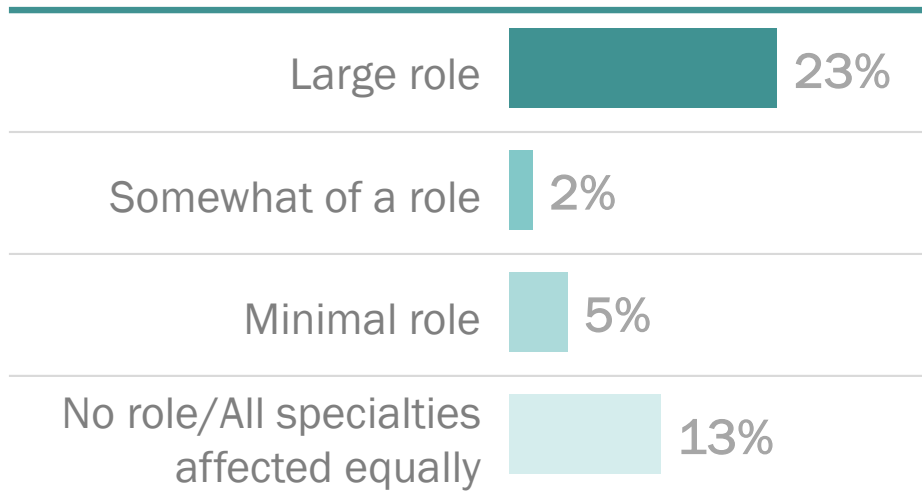


# Effects of Specialty on Burnout

Twenty-three percent write that **specialty** plays a **large role** on burnout, however respondents are split on whether **specialists** or **PCPs** are more affected and 30% find that generally speaking, specialties with **poor workplace cultures** are most afflicted.

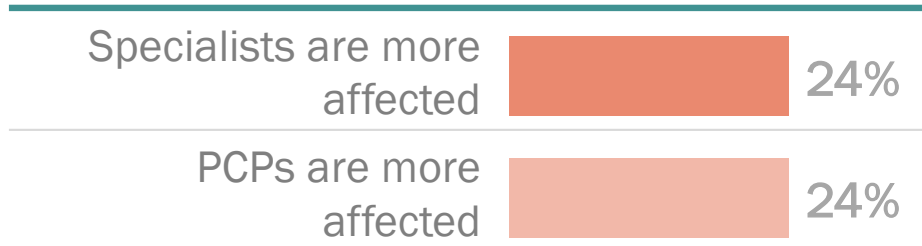
## Role of Specialty on Burnout

n=612, Open-Ended



## Demographic Most Affected

n=612, Open-Ended



## Specialty-Related Impacts on Burnout n=612, Open-Ended

	%
Specialties with a culture of high stress and minimal support	30%
Higher demand specialties with larger patient volume	18%
Specialties that have longer hours and more call	14%
Specialties with more paperwork and administrative burden	13%

**Q4a.** What role does medical specialty play in a physician's ability to manage burnout?

*“Different specialties are affected to a different extent, but the same systemic issues affect all physicians.”*

- PCP, Academic Hospital

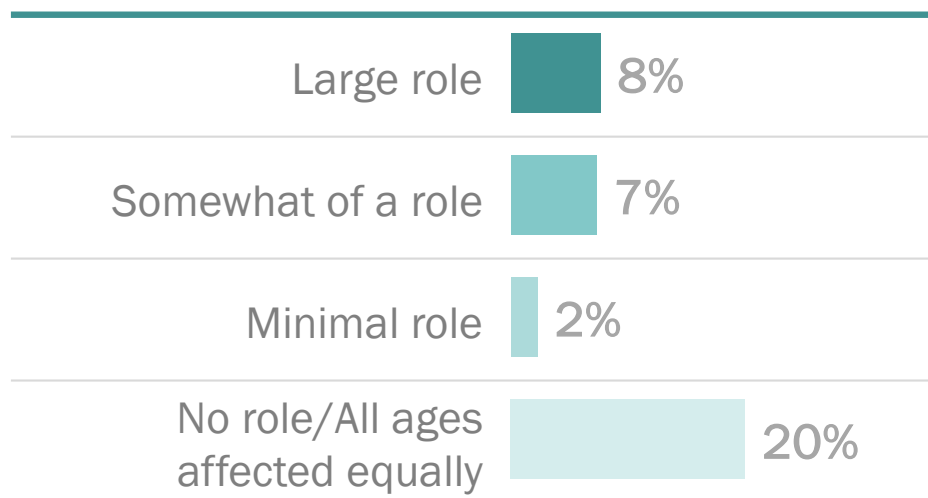


## Effects of Age on Burnout

Only 8% report that **age** plays a **large role** in burnout, however 23% mention that **older physicians** are more prone (compared to 9% who find **younger physicians** more prone).

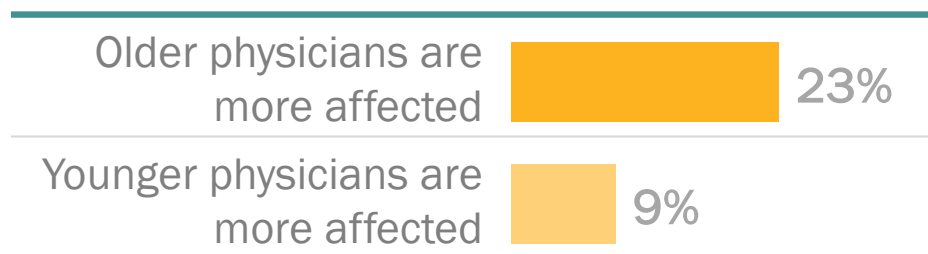
### Role of Age on Burnout

n=612, Open-Ended



### Demographic Most Affected

n=612, Open-Ended



### Age-Related Impacts on Burnout

n=612, Open-Ended

	%
Experience/Maturity	11%
Adaptability/Resilience	7%
Family Life/Children	5%
Time-off/Proximity to retirement	4%
Energy Level	4%
Patience/Tolerance	3%

**Q4b.** What role does age play in a physician's ability to manage burnout?

“Older physicians may have a **harder time with changes in the system and technology**, but **may be more resilient** given their underlying solid knowledge base and years of experience.”

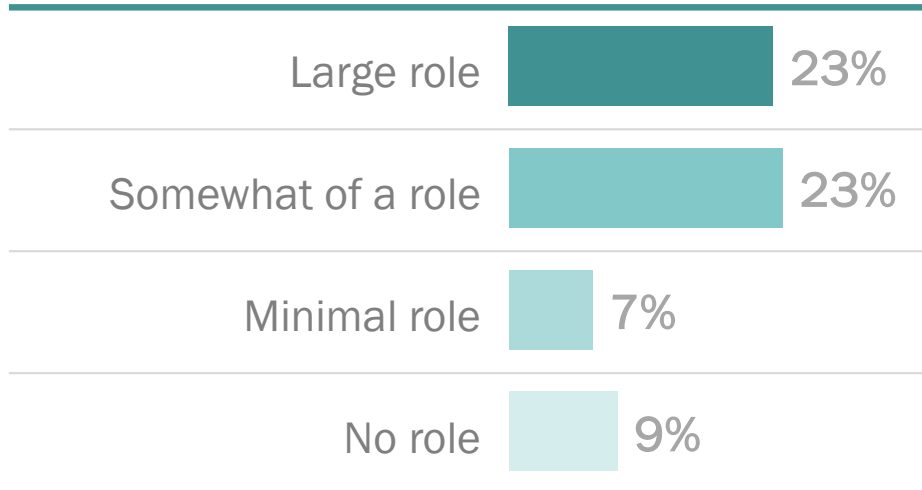
- PCP, Practice with 6+ physicians



# Effects of Tech Familiarity on Burnout

Twenty-three percent claim that lack of familiarity with technology plays a large role on burnout, mainly due to issues working with EMR (15%) and inability to adapt to technology changes (14%).

## Role of Tech Familiarity on Burnout n=612, Open-Ended



## Tech-Related Impacts on Burnout n=612, Open- Ended

	%
Discomfort with EMR	15%
Inability to keep-up/adapt with evolving technology	14%
Inefficient data-entry/more time on paperwork	5%

**Q4c.** What role does familiarity with technology play in a physician's ability to manage burnout?

*“Familiarity is only as useful as the EMR is intuitive. We have Epic, and the most tech-savvy among us - myself included - are the most frustrated. All the feedback we send is met with resistance or simply an answer of ‘no, that's not possible,’ no matter how much sense our suggestions make in terms of improving workflow or presenting information in a more functional way. EMR is the problem.”*

- PCP, Practice with 6+ physicians





InCrowd  
know now

**For more information please contact:**

Mary Kae Marinac  
PR Representative for InCrowd  
mk@mkmarinac.com  
978-685-3136

Meghan Oates-Zalesky  
Senior Vice President of Marketing  
Meghan.Oates@incrowdnow.com  
617-934-1600

**[www.incrowdnow.com](http://www.incrowdnow.com)**