

FSMB Efforts on Physician Wellness and Burnout

Arthur S. Hengerer, MD, FACS; Mark L. Staz, MA; Humayun J. Chaudhry, DO, MACP

Dr. Hengerer is Chair of the New York Board for Professional Medical Conduct and Past Chair of the Federation of State Medical Boards

Mr. Staz is Director of Continuing Professional Development at the Federation of State Medical Boards

Dr. Chaudhry is President and CEO of the Federation of State Medical Boards

Continuing Medical Education Information

Release Date: July 20, 2018

Expiration Date: June 30, 2021

This activity is provided by the Federation of State Medical Boards.

Learning Objectives

Upon completion of this activity, participants should be able to:

- *List several factors and circumstances that can lead to physician burnout*
- *Explain why state medical boards have a role to play as part of a shared accountability approach to addressing physician burnout*
- *Summarize approaches for addressing physician burnout that have been proposed by the Federation of State Medical Boards*

Method of Participation

This article is one of four in this CME section that must be read in order to receive CME credit. The others are "Physician Mental Health: An Evidence-Based Approach to Change," "Update on the UC San Diego Healer Education Assessment and Referral (HEAR) Program," and "Facilitating Help-Seeking Behavior Among Medical Trainees and Physicians Using the Interactive Screening Program."

After reading all four of the articles, CME participants should log-in and register for the CME activity at the web address provided in the "How to Participate in the CME Activity" document, and complete and submit the online post-test and evaluation. The post-test includes questions about each article. The FSMB policy on wellness and burnout is not required for CME credit. It is provided as a supplemental resource.

Introduction

It has been more than two years since the Federation of State Medical Boards created a workgroup of state medical board members and relevant stakeholders to study physician wellness and burnout. This was a timely decision for the FSMB as it positioned the organization alongside several others at the forefront of working to identify and address what has become an epidemic. For too long there had been a paucity of attention paid within the medical profession to the wellness of its own members. The issue generated heightened interest after a prominent study reported an increase in physician burnout levels from 45.5% in 2011 to more than 54% in 2014.¹ Since the problem of burnout appears to involve a majority of medical professionals and impacts not only their own health but decisions affecting their patients, it can no longer be ignored. Studies further show that increasing levels of physician burnout lead to a greater number of medical errors, making this a patient safety issue worthy of everyone's attention.^{2,3}

In seeking a better understanding of the topic, members of the workgroup soon realized that a significant contributor to the problem lies in the practice environment and the particular systems of health care delivery that are in place. The EHR, or electronic health record, is frequently cited as a major contributor to physician stress and frustration with practice. Given the recognition of this reality, effective solutions to physician burnout should not rely alone on physicians to help or heal themselves. Rather, systems initiatives and strategies should be developed to help create positive work spaces and work flows. Factors that put physicians at risk for burnout also exist at the level of the individual practitioner, so that strategies aimed to address this dilemma will need to be targeted to the physician as well. Unfortunately, many beliefs and behaviors that generate burnout begin as early as medical school, where a philosophy

of resilience, striving for perfection, and avoidance of admitting weakness is culturally inculcated among students.⁴ This not only prevents recognition of when help is needed, it can also act as a perpetual barrier to seeking help over an entire professional career. This has been blamed on a belief, supposed to be common among physicians, that they will be stigmatized when their inability to cope with stress effectively is discovered, prevented from acceptance in a residency program, and denied a license to practice or hospital privileges.⁵ It is therefore essential that we work to dispel this belief among medical students, trainees, and practicing physicians, while also working to identify circumstances in training and practice where such barriers exist and can be addressed.

The leadership of the FSMB became aware of the role of the licensing process in relation to physician wellness after learning about how questions on licensing and licensing renewal applications about mental and behavioral health can impact a physician's decision to seek either treatment for issues related to mental health or help for features of burnout.⁶ Recent studies show that the presence of such questions can represent a significant barrier to physicians seeking appropriate treatment⁷ and that

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burnout levels are higher when such questions are too specific.⁸ It has also been suggested that all such questions on state medical licensing applications should be reviewed to ensure consistent compliance with the Americans with Disabilities Act. Identification of best practices in licensure that promote physician health while responsibly reducing potential risks to patients is among the charge of FSMB's Workgroup on Physician Wellness and Burnout.

Action Steps

The various organizations working to address physician burnout frequently ask what we in the medical regulatory community are doing about this issue and how we propose to contribute to potential solutions. The FSMB is well-positioned to play a coordinating role and facilitate discussions and

development of solutions to conditions that lead to burnout or avoidance of help-seeking among our member boards, bringing together partners from

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across the house of medicine and the continuum of medical education into conversations about physician wellness. It is encouraging that several state medical boards have already developed new and innovative ways to address burnout and support physicians in their efforts to seek help with health issues which can result in impairment before they suffer consequences such as discipline or even loss of life to suicide, a scenario that has tragically become more common among physicians today.⁹ These innovations include changes to licensing applications that allow physicians to not report a potential impairment or treatment received if they are in good standing with a recognized physician health program (PHP) or other appropriate care provider. The FSMB is currently involved in various projects to evaluate the impact of such novel approaches to licensure and hopes to glean data about their effectiveness.

Many state-based PHPs have generated helpful data about effective assessments and interventions to address burnout from their experiences with treating health providers. These groups are also interested in working with others to help physicians in need and reduce the stigma associated with treatment seeking. This is obviously a complex issue and any change or solution will require a balance between transparency of processes for the public and protection of the physician's privacy.

As physician burnout is a phenomenon that transcends national borders, the FSMB is also working with our international colleagues to learn about differences experienced abroad and to share information about various approaches to addressing burnout. Even where rates of burnout are similar between countries, interesting differences appear in the ways burnout is experienced within populations. For example, while in the U.S., research has demonstrated that physicians in the middle of their careers are at the highest risk for burnout,¹⁰ in Australia, the risk is

shown to be strongest in young physicians.¹¹ Some countries report relatively low rates of burnout, such as 22%¹² and 30.7%¹³ in studies from New Zealand and Ireland, respectively. However, in the Irish study, 80% of responding physicians still reported significant levels of work stress. It is important that the next steps in international collaboration involve moving beyond comparisons of prevalence and features of the medical workforce to sharing successes and failures of actual interventions in order to support greater collaboration and progress worldwide.

Another aspect of physician wellness and its impact on patient safety is the social contract physicians make with the public regarding the responsibilities of the profession to appropriately regulate its members. This is not a role that we as a profession have always carried out to the fullest, despite legal mandates to report instances of misconduct or negligent practice among our peers. There are many reasons for this, but lapses in our “duty to report” (sometimes called “duty to share”) can lead to worse infractions, inappropriate practice patterns, and more signs and symptoms of burnout, not to mention risks to patient safety. All of these, however, can be mitigated and perhaps avoided if recognized early and corrected.

As the FSMB continues to study this national issue, the National Academy of Medicine (previously known as the Institute of Medicine) has also taken on the challenge of gaining a deeper, more nuanced understanding of the issue and finding potential

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solutions. Dr. Hengerer is serving on this action-oriented collaborative on behalf of the FSMB to develop potential solutions to this problem and to share the collaborative’s ideas with the state medical boards and relevant stakeholders.

We believe it is the responsibility of all parties in the regulatory arena to do their part in finding solutions to those pieces of the puzzle that are within their purview. The need for this type of shared account-

ability approach is espoused in a report authored by the FSMB workgroup, which represents a significant step on behalf of the medical regulatory community to address physician burnout. The report contained several recommendations for state medical boards and external partners, which were recently adopted by the FSMB House of Delegates as official policy of the organization. Working towards implementation of these recommendations, as well as tracking and sharing successes, will constitute important next steps in ongoing efforts on the part of the FSMB and its member boards to protect the public by supporting physician wellness and self-care. ■

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