Burnout in the Plastic Surgeon: Implications and Interventions

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Abstract

A career as a plastic surgeon is both rewarding and challenging. The road to becoming a surgeon is a long arduous endeavor and can bring significant challenges not only to the surgeon but their family. A study by the American College of Surgeons (ACS) suggested that over 40% of surgeons experience burnout and a recent survey of American Society of Plastic Surgeons (ASPS) showed that more than one-fourth of plastic surgeons have signs of professional burnout. Burnout is a state of physical and mental exhaustion. The three main components of burnout are emotional exhaustion, depersonalization, and reduced personal accomplishment. Exhaustion occurs as a result of emotional demands. Depersonalization refers to a cynical, negative or a detached response to patient care. The reduced accomplishment refers to a belief that one can no longer work effectively. There has been a recent explosion in the literature characterizing burnout within the surgical profession. Reports of burnout, burnout victims, and burnout syndrome are filling the medical literature, books, blogs, and social media across all different specialties. Burnout in a plastic surgeon has negative and potentially fatal repercussions to the surgeon, their family, their patients, their staff, colleagues, coworkers, and their organization. To date, there are a limited number of publications addressing burnout in the plastic surgery community. The goals of this paper are to review the symptoms of burnout, its effect on plastic surgeons, and discuss potential solutions for burnout prevention and physician wellness.

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working more than 70 hours per week, spending more nights on call, having compensation based on billing rather than a salary, or having a subspecialty of microsurgery or aesthetic surgery as independent predictors of burnout.4,4

Unfortunately, most physicians are unaware that they are experiencing burnout until it is too late. The manifestations of severe burnout include depression, suicide, alcoholism, substance abuse, and personal life unraveling leading to marital problems, poor job performance, compromised patient care, and disruptive behavior.5 Current estimates are that approximately 15% of all physicians will be impaired at some time in their careers and will be unable to meet professional responsibilities because of mental illness, alcoholism, or drug dependency.6 Unfortunately, many of these problems are more prevalent among surgeons compared with those who practice some other specialties.2

The lifetime prevalence of depression among physicians is 13% in men and 20% in women.7 Schernhammer et al found that suicide rates among male physicians is 40% higher than among men in the general population, while the rate among female physicians is 130% higher than women in the general population.8 Each year in the United States, 300 to 400 physicians take their own lives - roughly equal to the number of students in three medical school graduating classes.9

Alcohol and drug abuse are a significant issue among physicians in general, and surgeons in particular. A 7000-member survey of the ACS demonstrated a prevalence for alcohol abuse among male surgeons at 13.8% and for female surgeons at 25.4%.10 Not surprisingly, they also found that emotional exhaustion and depersonalization domains of burnout were strongly associated with alcohol abuse or dependence.10

There are a number of additional stressors that can contribute to burnout. Medical marriages are stressful and a burnt-out physician is likely to have a higher rate of divorce or marital problems. Medscape’s 2015 survey found that physicians who were married were less likely to burnout suggesting a healthy marriage helps maintain work-life balance. Traditionally, it has been thought that physicians have a higher rate of divorce than the general population. A large study of 1118 medical graduates of Johns Hopkins University found cumulative rates of divorce at 29%—with rates higher among psychiatrists (50%) and surgeons (33%).11 However this study was limited by its analysis of physicians from a single institution.

A recent study in 2015 demonstrated divorce among physicians is less common than among non-healthcare workers and several other health professions. However, they found that female physicians have a substantially higher prevalence of divorce than male physicians,12 which may be partially due to conflicts between work and home. Female plastic surgeons also expressed more burnout than did their male peers (52% and 42%, respectively) suggesting gender differences in burnout.13

Compounding these statistics is the unfortunate culture of medicine and healthcare which places low priority on physician mental health and a punitive environment for those seeking help.14 Depression in a physician will often be unrecognized until it is so severe that it has affected their ability to care for patients or they are coping by unhealthy methods. Physicians are hesitant to seek mental health treatment.15,16 They may fear discrimination by colleagues, facilities, or licensing boards. Psychiatric counseling may be considered professional suicide. Although physicians may have more access to treatment for depression, they face workplace barriers that clearly dissuade them from seeking help.16

So why do surgeons have such a high burnout rate? A 2012 study found that surgeons have one of the highest burnout rates and lowest satisfaction with work-life balance.17 In Medscape’s 2016 survey, plastic surgeons ranked below average with only 29% of plastic surgeons reporting happiness at work.4 Shanafelt et al notes that one of the paradoxes of burnout is that those most susceptible appear to be the most dedicated, hardworking, responsible, and motivated.17 Individuals with these traits are often idealistic and have perfectionist qualities that may lead to submerge themselves in their work and devote themselves until they have nothing left to give. Thus, commitment to patients, attention to detail, and recognizing the responsibility associated with a patients’ trust — the very traits that define a good surgeon—also place surgeons with these qualities at greater risk.18

In the new journal Burnout Research, Anthony Montgomery concludes that burnout is inevitable due to the way that medical education is organized.19 He argues that medical education is focused on technical skills rather than the interpersonal skills associated with being an active member of an organization. Physicians are primarily trained to treat with little attention or training in leadership skills or collaborative team membership. He argues that this causes a disconnect between their training/expectations and the realities of the healthcare organization meaning that job burnout is inevitable.

Dr Drummond, author of Stop Physician Burnout and CEO of the popular website TheHappyMD.com argues that physician burnout is hard-wired into medical education. Medical education teaches that every patient encounter has potential for missed diagnosis and disaster. Despite exhaustion, sleep deprivation, the patient always come first. He argues that physicians have master the skills of being workaholic perfectionist and that this ideology is often in direct conflict with a physician’s own needs.20

Ishak et al performed a systematic review of burnout during residency training and found that burnout was present in 28% to 45% of medical students and 40% of general surgery residents.21 The authors found that time demands, lack of control, work planning, work organization, inherently difficult job situations, and interpersonal relationships as the primary factors contributing to burnout.21
Why do we care about burnout? In healthcare, the effects of burnout have negative, potential fatal, repercussions for society. It can be argued that in no other occupation does burnout have the same potential for morbidity and mortality. In addition, burnout has significant costs and consequences to healthcare organizations by reducing patient satisfaction, compromising patient care, and ultimately affecting the bottom line.22–24 Burnout affects physicians’ satisfaction and the quality of medical care they provide.25,26 Increasing evidence suggests that physician burnout can adversely affect patient safety and quality of patient care and contribute to medical errors.27 Nine percent of the 7905 surgeons who responded to a June 2008 survey commissioned by the American College of Surgeons for a study led by researchers from the Johns Hopkins University School of Medicine and the Mayo Clinic reported having made a major medical mistake in the previous three months which had a large, statistically significant adverse relationship with burnout.28,29 In a recent study of plastic surgeons, Qureshi et al demonstrated that burnout increased the risk of adverse professional and personal outcomes with plastic surgeons who are burnt-out showing low career satisfaction and self-reported impairment. Burnout also correlated with elevated odds of self-reported medical errors, an increased risk of having work-home conflicts, and screening positive for depression.13

Greater stress responses are associated with greater impairments in procedural skills30 and clinical reasoning.31 Medical errors cost the United States $19.5 billion in 2008.32 Arguably, increased medical errors result in increased litigation. Overall annual medical liability system costs, including defensive medicine, are estimated to be $55.6 billion in 2008 dollars, or 2.4 percent of the total healthcare spending.33

Since the Centers for Medicare and Medicaid Services (CMS) began withholding 1% of hospitals’ Medicare reimbursement as part of the Affordable Healthcare Act, patient satisfaction is on the forefront of hospital reimbursements. A number of studies have demonstrated poor patient satisfaction when interacting with physicians and staff experiencing burnout.34–36

In addition to its potential effect on patient safety, physician burnout is associated with lower job satisfaction and a higher intention to leave the job.37 Anxiety and burnout stemming from regular exposure to the stressors of medical practice and training have been linked to increased absenteeism, job turnover, and early retirement. Surgeons who are experiencing burnout are less productive and effective.38 A burnt out surgeon’s performance may be less willing to help colleagues and may be losing their interest for the organization. Almost 60% of the 1250 physicians responding to the American College Physician Executives survey released in 2006 said they had considered leaving medical practice.39 Job turnover among US physicians reached 20% by the end of 2004.23

One of the biggest challenges amongst aesthetic surgeons is managing the ever increasing patient expectations. When an elective surgery is aesthetically based, the doctor’s and the patient’s idea of the “good” outcome can be drastically different. A technically perfect surgery might not meet a patients’ expected outcome due to an unrealistic expectation of the result. The physician always faces the risk of a miscommunication between the patient’s expectation and the physical limits of what can be accomplished with surgery. In addition, the patient could have a difficult time verbally expressing the desired results in a detailed manner to the physician; thus, potentially resulting in a dissatisfied patient. This additional stressor may explain the higher rate of burnout amongst aesthetic surgeons.13

What does the high physician turnover mean to an organization? A Canadian study estimated the cost of losing physicians to burnout at $213 million Canadian dollars ($185 million due to early retirement and $27.9 million due to reduced clinical hours).40 Press Ganey estimated the total cost for replacing one physician in family practice, internal medicine or pediatrics to be approximately $250,000 US dollars.35 To our knowledge, there are no data available on the cost of losing a plastic surgeon however, in addition to financial costs, healthcare organizations pay for losing a physician in “soft costs” like lowered employee morale, disrupted work flow, inconsistent patient care, damage to reputation, referrals, and recruiting efforts.32,36,41 According to the 2010 Physician Retention Survey, members estimated for every full time physician that leaves, an organization loses $1.2 million dollars.42

A growing US physician shortage means organizations are demanding more of staff and contracted physicians at a time when physician frustration is on the rise. A 2015 study conducted for the AAMC predicts that by the year 2025 the United States will face a shortage of between 46,000 to 90,000 physicians.43 While the US population grows, the number of physicians produced by medical schools remained flat at approximately 16,000 physicians per year.44 This anticipated shortage in combination with a loss of existing physician workforce at a time when health systems struggle with human resource shortages and expanding wait times, may lead to a physician crisis.41

Most of America’s major corporations and successful professional athletic teams provide personal coaching for leaders aimed at strengthening, resiliency, and self-awareness. Why not health organizations and medical schools? Prevention and awareness are the keys to managing burnout that should be cultivated from medical school through retirement. In a 2012 national survey, fifty-three percent of medical students had symptoms of burnout.35 The competencies and skills to help increase resilience and prevent burnout are absent in most medical training programs.42 The consequences of burnout have now drawn the attention of the media and public and is becoming an interest of medical educators.
There are a handful of medical schools and teaching hospitals that offer resiliency training aimed at prevention and management of some of the stressors related to clinical practice. One example is Oregon Health & Science University’s Integrative Self-Care Initiative for Students that has established Resiliency Training as a first- and second-year elective class aimed at giving future physicians the skills and competencies to combat burnout.46 The class is led by senior physicians who provide peer support and faculty mentoring to students for 2.5 hours a week for 8 weeks. Competencies are taught through skills training and small group experiences including meditation, creative expression, journaling, biofeedback, social support, and other activities.47 Curriculum must be integrated into medical school training to help our future physicians understand the symptoms, consequences, and strategies to combat burnout.

A number of healthcare organizations understand that supporting physician health contributes to patient safety and increases physician retention and have invested in some creative programs. The University of California Irvine has partnered with a Work-Life Program Vendor who provides highly trained doctoral counselors to clinicians, financial accountants and planners, legal services, and access to work-life specialists who will recommend qualified referrals to meet work-life needs including child and elder care, moving and relocation, pet care, and home repair. Another example is Sanford Health in Fargo, N.D who has implemented a Physician Wellness Program that provides counseling services for physicians and their families who are dealing with stress. They are also able to intervene on a disruptive physician who may be experiencing burnout and require mandatory evaluation. In addition, they offer concierge physician services aimed at increasing physician satisfaction and retention. Concierge services provide resources for physicians and their families such as babysitting, travel planning, and reduced fitness membership. They also encourage their physicians to not work more than 60 hours per week to avoid burnout.47

Brigham and Women’s Hospital trains “peer supporters” to help identify colleagues potentially subject to distress and provide a collegial source for venting. For those that need more than peer support, Brigham provides life coaches.48 Vanderbilt has also pioneered confidential help for physicians and faculty struggling with burnout issues. With their successful program, over 300 physicians utilize their services per year.49 Psychiatrists are available to assist with off-the-record assistance for a physician in distress. Physicians are then referred to the appropriate resource (personal coach, marriage counselor, or, when there are alcohol or drug problems, a suitable program). Lastly, Stanford Emergency Department has developed a creative program aimed at easing work-life balance. Doctors can “bank” the time they spend on often uncompensated work such as mentoring, serving on committees, covering shifts, and earn credits for work or home-related services such as meals, housecleaning, babysitting, movie tickets, grant writing, speech training, and web support.50

For the private practice aesthetic surgeon, an awareness of burnout in combination with hospital-based wellness programs aimed at attracting and retaining physicians is the solution. Physicians must have tools and resources to refuel their emotional tanks. Strategies that may help increase wellness for a private practice surgeon may include obtaining a hobby, continuing educational activities outside of work, paying particular attention to important personal relationships and spiritual practices. Most importantly, the aesthetic surgeon must recognize the importance of work and cultivating personal interests outside of work to create a balance between personal and professional life. To date, the most researched and effective burnout prevention tool for doctors is Mindfulness-based stress relief.20 This method has been used primarily to target anxiety or prevention of relapse in depression, however studies have shown that it is effective in healthcare professionals. This program combines mindfulness meditation with nutrition and exercise.51

DISCUSSION

This paper serves as a review of the effects of burnout on plastic surgeons and its implications in patient care in an effort to prevent occurrence and increase surgeon satisfaction. While burnout rates in plastic surgery are lower than other specialties, a recent study demonstrated higher rates of burnout amongst aesthetic surgeons.13 This may be due in part to increased market competition and changing economic climate.

Burnout affects old, young, highly compensated, and poorly compensated physicians, males, females, private, academic, all surgical specialties, all countries, and at all different stages of one’s career. Multiple studies have demonstrated the effect of burnout on the quality of patient care. These statistics highlight the importance of personal well-being and physician satisfaction in the workplace. In aesthetic surgery, the patient demands and market competition may distract from the importance of work-life balance. It is essential that the aesthetic surgeon recognizes the symptoms of burnout and its implications.

There are a number of limitations to this review. There are only two studies to date that look specifically at burnout in the field of plastic surgery and an overall paucity of data on practice variables that may affect plastic surgeons compared to other specialties. In addition, the data that we do not have represent a cross-sectional view of a limited number of ASPS respondent members. However, we believe that this review is important in highlighting our current knowledge from other surgical specialties to apply to the aesthetic surgeon. Much of the data demonstrate similar contributors...
to physician burnout amongst surgeons and can therefore be applied across surgical specialties. We hope to highlight the effects of burnout on patient care and heighten awareness of the importance of work-life balance.

CONCLUSION

A career as a plastic surgeon can be a battleground and leave emotional scars. We are rigorously trained on how to diagnose and treat conditions yet poorly taught on how to recharge our emotional bandwidth so that we can sustain power. Physician burnout is increasing and recurring triggers have been identified that cross the spectrum of a career. Data show that burnout can have a significant impact on practice economic and patient care. For this reason, it necessitates us to understand burnout and prevent its known affects.

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REFERENCES