**Title:** Physician Burnout – Healthy Physicians Lead to Healthy Communities

**Group members:** Christine Dipchand, Andrew Lynk, Tanya Munroe, Amy Ornstein, Tobias Witter, Sabina Abidi

**Background:**
- Definition: Burnout is characterized by feelings of exhaustion, cynicism and inefficiency when referring to work and the work environment.
- A recent survey of Nova Scotia physicians found that although workload was a factor, physicians also attributed their burnout to disengagement with the system and feeling ineffective
- "I have no idea what I can change. I'm simply trying to keep my head above water."
- "I would like not to take work home to do after my kids are in bed"
- "I'm not even sure who leadership is"
- "Return control of their work environment to the people actually doing the work"
- "..it is difficult not to continue to lose hope and consider leaving the province or profession."
- "I feel unsupported. Implementing system changes when using all my energy to survive."
- "I am too burned out to answer this question."

**Purpose:** Identify, recommend and advocate for actionable strategies to address burnout in physicians in our province.

**Methods:** A literature review was performed on strategies shown to mitigate burnout, then a survey was created.  Input was sought from stakeholders including the researchers of the initial Doctors Nova Scotia (DNS) survey (published in 2017), and primary stakeholders.  The survey was beta-tested with a number of other stakeholders (content experts, GP Council, additional experts in the field) to create the final survey.  This was then disseminated by DNS in Feb 2018 to its membership.  An additional qualitative survey with standardized questions was administered to a targeted audience.

**Results:**
This survey had a response rate of 14% of Nova Scotia's 2500 physicians. Eighty-five percent of NS physicians who responded expressed that they were experiencing some degree of burnout

-

Strategies to Mitigate against burnout:
- Personal:  the survey revealed that the majority of physicians found scheduled /protected time for sleep, exercise and family time helpful in mitigating against burnout with the biggest barrier to implementation related to heavy workload and associated lack of time to implement these strategies
- Organizational: the survey revealed the following strategies would be helpful in mitigating burnout:

Organizational acknowledgment of physician burnout (93% indicated important, 59% indicated very important)

Access to reliable locum coverage

Subsidized networking opportunities outside of the work environment

Appropriate compensation for FFS physicians for indirect patient care and committee work (e.g. a sessional fee for FFS docs)

- Prioritization of organizational actions to further help mitigate burnout:

    Implementation of a province-wide EMR that has been extensively tested by end-users and shown to improve efficiency of patient care

    Improved clarity in decision-making at the NSHA/DHW level

    A commitment from the organization to follow-up on these strategies to ensure addressing the issue of burnout

Positive contributors to burnout reduction are:
- o relationships (staff, patients, colleagues, lunch with peers)
- o good patient outcomes/feedback
- o teaching

**Recommendations:**
1. Organizational (NSHA, IWK, DHW)
    a. Acknowledgement of the magnitude of the problem of physician burnout
    b. Implementation of a province-wide EMR as outlined above
    c. Addressing outdated payment structure to ensure adequate compensation for indirect patient care activities
    d. Implement a system to ensure reliable access to locum coverage
    e. Engage  front-line physicians in the decision-making processes
    f. Commitment to follow-up on impact of these mitigation strategies
2. DNS
    a. Ongoing stewardship of this issue with follow-up on the effect of any actions taken (repeat surveys etc.)
    b. Training and support for physicians to promote healthy work environments
    c. Work with NSHA/DHW/IWK on outdated payment structure
3. Personal
    a. Scheduled time for personal care (exercise, family, sleep)
    b. Protected time to foster connections with peers – for social support, supportive relationships etc.
4. Community
    a. Awareness and support of the issue:  Healthy physicians provide the best care and lead to healthy communities