RESEARCH ARTICLE

ACOFP Member Survey on Physician Wellness and Preventative Measures for Protection

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ABSTRACT: The current medical landscape highlights that physicians are experiencing an unprecedented epidemic of burnout. National studies show that at least 50% of physicians practicing in the United States are experiencing this harmful, detrimental disorder. This not only leads to personal consequences but potentially adverse patient events. As studies suggest, family medicine physicians are at the highest risk. To evaluate the impact of this effect on its current members and to establish strategies to promote wellness, the American College of Osteopathic Family Physicians (ACOFP) appointed a Task Force on Physician Wellness. Data was collected by a voluntary internal survey between March 21 and April 7, 2019, distributed to all ACOFP members. A total of 133 members completed the survey. Nearly half (47%) of respondents admitted to experiencing burnout symptoms. The factors that influenced burnout the most were the burden of non-clinical/administrative work and the inefficient/burdensome electronic medical record. The most protective elements to combat burnout are having a supportive spouse/partner/family member and recognizing the meaning of their daily work. A transition must occur to focus on health instead of the disease of our physicians. Individual and organizational attention must be placed on the physical, mental and social well-being of physicians. In the creation of this task force, ACOFP has begun to create educational references, provide live CME and generate conversational networks for physician support.

Wellness, as defined by the National Wellness Institute, is "an active process through which people become aware of and make choices toward, a more successful existence."[1] This implies a conscious effort to achieve full potential, which encompasses a multidimensional holistic lifestyle. Simply put, it is the process of caring for the body that allows its optimal health and function while preventing morbidity and mortality. Existentially promoting the wellness of physicians translates into an improvement in patient care outcomes and organizational success.

Over the past few years, national studies have highlighted that 50% of physicians practicing in the United States are suffering from professional burnout.[2,3] This epidemic varies by medical discipline and the highest risk is among those physicians practicing family medicine, internal medicine and emergency room physicians.[2] As this highlights the three major practice environments for family physicians, ACOFP established a task force in 2018 to evaluate the current environment of its members and create solutions to improve the current medical landscape for all physicians.

Under the current World Health Organization (WHO) ICD-10 classification system, *Burn-out (Z73.0) is a state of vital exhaustion and falls under (Z73.0) Problems related to life-management difficulty.*[4] Burnout is a syndrome characterized by feelings of exhaustion, cynicism and reduced professional efficacy.[5] Shanafelt and Noseworthy have described the divergent negative results of physician burnout as both personal and professional.[6] Figure 1 shows that burnout causes personal catastrophic events, global organizational and patient care problems, as well as concerning states of change within the physician.

As described by previous national studies, family physicians are at the forefront of burnout. As such, the ACOFP Task Force on Physician Wellness set out to evaluate its organizational members. The purpose of this manuscript is to describe the current reality of current ACOFP members and to offer strategies for pursuing osteopathic physician wellness.

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FIGURE 1:

Repercussions of burnout: personal, professional and states of change experienced by physicians

METHODS

During the ACOFP 56th Annual Convention & Scientific Seminars in Chicago, March 21–24, 2019, the ACOFP Task Force on Physician Wellness created and dispersed an internal voluntary survey to its members. Established iPad stations were set up throughout the conference area for easy access to members in attendance. After the conference, the same survey was sent to all ACOFP members by email. It was accessible for the two weeks following the meeting. No exclusion criteria existed, although osteopathic family physicians without an organizational relationship with ACOFP would not have had access to the survey.

RESULTS

ACOFP members completed one hundred and thirty-three surveys during the period as previously described.

Table 1 shows the demographics of those members. Most respondents (about 33%) were between 30 and 39 years of age. The majority of respondents (47%) had greater than 15 years of medical practice experience. The majority of osteopathic family physicians surveyed practiced in either a group practice without ownership (24%) or were hospital-employed (29%). Practice sizes were diverse, but the majority of members were practicing in small (2–4 person) groups.

TABLE 1:

Demographics of ACOFP respondents

	AGE (YRS)	# OF RESPONDENTS (%)
AGE		
	20–29	5 (3.76)
	30–39	44 (33.08)
	40–49	30 (22.56)
	50–59	34 (25.56)
	60–69	15 (11.28)
	70+	5 (3.76)
		133 (100%)
LEVEL OF EXPERIENCE		
	1–4 yrs	42 (31.34)
	5–14 yrs	29 (21.64)
	15+ yrs	63 (47.01)
PRACTICE SETTING		
	Hospital-employed	38 (28.57)
	Group practice without ownership	32 (24.06)
	Academic practice	21 (15.79)
	Group practice owner	15 (11.28)
	Single owner practice	14 (10.53)
	Other	9 (6.77)
	Administrative	4 (3.01)
PRACTICE SIZE		
	Solo practice	21 (15.79)
	2–4 physicians	36 (27.07)
	5–9 physicians	26 (19.55)
	10–19 physicians	19 (14.29)
	20+ physicians	31 (23.31)

Table 2 shows the reality of burnout among respondents. Nearly half (47%) of the respondents admitted to symptoms of burnout, while 13% of members indicated they have no burnout symptoms.

TABLE 2:

Current reality of respondents level of burnout

I enjoy my work, I have no symptoms of burnout.	17 (12.78)
Occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out.	52 (39.10)
I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	44 (33.08)
The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot.	11 (8.27)
I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.	9 (6.77)

The most significant factors that contribute to burnout (Table 3) appear to be the burden of non-clinical/administrative work and inefficient/burdensome electronic medical records (weighted average of 4.16 and 3.97, respectively). From the data, the least influential factor was the loss of physician/patient relationship (weight avg of 2.46). Table 4 shows the major contributors to physician sense of well-being. These elements protect the osteopathic family physician from burnout. The major contributor was a supportive spouse/partner/family (weighted avg 4.49). The lowest contribution was the practice of meditation/mindfulness (weighted avg 2.87).

TABLE 3:

Factor influencing physician sensation of burnout
(rated by all respondents on a scale of 0–10)

Burden of non-clinical/administrative work	4.16
Inefficient/burdensome electronic medical record	3.97
Not being able to get my patient the care they need	3.47
Lack of work/life balance	3.34
Unrealistic patient volume expectations	3.20
The inherent stress of being a physician	3.17
Loss of autonomy in clinical decisions	3.09
Unsupportive administration	2.97
Loss of physician/patient relationship	2.46

TABLE 4:

Factors influencing physician feeling of well–being
(rated by all respondents on a scale of 0–10)

I have supportive spouse/partner/family.	4.49
There is meaning in my work.	4.16
I exercise regularly.	3.45
I follow a well-balanced diet.	3.44
I am able to get my patients the care they need.	3.36
My administration is supportive of me.	3.34
I regularly get a good night's sleep.	3.26
I have a good work/life balance.	3.16
I have control of my schedule.	3.05
I practice meditation/mindfulness.	2.87

DISCUSSION

The current medical landscape has recently become damaged with the increasing rates of physician burnout. This is impacting osteopathic physicians as individuals, as well as health care organizations and the patient experience.

The data set presented here mirrors the average of physician burnout in national studies, 47% and 50% respectfully. As this survey was only of active osteopathic family physicians and family physicians impacted by burnout more than other disciplines, this was not a surprising result. Despite having a wide distribution of physician age, most of our respondents were experienced physicians with 15 or more years of experience.

Table 3 highlights the major factors that influence burnout among members of ACOFP. The most influential factor is the burdensome work required outside of the patient-physician relationship. This falls within Shanafelt and Noseworthy's concept of the "efficiency and resource factor."[6] ACOFP and its lobbying body have been actively working toward reform and addressing this area of concern. Members can join local and national chapters/committees to continue addressing large-scale change. On an individual level, osteopathic family physicians must improve efficiency, organizational skills and willingness to delegate if staffing levels permit.

When discussing contributing factors to well-being, the data supports that establishing a supportive network is the most significant influence to protect the osteopathic physician (Table 4). Areas that were identified that are not being optimized include both best sleeping behaviors and meditation/mindfulness. Sleep is a modifiable lifestyle factor and plays a large part in the overall health of individuals, especially physicians. Poor sleep is associated with dysfunctional motivation and emotion as well as increased risk of disease pathogenesis and all-cause mortality.[7-9] The American Academy of Sleep Medicine (AASM) recommends that adults should sleep seven or more hours per night on a regular basis with upper recommendations around nine hours per night for younger adults.[7]

It is well known that wellness is directly linked to mental capacity and the mind-body connection of an individual's psychological and neurophysiological identity. Boccia *et al*.[10] have shown that "there is

a positive biological substrate that underlies the pervasive positive effect of meditation practice." The improvement in cognitive and emotional functioning, as explained by Lutz and colleagues[11,12] is accomplished through:

1. Improvement in working memory, attentional processes,[13-14] and perceptual abilities[15]
2. Promotion of emotional regulation[16]
3. Improvement in age-related cognitive decline[17]

It has been established that improvement in the mind-body connection enhances self-referential processes and mental well-being. Practices such as yoga, progressive relaxation and guided imagery should be utilized to optimize wellness.

Ongoing development of educational opportunities must be established. Osteopathic medical education to osteopathic medical students, continuing education for residents and board-certified physicians and pervasive, open communication must be established to optimize future generations of physicians.

The ACOFP Task Force for Physician Wellness has created resources and references for physicians to educate themselves about burnout and ways to defend against it. With the ever-changing landscape of medicine, we must continue to focus on why we care for patients, why we choose medicine and how to optimize our self-care to provide ideal care for our patients.

The ACOFP Task Force on Physician Wellness supports the ongoing development and creation of optimized wellness infrastructure focused on the osteopathic tenets of self-healing. The goal for osteopathic physicians should be self-wellness, which is a path to optimal function and health. Osteopathic family physicians must be aware of the signs and symptoms of burnout and they must consider strategies for protection against it. An osteopathic physician applying strategies for self-protection affects themselves, patients who they treat and the systems and organizations under their influence.

CONCLUSION

Physician burnout has become a major focus within the national medical community. A transition of focus should emphasize physician well-being, which parallels the current change of disease focus to health focus within other medical disciplines. Family physicians are one of the leading at-risk populations within the medical community. From the data gathered analyzing our college, burnout rates mirror national averages. A focus on osteopathic family physician education, resources and ongoing medical landscape changes must continue to advance for the conservation of our community.

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AUTHOR DISCLOSURES:

The author(s) declare no relevant financial affiliations or conflicts of interest.

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