Getty Images

The burnout drain

Patient aggression, workload and paperwork plus exiting doctors all fanning the flames of doctor burnout

BY LOUISE LEGER

It's really no surprise to anyone, most certainly not for Canada's weary doctors: Recently released data from the Canadian Medical Association's (CMA) November 2021 National Physician Health Survey (with 4,000 respondents) shows that physician burnout has doubled since the onset of the pandemic, statistics that mirror those of recent provincial medical association surveys.

The contributors to burnout have been enumerated many times—doctor shortages, ballooning workload, an aging patient population, increased administrative burden, etc., not to mention the pandemic. Perhaps more notably, a growing contributing factor that doctors cite is patient expectations, disruptive behaviour, and even acts of aggression.

The Ontario Medical Association's (OMA) 2020 and 2021 Burnout Task Force Surveys reported burnout at 66% and 75% respectively. In both years, at the top of the list of factors doctors cited for causing burnout was "patient expectations/patient accountability," including "threat of patient complaints or litigation etc."

Meanwhile, a Doctors Manitoba survey published in December 2021 found 57% of physicians have experienced incidents of mistreatment over the previous month, including verbal abuse, threats, bullying and physical assault. Nearly 60% of those who answered the survey reported that incidents were occurring more frequently than a year ago. Incidents appear to be having a cumulative effect, as well, with reports that they are contributing to emotional exhaustion, stress and burnout.

CMA president Dr. Katharine Smart told the *Medical Post* that the increased "harassment, intimidation and aggression" started with the anti-vax sentiment, but has continued.

"We've seen in recent months across the country, just this increasing divisiveness in society, this increasing loudness of people who are understandably frustrated by mandates and different issues. But, that has really escalated the verbal assaults and sometimes physical assaults that are happening in healthcare environments," Dr. Smart said.

Colleen Grady is an assistant professor and research manager with the Centre for Studies in Primary Care at Queen's University in Kingston, Ont., and studies physician leadership development, psychological health and safety in the workplace and functional healthcare organizations.

"Patient demands—unreasonable, high expectations, demanding and abusive behaviour—tops the list when it comes to burnout factors," said Grady, who is in the midst of a study to develop interventions to reduce burnout among family physicians.

"Unreasonable patient expectations is an agreed-upon top contributor (in Ontario), but there is little momentum behind finding an intervention to address this," she said. "It seems, perhaps, (it is too) overwhelming to change this, impossible to change this, or, perhaps, seen as detrimental to the goal of patient-centred care."

Grady said that aggressive patient behaviour at times dovetails with another top contributor to burnout: unrelenting paperwork.

"The demand for completion of paperwork can be very stressful as patients come in with forms that need completion now and physicians are unable to drop everything to do so," she said.

"Overall, I am hearing that this (aggression) has become a societal issue that has led to increasing disrespect for physicians and even clinic staff—often confrontational, abusive and even violent behaviour."

EXIT STRATEGIES

In the CMA survey, nearly half of physicians polled said they were considering cutting back their clinical hours in the next two years. Similar

findings came out of the OMA and Doctors Manitoba surveys. Doctors of BC reported in their 2020 online survey (which informed their Policy Statement on Physician Burnout) that approximately one-third of participants said they had considered or had already retired early, left the medical profession, or moved to another jurisdiction as a means of improving their job satisfaction or reducing burnout.

"We are seeing a lot of pivots away from things like longitudinal family practice so family doctors are finding jobs, doing other things within healthcare that don't involve necessarily having a clinic and providing that longitudinal care for patients," said Dr. Smart.

"People say, 'I'm done with this, I can't take anymore, I'm moving on,'" agreed Dr. John Chiasson, a family physician and director of Doctors Nova Scotia's Professional Support Program and leads a ThriveMD program for physicians.

The result, he said, is more senior physicians and other healthcare workers have left, taking with them the knowledge and experience that benefits colleagues and patients. "You take those key people out, and suddenly, it's like you've taken some supports away from me. So the burden has gone up."

OMA president Dr. Adam Kassam noted that in Ontario younger doctors and older doctors are more susceptible to burnout compared with those in the middle, leading younger doctors to question their choices (especially if they are in family medicine). "Burnout has led to early retirement for those on the older side of the spectrum, or curtailing some of their practice," again increasing the burden for younger doctors.

Both Dr. Kassam and Dr. Smart noted that primary care and acute care physicians like ER doctors have some of the highest burnout rates—but no specialty is immune.

For Dr. Colin Taylor, it wasn't patient aggression or even the overwhelming admin work that led to his burnout several years ago and subsequent desire to make a change.

As a radiologist at a hospital and a clinic in Red Deer, Alta., he was regularly on call and found his workload increasing as each year went by. He worked longer and longer hours, felt a lack of control over his schedule and had little flexibility to attend family meals or events.

"As a radiologist, you're the consultant's consultant, and you're there all the time to deal with things. There's a lot of back and forth with family physicians or specialists and a lot of behind-the-scenes work (sometimes over cumbersome EMRs)."

Another factor, he said, is that over the years, physicians have come to rely much more on imaging for diagnoses and treatment plans than they used to. Those demands are also rising with the aging population.

Dr. Taylor said that while there is some outpatient work a radiologist can have control over, inpatient or emergency work is unpredictable. "It's a large volume of work that you never seem to get on top of."

Soon he was feeling an exhaustion that even days off wouldn't relieve, along with headaches, eye strain, reflux—and a dread of going to work.

"I loved radiology, but not the way I was doing it, so with my wife (Dr. Sarah Taylor), I decided to make a change," he said.

'THOUGHTS AND PRAYERS'

The absence of a health human resources strategy or government commitments to address burnout and system failures, said Dr. Smart, "have created a lot of angst about where we're headed. But despite the attention the healthcare system is getting, we're still not necessarily seeing a lot of action from any level of government."

Indeed, there are many task forces, recommendations, white papers, calls to action, and physician-support programs delivered via the CMA and provincial associations, among others. There is advocacy work targeting every level of government and pleas for more funding and system overhauls. But government machines move very slowly.

"We're at the 'thoughts and prayers' stage of things, when (we need to be) owning the fact that there is a problem and committing the resources. We're not there yet," said Dr. Smart.

"Burnout is frankly driven by system-level factors, so this needs system-level change," said Dr. Kassam, who also spoke about the efforts the OMA is making with OntarioMD to streamline EMRs to reduce admin work and frustration. "Advocacy is so very important, so I encourage our peers and our colleagues and others to advocate at all levels of the government and institutionally, to create real change," he said. "Financial investment is going to be crucial."

Meanwhile, the CMA and all the provincial medical associations have robust programs, including emergency hotlines for physicians struggling with burnout and mental health issues to get help anonymously. "We have to provide institutional supports for our physicians, and we have to talk about physician wellness," Dr. Kassam said. "If you don't have physicians and healthcare workers, you don't have a healthcare system."

In Red Deer, Dr. Taylor, while still working his job, started getting involved with teleradiology to see if he liked it and if it was a viable transition for him. "I knew almost instantly that if I could get enough volume of work through teleradiology, it would give me back those three cornerstones, autonomy, control, flexibility."

He and his wife then made a move to Victoria, and he now has worked exclusively in teleradiology for almost five years, for a company that covers multiple hospitals and clinics. He has control over his schedule and work-life balance. "It has worked out really well for me," he said. "Everybody keeps waiting for the system to change. I think we've seen over a significant course of time that the system's agenda will always be such that it won't be able to change enough to fit everybody's wants and needs."

What advice would he give doctors grappling with burnout?

"I know I'm lucky to have been able to make this transition, but I'd say, in order to have a change that you want to see, you have to make that change yourself. Take your situation into your own hands and do what's best for you." **MP**