Physician Burnout, EMR Usage, and Factors Related Burnout

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Physician Burnout, EMR Usage, and Factors Related Burnout

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Introduction

Burnout and physician well-being is a hot topic in the medical literature right now. At the Lehigh Valley Health Network, burnout levels have been assessed and rates have been found to be around 55%-60%. EMR usage levels, among other factors, have also been found to be a contributors to physician burnout and overall levels of satisfaction.

Problem Statement

The aim of this study was to determine levels of burnout among certain providers, predominantly those that are primary care, here in the health network and if the EMR usage rates and other factors affect their burnout levels.

Methods

Over the course of the study, I interviewed 28 providers asking them a set of standardized questions relating to their levels of burnout and their EMR usage. The providers were determined through the EPIC data analysis that identified providers who were spending the least amount of time in note writing. A few general themes emerged from the discussion with providers about which factors are protective for them against burnout and which factors contribute greatly to burnout. Key factors that protected against provider burnout included meaningful patient interactions, having a scribe to help with note writing, having medical students/residents to work with and teach, and a diversity in settings of work and interaction (for example spending 1 week at the clinic, then have 2 days the week after teaching, then spending 1 week on the wards, then spending some time at a volunteer clinic or experience, etc.). These factors were reiterated by a majority of providers in the low and medium burnout group. Some of the key contributors to physician burnout was EMR fatigue, feeling micromanaged and “graded” on metrics that were not always in the providers control, and being overwhelmed by patient follow up requests such as filling orders or responding to online portal questions and requests.

Results

A few general themes emerged from the discussion with providers about which factors are protective for them against burnout and which factors contribute greatly to burnout. Key factors that protected against provider burnout included meaningful patient interactions, having a scribe to help with note writing, having medical students/residents to work with and teach, and a diversity in settings of work and interaction (for example spending 1 week at the clinic, then have 2 days the week after teaching, then spending 1 week on the wards, then spending some time at a volunteer clinic or experience, etc.). These factors were reiterated by a majority of providers in the low and medium burnout group. Some of the key contributors to physician burnout was EMR fatigue, feeling micromanaged and “graded” on metrics that were not always in the providers control, and being overwhelmed by patient follow up requests such as filling orders or responding to online portal questions and requests.

Table 1. Burnout Level Amongst Providers Interviewed

<table>
<thead>
<tr>
<th>Level</th>
<th>Low (0-3)</th>
<th>Medium (4-6)</th>
<th>High (7-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Providers</td>
<td>13</td>
<td>12</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 1. Standardized Questionnaire

The goal of this project is to assess levels of burnout among top performing providers here in the health network. By background research has shown that certain factors contribute greatly to burnout, which are of the utmost importance. Therefore, the interview will ask you a few questions about your feelings of burnout and your experience with the EMR. Once you have filled out this section (1 out of 50), I will also be the time to understand general strategies that you have found successful. The strategies could be generalized to other providers to help improve outcomes.

Burnout is the feeling of mental, emotional, and physical exhaustion that a provider is unable to perform effectively. Factors contributing to such a feeling include being overwhelmed, feeling helpless, feeling unappreciated or ignored by your work, feeling arrangement less autonomy to providers to allow them to spend more time talking with patients. Combat burnout, provide scribes to providers that request them, and finally giving more autonomy to providers to allow them to spend more time talking with patients.

Conclusions and Implications

The results of this study and the interviews gathered reveal some key factors that can help some providers combat and prevent burnout. Recommendations that emerged from this study include pairing providers with medical students and residents to help combat burnout, provide scribes to providers that request them, and finally giving more autonomy to providers to allow them to spend more time talking with patients.

References: