

Physician Burdens

Last updated: October 2020

Doctors of BC Position

Doctors embrace the inherently demanding nature of medicine. However, when the volume of demands becomes so great or the demands are perceived to be duplicative, unnecessary, or not clearly evidence-based, their accumulation becomes burdensome, resulting in negative impacts on quality and access to patient care, physician health and wellness, and health system sustainability. Doctors of BC calls on BC's health system stakeholders to explicitly consider the cumulative impact of new and existing demands on physicians to ensure they don't detract from physicians' ability to continue to deliver quality patient care.

Doctors of BC commits to:

- Using a cumulative impact lens to assess the necessity and impact on access to quality patient care of existing and proposed demands on physicians.
- Revising the mandate of all internal Doctors of BC committees and directives of Doctors of BC representatives sitting on external and joint collaborative committees to embed this lens in their work.

Doctors of BC recommends:

- That key healthcare stakeholders that create or revise demands on physicians, including Health Authorities, provincial and federal government ministries and the College of Physicians and Surgeons of BC, use a cumulative-impact lens to assess the necessity and impact on access to quality patient care of existing and proposed demands on physicians.

Background

In an increasingly complex health care system, physicians are faced with a growing number of demands that lead to unmanageable time constraints and expectations to deliver beyond what can reasonably be expected within a single day. There is no single, identifiable demand leading to this problem. In fact, physicians acknowledge that any particular demand, in isolation, would be manageable. Rather, it is the accumulation and compound effect of multiple, often seemingly minor, demands that are having an adverse effect.

To understand how and why demands on physicians are becoming overwhelming, an analogy can be drawn from the environmental sciences and their consideration of *cumulative impact*. Cumulative impact is a term used to describe “a change in the environment caused by multiple interactions among human activity and natural processes that accumulate across space and time.”[1] For example, many factors have a negative impact on fish populations including: commercial fishing, tourism, coastal development,

rising water temperatures, ocean acidification, and other factors. As none of these occur in isolation, it is impossible to determine the individual impact of each. It is the complex interactions between these factors that leads to a greater impact than any individual factor would have on its own, thus jeopardizing the sustainability of fish populations.[2]

Requiring a physician to complete an additional form or step in a regulatory process likely makes sense when considered in isolation. Applying the cumulative-impacts lens to a physician's work day assists in understanding that, alongside numerous other competing and increasing requirements, this single new task may be the straw that breaks the proverbial camel's back.

This lens can also help to demonstrate how and when demands accumulate to the point where they contribute to low job satisfaction and burnout. The sheer volume of work being asked of physicians and their offices, whether clinical or administrative, is the most significant demand they face and is quickly

becoming unsustainable. Spending hours of 'pajama time' completing work (often administrative) at home on evenings or weekends makes work-life balance impossible for many. For others, completing work during clinical hours often requires they limit time spent on direct patient care.

In addition to excessive workloads, demands become burdens when much of the work physicians are trying to complete makes inefficient use of their time and expertise, appears to contribute little if anything to quality patient care, is under- or un-paid, or is not transparently grounded in current evidence.

Analysis

For some, the expectation to deliver the highest standard of health care under so many time constraints is unbearable. An online engagement with BC physicians showed decreased job satisfaction (87%), burnout (68%), and a range of other impacts on their mental and physical well-being are the direct result of growing demands.[3]

Beyond the immediate impacts on individual well-being, literature demonstrates that low job satisfaction and physician burnout are associated with decreased patient satisfaction, increased medical errors, higher risk of patient mortality, decreased attention to patients, and decreased overall productivity.[4-10]

Low job satisfaction and physician burnout also pose a significant risk to the availability of health services. Participants in our online engagement reported decreasing the number of hours worked each week (73%) and reducing the number of services they offer (64%) in response to feeling over-burdened.[3]

Further, 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, thus posing a risk to the availability of physician health care services in BC. These findings align with literature that estimates that up to \$213.1 million worth of health services are no longer available to patients due to physician burnout in Canada.[10]

Potential movement away from general practice and community-based practice is another significant systems-level risk. One theme that arose in the qualitative feedback from our online engagement was

a trend of community-based physicians (especially full-service family physicians) leaving their practices to work in hospitals or shifting to locum work, thus reducing access to longitudinal care. Additionally, shifting care from community-based settings to facilities has the potential to increase health care expenditures by having more minor procedures conducted in facilities.

Solutions

As the research and physician feedback indicate, numerous small, discrete, or seemingly isolated demands interact to have a cumulative impact on physicians, patients, and the health care system. Fortunately, research also demonstrates that physicians who spend at least 20% of their time on work that is meaningful to them (such as direct patient interactions, research, or teaching), experience less burnout and higher job satisfaction.[12] For this reason, it is necessary to apply a cumulative impact lens to the consideration of each, seemingly unrelated, new "ask" of physicians.

Application of a cumulative-impact lens would see decision-makers at local, regional, provincial, and national levels carefully considering how any proposed change may ripple through the health care system, potentially impact quality or accessibility of patient care, as well as physician workflow. Further, when and if a change were implemented, decision-makers would consider how best to support physicians to continue providing quality patient care while they meet the new demand.

Using a cumulative-impact lens would also require decision-makers to assess and ask the following of any new demand (or modification in demand) on physicians:

- Is this necessary?
- How does it contribute to quality patient care?
- Is an off-setting reduction in 'ask'/demand required to ensure this can reasonably be accomplished?

These same considerations should apply to review of existing demands and processes.

FOR FURTHER INFORMATION

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Further Considerations

In addition to these broad principles, more specific action needs to be taken to:

1. Implement short-term measures to help physicians manage the immediate impacts of burdens and physician burnout,
2. Enable more efficient delivery of health care by identifying specific solutions to reduce burdens related to practice requirements, administrative processes, and technology.
3. Address compensation structures to ensure that where demands are necessary and contribute to quality health care, physicians are compensated appropriately.
4. Better understand and address the emerging burdens associated with increased use of virtual care and working from home, particularly for parents and caregivers.

Doctors of BC is actively working to develop specific policy commitments and recommendations in these areas in a forthcoming policy paper that will expand on the research and concepts presented in this policy statement.

References

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History

October 2020: Approved by Board of Directors

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