Burnout risk factors

Call frequency

Call frequency and burden, number of years in practice, and sleep deprivation are associated with burnout of neurointerventional surgeons, sleeping at the wheel, motor vehicle crashes, and fatigue-related medical errors. These findings contribute to the increasing literature on physician burnout and may guide future societal recommendations related to call burden in neurointerventional surgery [1].

Stress

Excessive stress

Job Dissatisfaction

Professional dissatisfaction.

Gender harassment

Gender harassment

Chaotic workplace

Higher burnout was seen in chaotic workplaces (odds ratio [OR], 1.51; 95% CI, 1.38-1.66; P < .001) and with low work control (OR, 2.10; 95% CI, 1.91-2.30; P < .001). Higher burnout was associated with poor teamwork (OR, 2.08; 95% CI, 1.78-2.43; P < .001), while feeling valued was associated with lower burnout (OR, 0.22; 95% CI, 0.18-0.27; P < .001). In time trends, burnout was consistently higher with chaos and poor work control [2].

Poor personal health

In the context of long hours and alternating shifts and sleep cycles, the lack of exercise and poor dietary choices may have negative short- and long-term consequences on physician physical and mental health. Historically, “resident” physicians lived in the hospital and were entirely devoted to caring for their patients; thus, personal health was abandoned in the pursuit of medical education. We now teach residents in the context of enforced duty-hour restrictions. However, it is commonplace for physicians (residents and faculty) to be “too busy” to frequent the doctor for routine visits such as health screenings that they themselves would outline for their own patients. Chronic diseases with

courses that can be either modified or entirely prevented can thus go unnoticed for many years, causing irreparable damage; for example, undiagnosed hypertension or hypercholesterolemia leading to cardiovascular disease or stroke. In addition, there is increasing data suggesting that psychological distress and burnout are common among physicians and other healthcare providers. Approximately 45% to 70% of residents report burnout during training [3) 4) 5) 6) 7) 8)] but these issues do not end with completion of residency. Nearly 50% of US physicians report symptoms of burnout [9)] With an expanding understanding of the health consequences of medicine on the provider, there has been an increasing focus on improving physician well-being [10) 11) 12)].

After-hours documentation

Merit-Based Incentive Payment System [MIPS]) participation may increase after-hours documentation burden among US office-based physicians, suggesting that physicians may require additional resources to more efficiently report data [13)].

Interruptions during consultations

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COVID-19 pandemic

High prevalence of burnout among residents during the COVID-19 pandemic. Individual characteristics and conditions related to the work environment were associated with a higher or lower occurrence of the syndrome [14)].

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