

RESOLUTION

Subject: Promotion of Physician Well-Being

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Referred to: Reference Committee

WHEREAS, multiple national studies indicate that at least 50% of U.S. physicians are experiencing burnout^{1,2}; and

WHEREAS, burnout is primarily a system-level problem driven by excess job demands associated with inadequate resources and support³, not individual problems prompted by personal deficiencies or frailty⁴; and

WHEREAS, studies reporting associations between physician burnout, quality of care and patient outcomes have resulted in physician wellness being labeled the missing quality indicator⁵; and

WHEREAS, strong evidence has linked burnout in doctors to broken relationships, problematic alcohol use, depression and suicide^{6,7} and physician burnout has been identified as a major driver of physician turnover^{8,9} and the costs of physician turnover can be staggering¹⁰; and

WHEREAS, Significant barriers exist which tend to prevent physicians from seeking help when suffering distress from burnout¹¹; now, therefore, be it

RESOLVED, the KMA support state and federal legislation that allocates sufficient financial resources for the education, training, development, recruitment, and retention of physicians to meet the medical needs of Kentucky's population, especially citizens who reside in underserved areas; and be it further

RESOLVED, the KMA continue to promote wellness programs, such as the KMA's Be Well Stay Well Physician Health Program, that assist physicians in the management of physical, emotional, and psychological impacts associated with career fatigue, burnout, and other behavioral health issues; and be it further

RESOLVED, the KMA support state legislation that ensures strict confidentiality of a physician's participation in a wellness program that is designed to address issues related to physician career fatigue, burnout, and other behavioral health issues.

References:

- ¹ Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172(18): 1377-1385.
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- ⁴ Linzer M, Manwell LB, Mundt M, et al. Organizational climate, stress, and error in primary care: the MEMO Study. In: Henriksen K, Battles JB, Marks ES, et al, eds. *Advances in Patient Safety: From Research to Implementation.* Vol 1. Rockville, MD: Agency for Healthcare Research and Quality; 2005.
- ⁵ Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet.* 2009;374:1714-21. [PMID: 19914516] doi: 10.1016/S0140-6736(09)61424-0
- ⁶ Oreskovich MR, Shanafelt T, Dyrbye LN, et al. The prevalence of substance use disorders in American physicians. *Am J Addict.* 2015;24(1):30-38.
- ⁷ Pompili M, Innamorati M, Narciso V, et al. Burnout, hopelessness and suicide risk in medical doctors. *Clin Ter.* 2010;161(6):511-514.
- ⁸ Shanafelt T, Sloan J, Satele D, Balch C. Why do surgeons consider leaving practice? *J Am Coll Surg.* 2011;212(3):421-422.
- ⁹ Sinsky CA, Dyrbye LN, West CP, Satele D, Tutty M, Shanafelt TD. Professional satisfaction and the career plans of US physicians. *Mayo Clin Proc.* 2017 Nov;92(11):1625-1635
- ¹⁰ Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med.* 2017;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340
- ¹¹ Vaynsky F, et al., Barriers to seeking help for physicians with substance abuse disorder: A review. *Drug Alcohol Depend.* 2019 Jun 1;199:116-121.