

Burnout in neurology

Extinguishing the embers and rekindling the joy in practice

Allison Brashear, MD, MBA, and Barbara G. Vickrey, MD, MPH

Neurology® 2018;00:1-2. doi:10.1212/WNL.0000000000006520

Correspondence

Dr. Brashear
abrashea@wakehealth.edu

In recent years, physician burnout—characterized by symptoms of depersonalization, emotional exhaustion, and low sense of accomplishment—has been measured and is highly prevalent across many fields of medicine. Previous studies have shown that burnout is a major problem among US neurologists, with over 60% reporting symptomatology in at least one of these areas.¹ Of considerable concern to our profession, health care delivery systems, and policy makers, is the solid evidence that burnout is associated with adverse patient safety and with physician turnover.² In response to this mounting evidence, the Association of American Medical Colleges, the National Academy of Medicine, the American Academy of Neurology, and other professional bodies have been developing recommendations and interventions to address potential drivers of burnout. In 2018, the Accreditation Council for Graduate Medical Education faculty survey included for the first time questions measuring faculty well-being/burnout.³ While these measures are not yet being used to assess individual programs, proactive leaders are devoting resources toward addressing faculty well-being, in anticipation of possible accountability with respect to training program certification. The message for all is clear: medicine must identify the root causes of burnout, and more importantly, put the joy back in medicine. To ignore burnout now will change the future of how we practice and who chooses a career in medicine.

In this issue of *Neurology*®, LaFaver and colleagues⁴ report additional analyses of a prior cross-sectional survey that previously found high levels of burnout among practicing neurologists in the United States. The goal of this reanalysis was to investigate what factors are associated with burnout in this national sample, by age and sex. There have been more women entering neurology over the last few decades, such that among survey respondents under the age of 50 years, the ratio of men to women was about 1:1; in contrast, among those over 50 years of age, the ratio of men to women respondents was about 3:1. Taking age into account, the factors associated with burnout were no different for men and women and included the usual suspects: higher administrative burden, lower autonomy, lower perceived meaningfulness of work, higher volume of work on weekends and evenings, and lack of diversity in professional activities beyond clinical work. In terms of where there are opportunities for intervention, the administrative burden is particularly ripe, with fewer than one-fourth of men and women endorsing agreement with a statement that “the amount of time I spend on clerical tasks directly related to patient care is reasonable,” and over half of both men and women endorsing that they have too little effective support staff “to assist you in your work.” The only factor measured in the survey that differed by sex (independent of age) was that for every additional weekend worked, the risk of burnout increased by 3% in women but did not increase for men. A positive finding is that as of this time, despite the high levels of burnout, the overwhelming majority of neurologists—over 85%—agreed that “The work I do is meaningful to me.” While money is not everything, lacking from the survey were data on perceived compensation with respect to the volume of work and degree of needed staff support. An additional limitation is that the age differences must be interpreted with caution, because the oldest cohort of neurologists—who in the survey reported the lowest level of burnout—may have retired or left the workplace due to burnout, and therefore are not included in the study.

From the Department of Neurology (A.B.), Wake Forest Baptist Medical Center, Winston-Salem, NC; and Department of Neurology (B.G.V.), Icahn School of Medicine at Mount Sinai, New York, NY.

Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the editorial.

While the factors associated with burnout were largely no different for men or women, solutions and approaches to addressing them will need to take into account endemic gender bias.⁵ A higher proportion of women than men in the survey are employed by a hospital or a practice and thus do not directly control aspects of their practice environment. In addition, women are less likely than their male peers to feel comfortable asking for and negotiating resources such as sufficient staff support or appropriate quantity of weekend or evening call.⁶ Furthermore, on average, women may not have the mentoring experiences to affect intrinsic perceptions preventing delegation of certain tasks even when they have such staff support. While raising awareness among women of these culturally ingrained attitudinal and experiential differences by sex (as through training programs for women) can help overcome the effects of these biases, research has shown that the most effective strategies for eliminating such bias are those that “establish organizational responsibility,”⁷ as through deployment of diversity officers, committees, or other structures having the authority, organizational support, and resources dedicated to implementing strategies and monitoring progress in holding the organization accountable.

From a policy perspective, neurology’s situation reflects an overarching tension between the short-term business perspective of holding tight on staffing costs and costs of streamlining practice inefficiency (as through better use of existing technology, innovative workflow processes, and shared-care staff models for our cognitively focused set of diverse subspecialties)⁸ and the long-term ramifications of burnout (safety, physician turnover) from not investing in these upfront costs.^{9,10} Ultimately, we need not only tools and strategies to optimize our practices in the short term, but implementation of national policies that incentivize team care and minimize administrative burdens wholesale, such as value-based payment mechanisms and expansion of Medicare to a single payer system.

Above all, maintaining an engaged, enthusiastic, diverse workforce is the best solution for ensuring the continuation of the field that we all loved when we selected our residency. Now that we know there is a problem and have evidence regarding root causes and potential solutions, neurology as a profession needs to implement the solutions that are within our scope and advocate for policy changes necessary to make substantive changes to address this foundational challenge.

Study funding

No targeted funding reported.

Disclosure

A. Brashear is PI of grants from NINDS R01NS058949 (2007-2020), U24NS107197 (2018-2023), and R13 NS108697 (2018). Additional research grants to Wake Forest School of Medicine include studies funded by Ipsen and Revance. She consults with Ipsen and Revance for protocol development. She serves on the Board of Directors of the American Board of Psychiatry and Neurology, as the American Neurologic Association Chair of the Membership, Honorary and Awards Committee, and on the American Academy of Neurology Meeting Management Committee and the Leadership Development Committee. She receives publishing royalties from Demos Publishing, and is a stock owner and founder of Care Directions. Dr. Brashear’s conflict of interest is managed by Wake Forest School of Medicine. B. Vickrey is PI of a grant from NINDS U54 NS081764 (2012–present) and PI of a grant from the California Community Foundation BAPP-15-118096 (2015–present). In the last 2 years, she has been a member of the DSMB for the CHOICE trial from Indiana University, funded by NIA. She has had travel support from the American Academy of Neurology to attend Science Committee meetings in 2017 and 2018 and a Chair Summit meeting in 2018. She is a member of the Executive Committee of the American Neurologic Association and has received travel support to attend Board of Director meetings in 2017 and 2018. She is part of a steering committee for California Stroke Registry/California Coverdell Program for California Department of Public Health (unpaid). Go to Neurology.org/N for full disclosures.

References

1. Busis NA, Shanafelt TD, Keran CM, et al. Burnout, career satisfaction, and well-being among US neurologists in 2016. *Neurology* 2017;88:797–808.
2. Tawfik DS, Profit J, Morgenthaler TI, et al. Physician burnout, well-being, and work unit safety grades in relationship to reported medical errors. *Mayo Clin Proc Epub* 2018 Jul 4.
3. Accreditation Council for Graduate Medical Education. Common program requirements section VI with background and intent, pages 9–10. Available at: acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources. Accessed September 2, 2018.
4. LaFaver K, Miyasaki JM, Keran CM, et al. Age and sex differences in burnout, career satisfaction, and well-being in US neurologists. *Neurology* 2018;91:xx–xxx.
5. Eagly AH, Karau SJ. Role congruity theory of prejudice toward female leaders. *Psychol Rev* 2002;109:573–598.
6. Babcock L, Laschever S. *Women Don’t Ask: Negotiation and the Gender Divide*. Princeton: Princeton University Press; 2003.
7. Kalev A, Dobbin F, Kelly E. Best practices or best guesses? Assessing the efficacy of corporate affirmative action and diversity policies. *Am Soc Rev* 2006;71:589–617.
8. Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolis D, Bodenheimer T. In search of joy in practice: a report of 23 high-functioning primary care practices. *Ann Fam Med* 2013;11:272–278.
9. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med* 2017;177:1826–1832.
10. Erickson SM, Rockwern B, Koltov M, McLean RM. Medical Practice and Quality Committee of the American College of Physicians; putting patients first by reducing administrative tasks in health care: a position paper of the American College of Physicians. *Ann Intern Med* 2017;166:659–661.

Neurology®

Burnout in neurology: Extinguishing the embers and rekindling the joy in practice

Allison Brashear and Barbara G. Vickrey
Neurology published online October 10, 2018
DOI 10.1212/WNL.0000000000006520

This information is current as of October 10, 2018

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/early/2018/10/10/WNL.0000000000006520.full
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2018 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

