Burnout is a psychological state encompassing a combination of emotional exhaustion, depersonalization, and low feeling of personal accomplishment. It is especially prevalent in medicine, where work-related stressors tend to be more extreme, responsibilities are numerous, and one is surrounded by and constantly compared to successful peers.

Here, we provide an overview of burnout in ophthalmology and its causes, summarize a framework behind understanding burnout, outline methods to bring awareness to burnout in fellow colleagues, and appraise both personal and policy-oriented suggestions to combat burnout.

Now considered a billable condition in the International Classification of Diseases, 10th edition (ICD-10) with code Z73.0, burnout is officially defined as a “state of vital exhaustion.” It is widely prevalent in all medicine, with more than half of physicians reporting at least one symptom of burnout when assessed with the Maslach Burnout Inventory. Ophthalmology as a field has some of the lower reported rates of burnout, but “low” is relative to other surgical specialties, and still much higher than the general population.

Burnout is linked to mental health. A 2018 survey found that 46% of ophthalmologists felt burned out, depressed, or both. A recent study from Mayo Clinic found that 41% of physicians screened positive for depression. This mental state affects productivity and work environment, as nearly half with depression report expressing frustration in front of staff/peers, becoming easily exasperated with colleagues and patients, and being less engaged/friendly. There is concern over this affecting outcomes, as well, with burnt-out clinicians rating patient safety as a lower priority.

Burnout not only affects psyche and productivity, but the literature also points to physical sequela. A review by Salvagioni et al. showed that burnout was a predictor of 12 physical conditions including hypercholesterolemia, diabetes, coronary heart disease, severe injuries, and mortality below the age of 45 years. There is even bigger concern is that burnout
could lead to suicide. More than 400 physicians commit suicide every year, with the rate of completion among women physicians being 2.27-times higher than the general female population, and men being 1.41-times greater than the general male population. This issue has dubbed burnout and suicide as a “public health crisis” among medical professionals.

In light of the recent COVID-19 pandemic, these mental health issues can be exacerbated due to higher workload, anxiety due to uncertainty, increased burden or a new workflow, leading to acute stress reactions, compassion fatigue, or fear of becoming sick oneself or spreading illness to loved ones. Alternatively, disruption of workflow and shifting of resources to “essential procedures only” results in the cancellation of many health maintenance appointments and can hinder access to routine ophthalmological care. This paired with the difficulty of completing ophthalmological exams via telemedicine can lead to poor work satisfaction and long-term patient outcomes.
SOME CAUSES OF BURNOUT

Factors specific to ophthalmology that lead to increased feelings of burnout include:

1. A feeling of isolation from the hospital. Oftentimes, procedures and surgeries can be performed in-office or at surgical centers, and providers may feel disengaged from the patient, a disconnect from the care they provide and not feeling as part of the general patient care team approach.

2. Many ophthalmologists work in private practice, and 58% are completely or partially self-employed. Managing a practice has its own stressors related to business, administration, and logistics. Some providers find these tasks mundane and may be more suited for the employed model where these tasks are often taken care of. However, in an employed position, the tradeoff is letting go of some autonomy.

3. For those who primarily focus on one procedure like cataract surgery or subspecialize, there is a concern of getting bored with the routineness of procedures. The perceived lack of intellectual stimulation can feel monotonous.

4. A lack of autonomy is a common stressor for physicians — which medications they are “allowed” to prescribe (eg, which ones will be reimbursed by insurance), and how much time must be spent on administrative logistics such as charting, billing, etc. As of 2018, a survey of ophthalmologists found that 48% of ophthalmologists spend 10 or more hours a week on administrative duties.

5. As reimbursement rates decrease and corporate health care becomes more prevalent, the pressure to have high-volume surgery and clinic days increases. The average ophthalmologist now spends only 9 to 12 minutes with a patient. In the same survey, the top two cited challenges in practicing were “too many rules and regulations” and “difficulty getting reimbursement.” Financial pressures coupled with debt (a median of $185,000 for postgraduate year 1 ophthalmologists in 2016), in turn, lead to a feeling of exhaustion that sets physicians up for burnout.

6. The “rat race” feeling of keeping up with increasing patient volumes to keep up with financial goals or to help practice grow/succeed can have
unhealthy consequences on personal and professional life.

7. The physical criteria of a microsurgical specialty means that any tremor or vision problems could end a hard-earned career. Similarly, the physical toll of surgeries ranges from fatigue to neck and back problems.

8. An inability to provide ophthalmological care via telemedicine to allow for close follow-up and more favorable patient outcomes, and the relative deprioritization of ophthalmological care relative to other medical care.

9. Wearing of personal protective equipment (PPE), which can be uncomfortable, claustrophobic, and make it more difficult to connect with the patient for the lack of seeing full facial expressions. Apathy and disengagement become common when practice becomes viewed as work rather than something that has a meaningful impact on patients’ health and vision. In a 2018 Medscape Ophthalmology survey, the top two cited reasons for ophthalmology being rewarding were “relationships with patients” and “knowing that I’m making the world a better place.”

FRAMEWORK FOR CREATING COPING MECHANISMS

According to Maslow’s hierarchy of needs, an individual must take care of certain needs before they can achieve “self-actualization,” the notion of reaching one’s full potential and benefitting society in the maximum possible way. These needs range from physical and physiological to self-esteem and belonging before an individual is finally able to transcend such concerns and focus on creativity (Figure 1).

BUILDING SOLUTIONS

Policy-Oriented

A shift in culture is what is truly necessary, and this can only begin at the policy level. Leadership can shape expectations, provide resources, and formulate accommodating policies without compromising excellence in performance and patient care.

Quality leadership. According to a study done by Mayo clinic, each point increase in leadership metric scores resulted in 3.3% decrease in odds of burnout and increase in likelihood of satisfaction by 9%. These leaders help physicians develop their careers, empower and inspire them to succeed at their job, and subsequently recognize their successes.

A supportive culture. Encouraging feedback from physicians, making positive comments, thanking people for their efforts, and highlighting others’ success. Gratitude and a team-based mindset in leadership will trickle down to the culture of an institution.

Rehabilitation over retribution. When a mistake is made, the root cause analysis should focus on prevention, and protection, not punishment. When there is a poor surgical outcome, the physician is likely already distressed about the situation, and pointing out mistakes immediately will only serve to worsen the guilt. A more effective strategy is to respond empathetically and acknowledge the difficulty that the physician may be going through, and then request necessary information and schedule a meeting for a later time.

Mental health resources and accommodations. Evidence-based mindfulness and mental health programs instituted at an academic center showed improvements in all attributes studied, ranging from happiness to satisfaction to gratitude.

Forming a formal, anonymous complaint and investigation system. This will allow physicians to report frustrations without fear of repercussions and allow for building a better system going forward.

Self-advocacy. Physicians often succumb to a high level of personal sacrifice to adequately serve their patients. Advocating for oneself can help achieve policies conducive to a better work-life balance.

Safe environments. Allowing for plentiful PPE and workflows that are safe, not overwhelming, and appropriate during the COVID-19 pandemic.

Individual Coping Strategies

Financial independence. Saving early in the career liberates one from succumbing to workload demands and thus better preserve autonomy.

Conscious recognition and reminder of one’s priorities and impact. Remembering how one is helping patients will give more meaning to practice than maximizing output.

Pursuing hobbies. Often, physicians make their career their identity, and when things do not go well, it feels like a lifetime of effort turned into failure. It is important to harbor interests outside of medicine to stay resilient through ups and downs.

Time for family/friends. Loneliness is an epidemic in medicine. Building intimate relationships can also help improve self-esteem. This is especially important in light of measures for social distancing, and video calls with loved ones can help deter feelings of isolation when physically distancing from others.

Spirituality. Whether it be religion, meditation, philosophy, or even journaling, spirituality can help one reflect and feel connected and more at ease with what is out of their control.
Identifying larger goals. Finding intellectual stimulation or a “larger” goal, ideally one that keeps in touch with society or a larger community, will also help bring meaning and enthusiasm toward one’s practice. Research, mentoring, advocacy work, health policy, leadership, nonprofit work, etc., bring larger meaning to a career and give vigor and motivation to power through the mundane tasks of day-to-day work.

Prioritizing physiological needs. Simple things like eating breakfast and an adequate night’s sleep can give more energy and combat exhaustion and help focus.

Building a healthy lifestyle. Joining a gym might not be enough — sometimes an accountability buddy, trainer, or group fitness classes will better ensure commitment to a healthy lifestyle. Similarly, help-seeking for mental/physical health is a priority. Physicians are notorious for skipping doctor’s appointments (Figure 2).4

NOTICING BURNOUT IN COLLEAGUES

In many cases, the initial burnout signs are missed or misinterpreted. When someone begins acting out of character, it is important not to penalize that person, but rather, reach out in concern and inquire as to the best reasons on how to support them. Often, the first symptoms of burnout are irritability and failing to complete responsibilities, and penalizing colleagues in distress only further worsens their despair. Understanding stressors and mistakes and building a culture of support is essential. Furthermore, because of stigma associated with help-seeking and an expectation of self-sufficiency, physicians are reluctant to seek help. Befriending colleagues, inquiring about well-being, and constantly checking in will allow opportunities for conversations that a person in need may not initiate themselves.

CONCLUSION

A career in ophthalmology is an ever-evolving process fraught with many professional and personal successes and pitfalls. Its endeavors require extreme precision and mental concentration and are ultimately able to save or improve patient’s vision. To have a fulfilling career, one must pace oneself and have a mindful/intentional approach. The techniques presented in this article serve as a starting point for combatting burnout.

REFERENCES


