



# Why are so many doctors burning out? Tons of real and electronic paperwork.

By DANIEL MARCHALIK · washingtonpost.com · 4 min

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academic medical center on the East Coast. After a decade of medical school, residency and specialized fellowship training, she was treating and conducting high-level research on rare and complex adrenal cancers.

She was living in her perfect city and loved her patients and the other physicians in the department. But when I called recently, she told me she was quitting in two weeks. She'd decided to start over in a different practice halfway across the country.

Why was she walking away from something she enjoyed so much? Because the work that she loved was only a fraction of her job — glimpses of patient care were lost in a sea of administrative tasks. She told me about hours spent on the phone waiting for patients' tests to be approved by insurance companies and falling asleep in front of her laptop trying to finish the day's clinic notes.

And she wasn't alone.

According to a recent study, 50 percent of physicians log on to their electronic health record (EHR) from home after work to complete their documentation. The term for this — “pajama time” — denotes the sad reality that physicians like



the weekends.

After awhile, she stopped feeling like herself; she felt depleted and burned out. She needed a change, even if it meant leaving the job she loved. And in this way, too, her experience was not unique. According to a recent study of nearly 7,000 physicians, half of American doctors demonstrate symptoms of burnout. Like her, doctors with burnout are 40 percent more likely to go part time, and two times more likely to consider leaving their current practice or medicine altogether. Combined with a 100,000 physician shortage projected by 2030, physician burnout is becoming not only a professional but also a public-health crisis.

Not surprisingly, surveys of physicians reveal that doctors who spend less than 20 percent of their time on work they find most meaningful (activities such as patient care, research and medical education) are nearly twice as likely to experience burnout symptoms. Yet many physicians, particularly primary care providers, remain unable to do so, instead dedicating their days to ordering labs, documentation and other administrative tasks.

We had long assumed that burnout rates would be higher in fields such as the surgical specialties that worked longer



Recently noticed that surgeons are faring better than others.

Even more impressive than the lower rates of burnout were the significantly higher rates of professional fulfillment.

Surgeons were finding their work more satisfying than their colleagues in pediatrics, emergency medicine and primary care. Why?

As a surgeon, I, like many of my colleagues, feel partially shielded from some of the stressors of modern medicine simply by being in the operating room. Despite vast advancements in anesthesia and operative techniques, the OR has been uniquely immune to the pressures and transformations of health care. For surgeons, it has remained a space safe from phones, insurance companies and the electronic health record — where surgeons spend their whole day on work they find most meaningful: operating.

At the same time, each member of the OR team practices at the top of their license. It would be difficult to imagine an OR dynamic that resembles a day in the office — a world where the anesthesiologist is asked to prepare the sterile instruments and the circulating nurse performs the intubation. Yet we don't think twice about an oncologist



of charting vaccination histories.

There are many solutions to enabling provider teams to work to the top of their license. Documentation assistance — whether in-person or with the help of electronic gadgets — and improved task-sharing have been linked to decreased physician burnout. And while a problem as complex as physician burnout won't have a single solution, creating a system in which physicians, medical scribes, nurses and administrators work at the top of their skill set represents a step in the right direction. After all, having providers spend more than 20 percent of their work days on patient care should not be a rarity.

I spoke to my friend again a few months after her move. She sounded more optimistic. Her clinic was busier, but her support was better. Going home at the end of the day meant being home instead of glued to her laptop.

“I heard my old job was hiring more medical assistants and admin support for their docs,” she tells me. After a long silence she adds, “Maybe I should have stayed.”

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