Pediatric critical care physicians at particular risk for burnout
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A growing body of evidence highlights the need for wellness programs to support health care professionals.

It is estimated that the United States loses more than 400 physicians a year to suicide. Burnout among U.S. physicians generally has been reported at 50% or higher, and satisfaction with work-life balance is low (Shanafelt TD, et al. Mayo Clin Proc. 2015;90:1600-1613). Burnout has been shown to vary across specialties, with the highest rates seen in emergency medicine and surgical specialties while some of the lowest rates are seen in general pediatrics.

Burnout rates among pediatric specialties tend to be lower than the general physician average but are not delineated by specialty. One of the earliest studies of pediatric specialty provider burnout demonstrated a 50% rate of burnout or being at risk for burnout among pediatric critical care physicians (Fields AI, et al. Crit Care Med. 1995;23:1425-1429).

In addition to the personal toll on practitioners, burnout and depression have been shown to be associated with decreased patient satisfaction, increased medical errors and higher costs. The epidemic of poor wellness and its consequences has led to calls for the addition of health care worker wellness as a fourth component of the Triple Aim, which consists of enhancing patient experience, improving population health and reducing costs (Bodenheimer C, Slinsky C. Ann Fam Med. 2014;12:573-576).

Similar research showing high levels of burnout and depression among graduate medical education (GME) trainees and a series of resident suicides have led the Accreditation Council for Graduate Medical Education to add wellness as one of the six focus areas of its Clinical Learning Environment Review Program.

With the prevalence and burden of practitioner burnout and depression starting to be more clearly defined, attention has turned to understanding factors related to the development of these conditions as well as measures that can prevent and mitigate their negative effects.
Physician and trainee burnout has been associated with many factors, including increasing requirements for documentation, increasing productivity pressure, work hours, perceived appreciation, perceived loss of autonomy, poor sleep and physical activity level. Those who train and practice in high-intensity areas such as pediatric critical care may be even more at risk since they often experience all of these risk factors.

Provider wellness is a complex problem that requires a multifaceted solution, including improved understanding of the associated risk factors and prevalence across specialties as well as along the training continuum. Wellness efforts must focus on prevention, such as programs to enhance resilience (the ability to resist adversity and cope with it when present), mindfulness training, access and support for programs that promote healthy lifestyles as well as more traditional treatment programs when wellness is impaired.

One approach to ensure a holistic strategy to tackle this problem has been the development of wellness committees that include faculty, trainees, human resources representatives and staff from a variety of professions. Working together, they can identify the strengths and weaknesses of their institution with regards to achieving wellness, highlight areas for intervention, and create and refine programming while avoiding duplication of efforts. The approach to GME wellness at the University of Utah is shown in the figure.

Many hospitals and hospital systems have begun or strengthened wellness efforts for medical students, GME trainees, physicians and other members of the health care team due to the recognition that burnout and depression have a significant effect on patient outcomes, the budget (both the cost of patient care and personnel turnover costs), and the potentially tragic cost to health care team members and their families. Yet, it is imperative that more be done to prevent and treat burnout and depression for the well-being of patients and physicians.

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