

Feeling Burned Out? Half of Us Are: The Urgent Need to Address Provider Health and Wellness in Allergy and Immunology



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Within the medical community, there has long been concern regarding physician health and wellness, but, over the past few years, as the negative impact of impaired provider health and wellness has been better understood, interest has increased tremendously. Physician burnout has reached epidemic levels, with prevalence near or over 50%,¹ and it affects patient care and satisfaction, malpractice risk, quality of care, and physician and staff turnover.²

Maslach and Leiter³ defined burnout as “erosion in values, dignity, spirit, and will.” Until recently, there was little data regarding burnout specifically among allergists/immunologists. The Medscape 2017 Allergist and Immunologist Lifestyle Report provides limited data for this specialty.⁴ In this survey, *burnout* was defined as “loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.” The 2017 survey, the first year that data on allergists are available, shows that 43% of all allergists, 50% of female allergists, and 39% of male allergists reported burnout. The severity of burnout was also assessed, as measured by negative impact on life, with 1 representing “It does not interfere with my life” to 7 representing “It is so severe I am thinking of leaving medicine altogether.” The average severity rating among allergists was 4.3. The factors rated as most impactful in contributing to burnout of allergists/immunologists include too many bureaucratic tasks, insurance issues, and increased computerization.

The article “Provider Health and Wellness” by Nanda et al⁵ in this issue serves to raise awareness of this important issue at a time when we are only starting to learn the impact on the field

of Allergy and Immunology. The authors nicely outline the various areas that encompass physician health and wellness, the results of impairment and burnout on physicians and the community, and the stressors that may contribute to the problem. The first step in remedying any problem is recognition. They emphasize that this problem needs to be approached both on an individual level through focusing on provider resiliency and on a systems level through implementing changes in the daily practice of medicine. Furthermore, they provide practical tips to reduce burnout and outline the areas of need within the Allergy and Immunology community including more robust prevalence data and exploration of specialty- and practice-specific factors that may impact physician health and wellness. The authors also note that the problem of burnout extends to medical students, residents, nurses, and physician assistants.⁶⁻⁹ As such, it is important that attending physicians remain vigilant for signs of burnout in trainees and support staff to try to minimize negative effects on the individual and patients.

As reviewed by Nanda et al, the case for addressing provider burnout is compelling because its consequences are well documented and far-reaching. Burnout has been shown to influence quality of care, patient safety, and patient satisfaction.^{10,11} Furthermore, physician well-being is associated with prescribing habits, test selection, and risk of malpractice suits.^{11,12} Burnout is also linked to increased turnover and lower productivity and work effort.¹³ Therefore, beyond the moral and ethical imperative to address provider burnout, there are strong business and professional justifications to reduce burnout and promote engagement.

How to effectively address burnout has been a growing focus of research. In 2016, West et al¹⁴ conducted a meta-analysis, reviewing 2617 articles that evaluated interventions to prevent or reduce physician burnout.¹⁴ Fifteen clinical trials and 37 cohort studies were found to be of sufficient quality. The interventions modestly reduced overall burnout from 54% to 44%. All effective interventions had a common initial step of enhanced awareness of burnout. Indeed, it is important to recognize that burnout does not necessarily occur suddenly, but may occur gradually over an extended period. Once burnout is recognized, interventions should focus not only on the individual provider but also on the contributing systems- and organizational-level factors. West et al found that both individual-focused and structural or organizational strategies can result in clinically meaningful reductions in burnout, but few studies have looked at their combined effect. Examples of effective individual strategies include meditation, mindfulness, discussion, and stress management, whereas organizational

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interventions might include intelligent design of electronic medical records, scribes to assist with documentation, and workflow realignment. Shanafelt and Noseworthy¹¹ recently proposed 9 organizational strategies to reduce burnout and promote engagement, and encourage an approach that considers individual, work unit, organizational, and national factors. Such a comprehensive effort that focuses on factors around the physician as well as individual factors is more likely to be embraced by physicians and be effective.

Nanda et al's article raises much-needed awareness for this critical issue of provider health and wellness. However, as they note, much remains unknown regarding the impact of burnout on the field of allergy and immunology. As above, only one study to date has evaluated burnout in this group, and it did not rely on a validated burnout instrument.⁴ Furthermore, the sample was likely not representative. In the future, efforts are needed to more rigorously assess the national prevalence of burnout among allergists/immunologists, as well as among trainees and allied health professionals. Predictors of burnout and its severity, such as age, sex, and practice setting, should also be evaluated to develop criteria that may aid in early identification and intervention.

We, the authors of this editorial, therefore plan to comprehensively evaluate provider burnout among members of the American Academy of Allergy, Asthma and Immunology (AAAAI). In addition to established Allergy and Immunology specialists, we hope to better understand the prevalence of burnout among Allergy and Immunology trainees and clinical staff. Given the breadth of contributions of AAAAI members in both practice-based and academic settings, failure to adequately address burnout could jeopardize strategic initiatives in practice and policy, research and training, and education. Our collective ability to cultivate and sustain a pipeline of allergists/immunologists who are happy, engaged, and productive may indeed

be one of the most important determinants of our field's long-term success.

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