



Pain Medicine

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Pain Specialists Show Increasing Rates of Burnout

Prevention, mitigation programs needed

Montreal—The high rate of burnout among pain specialists found in a recent study may be a wake-up call to the specialty, as it places these physicians at risk for substance abuse, interpersonal difficulties and suicidal tendencies, and also increases the risk for medical errors. The investigators called for preemptive measures to help pain specialists before burnout sets in.

According to investigator Henry Kroll, MD, vice chairman of anesthesiology at Henry Ford Hospital, in Detroit, burnout can have wide-ranging effects in the hospital environment, influencing quality of care, job turnover and relationships with other health care professionals.

In addition to determining the incidence of burnout, the study aimed to nail down the relationship, if any, between demographic and psychosocial characteristics of the job that predict burnout. To that end, Dr. Kroll and his colleagues surveyed the membership of the American Society of Interventional Pain Physicians. The survey included demographics questions, the Maslach Burnout Inventory-Human Services Survey and the Job Content Questionnaire. The Maslach assesses burnout in helping professions through three subscales: emotional exhaustion, depersonalization and personal accomplishment. The Job Content Questionnaire measures the social and psychological characteristics of jobs. “There are three major scales: decisional latitude, psychological demands at work and social support,” Dr. Kroll explained. “Most of the adverse reactions of psychological strain occur when the psychological demands are high, the workers’ decisional latitude is low and they have low social support.”

As Dr. Kroll reported at the 2014 annual meeting of the International Anesthesia Research Society (abstract S-114), 266 surveys were completed between June and November 2013. It was found that on the Maslach Inventory, 61.3% (n=141) of respondents scored high in emotional exhaustion, 35.6% (n=82) scored high in depersonalization and 42.6% (n=98) had low scores for personal accomplishments—the three essential indicators of burnout. “Almost

43% of pain physicians had low personal accomplishment scores," he said, "compared with 12% in a national sample of physicians."

The researchers also performed a covariate analysis of possible predictors for each of these three elements. "We found that in terms of seven different covariates, job insecurity was the one across the board that significantly predicted burnout in the pain medicine physician population," Dr. Kroll said. "There was some tendency toward predictability, with lack of decisional authority predicting burnout. But the key area was job insecurity."

Indeed, higher levels of job insecurity predicted more emotional exhaustion, more depersonalization and less personal accomplishment. Specifically, for each one-point increase in job insecurity, there was a 1.74-point increase in emotional exhaustion, a 1.09-point increase in depersonalization and a 1.03-point decrease in personal accomplishment.

Identifying burnout and its predictors among pain medicine physicians is a worthwhile undertaking, given how difficult the condition is to treat once it occurs, Dr. Kroll said. "It's much harder to recover and try to figure out a way to take care of people who are burned out. Studies have shown that it's much more effective to create employee engagement, and that has to happen at the organizational level."

When asked why there seems to be such a high rate of burnout among pain specialists recently, Dr. Kroll did not hesitate. "Because of recent FDA regulations, primary care physicians refuse to prescribe narcotics," he said. "So these patients are all coming to pain physicians, and they can be challenging and demanding. It really does create a tremendous psychological demand on the pain physicians. I think we need to create programs to mitigate and prevent burnout in our field."

Charles Argoff, MD, professor of neurology and director of the Comprehensive Pain Center at Albany Medical College, in Albany, N.Y., commented that physician burnout appears to be a growing experience in many fields. "It would not surprise me if it continues to affect a greater number of pain specialists for a variety of reasons, including increasing obstacles to patient care created by the insurance industry; increasing reluctance by non-pain specialists to manage people in their practice with chronic pain; greater regulation by state and federal authorities of pharmacologic approaches to pain management; and increasing difficulties in receiving appropriate reimbursement for the complex care that pain specialists provide to their patients."

Preventing burnout is a complex undertaking, although Dr. Argoff recommended an old-school approach. "This may appear corny or trite, but focusing on the interpersonal relationships that develop between the provider and the person in pain—as well as the rewards of helping a person in pain suffer less—holds great value in reducing burnout," he said. "Focusing on being your patient's advocate and helping your patient to be his or her own advocate also help to actively combat certain obstacles standing in the way of best practices in pain management. There is no clear solution to this, and as long as non-

practitioners continue to have the upper hand in how and what care will be allowed, burnout will continue to occur.”

—*Michael Vlessides*
