Burnout is a major psychological and physical health-related problem for workers in all fields, but especially for those in the fast-paced and rapidly changing world of healthcare. Burnout has severe consequences for patients, including medical error, and is a leading contributing cause of depression and suicide among healthcare workers. Organizational science is just beginning to be applied in earnest to physician burnout and patient safety, and holds several potential keys to addressing these concerns. *The Burned Out Physician* is for two groups: healthcare workers (especially physicians) and patients (indeed, all of us). Physicians will use this book to get an accurate picture of what they are experiencing and how to change it, and patients will use this book to see what their healthcare providers are experiencing and learn how to help and/or protect themselves. The volume includes a checklist of burnout symptoms, and crucially a list of solutions as part of an active effort to solve the burnout crisis.

**John E. Kello** is a professor of industrial-organizational psychology at Davidson College, with a graduate faculty associate appointment to the doctoral program in organizational science at the University of North Carolina-Charlotte. Additionally, he is president of and senior consultant with J. E. Kello & Associates, Inc., an organization development consulting firm that serves a national list of clients. He has published more than a hundred articles in professional journals dealing with the creation of a “positive safety culture” and with the design and implementation of organizational training systems for high reliability organizations.

**Joseph A. Allen** is a professor of industrial and organizational psychology at the University of Utah. He directs the Center for Meeting Effectiveness at the Rocky Mountain Center for Occupational and Environmental Health. Dr. Allen has consulted for more than 500 nonprofit and for-profit organizations. He has published more than 150 papers in academic outlets, with his research focusing on three major areas of inquiry: the study of workplace meetings, organizational community engagement, and occupational safety and health.
THE BURNED OUT PHYSICIAN

Managing the Stress and Reducing the Errors

JOHN E. KELLO
Davidson College

JOSEPH A. ALLEN
University of Utah
John: To my family and to the many teachers and students who have taught me
Joe: To Joy
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Preface

Joe Allen: A few years ago, while receiving a relatively routine blood draw, I overheard the following conversation:

PHYSICIAN: I’m so tired.
NURSE: Tell me about it.
PHYSICIAN: I just need to survive the day.
NURSE: Sure, and then enter electronic records after the kids go to bed.
PHYSICIAN: Don’t remind me. Can we really keep going like this?

And then they passed out of earshot. A patient overhearing that conversation might become somewhat nervous. Perhaps worried a bit about the physician or the nurse. Perhaps a little worried about the quality of care, the possibility of an error, and so on.

As an organizational scientist, I found this to be a fascinating interaction between colleagues at work. Until then, the possibility of healthcare workers – particularly physicians – being tired, burned out, or used up by their work never seriously crossed my mind. However, in hindsight, the classic telltale signs of burnout were more than present in that exchange: going into survival mode, feeling as if you cannot keep going. Those are expressed across so many industries. Now we had a new target to explore.

John Kello: A few years ago, I had cataract surgery. Over the half hour or so I spent being prepped for the surgery, several medical personnel checked in on me. Each one asked me my name, then checked the bracelet on my wrist for confirming identification, then asked me what procedure we were doing that day (ah . . . cataract surgery), and then which eye we were doing today (um . . . right eye). When I responded, each nurse, anesthesiologist, doctor, and whomever else (by that time the meds were kicking in, so who knows who else checked on me) put a Sharpie mark over my right brow. As a behavioral scientist and organizational consultant with a deep background in occupational safety, I understood the purpose of this ritual. These healthcare providers were doing everything in their
Preface

power to avoid a wrong-patient, wrong-procedure, or wrong-site surgery. This and similar incidents in my contact with the healthcare enterprise, such as routine blood draws, minor hand surgery, colonoscopy, and other procedures, had shown the same double-check and triple-check processes in action.

In the last five years or so, I have broadened my research and consulting focus in occupational safety to include patient safety. This research and practice led inevitably to studies of the reasons for avoidable medical error, which in turn led inevitably to studies of burnout in physicians and other healthcare providers.

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Joe and John have collaborated on numerous research and consulting projects in the broad area of organizational science. We have coauthored research articles and book chapters on several topics relating to organizational effectiveness. We recognized quite a while ago that we both shared an interest in safety in a variety of settings, including in healthcare. We decided that a thorough review of factors affecting safety in healthcare, especially patient safety, was a valuable effort we could and should undertake. So we delved into current data on patient safety, medical error, and burnout.

A preliminary search of the literature led both of us to some eye-catching and, to some extent, scary statistics concerning burnout among physicians. For example, in national surveys, around 44 percent of physicians say they personally experience burnout, and as many as 96 percent of medical professionals agree it’s an issue for them. Further, 40 percent of physicians say they are reluctant to seek mental health treatment for burnout, and 41 percent of medical professionals choose to isolate themselves to deal with burnout on their own. Physician burnout costs up to $6.3 billion annually in the United States alone due to turnover and medical errors (Clark, 2020). While anyone can experience burnout under certain conditions, the extent of the problem among healthcare providers qualifies it as a true crisis that began long before the spring of 2020.

As we were beginning to research physician burnout and medical error, and preparing to begin writing this book, COVID-19 suddenly emerged and the coronavirus was soon declared a global pandemic, infecting millions and killing hundreds of thousands. This major catastrophe only made our research even more timely and important for our readers. Physicians and other medical providers on the front lines bore the brunt
of the efforts to contain the pandemic, all while seeing sickness and death at levels untold in our lifetimes. That has continued. Patients who were scheduled for surgeries and other treatments were made to wait; in some of these cases, lives were lost due to delays in care as the pandemic raged on. In addition to the direct health impact of the pandemic, millions of workers around the globe were suddenly out of work, experiencing heightened job insecurity or job loss. For a host of reasons the pandemic has created a massive surge in mental health, domestic violence, and drug-related problems, all of which have added to the workload of healthcare providers during and likely after the crisis, whenever that “after” comes.

Many healthcare providers who were not on the front lines caring for COVID-19 patients experienced a sudden dramatic loss in business and revenue, to the point that many private practices shut down, and those that were still able to operate experienced furloughs and layoffs. Major hospital systems are still dealing with similar stresses from astonishing drops in their revenue. In short, the pandemic took a preexisting problem of physician burnout, challenging as that was, and dramatically increased it for all involved in healthcare.

Summing up, while burnout among physicians and other healthcare providers was already at a crisis level and growing before COVID-19, the pandemic has dramatically increased the risk for all involved at any level of the healthcare delivery enterprise. While our focus in this book is largely on the burnout crisis as it gradually evolved and became more visible over recent decades, the pandemic and its effects will be highlighted throughout the book, partly to illustrate the kinds of causal factors that create burnout, but also as a backdrop to a global healthcare system seriously in need of support/resources and, indeed, in need of major change, more so now than ever.

The purpose of this book is to first explore burnout in general before diving into the experience of burnout for physicians and other medical workers. We believe it is a must-read for every physician, both to help them understand what they are likely to experience, pre-, during, and post-pandemic, and to provide relevant informational resources based in medical and behavioral science research to help them manage their stress and reduce their risk of burnout. We believe it is a must-read too for other healthcare providers, including nurses and pharmacists, who, as our research revealed, are under the same stresses and the same risk of burnout as physicians. We also believe it is an important read for every patient, indeed for all of us. Patients need to know the pressure physicians and other medical care professionals are under so they can be their own
advocate, and be more proactive, more knowledgeable, and more understanding when working with their care team. Finally, our hope is that healthcare system leaders at the top of their organizations and at the national level will read this book, particularly the chapters on potential solutions at the systems level, and go further to provide the resources that are sorely needed to stem the tide of burnout among their people, with its potentially devastating consequences to them and their patients. Those leaders are positioned to have the greatest impact on how healthcare is delivered and to make changes in policy that can benefit everyone involved in healthcare as a provider and/or as a recipient and, therefore, can benefit all of us.

REFERENCE

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