



# Recognizing and Preventing Provider Burnout in Urgent Care

**Urgent message:** Urgent care demands that providers meet goals for fast patient turnaround and positive patient experiences, which when combined with tight staffing makes recognizing and preventing provider burnout a priority for urgent care providers.

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It's been said that providers are the lifeblood of any healthcare organization. Indeed, they're the collective engines that make everything go, such that their focused engagement and dedicated patient care are critical for organizational success.

But that dedication often leaves those same providers carrying a heavy mental and emotional burden—leading a growing number to buckle under the stresses and strains of the profession. And although considered part and parcel of the job, providers are succumbing to those stresses to the point where practicing medicine leaves them with an emotional tank that's completely empty. In other words, they're burned out. (Please note that *they* could include *you*, especially if you've experienced feelings of exhaustion, alienation from work-related activities, or that your performance is lagging.)

A mostly silent but decidedly harmful disorder, provider burnout has reached such staggering levels that it's negatively impacting the entire healthcare industry. Unchecked burnout holds devastating consequences for the medical field, from providers quitting medicine altogether, to many of the rest suffering in silence while posing a very real danger to themselves and their patients.

## What is Burnout and Why Does It Matter to your Practice?

Mayo Clinic provider Tait D. Shanafelt, MD describes burnout as, “a syndrome defined by depersonalization, emotional exhaustion, and a sense of lowered personal accomplishment.” In short, provider burnout is a long-term stress reaction that typically manifests itself in a



variety of dysfunctional behaviors, eg, negative attitudes, a lack of empathy, and decreased energy and enthusiasm. Burnout is such a widespread problem that practices across the healthcare landscape are reporting cases in record numbers—to the tune of nearly half of all surveyed providers admitting to one or more symptoms. Seemingly overnight, the provider burnout epidemic has grown to such unwieldy proportions that health researchers now consider preventative measures, collectively, to be the “fourth aim” of healthcare—just behind improved population health, enhanced patient experience, and cutting costs. Indeed, burnout has grown into the “800-pound gorilla” of healthcare.

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Urgent care providers in particular—working in fast-paced practice environments that strive to maximize efficiency, emphasize patient throughput, and deliver efficient ambulatory care, on demand—find themselves at greater risk for burnout than ever before. Add to that the burden of a constantly evolving practice environment, with its increasing regulatory demands and often-cumbersome implementation of electronic medical records, and the stressors that lead to burnout can mount quickly. For some (especially owner-operators or providers whose compensation is tied to profits), the biggest culprit may be the ever-present desire to increase revenues, which actually drives much of the dysfunctional behavior that results in burned-out providers in the first place. For others, having the sense that they have “no voice” in the workplace can be extremely taxing.

### Symptoms of Burnout

While words and phrases like “depersonalization” and “emotional exhaustion” are accurately used to characterize burnout, they leave much to be desired as far as being meaningful descriptors. So, in everyday language, what does provider burnout really look and sound like? In what ways does it manifest? The most common signs of clinical burnout will often include the following:

- Increased apathy toward the minute details of daily clinical practice
- Increased absenteeism and tardiness
- Cynicism and sarcasm toward patients and staff
- A pervading sense of boredom and stagnation
- Shortened attention span and difficulty concentrating for sustained periods
- An inclination towards “busy work” rather than meaningful interactions with staff and patients
- Physical, mental, and emotional fatigue
- Excessive pessimism
- Withdrawal from previously pleasurable pastimes (eg, gardening, vacationing, hobbies)
- Neglect of personal hygiene and healthy habits (such as exercise, diet, and adequate sleep)
- Lingering colds, headaches, insomnia, and chronic ailments of unknown origin
- Feelings of depression, disillusionment, anxiety, and hopelessness

As the above list is not exhaustive, burnout can and does manifest itself in a variety of additional ways. Depression is among the most serious, though, as severely burned-out providers can eventually become suicidal. This sobering conclusion is backed by numerous studies that point to burned-out providers carrying

a suicide risk 3-5 times higher than age-matched non-provider controls. So far, the evidence is indisputable: For providers, burnout can be a matter of life and death.

### Causes/Risk Factors of Burnout

Due to the demanding nature of the profession, urgent care providers endure a multitude of stressors in their day-to-day work. As an exercise, look around your own clinic and see if you observe the following trouble signs:

- **A chaotic practice environment** – Is the environment conducive to a smoothly running, well-functioning operation, or is it hectic and chaotic? Are workflows tight and streamlined, or are they inefficient and poorly designed? Are overall wait times excessive, leading to a volatile mix of harried clinicians and irritable patients?
- **Conflicts in values and leadership** – Especially in larger urgent care operations and those aligned with hospital systems, do the administrators and “higher ups” consistently espouse values you don’t align with? Are there regular disagreements and conflicts with regards to, say, operations and patient care?
- **A high tolerance to stress** – Ironically, providers with the highest tolerance for stress are the ones most likely to burn out. In fact, the ability to endure the unremitting slings and arrows of daily practice is said to be a leading predictor of provider burnout.
- **Limited or no control over schedule and free time** – An inordinately high number of late-evening and weekend shifts coupled with few breaks in the work schedule can trigger stress reactions that eventually lead to burnout. A lack of schedule flexibility on top of a demanding workload is also a known burnout precursor.
- **Excessive emotional labor** – Providers who feign a pleasant, positive, and upbeat demeanor with patients—even if they’re feeling anything but—are said to be engaging in *emotional labor*. Excessive emotional labor has long been recognized as a major risk factor for burnout.
- **Too little time spent doing meaningful and satisfying work** – Providers inundated with uncompleted charts, engaged in mortal combat with unwieldy EMRs, or buried in administrative tasks—rather than delivering meaningful patient care—will eventually find their energy drained and enthusiasm sapped.

### Lack of Work-Life Balance

In addition to the well-documented on-the-job stress

culprits, unbalanced and dysfunctional personal-life dynamics can result in a double whammy of burnout risk factors. In fact, researchers conclude that a lack of work life balance is the top culprit of provider burnout.

One common indicator of an unbalanced work life dynamic is when work becomes an ongoing obstacle to family events. Typically, quality time with family and friends provides a welcome respite from the stresses of a busy urgent care. But when a heavy workload interferes with that time, the provider begins to obsess, compromising workday focus and concentration. Another example of work life imbalance is when providers gradually lose their desire for self-care. As they struggle to disconnect from obsessing about work, severely stressed providers often get caught in a downward spiral of self-neglect, such that previously satisfying activities and small indulgences wind up on the back burner.

A third instance of work life imbalance, when the personal life itself becomes an additional stressor, might be more injurious than the first two combined. Whether due to financial woes, spousal conflicts, or just the normal trials and tribulations of raising children, a personal life dynamic that *adds* stress rather than alleviates it can put the provider on the fast track toward burnout.

### Consequences of Burnout

Clearly, provider burnout is on the rise, and it's exacting a heavy toll on the profession. Already at epidemic levels, unchecked burnout has a number serious consequences on the profession, such as:

- Providers leaving the profession in droves, when the industry is already experiencing a provider shortage
- Higher rates of malpractice suits
- Poor patient satisfaction scores
- An increase in medical errors
- Lowered productivity, morale, and quality of care delivered
- Provider alcohol and drug abuse
- Increased costs in recruiting and procuring replacement providers

Taken together, the statistics, studies, and anecdotes paint a sobering picture: The medical profession is bursting at the seams with stressed-out, burned-out providers, and the damaging side effects can ripple across all aspects of their professional and personal lives. Because as the provider suffers, so does their staff, their patients, and the clinic as a whole.

### Negative Energy Balances

All too often, discussions of provider burnout serve to

shed light upon its symptoms, manifestations, and consequences, while rarely examining the root cause. So, what does the research point to as the leading factor? A lack of life-balance skills almost always plays a central role.

The unspoken truth about provider burnout is that clinical training, more often than not, sends providers into practice unequipped to properly “practice” self-care. In fact, they’re more likely to have spent years ingraining the opposite. For physicians, specifically, the rigors of residency essentially “train” medical students to disregard their physical, mental, and emotional well-being in dogged pursuit of high marks and a future career. It should be no surprise then when these dysfunctional and unhealthy habits are later carried into their practice career.

So exactly how does a lack of self-care inevitably lead to burnout? Dike Drummond, MD, a renowned author and speaker on the subject, has built a business coaching physicians to visualize their physical, mental, emotional, and spiritual energy reserves the same way they do a bank account. Providers withdraw from these “accounts” during the course of life and practice, and deposit during times of rest and rejuvenation. The problems begin, says Drummond, when the energy accounts dip below negative for prolonged time periods. And these accounts don’t close; they simply continue going deeper into the red. And when they’ve been negative long enough, burnout symptoms begin surfacing.

What makes burnout so insidious is that a provider can continue to function in a depleted state. While a car with an empty tank will stop running, the provider running on empty continues to trudge along at a severely diminished capacity until they crash and burn.

### Strategies for Preventing Burnout

By embracing an improved practice paradigm furthered by Drummond, provider burnout transforms into a *dilemma* that requires ongoing management, rather than a one-time *problem* that has a solution. As there is no one-size-fits-all approach to tackling provider burnout, it must be managed on different levels. To that end, the following breakdown outlines several approaches that workplace researchers and burnout experts have successfully taught to thousands of providers.

**Define what you want out of the practice.** Studies prove that much of the dysfunctional behavior that leads to burnout is revenue-driven. But in order to successfully manage burnout, revenue must take a backseat to behaviors that better align with the core values that originally led the provider to urgent care. Some examples of core professional values might include the following:

**For all clinicians**

- *How much do you want to work?* Does a part-time or full-time schedule better align with your values and life circumstances? How much flexibility do you need in your schedule? What percentage of your time are you willing to dedicate to necessary tasks such as email, phone calls, paper work, and patient care?
- *What scope of practice do you prefer?* A wider scope of practice will necessarily increase your workload. What type of work and/or procedures do you love doing? Again, don't allow income to be the sole factor. Think about what gives you the most satisfaction.

**For owner-operators**

- *Where would you like to work from?* Do you need an office that's close to home? Do you want to share office space to keep rent expenses low? The key is to explore any and all location options towards making your work life easier and more economical.
- *What type of work environment do you prefer?* Do you need an administrative and clerical staff? Would you like to be part of a team of providers?

In short, when laying a new practice foundation, you'll have to make some important decisions that help strike a balance between driving the maximum amount of revenue possible, and a clinic structure that offers you the most satisfaction while creating the least amount of stress.

**Restoring the Work-Life Balance**

The stresses of clinical practice will naturally deplete your physical, mental, emotional, and spiritual reserves, reducing your effectiveness in providing care to patients. Hence, restoring a healthy balance between personal and work life is critical in keeping those reserves at positive "balances" while also maintaining peak efficiency. The following tips can be used as a guide to help you develop your own approach while optimizing your contributions to the business:

- **Create a life calendar.** Even if it feels unnatural at first, commit to blocking out specific times each week for family activities, socializing with friends, or hobbies and pursuits. Commit to these activities by writing them on a calendar, and carry a snapshot of that calendar with you on your phone. And although you'll have to maintain a degree of flexibility should the clinic really need you, in all other cases you must get into the habit of saying "no," and staying loyal to your life calendar.
- **Incorporate schedule flexibility.** Ask that your clinic provide you a flexible work schedule. Perhaps it would better suit your lifestyle if you could work

longer hours one day and shorter hours the next. Or maybe it's more convenient to start your workday earlier or later on a certain day. Either way, flex scheduling is a great tool for helping providers maintain a healthy personal life balance.

- **Develop a work-life boundary ritual.** Find a symbolic behavior, action, or gesture that signals to your brain that you are now at home, and no longer at work. Perhaps it's changing out of your lab coat, taking a shower, doing some breathing/mindfulness exercises, or reciting a positive mantra. This behavior, when practiced over time, can help strengthen the work life boundary and allow the provider to more effectively recharge.

Additionally, clinics should critically examine their workflows for potential redesigns. Look for ways to alleviate time pressures for providers, and delegate more of the workload to other staff. Don't be afraid to ask your team to help with charting and documentation whenever they can. Also, invite your team to offer their input on how to improve the existing workflows. Provider support groups are another great option, as joining one can provide a safe, confidential place to commiserate and openly talk about not only professional concerns, but personal matters as well. Fellowship—rather than competing—with other providers this way allows for authentic and lasting friendships to form, which is enormously effective at releasing pent-up stress.

**Conclusion**

Burnout is a rampant problem among providers primarily because they struggle to ask for help when the demands of clinical practice become overwhelming. Due to deeply ingrained "superhero" and perfectionist tendencies, too many providers believe they should be able to shoulder any mental or emotional load, neglect their personal lives, and still perform their jobs at a high level. This dysfunctional way of thinking is of course a dead end, and inevitably leads to stressed, depressed, and ultimately ineffective providers.

To combat burnout, a proper work life balance must be restored, and fiercely guarded against the provider's natural inclination to jump in where they could be delegating. Along with workflow redesigns, support groups, and re-evaluating their core professional values, a healthy work life balance transforms burnout from a problem to be solved into a dilemma that can be effectively managed—allowing providers to enjoy a healthier and more fulfilling professional life. ■