INTRODUCTION AND BACKGROUND

Burnout is higher among physicians than among other professionals, plaguing some physicians from the residency phase of their careers (Shanafelt et al. 2002; Eckleberry-Hunt et al. 2009). Physician burnout is an occupational hazard, a syndrome that includes depersonalization (diminished capacity to relate to patients, family, and friends), emotional exhaustion, and a reduced sense of accomplishment (Shanafelt, et al. 2002; Spickard et al., 2002). Stress and burnout are a challenge for maintaining an optimally healthy and effective physician workforce, particularly if the combination of patient needs and insufficient physician supply push some practitioners past reasonable practice limits.

Research on the profession links satisfaction and physician autonomy (Schneider 1998; Konrad et al, 1999; Landon, Reschovsky and Blumenthal, 2003). Career satisfaction reflects both the enjoyment and sense of accomplishment physicians experience in their daily practice of medicine and a holistic perspective on an entire career in a medical specialty. Professional autonomy reflects the capacity for physicians to practice medicine as they prefer (Warren, Weitz and Kulis 1998; Mello et al. 2004), consistent with medical training and professional ethics, free from third party interference. While individual characteristics certainly matter, contextual circumstances also influence physicians’ sense of satisfaction and autonomy, and ultimately, levels of stress they may experience in their medical practices. When stress leads to burnout, it creates problems for individual physicians and for the physician workforce more generally. Burnout may contribute to lower quality patient care (Freeborn 2001) and, more broadly, the size of the physician workforce, since stress may push physicians to leave the profession (Steiger 2006).

The evolving delivery of modern health care has challenged physician autonomy as third party actors (such as insurance companies and government agencies) have increased power to intervene in medical decision-making (Light and Levine 1988; Williams et al. 2002). Without a doubt, such changes in power sharing are a stressor for at least some physicians. Medical practice management and workload particulars also shape physician morale and satisfaction (Huby et al. 2002; Jensen et al. 2008) and the sense of fulfillment physicians derive from their work. Physicians who resent third party incursion into their medical practice are at high risk of burnout. Similarly, physicians experiencing greater satisfaction from their medical careers likely have lower levels of stress compared to dissatisfied physicians, who may be at risk for higher levels of stress and burnout. Therefore, a clearer understanding of the relationships among autonomy, satisfaction and burnout is important.

DATA AND METHODS

A validated single measure of burnout (Rohland, Kruse and Rohrer, 2004) on the 2007/08 MSMD survey asked the physician respondents to:

“Please choose the single item that most closely represents how you feel: (1) I enjoy my work. I do not feel burned out. (2) Occasionally I am under stress, and I don’t always have as much energy as I once did. But, I don’t feel burned out. (3) I am definitely burning out and have one or more symptoms of burnout, such as physical or emotional exhaustion. (4) The symptoms of burnout that I’m experiencing won’t go away. I think about frustrations at work a lot. Or (5) I feel completely...
burned out and often wonder if I can go on. I am at the point where I may need to make some changes or may need to seek some sort of help.”

The two highest burnout scores (symptoms won’t go away and feeling completely burned out) were combined into a single measure of persistent burnout. Respondents were then categorized by reported levels of burnout in their professional lives, ranging from (1) no burnout to (2) stressed [no burnout], (3) occasional burnout, or (4) persistent burnout. Nearly 25 percent of Mississippi physicians who responded to the 2007/08 MSMD survey reported occasional or persistent burnout, with an additional 55 percent saying that they experienced stress and lack of energy.

We analyzed the association between burnout responses from the actively practicing physicians (N=633) who responded to that section of the 2007/08 MSMD survey alongside items measuring different aspects of physicians’ career satisfaction and professional autonomy. The first set of items measured agreement with statements used to assess physicians’ perceptions of professional autonomy:

- Outside reviewers rarely question my professional judgment.
- Formularies or prescription limits restrict the quality of care I can provide.
- I can keep patients in the hospital as long as is medically necessary.
- In my practice, it often feels like bureaucrats are second-guessing me.
- Clinical guidelines restrict my freedom to practice.

The second set of statements measured agreement with items designed to ascertain the level of career satisfaction Mississippi physicians experienced:

- In general, practice in my specialty has met my expectations.
- I find my present clinical work personally rewarding.
- If I were to choose again, I would not become a physician.
- I would recommend medicine to others as a career.
- All things considered, I am satisfied with my career as a physician.

The association between burnout level, professional autonomy and career satisfaction are depicted in Figure 1 and Figure 2, respectively. Higher average scores on the autonomy and satisfaction items indicate higher levels of agreement with statements (5=strongly agree to 1=strongly disagree).1

FINDINGS

Professional autonomy. Third party actors who participate in medical decision-making represent the main challenge to physicians’ professional autonomy and physicians’ perceptions of them contribute to the levels of stress and burnout Mississippi physicians’ experiences. As Figure 1 shows, physicians who reported that outside reviewers rarely questioned their professional judgment and were able to hospitalize patients for as long as medically necessary were less

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1 All mean differences presented in Figures 1 & 2 are statistically significant (alpha < .05).
likely to be burned out (no burnout) compared to physicians who reported more interference in their medical judgment (stressed, occasional burnout or persistent burnout). In a similar vein, physicians who found formularies and clinical guidelines as unduly restrictive had higher levels of stress and burnout. Compared to physicians who were neutral or unbothered by formularies and clinical guidelines, but especially among physicians who felt second-guessed by bureaucrats, levels of burnout were particularly high (occasional burnout and persistent burnout).

**Figure 2. Burnout and Professional Satisfaction.**

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<th>Persistent burnout</th>
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Strongly Disagree=1      Strongly Agree=5

Career satisfaction. Not surprisingly, when presented with hypothetical statements about career satisfaction, physicians with the highest levels of burnout (occasional or persistent burnout) were the least likely to say they would choose medicine as a career if they had it to do over again, or to recommend a career in medicine to others. While physicians with lower levels of burnout (stressed or no burnout) found their clinical practices more personally rewarding, even physicians who were quite burned out (occasional burnout or persistent burnout) perceived that the clinical aspect of their careers was fulfilling to them. We also assessed the relationship between burnout and two holistic indicators of satisfaction (specialty lived up to expectations, satisfied with career). Compared to physicians who were burned out (occasional burnout or persistent burnout), physicians who were not (no burnout or stressed) were more likely to report that their specialty had lived up to their expectations, and were even more likely to say their careers were satisfying.

**IMPLICATIONS**

With burnout starting as early as the start of a physicians’ career, it is important to understand its correlates. Clearly, higher levels of both professional autonomy and career satisfaction are associated with less burnout among Mississippi’s physicians. Consequently, dampening risks for burnout among Mississippi physicians may depend, in part, on devising strategies to enhance career satisfaction and perceptions of professional autonomy. It is no surprise that physicians trained to make health-enhancing medical decisions sometimes feel that their power to do so is compromised via formularies, insurance regulations, and programmatic cost-cutting measures. Third party relationships and bureaucratic red tape that are unduly onerous undermine professional autonomy, which in turn is associated with higher burnout levels. Expecting that the medical profession will ever return to levels of professional dominance they enjoyed for much of the 20th century is not reasonable. However, there is undoubtedly more room for more collaborative third-party/physician consultation and negotiation over medical care decision-making, and untapped capacities to reduce the burden of paperwork and bureaucracy in modern medical practices. Small improvements in those areas could amplify physicians’ perceptions of autonomy and career satisfaction, and by extension, burnout experiences. Of course, best practices and formularies may come to be regarded as valued components of medical practice, rather than third party intrusion into professional autonomy. That depends on physicians seeing them as more than just another round of cost-cutting measures or bureaucratic mandates imposed by policy makers and insurance carriers. Evidence-based clinical guidelines, when there is enough flexibility for departure from them when physicians regard it as medically necessary, honors physician training and their individual capacity to appropriately enact their professional roles.

While career satisfaction correlates with burnout, only additional research can determine the direction of that relationship. More satisfied physicians report lower level of burnout; those who report higher levels of burnout are
less satisfied. What we cannot determine from the 2007/08 MSMD data is whether low satisfaction causes burnout, or burnout causes low career satisfaction. In fact, the combined effects of professional autonomy, career satisfaction, and presence or absence of burnout expresses the complexities of physicians’ experiences in modern medical practice. In all likelihood, the effects of each on the others are circular and reinforcing. Understanding the specific experiences (processes, relationships, and outcomes) within medical practice that influence both professional autonomy and career satisfaction are important next steps in understanding risks for burnout and potential interventions more completely. Additional research on the factors that contribute to resiliency to burnout could also contribute evidence for practice innovations, adding to the repertoire of tools physicians have to build satisfying careers.

REFERENCES


Rohland, BM, Kruse GR, Rohrer, JE. Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians. *Stress and Health* 2004; 20(2):75-79.


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