



## Governors' Committee on Physician Competency and Health:

An update

by John B. Hanks, MD, FACS

**T**he Board of Governors' Committee on Physician Competency and Health has maintained an active position relative to the evaluation of the multiple issues influencing physician health and well-being. Over the last few years, under the capable and diligent leadership of Gerald J. Bechamps, MD, FACS, the committee has focused specifically on surgical career challenges that lead to substantial personal distress for the physician and his or her family. This year, the committee has continued to focus on this issue, and with the ongoing support of the College membership, intends to build on the very productive leadership of Dr. Bechamps and his colleagues for future endeavors.

### ***Physician burnout and career satisfaction***

A career in surgery, while often regarded as satisfying on a personal level, does not come without individual and family-related stress. In 2001, Lazar J. Greenfield, MD, FACS, published a study of the long-term consequences of stress

on academic surgeons at the University of Michigan, Ann Arbor, MI.<sup>1</sup> Using a quantifiable scale (specifically, the Maslach Burnout Inventory), this report analyzed more than 500 actively practicing surgeons who were either members of the Midwest Surgical Association or graduates of the University of Michigan Surgical Residency. Thirty-two percent of the actively practicing surgeons showed high levels of emotional exhaustion. Substantial levels of depersonalization and feelings of low personal accomplishment were also seen in this group. Younger surgeons were also very susceptible to burnout. A very strong association was made in this study between factors related to burnout and a desire for early retirement. Because of this report, the stage was set for continued evaluation of various surgical subspecialties, as well as nonsurgical fields, to determine burnout and its effect on the physician's well-being. Not only is personal health related to these findings, but this study also has significant implications for the physician workforce, if early

retirement is truly a result of factors relating to burnout—either perceived or real.

Dr. Bechamps, as Chair of the committee, recognized the possibility of using the American College of Surgeons to evaluate these findings within a larger population. All members of the College were sent an anonymous cross-sectional survey in June 2008. This survey evaluated demographic variables, practice characteristics, career satisfaction, burnout, and quality of life using standard and validated evaluation tools. Remarkably, 7,905 (32 percent of the College membership who were surveyed) responded to the questionnaire. More than 40 percent of responding surgeons demonstrated factors relative to burnout. Thirty percent screened positive for symptoms of serious depression, and 28 percent had a quality-of-life score below the population norm. Thirty-six percent of surgeons felt that their work schedule left enough time for personal family life, and only 51 percent would recommend that their children pursue a career as a physician or surgeon. This study represented the largest study of physician burnout conducted to date. As such, it represents a very valid evaluation of the results of a stressful career on physicians and their perceptions of their personal accomplishments.<sup>2</sup>

The committee will discuss factors related to burnout at the upcoming Clinical Congress in Washington, DC. Factors related to burnout and stress related to a career in surgery continue to be an issue that the College recognizes may affect as much as 30 percent of the workforce, with definable effects on individual performance, and, possibly, the entire overall workforce.

### ***The impact of stress on surgical performance***

While a career in surgery can impact a physician's perception of his or her environment, the impact of stress on surgical performance is an equally important factor. Quality and safety have become increasingly crucial elements of modern surgical practice. Intraoperative stress is recognized as a key component of surgical performance, and, therefore, should be managed effectively.

There is an increasing body of literature that evaluates the "systems approach" to modern

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surgical practice. This approach includes communication, teamwork, and decision making, all of which would be important determinants of performance in the operating room, and, as a result, affect ultimate patient outcome. It is commonly recognized that any of these elements may be compromised by acute mental stress experienced by the surgeon during an operation. Recent reports have attempted to delineate what the specifics of such stress may include. Dr. Arora and colleagues have reported that some of the key stressors that they have observed include complications related to laparoscopic surgeries, intraoperative bleeding, noise and other distractions in the operating suite, and time pressure, as well as equipment problems and procedural complexity.<sup>3</sup> It may well be that, in an era with in-

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creasing surgical complexity, economic attempts to maximize operating room time and utilization, as well as the burdens of resident teaching, all these issues may need to be analyzed—specifically, evaluation of ultimate patient outcomes as well as surgeon satisfaction. The extent to which these daily “episodes” of stress affect overall physician career satisfaction and, possibly, burnout are not well studied.

### ***Continued efforts of the committee***

The Committee on Physician Competency and Health has had a number of lively conversations, both at the Clinical Congress and via telephone conference, about where to go with future evaluation of these issues. There is a strong enthusiasm to pursue another survey, especially considering the success of the previous effort. It is important that a second survey include as many respondents as the previous survey, and that it examine more specific problem areas. Topics that have been suggested for this survey include issues of importance to surgical residents, or the younger surgeons, within the first several years of practice. Specific stress factors including financial debt, new technology, and productivity issues could also be evaluated. Additionally, there is some enthusiasm among committee members for issuing a formal request to the Board of Regents for a formal structure that would reside within the College and would support physician stress, and, perhaps, offer ways to alleviate issues that are contributory. This exciting possibility would necessarily entail in-depth discussion with College leadership. This would involve an analysis of issues related to the confidentiality of data, as well as scientific rigor, particularly if a diagnosis was suggested that may require a specific intervention.

In conclusion, the Committee on Physician Competency and Health remains vitally concerned about the issues related to burnout, career satisfaction, and stress. These are important areas that concern the individual physician’s well-being, and ultimately affect the physician workforce and, most importantly, patient safety and optimal outcomes. The committee remains committed to pursuing these issues and making them a priority for College membership, and we look forward to the input

of the leadership, as well as the membership of the College, concerning our efforts. □

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### ***References***

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