

# Physician Burnout in the Treatment and Management of Atherosclerotic Cardiovascular Diseases

## Factors leading to burnout, impact on healthcare, and mitigating strategies

### Overview of burnout



Burnout refers to work-related stress syndrome resulting from chronic exposure to job stress<sup>1,2</sup>

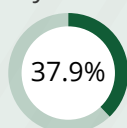
#### Characteristic features of burnout<sup>1</sup>

- Emotional exhaustion
- Cynicism and depersonalization
- Diminished sense of personal accomplishment

Multifactorial origin and the subjectivity of diagnosis make it challenging to calculate the prevalence of burnout<sup>1</sup>

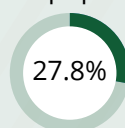
#### Incidence of burnout symptoms<sup>1</sup>

Physicians:



( $p < 0.001$ )

Control population:



The risk of burnout is higher in healthcare workers and perioperative clinicians<sup>1</sup>



Approximately one in three physicians experience burnout<sup>1</sup>



Burnout rate: 43%



Female: 48%



Male: 37%

### Impact on healthcare<sup>1,2</sup>



Decreased job satisfaction



Absenteeism



Turnover in personnel



Impaired quality and safety of care provided



Diminished work sustainability



Adverse effects on patient-provider communication

### Factors leading to burnout<sup>3,4</sup>



Excess workload



Chaotic work atmosphere



Poor work-life balance



Non-alignment of values with leadership



Financial concerns



Feeling valued is associated with lower burnout and intent to leave in physicians<sup>4</sup>



Physicians spending less than 20% of their work effort on personally meaningful activities are three times more likely to experience burnout<sup>5</sup>

## Challenges in the treatment and management of atherosclerotic cardiovascular disease (ASCVD)<sup>2</sup>



ASCVD management necessitates multidisciplinary strategies, enhanced patient care, and empathy from the healthcare team that includes:

- Primary care providers as the first point of contact for patients
- Nurses and advanced practitioners
- Specialists managing ASCVD



Prevalence of burnout in ASCVD specialists<sup>3</sup>



Burnout rate: 65.4%



Emotional problems: 53.5%

Burnout and distress are higher among cardiology nurses and allied healthcare workers<sup>3,4</sup>



Nurses: 59%



Other clinical staff: 57%



Advanced practice providers: 46%



Physicians: 40%

Well-being index scores of physicians in cardiovascular centers<sup>3</sup>



Score of 3 or higher, indicating distress: 54.3%

Higher scores were associated with:



Perception of insufficient staffing levels: 75%



Perceived unfair treatment: 33%



Being an anesthesiologist: 74%

### Consequences of burnout in ASCVD care<sup>1</sup>

#### Negative personal repercussions

- Unhappiness
- Anxiety
- Depression and isolation



- Substance abuse
- Broken relationships and divorce
- Suicide

#### Negative professional repercussions

- Lack of patient-provider communication
- Reduced empathy and lower patient satisfaction
- Impaired quality of care



- Increased clinician turnover
- Medical errors and potential malpractice suits
- Substantial costs for caregivers and hospitals

Burnout is not the result of an individual's weakness, but it is an organizational and societal issue<sup>6,2</sup>

Visit <https://ascvd-lipidology.knowledgehub.wiley.com/> for additional resources

Alertness and prompt recognition of the signs of burnout are essential to alleviate distress

## Individual coping strategies<sup>1,3</sup>



Enhancing social connections with family and colleagues



Promoting wellness and work-life balance

→ Prioritization of self-care practices

→ Recuperation via relaxation and sport

→ Nurturing own spiritual needs



Professional renewal initiatives

→ Modifying work attitudes

## Organizational and institutional strategies<sup>1,3,7</sup>



Promoting autonomy



Providing adequate resources and support



Fostering a collegial work environment and communication



Ensuring relief from stressors by improving practice efficiency



Making changes in work schedules

## Combating burnout to provide person-centered care in the management of ASCVD<sup>2</sup>



**Patient**

→ Informing and educating

→ Shared decision-making

→ Harmonized guidelines and tools



**Healthcare provider**

→ Customized care plans

→ Common decision pathways

→ Technology aids in boosting patient engagement and adherence to treatment

• Electronic health records

• Telehealth platforms

• Motivational interviewing

→ Allied team care



**Community**

→ Health coaching with the participation of:

• Family and caregivers

• Community health workers

• Physicians

• Pharmacists

• Peers



**System**

→ Supportive multidisciplinary care teams

→ Robust health information systems

→ Process and outcome evaluation

## Key takeaways



Cardiovascular healthcare workers' well-being is imperative for their professional fulfillment, improved patient satisfaction, and the delivery of safe and quality healthcare



Workplace-related stress or burnout of physicians and nursing staff is on the rise and results in impaired productivity, emotional distress, intent to leave, and patient dissatisfaction



Organizational strategies to address clinician well-being must extend beyond addressing self-resiliency, and efforts should shift to improving organizational culture and practice efficiencies



Initiatives should include implementing supportive policies and programs for healthcare organizations that recognize and address systemic factors contributing to burnout

## Key message



**Burnout in ASCVD care is largely a system problem, but can be effectively managed through the right action at the individual and organization levels**

## References

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