

Electronic medical practice environment can lead to physician burnout

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The growth and evolution of the electronic environment in health care is taking a toll on U.S. physicians. That's according to a national study of physicians led by Mayo Clinic which shows the use of electronic health records and computerized physician order entry leads to lower physician satisfaction and higher rates of professional burnout. The findings appear in *Mayo Clinic Proceedings*.

"Electronic health records hold great promise for enhancing coordination of care and improving quality of care," says Tait Shanafelt, M.D., Mayo Clinic [physician](#) and lead author of the study. "In their current form and implementation, however, they have had a number of unintended negative consequences including reducing efficiency, increasing clerical burden and increasing the risk of burnout for physicians."

In collaboration with investigators from the American Medical Association (AMA), researchers from Mayo Clinic assembled a national sample of U.S. physicians using the AMA Physician Masterfile, a near complete record of all U.S. physicians. The survey included validated instruments to assess burnout, as well as items developed specifically for the study to evaluate the electronic practice environment of the participating physicians.

The study found that physician satisfaction with clerical burden, [electronic health records](#) and computerized physician order entry varied dramatically by specialty. Family medicine physicians, urologists, otolaryngologists and neurologists were among the specialties with the

lowest satisfaction with clerical burden. Use of [electronic health](#) records and computerized physician order entry were associated with lower satisfaction with clerical burden and greater risk of burnout. The researchers found that use of computerized physician order entry was the characteristic of the electronic practice environment most strongly associated with the risk of burnout.

The study used data from 6,560 physicians in active clinical practice surveyed between August and October 2014. The study included physicians from all specialties in the U.S. Results were adjusted for age, sex, specialty, practice setting and hours worked per week.

"Although electronic [health records](#), electronic prescribing, and computerized physician order entry have been touted as ways to improve quality of care, these tools also create clerical burden, cognitive burden, frequent interruptions and distraction—all of which can contribute to physician [burnout](#)," Dr. Shanafelt says. "Burnout has been shown to erode quality of care, increase risk of medical errors, and lead physicians to reduce clinical work hours, suggesting that the net effect of these electronic tools on quality of care for the U.S. health care system is less clear."

To mitigate these negative effects of the electronic environment on physicians, Dr. Shanafelt recommends finding ways to incorporate these tools in a manner that does not increase clerical burden for physicians or reduce their efficiency.

The researchers say further studies must be done to determine the optimal way to do so and to determine if the observed associations are causal.

Provided by Mayo Clinic

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