

e-Supplement 3: Representative Quotes from Respondents

| <u>WORK – LIFE BALANCE</u> | |
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| <u>Mental Health – Suicide Ideation</u> | |
| Women | Men |
| <p><i>I love what I do, I hate my life.</i></p> <p><i>I have filled out this survey with how I felt for the past couple of years and ended up having to take a leave of absence due to complete and utter despair and demoralization over my work. I am probably the perfect case study in burnout and it nearly cost me my life. One year ago I felt hopeless and suffocated by the very career I had worked hard to create. The more I gave to my patients, the less I had for myself.</i></p> <p><i>For the 3-4 years prior to my complete breakdown, I felt emotionally drained and exhausted nearly every day. I cared deeply for my patients and could not turn off my empathy and desire to help despite this and so I didn't have the typical burnout symptom of seeing patients as objects or not caring. That was my downfall, I couldn't turn off the caring and I chose a specialty that had a population in need of the very kindness and care I provided. My own perfectionism didn't allow me to do a good job but rather the best job possible.</i></p> <p><i>Burn out in the medical field does not necessarily depend on the amount of hours worked a week, but rather the intensity of patient interactions and the emotional burnout that can ensue. The patient interactions are often very rewarding, but it can leave practitioner with little emotional energy for their personal life.</i></p> | <p><i>The man who replaced me in the community committed suicide.</i></p> <p><i>Most issues regarding burnout, in my view, revolve around the number of patients that are seen on a typical day. Reviewing, interpreting and communicating large amounts of data on 20-30 patients per day is mentally exhausting. And this a physician's responsibility every single day.</i></p> |
| <u>Parenthood</u> | |
| Women | Men |
| <p><i>It was very difficult to raise a family and have a career.</i></p> <p><i>I'm a working mother in academic medicine. I have to say if I got this survey even just 3-4 years ago I would've answered very differently (more signs of burnout) than now. I would say it can be cyclical</i></p> | <p><i>When CMS changed the EMG/NCS codes and reduced reimbursement my life changed. I work harder for less money. Expenses have gone up. I'm too tired to play with my kids. I'm stuck.</i></p> |

depending on your life stage - and depending upon if you can recognize factors that are promoting burnout, and your ability to do something to change them. (Most factors are clearly institutional.).

However, multiple factors contribute to feeling of burnout, including lack of administrative and nursing support, thus putting more of the responsibility of non-practice tasks and "hand holding" on us; being in the "sandwich generation," thus with caregiving responsibilities of both young children and elderly parents; also not feeling that we are respected/appreciated/acknowledged by employer.

Family situation influences well-being. As a mother of 3 children 10 and younger, I can hardly recover at home, hence my perpetual fatigue.

At the moment I am feeling very stressed and burned out because I am re-boarding in February, should likely be turning in a grant application 2 days prior, resubmitting a grant 1 month after I re-board (and pass I hope), and my 3 kids soccer schedule is driving me crazy.

Not enough time spent with family for a mother of 3. Poor balance between professional and personal live.

I'm going to go to 2 more meetings and then I'm going to take my laptop home, eat dinner, put my kid to bed, and then sign notes until it's time for me to go to bed and then I will wake up in the morning and do the whole thing over again.

However, I should point out that I am not the highest earning neurologist out there having made a conscious choice of working few hours in order to take care of my children.

As I am expecting I have put in for resignation because I have been so stressed on every level and NEVER feel that I am doing my best at anything. It saddens me because I LOVE my actual face to face time with patents and do feel like I make a positive difference in many of their lives.

Becoming a physician has been the single largest mistake in my mistake-riddled life. If I wasn't in debt and had a wife and three kids to support, I would be working at Starbucks right now.

Burnout is very real. I feel less creative, less energetic, less curious. Cynicism grows with each patient for whom I do not have a solution. Enjoyment of my young kids is diminished as I worry about corporate pressures to see more patients, in the context of dropping reimbursements and shifting government agendas.

Patients with complex neurological conditions need a lot time. I am expected to see follow-ups in 15 minutes. It is taking a toll on my health because I don't have time exercise or cook healthy foods. Taking a toll on my family, I can't spend enough time with my kids and wife.

Family, General

Women

I already experienced burnout, and quit my job at an academic medical center, and took 5 years off, retiring my license. I have participated in an individually created re-entry program at my present job, due to the creativity of my present employer. Conflicting work and family pressures were major factors in my decision to leave my former job. I would be happy to discuss my experience if you get to the next phase of this survey

This generation of physicians faces the difficult stress of juggling of the work and family life among dual career families. In households where both the father and mother work and equally share home responsibilities, this stress can be felt by both parents. Often working women carrying a heavier burden of domestic responsibilities. The addition of these responsibilities outside of work creates decreased emotional reserve for coping at work.

I am 70% time in order to allow for time to address family needs, however need much of my "days off" in order to catch up on charting, prescribing, emailing/calling families, administrative responsibilities, and anything remotely academic. This is to the point that I am strongly considering leaving clinical practice.

Probably, a lot of us would have quit by now, but that's a luxury most of us don't have, because we still owe school loans, and because our patients and our families rely upon us.

Every day I am placed in the scenario of having to defend my family time. So even though I feel like I have set aside family time, it is tiring too have to fight for that and defend it every day.

Perhaps female physicians w/ additional "domestic" responsibilities tend to feel the burnout more?

I was fortunate enough to be asked to become a reviewer of complex neurology records for a disability insurance company. My quality of life improved dramatically when I was able to sell my practice and devote my energies toward providing thoughtful reviews

Men

The obvious - In the last few years, many non-medical tasks have been downloaded to us - billing, non-medical charting, preauthorizing treatments etc. etc. - which leaves less time to care for patients, stay current with our fields, and nurture our personal lives.

The source of burnout (and I definitely consider myself burned out) is that successfully fulfilling expectations/requirements of patients and my employer, leaves me no time for my family and myself. It is only getting worse over the years and I see no light at the end of the tunnel. I have come to resent this total infringement on my time and am frustrated by my inability to extricate myself from the situation.

I feel that I am always working to catch up or keep up. It affects my family life and relationships.

I am not burned out, but I look forward to working part time, so I do have more time for activities and for exercise and helping my wife, who is an artist, after she has helped me for 36 years.

Relationships with family colleagues & friends are what it is all about. (also patients).

As a sailor and a neurologist, I have learned to keep things under control, keeping it simple. I gave up hospital practice, haven't been on call for many years. I don't see Medicaid. I do TBI and disability evaluations to supplement my practice. I have a simple rule of spending no more than 8 hours for work, 8 hours for personal or family time and 8 hours of sleep! This helps. I know I am not as heroic or appear to be a 'dedicated' or hard working physician, but it's ok w me.

Because my household is a dual income family, I don't have the pressure of having to maximize my earning potential. This has allowed me the opportunity to work on my terms - same applies to my partner. Additionally, restricting our practice to outpatient only has

approximately 1 year ago. My hours are reasonable, my colleagues respect my opinion, and I am reliably paid for the work performed. I have had flexibility to intermittently care for family when emergencies (hospice, head injury, etc.) have occurred. I have greatest respect and empathy for my colleagues who remain on the frontline of neurology practice.

Job satisfaction is extremely important to me as well as having an employer who makes family/personal life balance a priority.

Please see enclosed papers. There should be a balance with work life, family, career, relationships & personal well-being. We tend to forget that all these are temporary - being successful in a career. We have to find time to take care of ourselves. Neurologists don't have much time to have fun.

substantially improved our quality of life. Had we chosen to do only inpatient medicine, I would probably have felt the same.

Hobbies, Personal Time

Women

Men

NO COMMENTS BY WOMEN

Enjoying family and hobbies in addition to practicing is helpful to prevent burnout.

I believe burnout is caused by poor work life balance and not having an outlet to step outside of being a physician. I have found this outlet and am very happy.

Cut in EMG payments has caused all this. 95 hours./wk. 52 weeks. a year. I used to go to movies, travel, opera, plays. Now, a canned sports event on TV when I am in office getting notes done. No end in sight - this appears to be until I die.

I have noticed that in recent years I have lost out on the ability to do the finer things in life, like listening to music, enjoying the arts, and having time to be creative. I am working at work and at home, always "catching up". When I said that I work 60 hours, it does not take into account the time I spend at home for work and during "off time" including weekends and vacation time.

The biggest contributing factor regarding burnout for me is that after work, when I finally get home, I have no energy to do any of the

hobbies or volunteer activities that I would like to do. Most of the time I come home, eat, and fall asleep after reading 3 or 4 pages of a book. Then I wake up and it is back to work again.

Most of the questions I answered that endorsed feeling burnout, relate to not getting to spend enough time with my family and pursuing outside interests. so, I'm surprised there were minimal questions inquiring about this.

I believe burnout is caused by poor work life balance and not having an outlet to step outside of being a physician. I have found this outlet and am very happy.

Due to the relatively national shortage of Pediatric neurologists and Pediatric epileptologists, most of us, including myself, are overworked and sacrifice our personal/family time. The burnout will be inevitable and I strongly urge AAN to seriously address it before it is too late. Thank you.

WORKLOAD

Academic – Research and Teaching

Women

The administrative responsibilities keep mounting from year to year. It feels like ""death by a thousand paper cuts."" About once or twice a day, there is a survey or piece of paperwork not related to patient care or teaching or research that is requested of me. At our hospital there are mandatory annual online training courses for radiation safety, cybersecurity, HIPPA, sexual harassment, and EPIC, just to name the most recent few. If you have credentials at more than one hospital, the volume of this is multiplied by the number of hospitals one is credentialed at There are mandatory surveys from ACGME. There is mandatory reporting of whether I received the flu shot. One has to keep up with documenting CMEs for various offices at various times throughout the year for hospital credentials, APBN boards, and state boards.

Men

Bad administration, EMR are the killers. lack of support for clinical research and the overwhelming administrative burdens of just trying to do simple clinical research and now teaching are getting overwhelming.

My frustrations revolve around the unreasonable paperwork, utterly useless (except for generating bills) EMR, inability to stop and self-assess or review patient data due to inane IRB administrative requirements, and the constant push by a seemingly unending stream of new administrators to ""do more with less. These problems are not restricted to my institution -- in fact, I worry that we actually are better off than most -- but rather tied to a new culture where physicians are besieged with paperwork and unmeet able quotas to drive smart people out of medicine, leaving only the timid or unambitious in patient care programs.

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| <p><i>I went to academic hoping to do research but have absolutely no time to spend on it. I feel defeated.</i></p> <p><i>I love to teach, but the demand from the hospital to see more patients is making it hard to teach. I feel I do not have enough time with the residents and medical students. I also have not time to work on book chapters and research I want to do.</i></p> <p><i>There is pressure in academic centers to do research, but also see enough patients for RVUs. It is protected time for research that is lacking- this requires using up non-office hours for research and less personal time.</i></p> <p><i>We are asked to spend our days filling out forms, checking boxes in electronic medical records, returning phone calls without compensation, and then chastised that other responsibilities are not successful (e.g. research).</i></p> | <p><i>6 months ago, my responses would have been very different. I was all burned out, not enjoying my job in an academic center. Academic pressure has increased to the point that is taking the happiness of academic physicians away.</i></p> |
| <u>LEADERSHIP</u> | |
| <u>Leadership: Unanswered Calls for Help with Burnout</u> | |
| Women | Men |
| <p><i>About four years ago I began going through a severe burn out. I recognized it. I could find no help for it. I informed my boss, asked repeatedly for help, got nothing in return. It improved somewhat, but now is leading to my wanting desperately to leave this profession which I will do over the next few months. I wish there had been some way to help me get through the burnt out so that I could have continued in this work with the happy mind a sense of fulfillment.</i></p> | <p>NO COMMENTS BY MEN</p> |
| <u>Gender Pay Gap</u> | |
| Women | Men |
| <p><i>I work [in academic medicine] where one of the division chiefs said at a dinner that it was okay for women physicians to be paid only 70% of what male physicians are paid because we work less.</i></p> <p><i>I think the AAN also needs to address the gender gap in compensation.</i></p> | <p>NO COMMENTS BY MEN</p> |

| <u>Difficulties of RVUs</u> | |
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| Women | Men |
| <p><i>Leadership is key: we happen to have a leadership structure that is rewarding ONLY that which produces RVU. All other work, while important to patients and colleagues, is not valued and there is NO support for it.</i></p> <p><i>Major sources of burnout from my perspective: (1) Meaningless extra requirements for documentation that have nothing to do with patient care. (2) Pressure/focus on productivity at the expense of quality. [...]</i></p> <p><i>As the AAN knows, neurology and especially neuro-oncology are fields that require patient/doctor prolonged meetings. Our efforts are (zero) recognized financially and the continual demand on RVUs etc. are unjust in our field.</i></p> | NO COMMENTS BY MEN |
| <u>Erosion of the Academic Mission Due to Pursuit of RVUs</u> | |
| Women | Men |
| <p><i>Academic center runs as a business meaning time for intellectual pursuits (even keeping up with Neurology journal) is severely compromised.</i></p> <p><i>I went to academic hoping to do research but have absolutely no time to spend on it. I feel defeated.</i></p> <p><i>I love to teach, but the demand from the hospital to see more patients is making it hard to teach. I feel I do not have enough time with the residents and medical students. I also have not time to work on book chapters and research I want to do.</i></p> <p><i>The drive to meet certain productivity benchmarks, has put a great burden in the academic setting where I practice.</i></p> <p><i>There is pressure in academic centers to do research, but also see enough patients for RVUs. It is protected time for research that is lacking- this requires using up non-office hours for research and less personal time.</i></p> | NO COMMENTS BY MEN |

Loss of Autonomy

Women

I would hope the AAN would advocate for neurologists to have more autonomy and less administrative tasks (pre authorization, insurance issues); MOC removal, in addition tort reform as well as compensation for time spent on phone calls/emails.

Men

Medicine and Neurology are in decline because we have given up autonomy and control of all facets of practice to: hospitals, insurance companies, government regulators, and any other aggressive parasitic middle-men in the industrial-medical complex. See the well written reports of Dr. James Bernat for details. This trend will continue until the quality of care and the care-givers deteriorates more and a new Flexner report ignites a reconstruction of a good health care system and medical education.

I feel attacks from the Academic University "Office of Integrity" re billing codes & second guessing re what is the proper charge for complicated geriatric-neuro cases (these are often tough cases & not properly compensated - although now I am on straight salary for working 4 days/wk.).

Many physicians are unhappy because they feel that they are being used.

We neurologists have to learn how to develop autonomy from internal medicine, and hospital administrators (at all levels).

I think layers of administrators who only look at money and "pseudo" quality of work, loss of autonomy and insane rules are all turning medical profession into a circus.

(2) The professionalism that I grew up with in medical school, training, and the first 20-25 years of professional work has been lost. We are not professionals but employees to corporate medicine. I am sick of some MBA telling me how to practice when they don't know what they are talking about and go home at 5 pm.

Loss of control when dealing with third parties including payers, governmental agencies, hospitals etc. may be a prime source of dissatisfaction amongst physicians.

More and more, I feel like a clerk in a hotel, not a physician.

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| | <p><i>Micromanagement by neurology chief for past year truly hurt me.</i></p> <p><i>Biggest cause of burnout for me is lack of control regarding insurance issues. You order a scan or a procedure or a medication, and find that the insurance company will not cover this. So, the 20-30 minutes or more of time you spent with the patient developing a plan has just been wasted. We no longer drive the bus.</i></p> <p><i>Sense of helplessness/impotence that physicians cannot change the system that is imposed on us.</i></p> <p><i>I choose to work as an employed neurologist for a hospital, because I think the era of the solo practitioner is over, and the group practice is on its death bed. While employment allows me to avoid certain strains, the bureaucracy and over-regulation is utterly maddening, and medical care and my practice is being controlled by people who have zero training in medicine.</i></p> <p><i>Clinics are booked with no regard for the provider. Providers are held accountable for everything, administrators have little accountability & blame the system for things that go wrong. Time spent with patients is not rewarded. Neurologic exam is not regarded. Too much emphasis placed on patient satisfaction.</i></p> |
| <p><u>Dividing Neurology into Subspecialties Erodes Status of the General Neurologist and the Specialty's Ability to Advocate</u></p> | |
| <p>Women</p> | <p>Men</p> |
| <p>NO COMMENTS BY WOMEN</p> | <p><i>I think that at the core, neurologists are burnt out because they do not feel adequately respected and reimbursed for choosing one of the most challenging and dynamic specialties in medicine. [...] We also feel as though some aspects of AAN/ABPN policy are organized in such a way that they work against the practice of neurology, rather than in support of it, by limiting our ability to grow once we are in practice.</i></p> <p><i>AAN should be advocating for general neurologist who will be out practicing. How do they make a living? How is it that PMR docs all do EMG's, yet neurologists have to undergo a fellowship training to perform EMG's. We now seem to be pushing for neurologists to be stroke fellowship trained to perform neurohospitalist duties. I feel this is fragmenting, and destroying neurology. I think this is a HUGE</i></p> |

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| | <p><i>topic. No other successful medical specialty does this. I feel that neurologists that come out of a qualified neurology residency should be qualified to take care of stroke patients, acute stroke, administering IVTPA, reading EEG's, performing EMG's, taking care of MS, Parkinson's, injecting Botox, etc. If we feel that the general neurology resident is not competent at these tasks, then extend the residency until we feel they are competent. We do not currently have enough general neurologists in the country, how will there be enough stroke neurologist to take care of all stroke patients?</i></p> <p><i>I feel very strongly about this, we need to have a strong base of general neurologists, and we are fragmenting our specialty to disadvantage to neurologists as a whole and to our patients.</i></p> <p><i>Two major factors involved: 1.) Loss of autonomy - increasing power of administrators over physicians [...]</i></p> |
| <u>PROFESSIONALISM</u> | |
| <u>Customer-Driven Payment and Evaluation (No Gender Difference)</u> | |
| Women | Men |
| <p><i>Our honorable profession has been corrupted by money grubbing venture capitalists. It's one of the great failures of American medicine, and extraordinarily sad to witness.</i></p> <p><i>Although there are elements of service in what we do, we are not a service industry. We have to tell people what they don't want to hear, we have to ask them to make changes that they may not be ready for, and we have to build relationships with people based on respect and tough-love, not creature comforts.</i></p> <p><i>The most frustrating aspects include authorization of most treatment recommendations, documentation outside of what's necessary for patient care, the fear of reprisals for charging fair rates, the fear of a major malpractice case [...]</i> (M)</p> <p><i>The amount of required "box-checking" via EMR, the requirements to respond to patients in real time via EMR, & the perceived availability through email for answering questions both patient & administrative related are significantly increasing the number of decisions that we're being asked to make per unit time. This is decreasing job/life satisfaction by increasing stress & taking away from more overall meaningful projects like research, building rapport with patients, creating better systems of care, participating in organized efforts to improve healthcare, etc. The pendulum has swung too far toward digitally-scored, survey-based satisfaction payment algorithms, and too far away from rewarding smart, empathetic scientists/healers for spending their time trying to improve people's lives. Although there are elements of service in what we do, we are not a service industry. We have to tell people what they don't want to hear, we have to ask them to make changes that they may not be ready for, and we have to build relationships with people based on respect and tough-love, not creature comforts.</i> (M)</p> | |

Two major factors involved: [...] 2.) Loss of respect for physicians - "patient's always right," customer service approach to medicine with Press Ganey satisfaction surveys held in higher regard than physicians' knowledge or patient outcome data.

The things that drove me out of practice included: lawyers, diminishing income, patient/parents' demands, threats, patient satisfaction surveys, more threats from families and no support from administration. I would rather sleep in a cardboard box under a freeway than ever go back and see patients again. (W)

As it is, it feels like patients and families expect to direct their own care, complain when they are dissatisfied, and then the hospitals respond more to patient satisfaction surveys than to the quality of care they are actually receiving. It is immensely frustrating. (W)