
The economic cost of physician turnover attributable to burnout

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Learning objectives

1. Participants will be able to describe the relationship between academic physicians' burnout and physician turnover.
2. Participants will be able to cite the findings of this research as another line of evidence for potential organizational financial advantage (i.e. lower physician recruitment cost) of reducing the prevalence of physician burnout.

Project objective

In this longitudinal 2-year study, our primary objective was to examine whether experiencing burnout was a predictor of physician turnover in an academic medical center and to estimate the economic burden of burnout associated with physician turnover.

Background

Retaining physicians is an ongoing challenge for academic medical centers (AMC). Physician faculty members' departure negatively affects quality of patient care, research and education, and results in significant financial burden in AMCs. Physician burnout may be a significant but modifiable predictor of physician turnover. Currently, no studies have examined the associations between burnout and subsequent turnover in AMCs in the US. Understanding the relationships between burnout and physician turnover, and its associated costs may help academic medical leaders to justify the investment of resources towards mitigation of physician burnout.

Methods

Our study sample includes 473 faculty physicians from Stanford Health Care and Stanford Children's Health hospitals who completed the Stanford Physician Wellness Survey in 2013 and consented to retention of their e-mail address to have their survey responses link across time and to other data. The survey included a previously developed and validated measure of burnout. Turnover data was compiled by a third party custodian of the data by linking the email addresses of the survey respondents to the Medical Staff email list in 2015. Physicians who had left the university, for any reason, no longer had an e-mail address listed on the 2015 medical staff list. We calculated relative risk (RR) ratio for unadjusted relationships between burnout and turnover, and logistic regression to estimate odds ratio (OR) effects adjusted for potentially confounding variables.

Results

Twenty one percent of physicians with burnout symptoms left compared with only 10% of those without burnout symptoms in 2013 (RR = 2.1, 95% CI=1.3-3.3). Therefore, departure of 11% of those who were burned-out may be attributable to burnout. The overall rate of burnout in 2013 was 26%. If these results generalize to current physician faculty members (n=2023), then over the next two years, the departure of

58 physicians will be attributable to burnout [$0.11 \times 0.26 \times 2023 = 58$]. The estimated recruitment cost per physician is \$268,000 - \$957,000. This means that without any intervention the estimated two-year economic loss due to physician departure attributable to burnout will be between \$15,544,000 and \$55,506,000 at this academic medical center.

Conclusion

Our results suggest that, compared with those who are not experiencing burnout, physicians experiencing burnout are more than twice as likely to leave their AMC within two years. This results in significant recruitment costs. Therefore, investing in interventions and strategies that reduce the prevalence of physician burnout may be an economic priority for AMCs.
