



EHR Leading Physicians to Burnout, Low Job Satisfaction



The expansion of the electronic environment in healthcare is coming at a cost. According to a national study of physicians led by Mayo Clinic, the use of electronic health records (EHRs) and digital physician order entry is leading to increased professional burnout and lower job satisfaction.

“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.”

Working with collaborators from the [American Medical Association \(AMA\)](#), researchers from Mayo Clinic gathered a sample of U.S. physicians using the AMA Physician Masterfile. The survey was conducted using validated instruments for burnout assessment, in addition to items devised for the study in an evaluation of the electronic practice environment of the participating physicians.

Key finding of the study were as follows:

- Physician satisfaction with clerical burden, electronic health records and computerised physician order entry varied dramatically by area of specialisation.
- Family medicine physicians, urologists, otolaryngologists and neurologists were the physicians with the lowest satisfaction with the burden of clerical work.
- Use of electronic health records and computerised physician order entry were associated with lower satisfaction with clerical burden and greater risk of burnout.
- Use of computerised physician order entry was the characteristic of the electronic practice environment most strongly associated with the risk of burnout.

The study used input from 6,560 physicians who took part between August and October 2014. Age, sex, specialty, practice setting and hours worked per week were taken into account.

“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 said. “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.”

Dr. Shanafelt recommends developing ways of incorporating electronic tools in a manner that does not automatically lead to an increase in clerical burden or a drop in physician efficiency.

Researchers recommended further studies for this purpose.

Source: <http://www.beckershospitalreview.com/healthcare-information-technology/mayo-study-links-ehrs-with-physician-burnout.html>

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