COMMENTARY

Building a Sustainable Primary Care Workforce: Where Do We Go from Here?

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The article by Puffer et al in this month’s JABFM confirms a high burnout rate (25%) among family physicians renewing their credentials, with a higher rate among young and female doctors. Recent reports confirm high burnout rates among general internists. Thus, mechanisms to monitor and improve worklife in primary care are urgently needed. We describe the Mini Z (for “zero burnout program”) measure, designed for these purposes, and suggest interventions that might improve satisfaction and sustainability in primary care, including longer visits, clinician control of work schedules, scribe support for electronic medical record work, team-based care, and an explicit emphasis on work-home balance. (J Am Board Fam Med 2017;30:127–129.)

Those who practice primary care know, and the literature confirms,¹ that we are simply working too hard. Burnout is prevalent, and it undermines morale, longevity, quality of care, and the career choices of medical students.²³ The timely article by Puffer and colleagues⁴ in this issue of the JABFM notes a somewhat lower rate of burnout than has been found in other studies.⁵ Yet their data indicate that 25% of family physicians renewing credentials report some level of burnout. Upwards of 22,000 family physicians may thus be facing depersonalization and exhaustion, with a consequent intent to leave their jobs or the field of medicine altogether. As a profession, and as a country, where do we go from here?

Before answering that question, several key features of the data from Puffer et al⁴ should be highlighted. First, why the lower (although still substantial) rate of burnout? The 100% response rate is remarkable, and suggests that those who did not respond in previous surveys may have been less burned out. In addition, while the single-item burnout question from the Mini Z instrument (for “zero burnout program”) correlates with the Maslach Burnout Inventory (MBI), prevalence of burnout obtained using this metric is often somewhat lower than studies using the full MBI.⁶

Second, why do younger physicians experience more burnout? This is often attributed to a “survivor cohort” of older physicians who have remained within the field while the burned out ones have left or chose to not renew their credentials. It is also possible that older physicians have determined over time how to be more resilient in the face of mounting work pressures. Work by Dyrbye et al⁷ confirms the higher burnout rate among younger and midcareer physicians. An important aspect of this result is that younger physicians, who are presumably more facile with electronic medical records (EMR) because of their computer skills, are not protected from burnout.

Third, why is there excess burnout among female physicians? The graph in the article⁴ shows a very high rate of burnout (close to 40%) among young female physicians. In the late 1990s, we demonstrated excess burnout among female physicians⁸ who experienced a faster pace of work, greater responsibilities at home, and a postulated “gendered expectation” by their many female patients for greater listening during office visits. The data shown by Puffer et al suggest that sex differ-
ences in burnout may persist among certain sub-
groups (especially the young).

As we seek to address the crisis of high burnout
rates among primary care providers, the Mini Z
may offer insights into interventions that can be
expected to bring about change. Our team de-
veloped the Mini Z as a brief (10-item) measure of
stress, burnout, satisfaction, and their key remedi-
able predictors, including teamwork, work control,
work pace (chaos), time pressure, EMR work done
at home, and lack of value alignment between cli-
nicians and their leaders. The internal consistency
is high, with a Cronbach $\alpha$ of 0.8,6 whereas the
single-item burnout measure correlates well with
the emotional exhaustion component of the MBI.9
(Validation of the full Mini Z against the MBI is
ongoing.) The tool was developed so that burnout
could be measured in a clinic, institution, or discri-
pline at baseline. Based on the item responses,
targeted interventions could be instituted. Burnout
and stress would then be remeasured in 6 to 12
months in a continuous quality improvement cycle,
eventually driving burnout rates toward zero. Be-
because the Mini Z is short, response rates tend to run
high—from 47%6 to well over 60% in other set-
tings.10 The instrument is in the public domain and
is available for use free of charge. In a recent study,
we used the Mini Z to assess burnout prevalence
among a national sample of academic general in-
ternists.9 The burnout rate was 38%, and the re-
response to the other Mini Z items generated a menu
of opportunities for academic general internal
medicine, including longer visits, control of sched-
ule, emphasis on team-based care, and strategies to
address EMR-related stress. We anticipate that the
data from Puffer et al,4 using the other 9 Mini Z
items, may generate a parallel set of recommenda-
tions for family medicine that can assist in national
efforts to move the profession toward greater sus-

So where do we go from here to address a 25%
rate of burnout among practicing family physicians
and a greater than 1-in-3 rate among general in-
ternists? We propose focusing on the quadruple
aim put forth by Bodenheimer and Sinsky,11 which
includes using clinician wellness as a verifiable
quality metric. To do this, practices and large
health care systems will need to (1) allow clinicians
to share control of schedules and workloads, (2)
reduce stress brought on by the EMR by using
scribes and EMR usability studies, and (3) promote

These suggestions are based on years of work
and data by many investigators.2,7,8,10–13 Recent
work by Shanafelt and Noseworthy14 elucidates
the potential for leaders to embrace a wellness
agenda and move their health systems toward a
more balanced, engaged, and sustainable work-
force. We applaud Puffer and his team for their
new data. Let us put it to use promptly. The care
of our patients, and the future of our profession,
may depend on it.

To see this article online, please go to: http://jabfm.org/content/
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