Physician Burnout – Fact or fiction & how to Fix it
Let’s talk about it

1) the facts about physician burnout – the dirty truth!

2) the impact of physician burnout on the physician, patient, and the healthcare system – why should the 1st two suffer because of the last one?

3) time for self-assessment – it could happen to you!

4) approaches to prevent and treat burnout – and make medicine fun again!
The dirty truth about physician burnout

- 400physicians commit suicide every year
- That’s 2 medical school classes-worth of fine people eliminated every year -- year after year....
- That’s more loss of life proportionate to the physician population than opioid overdose to the general population – and that’s considered a national crisis!
- Why would some of the most well educated, physically healthy, financially stable citizens in this country end their lives.....
Talking the language of burnout

1. **Stress** – the feeling of emotional or physical tension that can come from any event or thought (eustress-distress). It can make you feel frustrated, angry or nervous; it includes the body’s physical reactions to a challenge or demand.

2. **Resilience** – the ability to cope with stressors and bounce back stronger by having learned through adversity.

3. **Grit** – the tendency to be persistent and passionate to accomplish long term goals; to work strenuously through challenges, maintaining effort & interest over years despite failure, adversity & plateaus in progress.
Not all stress is bad

**FIGURE 1** Optimizing stress

- **Short-term stress response**
  1. Increased heart rate
  2. Increased blood pressure
  3. Liver converts glycogen to glucose and releases glucose to blood
  4. Dilation of bronchioles
  5. Changes in blood flow patterns leading to increased warmth, decreased digestive system activity, and reduced urine output
  6. Increased metabolic rate

- **Long-term stress response**
  1. Retention of sodium and water by kidneys
  2. Increased blood volume and blood pressure
  3. Mineralocorticoids
  4. Glucocorticoids
  5. ACTH

**Performance**
- Balance
- Peak performance
- Over stress
- Reduced performance
- Boredom (Rust-out)
- Burnout Collapse

**Stress**
Language for Dis-stress-the negative stress

4. Compassion fatigue – Repeatedly seeing/working with human suffering until you feel depleted. Often temporary but if chronic...

5. Burnout – the state of feeling incapable of producing results; characterized by emotional exhaustion, depersonalization and a decreased sense of personal accomplishment
Burnout

A state of being that can occur to those whose work involves constant demands & intense interactions with people who have great physical and emotional needs.

Caused by a fundamental mismatch between what you expected medicine to require and the reality of the dysfunctional medical system. Classical signs are:

- Feeling physically and emotionally exhausted, not feeling re-energized by time away from work
- Treating people and colleagues as objects; with cynical thoughts and disparaging comments
- Feeling ineffective and unable to produce results – even when this is contrary to the actual results produced
What do the numbers say?

54% of doctors say they are burned out.¹

88% of doctors are moderately to severely stressed.²

59% of doctors wouldn’t recommend a career in medicine to their children.³

¹ Mayo Clinic 2014.
² VITAL WorkLife & Ciejka Search Physician Stress and Burnout Survey 2015.
³ Jackson Healthcare; 2015 Physician Outlook and Practice Trends.
Is Burnout worse in physicians vs the general population?
Pressures that cause burnout
What Contributes Most to Your Burnout?

- Too many bureaucratic tasks (e.g., charting, paperwork) 59%
- Spending too many hours at work 34%
- Increasing computerization of practice (EHRs) 32%
- Lack of respect from administrators/employers, colleagues or staff 30%
- Insufficient compensation/reimbursement 29%
- Lack of control/autonomy 23%
- Government regulations 20%
- Feeling like just a cog in a wheel 20%
- Emphasis on profits over patients 17%
- Lack of respect from patients 16%
Time spent on the computer

Family physicians’ EHR use by time of day:

EHR role in burnout varies by specialty
Top three physician types reporting work impacts from using electronic records vs. those least affected

- General internists: 39.5%
- Family medicine physicians: 37%
- Pediatricians: 33.6%
- Hospitalists: 5.6%
- Anesthesiologists: 2.7%

Modified from B. Arndt, et al., Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations, Annals of Family Medicine. NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Which Physicians Are Most Burned Out?

- Critical Care: 55%
- Urology: 55%
- Emergency Medicine: 55%
- Family Medicine: 54%
- Internal Medicine: 54%
- Pediatrics: 53%
- Surgery: 51%
- Ob/Gyn: 51%
- Neurology: 51%
- Radiology: 50%
- Cardiology: 50%
- Anesthesiology: 50%
- Gastroenterology: 49%
- Rheumatology: 47%
- Infectious Disease: 47%
- Nephrology: 47%
- Orthopedics: 47%
- Oncology: 46%
- Pathology: 45%
- Plastic Surgery: 45%
- Pulmonary Medicine: 43%
- Dermatology: 43%
- Diabetes & Endocrinology: 41%
- Ophthalmology: 41%
- Psychiatry & Mental Health: 40%
From Shanafelt MAYO Proceedings 2015
Burnout – Are individual physician factors the cause?

- **NO consistent association**
  - Demographics
  - Personality factors

- **Possible association**
  - Major error or adverse event, for instance with lawsuits
  - Low tolerance for ambiguity
  - ?Tendency to depression
Burnout – Are system/workplace factors the cause?

- **Clear association with Burnout**
  - Rigid schedule
  - Poor teamwork/frequent staff turnover
  - Heavy administrative load
  - Lack of upward communication
  - Feeling like a cog in a wheel

- **Clear reducers of Burnout**
  - Work is meaningful
  - Feeling like the workplace cares
  - Work matches expectation
  - Protected time for self-care and self development
  - Workers’ goals and values & those of the organization are aligned
The consequences of Burnout

- Broken relationships
- Alcohol and substance use
- Depression
- Suicide
- Decreased quality of care and increased medical errors
- Decreased patient satisfaction
- Decreased productivity and professional effort
- Physician turnover
HOW VULNERABLE ARE YOU?
Abbreviated Maslach Inventory

1. Take a piece of paper or use your smart device
2. You will answer 12 questions with a rating of 0 – 6
3. List the numerals 1 – 12 in a vertical column
4. As the question is read, record your rating next to the question number
5. You will then score the inventory sections to see your results
Rating for questions 1 - 10

- 6 - Every day
- 5 - A few times a week
- 4 - Once a week
- 3 - A few times a month
- 2 - Once a month
- 1 - A few times a year
- 0 - Never
Rating for questions 11 & 12

- 0 - Never
- 1 - A few times a year
- 2 - Once a month
- 3 - A few times a month
- 4 - Once a week
- 5 - A few times a week
- 6 - Every day
Scoring: Add up these groups of numbers and divide each by 18 to get a % score

- **Group 1** – add the ratings from questions #3, 4, 7 and divide by 18
- **Group 2** – add the ratings from questions #2, 5, 8 and divide by 18
- **Group 3** – add the ratings from questions #1, 6, 9 and divide by 18
- **Group 4** – add the ratings from questions 10, 11, 12 and divide by 18
Interpretation

- **Group #1 – Emotional Exhaustion** – the higher the score, the **more** the risk of burnout
- **Group #2 – Depersonalization** – the higher the score, the **more** the risk of burnout
- **Group #3 – Personal Accomplishment** – the higher the score, the **LESS** the risk of burnout
- **Group #4 – Satisfaction with Medicine** – the higher the score = the greater your satisfaction and this lowers the risk of burnout
How to address physician stress and burnout
Start with yourself since you can affect this aspect immediately

THOUGH ONLY 20% OF STRESS AND BURNOUT CAN BE ADDRESSED BY INDIVIDUAL STRATEGIES – IT IS THE MOST POWERFUL 20%

YOU CAN CHANGE YOUR PERSPECTIVE AND YOUR APPROACH TO STRESS

STRESS AND BURNOUT ARE NOT A "PROBLEM" THAT NEEDS TO "SOLVED" BUT RATHER THIS IS A CLASSIC DILEMMA, A NEVER-ENDING BALANCING ACT – THAT YOU CAN BECOME GOOD AT

YOU WILL NEED A PLAN – JUST LIKE ACHIEVING PHYSICAL FITNESS. YOU MUST CREATE AN EXERCISE PROGRAM STARTING SMALL AND ACHIEVING RESULTS THROUGH CONSISTENCY
Life is not about how fast you run or how high you climb but how well you bounce.

~Vivian Komori
Building Resilience -
Start with an appreciation of how you handle stress -
Learn to expect uncertainty

Understand
Understand your personal gut reaction to stress – if you recognize it, you control it, it doesn’t control you.

Understand
Understand your cognitive bias about change and uncertainty – if you crave a sense of certainty vs are open to the new possibilities which may create opportunity.

Plan
Plan for uncertainty – have back up plans for your professional and personal life – giving some thought to this ahead of time will make it much less stressful if an unexpected event occurs. Have “go-to” people in your life that you can turn to.
Create a plan to increase your resilience and decrease stress effects - pick 3-5 tools and implement over 6-9 months

START BY USING THE POWER OF THE BODY

REGULAR EXERCISE:
- REDUCE STRESS
- BOOSTS SELF-ESTEEM
- DECREASES ANXIETY
- IMPROVES SLEEP
Set up a modest but consistent exercise program

- 150 min/wk is recommended – that’s pretty much only 20 min/day
- Start small – use SMART goals ie specific, measurable, attainable, relevant and time-limited goals
- Use phone app’s to monitor your progress
- Find a friend – camaraderie means consistency
- Change up your routine and focus the type of exercise or what will relieve stress vs making it a competition
- Exercise in increments - even short periods of intentional activity on a consistent basis will make a big difference
- Most of all make sure it’s enjoyable – not just another “To Do” item
Add **Mental Practices** to improve your frame of mind and build mental flexibility

- **Breathing** – the intentional breath – 4 counts each – Inhale, Hold, Exhale, Hold. Consider doing this while waiting for the EHR to boot up or at a stop light.
Mindfulness - a state of Nonjudgmental awareness of what’s happening in the present moment including your thoughts, feelings & senses

- Focus on taking time to notice the moment - Mindfulness walk, Body scan, Your 5 senses, Mindful eating
Meditation – the practice of focused awareness with remarkable stress relieving benefits

- A simple daily practice using focus on breathing and nonjudgmental refocusing of wandering thoughts
- Well proven for centuries – start with 5-15 min/day

- Stress relief
- Anger management
- Control over Anxiety
- Improved awareness, and concentration
- Improvement of cognitive skills

MINDFULNESS & MEDITATION

Harvard did a study that found correlations between meditation and decreases in the size of the amygdala, which is responsible for stress, anxiety, and fear.

Mindfulness based stress reduction can help people with addiction and preventing relapse.
Spiritual/Creative nurturing practices

- Reconnect with your spiritual/creative self
- Make time for prayer and reflection if this resonates for you
- Re-kindle or start a new hobby to develop your creative self such as a musical instrument, painting, coloring, dancing, acting etc
- **Yoga, Tai chi**
- Spend time in nature – exercise is great for this
- Make gratitude and celebration a habit – “Three Good Things”
- Visit museums and attend programs outside of medicine to expand your appreciation of the world and give you inspiration and a bigger perspective
- Get a massage, have a spa day
- Don’t forget the power of pets – **Animals relieve stress!**
Two important health areas – **Eating and Sleeping** – not “bad habits to get rid of”!

- Adults need 6-9 hours of **Sleep** each night – find out what makes you feel best and set your schedule to allow this.

- Trouble sleeping can be addressed with mindfulness techniques and relaxation exercises.

- **Nutrition** is critical to fight stress – balance in choice (“real” foods) and proportions are the key. Mindful eating will help this.
I have handouts on all of these tools and can email them to you.
A final word on the System issues that need to be addressed – “Crisis in Healthcare” article

- Policies/programs for proactive mental health treatment and to support physicians experiencing burnout
- Improved EHR standards with strong focus on Application Programming Interfaces. Also applying AI technologies could transform the EHR into a true help vs hinderance to the physician
- Create Chief Wellness Officer positions - trained physician executives to be the champions for physician wellness at the highest corporate levels
Resources for physician wellness

- **THE HAPPY MD**
- **THE TOOLS SO YOU CAN BE – A HAPPY MD**
- **STOP PHYSICIAN BURNOUT**
- **LifeMatters**
- **AMA STEPS FORWARD**
- **MAYO CLINIC HEALTH SYSTEM**
Thanks for your attention!

- Please email me at constance_cashen@mercy.com if you would like the hand outs