Syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among those who work with people

“An erosion of the soul”

Source: Maslach et al, 1996
Burnout Domains

Maslach Burnout Inventory:

- **Emotional Exhaustion**: a sense of overwhelming work demands that deplete emotional resources and the ability to help people

- **Depersonalization**: negative, cynical feelings toward patients or colleagues

- **Lack of personal achievement -** a sense of inefficacy and low personal accomplishment

Source: Maslach et al, 1996

Physicians: Depression and Suicide

- ~300–400 physicians die by suicide annually in the U.S.
- Suicide deaths are 2.5-4X higher among female physicians when compared to females in other professions.
- Medical students have rates of depression 15-30% higher than the general population.

Source: AFSP.org
Perfectionism and Compulsivity in Physicians

• Excessive devotion to work and productivity to the exclusion of leisure activities and friendships
• Reluctance to delegate tasks or to work with others unless they submit exactly to his or her way of doing things
• Rigidity and stubbornness
• Individuals with compulsive and perfectionistic traits are attracted to medical careers
• Stressors in the environment of an academic setting do not usually create these personality features—they exacerbate pre-existing traits

Credit: Glen Gabbard, MD

Perfectionism and Compulsivity in Physicians

• Perfectionism that interferes with task completion
• Despite cultural sanctions, perfectionism is not adaptive
• Perfectionism is a vulnerability factor for burnout, depression, suicide, and anxiety
• The desire to excel must be differentiated from the desire to be perfect

Credit: Glen Gabbard, MD
This triad manifests itself in both adaptive and maladaptive ways.

Source: Gabbard, JAMA 1985

**Compulsive Triad**

**Maladaptive:**
- difficulty relaxing
- reluctance to take vacations from work
- problems in allocating time to family
- an inappropriate and excessive sense of responsibility for things beyond one’s control
- chronic feelings of “not doing enough”
- difficulty setting limits
- hypertrophied guilt feelings that interfere with the healthy pursuit of pleasure
- the confusion of selfishness with healthy self-interest

Source: Gabbard, JAMA 1985
Study of Canadian ophthalmologists who were seeing an average of 40 patients per day found a “culture of endurance” promoted by self-defeating coping mechanisms such as “self-acceleration” and “hyperwork” to make up for insufficient resources.

Source: Viviers et al. (2008)

**Culture of Endurance**

- Overwork, lack of time away from the office, working at home
- Difficulty balancing personal & professional responsibilities
- Decreased autonomy
- Increased administrative work and documentation requirements
- Inefficiency and Intrusion of EHRS (or payors, etc)
- Less time with patients
- Reimbursement concerns

Commonly cited reasons for burnout...
Burnout linked to:

• Lower quality care, decreased empathy
• Lower pt satisfaction and adherence to tx **
• Higher medical error rates and malpractice risk
• More frequent disruptive staff behavior
• Higher turnover of staff (EXPENSIVE)
• Higher rates of divorce
• Higher rates of substance use (growing self-medicating amongst us), depression, and suicide

Sources: Stop Physician Burnout by Dike Drummond, MD; https://www.stepsforward.org/modules/physician-burnout

Why is this all important?

“Can’t you ever relax?”
More than half (54.4% in 2014 vs 45.5% in 2011) of U.S. physicians experience at least one of the 3 burnout symptoms


For every 1 point increase in the 7-point scale measuring emotional exhaustion, 40% greater likelihood a physician would cut back on work hours over the next 24 months

Similar relationship for every 1-point decrease in the 5-point scale measuring professional satisfaction

Seeing many cut back hours and leave the profession altogether while we are facing national shortages of physicians

Medical Students

- High Burnout range
  - ~55% of students for all three subscales of the MBI
- Depressive symptoms reported by 60%
- Most helpful coping mechanisms reported:
  - social support from peers and faculty
  - counseling services
  - extracurricular activities

Source: Chang, et al. (2012)
Do Medical Students go to Counseling?

- 336 MS1 through MS3 respondents
- 24% of students with high rates of burnout and depressive symptoms went to at least 1 counseling session
- Recommended clearly informing students of services but also assessing barriers to attendance

Source: Chang, et al. (2013)

Systematic Review of Interventions-Medical Students

- 13 RCTs or NRCTs
- Variable methods and outcome measures
- Helpful interventions included mindfulness-based stress-reduction or meditation techniques, self-hypnosis, and pass/fail grading

Source: Shiralkar, et al. (2013)
Health Care Professionals

- Articles (too numerous to count) spanning decades
- Various HCPs, practice settings, and specialty areas
- As in the physician literature, many more prevalence studies than intervention studies, but very early mention of mindfulness, meditation, self-care, etc.
Interventions

- Dike Drummond, MD – thehappymd.com
  - No need for more prevalence studies
  - Need to measure effectiveness of prevention and intervention strategies
  - His book outlines individual and organizational interventions
Interventions

3 scales of Maslach Burnout Inventory translate to:

**Physical Bank Account**
- exhaustion

**Emotional Bank Account**
- cynicism, depersonalization

**Spiritual Bank Account**
- “What’s the Use?” (lack of personal achievement, greater good)

Source: Dike Drummond, MD – thehappymd.com

Interventions

Burnout can consist of issues related to:
- Clinical practice in general, your specific job itself
- Having a life outside of work and maintaining health
- The programming of our education
  - Workaholic, Superhero, Emotion-Free, Lone Ranger, Perfectionist
  - The patient ALWAYS comes first
  - Never show weakness (or ask for help)

Source: Dike Drummond, MD – thehappymd.com
Is it one or the other (or BOTH)?

- Subsequent Articles and blogs
- Improving individual well-being vs improving systemic things that can help burnout.

Is it one or the other (or all of the above)?

Individual Interventions

Larger systems-based issues/interventions

Organizational Interventions
Individual Interventions

- Self-care (exercise, sleep, diet, mindfulness, other meditation)
- Stress management techniques (including MBSR)
- Spirituality, finding meaning in work, connectedness
- Improve work-life balance, foster personal relationships, manage work-home conflicts
- Communication skills training

Source: Colin P. West, MD, PhD (Mayo Clinic) 2015
ACGME Physician Well Being Symposium

Individual Interventions

- Focusing on positives rather than what went wrong (?perfectionists)
- Learn to say “NO”, delegate, team-based care for efficiency
- SEEK HELP WHEN NEEDED

Source: Chad Lemaire, MD
MINDFULNESS

Individual Interventions

- Can an overworked, compulsive physician be expected to implement these recommendations in an already overburdened schedule?
- Such recommendations can actually lead to hopelessness and burnout if no time is created through organizational intervention.
- Decrease in burnout is both an individual and an institutional partnership.

Source: Glen Gabbard, MD
5 drivers of burnout and well-being in physicians center around:
1. workload
2. work efficiency
3. work-life integration
4. autonomy/flexibility/control
5. meaning in the work

Interventions – Individual and Organizational

- **Person-directed interventions** reduced burnout in the short term (6 months or less), while a combination of both **person- and organization-directed interventions** had longer lasting positive effects (12 months and beyond).
  

- Shanafelt and others – recent data showing that a **COMBINATION of Individual and Organizational interventions** are complementary

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Organizational Interventions

- Culture of Wellness (is well-being valued?)
- Formal policies on well-being for learners and faculty
- Promote positive core values
- Workflow solutions and adequate team support to improve clinician, support staff, and patient experiences, while allowing clinician to do work they are passionate about
- Training in stress management, well-being, recognition of distress

Source: Colin P. West, MD, PhD (Mayo Clinic) 2015 ACGME Physician Well Being Symposium
Part-time practice is associated with less burnout in the U.S.
- Flexible work practices that facilitate a better work-home balance may be essential.
- The culture of endurance must be permanently altered through changes in role models.

Organizational Interventions

- Manageable patient panels (size, acuity)
- Team based care – how to know the “right” mix of team members
- Staffing levels, support staff
- Encourage **FUN** at work

“When you’re feeling overworked, stop and smell the roses that we installed as an app on your BlackBerry.”
Interventions

• Requires both organizational and individual interventions, but organizational interventions have the highest potential to ease burnout
• “Addressing physician burnout should be viewed as a shared responsibility across healthcare systems, organizations, institutions, and individual physicians.”
• Healthcare organizations should consider burnout as a top metric – “burnout assessment should be considered part of the ‘dashboard’ of tracked institutional performance measures, quality indicators, and leadership performance.”
• Limitations of studies (so far):
  – Short follow up periods
  – Narrow focus on single interventions rather than combined approaches
  – Limited application of RCT designs, especially for organizational solutions
• However, relatively small improvements (my opinion) across intervention studies:
  – 10% for overall burnout symptoms
  – 14% for emotional exhaustion
  – 4% for depersonalization.


Interventions

Organizational Interventions

• Excessive workload: fair productivity goals, duty-hour limits, and appropriate job role assignments
• Work inefficiency: optimize electronic medical records, shift clerical burdens to non-physician staff, and meet regulatory requirement appropriately
• Work-home balance: respect home responsibilities in scheduling decisions, specify all required work tasks in assigned work hours, and support flexible work schedules
• Loss of control: establish work requirements with physician engagement, and promote physician leadership and shared decision-making
• Loss of meaning from work: promote core values, maximize patient time with physicians, foster physician communities, provide professional development opportunities, and offer leadership and awareness training about burnout

Interventions

**Individual Interventions**
- Excessive workload: consider part-time status, and make informed practice choices to promote efficiency and physician satisfaction
- Work inefficiency: prioritize and delegate tasks appropriately, and attend efficiency and workplace skills training
- Work-home balance: reflect on life priorities and maintain self-care
- Loss of control: attend stress management training, embrace positive coping strategies, and practice mindfulness
- Loss of meaning from work: embrace positive psychology, recognize fulfilling work roles, practice mindfulness, and participate in small-group activities with other physicians to share work experiences


**Relationship-Centered Communication**

**Cleveland Clinic**
- Using the R.E.D.E. model to teach R-CC
- A single training session (8 hrs) has helped reduce burnout and renew empathy
- Also improved pt satisfaction scores
- Effects persisting for months (though 3 month data was trending back toward the pre-training levels) – looking at booster sessions

Source: Boissy, et al. (2016)
Florida Hospital

- 2200 bed hospital system, saved $5 million in 2 years with Physician Support Services
- Programs offered
  - Confidential psychotherapy and coaching
  - Continuing medical education (CME) with credit focused on helping physicians integrate their personal and professional lives
  - Dialogue programs about cultivating meaning in medical practice
  - Physician leadership development
  - Marriage retreats

Larger Systems-based Interventions

- Things like meaningful use and other EMR requirements, insurance issues (e.g. prior authorizations), other bureaucratic functions that most don’t feel enhances patient care or outcomes
- Usually either seen as out of our control OR dealt with through large advocacy efforts

Physician Burnout is a Public Health Crisis

- Spike in burnout “directly attributable to loss of control over work, increased performance measurement (quality, cost, patient experience), the increasing complexity of medical care, the implementation of EHRs, and profound inefficiencies in the practice environment”.

Source: Health Affairs
Physician Burnout is a Public Health Crisis

- “Should be considered an early warning sign of dysfunction in our health care system”
- Administrative and regulatory burdens, limitations of technology, inefficient practice environment, excessive clerical work, and conflicting payer requirements.
- Listed 11 commitments made at an AMA summit

Source: Health Affairs

Larger Systems-based Interventions

Pamela Wible, MD
- Book: Physician Suicide Letters
- Documentary: Do No Harm
- Website
Meaningful work

• “Those spending less than 20% of their time (approximately 1 d/wk) on the activity that is most meaningful to them had higher rates of burnout (53.8% vs 29.9%; P<.001). Time spent on the most meaningful activity was the largest predictor of burnout on multivariate analysis (odds ratio, 2.75; P = .001).”
  Shanafelt et al (2009)

• Drummond says key to finding fulfillment (work and life) is to “figure out what is going right and do more of that”

• WHAT IS YOUR 20%??

Joy in Work

1. Ask staff, “What matters to you?” (in addition to “What’s the matter?”)
2. Identify the unique impediments to joy in work in the local context.
3. Commit to making joy in work a shared responsibility at all levels.
4. Use improvement science to test validated approaches in your organization.

Source: Feeley and Swensen (Institute for Healthcare Improvement)
Interventions (PCPs)

- Proactive planned care, with pre-visit planning and pre-visit laboratory tests
- Sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management

Interventions (PCPs)

- Sharing clerical tasks with collaborative documentation (scribing), non-physician order entry, & streamlined Rx management
- Improving communication by verbal messaging and in-box management
- Improving team functioning through co-location, team meetings, and work flow mapping


“Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.”

Overview

https://www.medscape.com/courses/section/887466
Course: “Combating Physician Burnout”
REALLY GOOD OVERVIEW

Provider Wellness Committee

Have one or something similar where you practice?
Provider Wellness Committee

- Wellness Committee that focuses on and helps coordinate:
  1. Education
  2. QI
  3. Culture and Connection
  4. Crisis Management

Source: Dike Drummond, MD – thehappymd.com

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Provider Wellness Committee

**Table:** The AMA STEPS Forward program’s 7 steps to prevent burnout

1. Establish wellness as a quality indicator for your practice
2. Start a wellness committee and/or choose a wellness champion
3. Distribute an annual wellness survey
4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
5. Initiate selected interventions
6. Repeat the survey within the year to reevaluate wellness
7. Seek answers within the data, refine the interventions, and continue to make improvements
The real reason docs burn out

By Jeffrey Bendix
Jan 16, 2019

http://www.medicaleconomics.com/business/real-reason-docs-burn-out
QUESTIONS?

References

References