Avoiding Physician Burnout

Sristi Nath, D.O.
Board Certified General Psychiatry
Board Certified Child and Adolescent Psychiatry
November 7, 2015

Disclosures

- AOMA-Honorarium for this meeting
Learning Objectives

- Reflect on physicians’ quotes across time.
- Define “physician burnout.”
- Identify consequences of physician burnout on physician and population health.
- Identify risk factors for developing burnout.
- Discuss strategies to prevent burnout.
- Incorporate humanism in medicine.

Prospective Medical Students

- “I just want to help people.”
- “I want to go into primary care.”
- “I’d love to work in a rural area or developing country.”
- “I’m not worried about paying off the loans as long as I love what I do.”
Medical Students

- “Just tell me what I need to know.”
- “My spouse told me she’s willing to wait four years so that I can be part of the family again.”
- “If I get a B on this test, I’ll never get into an ortho residency.”

Practicing physicians

- “If I could afford to leave my practice and pick apples, I would.”
- “I love the patients. I just hate the other stuff.”
- “I feel like an indentured servant.”
Practicing Physicians

- “I am lucky to do what I do.”
- “I feel privileged to be a part of my patients’ lives.”
- “I have no regrets.”

Physician Burnout

Case: ‘Something in me had died’

- I (PB) was 50 years old, racing along, seeing patients 45 hours a week, and keeping a full schedule of teaching and writing. Psychotherapy was my primary training and my love, but monitoring medications for other therapists—without getting to know the patients—had become unsatisfying. My practice group had exploded from 5 mental health professionals to more than 20, creating unexpected stresses and conflicts. At the same time, my marriage was failing.

Physician Burnout

- Increasingly overextended, I lost my good humor. I became irritable and short with everyone, and—worse—I felt resentful and burdened by my patients. Once eager for challenges, I avoided new consults and referrals. Every hour was filled with dread, and I struggled to get through the day. Empty, numb, and miserable, I had burned out but did not realize it. I only knew that something in me had died.
- I started fantasizing about retiring from clinical work, but what would I do then? What if this was the end of my career?


Burnout

WORK>>>REWARD

- Feeling burdened
- Unable to play


Scrubs, Sarah Chalke
Burnout-Definition

- Loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization), and a low sense of personal accomplishment.


Burnout across Specialties

- 45.8% of physicians reported at least 1 symptom of burnout.
- Highest rates of burnout in emergency med and critical care.
- Other high risk area is primary care
- Lowest: 30-35% among opth, rheum, path, psych, peds, ortho, onc, GI, and endo.

Peckham, 2013, Medscape
Burnout Status

- US: F>M
- Peaks 46-55y
- Burnt out physicians compared to other physicians:
  - take less vacation and
  - have less satisfaction with life outside of work
  - have worse health

Peckham, 2013, Medscape

Risks for anxiety

1. You have a high tolerance to stress.
2. Chaotic practice.
3. You don’t agree with your boss’ values or leadership.
4. You’re the emotional buffer.
5. Job constantly interferes with family.
6. You lack control over your work schedule and free time.
7. Decreased self-care.

2015, AMA WIRE: http://www.ama-assn.org/ama/ama-wire/post/beat-burnout-7-sigs-physicians-should
Risk Factors for Burnout

1. Demanding workload
2. Number of nights on call
3. A partner who also is a physician
4. Children to raise
5. A medical error made recently
6. Midway through their medical career
7. Conflicts between work and home
8. Less than 20 percent of their time is spent on the most meaningful aspects of work

‘Coronary Club’ membership rules

1. Your job comes first; personal considerations are secondary.
2. Go to the office evenings, weekends, and holidays.
3. Never say no to a request; always say yes.
4. Accept all invitations to meetings, banquets, committees, etc.
5. Do not eat a restful, relaxing meal; always plan a meeting for the meal hour.
6. Never delegate responsibility to others; carry the entire load by yourself at all times.

SIGNS OF A SPIRITUAL HEART ATTACK

Why does Burnout Matter?

- Quality of care/increase the risk for medical errors
- Professionalism
- Physician Empathy/compassion
- Early retirement
- Relational difficulties
- Alcohol abuse/dependence
- Suicidal Risk

Suicide risk for Physicians

- Suicide risk for male physicians is 3x higher than for non-physicians
- Suicide risk for female physicians is 5x higher than for non-physicians

Preventing Burnout

STEPS Forward™ is a practice-based initiative brought from the American Medical Association. Goal: strategies to improve practice efficiency and help physicians reach the Quadruple Aim— (1) better patient experience, (2) better population health and (3) lower overall costs with (4) improved professional satisfaction

- [https://www.stepsforward.org/](https://www.stepsforward.org/)

---

Improving Physician Resiliency

- Module-18 STEP ACTION PROCESS
  - Investing in oneself
  - Reflection of priorities and values
  - Mindfulness
  - Gathering support
  - Altruism

Improving Physician Resiliency
Module-18 STEP ACTION PROCESS

1. Put yourself on your own schedule
2. Take stock of your desires, feelings and actions that may be contributing to stress or burnout
3. Identify and prioritize your values and compare them to how you spend your time
4. Write your individual mission statement

CONTINUED...

5. Start a gratitude journal
6. Take a mindfulness class
7. Consider a support group
8. Enlist your peers to provide support
9. Seek professional help
10. Consider the legacy you want to leave behind
11. Connect with your body
Improving Physician Resiliency

CONTINUED...

12. Learn to manage your time and finances
13. Volunteer
14. Learn something new
15. Write down inspiring patient stories
16. Develop your spiritual practice
17. Connect with local resources
18. Don’t forget to have fun

Preventing Physician Burnout

Module-7 STEP ACTION PROCESS

1. Use wellness as a quality indicator for your practice
2. Start a wellness committee
3. 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 re-evaluate wellness
7. Seek answers within the data, refine the interventions and continue to make improvements
Prevent Burnout

Re-examine and deepen your relationships with:

- your partner (Are you spending enough time together? Is your relationship growing?)
- your patients (Are you getting to know your patients as people?)
- your sense of purpose or spirituality (Do you see a higher or transcendent meaning in your life?)
- the community, the world. (Are you making them better?).

Bohnert, P; O’Connel, A. 2006, Clinical Psychiatry, vol. 5, No.1

What is Humanism in Medicine?

- Humanism in medicine describes relationships between physicians and their patients that are respectful and compassionate.

- It is reflected in attitudes and behaviors that are sensitive to the values, autonomy, cultural and ethnic backgrounds of others.

http://www.humanism-in-medicine.org/index.php/aboutus/what_is_humanism_in_medicine
Decline of Humanism after Training?

- RN surveyed in a teaching hospital comparing attendings, residents, and 4th year medical students
  - Internal medicine residents and attending physicians scored equally on humanism scales
  - 4th year students scored higher with perceived qualities of humanism

Lee, WN Heart Disease, 2003

Areas of Interest

- Patient Centeredness
- Cultural Competence
- Poverty and health
- Communication
- Apology
- Family history
- Reverence for life
- Spirituality/Meaning
**I.E. C.A.R.E.S**

- **Integrity:** the congruence between expressed values and behavior.
- **Excellence:** clinical expertise.
- **Compassion:** the awareness and acknowledgement of the suffering of another and the desire to relieve it.
- **Altruism:** the capacity to put the needs and interests of another before your own.
- **Respect:** the regard for the autonomy and values of another person.
- **Empathy:** the ability to put oneself in another's situation, e.g., physician as patient.
- **Service:** the sharing of one's talent, time and resources with those in need; giving beyond what is required.

http://www.humanism-in-medicine.org/index.php/aboutus/what_is_humanism_in_medicine

---

**Practice Strategies**

- **Narrative Medicine**
  - Fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret, and be moved by the stories of illness.

  - **Goal:** Practice medicine with empathy, reflection, professionalism, and trustworthiness.

http://www.narrativemedicine.com/mission.html
Summary

- Start early in your career.
- Reframing, active problem solving, and mindfulness are strategies of active improvement.
- Prevention is an ongoing process.
- A spiritual heart attack can be just as devastating as any other disability.
- Remember the humanism in medicine

Thank you!

Sristi Nath, D.O.

snathx@midwestern.edu
drnath@nathpsychiatry.com