Physician Burnout and Physician Wellness

TOMA
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Learning Objectives

- To understand the concept of burnout
- Be aware of symptoms of burnout
- Understand the importance of burnout in physicians
- Be able to determine sources of stress
- To describe sources of stress
- To understand physician Resiliency, Well-being, and Holistic Development
- To determine coping behaviors
- Describe prevention and physician wellness

Pre Test Questions

1. What are three (3) symptoms of burnout?
2. What are two (2) outcomes for patient care when physicians are burned out?
3. True or False: Primary care physicians have over a 40% rate of burnout.
4. True or False: Family problems, absenteeism, and low morale are all outcomes associated with physician burnout.
5. True or False: Physician wellness can increase with building satisfying work relationships with staff and patients.
6. True or False: I will take the Burnout test as a first step.
Overview
- What is Physician Burn Out anyway?
- Definitions
- How does it happen and what does it feel like?
  - Why does it occur?
  - Where does it come from?
  - Who does it affect?
- How can we make a difference?
- Taking the Test
- What is Physician Wellness ?
- How does it happen?
- Who supports the change?
- Helping through self compassion/self care, trust and peer support.

What is Physician Burn Out Anyway?
- How does it happen and what does it feel like?
  - Physical and Emotional Exhaustion:
    - You are emotionally drained, depressed and worn out by work and not able to recover in your non-working hours.
  - Depersonalization:
    - The Development of a negative, callous and cynical attitude toward patients and their concerns (“my patients are so #%*&!”)
    - The cardinal sign here is cynicism, sarcasm and feeling put upon by your patients.
  - Reduced Sense of Personal Accomplishment:
    - The tendency to see your work negatively, without value or meaningless (“what’s the use?”) and see ourselves as incompetent.

What is Physician Burn Out Anyway?
- It is a stress syndrome, felt as emotional exhaustion.
  - Its parameters often have:
    - somatic (exhaustion, insomnia, GI symptoms, rapid breath)
    - emotional (sadness and depressed mood, negativism, decreased creativity and increased cynicism)
    - interpersonal manifestations (e.g. irritability, anger, defensiveness, edgy and ready to blame others, and a negative world view)
  - It is often correlated with the process of grief, as a work/life dream is lost.
  - Depersonalization of patients and distancing develop in patient/staff relations and disorganization and ineffectiveness increase.
National survey published in the Archives of Internal Medicine in 2012 reported that US physicians suffer more burnout than other American workers.

This year, in the Medscape Physician Lifestyle Report, 46% of all physicians responded that they had burnout, which is a substantial increase since the Medscape 2013 Lifestyle Report, in which burnout was reported in slightly under 40% of respondents.

Who does it affect?
Medscape Physician Lifestyle Report 2015

Root Causes of Burnout: Where does it come from?

- The culture of medicine
  - "Why is Burnout Frightful?" (Dr. D. Drummond)
  - "Looking for a Falling Star" - Newton
- "We work with sick people all day long!"
- "Resistance: What's My Name?"
- "A Leadership Style You Are Far Too Tired For"
- "The Necessity of Frustration" in the System
- "Politics and Power"
- "Things Eventually Succeed"

- Non-practice environment has become a complex business enterprise
  - Increased long hours, personal sacrifice, high demand
  - A highly litigious environment in which every patient they see is a potential lawsuit, mandating the unfulfilling practice of defensive medicine
  - EMR/Paperwork

- Reluctance to seek help.
  - Physicians often believe that they should be able to avoid depression, or "just get over it" on their own.
  - Fear that a depression diagnosis could result in a lawsuit, or could affect their medical licensing is common, and many physicians appear to avoid treatment completely in order to maintain confidentiality about their mental health.
  - Physicians turning to alcohol/drugs and suicidal ideation.

Why Does Burnout Occur?

- According to Christine Maslach,
  - "Burnout is always more likely when there is a mismatch between the nature of the job and the nature of the person who does the job"
- We feel overloaded
- We lack control over what we do
- We are not adequately rewarded for our work
- We're experiencing a breakdown in community
- We aren't treated fairly
- We're dealing with conflicting values

Other contributors:
- Technology
- More time spent on administrative drudgery
- Multitasking Busy home lives make it difficult to find relief outside of the workplace
- Economic stagnation
  - Salaries vs. purchasing power

Outcomes:
- Family problems
- Poor quality work
- Absenteeism
- Turnover
- Health issues
- Depression
- Drug and Alcohol abuse
- Suicidal Ideation

Patient Related Effects of Burnout

- New research shows that symptoms of physician burnout can be connected with increased rates of medical errors, riskier prescribing patterns, and lower patient adherence to chronic disease management plans.
- Middle-career physicians report long hours and frequent call, resulting in greater burnout and dissatisfaction among these physicians compared with physicians in other career stages and making them more likely to leave clinical practice.
Why does it happen?

- It has been suggested that the dimensions of burnout and work engagement represent opposite ends of two continua reflecting employees’ overall level of energy and identification with their work (Bakker et al., 2008 and Demerouti and Bakker, 2008).

Bringing Change

- “Burnout is waging a constant, invisible, soul-eroding battle with our healthcare providers.
- Physicians engage this enemy every single day and research shows almost half of us end up among the walking wounded.
- “It is time to share the research proven tools to tip the odds in the favor of Engagement, Fulfillment and Career Satisfaction for our men and women ‘in the trenches’ of modern medical practice.”

How can we make a difference?

- Helping our peers
- Helping through self-compassion/self-care
- Working through Organizations
  - TOMA
  - Districts
  - AOA
  - Hospital Systems
  - Specialty Colleges-AAFP

PLAN ACT DO REFINE
PLAN ACT DO REFLECT
Though Social Accountability

From “Me to We”

- We will need to assemble systems in which physicians can build satisfying work relationships with staff and patients and feel supported in sharing responsibility for health outcomes.

- “In place of the currently dominant “silo” training, we will need to foster interprofessional education about collaborative communication and team building skills. Expectations for role, competence, satisfaction, and success will need to change.”

G Saba et al., The mythology of the lone physician

PREVENTION

- Start each day with a relaxing ritual
- Adopt healthy eating, exercise, sleep habits
- Set boundaries
- Take a break from technology – daily
- Nourish your creative side
- Learn to manage stress
- Ask for help

What Do I Do About It?

1. Prevention is easier than treatment
2. Building engagement is the best prevention
3. Organizational interventions are better than individual interventions
What Do I Do About It?

**RECOVERY**
- Slow down
- Get Support
- Reevaluate goals and priorities
- Reflect often

**Know what matters to you**
- Change what you can change
- When did you feel most inspired in your life?
- Least?
- What things in your life seem to influence your morale and motivation?
- Ask yourself and your students these questions often.

What Can Organizations Do About It?

**Organizational Prevention Measures**
- Many of the negative consequences of physician burnout have direct bottom-line implications for provider organizations.
- Any decrease in physician burnout should produce measurable increases in quality of care and patient satisfaction in addition to lower malpractice rates and physician and staff turnover.
- Each of these effects of physician burnout reduction would be expected to create considerable increases in profits.

There is a natural place for physician burnout prevention at the organizational level.
- Recent research shows us what that might look like.
  - State an organizational intention to value, track and support Physician Wellbeing Institute regular monitoring for physician burnout amongst providers (MBI)
  - Create CME programs teaching the Personal Burnout Measures above
  - Provide time and funding for physician support meetings
  - Provide leadership skills training
  - Support flexibility in work hours
  - Create specific programs to support physicians suffering from symptomatic burnout

Taking the Test

- Being true to what you believe
- Trusting each other as colleagues
- Not judging others
- Keeping an open heart and mind

**Let’s Look**
- **Article**
Post test- Answers
1. What are three (3) symptoms of burnout?
   - Emotional Exhaustion
     - Emotionally drained, depleted and worn out by work and not able to recover in your non-working hours
   - Depersonalization:
     - The Development of a negative, callous and cynical attitude toward patients and their concerns (“my patients are so #%*&!”)
   - Reduced Sense of Personal Accomplishment:
     - The tendency to see your work negatively, without value or meaningless (“what’s the use?”) and see ourselves as incompetent.

2. What are two (2) outcomes for patient care when physicians are burned out?
   - Medical errors, riskier prescribing patterns, and lower patient adherence to chronic disease management care.

3. True or False: Primary care physicians have over a 45% rate of burnout.

4. True or False: Family problems, absenteeism, and low morale are all outcomes associated with physician burnout.

5. True or False: Physician wellness can increase with building satisfying work relationships with staff and patients.

6. True or False: I will take the Burnout test as a first step.

Questions??

Burnout Studies and What is Shown
• Extensive literature highlighted that healthcare professionals’ work is relentlessly overloaded, emotionally overwhelming, exceeding their private life, and thus becoming burnout development
• Medical burnout is an increasing problem among healthcare personnel, such as healthcare professionals, nurses, dentists, and other professional roles
• Burnout is a response to the prolonged exposure to occupational stress which negatively affects the individuals, the organizations, and the healthcare service recipients
• Burnout is a pervading phenomenon affecting a variety of professional roles such as medical personnel, nurses, dentists, physicians, medical students, nurses, and other healthcare-related individuals
• Burnout predicts suboptimal care behaviors and serious medical errors
Burnout Studies and What is Shown

Studies found that the dual process to employee wellbeing predict important organizational outcomes. For instance, job characteristics introduce job demands, whereas job resources introduce job resources. The vast majority of burnout research has focused mainly on predictors, with studies highlighting occupational stressors as drivers and organizational features as targets or avenues of intervention. However, no study to date has assessed the determinants of burnout from a development, the mediating role of burnout in the relationship between job demands, and job resources, and levels of burnout. This study examined the determinants of burnout and the mediating role of burnout in the relationship between job demands, job resources, and burnout among healthcare professionals.

Resources