Burnout-Next Steps

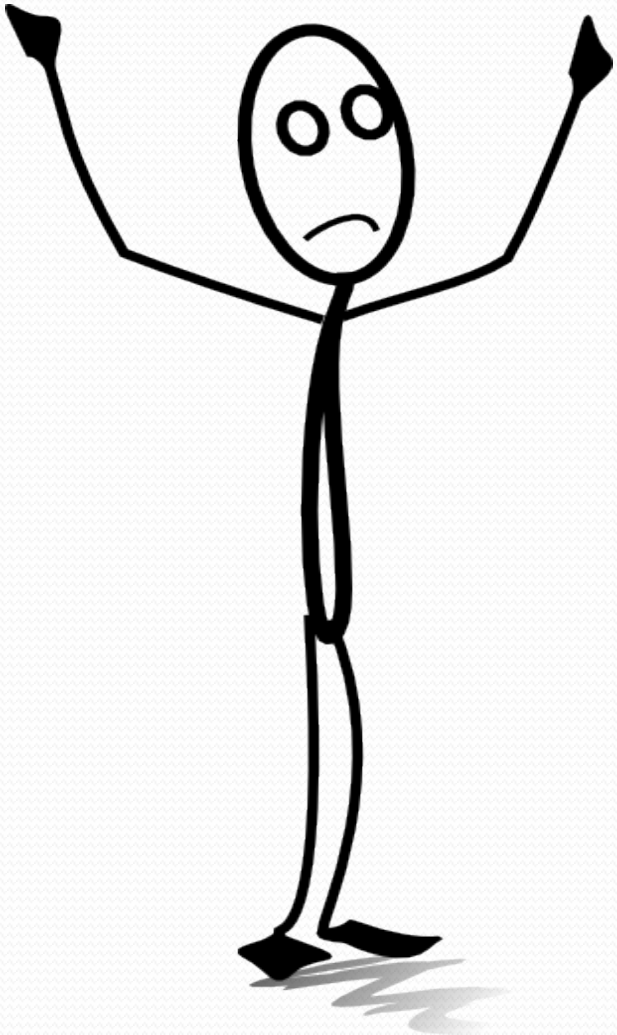
Anne Cook, MD, FACP

Oct 20, 2017

Goals and Objectives

- Review of "Burnout" and scope of problem
- Discuss Contributors to and Alleviators of Burnout
- What does the literature say about possible effective remedies
- I have no financial disclosures
- I do want to thank J Bryan Sexton, PhD-Director of Patient Safety Center, Duke University Health System

You Might Be Burned Out If…..



Definition

- Loss of Enthusiasm for Work (Emotional Exhaustion)- feelings of being emotionally overextended and exhausted by one's work
- Feelings of Cynicism (Depersonalization)- unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction
- Low Sense of Personal Accomplishment-feelings of lack of competence and successful achievement in one's work.

Consequences

- Professional
  - Impacts Professional behavior
  - Increases errors and worsens outcomes
  - Promotes early retirement-impacts physician workforce
- Personal
  - Relationships
  - Substance abuse
  - Depression and suicide (~400/yr); 9.2 % 4th year medical students and interns reported suicidal thoughts in the last 2 weeks
  - Loss of joy

Physicians Foundation Survey

- >77.4%– are somewhat or very pessimistic about the future of the medical profession.
- >84 percent of physicians agree that the medical profession is in decline.
- 57.9% -- would not recommend medicine as a career.
- Over 1/3 of physicians would not choose medicine again
- > 60% of physicians would retire today if they had the $.
- Female physicians, employed physicians and primary care physicians are generally more positive about their profession.
- **>82 percent of physicians believe doctors have little ability to change the healthcare system.**

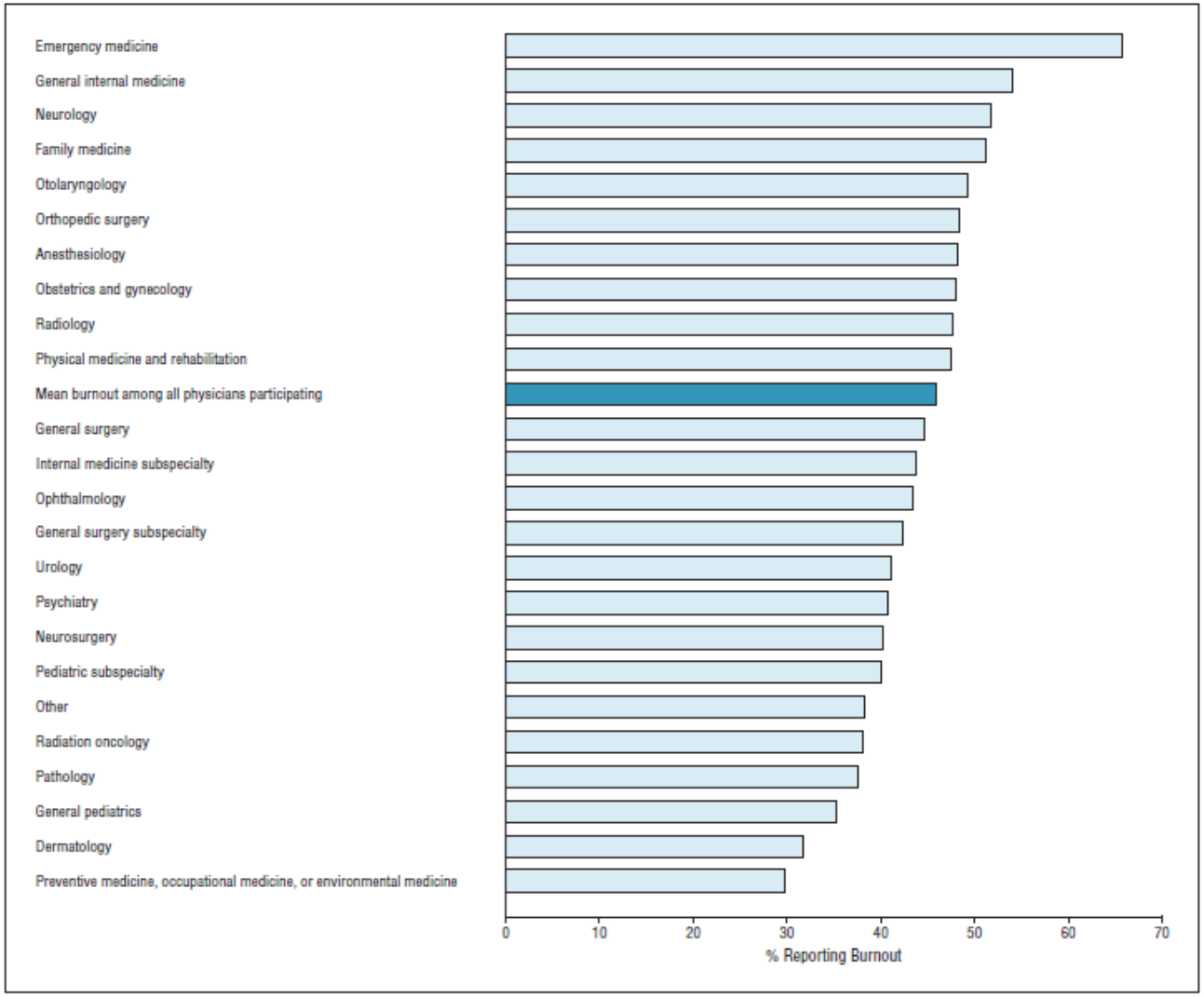


Figure 1. Burnout by specialty.

Shanafelt, T, MD, et al. Burnout and Satisfaction with Work-Life Balance Among US Physicians Relative to the General US Population. *Arch Intern Med*. 2012;172 (18):1377-1385

Physician Burnout

- Prevalence of Physician Burnout is alarming
- ED, General IM, Family Medicine the worst
- Physicians work longer hours and have greater struggles with work:life integration
- For those outside of medicine, increased level of education decreased burnout

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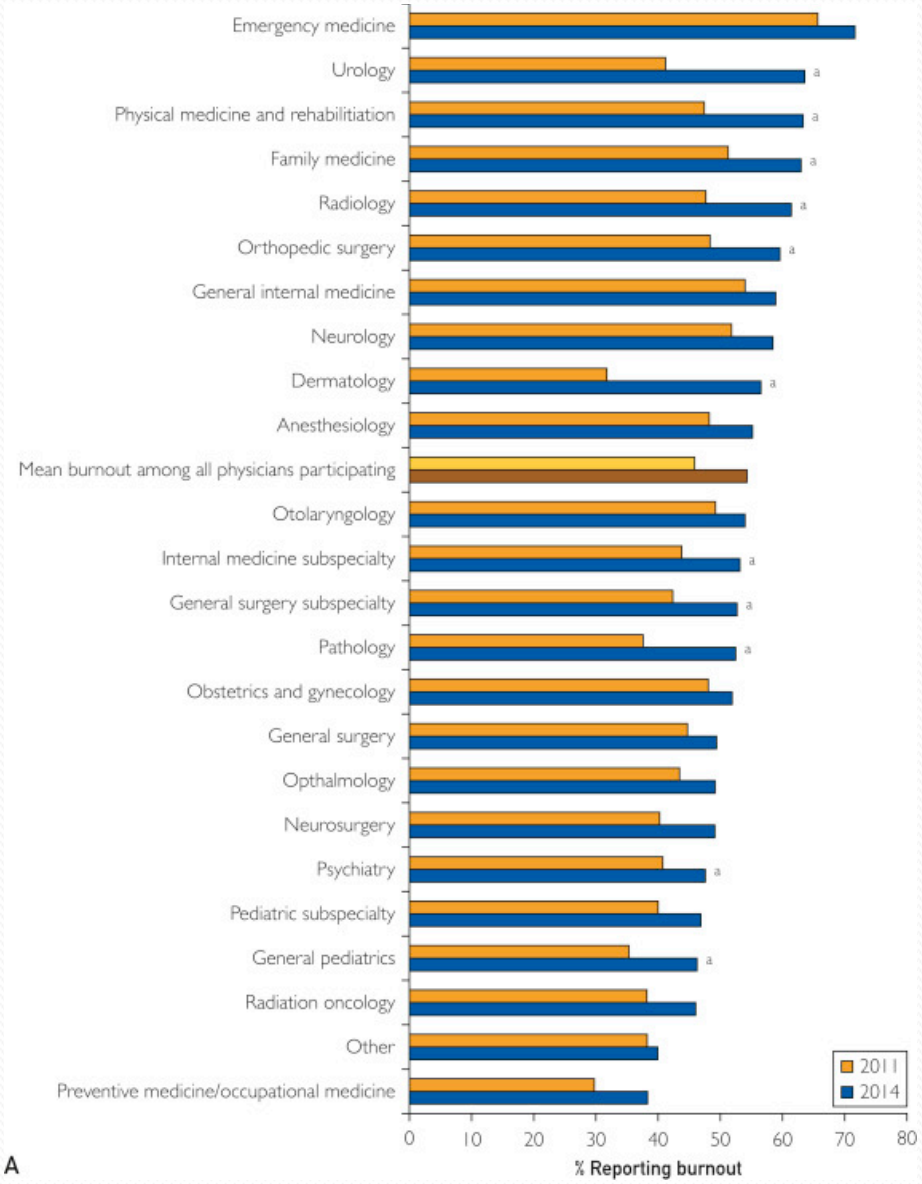
Figure 1

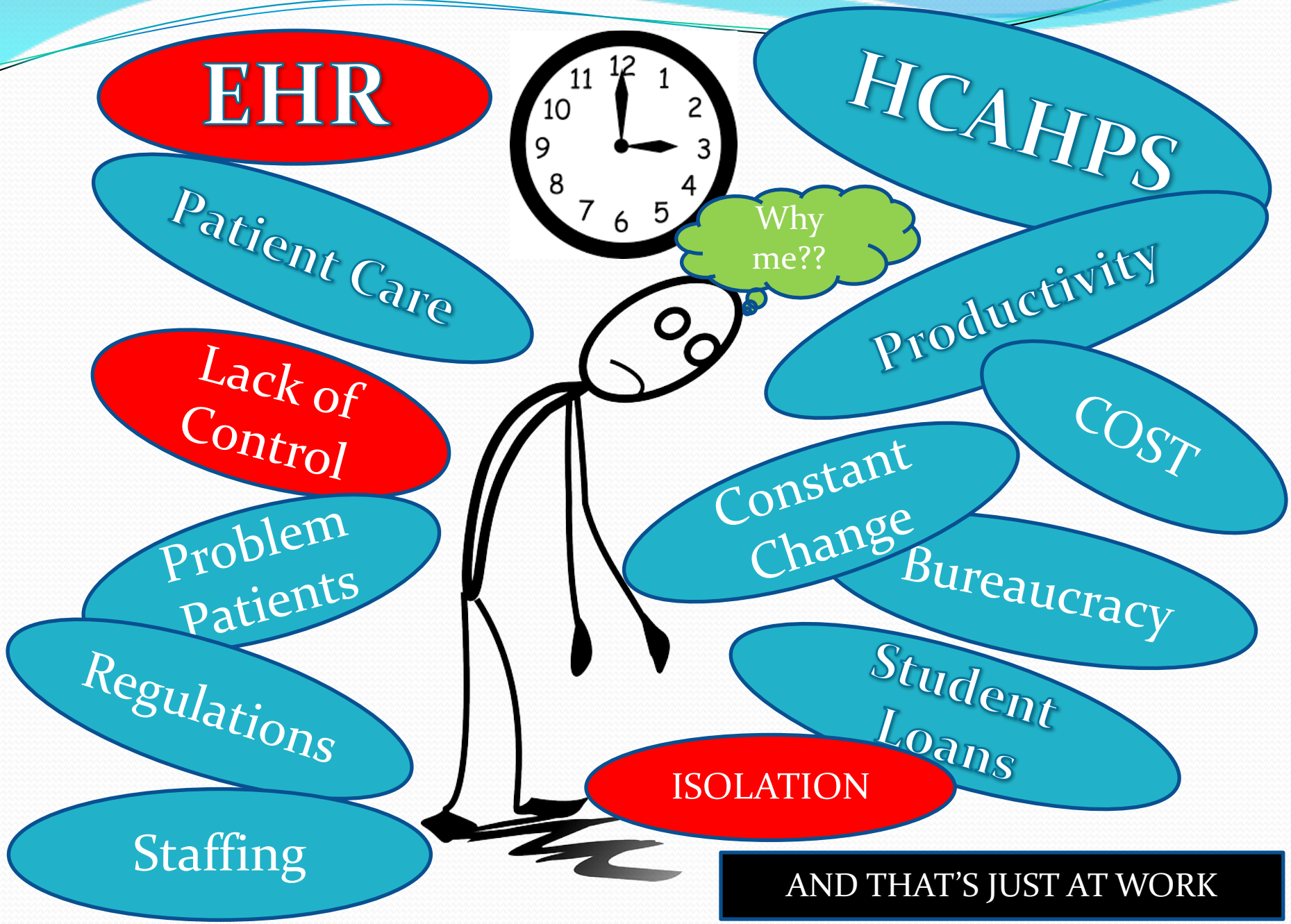


ELSEVIER

DOC VADER

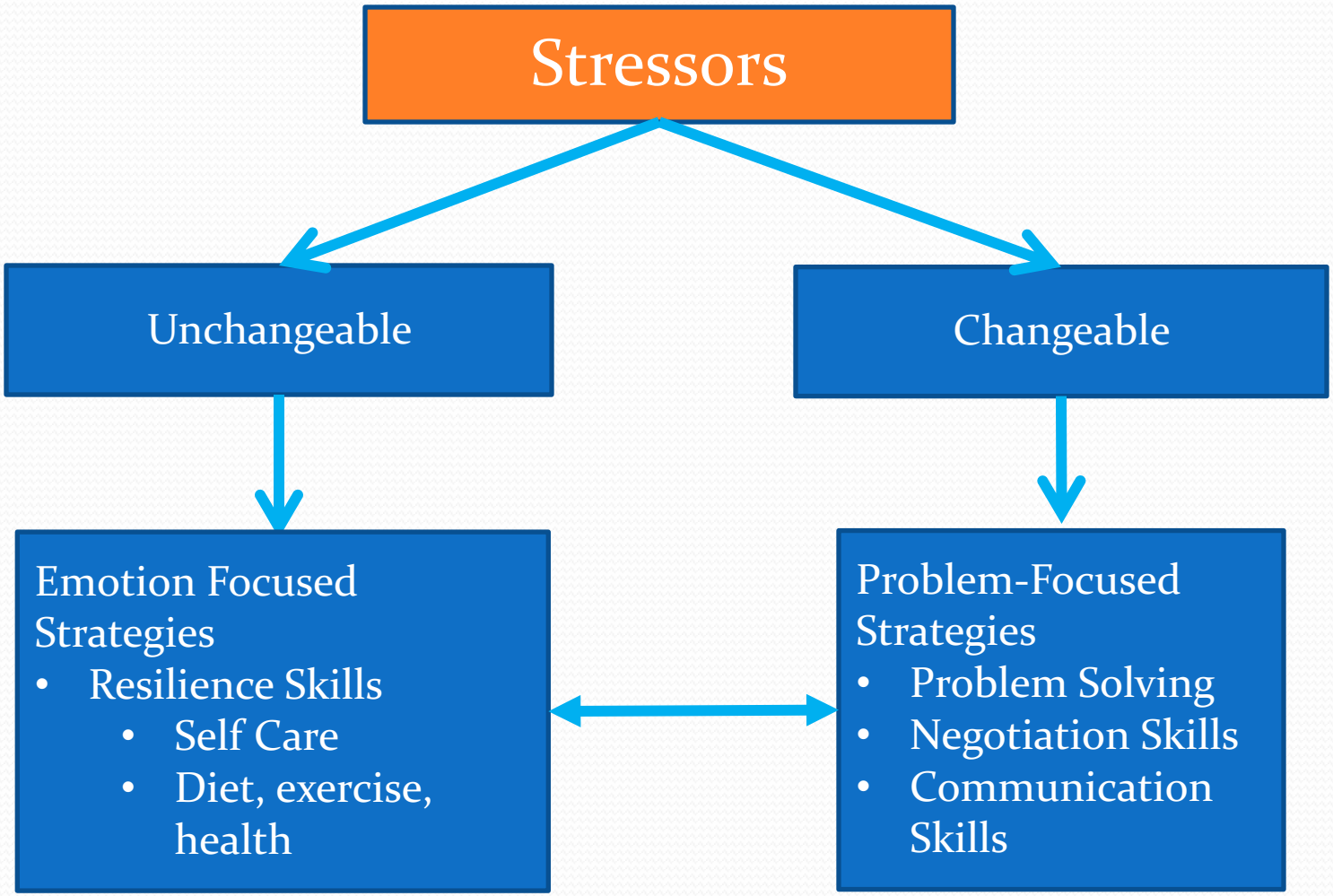
ON PATIENT SATISFACTION

What are Your Causes of Burnout?

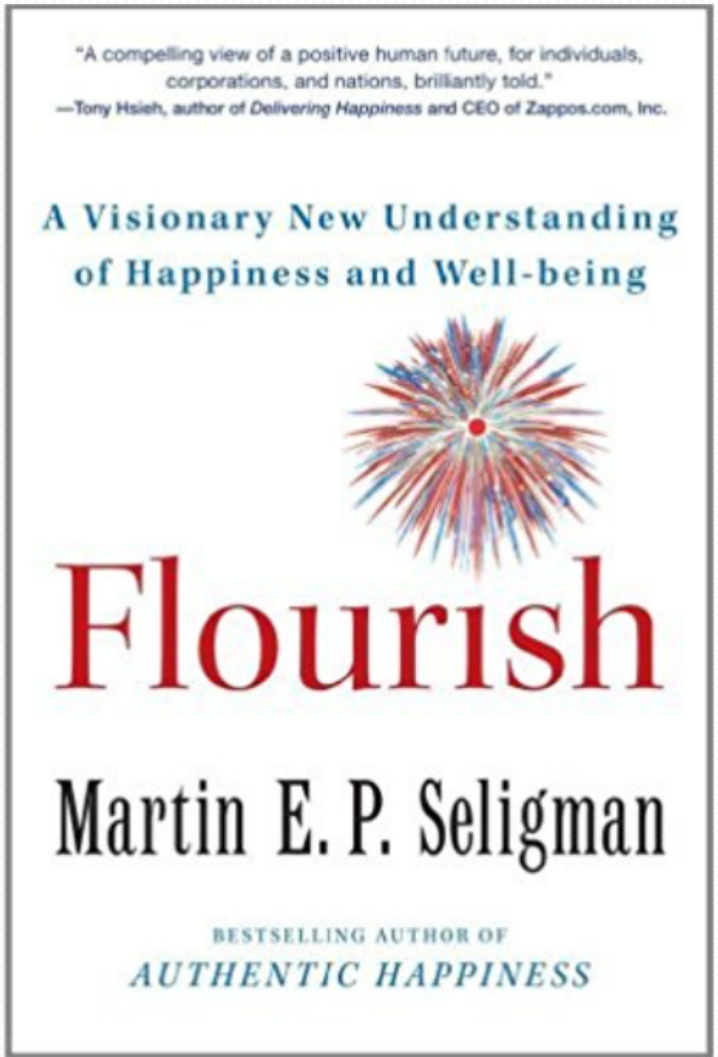

EHR
HCAHPS
Patient Care
Why me??
Productivity
Lack of Control
COST
Constant Change
Problem Patients
Bureaucracy
Regulations
Student Loans
ISOLATION
Staffing
AND THAT'S JUST AT WORK

Causes-Outside of Medicine

- Health of relationships-Work/Life Conflict
- Physical Health Issues-Sleep, Exercise, Nutrition
- Emotional, Spiritual
- Financial pressures
  - Student Loans
  - Other self-inflicted pressures
- Personality traits
  - workaholism, needing to be a superhero, emotional detachment, perfectionism, boundary issues, inability to ask for help
  - Innate Resilience


Stressors
Unchangeable
Changeable
Emotion Focused Strategies
• Resilience Skills
• Self Care
• Diet, exercise, health
Problem-Focused Strategies
• Problem Solving
• Negotiation Skills
• Communication Skills

Resilience Training



- Positive Emotions
- Engagement
- Relationships
- Meaning
- Achievement

WISER

- Web-based Implementation for the Science of Enhancing Resiliency-Duke (J Bryan Sexton, PhD)

- Federation of State Medical Boards: In 2015 Overview has established a working group to begin examining policies related to physician burnout
- AMA: June 2015 released AMA Steps Forward modules.
  - Practice efficiency and patient care
  - Patient health
  - Physician health
  - Technology and innovation
- Other specialty organizations

Improve patient satisfaction, quality outcomes and provider recruitment and retention.

Preventing Physician Burnout

Mark Linzer MD, FACP Hennepin County Medical Center

Laura Guzman-Corrales, MPH Hennepin County Medical Center

Sara Poplau Hennepin County Medical Center

AMA IN PARTNERSHIP WITH Hennepin County Medical Center ACP

CME CREDITS: 0.5

How will this module help me successfully eliminate burnout and adopt wellness approaches in my practice?

1. Seven key steps to help you prevent provider burnout
2. Ten-item survey designed to assist you in assessing burnout
3. Examples of successful burnout prevention programs in a variety of practice/organization settings

Share

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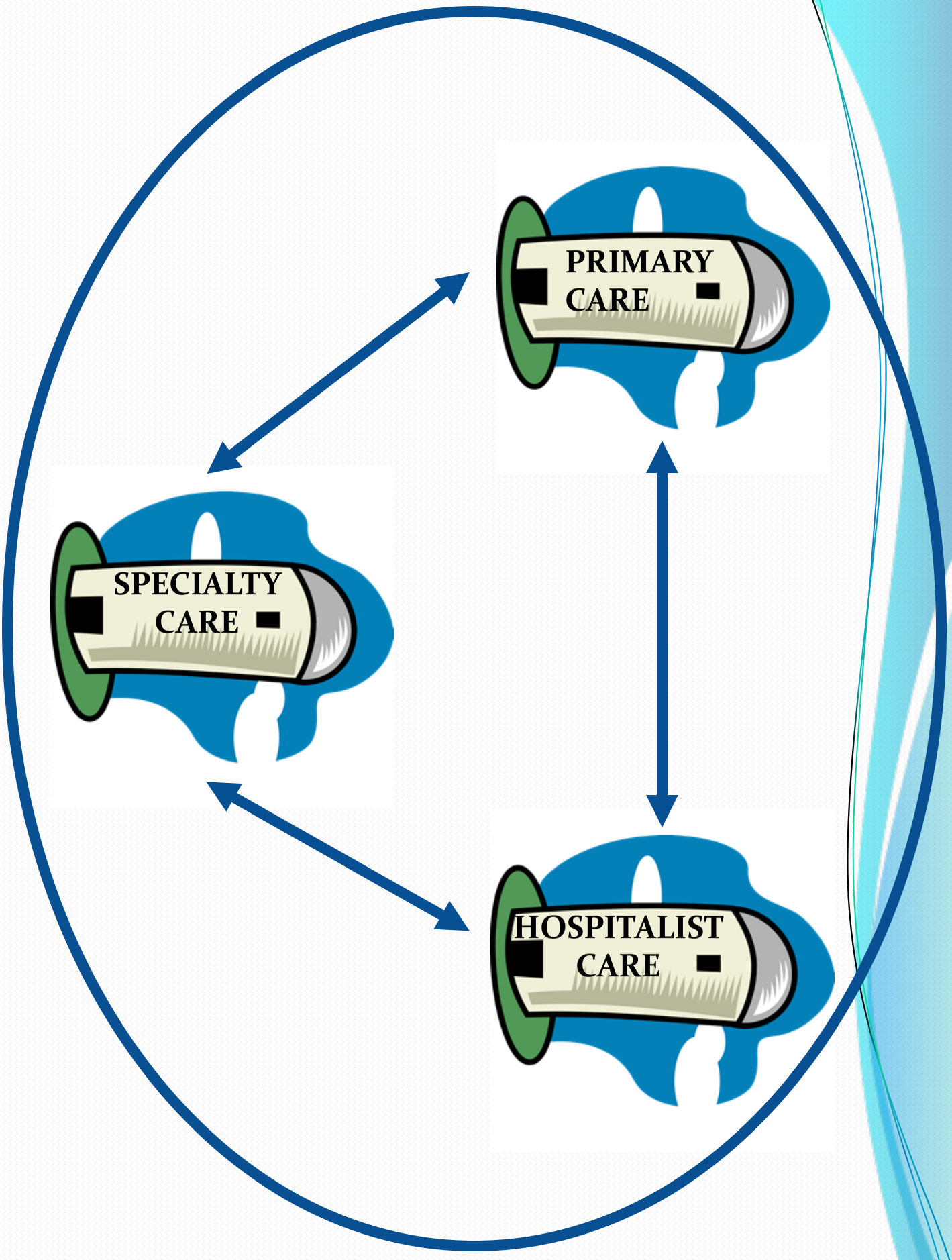
PRIMARY
CARE

SPECIALTY
CARE

HOSPITALIST
CARE


PRIMARY CARE
SPECIALTY CARE
HOSPITALIST CARE

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

CONCLUSIONS AND RELEVANCE Evidence from this meta-analysis suggests that recent intervention programs for burnout in physicians were associated with small benefits that may be boosted by adoption of organization-directed approaches. This finding provides support for the view that burnout is a problem of the whole health care organization, rather than individuals.

JAMA Intern Med. 2017;177(2):195-205. doi:10.1001/jamainternmed.2016.7674

A recent meta-analysis of the literature addressing interventions to improve burnout shows that:

1. The greatest benefit in improving burnout in organizations is provided by individual intervention programs that address physician coping skills, personal health, and mental health issues.
2. Large improvements in burnout can be achieved by personal interventions affecting individual physicians.
3. Organization-directed interventions were associated with higher treatment effects compared with physician-directed interventions.
4. No interventions to date have shown any significant improvement in burnout.

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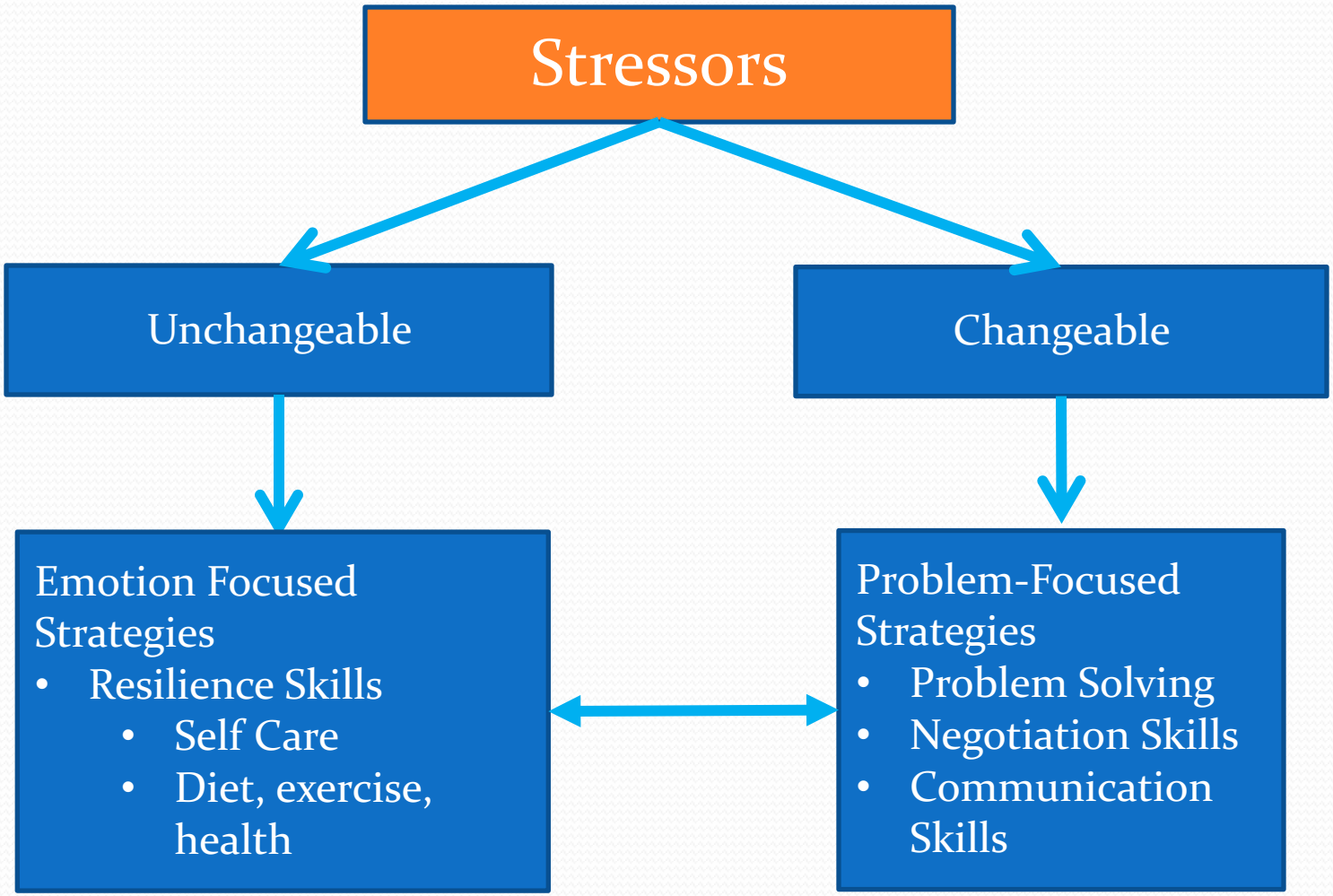
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Health Organizations and the "4th Aim"-improving work-life

- Implement team documentation
- Use pre-visit planning and pre-appointment laboratory testing to reduce time wasted on the review and follow-up of laboratory results
- Expand roles allowing nurses and medical assistants to assume responsibility for preventive care and chronic care health coaching under physician-written standing orders.
- Standardize and synchronize workflows for prescription refills
- Co-locate teams so that physicians work in the same space as their team members;

Bodenheimer, T. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573-576

10 Steps to Prevent Burnout

- Institutional Metrics
  1. Make Clinician Satisfaction & Well-being Quality Indicators
  2. Incorporate Mindfulness and Teamwork in Practice
  3. Decrease Stress from Electronic Health Records
- Work Conditions
  4. Allocate Needed Resources to Primary Care Clinics to reduce healthcare disparities
  5. Hire Physician Floats to cover predictable life events.
  6. Promote physician control in the work environment
  7. Maintain manageable primary care practice sizes and staffing
- Career Development
  8. Preserve physician career fit with protected time for meaningful activities
  9. Promote part-time careers and job sharing
- Self-Care
  10. Make self-care a part of Professionalism

Linzer, M. et al. 10 Bold steps to prevent burnout in General Internal Medicine. *J Gen Intern Med* 29(1):18–20

Research Report

If Every Fifth Physician Is Affected by Burnout, What About the Other Four? Resilience Strategies of Experienced Physicians

Julika Zwack, PhD, and Jochen Schweitzer, PhD

Academic Medicine, Vol. 88, No. 3 / March 2013

Resilience Strategies

- Practices
  - Openness about limitations and errors
  - Personal Reflection
  - Self-demarcation: setting good boundaries
  - Cultivating Professionalism
  - Self-organization
  - Limitation of work hours
  - Ritualized time-out periods
  - Spiritual Practices

Academic Medicine, Vol. 88, No. 3 / March 2013

Resilience Strategies

- Useful attitudes to cultivate
  - Acceptance and Realism
  - Self-awareness and reflection
  - Recognizing when change is necessary
  - Appreciating the good things
  - **Avoiding seeing oneself as a victim-rather seeing oneself as part of the solution**

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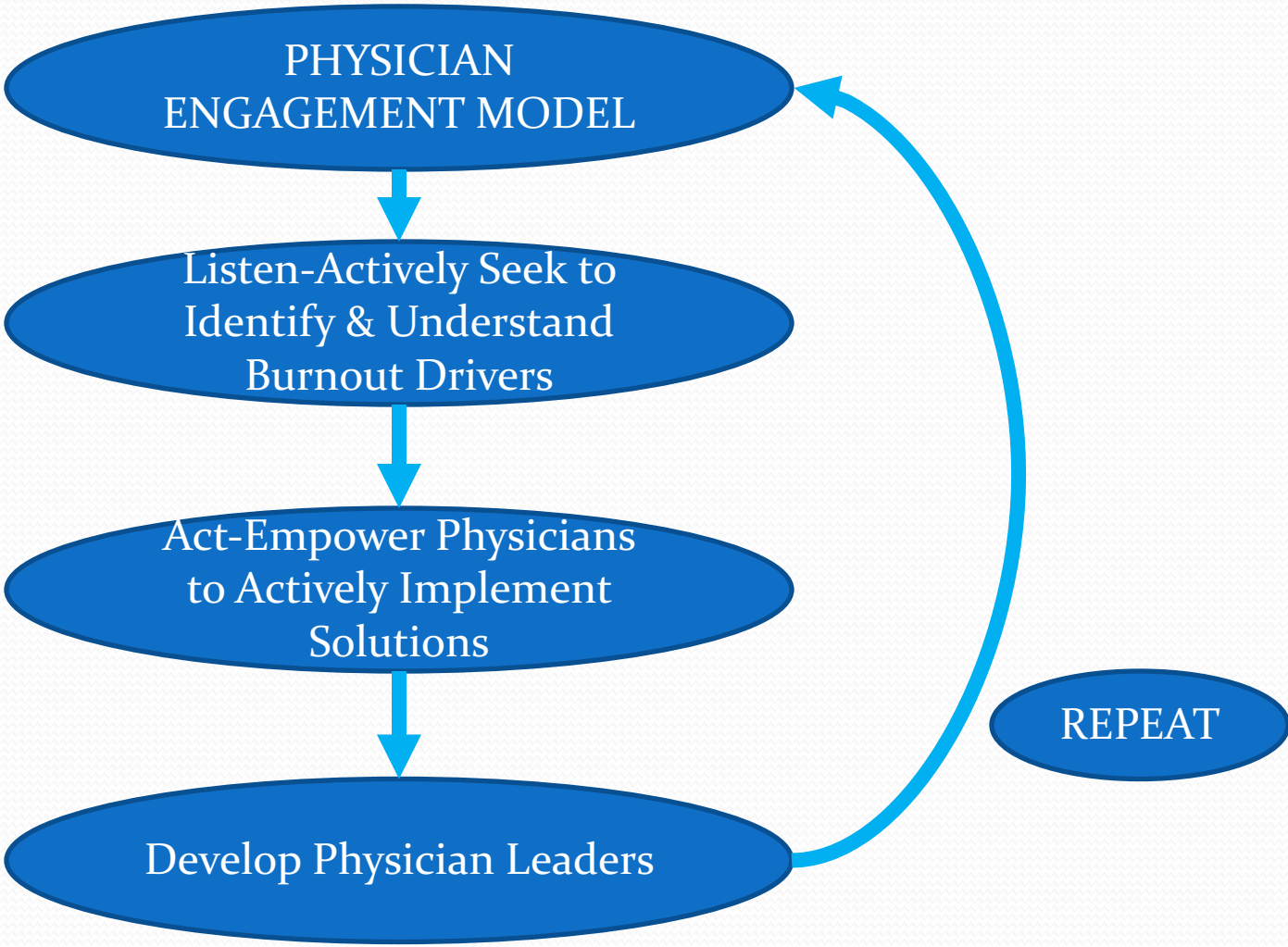
Mayo Clinic Listen-Act-Develop



The Listen-Act-Develop Model for encouraging Physician Engagement at the Mayo Clinic:

1. Recognizes that a sense of “lack of control” is a strong driving force in the development of burnout among physicians.
2. The “listen” portion of the program invites physicians to put all of their complaints in a suggestion box.
3. The “act” portion of the program refers to groups of physicians deciding how to solve problems so that the changes can be explained to staff.
4. The “develop” portion of the program refers to the development of solutions to problems within the system.

Swensen, Stephen, MD, et al. Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience. *Journal of Healthcare Management* 61:2 March/April 2016

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In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

1. proactive planned care, with previsit planning and previsit laboratory tests;
2. sharing clinical care among a team, with expanded rooming, protocols, standing orders, and panel management;
3. sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management;
4. improving communication by verbal messaging and in-box management; and
5. improving team functioning through co-location, team meetings, and work flow mapping.

Christine A. Sinsky,MD. *Ann Fam Med* 2013;11:272-278.

SUMMARY

- Burnout appears to be the most heavily influenced by the work environment and interventions to improve burnout are are more effective when focused on the systematic issues.
- There are strategies for individual growth to enhance resilience that are helpful in combatting burnout and these should be started early in training.
- Physicians and employers of physicians need to work together on improving systems to enhance work-life.
- Physicians must not be passive participants in the healthcare system-both for the good of our patients and for our own emotional health. TAKE CONTROL!