Strategies to Achieve Wellness in Today's Chaotic Medical Environment

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Michelle Rossi, MD, FACP
The Widespread Problem of Doctor Burnout

by Pauline W. Chen, M.D.

AUGUST 23, 2012 3:50 PM

The New York Times

Giving Doctors What They Need to Avoid Burnout

by Len Schlesinger and Josh Gray

OCTOBER 31, 2017

The High Price of Burnout Among Doctors

Jun 9, 2014 11:34 am ET

Carol Cassella: Doctors tend to be a physically healthy group, with lower rates of

THE WALL STREET JOURNAL.
Objectives

• Recognize risk factors for burnout and the syndrome’s impact

• Realize an increased focus on the importance of maintaining personal wellness during stressful times (regardless of your practice) learn about a few techniques

• Discuss at least one strategy to improve your institution's "wellness" and respect for physician well-being
Burnout Defined

• Emotional Exhaustion

• Depersonalization

• Low personal accomplishment
Burnout Syndrome

**Maslach inventory** measures 3 key areas:

- **Emotional Exhaustion** measures feelings of being emotionally overextended and exhausted by work. Exhaustion = depletion of emotional energy, distinct from physical exhaustion. A clear signal of distress in emotionally demanding work.

- **Cynicism or Depersonalization** measures an unfeeling and impersonal response towards the recipients of service, care treatment or instruction. Depersonalization is a problem in careers that value personal sensitivity towards service recipients.

- **Professional Efficacy/Accomplishment** measures feelings of competence and success/achievement with respect to work. Personal accomplishment emphasizes effectiveness + success -> beneficial impact on people.

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MaslachBurnout Inventory: The leading measure of burnout. Christina Maslach, Susan E. Jackson, Michael P. Leiter, WilmarB. Schaufeli, & Richard L. Schwab
From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**  

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Reporting Burnout</th>
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<tbody>
<tr>
<td>Emergency medicine</td>
<td>~53%</td>
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<tr>
<td>General internal medicine</td>
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<tr>
<td>Neurology</td>
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<td>Family medicine</td>
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<td>Otolaryngology</td>
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<td>Orthopedic surgery</td>
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<td>Anesthesiology</td>
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<td>Obstetrics and gynecology</td>
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<tr>
<td>Radiology</td>
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<td>Physical medicine and rehabilitation</td>
<td></td>
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<tr>
<td>Mean burnout among all physicians participating</td>
<td></td>
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<tr>
<td>General surgery</td>
<td></td>
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<tr>
<td>Internal medicine subspecialty</td>
<td>~43%</td>
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<tr>
<td>Ophthalmology</td>
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<tr>
<td>General surgery subspecialty</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Neurosurgery</td>
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<tr>
<td>Pediatric subspecialty</td>
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<tr>
<td>Other</td>
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<tr>
<td>Radiation oncology</td>
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<tr>
<td>Pathology</td>
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<td>General pediatrics</td>
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<tr>
<td>Dermatology</td>
<td></td>
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<tr>
<td>Preventive medicine, occupational medicine, or environmental medicine</td>
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</tbody>
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Factors leading to burnout

- Time demands
  - Increasing bureaucratic tasks
- Lack of control over schedule
- Lack of autonomy
- Workload/intensity
- Diminished time with patients
- Intensive use of technology (EMR)
- Regulatory & competency maintenance requirements
- Lack of a voice in important matters
- Poor work environment
- Unmet personal needs
- Financial strain
Why Burnout Matters

*Professional Consequences*

- Increased medical errors/worse patient outcomes
- Decreased patient satisfaction/adherence
- Loss of professionalism, disruptive behaviors
- Decreased productivity
- Cost of recruitment/retention
  - Est $250,000 to replace PCP
  - Residency accreditation

Physician Suicide

• Suicide is the only cause of death where the risk for physicians is higher than for the general public
• Very few physician suicide victims receive mental health care before their death
• Suicides among healthcare professionals disproportionately involve alcohol or other substance use

Torre et al., 2005  Stuber, 2006  Hawton et al., 2000
Physician Suicide

- 400 physicians commit suicide each year
  - equivalent of one medical school is lost each year to suicide
- Suicide is the 2\textsuperscript{nd} most common cause of death in medical students
- More attempts and higher success than average population
  - male physicians – 40% higher
  - female physicians – 130% higher

Andrew, L. Physician Suicide. Medscape 2015
First do no harm to yourself
We *can* turn the tide

• Physician burnout is not inevitable
• Dissatisfaction can be cured
• Burnout can be prevented
• Well-being can be promoted
The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.
I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard
Preventing burnout is essential medicine for physicians

ACP is working to identify and address the root causes of the problem that most affect the practice of internal medicine and creating a network of support for distressed internists.

By Susan Thompson Hingle, MD, MACP
“Wellness is described as a balance or health in multiple domains (eg, physical, emotional, social, spiritual), however, physicians do not regularly live balanced lives, which may mean that physician wellness is different from wellness in the general population.”

“10 Commandments of Physician Wellness”

1. Thou shall not expect someone else to reduce your stress
2. Thou shall not resist change
3. Thou shall not take thyself in vain**
4. Remember what is holy to thee**
5. Honor thy limits
6. Thou shall not work alone
7. Thou shall not take it out on others
8. Thou shall not work harder. Thou shall work smarter
9. Seek to find joy and mastery in thy work
10. Thou shall continue to learn
Resilience

• Defined: ability of a strained body to recover its size and shape after deformation caused by compressive stress
  • Psychological resilience = individual’s ability to adapt to stress and adversity
  • Work resilience = capacity to take on challenges, bounce back from difficulties and thrive at work
Resiliency techniques

• Mindfulness
• Breathing
• Gratitude
• Laughter
• Exercise
• Music, arts, dance, yoga ...
Want To Be Happier?

Research has demonstrated that one of the best ways to experience positive emotion and increase well-being is by writing down three good things that happen every day (P, Steen, Park, & Peterson, 2005). This is a free web-based tool that enhances this standard exercise by adding photos for a more powerful impact. Sign up for your free account, and begin to feel your well-being improve as you enter three good things in your life every day.

Already Registered and Logged In?

Go To Your Three Good Things!

https://www.threegoodthingsaday.com/tools/lp/Bo/3gt
Three Good Things - A Ha...
Health & Fitness
OPEN

3 good things
Lifestyle
$0.99

Write 3 good things everyday, and this app will remind you a day later. This way, you'll keep a smile on your face and remind you all the good things happening, even the little ones.
Gratitude Effects

• In 148 internal medicine residents at Duke, researchers saw a 15% decrease in burnout in 2 weeks, declining from 65% at baseline to 50% after the intervention.

• A year after the intervention ended, 48% remained resilient, suggesting the intervention has a lasting effect on risk for burnout.
Individual skills

• Manage energy:
  • take breaks, eat lunch with others, go outside in nature even for a few minutes

• Calibrate expectations:
  • of yourself, patients, and staff

• Recognize emotional overload:
  • Seek help and support

• Reframe cognitive distortions:
  • instead of “I didn’t do that well” say “I am proud of what I did and will look for ways to improve”

Adapted from Back et al. 2016; resilientclinician.org
Individual skills

• Savor rewarding moments:
  • keep a “feel good file”

• Consider passwords that make you laugh

• Find healthy boundaries:
  • keep personal commitments that are important (exercise, dinner with family, volunteer work)

• Discover meaning daily:
  • remind yourself why you chose this profession, be human with patients and colleagues alike

Adapted from Back et al. 2016; resilientclinician.org
Practical Application -> at Home

• Change as soon as you get home!
• Resist the urge to sit at the computer for work
• Resist the temptation to drink, smoke or other drugs
• Talk to your family! None of this is their fault.
• Exercise daily, briskly!
• Volunteer
• Pray, meditate, do yoga, Tai Chi etc daily!
What about at work?

• Efficiency of practice
  • Advocate for process improvements
  • Facilitate the efficiency of clinician practice
  • Help all health care team members
  • Reduce waste/redundance
  • Improve the electronic health record
Medical Professional Societies

American College of Physicians:
https://www.acponline.org/practice-resources/physician-well-being-and-professional-satisfaction

Patients before Paperwork:
www.acponline.org/advocacy/where-we-stand/patients-before-paperwork

American Medical Association:
www.stepsforward.org
Medical Professional Societies

Stanford WellMD:
https://wellmd.stanford.edu/

National Academy of Medicine:
https://nam.edu/initiatives/clinician-resilience-and-well-being/
Mayo Clinic approach to Well-being

• Promote less than full-time work to improve recruitment and retention
• Use of daily huddles
• Use of scribes
• Decrease email fatigue
• Increase use of allied health professionals on the teams
• Focus on efficient work environment
At Work -> Practical Application

• Be realistic and prioritize. Speak to your team about it! This means the CEO, CMO, staff, techs. Try to find common ground in your goals! (see handout)
• Ask for more EMR training! Learn shortcuts, design macros etc to make your life easier
• Schedule short breaks throughout the day
• Stick to it for the long run! It’s a marathon not a sprint! KISS!
• Take a vacation! Today is NOT a vacation! Dr. Drummond recommends two weeks at a time!
How can we affect change when it seems counter to our current practice... and not seem “difficult” or “disruptive?”

https://www.youtube.com/watch?v=DFEJbMLHcaE
Important Acknowledgements

• Thanks to our fellow ACP Wellness Champions; this group collaborates and shares content so that we can maintain a consistent message
  • Specifically friends & colleagues Eileen Barrett, MD, FACP, Dick Wardrop MD, FACP and Darilyn Moyer, MD, FACP – all shared slides and/or content
  • Tulisa LaRoca, MD, FACP

• Jay Lynch, MD, FACP (not an ACP Wellness Champion but certainly a fellow gladiator for well-being)
• Dr. Dike Drummond, founder of www.thehappymd.com
IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

DATA SOURCES MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

STUDY SELECTION Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

DATA EXTRACTION AND SYNTHESIS Two independent reviewers extracted data and assessed the risk of bias. The main meta-analysis was followed by a number of prespecified subgroup and sensitivity analyses. All analyses were performed using random-effects models and
Focus on Wellness

• Physician wellness is now being recognized as a “missing quality indicator” in patient care (Wallace, Lemaire, & Ghali, 2009)

• Focus on wellness in training programs is becoming more common (Eckleberry-Hunt et al., 2009; Lefebvre, 2012)

• Evaluation of physician wellness through self-report on the Adult APGAR (Bintliff, 2012)
Adult APGAR

- I am satisfied with the **ACCESS** I have to my emotions (to laugh, be sad, feel pleasure, or anger
- I am satisfied that my life’s **PRIORITIES** are mine and clearly reflect my values
- I am satisfied with my commitment to personal **GROWTH**, to initiate and embrace change
- I am satisfied with the way I ask for **ASSISTANCE** from others, professionally and personally, when in trouble
- I am satisfied with the **RESPONSIBILITY** I take for my well-being, physically, financially, emotionally, spiritually

• *Each scored 2=almost always, 1=some of the time, 0=hardly ever*
• *Total 9-10 = superior; 6-8= some stresses needing attention, <5= significant trouble*
What is the current system?
How are we coping?
It’s not all what it seems!
Causes

• “Only when man feels himself responsible for the future can he have hope or despair, but when he thinks of himself as the passive victim of an extremely complex technological bureaucracy, his motivation falters and he starts drifting from one moment to the next, making life a long row of randomly chained incidents and accidents” H. Nouwen 1979
Causes

• Lack of control over work conditions:
• Time pressures: “see more patients faster!”
• Chaotic workplace: Admin leads, not us!
• Lack of value alignment between administration and providers.
What can we do?

• First we have to identify any signs of burnout in ourselves. Are you one of the 54% (likely higher now!)

• Second: look at what drains your emotional energy! What is under your control?

• See yourself in an ideal situation, then decide of no more than a handful of actions you can take now to improve