

Physician Burnout Moral Injury



CHRISTOPHER CASSIDY MD
ACP
OCTOBER 10 2019



James



- “The meth head”
- “Less than professional on the phone” ?
- Dread a specific patient
- Passed up learning opportunities

Burnout



- Exhaustion
- Depersonalization
- Decreased efficacy

How bad is it really?



- Physician well-being tied to:
 - Patient safety
 - Lower quality of care
 - Lower patient satisfaction scores
 - Medical errors
 - Malpractice risk
 - Disruptive behaviors
 - Higher turnover in physicians and other staff
 - Divorce
 - Drug and alcohol abuse
 - Suicide

Louise H. Hall: Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLOS ONE July 8 2016

Naim El-Aswad. Physician Burnout: An Emotionally Malignant Disease

How bad is it really?



- Physician burnout is double the general population
- And worse in the front lines
 - Emergency medicine
 - Family Medicine
 - Internal Medicine
 - OB-GYN

Thomas P. Reith: Burnout in United States Healthcare Professionals: A Narrative Review. Cureus, 2018 Dec 4;10(12):e3681

How bad is it really?



- Residents (overall) – 69% are burned out
- Surgical – 78%
- Non-surgical – 66%
- Medical students – 44%

Thomas P. Reith: Burnout in United States Healthcare Professionals: A Narrative Review. Cureus, 2018 Dec 4;10(12):e3681

How bad is it really?



- American Psychiatric Association
- Physician suicide - 2x the general population
- - Higher than any other *profession*.
- Over 1,000,000 lose their doctor to suicide each year

Pamela Wible: What I've Learned from My Tally of 757 Doctor Suicides. The Washington Post. January 13 2018

How bad is it really?



- Most recently one of our own

Dr. Peg Bicker

June 24 2019



Gender differences



- **Women**
 - Exhaustion → Cynicism → “What’s the use”
- **Men**
 - Cynical → Exhaustion → Rarely says; “What’s the use”

Classic:

50 yo M. chronically burned out

Viciously cynical

Disruptive

Still soldiers on

What is burnout?



- ICD 11- “Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

It’s characterized by three dimensions:

- Feelings of energy depletion or exhaustion
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job
- reduced professional efficacy.”

Burn-out an “occupational phenomenon”: International Classification of Diseases. World Health Organization.

https://www.who.int/mental_health/evidence/burn-out/en/

What is burnout?



- Christina Maslach – Maslach Burnout Inventory (MBI)
Exhaustion – Feeling tired and never re-energized

Depersonalization – “Healthy venting” → Not so healthy after all

Lack of Efficacy – “What’s the use?” “It won’t help anyway.”

C. Maslach, S.E. Jackson, M.P. Leiter (Eds.), Maslach Burnout Inventory manual (3rd ed.), Consulting Psychologists Press (1996)

Is it any wonder we're burned out?



- Dr. Halstead 1870
- “Father of modern surgery



Tom Castles: Podcast: How the Father of Modern Surgery Became a Healthcare Antihero. Digital Health News. Aprin 19 2019.

<http://www.idigitalhealth.com/news/podcast-how-the-father-of-modern-surgery-became-a-healthcare-antihero>

Is it any wonder we're burned out?



- Dean of medical school
- “Simmering over burnout”

- Program director for residency
- “Call in sick”

Is it any wonder we're burned out?



- Residency training meeting
- VA on call “code pager”

Is it any wonder we're burned out?



- Thomas cook survey
 - 33% slept less than 6 hours a night
 - 40% rarely exercised
 - 90% - ate *less* healthy in the hospital cafeteria
 - 75% did not have a PCP and more than that had not seen a PCP in over a year.

Thomas Cook: The State of Resident Wellness. Emergency Medicine News June 2019 p28

Is it any wonder we're burned out?



● I'm graded on:

- bed to greet
- bed to first pain med
- time to disposition
- patient satisfaction
- Press Ganey scores
- how much critical care time I use
- how many images I order
- what type of image I order
- number of bounce backs
- compliance with sepsis order sets
- time to balloon in STEMI
- time to tPA in stroke
- compliance with stroke order set and sepsis order set
- time to antibiotic in sepsis
- compliance with fluid administration in sepsis
- number of admitted patients
- percent of patients who leave prior to medical screening exam
- on and on

Is it any wonder we're burned out?



- No one looks good under a microscope
- “There is no compassion for a doctor with a bad review or patient satisfaction score”

Moral Injury – redefining burnout



- “Burnout is what happens when you try avoiding being human for too long.”

Michael Gungor

- Why did we get into medicine? – to help.
- Primal need



Moral Injury – redefining burnout



- Burnout implication → Not resilient enough to handle the stress
- Moral injury:
 - Witness or fail to stop an act that transgresses our moral beliefs
 - Patient ↔ hospital ↔ insurer ↔ ourselves
- Forced to make decisions that contradict our primal need to give the best patient care

Naim El-Aswad. Physician Burnout: An Emotionally Malignant Disease

Secondary PTS – Moral Injury



- Infant with melanoma
 - Police
 - Military
 - Healthcare
 - First responders

Laura Shamblin MD: How Secondary Post Traumatic Stress
Contributes to Physician Burnout. June 2, 2019

Moral Injury – redefining burnout



- “It is difficult to get a man to understand something when his salary depends upon his not understanding it.”

Upton Sinclair

Moral Injury – redefining burnout



- We're compensated to have patients
 - Visit the office more
 - Order more lab tests
 - perform more injections
 - diagnose sepsis
 - have them be as sick as possible
 - see them in less time

Moral Injury – redefining burnout



- Daily decisions. Do I:
- pay off my loans faster OR spend more time with the diabetic patient?
- save money for my children's education OR do I try a noninvasive intervention first?
- tPA like neurology wants OR risk getting in trouble with the stroke coordinator?
- cut this patient visit short so I can see another patient?
- Dx sepsis and meet metrics OR call it pna or viral GE?
- Colonoscopy OR Conversation?
- On, and on, and on.

Moral Injury – redefining burnout



- And it gets worse
- If I don't diagnose sepsis → Someone else will
 - I look bad
 - I make less money
 - I get dinged

Moral Injury – redefining burnout



- Dr. Shanafelt from Mayo clinic found that **incentive based income** leads to **3 primary responses** from physicians:
 - 1. Spend less time per patient** → Erodes quality of care
 - 2. Order more** tests and procedures → Erodes quality and value of care
 - 3. Work longer** hours → Increase risk of burnout

Tait D. Shanafelt MD: Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clinic Proc January 2017;92(1):129-146

Moral Injury – redefining burnout



- It's not working hard we mind... it's:
 - Depersonalization
 - Metrics
 - Protocols
 - Insurance requirements
 - And the moral dilemmas we're faced with
- We're smart, durable and hardworking
- If we could work harder, smarter or tougher → It would have been done already

Stress



- Stress → Water around a fish
- Patients don't *want* to see us
- Negative emotions around *every* encounter
- This doesn't even include the *bad* days
 - Too painful
 - Take too much time
 - Don't want family to know what you're exposed to

Stressors



- Stressors
 - Possibility to **harm a patient**
 - Weight of our **responsibilities**
 - **Financial** stress – student debt and family expectation
 - Constantly **being scrutinized** with metrics and the fear of **lawsuits**
 - Electronic Health record (EHR)
 - Time pressures – everything **faster, faster, faster**
 - **Decreased autonomy** (institution makes decisions without our input)
 - Relentless **expectation to perfection** (ourselves, admin, pts)
 - More restricted by **regulations** out of control
 - Physical and **emotional** demands

Stressors - debt



- Debt
- 1986 = \$71,000 (in 2018 dollars)
- 2018 = >\$200,000

- After interest and residency – well over 300-500K

Stress – home



- Home life
 - Finding a spouse
 - Buying a home
 - Picking schools
 - Time with family

Balancing a calling with a mantra like “the patient comes first”
with a life outside of medicine

Stress – Administration



- We're forced to choose:
 - Patient OR Institution (the metrics)
 - My pocket book OR patient's best interest (incentives)

= Moral Injury

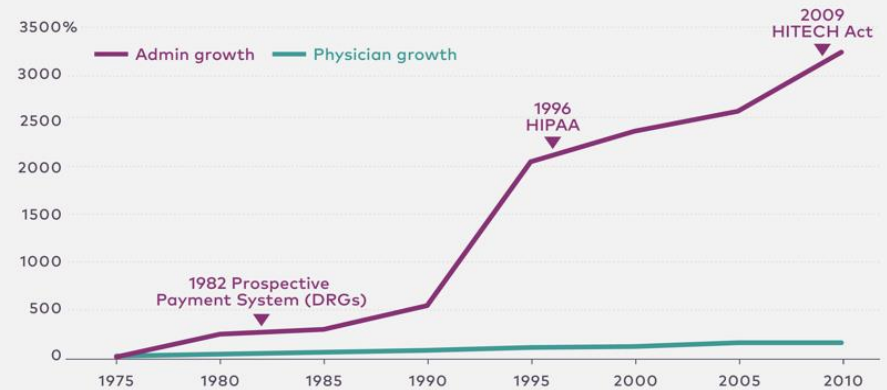
Administrations role in burnout



- Physicians 1975 – 2010 → 150%
- Administrators 1975 – 2010 → 3,200%

Metrics, surveys, red tape, paperwork, regulations, restrictions → Its what they do?

Healthcare administrators far outpace physicians in growth



Source: athenahealth analysis of data from the Bureau of Labor Statistics, the National Center for Health Statistics, and the United States Census Bureau's Current Population Survey

Administrations role in burnout



- Once “physician burnout” was used...
- It was *our* problem...
- Administration was off the hook

Administrations role in burnout



- Most industry:
“We hire the best people for the job and we take care of them. In tern, they take care of us.”
- Not in healthcare – they anticipate our burnout

Administrations role in burnout



- **Quality metrics**

- Safety
- Satisfaction
- Productivity
- **Burnout!!!** → we're on the radar

Replacing a doc = about 3x a years salary

Burnout inventories: Don't assess for **system problems**

Tait D. Shanafelt MD: Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clinic Proc January 2017;92(1):129-146

Administrations role in burnout



- Gas-lighting
- Invalidate our perceptions
- Telling us burnout is about wellness is gas-lighting us

Wendy Dean, MD: Why “Burnout” is the Wrong Term for Physician Suffering. www.medscape.com July 23 2019

Administrations role in burnout



- Physician input is lacking in:

- Policies
- Metrics
- Incentives
- Money allocated
- Resources used
- How workflow is managed
- How care is delivered

Policy = Innocuous?

- Policies → Moral injury/exhaustion → Burnout →
Bad for patient care

Administrations role in burnout



- Shareholders ← Executives → Staff/physicians
- Not any ONE administrators fault or problem

Administrations role in burnout



- Executives can turn healthcare into a money making machine
- Something we were never meant to be
- “Serving 2 masters”

- Hippocratic oath for administrators

Mark Borden MD: A Hippocratic Oath for Hospital Administrators. Emergency Medicine News. September 2019

Administration – What can be done?



- Mayo Clinic – Dr. Shanafelt has 9 recommendations for administration
 1. **Acknowledge and assess the problem** – stop gas-lighting us
 2. **Harness the power of leadership** – use us to the fullest of our potential and let us lead
 3. Develop and Implement **Targeted Interventions**
 4. **Cultivate community at work**
 5. **Use rewards and incentives wisely** – Metrics - money or time off
 6. **Align values and strengthen culture** – make sure the goals of the organization align with our goals of caring for our patients. The shareholder can not be your primary master. The patient must be.
 7. Promote **Flexibility and Work-Life integration**
 8. **Provide resources to promote resilience and self-care**
 9. **Facilitate and fund organizational science**



Acknowledging burnout



- “Sometimes you don’t feel the weight of something you’ve been carrying until you feel the weight of its release.”

Author Unknown

- Surgery with a broken arm?
- Broken psyche...

Acknowledging burnout



- Aren't aware of their burnout
- Afraid of judgment → Mental illness – blame the patient

Wheelchair or asthma → We help

Depression, anxiety, personality DO, SI → “Snap out of it”

Never dream of showing our broken ways of dealing with it.

Acknowledging burnout



- Denial - “We all do that.” “We all say that” “Its part of our culture” etc.
- Others know they’re burned out but over-extend themselves anyway
 - Who has time to be sick anyway?
 - Who has time to focus on wellness?

Acknowledging burnout



- “Pain is the gift no one wants”

Paul Brand

1940s

- It tells us when something needs to change (or avoid)

Acknowledging burnout



- Back to the patient
- vulnerable “will this help?” “How much will it all cost?” etc.
- What if they knew you were “simmering over burnout?” Would they still want *you*?
- You owe it to them to be your best self

Treatment



- “In a battle all you need to make you fight is a little hot blood and the knowledge that it’s more dangerous to lose than to win.”

George Bernard Shaw

- “An ounce of prevention is worth a pound of cure.”

Benjamin Franklin

Treatment – Mayo Clinic



- **Involve leadership**

- CEO not delivering profits → Replace
- CEO with majority doctors not happy → Replace (they're not aligning the goals of the company with the goals of the physicians)

Treatment – Mayo Clinic



- **Choose incentives wisely**
 - Productivity = Money → Physicians overwork themselves and shorten time with patients
 - Productivity = Go home early or get time off or time flexibility

Treatment – Mayo Clinic



- **Encourage work-life balance**

- Schedule flexibility
- Allow physician to spend at least 20% of their time doing what they love
- Teach
- Administrative duties
- Direct patient care
- Research
- Etc.

Treatment – Mayo Clinic



- **Encourage peer support**
 - Physician lounge – engage other docs – discuss cases
 - Stanford – paid to have physicians go to local restaurants together

- **Furnish resources for self-care and mental health**
 - Find barriers to seeking self care and address them

Treatment – Mayo Clinic



- **Target burnout from day one of medical school**
 - Encourage wellness behavior
 - St. Louise University → Went to pass fail = less depression with maintained academic performance
- **We need**
 - Peer support
 - Time flexibility
 - Decreased demands
 - Increased autonomy

Flawed thinking – false narratives



- “All that’s needed is physicians to focus on wellness and self-care.”

doing yoga wont fix our healthcare environment and systems

Flawed thinking – false narratives



- “All I need is a sabbatical.”

Temporary reprieve

Once back burnout will rush back

Its not about “needing batteries recharged”

Flawed thinking – false narratives



- “If I could just go out solo.” Or
- “If I just work in academics.”

Each has their own challenges – you MIGHT need to change but

Wont “cure what ails you”

Flawed thinking – false narratives



- Bottom line

No administrator will do this for us

Its our responsibility

Preventing burnout requires changing things out of our control and will likely decrease the revenue of administrators and executives

Wellness



- Balance – we tend to suck at it
 - Dimensions of wellness
 - Physical – fitness improves quality of life in all aspects of life
 - Emotional
 - Occupational
 - Financial
 - Spiritual – fitness shown to decrease burnout for reasons not understood
 - Social – fitness necessary for balanced life

Wellness



- **Activities**
 - Exercise
 - Prayer
 - Meditation
 - Healthy eating
 - Mindfulness techniques

Wellness



- Med school taught
 - Fight it alone
 - Sacrifice time with family and friends
 - Work extra
 - Take on more tasks
- We get good salary and accolades for this
- Wont work in the long run

Wellness



- Isolation is not a path to success – we need a “herd” mentality
- Work environment **MUST** encourage
 - Leisure time
 - Improve coping
 - Reduce stress

Wellness



- Emotional intelligence
 - IQ = static
 - EQ – modifiable with effort and time

Wellness



- Emotional awareness
 - Knowing when and why an emotion will be triggered
 - Knowing how to use that emotion to your benefit
 - Cant run on auto-pilot – you must run your emotions
- Classic burned out doc – cynical, angry ...
 - Not emotionally aware
 - Emotions are running him

Wellness



- Anger is never a primary emotion. It's secondary to fear
 - Fear of something in particular
 - Fear of the unknown
 - Humiliation/Embarrassment/Disrespect - Fear of what others think of you
- When you get angry
 - What am I afraid of?
 - Address that thing

Final thoughts



- Treating and preventing burnout will be up to you
- **Know your wants and needs**
 - Identify what you need and prioritize those needs.
 - Be realistic.
 - You can't have everything you want in life.
 - Choosing your wants wisely and separating them from your needs is a must.

Final thoughts



- **List out your stressors**
 - Focus on modifying the things you can
- **Manage your time wisely**
 - Minimize time wasters
 - Learn to say; “No” to certain tasks, awards and jobs.
 - It’s okay to be selfish with your time
- **Include your partner in your plans**
 - Make sure their needs are met as well
 - They understand the sacrifices that must be made in our line of work.

James



- **Back to James**

REFERENCES



- Dr. Patitsas: Racing From Tragedy to Tragedy without Reflection Could Be Source of Burnout in EPs. Emergency Medicine News May 2019
- Thomas P. Reith: Burnout in United States Healthcare Professionals: A Narrative Review. Cureus, 2018 Dec 4;10(12):e3681
- Trevor J. Royce: A Burnout Reduction and Wellness Strategy: Personal Financial Health for the Medical Trainee and Early Career Radiation Oncologist. Practical Radiation Oncology (2019) xx, e1-e8
- Thomas Cook: The State of Resident Wellness. Emergency Medicine News June 2019 p28
- Louise H. Hall: Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLOS ONE July 8 2016
- Tait D. Shanafelt MD: Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clinic Proc January 2017;92(1):129-146
- Wendy Dean, MD: Why “Burnout” is the Wrong Term for Physician Suffering. www.medscape.com July 23 2019
- Person Cora PhD: Suicide Rates By Major Occupational Group – 17 States, 2012 and 2015. Center for Disease Control and Prevention Morbidity and Mortality Weekly Report. November 16, 2018. Vol. 67/No. 45
- Laura Shamblin MD: How Secondary Post Traumatic Stress Contributes to Physician Burnout. June 2, 2019
- Simon G. Talbot: Physicians Aren’t “Burning Out.” They’re Suffering From Moral Injury. July 26, 2018
- Burn-out an “occupational phenomenon”: International Classification of Diseases. World Health Organization. https://www.who.int/mental_health/evidence/burn-out/en/
- Joe Cantlupe: The Rise (and Rise) of the Healthcare Administrator. Athena Health. November 7, 2017
- Pauline Anderson: Doctors’ Suicide Rate Highest of Any Profession. The WebMD archives. May 8 2018
- Pamela Wible: What I’ve Learned from My Tally of 757 Doctor Suicides. The Washington Post. January 13 2018
- Mark Borden MD: A Hippocratic Oath for Hospital Administrators. Emergency Medicine News. September 2019
- Tom Castles: Podcast: How the Father of Modern Surgery Became a Healthcare Antihero. Digital Health News. Aprin 19 2019. <http://www.idigitalhealth.com/news/podcast-how-the-father-of-modern-surgery-became-a-healthcare-antihero>
- Naim El-Aswad. Physician Burnout: An Emotionally Malignant Disease.
- Dike Drummond MD. Stop Physician Burnout: What to Do When Working Harder Isn’t Working.
- C. Maslach, S.E. Jackson, M.P. Leiter (Eds.), Maslach Burnout Inventory manual (3rd ed.), Consulting Psychologists Press (1996)

How bad is it really?



- My father – 25 years
 - Exhausted
 - Cynical about his bosses
 - Didn't really feel like he made a difference
-
- So... What's the difference

How bad is it really?



- So...
- What's the difference between my dad's burnout and physician burnout?
- Patients suffer
- Increased risk of suicide

What is burnout?



- Dr. Fruedenburg – New York – 1974

Noticed the most hard working and dedicated doctors were burning out the fastest

Moral Injury – redefining burnout



- Despite the primal need to serve we are:
- Suppressing our humanity
- Refer to patients as cases
- “When did being a physician require us to be robot like in our approach”

Burnout causes



- **Workaholics** - works more in hopes that they can outwork their problems
- **Perfectionist** - focuses on every detail, relevant or not, frustrates easily
- **Loners** - view others as incompetent, “on an island”
- **Heroes** - should be able to save everyone - get upset when they can't

- We're conditioned this way
- But – never learn to turn it off

Stressors



- **Job specific stressors**
 - Scheduling
 - EMR
 - Staff
 - Compensation formula
 - Administration and leaders
 - Group dynamics
 - Volume of patients expected
 - Scores
- Metrics
- Confidants in your colleagues
- On and on