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


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

How bad is it really?

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

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

How bad is it really?

- Most recently one of our own

Dr. Peg Bicker
June 24 2019
Gender differences

- **Women**
  - Exhaustion $\rightarrow$ Cynicism $\rightarrow$ “What’s the use”

- **Men**
  - Cynical $\rightarrow$ Exhaustion $\rightarrow$ 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.
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.”

Is it any wonder we’re burned out?

- Dr. Halstead 1870
- “Father of modern surgery

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.

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

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

- 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

Administrations role in burnout

- Once “physician burnout” was used...
- It was our problem...
- Administration was off the hook
Most industry:
“We hire the best people for the job and we take care of them. In turn, 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

Administrations role in burnout

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

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

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” “It’s 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)
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

Won’t “cure what ails you”
Flawed thinking – false narratives

- Bottom line

No administrator will do this for us

It's 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

  o Dimensions of wellness
  o Physical – fitness improves quality of life in all aspects of life
  o Emotional
  o Occupational
  o Financial
  o Spiritual – fitness shown to decrease burnout for reasons not understood
  o 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
Dr. Patitsas: Racing From Tragedy to Tragedy without Reflection Could Be Source of Burnout in EPs. Emergency Medicine News May 2019


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


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


Pauline Anderson: Doctors’ Suicide Rate Highest of Any Profession. The WebMD archives. May 8 2018


Dike Drummond MD. Stop Physician Burnout: What to Do When Working Harder Isn’t Working.

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 dads 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
- **Loner** - 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
- Confidents in your colleagues
- On and on