Physician Satisfaction: Beyond Resiliency

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Disclosures

None
“We tell physicians to get more sleep, eat more granola, do yoga and take better care of yourself. These efforts are well intentioned. – The message to physicians however, is that you are the problem, and you need to toughen up”

--Tait Shanafelt, MD, Dir Mayo Clinic Dept of Med Program on Physician Well-Being
Happiness Booster

- Think of that thing you reach for when you need a pick-me-up
  - song, picture, video, activity, mindfulness practice

- Think of an example of how you use it
Objectives

► What is burnout?
► Why is it relevant?
► Systems analysis
► Now what?
Bumout?
A syndrome of depersonalization, emotional exhaustion, and a sense of low personal accomplishment.
- **Depersonalization**
  - Treating patients as objects
  - More callous towards patients

- **Emotional exhaustion**
  - Feeling overextended and exhausted

- **Sense of low personal accomplishment**
  - Feeling ineffective w/helping pts
  - Low value from pt care
  - Low value from professional achievements
Burnout

How do you recognize it?
- In yourself?
- In a colleague?
Burnout

- How do you recognize it?
  - Not that simple . . .
What does burnout look like to you?

**Physicians**
- “When I’ve lost my footing and just don’t know where to start”
- “When work feels overwhelmingly futile”
- “When I run out of I-give-a-f**ks”
- “When I start resenting my patients and myself”

**Non-physicians**
- “When I’m less engaged”
- “When I stop looking forward to work”
- “When I start having trouble sleeping”
- “When I eat junk food”
- “When I stop doing the things I enjoy”
What percentage of physicians suffer from burnout?

- A. 3%
- B. 75%
- C. 54%
- D. What’s burnout?
What percentage of physicians suffer from burnout?

- A. 3%
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- C. 54%
- D. What’s burnout?
The accepted prevalence

- Over 50% of all physicians in the United States across all specialties...
  - Higher in women
  - Higher in Internal Medicine
Why is it relevant?
Approximately one physician commits suicide each day in the United States
Why should we care?

<table>
<thead>
<tr>
<th>Personal / Professional / Business</th>
<th>Personal</th>
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<tbody>
<tr>
<td>Satisfaction</td>
<td>Increased errors/ worse patient outcomes</td>
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<tr>
<td>Safety</td>
<td>Decreased patient satisfaction</td>
</tr>
<tr>
<td>Higher rates of: Divorce, Depression, Anxiety, Suicide, Substance abuse</td>
<td>Loss of professionalism/ disruptive behaviors</td>
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<td>Increase patient load for remaining providers</td>
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<td>Decreased productivity</td>
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<td>Patient disenrollment</td>
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Why should our leaders care about burnout prevention?

- Basic human decency
- Clinical performance
- Recruitment and retention
The Financial Argument

- Cost of turnover
- Lost revenue
- Threat to organizational viability due to connection between burnout and lower quality care
The Financial Argument

- $250,000 - $1,000,000 to replace an MD who leaves
  - Recruiting fees
  - Lost revenue during recruiting
  - Lost revenue during onboarding
Indirect Costs

- Disruptive effect on patients
- Disruptive effect on other care team members
  - Increase burnout rates for those remaining
- Effect on organization culture and reputation
Systems Analysis of Burnout
Systems Analysis: Basic Core Issues

- Work Load
- Efficiency
- Flexibility and Control
- Work-Life Integration
- Community at work
- Meaning in work
Burnout Model

Background variables
- Sex
- Age
- Children
- Solo practice
- Academic practice
- Work hours

Mediating variables
- Work control
- Work-home interference
- Home support

Variable outcomes
- Stress
- Satisfaction
- Burnout

Now what?...
Next Steps

- Organizational Awareness
  - Mini – z
    - 10 questions

- Wellness Committee
Evidence based interventions?

- Workflow redesign
- Communication improvement
- QI programs in chronic disease care that focus on the clinician’s concerns
- Shows promise:
  - Physician coaching
ACP’s Physician Well-being & Professional Satisfaction Initiative

**Fostering Local Communities of Well-being**
Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.

**Advocating for Systems Changes**
Policy recommendations through ACP’s Patients Before Paperwork initiative that call for simplifying, streamlining, and reducing excessive administrative tasks that detract from patient care and contribute to physician burnout.

**Improving the Practice and Organizational Environment**
Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.

**Promoting Individual Well-being**
Offering online resources and educational courses at ACP’s Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.

www.acponline.org/physician-well-being
Resources

- ACP Well-Being Champions:
  - nthomas@billingsclinic.org
- ACP Well-Being Website
- ACGME Back to Bedside Initiative
- Alliance for Academic Internal Medicine CHARM (Collaborative for Healing and Renewal in Medicine)
- Mayo Clinic Physician Well-Being Program
- National Academy of Medicine – Action Collaborative on Clinician Well-Being and Resilience
- Stanford Balance in Life Program
Bibliography