Burnout-Dx, Rx, & Prevention
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Goals and Objectives
- Learn to diagnose “Burnout”
- Become aware of the scope of the problem
- Discuss Contributors to and Alleviators of Burnout
- Consider personal/systems interventions to treat and prevent Burnout
- I have no financial disclosures

Case Presentation
- 45 yo male internist (AB) practicing in a traditional in/outpatient practice is brought in by the hospital’s CMO for complaints by staff and patients about being short-tempered and inappropriate at times. Has spoken to patients in an uncaring and arrogant manner. Physician has had no prior issues like this in a very successful career

The rest of the story:
- AB has been in practice for 16 years.
- Married, 3 kids-the oldest is very bright and junior in high school.
- 6 months ago became employed by the hospital system after overhead became too expensive and needed an EMR. Hospital cut his staff when he became employed
- New EMR introduced 4 months ago. AB can’t type very well.
- PCMH initiative is in process.

The rest of the story:
- Now working 2-3 hours each night at home completing records
- Employer expects ~25 patients/day which he was able to do in the old system and finish before going home.
- Has had to quit playing tennis because there is no time.
- Sundays sleeps in because it’s his only day-rest of family goes to church

The rest of the story:
- Feels like his patients are becoming more demanding and stupid.
- The ER docs are all stupid.
- His wife and dog are stupid.
Burnout

- 70's Maslach
  1. Exhaustion in a downward spiral,
  2. Cynicism, Sarcasm, and Compassion fatigue
  3. Feeling of inefficacy (not making a difference—what's the point?).

Current 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.

Burnout—Manifestations

- Feeling overwhelmed
- Self-doubt
- Physical and Emotional exhaustion
- Bitterness
- Personality change
- Irritability
- Over use of alcohol and perhaps other substances
- General state of unhappiness—Negativism

Burnout

- Differences between men and women.
  - Women tend to go from fatigue and exhaustion→cynicism→feelings of inefficacy (often ask for help)
  - Men→cynicism, compassion fatigue→exhaustion

Consequences

- Professional
  - Impacts Professional behavior
  - May increase errors and influence quality of care (? Litigation risk, outcomes)
  - Promotes early retirement—impacts physician workforce
- Personal
  - Relationships
  - Substance abuse
  - Depression and suicide
  - Loss of joy

Burnout vs Depression

- How can you tell?
- But does exist along a continuum
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.

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


**Etiology**

- Work-related Pressures
- Personal Attributes and Coping Skills
  - Relationships
  - Innate Resilience
  - Learned and Practiced Resilience Methods

**Causes-Work Related**

- Taking care of patients
- External bureaucratic pressures
- EHR
- Time
- Less time for building relationships with patients
- All the other stuff of medicine including many uncertainties
- Challenge of work/life balance
  - Lack of Control

**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

**Treatment & Prevention**

- Institutional/Workplace
- Self-Care
- Resilience Training
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 inbox management; and
5. improving team functioning through co-location, team meetings, and work flow mapping.


Working at Starbucks would be better.
Benjamin Crocker, MD, October 3, 2007

I look forward to going to work each day. I’m loving it!
Benjamin Crocker, MD, July 13, 2011

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

Resilience Strategies

- Job related sources of gratification
  - Physician-Patient Relationship
  - Medical efficacy (surgeons)
- Resilience practices
  - Leisure activities
    - Physical
    - Intellectual (even things that take time)
  - Relationships with colleagues
  - Relationships with family/friends (non-medical)

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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

- **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

Interventions

- Mayo Clinic-19 biweekly facilitated physician groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning for 9 months. Protected time (1 hour of paid time every other week) provided


Results

- Intervention improved meaning & engagement in work & reduced depersonalization, with sustained results at 12 months after the study.
- No statistical difference in stress, sxs of depression, overall quality of life, or job satisfaction
- Rates of depersonalization, emotional exhaustion, and overall burnout decreased substantially in the trial arm, decreased slightly in the trial control arm, and increased in the nontrial cohort

Physician Health and Wellness

- Not often addressed in our training
- Kind of taboo to discuss?
- We are “professionals” after all.
- Why is it important?
  - Improved and prolonged patient care
  - Enhanced personal satisfaction and resiliency
  - Improved personal health, relationships, etc.
Decreasing Stressors

- Systematic issues
  - Get organized—may need help
  - Learn short cuts for documentation
  - Discipline yourself to completing daily
  - Negotiate practice hrs, responsibilities if necessary
  - Simplify and Delegate
  - Get involved in this process to any extent allowable by your situation

- Personal
  - Get finances in order (perhaps decide to decrease your “wants”).
  - Plan ahead—Schedule life events as you would work-date nights, etc
  - Deal with relationship issues early—don’t escape from them with work
  - Set limits where possible
  - Take Inventory once/yr—schedule this

Enhancing Resilience

- Physical
  - Exercise, Nutrition, Sleep,
  - Health Maintenance Planning (do you have a doctor?)
- Emotional
  - Taking care of relationships
  - Self care
  - Journaling, Reading, Balint Groups
- Spiritual
  - MBSR—learning to live in the moment, prayer, meditation, community of faith
  - DO SOMETHING YOU ENJOY! HAVE SOME FUN

Prevention/Immunizations

- Recent headlines about lack of resilience in college students
- Highlights an perhaps an even greater need for issues of self-care and resilience to be addressed in pre-doc and post-doc medical education

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
  10. Make self-care a part of Professionalism

SUMMARY

- Burnout appears to be most heavily influenced by the work environment.
- There are strategies for individual growth to enhance resilience that are helpful in combating burnout.
- Physicians and employers of physicians need to work together on improving systems to enhance work-life.
- Physicians must not be passive participants in process changes as healthcare evolves.
- We need to better prepare future physicians for the challenges they will be facing and may not be equipped to handle.