Are we Running on Empty: Shifting the Balance toward Wellness

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Objectives

• Demonstrate knowledge of the scope of current literature on physician wellbeing and wellbeing interventions.
• Recognize how this literature informs approaches to physician well-being moving forward.
• Summarize general approaches to protect and promote physician well-being.
When does burnout begin?

- MS
- Residency
- Fellowship
- Practice
Medical students have lower distress than age-similar college graduates

2012, 7 U.S. medical schools & population sample (slide from Dyrbye)

Medical students have better quality of life than age-similar college graduates

![Graph comparing quality of life scores between age-similar college graduates and matriculating medical students for Overall QOL, Mental QOL, Physical QOL, and Emotional QOL. The graph shows that medical students typically have higher mean QOL scores across all categories.](image-url)
What happens to distress relative to population after beginning medical school?

![Bar chart showing comparison between burnout and depression in age similar college graduates from US population and medical students.](chart.png)
Burnout among Residents

Comparison with the general U.S population

- Residents/fellows were more likely to report high emotional exhaustion
- High depersonalization, and burnout
- Screen positive for depression
- Have higher levels of fatigue common, despite current work hours restrictions
- QOL in all dimensions was significantly lower

West et al., JAMA 2011
Burnout among Practicing Physicians


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<thead>
<tr>
<th></th>
<th>2011</th>
<th>2014</th>
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<tbody>
<tr>
<td>Burnout:</td>
<td>45.8%</td>
<td>54.4%</td>
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<tr>
<td>Emotional exhaustion:</td>
<td>37.9%</td>
<td>46.9%</td>
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<tr>
<td>Depersonalization:</td>
<td>29.4%</td>
<td>34.6%</td>
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<tr>
<td>Dissatisfied work-life balance:</td>
<td>36.9%</td>
<td>44.5%</td>
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Brief Summary of Epidemiology

• Medical students matriculate with BETTER well-being than their age-group peers
• Early in medical school, this reverses
• Poor well-being persists through medical school and residency into practice:
  • National physician burnout rate exceeds 54%
  • Affects all specialties, perhaps worst in “front line” areas of medicine
  • >500,000 physicians burned out at any given time
House Officer Syndrome

• Episodic Cognitive Impairment
• Chronic Anger and Resentment
• Family/Significant Other Discord
• Pervasive Cynicism

Gary W. Small, MD

“House Officer Stress Syndrome”
Delayed Gratification: Life on Hold?

- 50% residents report “Survival Attitude” - life on hold until the completion of residency
- 37% practicing oncologists report “Looking forward to retirement” is an essential “wellness promotion strategy”
- Many physicians may maintain strategy of delayed gratification throughout their entire career

Shanafelt, J Sup Oncology 3:157
Moral Injury in Medicine

“I know that a young [person] can go to war as a cook and see no action but be diagnosed (perhaps quite reasonably) with PTSD after one tour. But a physician, nurse or medic who spends decades watching the life-blood drain out of people, giving them bad news, seeing the effects of drugs and violence, and pronouncing people dead is still considered weak for feeling the pain. “...perhaps what we call burnout is our own PTSD. Our own brain (our own soul even) saying, “enough.” And it applies to more than just physicians. . .”

- Lucian Leap MD
Why Is This Important?

• Medical trainees’ well-being is worse than that of their similarly aged peers who graduate from college but choose other careers
• Different dimensions of distress may be more acute at different stages of physicians’ careers, with medical training being the peak
• There is the need and the opportunity to improve well-being at all career stages
Stressors for Physicians

• Shift work
• Long work days
• High case loads
• Time pressures
• Poor sleep habits
• High performance expectations
• Challenging patients
• Personal fears regarding competency and changing roles in the workplace
• Lack of mentors
• Lack of financial education
• Paucity of Elders
Physician Distress: Key Drivers

- Excessive workload
- Inefficient work environment, inadequate support
- Problems with work-life integration
- Loss autonomy/flexibility/control
- Loss of values and meaning in work
Why Should We Care?

- Suicide
- Medical errors
- Turnover
- Productivity
- Patient access
- Patient satisfaction
- Staff satisfaction and turnover
- Disruptive behavior
- It’s the right thing to do!
How should we cope?

“It’s much more difficult to admit that it hurts too much to see so much hurt. Is it possible that as our work becomes more difficult, our patients sicker, the demands more onerous, and our wounds ever deeper that we [should]. . . at least be encouraged to take some breaks?”

- Lucian Leap MD
Mitigating Burnout

Organizational factors:
- engagement and strengthening of personal resources
- administrative, emotional and intellectual support at work

Departmental & Community factors:
- more control over/at work

Individual factors:
- problem-focused coping strategies
The Evidence in Total

• Systematic review on interventions for physician burnout, commissioned by Arnold P. Gold Foundation Research Institute (West Lancet 2016):
  – 15 RCT’s, 37 non-RCT’s
    • Results similar for RCT and non-RCT studies
The Evidence in Total

• Emotional exhaustion (EE):
  – -2.7 points, \( p<0.001 \)
  – Rate of High EE: -14\%, \( p<0.001 \)

• Depersonalization (DP):
  – -0.6 points, \( p=0.01 \)
  – Rate of High DP: -4\%, \( p=0.04 \)

• Overall Burnout Rate:
  – -10\%, \( p<0.001 \)

Benefits similar for individual-focused and structural interventions (but we need both)
The Evidence in Total

• Individual-focused interventions:
  – Meditation techniques
  – Stress management training, including MBSR
  – Communication skills training
  – Self-care workshops, exercise program
  – Small group curricula, Balint groups
    • Community, connectedness, meaning
The Evidence in Total

• Structural interventions:
  – Duty Hour Requirements for trainees
    • Unclear but possibly negative impact on attendings
  – Shorter attending rotations
  – Shorter resident shifts in ICU
  – Locally-developed practice interventions
Individual Strategies

- Identify Values
  - Debunk myth of delayed gratification
  - What matters to you most (integrate values)
  - Integrate personal and professional life
- Optimize meaning in work
  - Flow
  - Choose/focus practice
- Nurture personal wellness activities
  - Calibrate distress level
  - Self-care (exercise, sleep, regular medical care)
  - Relationships (connect w/ colleagues; personal)
  - Religious/spiritual practice
  - Mindfulness
  - Personal interests (hobbies)
Individual Strategies

Recognition of distress:

• Medical Student Well-Being Index (Dyrbye 2010, 2011)
• Physician Well-Being Index (Dyrbye 2013, 2014)
  • Simple online 7-item instruments evaluating multiple dimensions of distress, with strong validity evidence and national benchmarks from large samples of medical students, residents, and practicing physicians
  • Evidence that physicians do not reliably self-assess their own distress
  • Feedback from self-reported Index responses can prompt intention to respond to distress

• Suicide Prevention and Depression Awareness Program (Moutier 2012)
  • Anonymous confidential Web-based screening

• AMA STEPSForward modules
  • Mini Z instrument (AMA, Linzer 2015): 10-item survey
Resilient physicians... have the ability to invest personal resources in a way that initiates positive resource spirals in spite of stressful working conditions.
What Can Organizations Do?

- Be value oriented
  - Promote values of the medical profession
  - Congruence between values and expectations

- Provide adequate resources (efficiency)
  - Organization and work unit level

- Promote autonomy
  - Flexibility, input, sense control

- Promote work-life integration

- Promote meaning in work
Physician Well-Being: Expanding the Triple Aim
Colin P. West, MD, PhD
J Gen Intern Med Feb 2016
From The Triple Aim
TO
The Quadruple Aim: care, health, cost and meaning in work

• The classic ‘Triple Aim’ for healthcare is a framework developed by the IHI in 2008 by Donald Berwick and colleagues

• Describes an approach to optimizing health system performance
  1. Improving the patient experience of care (including quality and satisfaction)
  2. Improving the health of populations
  3. Reducing the per capita cost of health care

• Winning healthcare delivery organizations recognize that the Quadruple Aim will deliver sustainable success.
• The “forgotten aim” is a better experience for the health professional.

Sikka R, Morath JM, Leape L
Physician wellness: a missing quality indicator
Jean E Wallace, Jane B Lemaire, William A Ghali
Lancet 2009; 374: 1714–21

• When physicians are unwell, the performance of health-care systems can be suboptimum

• Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care
“Healthy citizens are the greatest asset any country can have.”

Sir Winston Churchill
How might the Quadruple Aim be implemented?

1. Physician well-being should be recognized as a central element of professionalism in medicine, and therefore as a professional responsibility shared by both individual physicians and the healthcare systems in which they impact patients.

2. A focus on physician well-being should not be viewed as selfish or self-serving professional.

3. Integration of clinician well-being into the professional fabric of medicine.
A FEW POSSIBLE SUGGESTIONS
Suggestion 1

Develop clinician “float pools” for life events

- Workforce often 10% short
- Hiring to cover is cost-effective


Suggestion 2

Decrease EMR stress by “right-sizing” EMR-related work

- Longer visits needed*
- Study impact of scribes**


Suggestion 3

Ensure that metrics for success include clinician satisfaction and well-being*

Suggestion 4

Include self-care in medical professionalism

- “Buddy program” for residents and providers
- Debrief challenging events
- Provider Wellness Center – a place to relax, work out, and connect

Suggestion 5

Measure worklife and wellness in residents

- Develop resident wellness program
- Honor hard work, family sacrifice
- Build a supportive community

Suggestion 6

Assure 10% FTE for clinicians to do what they are passionate about*

- Cost-effective to support 10%, as turnover costs $250,000/FT E.*


Recommendations

• We need more and better studies to guide best practices:
  – RCT’s
  – Valid metrics
  – Multi-site
  – Individual-focused AND structural/organizational approaches
  – Evaluate novel factors: work intensity/compression, clinical block models, etc.

• Develop interventions targeted to address Five Drivers.
## Physician Well-Being: Approach Summary

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<th>Individual</th>
<th>Organizational</th>
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<td><strong>Workload</strong></td>
<td>Part-time status</td>
<td>Productivity targets</td>
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<td>Duty Hour Requirements</td>
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<td>Integrated career development</td>
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<td><strong>Work Efficiency/Support</strong></td>
<td>Efficiency/Skills Training</td>
<td>EMR (+/-?)</td>
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<td>Staff support</td>
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<td><strong>Work-Life Integration/Balance</strong></td>
<td>Self-care Mindfulness</td>
<td>Meeting schedules</td>
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<td>Off-hours clinics</td>
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<td>Curricula during work hours</td>
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<td>Financial support/counseling</td>
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<td><strong>Autonomy/Flexibility/Control</strong></td>
<td>Stress management/Resiliency</td>
<td>Physician engagement</td>
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<td>Mindfulness Engagement</td>
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<td><strong>Meaning</strong></td>
<td>Positive psychology Reflection/self-awareness Mindfulness Small group approaches</td>
<td>Core values</td>
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<td></td>
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<td>Protect time with patients</td>
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<td>Promote community</td>
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<td>Work/learning climate</td>
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What can we do?

How can we create a healthy work environment?

- Less time pressure, more control
  - Extend appointment times
  - Offload non-clinician work
  - “Desk top” slots for busy clinicians

- More order, less chaos
  - Maximally utilize space

- Support for work-home balance
  - Support needs of parent clinicians in residents and faculty
  - On site childcare
  - Pilot unique schedules: “7 on, 7 off” in outpatient environment
THE DIFFERENCE ISN’T RESOURCES, IT’S ATTITUDE

MALCOLM GLADWELL
"Every day focus on your purpose. Remember why you do what you do. We don't get burned out because of what we do, we get burned out because we forget why we do it."

- Jon Gordon