Understanding and Preventing Burnout Among Internists

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Objectives

Define physician burnout

Brief review literature on burnout, causes, and contributing factors for physicians

Review application of positive psychology and engagement as tools to combat burnout
Burnout Defined
Burnout: Defined
Maslach, Schaufeli, & Leither (2001)

Figure from Loera, Converso, & Viotti (2014)
Burnout: Just Depression?

No!

Maslach & Schaufeli (1993)

- Predominant dysphoric symptoms
- Behavioral and mental symptoms more than physical
- Work-related
- Manifest in people without history of psychopathology
- Decreased work effectiveness due to negative attitudes and behaviors
Burnout in Internal Medicine Physicians
## Burnout by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Reporting Burnout</th>
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<tbody>
<tr>
<td>Emergency medicine</td>
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<tr>
<td>General internal medicine</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>Family medicine</td>
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<tr>
<td>Otolaryngology</td>
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<tr>
<td>Orthopedic surgery</td>
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<tr>
<td>Anesthesiology</td>
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<tr>
<td>Obstetrics and gynecology</td>
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<tr>
<td>Radiology</td>
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<tr>
<td>Physical medicine and rehabilitation</td>
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<tr>
<td>Mean burnout among all physicians participating</td>
<td></td>
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<tr>
<td>General surgery</td>
<td></td>
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<tr>
<td>Internal medicine subspecialty</td>
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<tr>
<td>Ophthalmology</td>
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<tr>
<td>General surgery subspecialty</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Neurosurgery</td>
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<tr>
<td>Pediatric subspecialty</td>
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<tr>
<td>Other</td>
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<tr>
<td>Radiation oncology</td>
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<tr>
<td>Pathology</td>
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<td>General pediatrics</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Preventive medicine, occupational medicine, or environmental medicine</td>
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</tbody>
</table>

**Figure 1.** Burnout by specialty.

**Figure directly from:** Shanafelt, Boone, Tan et al., (2012)
Physician Burnout: Contributing Factors
Meta-analytic results from 1991-2011

**Emotional Exhaustion**
- Lower autonomy
- Negative work attitudes
- Culture with poor safety and quality
- High workload
- Constraining organizational structure
- Incivility/conflicts/violence
- Work-life conflict

**Depersonalization**
- Compromise of professional values
- Challenging organizational structure
- Job-specific challenges
- Poor culture of safety and quality
- Incivility/conflict/violence
- Work-life conflict

**Emotional exhaustion relationship higher than depersonalization**

Lee, Seo, Hladkyj, Lovell, & Schwartzmann (2013)
Negative Impact of Physician Burnout

• Increased medical errors

• Health associations (Lee et al., 2013)
  – Poorer mental health
  – Worse health-related behaviors
  – Increased work-life/home conflict

• Decreased work productivity (Dewa, Loong, Bonato, Thanh, & Jacobs, 2014)

• Increased mental illness and substance abuse
  (Shanafelt et al., 2003; Dyrbye, Thomas, Massie et al., 2008)
Approaches to Preventing Burnout

• Individual
  Fostering resilience
  Fostering meaning

• Group
  Resilient community
  Social support

• Organizational
  Increasing engagement
  Increasing autonomy
  Managing workload
Evoking Happiness and Fulfillment

• **Positive emotion** **Not only factor**
  – Past
    • Cultivating gratitude and forgiveness
  – Present
    • Savoring
    • Mindfulness
  – Future
    • Building hope
    • Optimism

• **Engagement**
  – *Gratification*: Fully engaged, drawing on strengths
  – *Flow*: Involves fully engaging, but not always accompanied by positive emotion
  – *Meaning*: Using strengths in service of something larger than ourselves

Seligman, Parks, & Steen (2004)
Cultivating Positive Functioning in Challenging Situations

Fostering gratitude
- Write a letter of gratitude to someone who impacted you positively. Consider sending it.

Seeing barriers as opportunity
- Focus on a challenge, barrier, or failure in your life and focus on a growth experience that came from it.

Counting kindness
- Keep a log of all kind things you do in a day
- Review them at the end of the day

Focusing on three positive things that occurred during the day.
- Write them down

Humor
- Write down three funny things that happened during the day.
  - Write down why they happened (something you did, observed, participated in?).
Fostering a Resilient Community

- Cooperation
- Support
- Humor (not degrading)
- Encouraging of success
- Unified goal/mission
Organizational Change: A Model Intervention (Dunn et al., 2007)

Program elements

1.) Leadership valuing physician well-being equally to quality of care and finances

2.) Physicians identifying factors influencing well-being.
   a.) Improvement plans
   b.) Accountability

3.) Regular and valid measurement of physician well-being and burnout

Table 1. Organizational Interventions and Expected Impact on Well-being

Control (Physician influence over work environment)
- Group meetings to elicit physician concerns
- Work customized to meet physician goals
- Flexible work schedules (part-time, job share options)
- Scheduling templates customized
- Specific physician interests (in/outpatient care, teaching, research) valued through work options and case-mix adjustment

Order (Efficient office design & high quality staff)
- Clinic became training site for M.A. program decreasing turnover and improving quality
- IHIP’s “Idealized Design of Clinical Office Practice” adopted
- Care management to meet patient psychosocial needs
- Hospitalist program added predictability to work day
- Electronic record reduced paper work burden

Meaning (Physician satisfaction with clinical & human aspects of patient care)
- Clinical site meetings emphasized clinical over administrative issues
- Group meetings opened with case presentation & discussion
- Pausas in meetings for clinicians to bereave patients who had died

Expected Impact on Well-Being
- ↑ Physician satisfaction
- ↓ Physician burnout
- ↑ Organizational health

Figure: Dunn, Arnetz, Christensen, & Homer (2007), p. 1546
Table 3. Maslach Burnout Inventory (MBI) Scores by Year Compared to National Benchmarks

<table>
<thead>
<tr>
<th>MBI subscales</th>
<th>Legacy Clinic</th>
<th>National benchmarks</th>
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<tbody>
<tr>
<td></td>
<td>2000</td>
<td>2001</td>
</tr>
<tr>
<td>Emotional exhaustion*</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>41</td>
<td>40</td>
</tr>
</tbody>
</table>

The physicians’ mean scores on the 3 subscales are compared by year to the mean national benchmarks. Lower scores are desired for emotional exhaustion and depersonalization; higher scores are desired for personal accomplishment.

*Scores not alike for all years by ANOVA. (F_{df,118}=5.2, p=0.002). The decrease in the last 2 years is statistically significant. Year 2002 not included.


References (cont.)


THANK YOU.