Disclosure

Dr. Bundy has no relevant financial relationships with any commercial interests
Objectives

1. Define physician burnout, what it is, what it is not, and its consequences
2. Describe individual factors that contribute to burnout
3. Describe external/environmental factors that contribute to burnout
4. Identify opportunities to address burnout through individual and workplace wellness interventions
Healthy Physicians Give Better Care!

- **Decreased medical errors** (West 2006; Fahrenkoph 2008, Shanafelt 2010; Balch 2010; Oreskovich 2012)
- **Increased patient satisfaction** (Beach 2013)
- **Better treatment recommendations and increased treatment adherence** (Frank 2008; Duperly 2009; Frank 2013)
- **Lower malpractice risk** (Brooks 2008)
- **Better treatment outcomes such as post-hospital discharge recovery times** (Halbesleben and Rathert 2008)
Why Did You Become a Physician?

Help others...

Help yourself...
The **Normal** Physician Personality

- Compulsivity is the **norm**
- Socially desirable, personally expensive
- Unconscious fears of death acquired during childhood?
- Inadequacy and helplessness?
  - Paradox: Those vulnerable to feelings of helplessness choose profession which constantly reminds them of their impotence!
- Worth as lovable objects?
  - Self-sacrifice is the path to love; self-assertion is the road to alienation and separation
- Unique to physicians (e.g. lawyers are far less compulsive than physicians)

Gabbard JAMA, 1985 254:2926
The Compulsive Triad

Guilt

Self-Doubt

Exaggerated Responsibility

Difficulties:
• Overwork
• Denial of physical and emotional needs
• Leisure/unstructured time
• Setting limits
• Personal relationships

Gabbard JAMA 1985,254:2926
The “Hidden” Medical School Curriculum...

- Surgical Containment of Painful Emotions
- Advanced Image Management Techniques
- Radioablation of Self-Care Activities
- Others???
Medical training overtly and covertly conditions you to perform at the cost of routine maintenance...
Reinforced behaviors increase in frequency...

Detail-oriented → perfectionistic
Determined → stubborn
Compassionate → guilty
Helpful → poor boundaries
Hard working → unable to recharge
Confident → arrogant

Confident → arrogant
Assertive → hostile
Delay of gratification → poor self-care
Independent → isolated
Ethical → self-righteous
Conscientious → worried/anxious
Perpetuate unrealistic standards of invulnerability and perfection…
What is Burnout?

Prolonged exposure to chronic situational job stressors

- Exhaustion
- Ineffectiveness
- Depersonalization (cynicism)
What Isn’t Burnout
(Burnout Oversimplifications)

- “Burnout is just exhaustion”
  - No value added, “old wine in a new bottle”
  - Ignores other critical factors

- “Burnout is just depression”
  - Flawed argument based on exhaustion measures
  - Burnout appears to be a mediator on the path to depression (job stress > burnout > depression)

- “Burnout can be diagnosed by a cut-off score”
  - No clinical research has established such a diagnosis
  - Burnout measures, like the MBI, are research tools intended to score dimensions of burnout separately to identify patterns and profiles. No “overall” score that defines “burnout”

Courtesy Christina Maslach, PhD, UC Berkeley; CSAM 2017
What Isn’t Burnout

- Diagnosis
- Dissatisfaction
- Disappointment
- Demoralization
- Disillusionment
What is the true burden of burnout in health professionals?

Often cited statistics:

- Medical Students 55%
- Residents 60%
- Early Career Physicians 40%
- OR for MD burnout 1.36 x general population

Dyrbye, West, Shanafelt. Academic Medicine, Vol. 89, No. 3 / March 2014
Increasing Prevalence of Burnout

2011 = 45.5%
2014 = 54.4%


Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD


N=6880 physicians
What is the true burden of burnout in health professionals?

Exhaustion scale scores of “Several times a week” or Every day”

What about their scores on cynicism and Ineффicacy?

N=20,000
Leiter-Schaufeli Database

Courtesy Christina Maslach, PhD, UC Berkeley; CSAM 2017
Why is Burnout a Big Deal?

Burnout Maps to...

- Suicidal Ideation
- Depression
- Substance Use Disorders
- Medical Errors
- Disruptive Behavior
- High Turnover
Job-Person Fit: 6 Areas of Worklife

- Workload
- Control
- Reward
- Community
- Fairness
- Values

Leiter M and Maslach C: A Structural Approach to Organizational Predictors of Job Burnout 2004
Five MBI Profiles of Work Experience

- **Burnout**: 3 high negative scores
- **Disengaged**: High negative score, cynicism only
- **Overextended**: High negative score, exhaustion only
- **Ineffective**: High negative score, inefficacy
- **Engagement**: No negative scores
Five MBI Profiles of Work Experience

Courtesy Christina Maslach, PhD, UC Berkeley; CSAM 2017
Labeling burnout as a problem of individuals risks leaving the underlying systemic and cultural problems unaddressed...
3 Domains Driving Professional Fulfillment

- Culture of Wellness
  - Perceived Appreciation
  - Personal/Organization Values Alignment
  - Peer Supportiveness
  - Perceived Support from Leadership
  - Control of Schedule

- Efficiency of Practice
  - Efficiency of the Electronic Medical Record (EHR)
  - Perceived Negative EHR Experience

- Personal Resilience
  - Self-Compassion
  - Sleep-Related Impairment
  - Meaningfulness of Clinical Work


Personal Resilience Factors

Key drivers of burnout

- Low self-compassion (OR 2.91)
- Sleep-related impairment (OR 2.33)
- Meaningfulness of clinical work (OR 0.81)

## Personal Resilience: Sleep Impairment

### Logistic regression: Sleep impairment category and odds of high burnout score

<table>
<thead>
<tr>
<th>Sleep Impairment Category</th>
<th>High Burnout: Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (8-13), n = 241</td>
<td>Reference category</td>
</tr>
<tr>
<td>Some (14-18), n = 237</td>
<td>3.17 (1.80-5.60)</td>
</tr>
<tr>
<td>Moderate (19-24), n = 181</td>
<td>12.27 (7.13-21.12)</td>
</tr>
<tr>
<td>High (≥ 25), n = 235</td>
<td>35.47 (19.89-63.27)</td>
</tr>
</tbody>
</table>

Odds ratios are adjusted for: gender, age category, race, and fellow status.
High Burnout = average score of 3.5 or higher on scale from 1 through 5 (8 item assessment).

### Personal Resilience: Self-Compassion

How often have you experienced the following **during the past two weeks**?

<table>
<thead>
<tr>
<th>During the past two weeks...</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. When I made a mistake, I felt more self-condemnation than self-encouragement to learn from the experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I was less compassionate with myself than I was with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I put off taking care of my own health due to time pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Taking care of my needs seemed incompatible with taking care of my patients’ needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Culture of Wellness

Key drivers of professional fulfillment

- Perceived appreciation
- Values alignment
- Peer supportiveness
- All were associated with Perceived Support from Leadership

40% of variance

Culture of Wellness: Leadership Support

Figure 10: Professional fulfillment, by quartiles of perceived Support from Leadership

Efficiency of Practice

Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.

Figure 13. Efficiency of practice strategies rated highly

- Empower physicians to re-engineer clinical process and flows: 66%
- Physician involvement in decisions regarding support staff: 65%
- Documentation assistance (e.g. scribes): 46%
- Improved EPIC rapid-response help: 40%
- One-on-one EPIC coaching: 37%

The Way Forward...
Personal Resilience: The Basics

- Healthy Sleep
- Aerobic Exercise
- MIND diet (Mediterranean + DASH)
- Mindfulness and compassion cultivation
- Healthy relationships
Over twenty years of research shows that WOOP works. Known scientifically as Mental Contrasting with Implementation Intentions, the approach has proven effective across ages and areas of life, helping people achieve goals dealing with health, career/academics, and interpersonal relationships.

http://woopmylife.org

Gabrielle Oettingen, PhD
NYU
WOOP

Positive thinking doesn’t work as well as we’d hoped

- Wish
- Outcome
- Obstacles
- Plan
Learn to Meditate

Mindfulness Journal Publications by Year, 1980-2015

American Mindfulness Research Association, 2016
www.goAMRA.org
Meditation Apps

http://www.headspace.com

http://www.10percenthappier.com

https://www.calm.com
Therapist Mindfulness = Patient Improvement

- Therapists in training (n=18) randomized to meditation training or not
- Outcomes for patients with therapist participating in meditation (n=63) vs. patients with control group therapist (n=61)

Patients of therapists who participated in meditation training had significantly better outcomes on:

- Global Severity Index
- Somatization
- Insecurity in Social Contact
- Obsessiveness
- Anxiety
- Anger/Hostility
- Phobic Anxiety
- Psychoticism (paranoid thinking did not improved significantly, but trended in the expected direction, p = 0.16).

Self-Compassion May Reduce Inflammation

Fig. 3. Mean day 1 IL-6 levels at baseline and 30 and 120 min post-TSST for participants above and below the mean on self-compassion (ns = 20 and 21 for the high and low self-compassion groups, respectively).

Mobilizing compassion to reduce the stress associated with suffering

http://ccare.stanford.edu/
THREE GOOD THINGS

TIME REQUIRED
10 minutes/day for at least one week.

HOW TO DO IT
Each day for at least one week, write down three things that went well for you that day, and provide an explanation for why they went well. It is important to create a physical record of your items by writing them down; it is not enough simply to do this exercise in your head. The items can be relatively small in importance (e.g., “my co-worker made the coffee today”) or relatively large (e.g., “I earned a big promotion”). To make this exercise part of your daily routine, some find that writing before bed is helpful.

As you write, follow these instructions:

1. Give the event a title (e.g., “co-worker complimented my work on a project”)
2. Write down exactly what happened in as much detail as possible, including what you did or said and, if others were involved, what they did or said.
3. Include how this event made you feel at the time and how this event made you feel later (including now, as you remember it).
4. Explain what you think caused this event—why it came to pass.
5. Use whatever writing style you please, and do not worry about perfect grammar and spelling.
3

Hours per week non-negotiable, unscheduled time
Leadership development at all levels of the organization

Leadership coaching

Certified Physician Executive Programs

Executive MBA, MHA programs for committed leaders

10/17 Top US Hospitals run by physician leaders (US News and World Report)
Fairness Intervention: First Assessment

![Graph showing differences from average for various categories: Workload, Control, Rewards, Community, Fairness, Values.](image)

Courtesy Christina Maslach, PhD, UC Berkeley; CSAM 2017
Fairness Intervention: One Year Follow-Up

Courtesy Christina Maslach, PhD, UC Berkeley; CSAM 2017
Culture of Wellness: Join with Other Professionals

Peer Mentorship
Professional Coaching
Consultation Groups
Professional Societies
Medical Board
Balint Groups
Schwartz Rounds
Efficiency of Practice: EHR
Problem and Solution Involves Many

- Payers: EHR is for billing
- Regulators: EHR is for enforcing compliance
- Legal System: EHR is for creating legal documents
- Public Health: EHR is a way to get clinicians to collect data at reduced costs
- HCO’s: manage cost, practice variation, compliance with organizational directives
Considering cost of turnover alone:

- Organization employing 450 physicians
- $1 million dollar physician WB investment
- Target relative risk reduction of burnout: 20% (from 50% to 40%)
- ROI: $12.5% ($1.125 million)
- Most organizations are stuck at the novice-beginner stages
- Models of organizational change to improve quality and safety are examples applicable to investing in physician WB (technical and adaptive change)
Efficiency of Practice = Collaboration

Physicians are poised to develop more efficient...

- Team-based care
- Clinical workflows
- Technology innovations

...but we can’t do it alone

Annals of Internal Medicine

Position Paper

Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians

Shari M. Erickson, MPH; Brooke Rockwern, MPH; Michelle Koltov, MPH; and Robert M. McLean, MD; for the Medical Practice and Quality Committee of the American College of Physicians

Summary

- Burnout is inflammation that occurs when people and work don’t fit together properly.
- The underpinnings of burnout and professional fulfilment are complex.
- We still have much to learn; emerging data is helping to pinpoint highest ROI for improving the work.
- Either/or approaches won’t work; collaborative models that target individual and environmental variables are required.
- The most successful HCO’s of the future will be those that can recruit and retain the best doctors by providing workplaces that allow them to thrive.
Thank You!

Chris Bundy, MD, MPH
Medical Director
Washington Physicians Health Program

cbundy@wphp.org

206-583-0127

wphp