Professional Burnout and Resilience

57TH ANNUAL FAMILY MEDICINE SEMINAR

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TAOS, NEW MEXICO

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Professional Burnout and Resilience

MAINTAINING HUMANITY, COMPASSION, AND EXCELLENCE IN AN EVER MORE CHALLENGING PRACTICE ENVIRONMENT.


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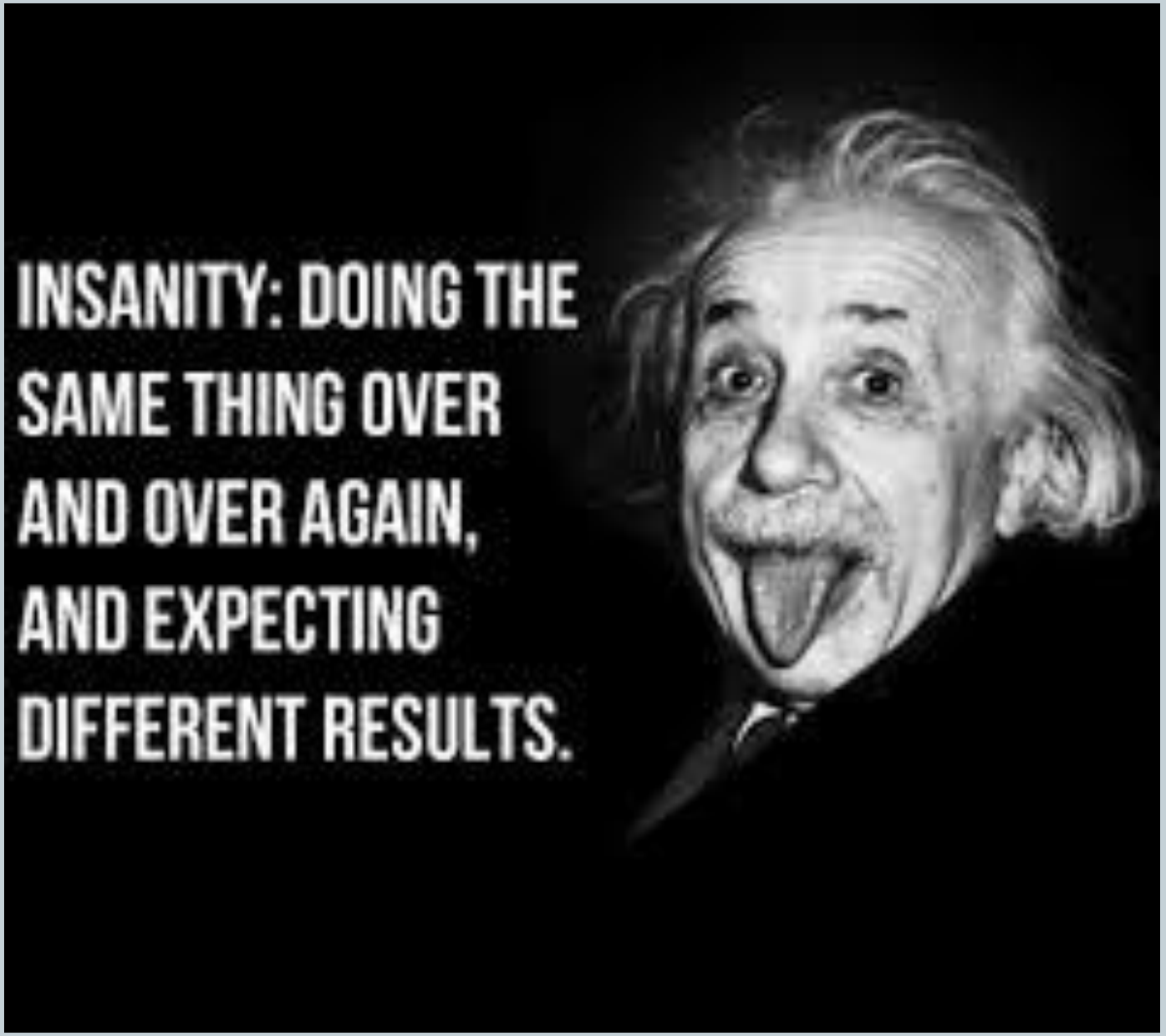

INSANITY: DOING THE
SAME THING OVER
AND OVER AGAIN,
AND EXPECTING
DIFFERENT RESULTS.

Pop-Quiz

Yes

No

Sometimes

- I feel emotionally drained from my work
- I've become more callous towards people since I took this job
- I feel I'm positively influencing other people's lives through my work

Goals/Organization of talk

- Define Burnout
- Describe how it effects providers and patients
- Understand how burnout occurs
- Discuss how burnout is assessed
- Discuss ways to prevent burnout and treat it.

II. What is Burnout and How Does it Occur?

Definition - Historical Perspective

- Merriam-Webster, “Burnout is the condition of someone who has become physically and emotionally tired after doing a difficult job for a long time”
- 1974 – Freudenberger, “The extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results.”[1]
- 1981 – Maslach & Jackson, Maslach Burnout Inventory

[1]Fraudenberger H. Burnout: The High Cost of High Achievement - 1974

Professional Burnout Definition[1]

1. **Emotional Exhaustion** - A chronic state of physical and emotional fatigue resulting from excessive professional and personal demands .

2. **Depersonalization** – A set of callous and insensitive behaviors toward or feelings about one's patients, coworkers or even oneself .

3. **Ineffectiveness** - Decreased sense of personal accomplishment.

[1]Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). The Maslach Burnout Inventory (MBI). Third edition, Consulting Psychologists Press

How big is the problem?

- Half of all physicians report at least 1 symptom of burnout[1] and ⅓ – ½ of physicians meet burnout criteria[2]
- ½ of medical students have symptoms of burnout
- The rate of burnout is increasing. 63% report more burned out than three years ago[3]

1. Shanafelt, *Arch Intern Med.* 2012;172(18):1377-1385.
2. **Dyrbye, *JAMA*. 2010;304(11):1173-1180. doi:10.1001/jama.2010.1318.**
3. **2011 Cvejka survey**

Symptoms of Burnout

Emotional Exhaustion	Depersonalization	Inefficacy
Loss of enthusiasm for work	Cynicism/Sarcasm	Low sense of accomplishment
Dread going to work	Feeling like the patient is the problem	Feeling unproductive
Hard to get work day started	Getting angry with patients	Loss of job satisfaction
Fatigue	Irritability and moodiness with co-workers & staff	Worries about getting fired or disciplined
Desire to work less, retire early, or change careers		

Results of burnout/Signs of Burnout

Emotional Exhaustion	Depersonalization	Inefficacy[1]
Decreased hours of work	Decreased patient satisfaction/experience	Decreased job performance
Early retirement or resignation	Increased patient complaints	Lower quality of work
Poor physical and mental health		Increased medical errors
		Decreased productivity
Lower Primary Care Workforce	**Lower Medicare Reimbursement**	**Lower Quality***

[1]Shanafelt, Dyrbye

American Family Physician 2013

Data Analysis Shows Not Enough Physicians Are Entering Primary Care

Although the numbers of family medicine residency programs and U.S. medical students entering family medicine continue to tick upward, neither trend has been strong enough to increase the nation's primary care workforce to the recommended level, according to an analysis of data from the latest National Resident Matching Program. Family medicine residency programs had a match rate of 96% in 2013, with 2,938 students filling the 3,062 positions offered. In addition, 39 more U.S. students chose family medicine than in 2012, even though the percentage of students choosing family medicine dropped because more students overall participated in the 2013 Match. Between January 2012 and March 2013, the Accreditation Council

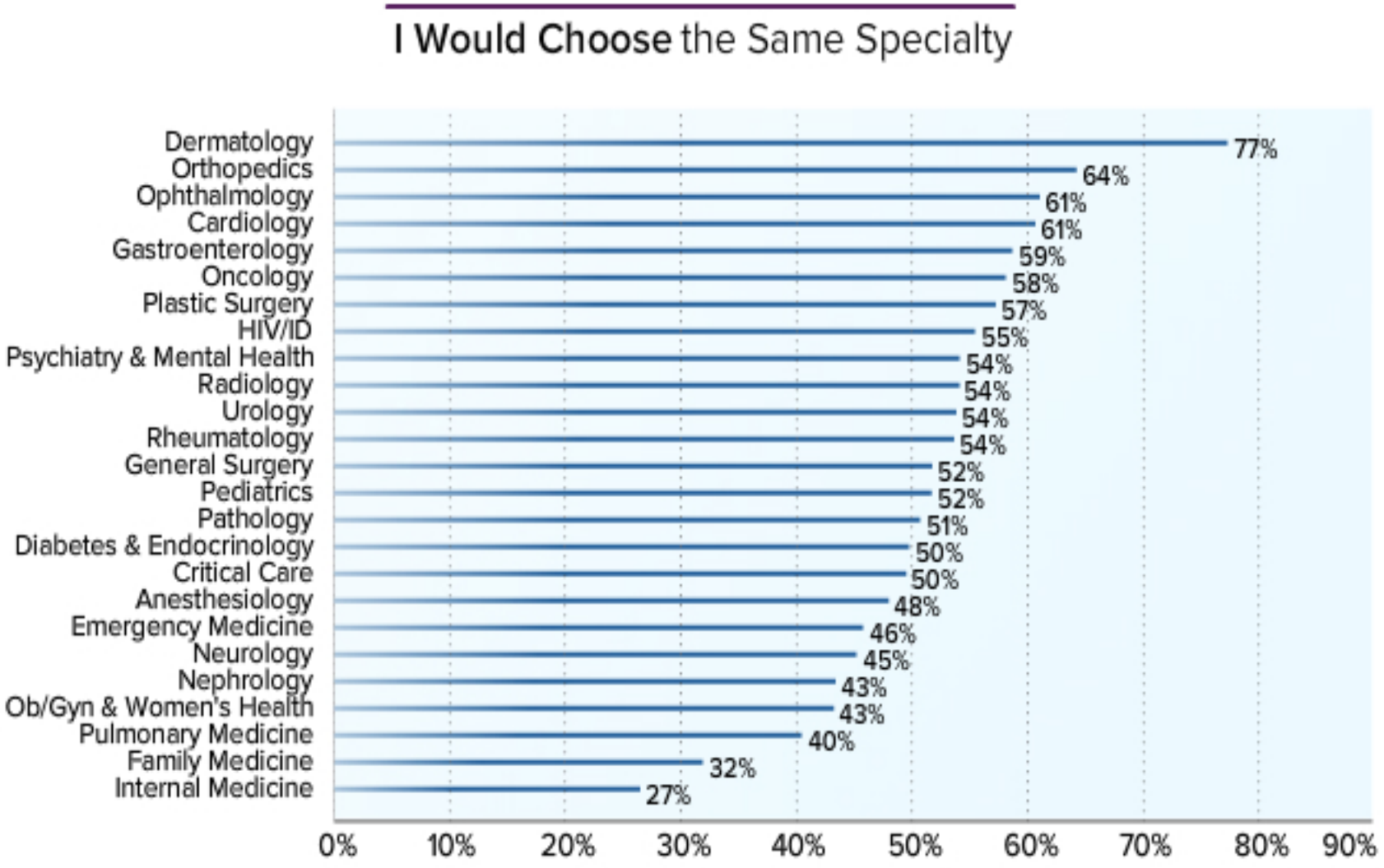
Job Satisfaction Is Top Priority for Students

More than 60% of medical students say that enjoying their work is the most important factor in choosing a specialty, according to research published in the October 2013 issue of *Academic Medicine*. More than 1,000 first-year medical students from 11 schools were surveyed to determine how lifestyle issues affected their choice of specialty. As the students' interest in practicing primary care decreased, so did their perception of the importance of working with underserved patients and in rural areas. Having control over their work schedule was among the most important factors (15% of respondents), followed by having enough time off (14%) and enjoying the work environment (9%). Only 1% of respondents said financial compensation was the most important factor. Respondents rated five lifestyle

Results of Burnout

- 67% of physicians would leave medicine today if they could[4]
- 2/3 of Family Physicians would choose medicine again, but only 1/3 would choose family medicine[5]

1. **Advisory Board**
2. **Medscape Physician Comp Report 2014**


I Would Choose the Same Specialty
Dermatology 77%
Orthopedics 64%
Ophthalmology 61%
Cardiology 61%
Gastroenterology 59%
Oncology 58%
Plastic Surgery 57%
HIV/ID 55%
Psychiatry & Mental Health 54%
Radiology 54%
Urology 54%
Rheumatology 54%
General Surgery 52%
Pediatrics 52%
Pathology 51%
Diabetes & Endocrinology 50%
Critical Care 50%
Anesthesiology 48%
Emergency Medicine 46%
Neurology 45%
Nephrology 43%
Ob/Gyn & Women's Health 43%
Pulmonary Medicine 40%
Family Medicine 32%
Internal Medicine 27%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

CGCAHPS

- The Clinician and Group Consumer Assessment of Healthcare Providers and Systems
- Measures patient experience
- For large medical groups, reimbursement tied to high scores (9-10)
- Examples
  - During your most recent visit, did this provider listen carefully to you?
  - During your most recent visit, did this provider seem to know the important information about your medical history?
  - During your most recent visit, did this provider spend enough time with you?


"Whoa—way too much information."

Physician Wellness and Quality

- Reduced workplace productivity and efficiency
- Increased probability of ordering unnecessary tests and procedures
- Burnout increased physicians self reported poor quality of care
- Physician job satisfaction effects patient adherence to treatment
- Burned out residents are 2-3x more likely to report giving suboptimum care

1Wallace, Physician Wellness: a missing quality

Characteristics of Burnout

- Occurs more frequently than admitted both by employers of physicians and by physicians themselves
- Frequently ignored or accepted as part of doing business
- There is an overriding rationalization of and resistance to seeking and accepting help

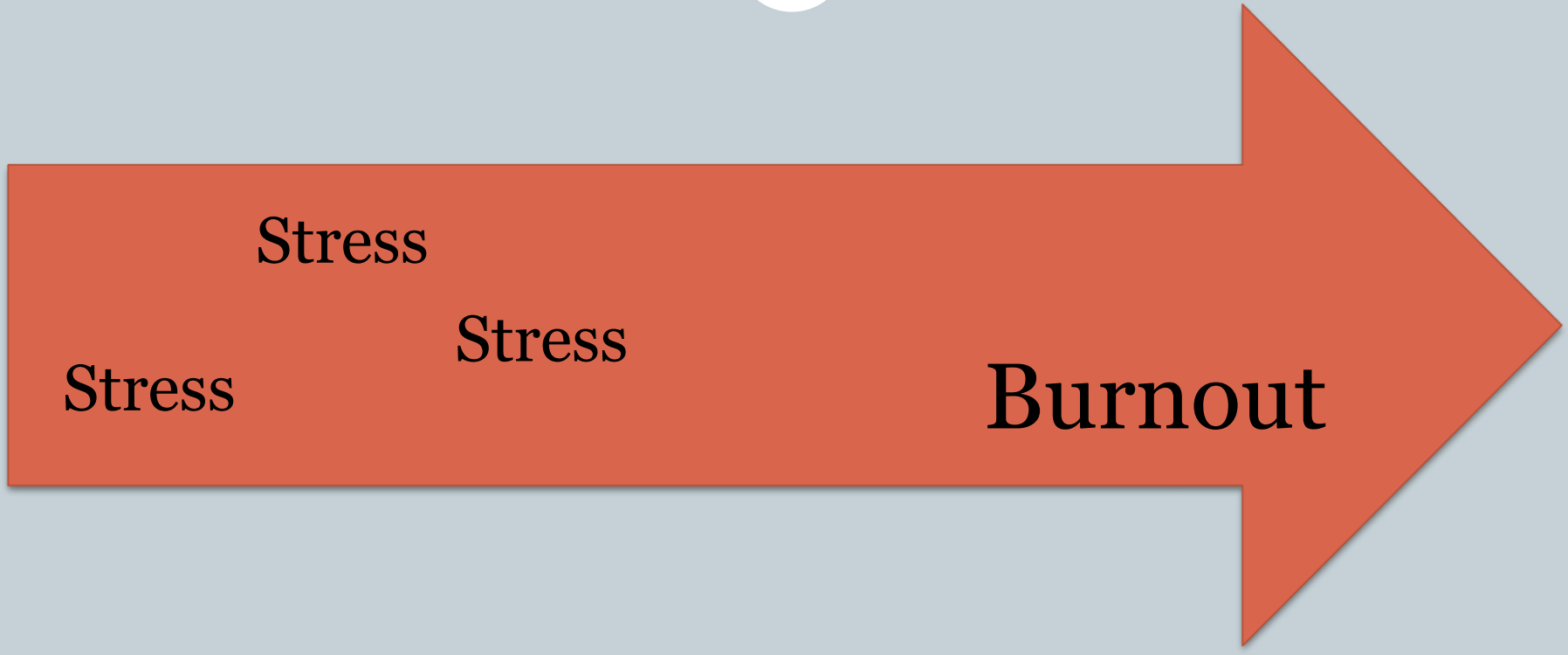
More Characteristics

- Occurs on a continuum
- Not related to how hard or how much we are working
- Tends to Occur in phases
- Women and men experience burnout differently

Response to stress – sex differences

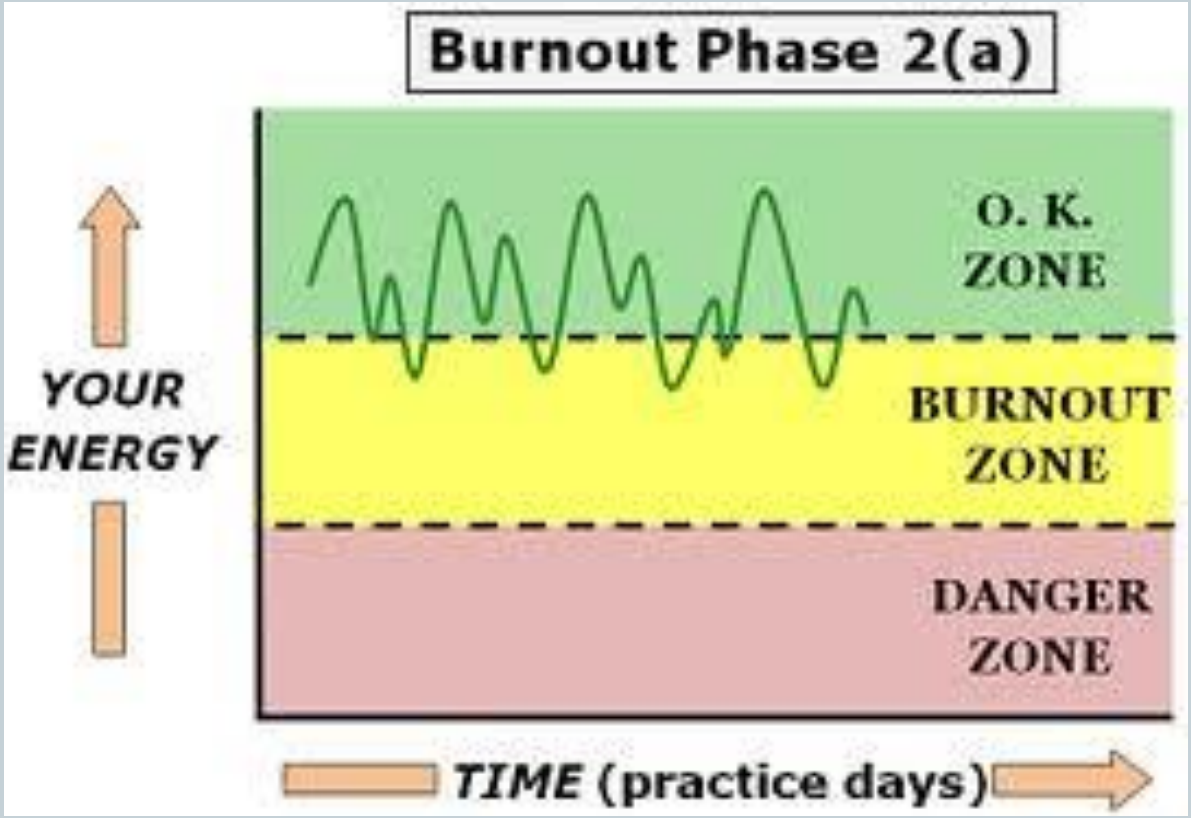
Women	Men
• Emotional Exhaustion • Depersonalization • Lack of efficacy	• Depersonalization • Emotional Exhaustion • No sense of lack of efficacy

How does Burnout Occur?



Stress is normal, Burnout is not.

How Burnout Happens

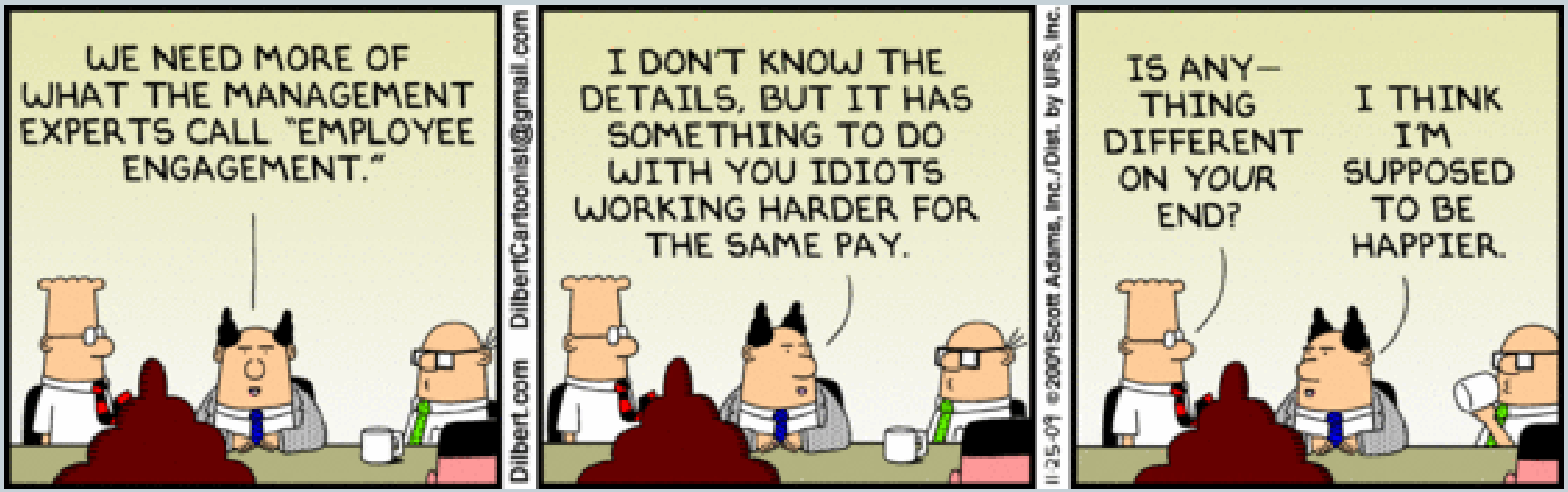


Burnout and Engagement

Burnout versus Engagement

- Exhaustion
- Depersonalization
- Inefficacy

- Energy
- Involvement
- Efficacy


WE NEED MORE OF WHAT THE MANAGEMENT EXPERTS CALL "EMPLOYEE ENGAGEMENT."
I DON'T KNOW THE DETAILS, BUT IT HAS SOMETHING TO DO WITH YOU IDIOTS WORKING HARDER FOR THE SAME PAY.
IS ANY-THING DIFFERENT ON YOUR END?
I THINK I'M SUPPOSED TO BE HAPPIER.
Dilbert.com DilbertCartoonist@gmail.com
11-25-09 ©2009 Scott Adams, Inc./Dist. by UFS, Inc.

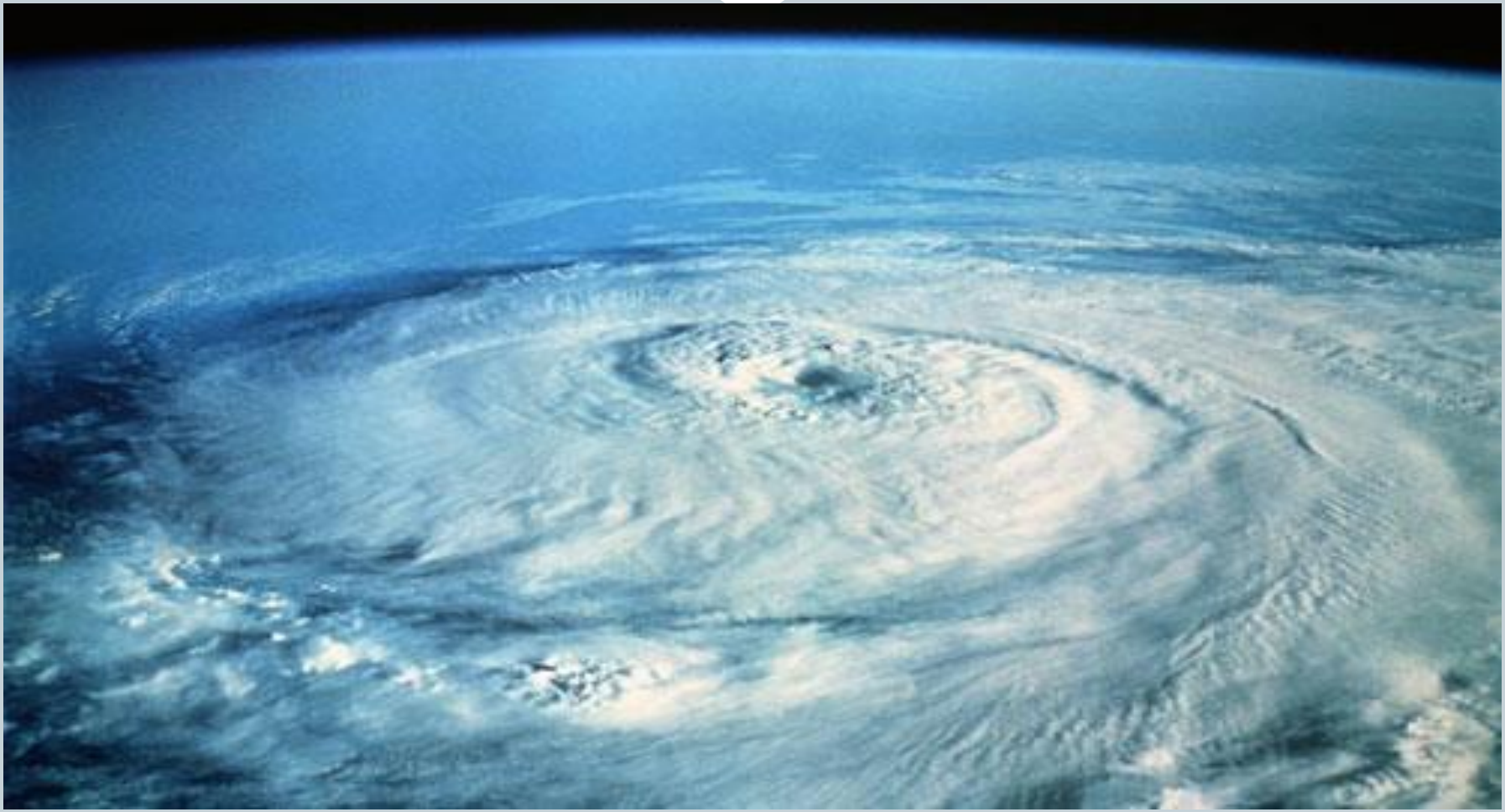
“BURNGAGEMENT”

Burnout and Depression - Not the Same

Burnout	Depression
1. Effects are at work	1. Effects all aspects of life
2. Fatigue	2. Fatigue
3. Loss of job satisfaction	3. Anhedonia
4. Feeling unproductive	4. Low self esteem
5. Unable to get on top of workload	5. Poor concentration and memory at work and home
6. Irritable with co-workers and patients	6. Irritable with everyone
7. Hard to get work day started	7. Hard to get anything started

III. Causes and Risk Factors

The Perfect Storm



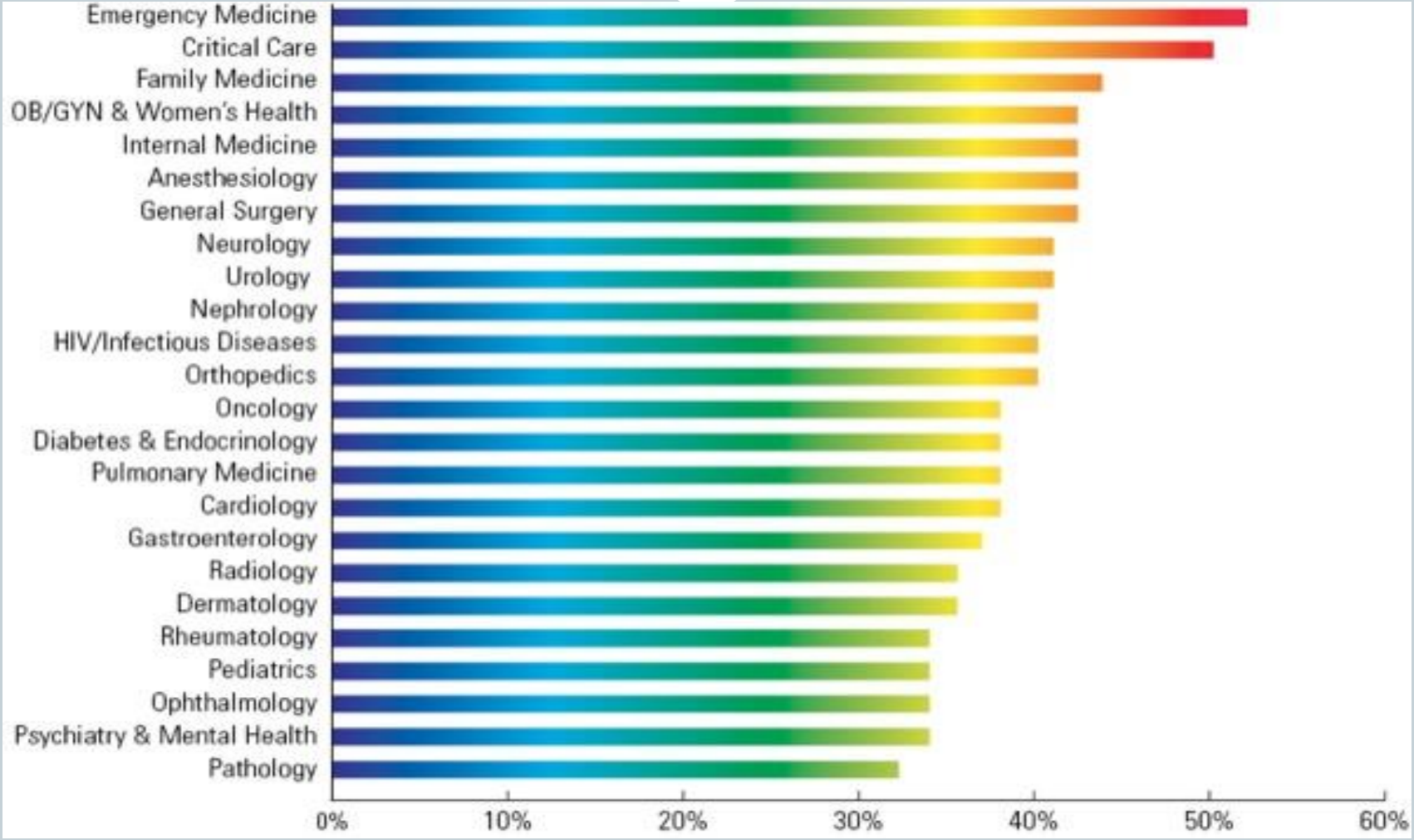
Professions with High Stress/Burnout

- Education
- Social Work
- Real Estate
- Health Professions

Job Stressors in High Burnout Professions

	Air- traffic controller	Hostage negotiator	Judge	Motherhood newborn	Healthcare professional
Life or death consequences	X	X			X
Emotionally charged participants		X	X	X	X
Ethical dilemmas		X	X		X
Physically dependent charges				X	X
Expectation for perfection	X				X

High Burnout in Family Medicine[1]



[1]Shanafelt

Forms of stress

- Physical
- Emotional
- Spiritual/Dissatisfiers

Physical Stressors

- Sheer amount of work[1]
- Extremes of activity[2]
- Poor self care - Lack of sleep[3,4]
- Demands outside work
- Illness or poor health

1Kimberly - Am J Public Health. 2003 April; 93(4)
2MayoClinic.org
3Miller - South Med J. 2000;93(10)
4Lancet 2009- Wallace

Emotional Stressors

- Constant expectation to empathize
- Helping people in crises is part of the job
- Social or geographic isolation

Spiritual Stressors

- Things that cause us to question what we are doing and why. "Crisis of Meaning"
- Inability to reconcile what we are doing with what we want to do.

Self Determination Theory[1]

- Competence
  - The need to feel valued as knowledgeable and skilled
  - To experience mastery
- Relatedness
  - The need to collaborate with colleagues and co-workers
  - The need to interact, be connected to, and experience caring for others
- Autonomy
  - The need to exercise some control/influence to achieve practice goals
  - Sense of contribution to goal.

[1]Deci, E., & Ryan, R. (1991). *Nebraska symposium on motivation: Vol. 38. Perspectives on motivation (pp. 237–288).*

AMA Study[1]

- 656 physicians, 30 practices, six states
- January 2013 through August 2013
- Key questions:
  - What factors influence physician professional satisfaction
  - What are the implications of these factors for patient care, health systems, and health policy?
- Four Key findings
  - Importance of delivering high-quality healthcare
  - Pros and cons of electronic health records
  - Value of stability and fairness
  - Cumulative burden of regulations

1Friedberg - Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy. Santa Monica, CA: RAND Corporation, 2013. http://www.rand.org/pubs/research_reports/RR439

EMR

The Electronic Medical Record

- Positives
  - Legibility
  - Prescribing ease
  - Information Sharing
- Negatives
  - Physical stress: Increased work
  - Emotional stress: Barrier to Empathy
  - Spiritual stress:
    - Often does not improve the clarity of documentation for clinical purposes
    - Sacrifices documenting to improve patient care for coding and billing

The doctor patient relationship

- Changing with the times
- Pressure to see more patients
- Effected by remodeling of the health care system
- EMR
- Affected negatively by increased rates of burnout
- Patient satisfaction tied to reimbursement
- How important is it?

Mixed Messages/Competing Demands

- Produce v. Take care of all pts needs today
- See patients v. Participate in meetings
- Produce v. Improve quality
- Document well v. Document fast

Managing Multiple Expectations

- Patients
- Industry
- Ourselves
- The medical profession
- Our practice/employers
- Cultural
- Our families

Risk Factors for Burnout

- Incurs higher risk
  - Age <35
  - Middle stage of practice, 10-20 yrs post residency
  - Female > Male
  - Specialty, front lines of medicine
  - Adequate savings
  - Social or geographic isolation
  - Poor physical and mental health
  - Certain personality traits
- No risk association
  - Religious involvement was protective[1] or not correlated[2]
  - Political Leanings[2]

Personality as a Risk Factor

- Personality Characteristics – innate, hard to change
  - Hardiness
  - Humility
  - Perfectionism
  - Introversion/extroversion
  - Workaholism
  - Type A
  - Compulsiveness
  - Optimism/pessimism
- Behaviors and preconceptions – acquired, easier to change
  - Charting habits
  - Taking on too much v saying "no"
  - Staying late v setting limits
  - Poor self care
  - Reluctance to take time off
  - Attitude and demeanor
- Values and their corruption[1]

[1]BO and Resilience FPM article

IV. Assessing Burnout

Why is burnout so hard to address?

- For Providers - Culture of Medicine
  - Culture of Silence
    - Pressure to appear well as a sign of competence
    - Ethical dilemmas: collegial privacy v pt safety
  - Pluralistic Ignorance: A situation in which a majority of group members privately reject a norm, but incorrectly assume that most others accept it, and therefore go along with it.
- For Organizations
  - Lack of perceived value
  - Fear

Burnout

Pop Quiz

1. I feel emotionally drained from my work (Emotional Exhaustion)
2. I've become more callous towards people since I took this job (Depersonalization)
3. I feel I'm positively influencing other people's lives through my work (Personal Accomplishment/Efficacy)

Maslach Burnout Inventory[1]

- MBI - 22 total questions
  - 9 on Emotional exhaustion - high is worse,
  - 5 on Depersonalization – high is worse
  - 8 on Personal Accomplishment – high is better

  Scores are divided into high, moderate, and low
- aMBI - Abbreviated Maslach Inventory[2]
  - 9 questions – 3 in each area
  - 3 additional questions on "Satisfaction with Medicine"

[1]http://www.mindgarden.com/products/mbi.htm
[2]McManus 2003, British Medical Journal, 327, 139-142)

aMBI

abbreviated

Maslach

Burnout

Inventory

Score the items as follows:

	Every day	*A few times a week*	*Once a week*	*A few times a month*	*Once a month or less*	*A few times a year*	*Never*
I deal very effectively with the problems of my patients	6	5	4	3	2	1	0
I feel I treat some patients as if they were impersonal objects	6	5	4	3	2	1	0
I feel emotionally drained from my work	6	5	4	3	2	1	0
I feel fatigued when I get up in the morning and have to face another day on the job	6	5	4	3	2	1	0
I've become more callous towards people since I took this job	6	5	4	3	2	1	0
I feel I'm positively influencing other people's lives through my work	6	5	4	3	2	1	0
Working with people all day is really a strain for me	6	5	4	3	2	1	0
I don't really care what happens to some patients	6	5	4	3	2	1	0
I feel exhilarated after working closely with my patients	6	5	4	3	2	1	0
I think of giving up medicine for another career	*0*	*1*	*2*	*3*	*4*	*5*	*6*
I reflect on the satisfaction I get from being a doctor	*6*	*5*	*4*	*3*	*2*	*1*	*0*
I regret my decision to have become a doctor	*0*	*1*	*2*	*3*	*4*	*5*	*6*

The three items in red are for *Emotional Exhaustion*. Sum the scores allocated to the various responses to get the total score. High scores indicate greater emotional exhaustion (and hence more burnout).

The three items in blue are for *Depersonalisation*. Sum the scores allocated to the various responses to get the total score. High scores indicate greater depersonalisation (and hence more burnout).

The three items in green are for *Personal Accomplishment*. Sum the scores allocated to the various responses to get the total score. High scores indicate greater personal accomplishment (and hence *less* burnout).

The three items in black are a new scale of *Satisfaction with Medicine* which I have developed (see supplementary material of McManus, I. C., Smithers, E., Partridge, P., Keeling, A., & Fleming, P. R. 2003, "A levels and intelligence as predictors of medical careers in UK doctors: 20 year prospective study", *British Medical Journal*, **327**, 139-142). High scores indicate more satisfaction with being a doctor.

http://www.aagbi.org/sites/default/files/Maslach%20ScoringAbbreviated.pdf

Compassion Fatigue Assessment[1,2]

Visible Signs

1. Marked decline in work efficiency?
2. Intent on clinical tasks to the detriment of patient interactions?
3. More callous toward patients than in the past?
4. Signs of mental or physical breakdown during crisis periods?
5. Outbursts of anger or irritability with little provocation?
6. Declining opinion of caregiver role?
7. Treats patients like impersonal objects?”
8. Developed a pressing desire to explore an entirely different profession?
9. Repeatedly fails to fulfill clinical responsibilities?

Invisible Signs

10. Reduced sense of accomplishment
11. Harbor a secret happiness when a procedure is cancelled?
12. Avoid interactions with patients and colleagues when possible?
13. Often leave work feeling ineffective in job?
14. Mood swings with every patient interaction?
15. Resentment about role as caregiver?
16. Unhealthy attachment to patients?
17. Poor patient outcomes adversely affect continued performance?
18. Anxiety when interacting with emotional patients?

[1]The Advisory Board Company, Washington, DC
http://www.advisory.com/Talent-Development/Leader-Development/Members/Workshop-Resources/Operations/Hardwiring-Service-Excellence
[2]Pfifferling J, Overcoming Compassion Fatigue, *Fam Pract Manag*. 2000 Apr;7(4):39-44.

Informal Surveys

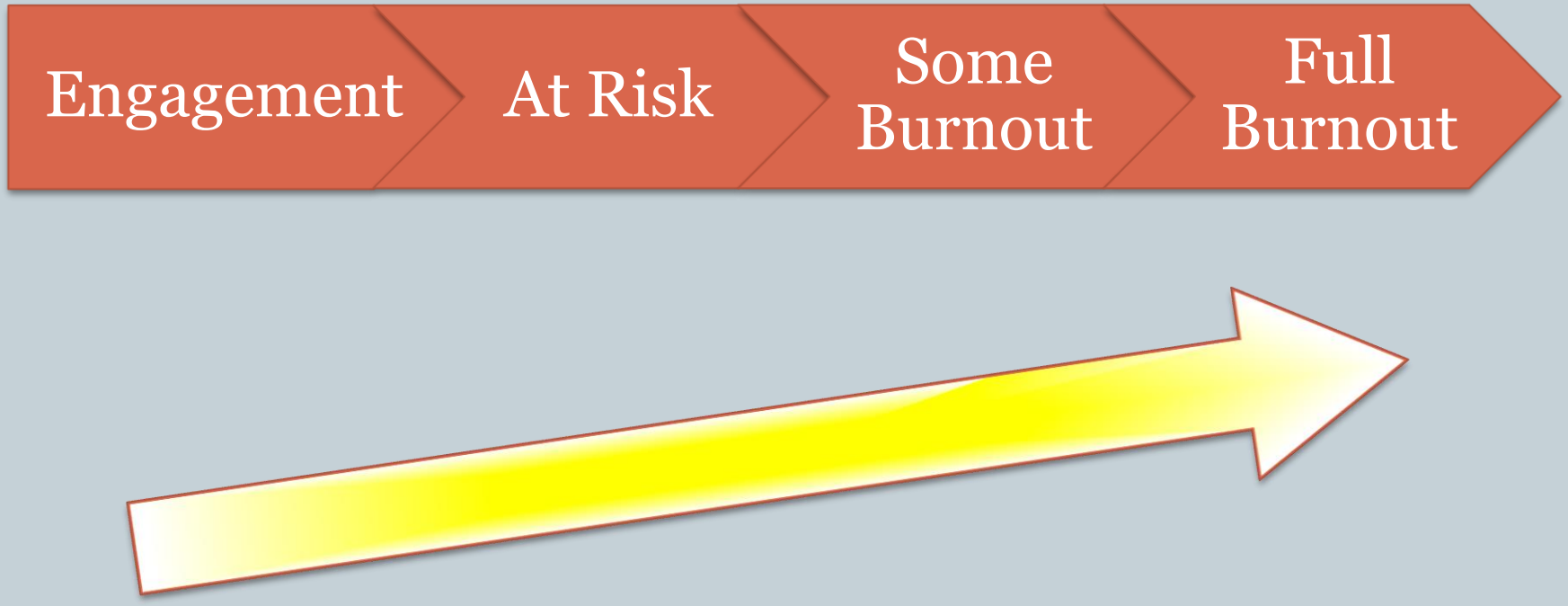
- Background
  - The PMG Engagement Subcommittee - with input from Lead Physicians - put together a one page survey, sent out to all providers during the month of December, 2013.
- Questions – 5 point scale
  - Does your work schedule allow you to maintain appropriate work/life balance?
  - Are the following staff in your clinic effective and helpful?
  - Do you find yourself working past scheduled hours
- Results

Informal Self-Assessment[1]

- Have you become cynical or critical at work?
- Do you drag yourself to work and have trouble getting started once you arrive?
- Have you become irritable or impatient with coworkers, customers or clients?
- Do you lack the energy to be consistently productive?
- Do you lack satisfaction from your achievements?
- Do you feel disillusioned about your job?
- Are you using food, drugs, or alcohol to feel better or just simply not feel?
- Have your sleep habits or appetite changed?
- Are you troubled by unexplained headaches or other physical complaints?

[1]Job burnout: how to spot it and take action, Mayo Clinic.org
www.mayoclinic.org/healthy-living/adult-health/in/depth/burnout

The Burnout Continuum



V. Treatment/Prevention/Resilience


CATBERT: EVIL H.R. DIRECTOR
THE AVERAGE PERFORMANCE EVALUATION FOR YOUR GROUP IS TOO HIGH.
www.dilbert.com scottadams@aol.com
DO YOU WANT ME TO LOWER THEIR RATINGS OR THEIR ACTUAL PERFORMANCE?
WHATEVER
8/17/01 © 2001 United Feature Syndicate, Inc.
THIS IS STARTING TO AFFECT MY PERFORMANCE.
WHY? I'M NOT TOUCHING YOU.

Who's responsible?

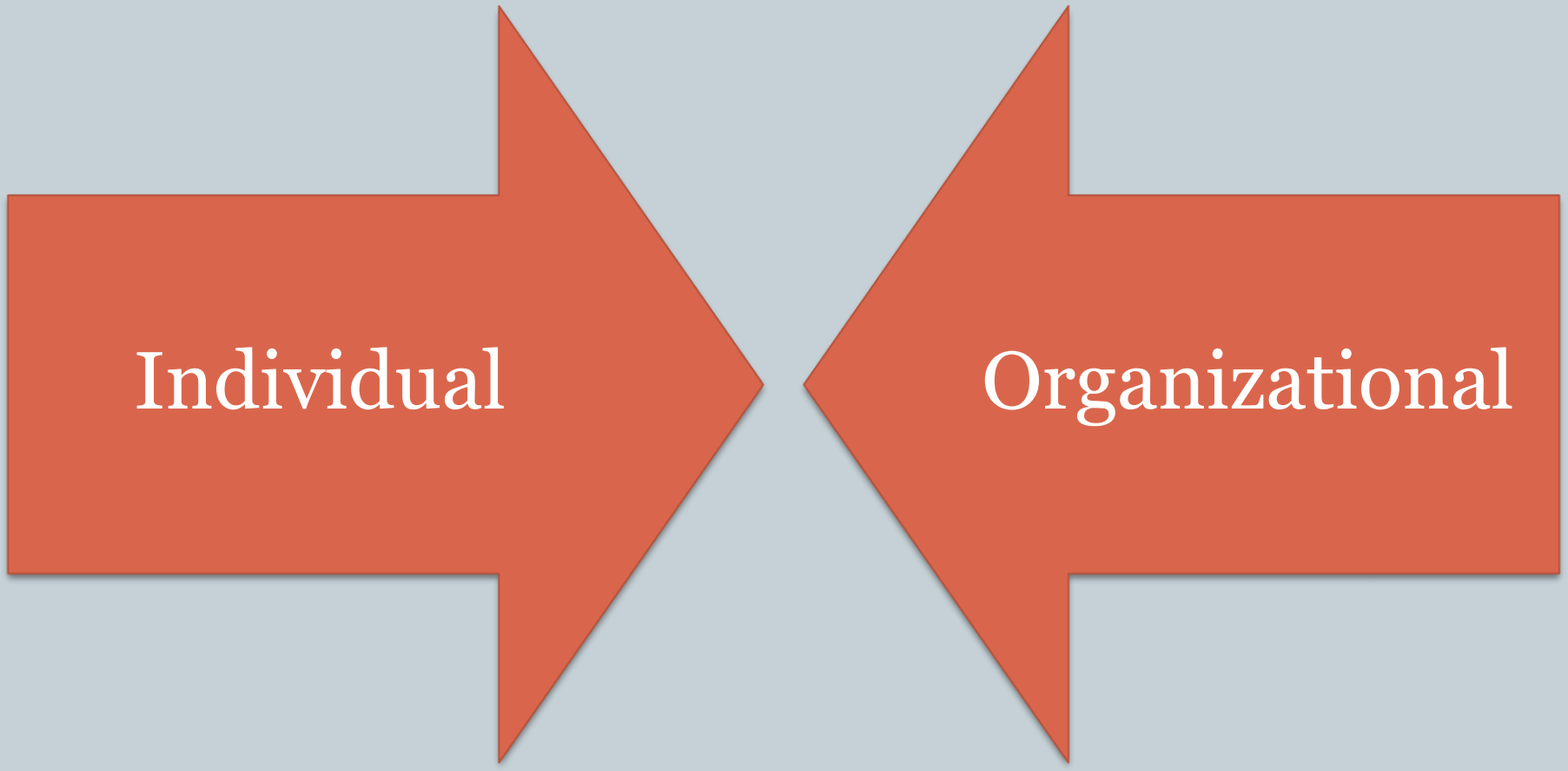
- Individual Providers
- Organizations
- Medical schools
- Medical profession
- Government and policy makers
- Healthcare Industry

Happiness Research Analogy

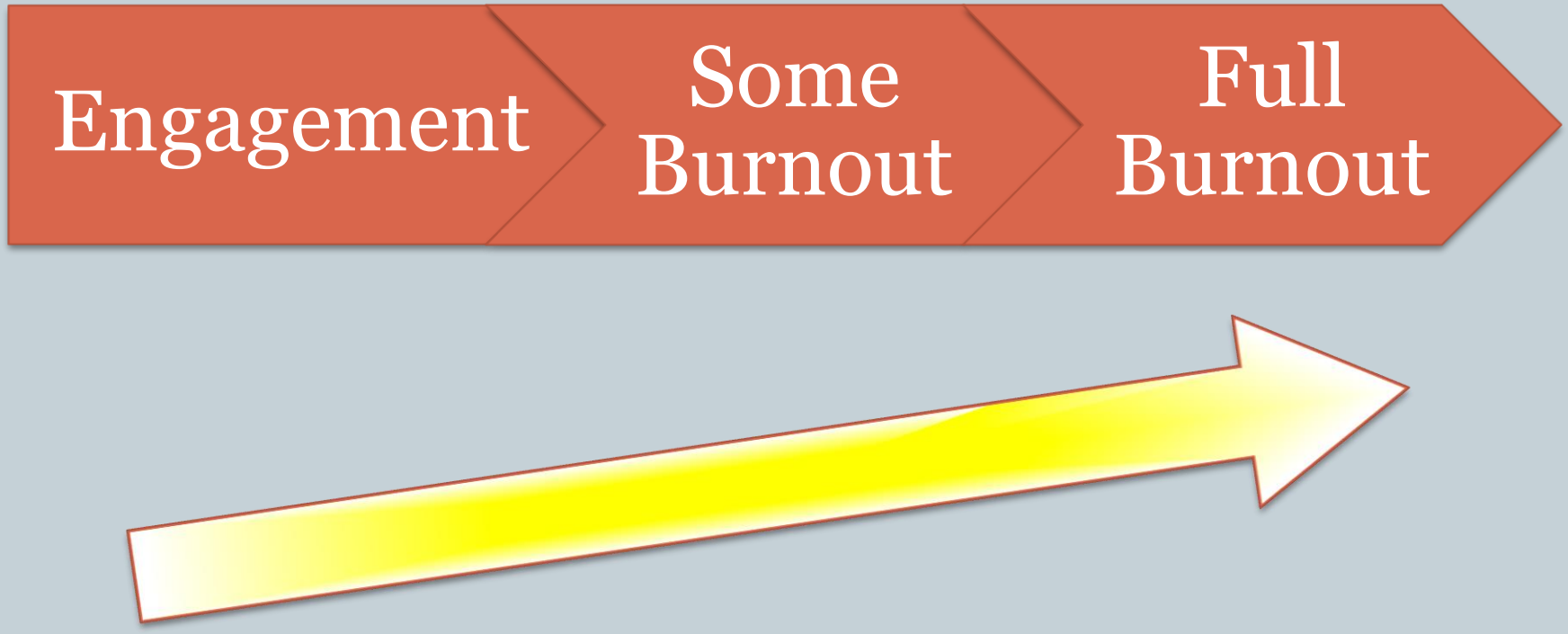
- 50% predetermined by genetics and family
- 50% changeable
  - 10-38% determined by recent event
  - 12-40% under individual control

Lykken, Psychological Science Vol.7, No. 3, May 1996

Dual Responsibility



The Burnout Continuum



Where to Start?

	Engaged	Some burnout	Full burnout
Treat burnout			✓
Decrease stress	✓	✓	
Increase resilience	✓	✓	

Treating Burnout

- Take an Intentional Break*
  - **Take time to reflect on what is important to you**
  - **Recall your personal values and why you went into medicine**
- Commit to 1-2 doable changes when you get back
  - **Interventions that have been shown to help**
    - Participation in a discussion group
    - Practicing mindfulness

*supported by evidence

Benefits of Meditation

- Better Focus
- Less Anxiety[1]
- More Creativity
- Fosters Compassion[1]
- Better Memory
- Less Stress[1]
- More Grey Matter

[1]Ann Fam Med September/October 2013 vol. 11 no. 5 412-420

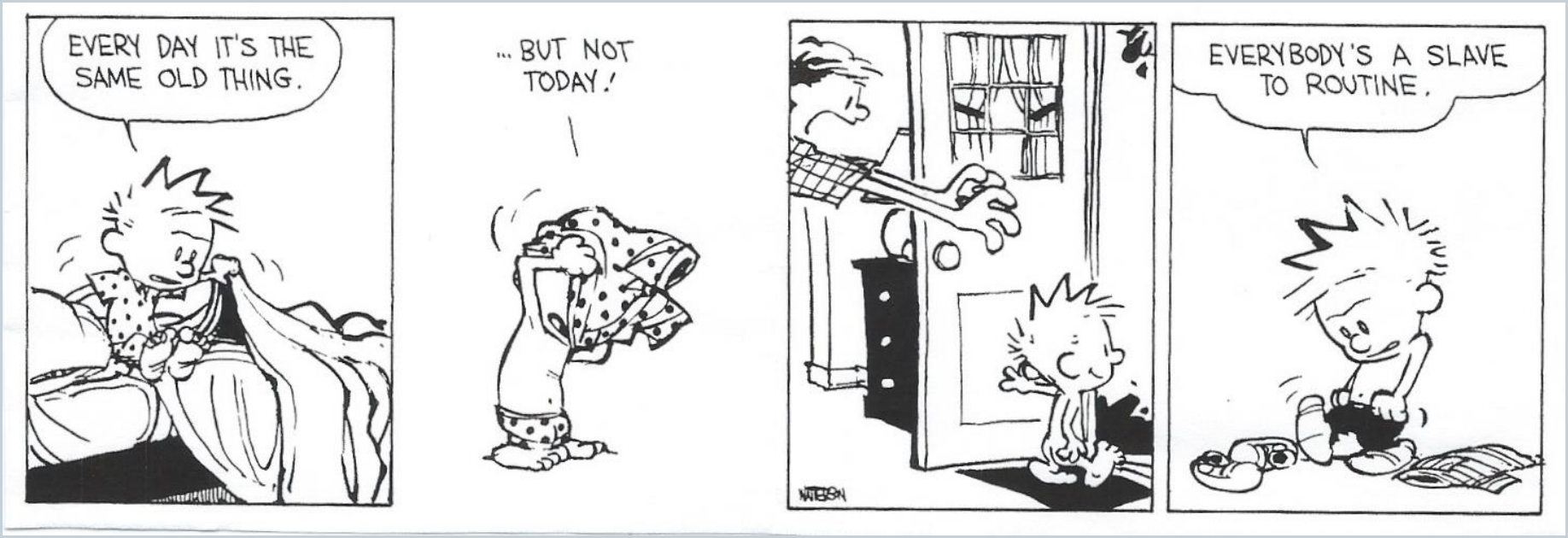
What is this "*Mindfulness*"?

- A quality of the mind cultivated by meditating where you train yourself to notice your thoughts without judging them.
- "Mindfulness means paying attention in a particular way, on purpose, in the present moment, and non-judgmentally."
  -Jon Kabat-Zinn
- MBSR (Mindfulness Based Stress Reduction)

Strategies for Burnout

- **Downtime, rest, and rejuvenation**
  - Take a few 5-10 minute breaks throughout your day
- **Improve personal health**
  - Recommit to personal wellness
- **Stress reduction and increasing energy**
  - Decrease workload, increase efficiency
  - Change your routine**
- **Improve relatedness/decrease isolation and depersonalization**
  - Try to acknowledge staff and connect with colleagues every day
  - Get to know something personal about your patients
- **Gaining insight and self-reflection**
  - Ask yourself pointed questions
- **Increase personal efficacy**
  - Creative CME – audioCME, Smartbriefs
- **Work-Life balance, strengthen self-identity**
  - Carve out time for friends and family
- **Increase autonomy, control**
  - Reset the expectations of your patients

Change Your Routine



Still Stuck?

- Strategies List
- Resource List

Organizational Strategies

- Incorporate provider wellbeing into organizational values and structure
- Prevention strategies should be:
  - Thoughtful
  - Practical
  - Well-supported in the organization

Provider Wellness Models

- Passive
  - Open door policy
  - Focusing on positive
- Reactive
  - Critical incident stress debrief
  - Suggesting outside counsel
- **Proactive**
  - Well-being assessment
  - Thoughtful, practical and supported prevention strategies

Organizational Strategies

- Promote Resiliency
  - Autonomy -
  - Relatedness –
  - Competence –
- Decrease Stress
  - Physical –
  - Emotional -
  - Spiritual –

Organizational Strategies

- Promote Resiliency
  - Autonomy - promote a culture of transparency and fairness
  - Relatedness –
  - Competence –
- Decrease Stress
  - Physical –
  - Emotional -
  - Spiritual –

Organizational Strategies

- Promote Resiliency
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  - Competence –
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  - Physical –
  - Emotional -
  - Spiritual –

Organizational Strategies

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  - Physical –
  - Emotional -
  - Spiritual –

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- Decrease Stress
  - Physical – decrease burden of regulations
  - Emotional -
  - Spiritual –

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  - Physical – decrease burden of regulations
  - Emotional - offer coaching or mindfulness courses
  - Spiritual –

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  - Physical – decrease burden of regulations
  - Emotional - offer coaching or mindfulness courses
  - Spiritual – Support Discussion Groups

Types of Discussion Groups

- Informal, unstructured groups
- Peer facilitated discussion groups
- Balint Groups
- Schwartz Center Rounds

Schwartz Center Rounds

- Demonstrated best practice
- Combats provider burnout and improves service simultaneously
- Structure and design elements
  - Modeled after M&M rounds
  - Based on case presentations
  - Presentations proud discussions of underlying issues
  - Staff share best practices to address issues
  - Guided by a facilitator

Support Forums/Schwartz Center Rounds

- Key Attributes
  - Structured, regular forum for peer-to-peer support
  - Opportunity to work together on difficult interactions
  - Provision of framework to think through difficult patient situations
  - Opportunity to learn from others about how to manage stressors
  - Open discussion of emotions to help manage stress
- Common Pitfalls
  - Discussion times fall to the wayside overshadowed by other priorities
  - Culture prohibits sharing concerns
  - Devolves into a complaining session
  - No demonstrated learning change or alleviation of stress

Schwartz Center Rounds

- Supported by the Schwartz Center founded by Ken Schwartz before he died of lung cancer in 1995
- Nearly 300 hospitals and medical centers hold the rounds
- Open to all professionals with patient care responsibilities
- Help monthly 430 to 150 caregivers at no cost to the hospital
- Rounds first piloted at Mass General Hospital in 1997

Schwartz Center Video

- The Schwartz Center Story

- http://bcove.me/y5irjltl

More Research is Needed

- Further research is needed to explore how interventions designed to improve provider wellness are also beneficial to patients and the organizations

VI. Conclude and Closing Thoughts

Questions
and
Comments