Caring for the Doc:
Impact of Physician Well-being on Patient Care

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No Financial Disclosures
Objectives

- Define Burnout Signs and Symptoms
- Understand Why Important to Discuss
- Discuss Vulnerability and Self-assessment
- Stress Mitigating Strategies
Case Studies
Case Study – Dr. M

- 45 year-old hospitalist
- He works as an employed physician for an academic medical center with an academic title
- Recently, he has been hand-picked for leadership within the department, taking on more responsibility
- Several administrative meetings each day and full clinical work-load along with formal didactic presentations
- No longer able to teach to the degree he wants as he has fewer teaching service months, more non-teaching responsibilities
- Research continues, but not as hands-on as preferred
Case Study – Dr. M

- He puts in 10-12 hour days, not including his 1-in-4 weekend call
- He is tired, short-tempered with residents and mid-level staff, and misses meals regularly due to time constraints
- When he does have time to himself, he sits in front of his computer or phone and plays online games, rarely socializing with friends or family
Case Study – Dr. K

- 62 year-old outpatient-only internist
- Recently, he sold his solo practice to local healthcare network
- 30+ years of working 7 days/week, on-call most nights, and rounding in hospital before office hours and on weekends
- Now, shared call, no hospital rounding, RVU demands, difficult EMR
Case Study – Dr. K

- Self-employed with limited retirement savings (employees got paid first), helping grandkids pay for college, debt from installing EMR

- Feels disconnected from patients – not taking care of them exclusively, frustrated at “the system” when he doesn’t get discharge summary from hospital

- Usual light-hearted humor exchanged for angry, sarcastic comments; unable to get all the paperwork completed before going home – just received notice of possible suspension if medical records are not completed
Case Study – Dr. A

- 34 year-old non-invasive cardiologist, recently out of fellowship
- She works for a large multi-specialty practice, RVU and patient access hours pressures; as newest member, has most to prove - highly competitive for RVUs
- Wants to start a family, but not sure she has the time
- Recently notified of lawsuit
Case Study – Dr. A

- Feels helpless, getting headaches
- Has gym membership, but unable to use it other than occasionally on weekends when not on call
- Significant other complains she works all the time and doesn’t go out with their friends anymore
- Has wine nightly, to “relax”
Signs and Symptoms of Burnout
Signs and Symptoms of Burnout

- Fatigue
  - Physically, emotionally

- Frustration
  - Question value of work, critical

- Forgetfulness/impaired focus
  - Procrastination

- Depression
  - Loss of appetite, over-eating, social withdrawal

- Physical symptoms
  - chest pain, palpitations, gastrointestinal pain (reflux, constipation/diarrhea), headaches
Case Studies

- Dr. M, hospitalist
  - Resistance to socializing, isolation, tired, change in eating habits
  - Professional pressures, working more – not wanting to work more

- Dr. K, outpatient practice
  - Pessimism, humor replaced with sarcasm
  - Concentration deficits, extreme procrastination

- Dr. A, subspecialist
  - Anxiety, alcohol use
  - Toxic work environment, lawsuit
Why Important?

- Burnout affecting physicians at higher rate than general population (2014)
  - Physicians work median 10 hour more per week (50 hours vs 40 hours)
  - Emotional exhaustion (43.2% vs 24.8%)
  - Depersonalization (23% vs 14%)
  - Overall burnout (48.8% vs 28.4%)
  - Satisfaction with work-life balance (36% vs 61.3%)


<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medical students, ages 22–32 (n = 4,032)</th>
<th>Population, college graduates, ages 22–32 (n = 736)</th>
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<th>Early career physicians, ages 31–47 (n = 806)</th>
<th>Population, employed, ages 31–47 (n = 1,832)</th>
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<td>Burnout index, no. (%)*</td>
<td></td>
<td></td>
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<td>375 (9.3)</td>
<td>171 (10.6)</td>
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Chronic Exposure to Stressors

- Failure of usual mechanisms to prevent compassion fatigue (emotional detachment, sense of achievement)
- Predispose to mental health pathologies
  - Depression
  - Anxiety
  - Substance abuse

Define Burnout

- 1974 - Herbert Freudenberger, PhD first described Burnout in Journal of Social Issues
  - Attempt to describe the physical, emotional, behavioral aspects of workplace exhaustion
- 1981 - Christina Maslach, PhD created Maslach Burnout Index (MBI), occupational burnout

Burnout Syndrome

- Emotional exhaustion
- Depersonalization
- Reduced personal accomplishment

Burnout Cycle

- Feelings of burnout
- Overwhelmed
- Less participation
- Low energy
- Less enjoyment
- Subtle changes
15,543 respondents across 29 specialties
Who Affected by Burnout?

- Highest Rates
  - Critical care doctors (48%)
  - Neurologists (48%)
  - Family Practice/Primary Care (47%)
  - OB/GYN (46%)
  - Internists (46%)

Who Affected by Burnout?

- Lowest rates
  - Plastic surgeons (23%)
  - Ophthalmologists (33%)
  - Dermatologists (32%)
  - Pathologists (32%)

Who Affected by Burnout?

- Gender
  - Women (48%)
  - Men (38%)

- Age
  - 28-34 (38%)
  - 35-54 (50%)
  - 55-69 (41%)

- Employment Situation
  - Employed and Self-employed equal (42%)

What Contributes to Burnout?

- Bureaucratic tasks (paperwork)
- Too many hours at work
- Lack of respect
- EHR/technology
- Compensation
- Lack of autonomy
- Lack of respect from patients
- Government regulations
- Decreasing reimbursements
- Profits over patients focus

Manifestations of Burnout in the Workplace

- Lack of productivity
- Incomplete work
- Growing to-do list
- Working too much/longer hours due to distraction
- Missed days/sick days
- Avoiding social events
What Would Change Stress Level?

- Increased compensation to limit financial stress
- Better work hours/more manageable call schedule
- Fewer regulations
- Greater autonomy
- More respect from administrators, patients

Seeking Help

- 66% men and 58% women say they never sought professional help for symptoms of depression

Wellness Programs in the Workplace
- 61% of non-hospital academic, military, research, government
  - 24% participate in programs
- 17% office-based, single specialty group practice
  - 22% participate in programs
- 10% office-based solo practice
  - 52% participate in programs

Physician burnout takes a toll on U.S. patients

- Two-thirds of physicians feel burned out/depressed
- One in three depressed doctors are short-tempered/frustrated by patients
- 32% said they were less engaged with patients
- 29% acknowledge being less friendly

15% of depressed physicians said their depression might cause them to make errors that might harm patients.

5% said depression led to errors that might have harmed patient.
Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors

Daniel S. Tawfik, MD, MS; Jochen Profit, MD, MPH; Timothy I. Morgenthaler, MD; Daniel V. Satele, MS; Christine A. Sinsky, MD; Liselotte N. Dyrbye, MD, MHPE; Michael A. Tutty, PhD; Colin P. West, MD, PhD; and Tait D. Shanafelt, MD

Abstract

Objective: To evaluate physician burnout, well-being, and work unit safety grades in relationship to perceived major medical errors.

Participants and Methods: From August 28, 2014, to October 6, 2014, we conducted a population-based survey of US physicians in active practice regarding burnout, fatigue, suicidal ideation, work unit safety grade, and recent medical errors. Multivariate logistic regression and mixed-effects hierarchical models evaluated the associations among burnout, well-being measures, work unit safety grades, and medical errors.
Burnout Effect on Physicians

- Physicians leaving the workforce
- Physician drug/alcohol abuse
- Physician suicide

Physician Exit

- 2014 Survey 20,000 physicians
- 44% plan to reduce patient access hours
  - Retirement
  - Fewer hours
  - Closing practice
  - Alternative practice (concierge)
  - Non-clinical positions

Physician Drug/Alcohol Use

- Rate of substance abuse ~10-12%
- Not disclosed due to:
  - Loss of prestige
  - Loss of licensure
  - Livelihood risk

Physician Drug/Alcohol Use

- 904 physicians surveyed
  - 50.3% alcohol abuse
  - 35.9% opiates
  - 7.9% stimulants
  - 5.9% other

- Anesthesiology, Emergency Medicine, Psychiatry

Physician Suicide

- Estimated 300 physician completed suicides annually
- Depression most often underlying
- Rate among physicians vs. general population
  - 1.4x males, 2.7x females
  - 28% of residents experience major depressive episode (vs. 7-8%)

The things we never talk about…

- Being vulnerable
- Being able to emote
- Being able to relate to others
- Dealing with the loss of a patient
- Dealing with accusations of the lawsuit
- Fears of being wrong
- Grief
Brené Brown, PhD, Huffington Endowed Chair Professor of Sociology Research at the University of Houston

Studies vulnerability, empathy and shame

https://www.ted.com/talks/brene_brown_on_vulnerability#t-1193128
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Strategy to Mitigate Stressors
Self-survey

- Suggested self surveys:
  - PHQ-2
  - Abbreviated Maslach Burnout Inventory
The Patient Health Questionnaire-2 (PHQ-2)

Patient Name ___________________________________________ Date of Visit ________________

Over the past 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
The Patient Health Questionnaire-2 (PHQ-2) - Overview

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is not to establish final a diagnosis or to monitor depression severity, but rather to screen for depression in a “first step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Clinical Utility
Reducing depression evaluation to two screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care.

Scoring
A PHQ-2 score ranges from 0-6. The authors identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

Psychometric Properties¹

<table>
<thead>
<tr>
<th>Major Depressive Disorder (7% prevalence)</th>
<th>Any Depressive Disorder (18% prevalence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-2 Score</td>
<td>Sensitivity</td>
</tr>
<tr>
<td>1</td>
<td>97.6</td>
</tr>
<tr>
<td>2</td>
<td>92.7</td>
</tr>
<tr>
<td>3</td>
<td>82.9</td>
</tr>
<tr>
<td>4</td>
<td>73.2</td>
</tr>
<tr>
<td>5</td>
<td>53.7</td>
</tr>
<tr>
<td>6</td>
<td>26.8</td>
</tr>
</tbody>
</table>

* Because the PPV varies with the prevalence of depression, the PPV will be higher in settings with a higher prevalence of depression and lower in settings with a lower prevalence.
<table>
<thead>
<tr>
<th>I deal very effectively with the problems of my patients</th>
<th>Every day</th>
<th>A few times a week</th>
<th>Once a week</th>
<th>A few times a month</th>
<th>Once a month or less</th>
<th>A few times a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel I treat some patients as if they were impersonal objects</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel emotionally drained from my work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day on the job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I've become more callous towards people since I took this job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel I'm positively influencing other people's lives through my work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Working with people all day is really a strain for me</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I don't really care what happens to some patients</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel exhilarated after working closely with my patients</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I think of giving up medicine for another career</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I reflect on the satisfaction I get from being a doctor</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I regret my decision to have become a doctor</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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Red = Emotional Exhaustion
Blue = Depersonalization
Green = Personal Accomplishment
Self-survey

Ask yourself…

- What is valuable to you?
- What brings you joy?
- What drew you to medicine in the first place?
- What causes you stress?
- If you could change one thing, what would it be?
- Do you drink too much?
- Do you need to seek professional mental health help?
Strategies to Mitigate Stressors

- Journaling
- Extra-professional activities
- Change work situation
- Small accomplishments
- Manage expectations
- Balance of on-off time
- Exercise
- Spirituality/Faith
- Surround yourself with positive
- Volunteer
- Say no
Summary

- Burnout can affect us all
- Patients and our profession suffer
- Start the conversation – you are not alone
- Self survey
- Reach out for help
- Change your situation
- Look out for others who are struggling
- Resources – employer-based, internet