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

Pamela S.N. Goldman, DO, MHSA, FACOI

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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 effecting 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%)

https://wire.ama-assn.org/life-career/how-physician-burnout-compares-general-working-population

Characteristic	Medical students, ages 22–32 (n = 4,032)	Population, college graduates, ages 22–32 (n = 736)	*P* value	Residents/ fellows, ages 27–40 (n = 1,489)	Population, college graduates, ages 27–40 (n = 992)	*P* value	Early career physicians, ages 31–47 (n = 806)	Population, employed, ages 31–47 (n = 1,832)	*P* value
Burnout index, no. (%)*									
Emotional exhaustion: high score	1,647 (41.1)	511 (31.8)	<.0001	557 (37.6)	260 (26.4)	<.0001	243 (30.5)	462 (25.3)	.01
Depersonalization: high score	1,084 (27.2)	297 (18.5)	<.0001	528 (35.7)	164 (16.6)	<.0001	181 (22.6)	302 (16.6)	<.001
Burned out†	1,976 (49.6)	573 (35.7)	<.0001	739 (50.0)	310 (31.4)	<.0001	297 (37.3)	545 (29.9)	<.001
Screened positive for depression, no. (%)	2,337 (58.0)	761 (47.5)	<.0001	753 (50.7)	406 (41.1)	<.0001	319 (39.9)	801 (43.9)	.06
Suicidal ideation in the last 12 months, no. (%)	375 (9.3)	171 (10.6)	.25	120 (8.1)	86 (8.7)	.58	53 (6.6)	132 (7.2)	.55

Dyrbye L. et al. Burnout among U.S. medical student, residents, and early career physicians relative to the general U.S. population. Acad Med. 2014 Mar; 89(3):443-451.

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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

"Burnout and Doctors: Prevalence, Prevention and Intervention" Shailesh Kumar. Healthcare (Basel) 2016 Sep; 4(3): 37. Published online 2016 Jun 30. doi: 10.3390/healthcare4030037

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

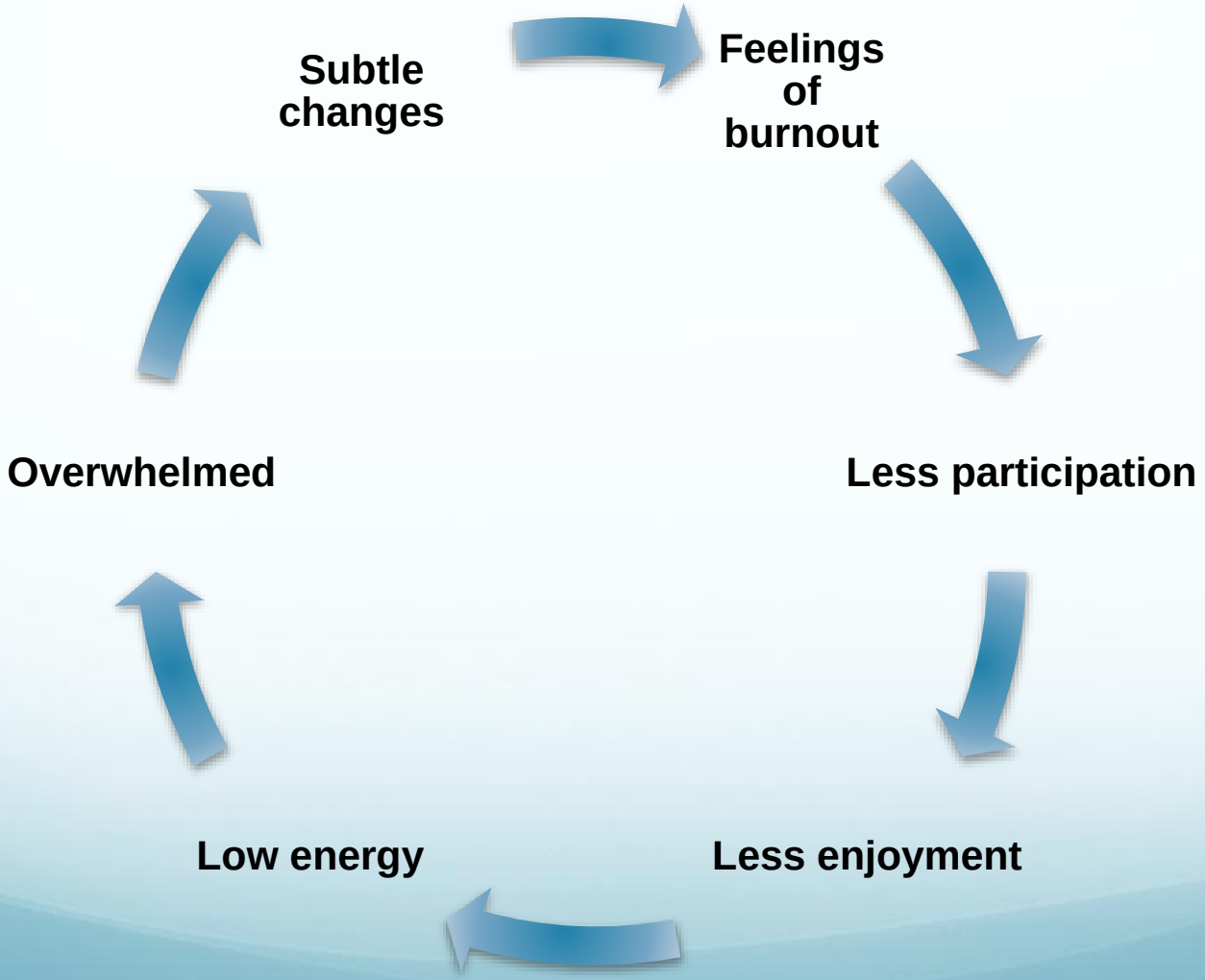
Freudenberger H. Staff burnout. J. Soc. Issues. 1974;30:159–165. doi: 10.1111/j.1540-4560.1974.tb00706.x.

Burnout Syndrome

- Emotional exhaustion
- Depersonalization
- Reduced personal accomplishment

Maslach C., Jackson S. Maslach Burnout Inventory manual. 2nd ed. Consulting Psychologist Press; Palo Alto, CA, USA: 1986.

Burnout Cycle



https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

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%)

https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

Who Affected by Burnout?

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

https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

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%)

https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

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

https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

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

https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

Seeking Help

- 66% men and 58% women say they never sough 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

https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#1

HEALTH NEWS JANUARY 17, 2018 / 10:53 AM / 3 MONTHS AGO

Physician burnout takes a toll on U.S. patients

Marilynn Larkin

5 MIN READ

- 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

https://www.reuters.com/article/us-health-physicians-burnout/physician-burnout-takes-a-toll-on-u-s-patients-idUSKBN1F621U

HEALTH NEWS JANUARY 17, 2018 / 10:53 AM / 3 MONTHS AGO

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5 MIN READ

- 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*

https://www.reuters.com/article/us-health-physicians-burnout/physician-burnout-takes-a-toll-on-u-s-patients-idUSKBN1F621U

MAYO CLINIC

ORIGINAL

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.

Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors
Tawfik, Daniel S. et al.
Mayo Clinic Proceedings , Volume 0 , Issue 0 ,

Burnout Effect on Physicians

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

https://wire.ama-assn.org/life-career/how-physician-burnout-compares-general-working-population

Physician Exit

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

http://www.nejmcareercenter.org/minisites/rpt/survey-of-20-000-u-s-physicians/

Physician Drug/Alcohol Use

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

Berge KH, Seppala MD, Schipper AM. Chemical Dependency and the Physician. Mayo Clinic Proceedings. 2009;84(7):625-631.

Physician Drug/Alcohol Use

- 904 physicians surveyed
  - 50.3% alcohol abuse
  - 35.9% opiates
  - 7.9% stimulants
  - 5.9% other
- Anesthesiology, Emergency Medicine, Psychiatry

McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ 2008;337:a2038

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%)

http://afsp.org/wp-content/uploads/2016/11/ten-facts-about-physician-suicide.pdf

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

- Brene 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?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

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[1] 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 Properties[1]

Major Depressive Disorder (7% prevalence)				Any Depressive Disorder (18% prevalence)			
PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)	PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)
1	97.6	59.2	15.4	1	90.6	65.4	36.9
2	92.7	73.7	21.1	2	82.1	80.4	48.3
3	**82.9**	**90.0**	**38.4**	**3**	**62.3**	**95.4**	**75.0**
4	73.2	93.3	45.5	4	50.9	97.9	81.2
5	53.7	96.8	56.4	5	31.1	98.7	84.6
6	26.8	99.4	78.6	6	12.3	99.8	92.9

** 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.*

http://www.cqaimh.org/pdf/tool_phq2.pdf

	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*

Red = Emotional Exhaustion
Blue = Depersonalization
Green = Personal Accomplishment

https://nbpsa.org/images/PRP/MaslachScoringAbbreviated.pdf

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