

Burnout

 Carle

 ACCOI

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HEALTH ALLIANCE MEDICAL PLAN

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Case Study

Sam is 28 y/o male 2nd year IM resident

The IM trainer was contacted by the Chm of Surgery after a heated argument between the resident and a 3rd year surgical resident concerning a critical care case which involved a 26 y/o female with complicated Crohn's disease who expired with sepsis. Pt had been in ICU for 14 days following a resection for obstruction.

- IM residents have noticed Sam has been aggressive with medical students and nursing staff are feeling he is inappropriate.
- He has not been participating in education



Case continued

Known to be a hard worker, excellent medical student.

- He spends most of his time at the hospital because of his interest in critical care.

Married – wife is pregnant with first child

- His wife had expressed concerns to another resident's significant other about his sullen mood at home and lack of presence

As the IM Chief Resident, you ask Sam to meet to better understand the situation.

- He totally denies any problems
- *When further pressed about the ICU case, he expresses that he did not have much of an impact to help this patient or many others. He feels he has lost some of the direction, and the battle with the surgical resident just made him frustrated. He feels wore out and little accomplished.*

Maslach Burnout Inventory (MBI)

Emotional exhaustion

- Overextension of one's work emotionally

Depersonalization

- Indifference and impersonal responses towards patients

Personal accomplishment

- How well one believes one has achieved success and competence thru work

Burnout Among Osteopathic Residents

Chan,A; Cuevas, S; Jenkins,J. JAOA 2016;(116):100-105

Table 1.
Burnout Among Osteopathic Residents:
Sample Characteristics of Respondents (N=129)

Characteristic	No. (%)
Sex	
Male	91 (70.5)
Female	38 (29.5)
Program Length, y	
3	34 (26.4)
4	44 (34.1)
5	43 (33.3)
6	8 (6.2)
Marital Status	
Single	57 (44.2)
Married	72 (55.8)
Residency Type	
Surgical	69 (53.5)
Nonsurgical	60 (46.5)

Table 2.
Burnout Among Osteopathic Residents:
Residency Program and Hours Worked and Slept (N=129)

Residency Type	Residents No. (%)	Mean Hours Worked	Mean Hours Slept
Surgical Residency			
Anesthesiology	7 (5.4)	12.4	6.2
General surgery	14 (10.9)	12.7	5.6
Neurosurgery	8 (6.2)	10.9	6.1
Obstetrics/gynecology	13 (10.1)	10.9	6.1
Ophthalmology	3 (2.3)	10.2	7.3
Orthopedic surgery	20 (15.5)	11.1	5.9
Otolaryngology	4 (3.1)	9.8	7.0
Total	69 (53.5)	11.4	6.1
Nonsurgical Residency			
Emergency medicine	21 (16.3)	10.2	6.7
Family medicine	13 (10.1)	9.9	6.5
Internal medicine	9 (7.0)	11.3	5.4
Pediatrics	12 (9.3)	11.7	6.8
Radiology	5 (3.9)	10.7	6.9
Total	60 (46.5)	10.7	6.5

Burnout Among Osteopathic Residents

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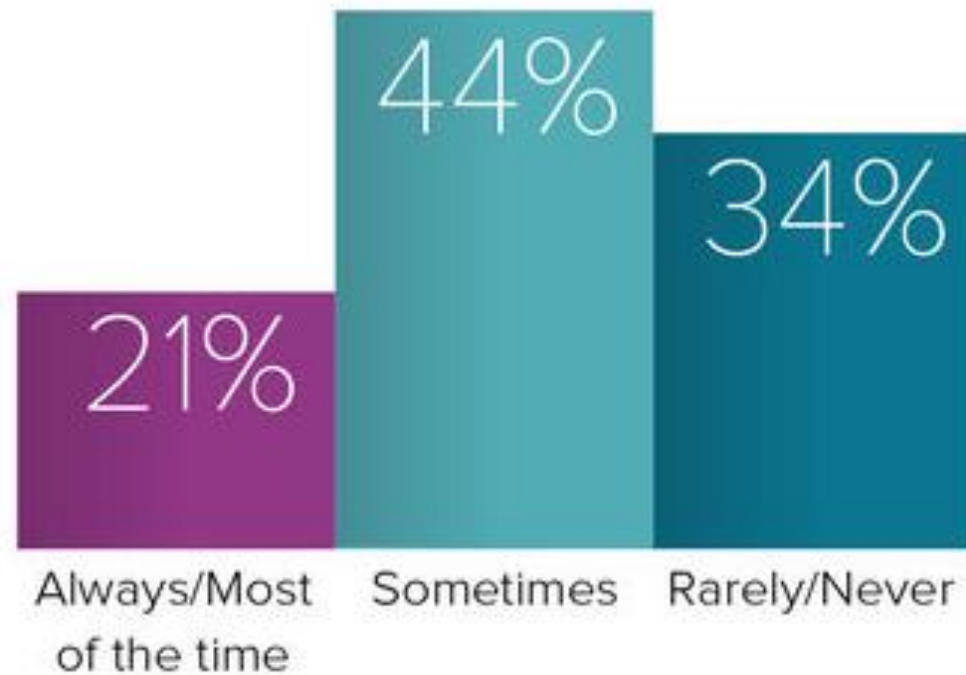
Table 3.
Burnout Among Osteopathic Residents:
Total Resident Frequency of MBI Burnout Factors^a (N=129)

Burnout Factor	Frequency (%)	Cumulative %
Emotional Exhaustion		
High	51 (39.5)	39.5
Medium	38 (29.5)	69.0
Low	40 (31.0)	100.0
Depersonalization		
High	64 (49.6)	49.6
Medium	32 (24.8)	74.4
Low	33 (25.6)	100.0
Personal Accomplishment		
High	22 (17.1)	17.1
Moderate	48 (37.2)	54.4
Low	59 (45.7)	100.0

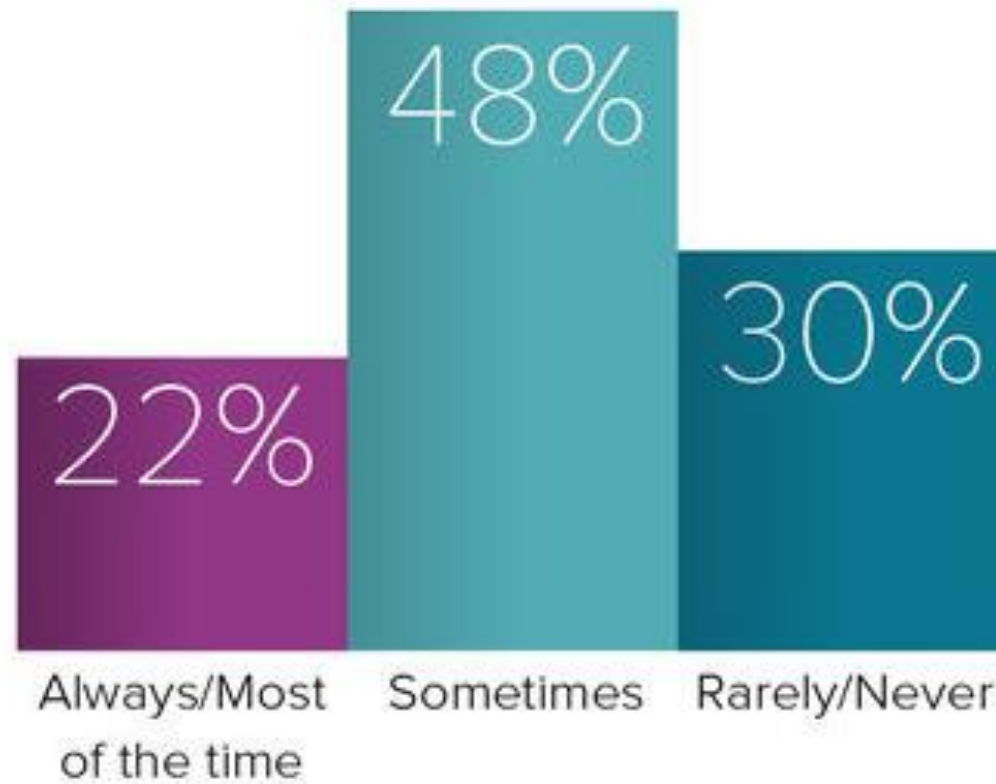
Osteopathic residents have elevated incident rates of burnout

^a Emotional exhaustion, depersonalization, and personal accomplishment are subscales from the Maslach Burnout Inventory (MBI) Human Services Survey.

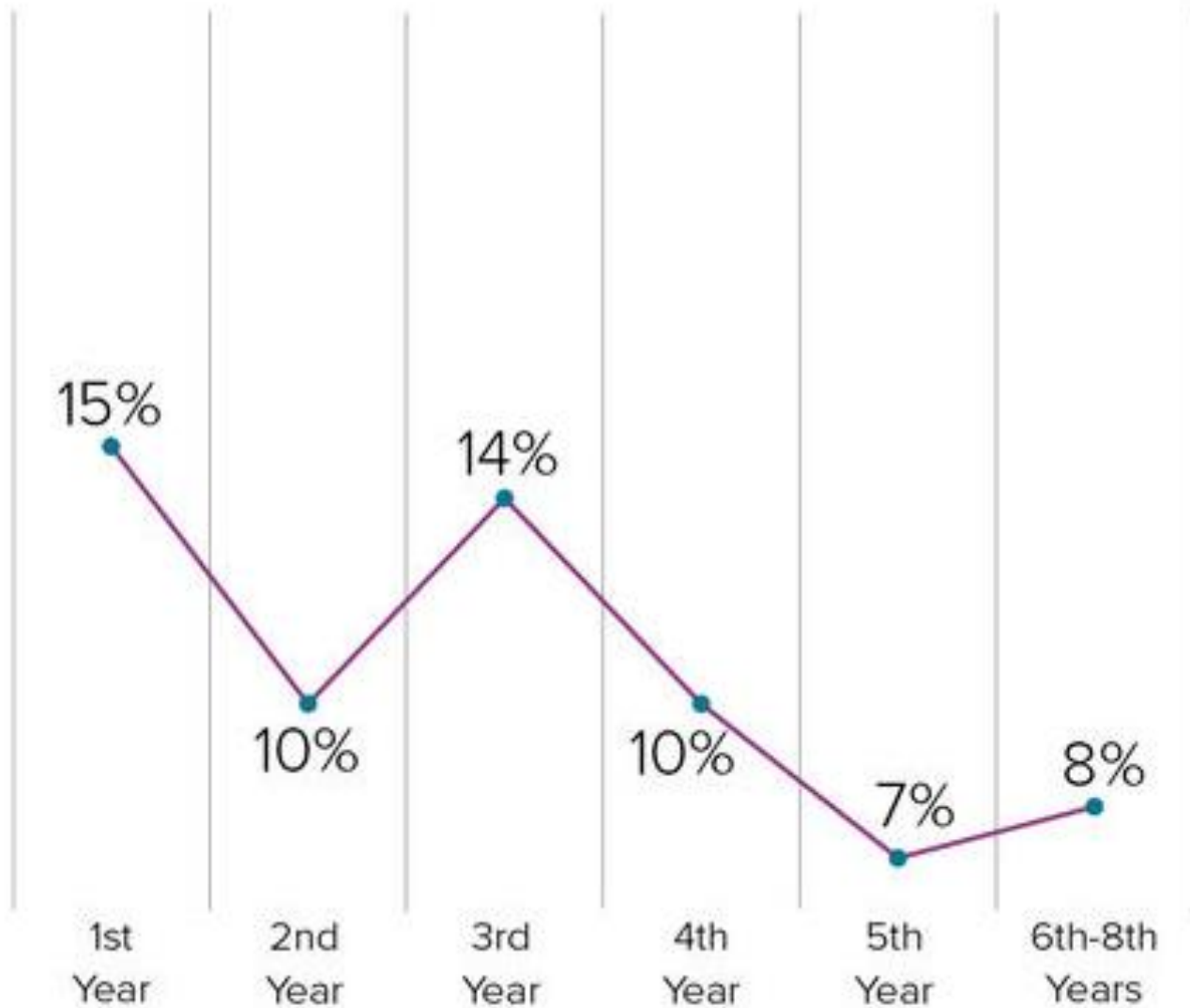
Enough Time for Personal Health/Wellness?



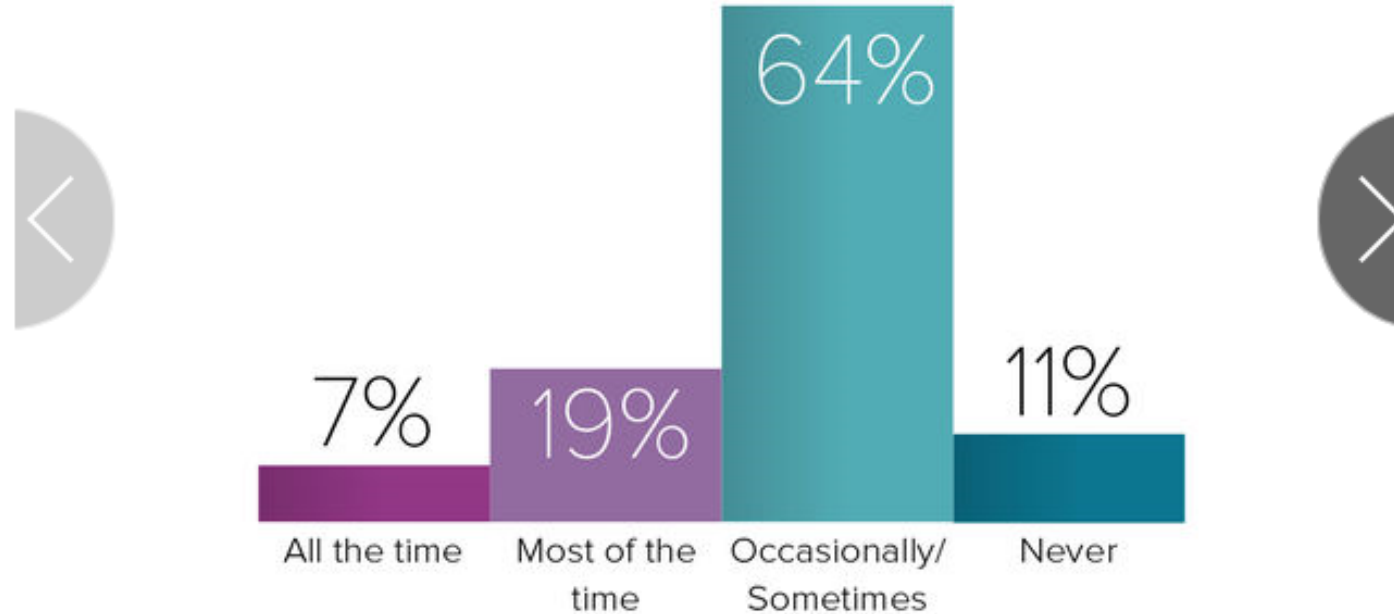
Enough Time for a Satisfying Social Life?



Still Looking Forward to Being a Doctor?



Doubts About Being a Good Doctor?



The percentage of residents who have occasional doubts about being a good doctor has remained relatively consistent: Nearly two thirds (64%) of our respondents expressed such doubts in 2016, compared with over two thirds (68%) in 2015. In other categories, however, doubts about being a good doctor appeared to be on the rise. Those who felt doubtful all the time totaled 7% of respondents in 2016 vs 3% in 2015. Those who felt doubtful most of the time totaled 19% of respondents this year, but 9% last year. The percentage of residents who felt completely confident in their abilities has declined to 11% of respondents in 2016 vs 20% in 2015.

Changes in Burnout and Satisfaction

Shanafelt, TD; et al. Mayo Clin Proc 2015(90):12:1600-13.

TABLE 2. Physician Career Satisfaction, Burnout, Depression, and Quality of Life 2014 Relative to 2011

Variable	2014	2011	P
Burnout indices ^a			
Emotional exhaustion			
Median	25.0	21.0	<.001
% low score	2299 (34.1%)	3041 (42.2%)	<.001
% intermediate score	1283 (19.0%)	1433 (19.9%)	
% high score	3165 (46.9%)	2734 (37.9%)	
Depersonalization			
Median	7.0	5.0	<.001
% low score	2951 (44.0%)	3601 (50.1%)	<.001
% intermediate score	1434 (21.4%)	1476 (20.5%)	
% high score	2325 (34.6%)	2116 (29.4%)	
Personal accomplishment			
Median	41	42	<.001
% high score	4064 (61.2%)	4758 (66.6%)	<.001
% intermediate score	1495 (22.5%)	1495 (20.9%)	
% low score	1085 (16.3%)	887 (12.4%)	
Burned out ^b	3680 (54.4%)	3310 (45.5%)	<.001
Depression			
Screen positive for depression	2715 (39.8%)	2753 (38.2%)	.04
Suicidal ideation			
Suicidal ideation in the last 12 mo	438 (6.4%)	466 (6.4%)	.98
Career satisfaction			
Would choose to become a physician again	4476 (67.0%)	5081 (70.2%)	<.001
Would choose the same specialty again	4727 (70.8%)	5119 (70.8%)	.94
Satisfaction with work-life balance			
Work schedule leaves me enough time for my personal and/or family life			
Strongly agree	706 (10.6%)	1233 (17.0%)	<.001
Agree	2012 (30.3%)	2279 (31.5%)	
Neutral	973 (14.6%)	1046 (14.4%)	
Disagree	2004 (30.1%)	1775 (24.5%)	
Strongly disagree	956 (14.4%)	911 (12.6%)	
Missing	229	44	

^aAs assessed using the full Maslach Burnout Inventory. Per the standard scoring of the MBI for health care workers, physicians with scores of ≥ 27 on the Emotional Exhaustion subscale, ≥ 10 on the Depersonalization subscale, or ≤ 33 on the Personal Accomplishment subscale are considered to have a high degree of burnout in that dimension.

^bHigh score on Emotional Exhaustion and/or Depersonalization subscales of the Maslach Burnout Inventory (see Methods).

Burnout

Future physicians begin medical school with mental health profiles better than those of college graduates in other fields.

This profile reversed two years in the medical school.

Burnout is a syndrome of emotional exhaustion, loss of meaning in work, feelings of ineffectiveness, and a tendency to view people as objects rather than human beings.

Approximately 45% of US physicians meet criteria for burnout



Burnout is higher among physicians than general population
Peaks during residency training

Variable	Physicians	U.S. Workers
Emotional exhaustion		
- Never	12.7%	11.8%
- A few times a year	26.5%	30.9%
- ≤Once a month	12.7%	15.6%
- A few times a month	15.5%	17.7%
- Once a week	9.9%	6.9%
- A few times a week	13.3%	10.8%
- Every day	8.7%	5.6%
Depersonalization		
- Never	32.7%	39.4%
- A few times a year	24.9%	23.9%
- ≤Once a month	11.0%	10.1%
- A few times a month	11.4%	10.9%
- Once a week	6.6%	5.1%
- A few times a week	8.8%	5.9%
- Every day	4.0%	3.9%

Variable	Physicians	U.S. Workers
Depression and suicidal ideation		
- Screen positive for depression	40.4%	41.4%
- Suicidal ideation in the past 12 months	6.9%	6.6%
Satisfaction with work-life balance (<i>Work schedule leaves me enough time for my personal or family life</i>)		
- Strongly agree	14.2%	19.5%
- Agree	30.7%	37.5%
- Neutral	14.7%	19.7%
- Disagree	26.2%	17.6%
- Strongly disagree	13.9%	5.5%

Physician suicide

Each year in the U.S., roughly 300–400 physicians die by suicide.

In the U.S., suicide deaths are 250–400 percent higher among female physicians when compared to females in other professions.



The Practice of Medicine

Non-Medical Stuff

Why Does Physician Burnout Occur?

**Need a life
besides medicine**

**Medical education
shortcomings**

Resident set up for burnout

Long hours

Difficult decisions that are at risk for error with limited experience

Death and dying

Frequent shift changes

Separated from supportive network such as family

Harassment and belittlement by faculty, higher trainees, and nurses

A photograph of a middle-aged man with grey hair, wearing a white lab coat over dark trousers and blue clogs. He is sitting on the floor of a modern hospital hallway, leaning against a wall with his head buried in his hands in a gesture of despair or exhaustion. The hallway has a clean, minimalist design with a light-colored floor and dark walls. The title 'Physician Burnout' is overlaid in large, bold, grey letters across the middle of the image.

Physician Burnout

Medical education survival tools:

- 1) Workaholic.
- 2) Superhero.
- 3) Perfectionist.
- 4) Lone Ranger.
- 5) Emotion free.

Ineffectiveness/Lack of Efficacy

The loss of desire to accomplish great goals and make the world a better place. The burned out physician, who started out with idealism, really begins to doubt that their work has purpose and that they're able to make a difference.

Emotional Exhaustion

The sense of being emotionally drained while working with other people and the dread that accompanies the thought of having to go to work. Rather than being energized by one's job, one is exhausted by it. It's the loss of the passion that is so fundamental to providing excellent healthcare.

Compassion fatigue

Erosion of the mind, body, and spirit

Learn how to run on empty


Develop negative balance

Energetic bank account overdrawn



Cynicism

Expressed as depersonalization, withdrawal, and compassion fatigue. The burnt out person becomes numb to the humanity of others. This manifest as a physician no longer regarding the patient as a unique individual with fears, needs, and hopes. The patient becomes another number, or just another member of a disease group. Empathy is lost.



**Most male physicians
do not recognize
their own burnout**

**Female physicians
are 4 times
More likely
to report burnout**

I'M NOT SLEEPING,
I'M DEPRESSED,
I'M STRESSED...

GLAD TO SEE
YOU ARE
MULTITASKING
THEN!



Medical students

Medical students have rates of depression 15 to 30 percent higher than the general population. Depression is a major risk factor in physician suicide. Other factors include bipolar disorder and alcohol and substance abuse.

How do we prevent burnout in medical education?

Teach the students and residents to become an EMR power user.

- Training to use minimal datasets in writing patient notes.
- Medical note should contain continuity documentation, notes to support the coding or billing, and necessary aspects for legal documentation.
- Educate on software templates to produce excellent notes.

How do we prevent burnout in medical education?

**Reduce guilt when there is a day off –
train students to clear the deck.**

How do we prevent burnout in medical education?

**Emphasize the need for team healthcare and train
team leadership techniques.**

How do we prevent burnout in medical education?

Include resiliency training

- Resilience is your ability to adapt well and recover quickly after stress, adversity, trauma or tragedy. If you have a resilient disposition, you are better able to maintain poise and a healthy level of physical and psychological wellness in the face of life's challenges. You can develop resilience by training your attention so that you're more intentional about your perceptions. You use purposeful, trained attention to decrease the negative thoughts in your mind and bring greater focus on the most meaningful aspect of an experience.

Resilience Training benefits:

- anyone who is at risk for developing depression, anxiety or other stress-related conditions who wants to improve their physical and mental resilience and sense of well-being
- anyone who has experienced depression, anxiety or other stress related mental health conditions and who has not fully recovered, or who wishes to prevent relapse
 - Resilience Training is inspired by the book, "The Chemistry of Joy," by Henry Emmons, MD.

Residency considerations

Acknowledge the potential problem of burnout and depression

Screening for disorder with Mini Z

Provide safe time to decompress after traumatic events
(codes, mass disasters, excessive work times (CCU rotation), conflict, etc.

Residency considerations

Provide training for
emotional intelligence and conflict resolution

Include life skills in education program –
family and support education

Residency considerations

Be aware of the effect of regular shift changes

**Discourage pimping or belittling
by those involved in education**

Effective Rounding

Make a human and personal connection.

What is working well?

You have everything you need to provide excellent care to your patients?

Anybody to reward or recognize?

Follow up on previous concerns.

Recognize and reward

Mini Z (Zero burnout program)

1. Overall satisfied with current job
2. I feel a great deal of stress because of my job
3. Do you feel burnt out?
4. My control over workload
5. I have sufficient time for documentation
6. What is the atmosphere of your work area (calm to chaotic)?
7. My professional values are aligned with my leaders
8. My Care team works together
9. The amount of time on EMR at home or after hours
10. My proficiency with EMR use.

Individual tactics that may apply

Talk about what you're feeling and experiencing.

Speak up if you think you need help.

Allow yourself to take regular vacations.

Find a healthy work/life balance.

Take responsibility for your own training and development.

Give credit where credit is due.

Think of your patients as partners.

Exercise regularly.

Volunteerism.

Cultivate meaningful interest outside of medicine.

Find a healthy financial balance.

Focus on nurturing, not managing, your relationships.



What can leadership do?

Talk openly about the problem within your organization.

Emphasize the need to report feelings of hopelessness or suicidal thoughts..

Reach out to any physician that may be troubled.

Create an environment where physicians can feel engaged, thrive professionally, and be able to express their passion for healthcare.

Changes in Healthcare

(The loss of change capital)

Healthcare funding decreased

value-based purchasing – relationship of reimbursement to clinical quality and patient experience.

Physician shortage

aging population with more requirements.

Volume and acuity of healthcare needs have increased.

Patient expectations have changed.

There is more transparency.

Technology is changing rapidly

Direct Impact on Physicians

Physicians feel overworked.

Physicians are sleep deprived.

Physicians feel they spent too little time with patients.

Physicians feel spent too much time doing everything else.

EMR implementation creates time pressures.

Physicians are experiencing a **loss of control** or a perceived loss of control.

Physicians have heavy debt with downward pressure in compensation.

Harmful Effects of Organizations from Physician Burnout

Physician burnout threatens patient safety.

Burnout can hurt clinical outcomes.

Burnout affects the patient's perception of care.

Burnout increases recruitment and retention costs.

Burnout increases the episodes of incivility.

Burnout increases the risk of malpractice litigation.

It's not
just the physicians!



**NURSES
REPORTED:**

1/2

Insufficient time
with patients

96 out of 100

Fatigue at beginning of shift

43%

Increase in
overtime

54%

Excessive
workloads

77%

Work 12-hour
shifts

2 IN 5

Units are short
staffed

1 IN 3

Staffing levels
inadequate

“If all of the knowledge and advice about how to beat burnout could be summed up in 1 word, that word would be balance—balance between giving and getting, balance between stress and calm, balance between work and home.”

MEASUREMENT OF BURNOUT AND ENGAGEMENT

[Maslach and Jackson 1981](#)



StuderGroup
a Huron Healthcare solution



Malcolm Baldrige
National Quality Award
2010 Award Recipient

Healing Physician Burnout



Diagnosing, Preventing, and Treating

Quint Studer
in collaboration with
George Ford, MD