Financial Disclosures

• None
Objectives

• Discuss the scope of the problem of physician burnout.
• Describe contributors to and consequences of physician burnout and distress.
• Discuss evidence-based methods to prevent burnout and promote physician wellbeing.
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What is Burnout?

Burnout is a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work.
Depersonalization

“I’ve become more callous toward people since I took this job.”
Emotional Exhaustion

“I feel like I’m at the end of my rope.”
Matriculating medical students have lower distress than age-similar college graduates

2012, 7 U.S. medical schools & population sample (slide from Dyrbye)

What happens to distress relative to population after beginning medical school?
Burnout among Residents

National Data (West et al., JAMA 2011)

Internal medicine residents, 2008 Survey

- Burnout: 51.5%
- Emotional exhaustion: 45.8%
- Depersonalization: 28.9%

Dissatisfied with work-life balance: 32.9%
# Burnout among Practicing Physicians


<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2014</th>
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<tbody>
<tr>
<td>Burnout:</td>
<td>45.8%</td>
<td>54.4%</td>
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<tr>
<td>Emotional exhaustion:</td>
<td>37.9%</td>
<td>46.9%</td>
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<tr>
<td>Depersonalization:</td>
<td>29.4%</td>
<td>34.6%</td>
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<tr>
<td>Dissatisfied with work-life balance:</td>
<td>36.9%, 44.5%</td>
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</tbody>
</table>
Demographics of Burnout

More common for:

- Women
- Younger doctors
- “Front line” specialties
- Greater number of work hours per week
- Private practice
- Incentive-based salary structure
But Don’t Burnout and Distress Affect Everyone?
## 2014 AMA Survey
### Employed Physicians vs. Employed U.S. Population

<table>
<thead>
<tr>
<th></th>
<th>Physicians (n=5313)</th>
<th>Population (n=5392)</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>62%</td>
<td>54%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age (median)</td>
<td>53</td>
<td>52</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hrs/Wk (median)</td>
<td>50</td>
<td>40</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Burnout*</td>
<td>49%</td>
<td>28%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Dissatisfied WLB</td>
<td>49%</td>
<td>20%</td>
<td>&lt;0.001</td>
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</tbody>
</table>

* As assessed using the single-item measures for emotional exhaustion and depersonalization adapted from the full MBI. Area under the ROC curve for the EE and DP single items relative to that of their respective full MBI domain score in previous studies were 0.94 and 0.93

2011 AMA Survey

• Adjusting for:
  • Age, gender, relationship status, hours worked/week, education
• Education (ref. high school graduates):
  • Bachelors degree: OR=0.8
  • Masters degree: OR=0.71
  • Doctorate or non-MD/DO professional degree: OR=0.6
  • MD/DO: OR=1.36
Objectives

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- **Describe contributors to and consequences of physician burnout and distress.**
- Discuss evidence-based methods to prevent burnout and promote physician wellbeing.
Are physicians at inherent risk? The “Physician Personality”

TRIAD OF COMPULSIVE VENESS

Doubt

Guilt  Exaggerated Sense  Responsibility

Gabbard JAMA 254:2926
The “Physician Personality”

**Adaptive**
- Diagnostic rigor
- Thoroughness
- Commitment to patients
- Desire to stay current
- Recognize responsibility of patients’ trust

**Maladaptive**
- Difficulty relaxing
- Problem allocating time for family
- Sense responsibility beyond what you control
- Sense “not doing enough”
- Difficulty setting limits
- Confusion of selfishness vs. healthy self-interest
- Difficulty taking time off

Gabbard JAMA 254:2926
Physician Distress: Key Drivers

• Excessive workload
• Inefficient work environment, inadequate support
• Problems with work-home integration
• Loss autonomy/flexibility/control
• Loss of values and meaning in work
Consequences of Physician Burnout

• Medical errors\textsuperscript{1-3}
• Impaired professionalism\textsuperscript{4-6}
• Reduced patient satisfaction\textsuperscript{7}
• Staff turnover and reduced hours\textsuperscript{8,12}
• Depression and suicidal ideation\textsuperscript{9,10}
• Motor vehicle crashes and near-misses\textsuperscript{11}

\textsuperscript{1}JAMA 296:1071, \textsuperscript{2}JAMA 304:1173, \textsuperscript{3}JAMA 302:1294, \textsuperscript{4}Annals IM 136:358, \textsuperscript{5}Annals Surg 251:995, \textsuperscript{6}JAMA 306:952, \textsuperscript{7}Health Psych 12:93, \textsuperscript{8}JACS 212:421, \textsuperscript{9}Annals IM 149:334, \textsuperscript{10}Arch Surg 146:54, \textsuperscript{11}Mayo Clin Proc 2012, \textsuperscript{12}Mayo Clin Proc 2016
Breaking News!

• A new illness runs rampant in our communities!

• Affects 54% of certain parts of the population, a risk 2x that of the rest of the population!
  • ~500,000 people
  • Prevalence comparable to that of lung cancer

• Affects students and our most highly educated and trained individuals!
Breaking News!

Among those affected:
- more professional errors
- impaired professionalism
- reduced satisfaction for those they serve
- increased job turnover and reduced hours
- higher rates of depression and suicidal ideation
- more motor vehicle crashes and near-misses
- lower standardized test scores
- …
- the group affected most is also more likely to complete suicides when affected.
What is this epidemic?

• An infectious disease?
  • Get the CDC involved ASAP!
  • Figure out the triggers and transmission patterns!
  • Develop effective prevention and treatment options!

• A chronic cardiovascular condition?
  • Rally the Surgeon General and the AMA!
  • Educate the public to prevent this problem!
  • Establish public health programs for support!

• A zombie apocalypse?
What is this epidemic?

BURNOUT
A Public Health Crisis!

<table>
<thead>
<tr>
<th>Burnout in U.S. alone:</th>
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<tbody>
<tr>
<td>&gt;40,000</td>
<td>Medical Students</td>
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<td>&gt;60,000</td>
<td>Residents and Fellows</td>
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<tr>
<td>&gt;490,000</td>
<td>Physicians</td>
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</table>

Plus other health care and biomedical science professionals

Individual or system problem?
Objectives

- Discuss the scope of the problem of physician burnout.
- Describe contributors to and consequences of physician burnout and distress.
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Physician Distress: Key Drivers

• Excessive workload
• Inefficient work environment, inadequate support
• Problems with work-home integration
• Loss autonomy/flexibility/control
• Loss of values and meaning in work
The Evidence in Total

• Systematic review on interventions for physician burnout, commissioned by Arnold P. Gold Foundation Research Institute (West Lancet 2016):
  • 15 RCT’s, 37 non-RCT’s
    • Results similar for RCT and non-RCT studies
The Evidence in Total

• Emotional exhaustion (EE):
  • -2.7 points, p<0.001
  • Rate of High EE: -14%, p<0.001

• Depersonalization (DP):
  • -0.6 points, p=0.01
  • Rate of High DP: -4%, p=0.04

Benefits similar for individual-focused and structural interventions (but we need both)
The Evidence in Total

- Individual-focused interventions:
  - Meditation techniques
  - Stress management training, including MBSR
  - Communication skills training
  - Self-care workshops, exercise program
  - Small group curricula, Balint groups
    - Community, connectedness, meaning
The Evidence in Total

• Structural interventions:
  • Duty Hour Requirements for trainees
    • Unclear but possibly negative impact on attendings
  • Shorter attending rotations
  • Shorter resident shifts in ICU
  • Locally-developed practice interventions
<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Organizational</th>
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<tbody>
<tr>
<td>Workload</td>
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<tr>
<td>Work Efficiency/Support</td>
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<tr>
<td>Work-Home Integration/Balance</td>
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<tr>
<td>Autonomy/Flexibility/Control</td>
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<td>Meaning/Values</td>
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</table>
## Physician Well-Being: Approach Summary

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Organizational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workload</strong></td>
<td>Part-time status</td>
<td>Productivity targets</td>
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<tr>
<td></td>
<td></td>
<td>Duty Hour Requirements</td>
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<td></td>
<td></td>
<td>Integrated career development</td>
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<tr>
<td><strong>Work Efficiency/Support</strong></td>
<td>Efficiency/Skills Training</td>
<td>EMR (+/-?)</td>
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<td></td>
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<td>Staff support</td>
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<tr>
<td><strong>Work-Home Integration/Balance</strong></td>
<td>Self-care Mindfulness</td>
<td>Meeting schedules</td>
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<td>Off-hours clinics</td>
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<td></td>
<td></td>
<td>Curricula during work hours</td>
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<td></td>
<td></td>
<td>Financial support/counseling</td>
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<tr>
<td><strong>Autonomy/Flexibility/Control</strong></td>
<td>Stress management/Resiliency Mindfulness Engagement</td>
<td>Physician engagement</td>
</tr>
<tr>
<td><strong>Meaning/Values</strong></td>
<td>Positive psychology Reflection/self-awareness Mindfulness Small group approaches</td>
<td>Core values Protect time with patients Promote community Work/learning climate</td>
</tr>
<tr>
<td>Drivers of burnout and engagement in physicians</td>
<td>Individual factors</td>
<td>Work unit factors</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Workload and job demands</td>
<td>Specialty</td>
<td>Productivity expectations</td>
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<tr>
<td></td>
<td>Practice location</td>
<td>Team structure</td>
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<td></td>
<td>Decision to increase work to increase income</td>
<td>Efficiency</td>
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<td></td>
<td></td>
<td>Use of allied health professionals</td>
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<tr>
<td>Efficiency and resources</td>
<td>Experience</td>
<td>Availability of support staff and their experience</td>
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<td></td>
<td>Ability to prioritize</td>
<td>Patient check-in efficiency/process</td>
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<td></td>
<td>Personal efficiency</td>
<td>Use of scribes</td>
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<td></td>
<td>Organizational skills</td>
<td>Team huddles</td>
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<td></td>
<td>Willingness to delegate</td>
<td>Use of allied health professionals</td>
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<td></td>
<td>Ability to say “no”</td>
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<tr>
<td>Meanings in work</td>
<td>Self-awareness of most personally meaningful aspect of work</td>
<td>Match of work to talents and interests of individuals</td>
</tr>
<tr>
<td></td>
<td>Ability to shape career to focus on interests</td>
<td>Opportunities for involvement</td>
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<tr>
<td></td>
<td>Doctor–patient relationships</td>
<td>- Education</td>
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<td></td>
<td>Personal recognition of positive events at work</td>
<td>- Research</td>
</tr>
<tr>
<td>Cultures and values</td>
<td>Personal values</td>
<td>Behavior of work unit leader</td>
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<td></td>
<td>Professional values</td>
<td>Work unit norms and expectations</td>
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<td></td>
<td>Level of altruism</td>
<td>Equities/fairness</td>
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<td>Moral compass/ethics</td>
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<td>Commitment to organization</td>
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<td></td>
<td></td>
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<tr>
<td>Control and flexibility</td>
<td>Personality</td>
<td>Degree of flexibility:</td>
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<tr>
<td></td>
<td>Assertiveness</td>
<td>- Control of physician calendars</td>
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<td></td>
<td>Intentionality</td>
<td>- Clinic start/end times</td>
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<td></td>
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<td>- Vacation scheduling</td>
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<td></td>
<td></td>
<td>- Call schedule</td>
</tr>
<tr>
<td>Social support and community at work</td>
<td>Personality traits</td>
<td>Collegiality in practice environment</td>
</tr>
<tr>
<td></td>
<td>Length of service</td>
<td>Physical configuration of work unit space</td>
</tr>
<tr>
<td></td>
<td>Relationship-building skills</td>
<td>Social gatherings to promote community</td>
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<tr>
<td></td>
<td></td>
<td>Team structure</td>
</tr>
<tr>
<td>Work-life integration</td>
<td>Priorities and values</td>
<td>Call schedule</td>
</tr>
<tr>
<td></td>
<td>Personal characteristics - Spouse/partner - Children/dependents - Health issues</td>
<td>Structure night/weekend coverage</td>
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<td></td>
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<td>Cross-coverage for time away</td>
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<td>Expectations/role models</td>
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Recommendations

• We have a professional obligation to act.
  • Physician distress is a threat to our profession
  • It is unprofessional to allow this to continue
    • Evolve definition of professionalism? (West 2007)
  • SHARED RESPONSIBILITY

• We must assess distress
  • Metric of institutional performance
    • Part of the “dashboard”
  • Can be both anonymous/confidential and actionable
Recommendations

• We need more and better studies to guide best practices:
  • RCT’s
  • Valid metrics
  • Multi-site
  • Individual-focused AND structural/organizational approaches
  • Evaluate novel factors: work intensity/compression, clinical block models, etc.

• Develop interventions targeted to address Five Drivers.
Recommendations

• The toolkit for these issues will contain many different tools.
• There is no one solution …
• … but many approaches offer benefit!
Physician Distress: Key Drivers

- Excessive workload
- Inefficient environment, inadequate support
- Problems with work-home integration
- Loss autonomy/flexibility/control
- Loss of values and meaning in work
Thank You!

- Comments/questions
- Email: west.colin@mayo.edu
- Twitter: @ColinWestMDPhD