Physician/Provider Burnout: What, why and what to do about it

Big Sky conference  April 2016
Christina M. Surawicz, MD, MACG
Professor of Medicine,
Division of Gastroenterology
U of Washington, Seattle WA.
Why am I giving this talk?

- Berk lecture at ACG 2013
- I realized I survived it without knowing it
- For example…
  - Lack of control
An Epidemic of Burnout?

• Large amount of data for physicians
• Greatest risk: younger colleagues
• Rates:
  • Physicians overall 44%
  • Medical students 28-45%
  • Residents 27-75%

AMA Survey, Ishak, SGME December 2009
Today

• What is burnout?
• What are the contributing factors?
• What are some solutions?
  • The practice of medicine
  • The practice of ourselves
“I’d like to put you through a comprehensive stress test which involves listening to my mother-in-law, balancing a checkbook and babysitting a redheaded 2 year old.”
Dr Tait Shanafelt

- Resident at U of Washington
- First study of burnout and perceived medical errors, in 2001, in internal medicine residents
- Now an oncologist at Mayo Clinic
Medicine Resident Burnout

- U of Washington got MBI and 92 item questionnaire
- 115 of 151 residents responded - 76%
- Intern response rate: 90%
- Year 2001
- Overall burnout: 76%

Burnout and self reported medical errors

• Error questions like “I made errors that were not due to my lack of knowledge or expertise

• Self reported errors higher when burned out
  • 53% vs 21%
  • This was significant and the only predictor was burnout
Burnout

• Associations
  • Inadequate sleep
  • More than 24 hour shifts
  • Inadequate leisure time

• Coping
  • Talking with a family or significant others
  • Talking with other residents
Work duty hour limits

- Have they had any significant effect on burnout?
Not really

- slight decrease in burnout and sleepiness
Burnout Has 3 Components

• Emotional and physical exhaustion
• Depersonalization
• Decreased sense of personal accomplishments and successes
Emotional and Physical Exhaustion

- Overworked
- Overextended
- Downward spiral, even after attempting to rest

Depersonalization

- Unfeeling in response to patients and peers
- Dysfunctional coping mechanism
- Keeping your patients at a distance to not drain you more
- Cynicism, sarcasm, compassion fatigue
- Nothing left to give
Decreased Sense of Personal Accomplishment

- Lack of efficacy
- What is the use?
- What is the purpose?
- Work is subpar
- Feel like not making a difference
Two questions from the MBI correlated well with survey

1. I feel burned out from my work (feeling emotionally depleted)

2. I have become more callous toward people since I took this job (treating patients and peers as objects).

A few times a year vs. a few times a week (90% correlation)--No one put “never”

The Paradox—A Fine Line

- Dedication ➔ Overwork
  The most dedicated are the most susceptible

- Traits that predispose
  - Idealism
  - Perfectionism
  - Responsibility

How well do we recognize burnout in ourselves and others?

• A challenge

• Surgeons self reported burnout significantly underestimated when evaluated on an instrument like the MBI

• One late clue - unprofessional behavior
AMA Data Base: Physician Burnout

- AMA master file data base; 7288 replies
- Overall 45.8% rate of burnout
- Highest in ER, Gen Int Med and Fam Med
- Higher than the general population

Shanafelt et al Arch Int Med 2012;172:1377
Burnout is increasing 2013-2015

Primary care 43% 50%
Another Big Predictor

Spending less than 20% of time on the activities most meaningful to them, no matter what it is

54% vs 30% Burnout Rate
Contributing factors

- Hours worked: a clear correlation
  - 44% for 60-80 hrs./ week for surgeons
- Work home conflict
- Work home conflict resolved in favor of work
  - For surgeons, higher if…
    - 2-Career Couple
    - Married to another doctor
    - Married to another surgeon—highest incidence
Burnout Factors: Multivariate Analysis

- Spending less than 20% time on most meaningful activities, no matter what it is (54% vs 30%)
- Being under age 55
- More hours worked
- Being a generalist vs. being a specialist

Mayo Clinic study
Do our Hospitalists Have It Better?

-AMA masterfile queried
-130 hospitalists and 448 oupt generalists
-52% and 54% burnout rates
-Emotional exhaustion highest
-Work home conflicts similar (48 and 41%)
-Hospitalists: work schedule leaves them enough time for personal life and family

External Forces

Friendly Fire (Well-Intentioned)
- Health care reform
- Pay for performance
- ICD 10
- CME
- EMR
- MOC/licensure

Enemy Fire (Not so Well-Intentioned)
- Insurance companies
- Pre-Authorizations
- Denials to patients
- For-Profit and CEO salaries

Privatera et al. Physician Burnout and Occupational Stress
J Hosp Admin 2015; 4:27
Stress and performance curve

Productivity vs. Hours
Top 6 factors

• Too many bureaucratic tasks
• Spending too many hours at work
• Income not high enough
• Increasing computerization of practice
• Impact of affordable care act
• Feeling like just a cog in a wheel
Top factors for GI docs: too many bureaucratic tasks; too many hours at work, increasing computerization of practice and MOC

Medscape survey 2016
Burnout—Contributing Factors

- Work-Life imbalance**
- Not having control**
- Rewards are not aligned with values
- Conflict with peers, staff, patients
- Patient complaints/malpractice suits/errors

Balch and Shanafelt Surgical Practice 2000
Denial and Delayed Gratification

- Physicians tend to deny their...
  - Anxiety
  - Fears
  - Desires
  - Fatigue
- Delayed gratification: it will get better when......
Burnout—Consequences

SELF

• Leaving profession early
• Substance abuse
• Depression
• Poor health
  • Suicide MD rate is 2x higher than general population
  • Women higher than men

CLINICAL

• Lower patient satisfaction scores
• Association with medical errors cause or effect—BOTH
• Unprofessional behavior
• Job turnover
  • Themselves
  • Those they work with
• Low-morale in workplace
Review Burnout Inventory—How Did You Score?

• Here is a questionnaire…..

• Yes = 1
• No = 0

• Physician Well-being Index
• In the last month:
• Have you felt burned out from your work?
  • Yes
  • No
• Have you felt that your work was hardening you emotionally?
  • Yes
  • no
• Have you been bothered by feeling down, depressed or hopeless?
  • Yes
  • no
Have you fallen asleep while stopped in traffic or driving?
   Yes
   no
Have you felt that all the things you had to do were piling up so high that you could not overcome them?
   Yes
   no
Have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
   Yes
   no
Has your physical health interfered with your ability to do your daily work at home and/or away from home?
   Yes
   No
SCORE: YES =1, NO =0
TALLY UP
If your score is 3 or higher, you are at risk of significant burnout.
Solutions—External

• How we practice medicine
• Support from our institutions and from our staff
• How we handle adverse events and complications
  • Our peers are our best support
Work-Life

• Work-life balance is for people who do not like their work
• “Old Amazon Joke” per New York Times Article

• Maybe not a joke there?
We Must Control our Work Schedules

• Top 3 factors that contribute to burnout:
  • More hours worked
  • Recent work-home conflict
  • Work-home conflict resolved in favor of work

• Control over work schedule predicted better work-life balance (new term is INTEGRATION)
Scheduling

- Conflict with administrators
  - See more patients
  - Click thru EMR faster

- Consequences
  - Our stress
  - ↓ Patient satisfaction
  - ↓ ? Quality of care
Electronic Medical Record...biggest dissatisfier? Not made for us
How we practice medicine

• The patient who drains us
• The busy day
• Remember the quote of Ron Vender:
  • “Remember that for each patient, their visit with you is probably the most important event of the day”
  • Ron Vender  ACG President 2012-2013

• Easy to forget, I remind myself often, esp. at end of day
Can We Control Our Practice?

• High-performing primary care practices
• Staff to doctor ratio was 2 or 3:1
• Team approach--Scribes and order entry
• Saw more patients
• Went home earlier and didn’t chart at home
• Staff and patients more satisfied
• Bottom line: financially makes sense!

Sinsky et al Am Fam Med 2013: 11: 272
These interventions work!

- Randomized controlled study
- 34 primary care clinics Hennepin County
- 17 to work life interventions/17 none
- Baseline, 12 and 18 months
- Interventions:
  - Changes in workflow
  - Better communication, esp. clinicians and staff
  - Targeted QI projects addressing specific concerns of clinicians
Results - intervention helped

• Fewer were burned out than controls
  • 22% to 7%

• More satisfied than controls
  • 23% c/w 10% controls
What made the difference?

- #1 workflow
  - Changing staff assignments, call schedules
- #2 communication
  - Meetings on topics meaningful to clinicians
    - Clinical cases
    - Clinic work life
Complications

• A huge contributor to burnout is having a major complication
• “The day you stop feeling bad about your complications is the day you quit”

A Seattle Surgeon
Serious Complications and Errors are Inevitable

• Need to take seriously
• Need to learn from our mistakes
• Need to support each other
• Need to forgive ourselves (as we forgive our colleagues)
Malpractice Suits

• Magnifies everything—devastating
• MDs vs. Lawyers
  • Different mindsets—lawyers think differently from us
Burnout – errors: cause and effect?

Burnout leads to distress -- leads to errors -- leads to burnout
Peer support programs (after adverse medical events)

- Safe way to share emotional impact
- Renew compassion in the workplace
- This is not trivial
  - 79% of faculty and residents reported a serious adverse patient event or traumatic personal event in the prior year

- Physician peer support preferred (88%) c/w employee assistance or mental health (29-48%)

- Van Pelt Qual Saf Health Care 2008; 17:249;
What I Learned About Adverse Events from Captain Sully—It’s Not What You Think, An Essay

- Miracle on the Hudson, May 2010
- Crew were all removed from duty immediately
- All had some PTSD
- Why don’t we do this too?

Steigler, JAMA 2015;313:361
Solutions

• Backup systems for emergencies like the residents have—night float, etc.
• Flexible work hours and part-time work
• Reasonable emergency call; schedule day off after?—Like airline pilots
• “These are the duties of the physician: first to heal his mind and to give help to himself before giving it to anyone else”
• - Epitaph of Athenian Doctor, 2 AD
SOLUTIONS—INTERNAL

the practice of ourselves
A 3-Step Program

- Identify and balancer professional and personal goals
- Identify stressors and shape career path
- Nurture personal wellness strategies

Adapted from Balch and Shanafelt, Combating Stress and Burnout: A Surgical Practice, Advances in Surgery 2010;44:29-47.
Step 1: Values and Goals

• Identify your personal values
• Identify your professional values
• Do they jibe?
• Can you integrate them?
Identify Your Professional Goals

• Why did I choose to become an MD?
• Why did I choose to go into my field?
• What do I like most about my job?
• What 3 things motivate me professionally?
• By the end of my career, what 3 things do I want to have accomplished?
• My Steven Covey experience
Integrating Work and Everything Else

• What is my greatest priority in life?
  • Do I live this way?

• Where am I most irreplaceable?
  • Home?
  • Work?
  • Elsewhere?

• What do I want to sacrifice?
  • Glass and rubber balls
Integrating (Cont’d)

• What legacy do I want to leave?
• How would I change this past year if I could?
• What do I fear?
  • Giving up things? Or admitting it is time to?
  • What others might think of me?
Step 2: Shape Your Career Path and Identify Stressors

- Enhance work that is personally meaningful to you
- Reshape practice? Give up stressful procedures? Eliminate other things?
- More training?
- Reflect with your colleagues
- Reassess what you enjoy
What Energizes and What Drains You?
Other People’s Problems

• We want to fix things but we don’t have to fix everything
• We don’t own other people’s problems
• Listen—don’t reply immediately
  • Chinese saying: pancake has 2 sides or 3 sides?
• Applies to patient care as well
Step 3: Nurture Personal Wellness Strategies

- Nurture yourself—mentally and physically
  - Your relationships
  - Vacations, hobbies
  - Sleep and eat
- Protect time for personal reflection
- See your primary care doctor
- Care for yourself first: Oxygen mask on airplane
We Cannot Do It All

• At least not all at the same time…
• Limit what you take on
  • “Exhaustion as a badge of honor”
• Plan your day backwards
  • Number hours of sleep
  • Time for self-care: exercise, relaxation
  • Number of hours with friends, family; dinner, homework
  • Subtract: hours for work
• OK…it won’t work every day but it is a good goal
Attack Your Schedule

• Take a day off after travel
• Identify emergency backup systems
• Be realistic but be generous
• Block time off—random days or half days
  • Schedule with Presidents
• Date night
• Decide what time is sacred and honor that
Someone I knew all too well...

• “The degree to which you do not believe you have time to spend even ten minutes sitting quietly is the degree to which you desperately need to spend ten minutes sitting quietly”

• Fahri (2003) Bringing Yoga to Life,
• Harper Collins, New York
Mindfulness Based Stress Reduction (MBSR)

• Deliberately paying full attention to what is happening around you and within you—in your body, heart and mind

• Awareness with no judgement or criticism

• Can include narrative writing and meditation
With everything else I’ve got on my mind, now you’re telling me I have to think about breathing?
Just Think: The Challenges of the Disengaged Mind

• Series of eleven studies
• Participants did not enjoy spending 6-15 minutes alone in a room with nothing to do
• Being alone for 15 minutes with their thoughts was so aversive that they would self-administer electrical shocks (even when earlier would pay to avoid them)
• Preferred mundane external activities
• 67% of men; 25% of women
• The untutored mind does not like to be alone with itself”
Summary: A 3-Step Program

• Identify and balance professional and personal goals
• Identify stressors and shape career path
• Nurture personal wellness strategies

Adapted from Balch and Shanafelt, Combating Stress and Burnout: A Surgical Practice, Advances in Surgery 2010;44:29-47.
A few other ideas

• Having the right colleagues
  • We spend more time with them than family
• Gratitude journal
  • 3 things/ day
• Narrative writing
  • Power of reading it aloud
• Black humor
  • Necessary but under threat
Focus Your Strategy
This requires daily attention

• Recognize sources of stress
• Let go of frustrations
  • What can and cannot be changed
• Two 80% rules
Resilience

• Finding meaning in our work
  • That we are important
  • That what we do helps people, not just patients
  • Mentoring our juniors will be one of our legacies

• Will help us on the days when work does overshadow “everything else”

• Why I do this file
Try one thing....

• Day off after being on call
• Schedule a 2 week vacation
• Write a thank you letter to someone meaningful to you
• Talk with your colleagues to see what could be better
• Read something funny
Survive and Thrive

•Renewing our priorities
•Taking control of our lives as much as possible
•Finding ways to recharge our batteries
•Aligning work and “everything else”
Thank you....