Physician Burnout
Physician Wellbeing
Perhaps THE MOST IMPORTANT READ of the Year!
To date most conversations and research have focused on “physician burnout” as the problem. The obvious corollary assumption seems to be that if the physician is not burned out, then they must be Ok. Logically this is like assuming that if you haven’t had a heart attack your coronary arteries are just fine; this example exposes the fallacy of this approach to the problem. This approach has led to everyone missing the boat on the real goal which is of course “Physician Wellbeing”.

*Nearly 1 in 2 physicians report at least 1 symptom of burnout.*
Physician Burnout – The Three Symptoms

Exhaustion – you are dog-tired on one or more of the three levels – Energy, Emotion, Spirit

Cynicism – you have lost your ability to care, empathize, and connect with your patients, staff and co-workers. You may even blame, shame or demonize the very people you are charged to care for – and feel guilty about it.

Doubt – you may begin to doubt that your work really makes any difference or question the quality of what you do (this is a late and inconsistent symptom that is nearly absent in men)

Are you at risk?

- **Physician Burnout ... Are you At Risk?**
- The short answer is YES! Everyone in every workplace is at risk for professional burnout. The healthcare environment is especially stressful because of the nature of the work, the nature of the “clients” and the way the providers have been conditioned by their medical training.
Overview

In this update we will:

- Review the scope and impact of the problem
- Define the “Burnout Syndrome”
- Define the desired condition of “Wellness”
- Discuss measuring tools
- Review strategies for Wellness
- Provide a Wellbeing Toolbox
- Post Test Questions
- Provide further reading links
Approximately what percentage of emergency physicians suffer “burn out” symptoms?

A. 10% or so
B. 10-20%
C. 20-30%
D. 30 – 40%
E. More than 40%
Burn out syndrome is essentially gender neutral with male and female EM specialist suffering *approximately* the same rates of the problem.

True or False
The current generation of EM physicians trained under the new limited hours training schedules (age of 35 yrs. and younger) have a burn out symptom rate virtually the same as older physicians when they are faced with fulltime EM career schedules.

True or False?
According to recent surveys burn out syndrome is essentially unavoidable and a consequence of “life in the ER”.

True or False?
What is the “Burnout Syndrome”?

- Depends who you ask really. *Essentially it is a state of career and general life dissatisfaction resulting from your work life.*

- Put another way “Burnout is defined as the triad of emotional exhaustion, depersonalization, and a loss of personal accomplishment” [http://www.acep.org/Content.aspx?ID=98519]. *(I like this one the best.)*

- One more formal definition:
  - Burnout, by definition, is a physical or mental collapse caused by overwork or stress. The psychiatric definition is an exceptionally mediated job-related dysphoric and dysfunctional state in an individual without major psychopathology. [http://www.medscape.com/viewarticle/774827]
What are some of the causes?

- From the 2015 Medscape survey the following items were identified by physicians as issues leading to burnout:
  - Bureaucratic tasks
  - Too many work hours
  - Insufficient income
  - Increased computerization of practice
  - Feeling like a cog in a wheel
  - Too many patients
  - Inability to provide quality care
  - Difficult colleagues
  - Compassion fatigue (over exposure to death)
  - Difficult employer
  - The Affordable Care Act
The Impact on Patient Safety

- Physician burnout has been associated with increased medical errors and suboptimal patient care. Depersonalization—a detached, cynical view of patients and coworkers—bears a particular relationship to medical errors and patient outcomes. A survey of matched hospital patient-doctor pairs revealed that elevated physician depersonalization levels were associated with decreased patient satisfaction and longer post discharge recovery times. This association persisted even after adjusting for severity of illness and demographic factors.

- Among surgeons who reported a major medical error in the preceding 3 months, each one point increase in depersonalization (scale range: 0–33) was associated with an 11 percent increase in the likelihood of reporting an error. Similarly, each one point increase in emotional exhaustion (scale range: 0–54) was associated with a 5 percent increase in the likelihood of error.

The Impact on Patient Safety

- If burnout is a proximal cause of medical error, efforts by individuals and institutions to combat stress and burnout may help to reduce the incidence of medical errors. Institutional support to optimize physician function and minimize the burden of busy work can provide physicians adequate time and energy to engage in self-care activities. Engaging in exercise or hobbies and making the time to spend at least 30 minutes a day alone and awake with your significant other correlate with decreased burnout among orthopedic surgeons.
Physician Suicide

- It has been reliably estimated that on average the United States loses as many as 400 physicians to suicide each year (the equivalent of at least one entire medical school).
- Sadly, although physicians globally have a lower mortality risk from cancer and heart disease relative to the general population (presumably related to self care and early diagnosis), they have a significantly higher risk of dying from suicide, the end stage of an eminently treatable disease process. Perhaps even more alarming is that, after accidents, suicide is the most common cause of death among medical students.

Physicians have a far higher suicide completion rate than the general public; the most reliable estimates range from 1.4-2.3 times the rate in the general population. Although female physicians attempt suicide far less often than their counterparts in the general population, their completion rate equals that of male physicians and, thus, far exceeds that of the general population (2.5-4 times the rate by some estimates). [Frank E, Dingle AD. Self-reported depression and suicide attempts among U.S. women physicians. *Am J Psychiatry*. 1999 Dec. 156(12):1887-94. Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry*. 2004 Dec. 161(12):2295-302.]
The Archives of Internal Medicine reported that in 2012 more US physicians suffer burnout than other American workers [Arch Intern Med. 2012;172:1377-1385].

A Lifestyle report conducted by Medscape in 2013 found that overall 40% or more of physicians had burnout symptoms. A 16% increase over the preceding two years!

WE ARE DOING THIS TO OURSELVES! AND WE DO HAVE A CHOICE NOT TO!!
Overall burnout is reported in from 30% to 65% depending on your specialty [Linser, et al, J Gen Intern Med. 2014;29:18-20].

The 2015 Medscape found the following:

- Critical Care physicians lead the pack at 53%
- Emergency Medicine physicians are reported at 52%
- Psychiatry, Pathology, and Dermatology had the lowest rates of all at 37%
- Have you known anyone from these more happy specialties to work nights, skip lunch, not take breaks and work holidays? This may tell us something of the impact of our EM lifestyle and job requirements.
In the 2015 Medscape survey Emergency Medicine was in the lowest group when asked the question of happiness at work! Not the very bottom but in the unhappiest 3 specialties (Radiology, Internal Medicine and Emergency Medicine).

- CLEARLY OUR SPECIALTY IS AT HIGH RISK!
- RE-FOCUSING ON WELLNESS EARLY IN OUR CAREERS IS HIGHLY DESIREABLE!
National surveys have shown that female physicians have a 60% higher burnout rate than their male counterparts [Linzer et al J Gen Med Intern Med. 2014;29:18-20].

The rates again vary by specialty. Female Emergency Medicine physicians were in the highest group at 58% overall (Urology, Orthopedics, Critical Care and General Surgery specialist share the top tier).
The abbreviated Maslach Burnout Inventory [http://opencourses.emu.edu.tr/pluginfile.php/9241/mod_resource/content/1/Burnout-self-test.pdf] was devised to provide a quick survey tool to judge a physicians state of burnout. The tool is quick to administer and easy to score. The link above takes you to a free test example.

Results are scored on three axis to give an estimate of depersonalization, emotional exhaustion and personal accomplishment.
Section A

- I feel emotionally drained by my work
- Working with people all day takes great effort
- I feel like my work is breaking me down
- I feel frustrated by my work
- It stresses me too much with direct contact with people
- I feel like I am at the end of my rope
The Maslach Inventory Questions

Section B

- I feel like I look after patients as objects
- I feel tired when I get up in the morning to face work
- I have the impression that my patients make me responsible for their problems
- I am at the end of patience after work
- I really don’t care what happens to some patients
- I have become more insensitive to people
- I am afraid this job is making me uncaring
The Maslach Inventory Questions

Section C
- I accomplish many worthwhile things at work
- I feel full of energy
- I easily understand how my patients feel
- I look after my patients effectively
- At work I handle emotional problems calmly
- I feel I have a positive influence on patients
- I feel refreshed when I have been close to patients
DON’T LET YOURSELF BECOME JACK!!
What is “Physician Wellness”?

- Physician Wellness is FAR more than the Absence of Disease
- Physician Wellness is about maximizing the Quality of Your Life.
- It is about how much you enjoy yourself, how much you feel your work makes a difference in people’s lives, and the quality of your relationships with the people most important to you. There is a very loose relationship between disease and this quality of life definition of physician wellness.

http://www.thehappymd.com/blog/bid/290733/Physician-Wellness-Definition-Thriving-vs-Surviving

physician wellness]
Strategies for Wellness

- It’s all about balance!
To understand burnout we need to first consider what it takes for wellness.

Consider that you have 3 “energy bank accounts” that you must keep a balance in.

- Physical Energy – the basic get up and go stuff
- Emotional Energy – the ability to be compassionate
- Spiritual Energy – the connection to your purpose in your work and life
The Wellness Model

- Each of these accounts must be kept charged by activities and spirit that ADD a balance in the account.
- Focusing on simply making withdrawals each and every day without ever making a deposit doesn’t work any better than it does with your personal bank account.
- IT TAKES A FOCUS ON DOING AND BEING WITH PEOPLE AND THINGS THAT YOU LOVE TO MAKE DEPOSITS!
This is actually a little complex as the national surveys have all shown we burnout for somewhat different personal reasons though the commonality is our work. The Burnout Prevention Matrix (link found on the second slide on Further Reading) provides some concrete approaches based on which areas cause you the most stress and frustration. The Happy MD article (found on the first slide of Further Reading) has a more simple approach and worth reading. I will use this reference for most of the Toolbox Strategies.

From my work on the TMB I saw burnout/stress leading to frustration and lack of satisfactory communication with patients as the cause of perhaps 90% of the ISC hearings I sat on.
The Three R’s approach of the Happy MD is where we will focus. [http://www.thehappymd.com/blog/bid/290755/Physician-Burnout-the-Three-Symptoms-Three-Phases-and-Three-Cures]

1) RESIST - Increasing your ability to RESIST the forces of physician burnout while you are on the job is incredibly important. You know the workplace is draining ... minimize the drain while you are on the job.

2) RESTORE - Realizing that the core dynamic of physician burnout is a withdrawal from your accounts of physical, emotional and spiritual energy ... the RESTORE step is about restoring your energy and bringing your accounts into a healthy and positive balance.

3) REDUCE EXPOSURE - This third physician burnout “cure” is about reducing your day to day exposure to the draining effects of your workplace.
RESIST – from moment to moment during a shift you are aware of stress as it arises and may notice the negative emotions it causes. Be mindful. Decide to take control and CHOOSE to be “the eye of the storm” and not buffeted by the outer wind and rain bands.

Take a deep breath, allow yourself a full minute of mental relaxation, positive thoughts and refocus.
RESTORE – this is my personal favorite and too few of us take time for activities that lead to restoration

- Small potato deposits – physical fitness and exercise 4X a week, a walk with wife, family or dog, yoga, meditation, etc.
- Bigger stuff – planned family vacations doing something different than the usual, a water park, a house on a lake with fishing, some time on the coast, etc.
- Big Fish – once a year get a sitter and go adventure traveling with your partner! A week somewhere you love, not thinking about work, a place you have never been, something you have never done....and BE THERE! Banish work and work stress from your life. In short be like *What About Bob* and take a vacation from yourself! It works. [And if you have not seen the movie *What About Bob* rent it NOW. It is hilarious and Ok for the whole family. Bill Murray should have won an Oscar!]
REduce EXposure

- Consider doing just a little less or dedicating two half days a month TO YOURSELF.
- Change the stress of work by finding satisfaction in human contact and compassion. Helping others is truly satisfying when brought down to a personal level. Establish that more personal level with your patients.
- “If our requirement for job satisfaction is a successful CPR or trauma case, we will be disappointed on most days...so to obtain job satisfaction on a daily basis we must draw rewards from our interactions with fellow human beings”. [Mike Mouw, writing as The Armchair Philosopher, c. 1990]
Q. 1. E

The actual percentage of physicians reporting significant burnout symptoms in the past year exceeds 40%. The rate for EM physicians approaches 60%! And the problem seems to be increasing significantly over the past few years.
Q. 2 FALSE

Our female EM counterparts have a significantly higher rate of burnout than males. There seems to be no single identifiable cause for this.
Q. 3 FALSE

EM physicians under the age of 35yrs report higher happiness and satisfaction scores with their career choice. You have to wonder if current training schedules actually do promote a healthier long term lifestyle. The days of finishing your residency, showing up 3 days later for 16-18 12hr shifts a month, and expecting to be happy are over! Another contributing factor may be that the “adrenalin rush“ of life in the ED and caring for critical patients is fun while you are young but wears out and simply becomes more stressful for us and dissatisfying over time. Eventually you no longer see that medical or traumatic disaster as “an interesting cool case” rather as the personal tragedy it is for the patient. This wears upon you over years.
Answers to Pre-Review Questions

- Q. 4 FALSE
- Burnout and frustration with the EM lifestyle can be avoided or at least significantly mitigated. It’s all about balance between your personal and professional lives. Simply put, YOU MUST MAKE THE CHOICE TO ENJOY LIFE! Working happily in a stressful environment for your entire career takes balance! But it can be done.
Further Reading

- **Physician Burnout** – the Three Symptoms, Three Phases and Three Cures

- **Physician Burnout** [Medscape review article](http://www.medscape.com/viewarticle/838437)

- **The Very Serious issue of Physician Burnout**

- **Finding the Balance** [ACEP](http://www.acep.org/Content.aspx?ID=98519)
This link takes you to The Happy MD and you can download your own copy of the text on how to prevent burnout.

[http://support.thehappymd.com/physician-burnout-prevention-matrix]

THIS ONE IS A GOOD PRACTICAL OVERVIEW ALONG THE FULL SCOPE OF THE PROBLEM AND SOME SOLUTIONS.
Review

"As the original researcher who first identified and described burnout, Dr. Maslach now digs to the roots of alienation and loss of community in many large organizations." (T. George Harris, editor, *Spirituality & Health*)

"Full of important lessons for those who experience burnout and those who are in positions to prevent it from occurring...it's a road map to the design of workplaces that will restore the vitality and the promise of fulfilling work." (Wayne Cascio, professor of management, College of Business and Administration, University of Colorado at Denver)

"The proposed solutions reach well beyond simple-minded, individual stress management to the core challenge of redesigning the work environment." (David S. Sobel, director of patient education and health promotion, Kaiser Permanente Medical Care Program)

"A welcome corrective to much of the writing I see on burnout. The authors show convincingly that the causes and solutions are to be found primarily in the organization, not the individual." (Cary Cherniss, professor of applied psychology, Rutgers University)