Physician Wellness

IMA Annual Meeting & CME Conference

Claudia Finkelstein MDCM
Director Faculty Wellness Programs
UWSOM
claudiaf@uw.edu
Disclosures

- Took forever to hand in slides
- Moral distress
- Don’t want to depress you
- Don’t want to mislead you
- Don’t have “the answer”
Objectives

Define the **characteristics** of the physician burnout syndrome and discuss the **incidence** rates among US physicians-easy

Recognize **risk factors** for physician burnout syndrome and **associated issues**-complicated

Describe **strategies** that promote **individual** resiliency and prevent burnout-will not work in isolation

Consider **systemic solutions**
Reading your powerpoint slides in a neutral voice is not a talk.

It's conscious sedation.

It's called speaking, not reading.
The measurement of experienced burnout*

CHRISTINA MASLACH
University of California, Berkeley

and

SUSAN E. JACKSON
University of California, Berkeley

SUMMARY

A scale designed to assess various aspects of the burnout syndrome was administered to a wide range of human services professionals. Three subscales emerged from the data analysis: emotional exhaustion, depersonalization, and personal accomplishment. Various psychometric analyses showed that the scale has both high reliability and validity as a measure of burnout.

Characteristics: A syndrome characterized by Three Spheres

**emotional exhaustion** - being emotionally overextended and exhausted by one's work

**depersonalization** - unfeeling and impersonal response toward recipients of one's service

**decreased sense of personal accomplishment** – lack of feelings of competence and successful achievement in one's work
Individual Strategy: Nature and Solitude
Some of the specialties with >10% increase

- Family medicine (51.3 percent of physicians reported burnout in 2011 versus 63.0 percent in 2014)
- General pediatrics (35.3 percent versus 46.3 percent)
- Urology (41.2 percent versus 63.6 percent)
- Orthopedic surgery (48.3 percent versus 59.6 percent)
But wait, there are more:

- Dermatology (31.8 percent versus 56.5 percent)
- Physical medicine and rehabilitation (47.4 percent versus 63.3 percent)
- Pathology (37.6 percent versus 52.5 percent)
- Radiology (47.7 percent versus 61.4 percent)
- General surgery subspecialties (42.4 percent versus 52.7 percent).
Individual Strategy: Breaks-Eat, drink?
Risk Factors: Pooled Multivariate Analysis (Shanafelt, JAMA Int Med 172:1137)

- Age
- Married
- Hours worked
- Reimbursement by effort
Risk Factors - From the Division of Plastic and Reconstructive Surgery, Northwestern University Feinberg School of Medicine.

Burnout Phenomenon in U.S. Plastic Surgeons: Risk Factors and Impact on Quality of Life.

Qureshi, Hannan A. B.A.; Rawlani, Roshni; Mioton, Lauren M. M.D.; Dumanian, Gregory A. M.D.; Kim, John Y. S. M.D.; Rawlani, Vinay M.D.
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>OR (95% CI)</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours worked per week (&gt;70)</td>
<td>2.42 (1.95–3.0)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Subspecialty (microsurgery or aesthetics)</td>
<td>2.01 (1.64–2.48)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Night calls per week (&gt;2)</td>
<td>1.95 (1.58–2.40)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Method of compensation (nonsalary)</td>
<td>1.74 (1.41–2.13)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Annual income</td>
<td>1.47 (1.19–1.82)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Junior academic rank</td>
<td>1.27 (1.03–1.57)</td>
<td>0.026</td>
</tr>
<tr>
<td>Chairman or chief</td>
<td>1.17 (0.95–1.43)</td>
<td>0.133</td>
</tr>
<tr>
<td>Operative load (time or no. of cases)</td>
<td>1.04 (0.84–1.26)</td>
<td>0.718</td>
</tr>
<tr>
<td>Participation in nonclinical activities (any)</td>
<td>0.87 (0.72–1.06)</td>
<td>0.158</td>
</tr>
<tr>
<td>Program director</td>
<td>0.73 (0.60–0.84)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Greater years in practice (&gt;15)</td>
<td>0.72 (0.59–0.87)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td><strong>Personal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse works</td>
<td>1.43 (1.16–1.76)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Married or partnered</td>
<td>0.94 (0.77–1.14)</td>
<td>0.547</td>
</tr>
<tr>
<td>Have children</td>
<td>0.77 (0.63–0.94)</td>
<td>0.010*</td>
</tr>
<tr>
<td>Older age (&gt;60 yr)</td>
<td>0.71 (0.58–0.86)</td>
<td>&lt;0.001*</td>
</tr>
</tbody>
</table>

*Statistically significant value, \( p < 0.05 \).
Other factors: Clerical Burden

- EHR/CPOE - less satisfied w burden

- CPOE - independent higher risk for burnout

Shanafelt, Mayo Clinic Proceedings July 2016 (7):836
Modifiable Risks?

Personality traits - idealism, high sense of personal responsibility, perfectionism

career characteristics: sense of control, appreciation, meaningful work, fair workload, aligned values

Risk factors for burnout > 60, especially > 80 hours/week, young kids, 2 careers,
Associated Issues:

- Substance abuse
- Disruptive behavior
- Mood disorders
- Suicide

Suicide:

- Physicians have higher rates of suicide than the general population

- 40% higher for male doctors

- 130% higher for female doctors

- Taking Their Own Lives — The High Rate of Physician Suicide
  Eva Schernhammer, M.D., Dr.P.H.

  June 16, 2005
Costs to Patients, Society, Institutions

Early retirement/physician shortage/cost of replacement

Medical errors/malpractice

Patient centered care and satisfaction

Currency of perception
Individual Strategy Mindfulness-More Later
Individual Strategies-Taking personal responsibility for self-care & happiness

• Basics – eat, sleep, exercise, vacation, hobby

• Self awareness-(maybe we all need therapy and/or a coach?)

• Self regulation-mindfulness practice, compassion cultivation

• Reflective practice- narrative medicine, groups

• Community –groups, peer support

• Meaning and purpose-
Individual Strategy: Connect w Purpose

Sorry I can't take your call right now but I'm off saving the world.
Does Advice like this Drive you Crazy?

1. Prioritize what you value, and plan for it.

2. Still give yourself time to “just be” and feel rooted in the moment. “Mindfulness and channel a sense of calm.

3. Learn to say “no” to certain tasks

4. Practice self-care, focusing on small actionable steps. Start by exercising, getting proper sleep and setting digital limits from work or peers, so you can properly rejuvenate
Levels of Intervention

• Individual – Main focus until very recently

• Practice Environment- clinic, department, institution, leadership

• “The System”
“The System”

“I don’t want my lifetime RVU on my Gravestone”
Organizational: 2 studies

Quality of Patient Care Drives Physician Satisfaction; Doctors Have Concerns About Electronic Health Records-

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices
Physician wellness: preventing resident and fellow burnout
Learn how to foster and implement a culture of wellness focused on the unique experiences of residents and fellows.

Improving physician resiliency
Foster stress hardiness and protect against physician burnout.

Preventing physician burnout
Improve patient satisfaction, quality outcomes and provider recruitment and retention.
Practice Environment -From The Triple Aim

• enhancing patient experience
• improving population health
• reducing costs

widely accepted as a compass to optimize health system performance.
Physicians and other members of the health care workforce report widespread burnout and dissatisfaction.

Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs.

Burnout thus imperils the Triple Aim.

This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.
Individual Strategy: Movement
What works: Departmental & Institutional

1. Make clinician satisfaction and well-being quality indicators.
2. Incorporate mindfulness and teamwork into practice.
3. Decrease stress from HER.
4. Allocate needed resources to primary care clinics to reduce healthcare disparities.
5. Hire floats to cover predictable life events.
6. Promote physician control of the work environment.
7. Maintain manageable practice size and enhanced staffing ratios.
8. Preserve career fit with protected time for meaningful activities.
Mayo Approach: Listen (to pain points), Act, Develop Model

• **Choice:** Physicians want to have some control over their lives. This comes with granting certain levels of flexibility and placing genuine value on physician input in the process.

• Organizations can increase flexibility and control for physicians by treating them as “architects” in the design of their care delivery model and not “construction workers” who follow someone else’s plans.
• **Camaraderie or social connectedness:** Taking the time to socialize with team members and colleagues can lift spirits and improve collaboration.

  “We led two randomized controlled studies with docs, both showed that simply getting together for a meeting or a meal raised camaraderie and lowered markers of burnout.”

  “The teamwork involved in addressing the local drivers of burnout is also a vehicle for growing camaraderie.”
No Hidden Curriculum

• **Excellence:** Everyone wants to be a part of something meaningful. Organization leaders should establish constructive relationships with physicians.

•

  “If physicians are treated as employees or cost centers, that is how they will behave, if they are treated as partners in delivering the needs of patients, physicians will ignore their job descriptions and skyrocket discretionary effort.”
• Provide flexible scheduling options for providers, such as:
  • More part-time options
  • Seven days on, seven days off for ambulatory practices
  • Flexible scheduling at the beginning and end of the day for clinicians who are parents
• Consistently schedule support staff (e.g., MAs, RNs, etc.) with the same providers.
• Outsource time-consuming tasks, such as coding, to other departments or other staff members in the organization.
• Pilot a call “cap and trade program” in which providers are compensated more if they are willing to take more call time. This may relieve the burden on providers who find it difficult to take call shifts because of personal obligations.

Source: AMA. Practice transformation series: burnout. 2015.
For Morale

• Implement clinic changes, such as regular care team huddles.
• Work with occupational health or organizational development departments to hold training sessions on building trust and respect within the team.
• Recognize accomplishments of providers at staff meetings or through one-on-one recognition.
Listen/Meaning/Clerical

• Provide a mechanism for providers to give ongoing feedback, such as:
• Begin meetings by sharing patient case studies.
• Work with your electronic health record (EHR) vendor or IT department.
• Provide additional EHR training to providers to improve proficiency and ensure they have skills needed to use the system effectively
Bottom Line

- Characteristics, incidence
- Risk factors
- Associated issues
- Individual strategies
- System thinking

½ full or ½ empty
Simpler Tool: MBI vs Single Item Measure: Ask Yourself How Often Is this Statement True?

I feel emotionally burned out or emotionally depleted from my work

I have become more callous toward people since I took this job — treating patients and colleagues as objects instead of humans.

West CP, Dyrbye LN, Sloan JA, Shanafelt TD. J Gen Intern Med. 2009 Dec;24(12):1318-21
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD; Ronald M. Epstein, MD; Howard Beckman, MD; Anthony L. Suchman, MD, MA; Benjamin Chapman, PhD; Christopher J. Mooney, MA; Timothy E. Quill, MD

Easing Doctor Burnout With Mindfulness

By NE. W. CHEN, M.D.

SEPTEMBER 26, 2013 12:01 AM September 26, 2013 12:01 am
2500 years of tradition-then science-consider trying it 7:30 tomorrow