Physician Wellness: Moving Beyond the Research

July 22, 2017

Presenter:
Colin P. West, MD, PhD
Professor of Medicine, Medical Education, and Biostatistics
Division of General Internal Medicine
Division of Biomedical Statistics and Informatics
Mayo Clinic
Financial Disclosures

• None
Objectives

• Understand the scope of the problem of physician burnout.
• Be informed regarding contributors and consequences of physician burnout and distress.
• Learn some evidence-based methods to prevent burnout and promote physician wellbeing.
Background

• Physician well-being has come under increased scrutiny in recent years

• Common:
  • Burnout
  • Low job satisfaction
  • High stress
  • Low quality of life

• Affects all stages of physician training and practice

• Affects all specialties
Brief Summary of Epidemiology

• Medical students matriculate with BETTER well-being than their age-group peers
• Early in medical school, this reverses
• Poor well-being persists through medical school and residency into practice:
  • National physician burnout rate exceeds 54%
  • Affects all specialties, perhaps worst in “front line” areas of medicine
  • >500,000 physicians burned out at any given time
# Burnout among Practicing Physicians


<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout:</td>
<td>45.8%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Emotional exhaustion:</td>
<td>37.9%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Depersonalization:</td>
<td>29.4%</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

Dissatisfied with work-life balance: 36.9%, 44.5%
Physician Distress: Key Drivers

- Excessive workload
- Inefficient work environment, inadequate support
- Problems with work-life 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 client satisfaction, increased job turnover and reduced hours, higher rates of depression and suicidal ideation, more motor vehicle crashes and near-misses, lower standardized test scores, etc.
  • 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;40,000</td>
<td>Medical Students</td>
</tr>
<tr>
<td>&gt;60,000</td>
<td>Residents and Fellows</td>
</tr>
<tr>
<td>&gt;490,000</td>
<td>Physicians</td>
</tr>
</tbody>
</table>

Plus other health care and biomedical science professionals

Individual or system problem?
Physician Distress: Key Drivers

- Excessive workload
- Inefficient work environment, inadequate support
- Problems with work-life integration
- Loss autonomy/flexibility/control
- Loss of values and meaning in work
Individual Strategies

• Identify Values
  • Debunk myth of delayed gratification
  • What matters to you most (integrate values)
  • Integrate personal and professional life

• Optimize meaning in work
  • Flow
  • Choose/focus practice

• Nurture personal wellness activities
  • Calibrate distress level
  • Self-care (exercise, sleep, regular medical care)
  • Relationships (connect w/ colleagues; personal)
  • Religious/spiritual practice
  • Mindfulness
  • Personal interests (hobbies)
Delayed Gratification: Life on Hold?

• 50% residents report “Survival Attitude” - life on hold until the completion of residency

• 37% practicing oncologists report “Looking forward to retirement” is an essential “wellness promotion strategy”

• Many physicians may maintain strategy of delayed gratification throughout their entire career

Shanafelt, J Sup Oncology 3:157
Individual Strategies

Recognition of distress:

• Medical Student Well-Being Index (Dyrbye 2010, 2011)
• Physician Well-Being Index (Dyrbye 2013, 2014)
  • Simple online 7-item instruments evaluating multiple dimensions of distress, with strong validity evidence and national benchmarks from large samples of medical students, residents, and practicing physicians
  • Evidence that physicians do not reliably self-assess their own distress
  • Feedback from self-reported Index responses can prompt intention to respond to distress
• Suicide Prevention and Depression Awareness Program (Moutier 2012)
  • Anonymous confidential Web-based screening
• AMA STEPSForward modules
  • Mini Z instrument (AMA, Linzer 2015): 10-item survey
Physician Well-Being Index
https://www.mededwebs.com/well-being-index
Physician Well-Being Index
https://www.mededwebs.com/well-being-index
Individual Strategies

Risk of exclusively individual focus:

- Deepen cynicism through perceived message that physicians must “toughen up” to cope with a toxic working environment, rather than addressing the toxic working environment itself.

- Sydney Morning Herald, July 5, 2017:
  - “The ‘con’ of building resilience has left junior doctors vulnerable to mental illness and suicide by ignoring the systemic failures of the medical profession …”
  - “… the current focus on building resilience ignored the deleterious culture of medicine and dangerous working conditions to which junior doctor (are) subjected.”
What Can Organizations Do?

• Be value oriented
  • Promote values of the medical profession
  • Congruence between values and expectations

• Provide adequate resources (efficiency)
  • Organization and work unit level

• Promote autonomy
  • Flexibility, input, sense control

• Promote work-home integration

• Promote 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

- **Overall Burnout Rate:**
  - -10%, p<0.001

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
Mayo RCT #1 (2012)

- A small amount of protected time during the workday resulted in improved meaning from work and reductions in burnout
  - Effects larger in facilitated small group arm than in “free time” control arm, particularly in promoting meaning and reducing depersonalization.
  - Follow-up study data found sustained benefits at 1 year after the close of the study.

West et al., JAMA Intern Med 2014:174:527-33
Mayo RCT #2 (2014)

• Compared to the wait-listed control group, the small group topic-oriented discussion intervention improved:
  • Depersonalization
  • Personal accomplishment
  • Overall QOL
  • Depression
  • Meaning from work
  • Social isolation at work
  • Job satisfaction
  • Likelihood of leaving in next 2 years

• Initial intervention shows benefit with sustained changes over subsequent 6 months.

• Physician Engagement Groups funded by Mayo
  • [http://peg.mayo.edu](http://peg.mayo.edu)

Mayo RCT #2 (2014)

- Sample Discussion Topics:
  - Meaning in work/job satisfaction
    - Specific experiences
    - Think about one of your most satisfying days at work over the last month. What made this day so professionally satisfying? Share with your colleagues.
  - Teamwork/Social support/Collegiality/Relationships/Work-life balance and integration
    - Relationships and support
    - Brainstorm ways to promote collegiality in your hallway or work unit.
  - Personal strengths/Problem solving/Coping/Resources for thriving and flourishing
    - Choose one stressor that you can control, come up with 2 concrete ways you can reduce it, and commit to trying 1 approach within the next week.

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Organizational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Efficiency/Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-Life Integration/Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy/Flexibility/Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning/Values</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual</td>
<td>Organizational</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Workload</td>
<td>Part-time status</td>
<td>Productivity targets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Duty Hour Requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Integrated career development</td>
</tr>
<tr>
<td>Work Efficiency/Support</td>
<td>Efficiency/Skills Training</td>
<td>EMR (+/-?)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff support</td>
</tr>
<tr>
<td>Work-Life Integration/Balance</td>
<td>Self-care Mindfulness</td>
<td>Meeting schedules</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Off-hours clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Curricula during work hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial support/counseling</td>
</tr>
<tr>
<td>Autonomy/Flexibility/Control</td>
<td>Stress management/Resiliency</td>
<td>Physician engagement</td>
</tr>
<tr>
<td></td>
<td>Mindfulness Engagement</td>
<td></td>
</tr>
<tr>
<td>Meaning/Values</td>
<td>Positive psychology Reflection/self-awareness</td>
<td>Core values</td>
</tr>
<tr>
<td></td>
<td>Mindfulness Small group approaches</td>
<td>Protect time with patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promote community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
<td>--------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Workload and job demands</td>
<td>Specialty</td>
<td>Productivity expectations</td>
</tr>
<tr>
<td></td>
<td>Practice location</td>
<td>Team structure</td>
</tr>
<tr>
<td></td>
<td>Decision to increase work</td>
<td>Efficiency</td>
</tr>
<tr>
<td></td>
<td>to increase income</td>
<td>Use of allied health professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficiency and resources</td>
<td>Experience</td>
<td>Availability of support staff and their experience</td>
</tr>
<tr>
<td></td>
<td>Ability to prioritize</td>
<td>Patient check-in efficiency/process</td>
</tr>
<tr>
<td></td>
<td>Personal efficiency</td>
<td>Use of scribes</td>
</tr>
<tr>
<td></td>
<td>Organizational skills</td>
<td>Team huddles</td>
</tr>
<tr>
<td></td>
<td>Willingness to delegate</td>
<td>Use of allied health professionals</td>
</tr>
<tr>
<td></td>
<td>Ability to say “no”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning 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>
</tr>
<tr>
<td></td>
<td>Doctor–patient relationships</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Personal recognition of positive events at work</td>
<td>Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture and values</td>
<td>Personal values</td>
<td>Behavior of work unit leader</td>
</tr>
<tr>
<td></td>
<td>Professional values</td>
<td>Work unit norms and expectations</td>
</tr>
<tr>
<td></td>
<td>Level of altruism</td>
<td>Equity/fairness</td>
</tr>
<tr>
<td></td>
<td>Moral compass/ethics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commitment to organization</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control and flexibility</td>
<td>Personality</td>
<td>Degree of flexibility:</td>
</tr>
<tr>
<td></td>
<td>Assertiveness</td>
<td>- Control of physician calendars</td>
</tr>
<tr>
<td></td>
<td>Intentionality</td>
<td>- Clinic start/end times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Vacation scheduling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Call schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
</tr>
<tr>
<td></td>
<td></td>
<td>Team structure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-life integration</td>
<td>Priorities and values</td>
<td>Call schedule</td>
</tr>
<tr>
<td></td>
<td>Personal characteristics</td>
<td>Structure night/weekend coverage</td>
</tr>
<tr>
<td></td>
<td>- Spouse/partner</td>
<td>Cross-coverage for time away</td>
</tr>
<tr>
<td></td>
<td>- Children/dependents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Health issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

• 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-life integration
• Loss autonomy/flexibility/control
• Loss of values and meaning in work
Thank You!

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