Addressing Physician Burnout & Stress
Pennsylvania Rheumatology Society
Physician Burnout
Educational Goals

- Participants will identify and implement practical approaches and utilize available resources to effectively recognize and address concerns related to physician impairment, specifically burnout and stress, in the workplace.

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Definition of Burnout

• A pathological syndrome in which emotional depletion and maladaptive detachment develops in response to prolonged occupational stress
  JAMA 2004 292(23)

• Exhaustion, cynicism/detachment, sense of ineffectiveness

Adapted from Kearney MK. Self-Care of Physicians Caring for Patients at the End Of Life. JAMA. 2009;301:1155-1164
Exhaustion

• Feelings of emotional overextension and exhaustion by work

• Burnout causes the physician to feel the demands of the job are insurmountable
Cynicism

• Callous and impersonal reaction to patients, in the case of a physician

• The passion the physician once felt for his/her work is replaced by cynicism and depersonalization
Loss of Professional Effectiveness

- Feelings of incompetence, poor achievement and low motivation
- Burnout causes the physician to doubt his/her self-worth and professional effectiveness
"Your pulse is very, very weak!"
Stress

• Stress – very subjective term as we use it today, usually with negative connotations. Originally stemmed from the work of Hans Selye in 1936 and simply referred to the non-specific responses of the body to any demand for change.

• “Good” stress vs. “bad” stress – winning the lottery vs. getting a divorce
Productivity and Stress

Flow

Daniel Goleman: Emotional Intelligence
Pressure Sores

• Sense of being de-valued by society
  • Can doctors in your country can be trusted? U.S.=25th/30
  • Blendon, R. et al. NEJM 371;17, 1571, Oct 23, 2014

• Some physicians see themselves not as the “pillars of any community” but as “technicians on an assembly line” or “pawns in a money making game.”
  • Sandeep Jauhar from Doctored: the disillusionment of an American Physician.
Pressure Sores

- Market forces shifting power to:
  - Employers, Payers, Patients, Owners
- Inadequate information
- Sleep deprivation
- Dangerous workplace environment
- Malpractice
- Maintenance of Certification

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Dangerous Workplace

- Workplace Violence against Health Care Workers in the United States
- James P. Phillips, M.D.

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Malpractice

Personal Consequences of Malpractice Lawsuits on American Surgeons, Balch, CM et al, 10.1016/jamcollsurg.2011.08.005.

• Higher burnout, depression and thoughts of suicide.

Physicianlitigationstress.org
2012 The ABIM took in $55 million for certifications

Many physicians are waking up to the fact that our profession is increasingly controlled by people not directly involved in patient care who have lost contact with the realities of day-to-day clinical practice.

- Paul Teirstein, MD “Boarded to Death — Why Maintenance of Certification Is Bad for Doctors and Patients” n engl j med 372;2, jan 8, 2015

No one considered asking them to head back to La Guardia and fly another leg. Yet in medicine, physicians are generally expected to continue caring for patients, without even a brief period of time to reflect or regroup.
Pressure Sores

Intermediate level practitioners.

No reward for responsible change.

Lack of Control over work environment.

Too much work. Too little time.

Electronic Medical Record.
Let Doctors Be Doctors

**Video:**

https://www.youtube.com/watch?v=xB_tSFJsjsw
## Inherent conflicts?

<table>
<thead>
<tr>
<th>Satisfying Physicians</th>
<th>Satisfying Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased incomes</td>
<td>Low premium rates</td>
</tr>
<tr>
<td>Restricted physician access</td>
<td>- Open physician access</td>
</tr>
<tr>
<td>Few locations</td>
<td>- Several locations</td>
</tr>
<tr>
<td>Low overhead</td>
<td>- Increased service</td>
</tr>
<tr>
<td>Flexible scheduling</td>
<td>- Set appointments</td>
</tr>
<tr>
<td>Daytime hours</td>
<td>- Extended hours</td>
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<tr>
<td>Reduce Overbooking</td>
<td>- Short wait times</td>
</tr>
<tr>
<td>Physician decision making</td>
<td>- Patient autonomy</td>
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What Contributes to Rheumatologists' Burnout?

- Too many bureaucratic tasks (e.g., charting, paperwork) 66%
- Spending too many hours at work 38%
- Increasing computerization of practice (EHRs) 37%
- Feeling like just a cog in a wheel 26%
- Lack of respect from administrators, employers, colleagues, or staff 25%
- Decreasing reimbursements 19%
- Insufficient compensation 15%
- Lack of control/autonomy 14%
- Maintenance of Certification requirements 14%
- Emphasis on profits over patients 14%
- Government regulations 11%
- Lack of respect from patients 11%
Changes in burnout by specialty 2013–2017

Emergency Medicine
Ob/Gyn
Family Medicine
Internal Medicine
Infectious Disease
Rheumatology
Critical Care
Cardiology
Urology
Neurology
Pediatrics
Anesthesiology
Gastroenterology
Nephrology
Orthopedics
General Surgery
Pulmonary Medicine
Radiology
Oncology
Dermatology
Diabetes & Endocrinology
Pathology
Ophthalmology
Psychiatry & Mental Health

Legend:
- Increase in ranking
- Decrease in ranking
- No change in ranking

% in 2013
% in 2017
Which Physicians Are Happiest Outside of Work?

- Allergy & Immunology 61%
- Dermatology 58%
- Emergency Medicine 58%
- Ophthalmology 58%
- Plastic Surgery 56%
- Urology 56%
- **Rheumatology** 54%
- Orthopedics 54%
- Pulmonary Medicine 53%
- Gastroenterology 53%
- Pediatrics 52%
- Surgery, General 52%
- Diabetes & Endocrinology 51%
- Ob/Gyn 51%
- Psychiatry 51%
- Otolaryngology 51%
- Family Medicine 51%
- Physical Medicine & Rehabilitation 50%
- Anesthesiology 50%
- Critical Care 48%
- Radiology 48%
- Pathology 48%
- Nephrology 47%
- Neurology 46%
- Internal Medicine 44%
- Infectious Diseases 44%
- Oncology 42%
- Public Health & Preventive Medicine 41%
- Cardiology 40%
“Most rheumatologists enter the field because they enjoy the diagnostic art of rheumatology.

The current pressures to spend less time with a patient make it more challenging to do detailed histories and exams.”
• “The significant influx of pain amplification- fibromyalgia syndrome patients into rheumatology outpatient practice has led to a major increase in job dissatisfaction.”
“Patients come to them expecting “miracle cures” from the drugs touted in ads they see on TV”
• “Treating patients with chronic conditions that don’t always have a cure can likely be exhausting for some practitioners.”
The fault … is not in our stars, but in ourselves

• Burnout results not just from where we work but from who we are.
WARNING: Medical Education can be Hazardous to Your Health
“...some level of impairment to residents is a common and predictable sequel to the time they spend at traditionally ‘catastrophic levels of stress’...”

Medical Education: A Neglectful & Abusive Family System

- Difficulty setting limits
- Excessive demands of self (and others)
- Deny needs & criticize others for expressing their needs
- Deny mistakes to avoid punishment
- Learn to appear self-sufficient-perfectionism

Things I wish they taught me in Medical School

Pfifferling JH: Res and Staff Phys, 36:85, 1990

- Setting life priorities (Values)
- The importance of vacations
- Being your own Best Friend
- Dealing with loss & failure
- Expressing feelings How to say “I Don’t Know”
- How to say “No”
- Inevitability of ambiguity & uncertainty

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Character Drives Physician Burnout

High achievement orientation
Difficulty setting boundaries
Intellectualization
Delayed gratification
Perfectionism
We work in a “zero defect” environment. Physicians are expected to deliver excellent and cost-effective care in a fashion that delights every single patient. This unrealistic goal sets us up for failure.
Personal and Professional Consequences of Burnout

- Broken relationships
- Alcohol and substance use
- Depression
- Suicide
- Decreased quality of care and increased medical errors
- Decreased patient satisfaction
- Decreased productivity and professional effort
Recognizing Burnout Consequences

Question: Which of the following causes of death among young physicians is most common?

A. Substance abuse
B. Drunk driving
C. Suicide

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Recognizing Burnout Consequences

Answer: C. Suicide

- More than 400 physicians are lost to suicide in the U.S. annually (2-4x rate of general population)

- 26% of all young physician deaths are due to suicide
  
  Acad Med. 1995 Mar;70(3):242-4

- Problems with work were 3x more likely to have contributed to suicide vs. non-physician
Physician Suicide (cont.)

- Suicide accounts for:
  - 3% of the yearly male physician deaths
  - 6.5% of the yearly female physician deaths
  - 35% of premature deaths among physicians
Depression and suicidality in medical students
Rotenstein, et al *JAMA* 2016; 316 (21): 2214

Meta-analysis of 167 cross-sectional studies and 16 longitudinal studies from 43 countries:

- the global prevalence of depression among medical students was 27.2%
- current suicidal ideation was 11.1%
The culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and an increased burden of suicide....
• Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, PhD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

• Online First, August 20, 2012, Arch Intern Med
What do we know?

• Burnout may be a natural consequence of our professional indoctrination coupled with a stressful ever changing medical profession
• High prevalence in physician
• Contributes to physician dissatisfaction
• Physician turnover
• Erodes patient care
• Contributes to mental health and substance abuse problems.
What do we KNOW…

• On an individual level burnout is recognizable, reversible, treatable

• Institutional involvement is key in re-engaging physicians and reversing the trend in burnout
The Maslach burnout index scale has 22 questions. Researchers at Mayo determined that you can actually do an accurate screen with just two items:

1. I feel depleted and burned out from my work.

2. I have become more callous toward people since I started this job - treating patients as objects instead of humans.

How many physicians suffer from symptoms of burnout on any given day?

A. One in every ten physicians

B. One half of all physicians

C. We really don’t know because physicians never bother to respond to surveys
According to a recent study in the *Archives of Internal Medicine*, almost half of U.S. physicians report at least one symptom of burnout — a much higher rate than that reported by individuals employed in other occupations.

It also appears that burnout rates are increasing among U.S. physicians.
Recognizing Burnout Warning Signs

- Sleep problems, including nightmares
- Social withdrawal
- Professional and personal boundary violations
- Poor judgment
- Perfectionism and rigidity
- Questioning the meaning of life

Kearney, MK. Self-care of Physicians Caring for Patients at the End of life. JAMA 2009;301:1155-1164

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• What can the individual clinician do?
Avoiding Burnout: Putting the Balance Back in Life

A Balanced Life

Imbalance: Many Medical Trainees and Physicians
Make healthy lifestyle choices that increase resilience to & recovery from burnout

- Concentrate on the wonderful core of medicine-the doctor-patient relationship
- Get an appropriate amount of sleep
- Build physical activity into your daily routine — exercise can increase energy and improve your mood
- Eat healthful food, avoid excessive alcohol and caffeine.
There’s no such thing as too much caffeine!
### Benefits of regular physical activity

- Reduces the risk of dying prematurely
- Reduces the risk of dying from heart disease
- Reduces the risk of stroke
- Reduces the risk of developing diabetes
- Reduces the risk of developing high blood pressure
- Helps reduce blood pressure in people who already have high blood pressure
- Reduces the risk of developing colon cancer
- Reduces feelings of depression and anxiety
- Helps control weight
- Helps build and maintain healthy bones, muscles and joints
- Helps older adults become stronger and better able to move about without falling
- Promotes psychological well-being
Make healthy lifestyle choices that increase resilience to & recovery from burnout (cont.)

• **relaxation** — yoga, meditation and deep breathing may work for one person while participating in a favorite hobby may work for another

• **Attend to your health** and do not self-treat

• Cultivate interests outside of medicine (e.g., **hobbies**, service organizations, second careers, or reading non-medical materials)
Make healthy lifestyle choices that increase resilience to & recovery from burnout (cont.)

- Protect your time with **family** and friends
- Formulate **realistic financial goals**
- Set aside **time to do nothing** (i.e., schedule “nothing” on your calendar; avoid the temptation to fill the space with activities)
- Support **humanistic values** in medical education!
- **Organized medicine**
Burnout occurs when there is a disconnect between the organization and the individual with regard to what they called the six areas of work life:

- **Workload** – reasonable expectations
- **Control** - autonomy
- **Reward** - acknowledgement/compensation
- **Community** - positive work place environment
- **Fairness** – treated with respect
- **Values** – integrity is encouraged
7 Drivers of Burnout and Engagement

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Driver dimensions

- Efficiency and resources
- Workload and job demands
- Control and flexibility
- Meaning in work
- Work-life integration
- Social support and community at work

More optimal

Engagement
- Vigor
- Dedication
- Absorption
What can Institutions do?

Administrative Strategies

- Physician wellness committees.
  - Make clinician satisfaction and well being quality indicators
- Schedule regular meetings for physicians to discuss stressful situations, difficult patients and challenging diagnoses
- Build time into schedules for stress-relieving activities
  - Incorporate mindfulness and teamwork into practice.
- Schedule retreats that focus on team building and self-awareness.
Administrative Strategies

Preserve physician “career fit” with protected time for meaningful activities. Promote part-time careers and job sharing.

Mentor programs for junior clinicians

Promote physician control of the work environment.
Stress and medical malpractice: organizational risk assessment and intervention


Large medical malpractice insurer developed and tested a stress reduction program for hospital employees that focused on individual **training in stress management** and organizational control of factors that produced stress.

A pilot study found a **reduction in medication errors**.
Through the program, a provider who summons emotional support is met by a team of holistic nurses within 30 minutes of a call. The team provides Reiki and massage, health snacks and water, and lavender arm bands to remind the individual to relax for the rest of the day. The Holistic Services Team also offers a variety of other methods, including spiritual support, mindfulness training, counseling and yoga.
Stanford physicians wellness

Model for Physician Wellness and Professional Fulfillment

Culture of Wellness

Optimal Well-Being

Personal & Professional Resilience

Professional Fulfillment

Highly Effective Provider

Highly Functioning Team

Efficiency of Practice

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Stanford center research and promotion of physician wellness

• *Doctors who take care of themselves*…
• Are better role models for their patients.
• Are better role models for their children.
• Have higher patient satisfaction and safety scores.
• Experience less stress and burnout.
• Live longer.(?)
• Randomized study
  • Control Group: 1h every 2 weeks “protected time”
  • Intervention group: Structured meetings 1h every 2 weeks
    • Based on:
      ▪ Reflective practice
      ▪ Facilitated small group learning (8 to 10 modules)
      ▪ Themes centered on self, patient, balance between both
        (medical errors, difficult patients, work-life balance, etc.)

The intervention improved meaning and engagement in work
and reduced depersonalization with sustained results at 12
months.
Examples of Hospital projects for MD wellness

Patient schedule changes for work-life balance e.g. no complex patients in the last slots of the day.

Environmental changes. Involve people in designing their own work space. Art, rugs etc

Rush Memorial- Guided mindfulness meditation

UCSF Finding meaning in medicine. Facilitated topics about “remembering the heart of medicine”

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Pa Medical Society advocacy priorities for employed physicians

- Assuring Physician’s clinical autonomy.
- Keeping physicians in charge of medical decision making
- Resolving complaints when a physician reports concerns about clinical interference
  - Due process protections for clinical privileges
  - Eliminating restrictive covenants

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Winding down now.

- Burnout may be a natural consequence of our professional indoctrination coupled with a stressful ever changing medical profession.
- High prevalence in Rheumatology.
- Those with burnout are more likely to abuse substances, become depressed and suicidal and make medical errors.
- **Burnout is recognizable, reversible, treatable**
Healthy Doctors Give Better Care

- Decreased medical errors
- Increased patient satisfaction
- Better treatment recommendations
- Increased treatment adherence
- Lower malpractice risk
- Better attitudes toward work
- Higher team functioning
- Lower turnover
Steps Forward offers modules on "preventing physician burnout in practice", "preventing resident and fellow burnout" and "improving physician resiliency".

“Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout”. Shanafelt, TD and Noseworthy, JH
http://dx.doi.org/10.1016/j.mayocp.2016.10.004

AMA online education https://www.stepsforward.org/modules/physician-burnout

Malpractice resources Physicianlitigationstress.org

Stanford physicians wellness site http://wellmd.stanford.edu

Rap video about EHR “letdoctorsbedoctors”
https://www.youtube.com/watch?v=xB_tSFJsjsw

Peckham C. Bias, burnout, race: What physicians told us about the issues. Medscape.
2017 Jan 10.

AMA Wire Report reveals severity of burnout by specialty Jan 31, 2017
Physicians’ Health Program
866-747-2255
php-foundation@pamedsoc.org
Any Questions?

Atul Gawande M.D.
from Being Mortal

• “Despite our virtuosic surgical capacities, our cutting-edge technology and our pharmaceutical advances, the patient-doctor relationship is still the heart of medicine”.

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