Physician/ Provider Burnout: Why is it increasing and what to do about it

Boise Nov 5, 2016
Christina M. Surawicz, MD, MACG
Professor of Medicine, Division of Gastroenterology
Associate Dean for Faculty Development
U of Washington
I have no disclosures
But I did survive burnout
Can you define burnout?
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
Questions

• Is provider burnout increasing?
• What specialties are at highest risk?
• What are the contributing factors?
Burnout is increasing 2013-2015

Primary care

43%

50%

Medscape physician survey 2015
% Burnout by specialty

Critical Care
ER
Family Med
Intern Med
General Surg
pathology
Psych
Derm
Changes in burnout and satisfaction with work life balance 2011-2014

- Physicians (AMA sample)
  - 2011 n=7288
  - 2014 n=6880
- One burnout symptom
  - 45% → 54%
- Satisfaction with work life balance
  - 48% → 41%
- US population: minimal change

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
Measurable with a 22 item questionnaire: Maslach Burnout Inventory
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 \(\rightarrow\) Overwork
  - The most dedicated are the most susceptible

- Traits that predispose
  - Idealism
  - Perfectionism
  - Responsibility

Internal Medicine Faculty at Mayo

• 465 of 556 faculty (84% response rate) surveyed
• 23% women
• 90% married
• 63% had school age or young children at home

Shanafelt et al Arch Int Med 2009; 169:990
## Faculty Profile (Mayo)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalists</td>
<td>28%</td>
</tr>
<tr>
<td>Subspecialists</td>
<td>71%</td>
</tr>
<tr>
<td>Full time</td>
<td>82%</td>
</tr>
<tr>
<td>Hours worked/week</td>
<td>69 (55 on site)</td>
</tr>
<tr>
<td>Women</td>
<td>23%</td>
</tr>
<tr>
<td>Married</td>
<td>90%</td>
</tr>
<tr>
<td>Children school age or younger at home</td>
<td>63%</td>
</tr>
</tbody>
</table>
**What Was Most Meaningful**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care</td>
<td>68%</td>
</tr>
<tr>
<td>Research</td>
<td>19%</td>
</tr>
<tr>
<td>Teaching</td>
<td>9%</td>
</tr>
<tr>
<td>Administration</td>
<td>3%</td>
</tr>
</tbody>
</table>
Burnout rates

- Overall 34%
- Generalists 42%
- Specialists 21%
- Higher rates
  - Women
  - Younger than 55 y.o
  - Longer hours at work (5/week)
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
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

Stress and performance curve

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
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

• Practice of Medicine
• Practice of Ourselves
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
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)
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
Interventions can 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;
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
Two other things:

• Wellness Programs
• Professional societies
  • ABIM on MOC: 'We Got It Wrong'

February 03, 2015
SOLUTIONS—INTERNAL

the practice of ourselves
TOP 10 STRESS MANAGEMENT TECHNIQUES

1. EAT
2. SLEEP
3. EAT
4. SLEEP
5. EAT
6. SLEEP
7. EAT
8. SLEEP
9. EAT
10. SLEEP

Glasbergen
A 3-Step Program

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

Adapted form 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”

Wilson et al. Science 2014; 345: 75-77
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....it is an honor for me to be here today