

The Pandemic of Physician Burnout

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American College of Osteopathic Internists

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Disclosures

- Physician with Duly Health and Care
- Co-chair of the Duly Physician Coaching Program
- Certified Coach

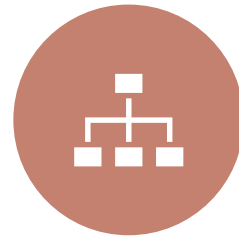
Learning Objectives



LEARN HOW TO RECOGNIZE
AND UNDERSTAND THE
IMPLICATIONS OF BURNOUT



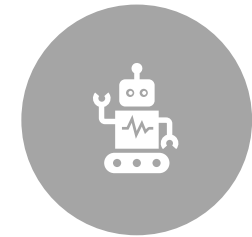
IDENTIFY ONE WAY TO
ADDRESS YOUR OWN
BURNOUT



IDENTIFY ONE WAY TO WORK
TOWARDS WORK-LIFE
INTEGRATION



UNDERSTAND THE RESEARCH
TO PREPARE ONE ACTION YOU
CAN TAKE TOWARDS
ADVOCATING FOR CHANGE
THAT MAY IMPROVE YOUR
OWN WELL-BEING OR THE
WELL-BEING OF YOUR
COLLEAGUES



UNDERSTAND HOW YOU CAN
USE THE LISTEN-ACT-DEVELOP
TOOLS TO PROPOSE AND
ADVOCATE FOR
ORGANIZATION-ORIENTED
CHANGE

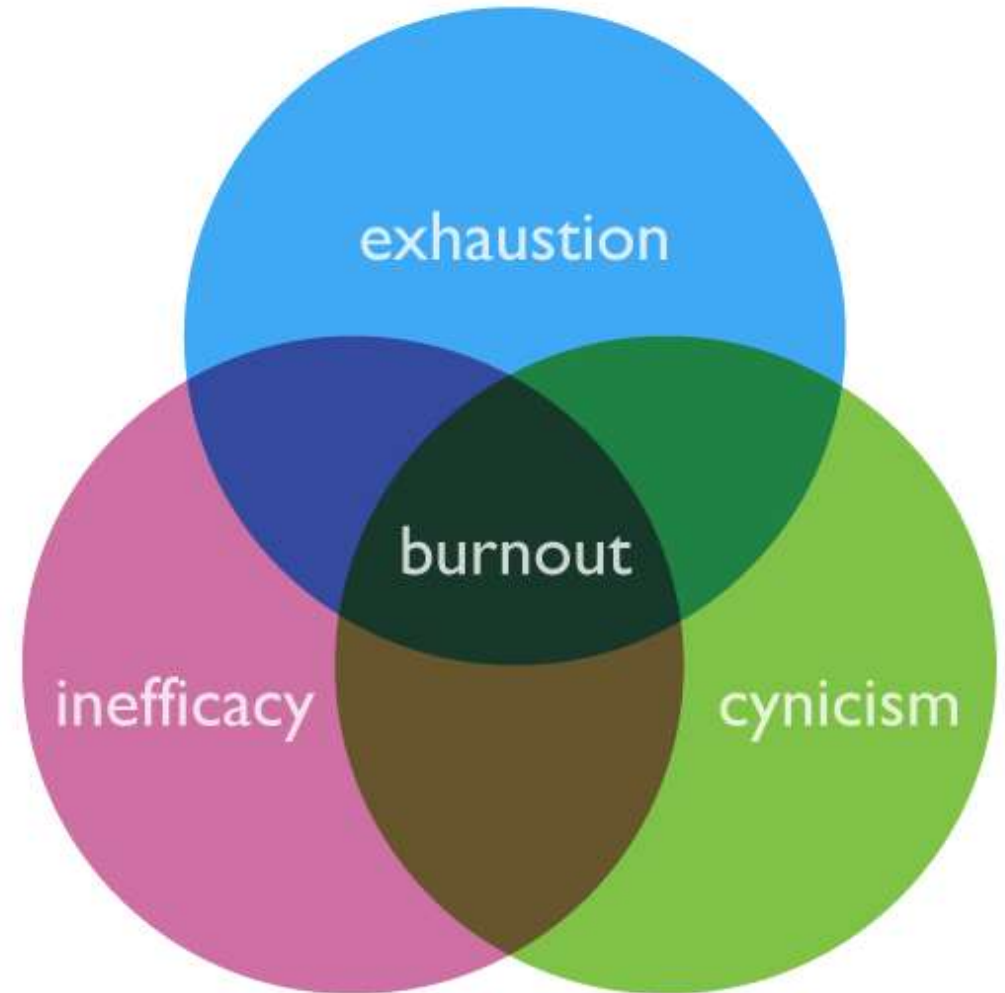
This Impacts ALL of us

- Systemic and Organizational issues in healthcare that have impacted us for years
- Burnout is at an all time high—it is impacting our health and our ability to deliver quality care
- COVID has amplified it for many
- Physicians are leaving clinical medicine
- What will be left for the future?



Burnout

- ICD 11, World Health Organization
- An occupational phenomenon
- A syndrome resulting from a **mismatch between workload and the resources needed to do work in a meaningful way**
 - Feelings of energy depletion or emotional exhaustion
 - Increased mental distance from one's job. Feelings of cynicism related to ones job. Loss of compassion/empathy
 - Reduced professional efficacy. Decreased sense of accomplishment. Doubting your ability to be effective.



Why This Matters

- **Suicide**

- 1 in 15 US physicians has had thoughts of taking their own life in the last year. A higher prevalence of SI among US workers in other fields

- Mayo Clinic Proceedings 2021. Suicidal Ideation and Attitudes Regarding Help Seeking in US Physicians Relative to the US Working Population. Tiat Shanafelt, MD et al. Volume 96, Issue 8, August 2021

- Physicians experience one of the highest suicide rates of any profession and more than twice that of the general public

- American Psychiatric Association (APA) 2018. Abstract 1-227, presented May 5, 2018

If you or someone you know is in crisis, please contact the

**National Suicide
Prevention
Lifeline**



- Call 1-800-273-TALK (8255)
- Use the online Lifeline Crisis Chat
- www.suicidepreventionlifeline.org

Why This Matters

- **Burnout Rates**

- More than half of US physicians are experiencing substantial symptoms of burnout

- This is NOT due to lack of resiliency

- West CP, Dyrbye LN, Sinsky C, Trockel M, Tutty M, Nedelec L, Carlasare LE, Shanafelt TD. Resilience and Burnout Among Physicians and the General US Working Population. *JAMA Netw Open*. 2020 Jul 1;3(7):e209385. doi: 10.1001/jamanetworkopen.2020.9385. PMID: 32614425; PMCID: PMC7333021.

- Burnout is nearly twice as prevalent in physicians compared to other fields after controlling for work hours and other factors

- Shanafelt, T. D., S. Boone, L. Tan, L. N. Dyrbye, W. Sotile, D. Satele, C. P. West, J. Sloan, and M. R. Oreskovich. 2012. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of Internal Medicine* 172:1377-85. <https://doi.org/10.1001/archinternmed.2012.3199>

- Health Care Burnout has increased during the pandemic. A recent survey found as high as 76% of health care workers reported burnout in 2020

- Mental Health America (MHA), The Mental Health of Healthcare Workers in COVID-19

- **Physicians leaving clinical medicine**

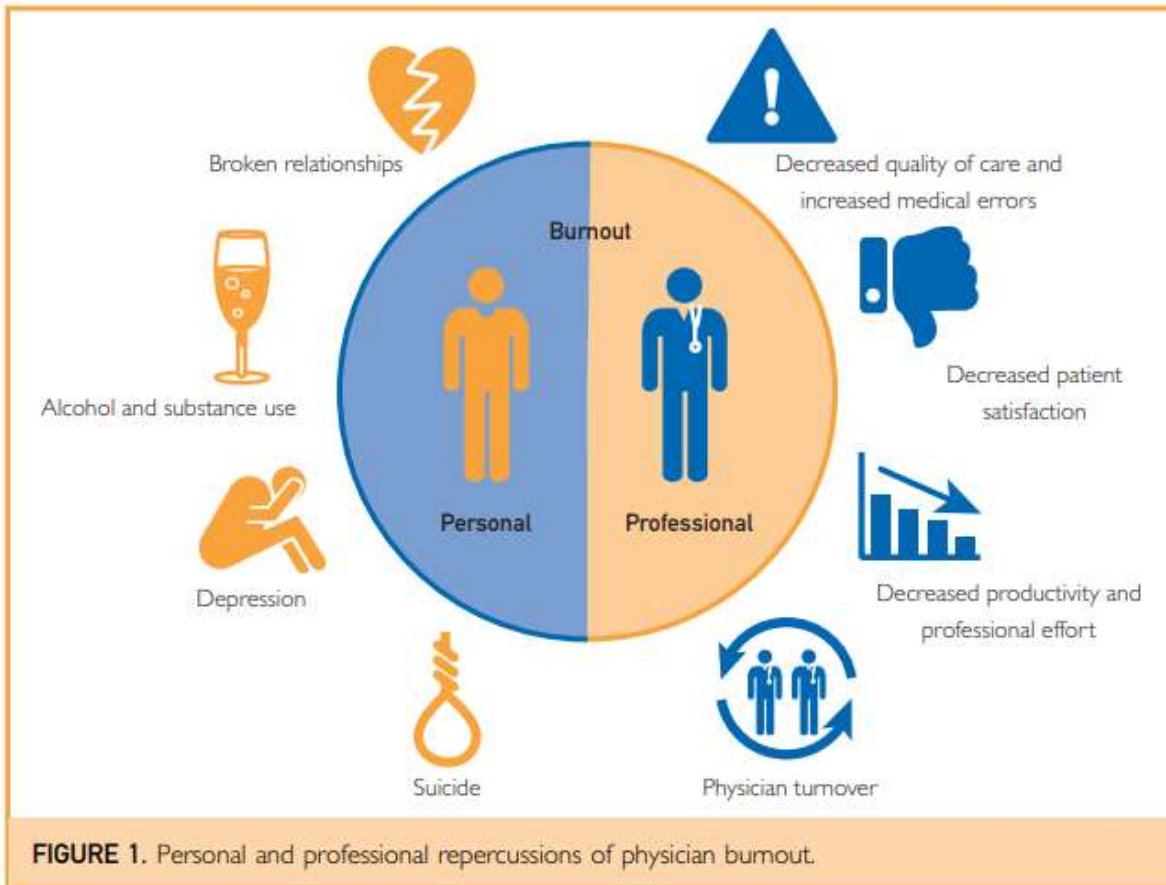
- Burnout found to be independently associated with 200% increased odds of intent to leave

- Shanafelt, T. D., J. Sloan, D. Satele, and C. Balch. 2010. Why do surgeons consider leaving practice? *Journal of the American College of Surgeons* 212:421-2. <https://doi.org/10.1016/j.jamcollsurg.2010.11.006>

- “Medicines Great Resignation?” AMA published their findings that 1 in 5 doctors plan to exit in 2 years and 1 in 3 say they intend to reduce work hours within the next year

- Christine A. Sinsky, Roger L. Brown, Martin J. Stillman, Mark Linzer, COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers, Mayo Clinic Proceedings: Innovations, Quality & Outcomes, Volume 5, Issue 6, 2021

Burnout



Physician Support Line

1 (888) 409-0141

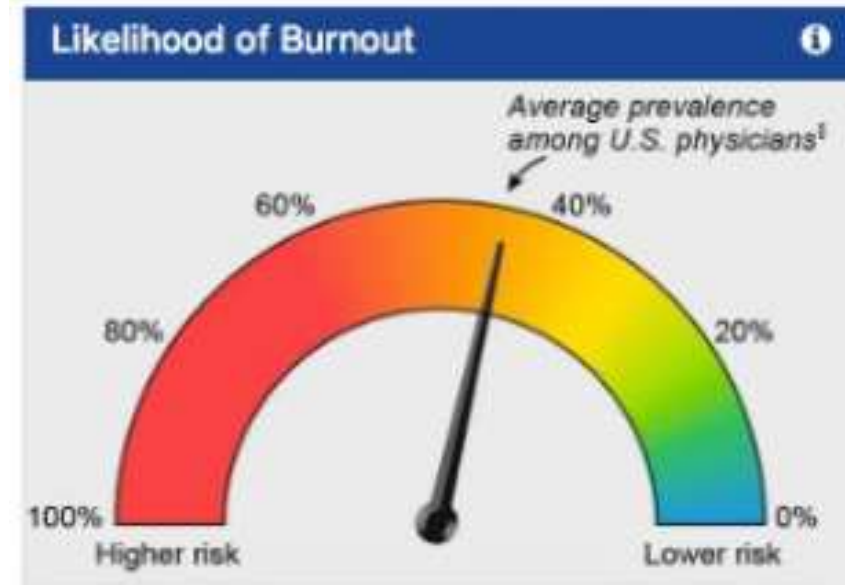
Psychiatrists helping our US physician colleagues
and medical students navigate the many intersections
of our personal and professional lives

Free & Confidential | No appointment necessary

Open 7 days a week | 8:00AM - 1:00AM ET

Measuring Tools

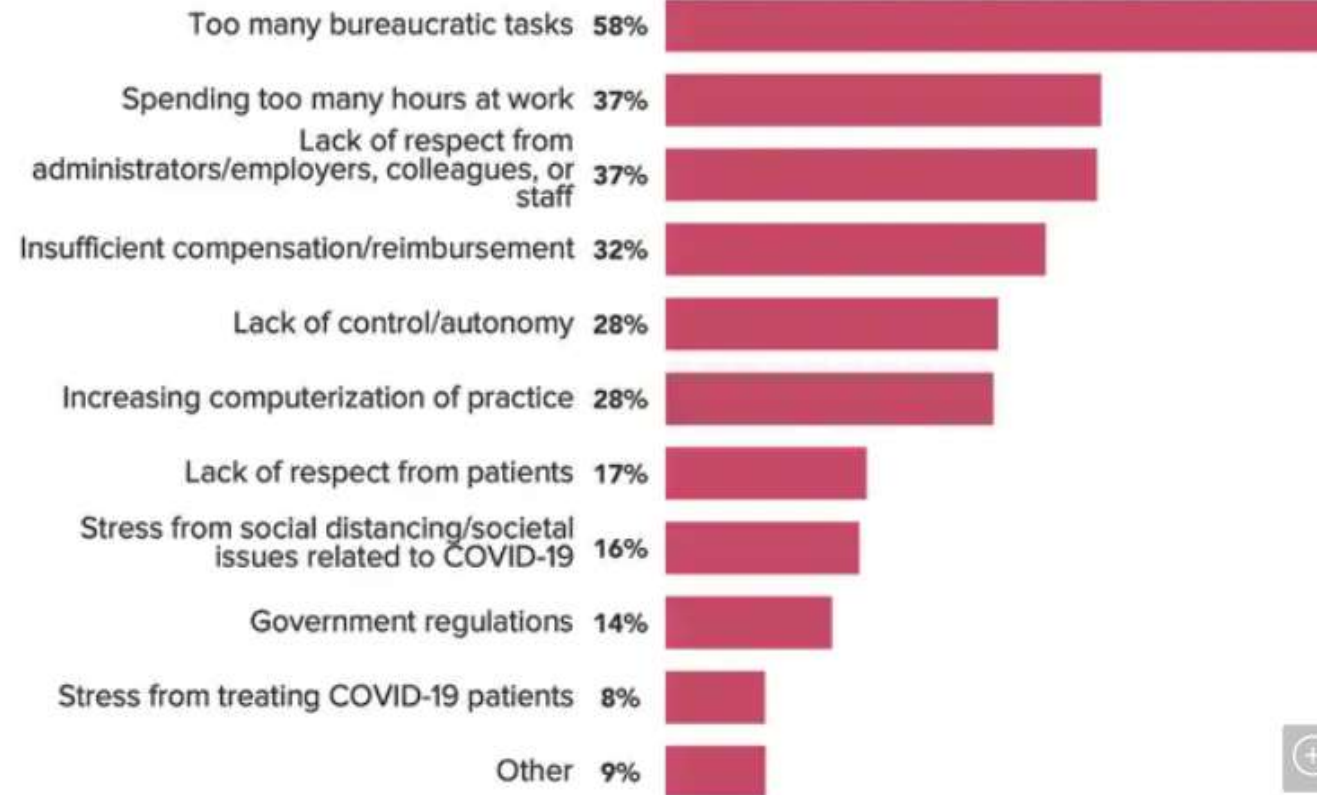
- Maslach Burnout Inventory, Stanford Professional Wellness Survey
- Well Being Index
 - Mayo Clinic: Online validated self assessment tool that measures 6 dimensions of distress and well-being
 - Meaning in Work, Likelihood of Burnout, Severe Fatigue, Work-Life Integration, Quality of Life, Suicidal Ideation
 - Higher score=greater risk for a number of adverse outcomes
 - >3 noted for physicians were at greater risk for:
 - 2 fold higher risk of reporting a recent medical error
 - 5 fold higher risk of burnout
 - 4 fold higher risk of severe fatigue
 - 2 fold higher risk of suicidal ideation
 - 3 fold higher risk poor overall quality of life



ACTION ITEM: Does your organization have one of these measuring tools? Who can you reach out to about proposing bringing one to the group?

Burnout

What Contributes Most to Your Burnout?



ACTION ITEM: What are 3 things that you think contribute to your burnout?

MY WHY:

FOR ME &
THEIR
FUTURE



Now what?

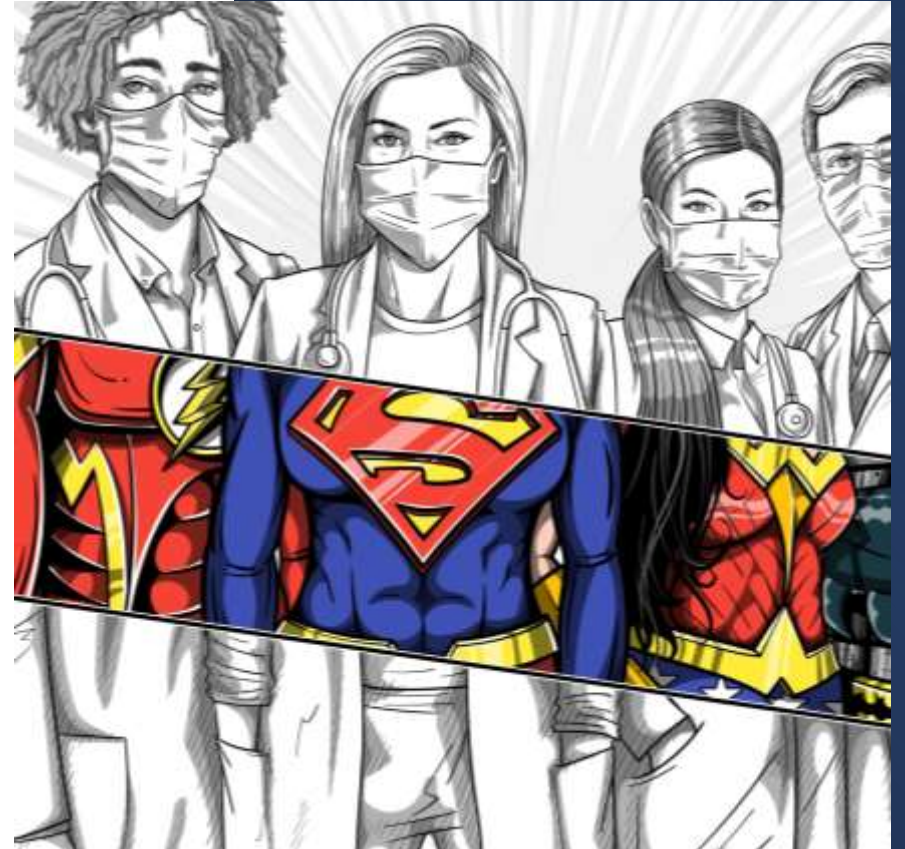
- What we can and cannot control
- Individual Focused
- Organization Oriented



What the world sees

- We have been socialized to believe that we must be superhuman
- Our “strengths”
 - Givers/Self Sacrifice. Others before self
 - Perfectionists/High expectations. Always hard working
 - People pleasers
 - Resiliency/Compartmentalization
- AND lets also recognize that what you have accomplished is extraordinary

Art by Konstantin Kostenko



What you can control?

- **Givers/Self Sacrifice**
 - Give yourself permission to put yourself first
 - Be disconcerting about HOW you give. From a place of love and not at expense to yourself. Not from a place of obligation or guilt.
- **Perfectionists/High expectations**
 - B- work (Personally and Professionally)
 - Charting
 - Outcomes out of our control

What you can control?

- **People pleasers** (Fear-based, Avoiding conflict)
 - Boundaries
 - Being authentically you, despite what others may think or do.
 - Saying yes when you want to say no? Can you recognize any boundary patterns?
 - What is your responsibility? Vs “obligation”/“expectation”?
 - **Resilience**
 - We can do it all...but not forever
 - Give yourself permission to ask for help. It is a sign of strength, not weakness.
- **ACTION ITEM:** Pick one category that resonated with you—can you identify one thing you can implement that is in your control?

Individual Focused: Valued Based Decisions



Burnout is due to a mismatch between workload and resources needed in order to do your work in a meaningful way



Quality of life can be impacted when there is a mismatch between our core values and our ability to live our life aligned with those values

Valued Based Decisions

What are your values?

Achievement Authenticity
Belonging Courage
Faith Family
Growth Job security
Legacy Love
Peace Travel Well-being

What are your obligations/expectations?

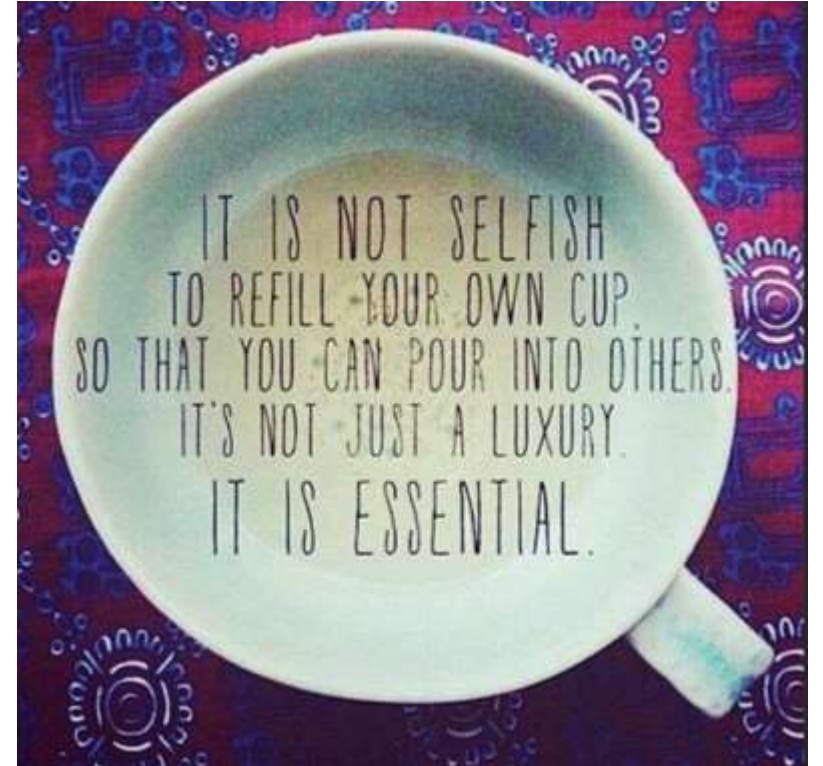
Self
Friends
Family
Faith
Community
Culture/Society
Boss/Colleagues

Individual Focused: “Should-ing” All Over Yourself

- SHOULD go for the promotion. Promotions=success
- SHOULD keep things the same. I’m the breadwinner and it’s my responsibility
- SHOULD keep by head down and not speak up. I don’t want to come across as a complainer or rustle any feathers
- SHOULD be grateful, so many have it worse. And lots was sacrificed for me to be here.
- SHOULD always say yes/do more. That’s what a good colleague/employee/friend/parent does
- SHOULD take care of A,B, or C first because that needs to happen and what I need can come later
- This is how it’s always been, I SHOULD be able to handle it

Individual Focused: Valued Based Decisions

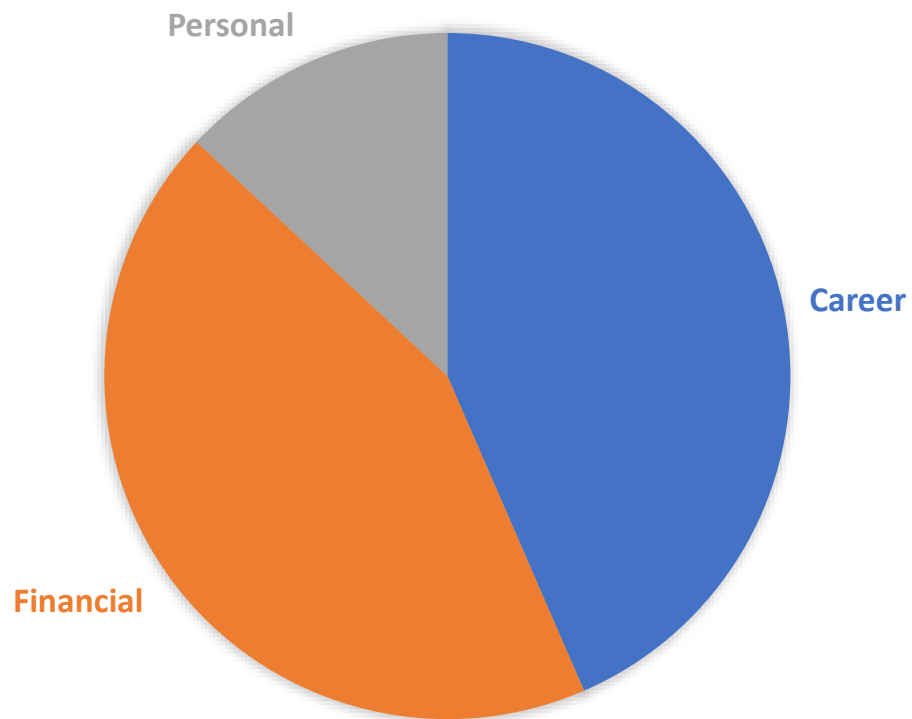
- Are you filling your cup with things based off your values?
- Are your “should’s” creating a leak? Is it fast or slow?
- Intentionally saying “yes” and “no”
 - Saying No is not a bad thing. Creating space, time and energy to say yes to something else
 - Boundaries not only protect yourself—they demonstrate to other’s what is possible.
- The 3 D’s: Do/Don’t/Delegate



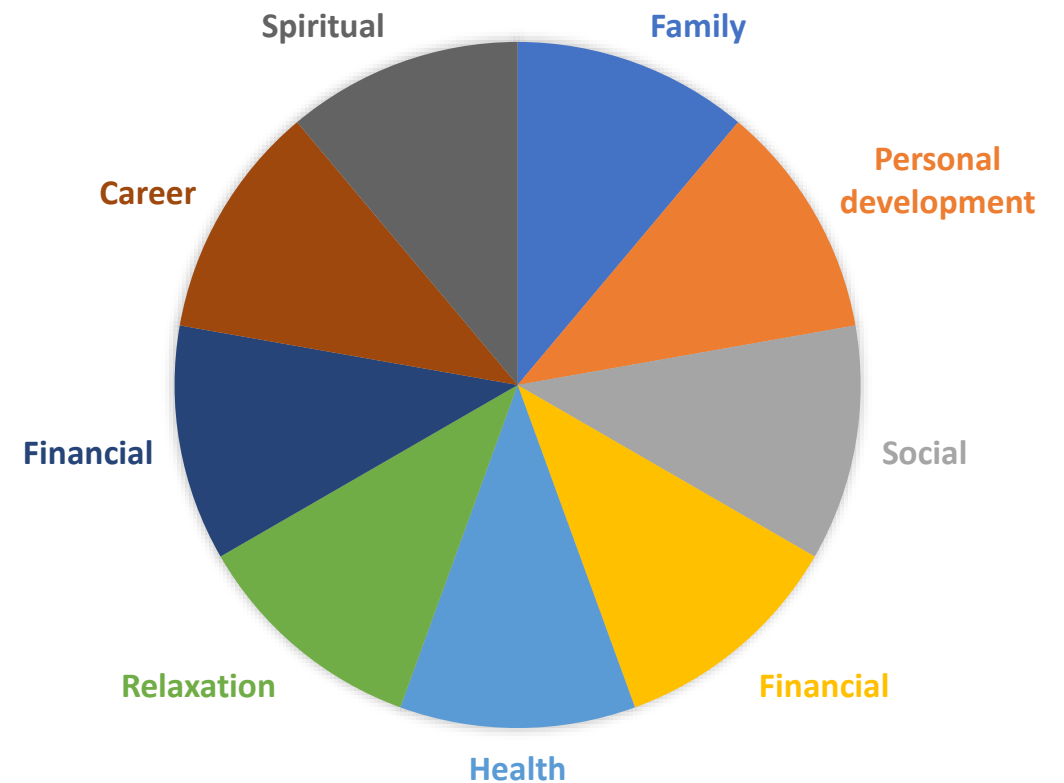
ACTION ITEM: Identify your top 3 values. Then identify any expectations/obligations that you spend a significant amount of time or energy on—are the 2 aligned?

Individual Focused: Roadmap of Life Work-Life Integration

SUCCESS-OLD BELIEF



SUCCESS-NEW BELIEF



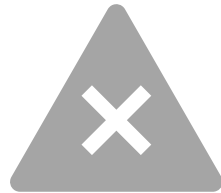
Individual Focused

- Coaching
 - Evidence based
 - Dyrbye LN, Shanafelt TD, Gill PR, Satele DV, West CP. Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians: A Pilot Randomized Clinical Trial. *JAMA Intern Med.* 2019 Oct 1;179(10):1406-1414. doi: 10.1001/jamainternmed.2019.2425. PMID: 31380892; PMCID: PMC6686971.
 - CME
- Peer support
 - Peterson U, Bergström G, Samuelsson M, Asberg M, Nygren A. Reflecting peer-support groups in the prevention of stress and burnout: randomized controlled trial. *J Adv Nurs.* 2008 Sep;63(5):506-16. doi: 10.1111/j.1365-2648.2008.04743.x. PMID: 18727753.
- Psychiatrist, therapist

Organization Oriented



Once we have created space in our own lives for overall well-being we can advocate to create sustainable culture change in medicine—to decrease physician distress and burnout



We need to acknowledge the urgency and create ways to decrease distress now, AND be intentional with our efforts as we know systemic change requires time.



Do not underestimate the ripple effect

For every physician who is well—this impacts their patients, staff, families

For every physician who advocates for their own well-being, it gives permission to a colleague to do the same

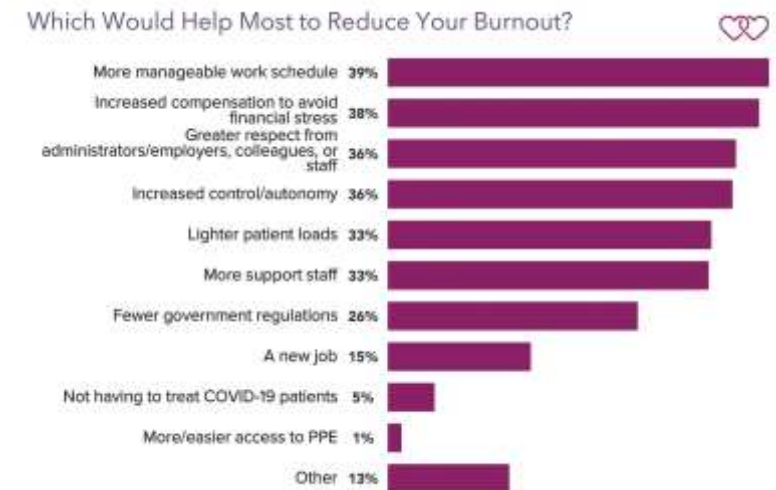
Organization Oriented

- Evidenced based practices
 - AMA, JAMA, Mayo Clinic, Stanford
- Anyone can propose bringing this to their institution
 - We are more than capable. This is data review just like we've been doing for years and continue to do on a daily basis for our patients
- 3 Main components (Listen-Act-Develop, Mayo)
 - Direct Support
 - Collect Data: Qualitative and Quantitative
 - Partner with Administration. Pilot programs

Uncover Patterns

- Power of Qualitative AND Quantitative data
- Patterns from national surveys
- What patterns are unique to YOUR group?
 - Autonomy, Flexibility, Transparency, Trust, Compensation, Feeling valued, Work-life integration

Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger



ACTION ITEM: Find out if your organization has a survey. If not, can you help create one?

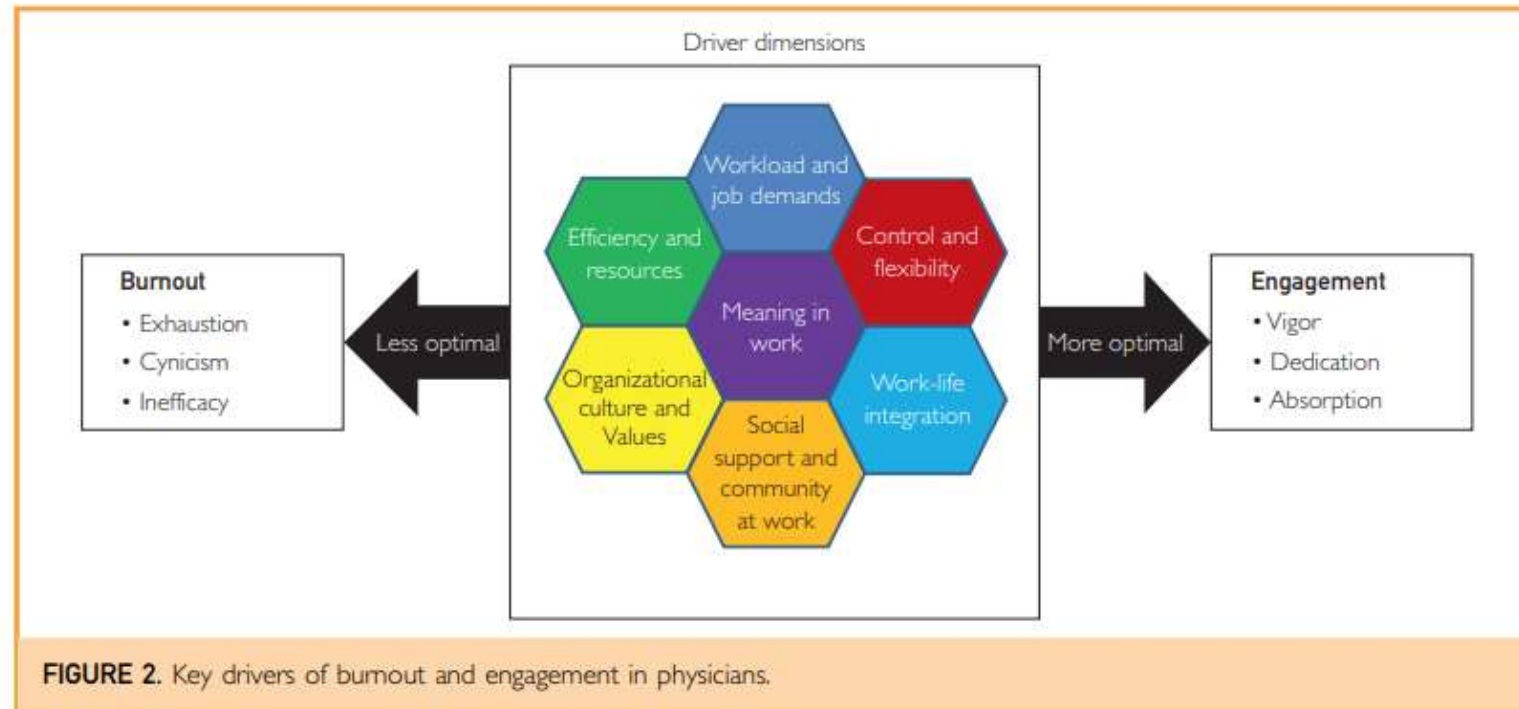
Partner with Administration


- Does your organization have CWO? Well-being committee?
- Who can you talk to in leadership? Department chair, CMO
 - There is data to support these conversations
 - Moral and Business Obligations

Moral	Business
<ul style="list-style-type: none">• suicide risk, mental health, poor quality of life	<ul style="list-style-type: none">• Resignations, cost to replace a physician, productivity

- YOU are the perfect person to advocate for this
- Listen-Act-Develop. What pebbles can you remove?

LISTEN-ACT-DEVELOP



Executive Leadership and Physician Well-being:  CrossMark
Nine Organizational Strategies to Promote
Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

LISTEN-ACT-DEVELOP



Listen: surveys, meetings, ask the end-users



How can we support people at all stages of their lives? How can we make you feel supported? Decrease your burnout?



ACT-DEVELOP: Clinical Trial

Once you've asked the questions, uncovered the patterns, develop a hypothesis about one thing that can help

- Pebbles or Boulders

Test it. Decide on metrics to measure and track. What does success look like?

- Well-being, Quality of life, business metrics, retention

Success vs Learning

- It is never a failure. What you learn along the way can be used to help Develop and move forward

- Redesign and Try again

- Ultimate goal of scaling and sustaining

Title	Level	Key factors at level
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Figure Health professional wellness hierarchy.

Beyond Burnout: A Physician Wellness Hierarchy Designed to Prioritize Interventions at the Systems Level

David L. Shapiro, PhD,¹ Cathy Duquette, BS, PhD,² Lisa M. Abbott, MBA,³ Timothy Robinson, MD,⁴ Amanda Pearl, PhD,⁵ Paul Haskitt, MD⁶

¹Administrative Affairs, Department of Medicine, Penn State College of Medicine, Hershey; ²Adjunct Professor, Department of Surgery, Nona Open Medical School of Nova University, Providence, RI; ³Penn State Health, Hershey



ACTION ITEM



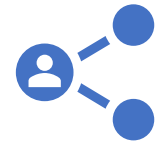
What is your vision for what well-being means to you?



What could well-being look like at your institution?



What is stopping you from that vision? Uncover your limiting beliefs



Partner up with someone, support each other

This is YOUR life. This is OUR world.

- Physicians are the heart of medicine
- Why did you become a doctor?
- What is remarkable about medicine? Your work matters.
- Take care of yourself, then you can enjoy taking care of others
- We can be the change. We deserve the change. Our future deserves the change



Thank You

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