Caring for the caregiver

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Objectives

• Define occupational burnout and identify causes
• Describe the difference between stress and burnout
• Develop an awareness of physician burnout prevalence, especially in anesthesiologists
• Identify symptoms of burnout in clinicians
• Recognize the various mental health issues facing physicians and their relationship with burnout
• Summarize signs and symptoms of mental health illness in physicians
• Identify barriers to mental healthcare for providers
• Propose methods to mitigate mental health risk including burnout, for providers
Burnout

What is Burnout?

Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy.
Good stress vs bad stress

Understand the difference between Stress and Burnout

Causes of Occupational Burnout

- Workload...
  - Work overload
  - 60-80 hour work week
  - Who makes your schedule?
- Control...
  - Lack of job control
  - Decreasing reimbursement
- Reward...
  - Not rewarded/valued
  - Larger organizations / mergers
- Community...
  - Breakdown of community
  - Lack of transparency
- Fairness...
  - Not treated fairly
  - Patient care vs production pressure
- Values...
  - Conflicting values
Physician Burnout

"Burn out is not a problem... Problems have solutions... It’s a dilemma"

Physician-Reported Causes of Burnout 2015

Physician-Reported Causes of Burnout 2018

What is in the literature

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Myths:
- Everybody goes through it!
- This generation can’t handle it!
- This trend will pass!

The ‘not so pretty’ truth:
- High prevalence for burnout: Specialty dependent
- Highest rate among mid-career physicians
- Longer work hours = greater struggles with work-life integration
- In Medicine: Higher level of degree (MD/DO) = increased risk
- Outside of medicine: Higher degree → protective

Continued literature


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Mean burnout increased from 45.8% to 54.4%
Satisfied with work life balance decreased from 48.5% to 40.9%

More female physicians (51%) reported burnout than males (43%), and both genders had higher rates than in the 2013 report.

![Image](http://www.medscape.com/viewarticle/838437_1 accessed September 7, 2016)
Burnout by age – age 35 and under shown

Younger physicians (those 35 and under) also reported high levels of burnout in general (44%) and in many larger specialties. The highest rates were in young physicians in small specialties.


So what?


[Figure: Bar chart showing burnout rates by age group.]

[Figure: Line graph showing burnout rates by specialty.]

[Figure: Pie chart showing distribution of burnout by age group.]

[Figure: Table summarizing burnout rates by age group and specialty.]
Patient Safety Implications of Burnout


- Examined the prevalence and performance impact of burnout and depression in anesthesiology residents, identifying 23% of respondents as being at high risk for burnout and 17% as being high risk for both burnout and depression. Compared against those at low risk for burnout and depression, the high risk group scored significantly lower in best practice scores. Further, a third of anesthesiology residents in the high risk group for both burnout and depression reported committing multiple medication errors in the past year, while less than one percent of low risk respondents reported the same.

Patient Safety Implications of Burnout


- Survey of over 7800 surgeons connected burnout domains to medical errors
- Self-reported medical errors increased 11% with every 1% worsening depersonalization
- Errors increased 5% with each 1% increase in emotional exhaustion

Patient Safety Implications of Burnout

Caring for the Caregiver
Addressing Mental Health Issues

Anxiety
Depression
Suicidal ideation
Substance abuse
PTSD

The Declaration of Geneva

As a statement of professional ethics, the Declaration of Geneva is a code of conduct for medical professionals. It was adopted by the World Medical Association in 1948.

1. In sickness and in health, we will attend to the needs of all patients and will act always with the patients’ best interest in mind.
2. We will respect the dignity of each patient, recognizing the special vulnerability and inherent worth of each human being.
3. We will not discriminate against anyone based on race, gender, age, sexual orientation, religion, national origin, or any other factor.
4. We will respect the privacy of our patients and their families.
5. We will maintain the confidentiality of our patients' personal information, unless there is an urgent need to disclose it for the benefit of the patient or the protection of society.
6. We will not accept any form of bribery or corruption, and we will not engage in any practice that would compromise our professional integrity.
7. We will not discriminate against our patients based on their ability to pay for our services.
8. We will not accept any form of inducement or incentive that would influence our medical judgment or decision-making.
9. We will not participate in any activities that would undermine the integrity of our profession or the trust that patients place in us.
10. We will not engage in any activity that would constitute a conflict of interest with our patients or their families.

The Declaration of Geneva is a guiding principle for all medical professionals, emphasizing the importance of ethical behavior and professional conduct.
MEDLINE and PubMed systematic literature review of physician suicide that included articles published in peer-reviewed journals during the past 10 years.

The review showed that the physician suicide rate was 28 to 40 per 100,000; in the general population, the overall rate was 12.3 per 100,000.

Female physicians attempt suicide far less often than women in the general population, the completion rate for female physicians exceeds that of the general population by 2.5 to 4 times and equals that of male physicians.

Most common diagnoses were mood disorders, alcoholism, and substance abuse.

One study showed that depression affects an estimated 12% of male physicians and up to 19.5% of female physicians, a prevalence that is on par with that of the general population.

Suicide depression is more common in medical students and residents, with 15% to 30% screening positive for depressive symptoms.

Barriers to Mental Healthcare for Physicians

- Medical Education: The Hidden Curriculum
- Stigma
- Licensing

Barriers: The Hidden Curriculum
Medical Literature Questions and Physician Resistance to Seek Care for Mental Health Conditions.


Risks of caring for 'VIP' patients

- Caregivers, family, and the patient may deny the possibility of alcohol or substance abuse
- Caregivers may avoid or poorly handle discussions of death and ‘do not resuscitate’ orders
- The patient may suffer from emotional isolation when protected from the normal hospital culture
- The patients’ feelings of shame and fear in the sick role can go unacknowledged
- Caregivers may overlook neuropsychiatric symptoms because they do not wish to ‘ruin’ the patient
- Staff may neglect or poorly handle the patient’s toileting and hygiene
- Ordinary clinical routine may be short-circuited
- Caregivers may avoid discussing issues related to the patient’s sexuality

Barriers: Stigma

Barriers: State Licensing

References

https://labblog.uofmhealth.org/industry-licensing-practices-may-hurt-physician-mental-health
What do we do about this?

Organization: Must come from the top.
• Establish principles that help facilitate work-life integration

Individual:
• Training in mindfulness-based stress reduction
• Attention to self-care
• Developing personal interests
• Protecting and nurturing relationships

“There is an urgent need for systematic application of evidence-based interventions addressing the drivers of burnout among physicians. These interventions must address contributing factors in the practice environment rather than focusing exclusively on helping physicians care for themselves and training them to be more resilient.”

Mayo Clin Proc Dec 2015; 90(12): 1600-1613

Nine STEPS to creating the organizational foundation for Joy in Medicine™

1. Engage senior leadership
2. Track the business case for well-being
3. Resource a Wellness infrastructure
4. Measure burnout and the predictors of burnout longitudinally
5. Strengthen local leadership
6. Develop interventions and evaluate their impact

Culture of Wellness

Efficiency of Practice

7. Improve workflow efficiency and maximize power of team-based care
8. Reduce clerical burden and tame the EHR

Personal Resilience

9. Support the physical and psychosocial health of the workforce
The Burnout Bottom Line
- Preventing and/or mitigating burnout requires employment of research and systems engineering, not the “soft skills” often attributed to the management of well-being
- Requires a systems approach to align corrective systems measures with root causes
- Systems interventions should couple both organizational and personal actions

How to help with Mental Illness
- Remove the stigma associated with mental illness
- Remove the Hidden Curriculum
- Change licensing reporting requirements (advocacy!)
- Understand other barriers to treatment for physicians

Stay Vigilant
- Take the time to see
- Take the time to know your colleagues
- Stay connected with your colleagues
- Don’t be afraid to ask tough, uncomfortable questions