Busting Burnout
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BURNOUT
• Occupational burnout is a psychological syndrome characterized by emotional exhaustion, feelings of ineffectiveness, and lack of motivation
• It is an increasingly prevalent – and increasingly recognized – issue for physicians
BURNOUT

Mayo Clinic study found that while occupational burnout has been decreasing across the general population, it has increased recently within the physician population, with 55% of anesthesiologists reporting burnout, slightly above the mean rate for all physicians.

WE ARE IN THE RED ZONE

BURNOUT

Burnout is not simply a matter of feeling bummed out about work; it can have severe consequences for physician health, physician performance, healthcare systems, and patient safety.

Objectives

- Define occupational burnout
- Understand the difference between stress and burnout
- Develop an awareness of physician burnout prevalence, including in anesthesiologists
- Learn implications for physician well-being with burnout
- Learn implications for patient safety with burnout
- Learn how to identify burnout in clinicians
- Identify causes of burnout
- Identify opportunities and strategies to mitigate and/or prevent burnout
  - Personal strategies
  - Organizational strategies
Define occupational burnout

- Occupational burnout is a psychological syndrome characterized by emotional exhaustion, feelings of ineffectiveness, and lack of motivation.
- Caused by long periods of unrelieved stress.
- Stress is inherent to everyday life, but in and of itself it will not cause burnout.

Understand the difference between Stress and Burnout

- Good Stress versus Bad Stress

Understand the difference between Stress and Burnout
Develop an awareness of physician burnout prevalence

- Mayo Clinic Proceedings 2015


Mayo Clinic Proceedings 2015
Develop an awareness of physician burnout prevalence

- Mayo Clinic Proceedings 2015

Percentage of burned-out physicians by specialty.


Happiness at work, by physician specialty.

Develop an awareness of physician burnout prevalence

Percentage of burned-out physicians with highest severity scores (6 and 7), based on a scale of 1 ("does not interfere with my life") to 7 ("so severe that I'm thinking of leaving medicine").

More female physicians (51%) reported burnout than males (48%), and both genders had higher rates than in the 2013 report.

Burnout by gender and specialty.

Younger physicians (those 35 and under) also reported high levels of burnout in general (46%) and in many larger specialties. The highest rates were in young physicians in small specialties.

Burnout in physicians 35 years of age and younger.
Learn implications for physician well-being with burnout

- Personal life
  - Depression/anxiety/insomnia
  - Suicidal ideation– http://www.idealmedicalcare.org/blog/
  - Substance abuse
  - Untoward effects on personal relationships
  - Physical health issues

- Professional life
  - Decreased professionalism
  - Decreased patient adherence
  - Decreased patient satisfaction
  - Poor job performance
  - Increased job turnover
  - Increased medical errors
  - Increased medical liability
  - Patient safety implications

Learn implications for patient safety with 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 statistically lower on best practice scores. Further, a third of anesthesiology residents in the high risk group reported committing multiple medication errors in the past year, while less than one percent of low risk respondents reported the same
Learn implications for patient safety with 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

Learn implications for patient safety with burnout

Second Victim

- What's a second victim?
  - "Second victims are health care providers who are involved in an unanticipated adverse patient event, medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base". Scott et al, 2009
Second Victim

• “Many errors are built into existing routines & devices, setting up the unwitting physician & patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.” Wu, 2000

Systems Thinking

• Systems thinking, however, is not intuitive for physicians, who often have an inherent sense of personal responsibility for the care they provide and consequently struggle with analyzing quality and safety concerns from a systems-perspective.


Learn how to identify burnout in clinicians

• Challenging
• How do you know the difference between a bad day versus a bad run of work versus burnout?
Learn how to identify burnout in clinicians

- Physical Signs and Symptoms
- Emotional Signs and Symptoms
- Behavioral Signs and Symptoms

• Physical Signs and Symptoms
  - Exhausted most of the time
  - Lowered immunity with illness
  - Somatic complaints: headache, backache, muscle aches
  - Sleep disturbance: insomnia, excessive sleep
  - Appetite changes

• Emotional Signs and Symptoms
  - Sense of self-doubt and failure
  - Feeling of helplessness, trapped, and defeat
  - Detachment, feeling alone
  - Loss of motivation
  - Increased pessimism and cynicism
Learn how to identify burnout in clinicians

- Behavioral Signs and Symptoms
- Withdrawal, both personally and professionally
- Missing deadlines
- Substance abuse
- Anger- taking frustrations out on others

Identify causes of burnout

- Work-related Causes
- Lifestyle/Personality Contributors
Identify causes of burnout

• Work-related Causes
  • Little or no control over work
  • Lack of recognition for or appreciation of good work
  • Unclear or overly demanding job expectations
  • Monotonous or unchallenging work
  • Unorganized or high-pressure environment

Identify causes of burnout

• Lifestyle/Personality Contributors
  • Workaholic– not taking time off
  • Not enough sleep
  • Difficult time saying “no”
  • Lack of close, supportive relationships
  • Perfectionist
  • Pessimistic
  • Need for control, do not delegate
  • High achieving, Type A personality

Identify causes of burnout

Identify opportunities and strategies to mitigate and/or prevent burnout

- 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.
- Ideally, systems interventions couple both organizational and personal actions to combat burnout.

Identify opportunities and strategies to mitigate and/or prevent burnout

- Personal Strategies
  - **Taking care of yourself matters**
    - Sleep hygiene, exercise
    - Weight et al, Physical Activity, Quality of Life and Burnout Among Physician Trainees: The Effect of a Team-Based, Incentivized Exercise Program, Mayo Clinic Proc, 2013
    - Connecting with and humanizing your patients

Identify opportunities and strategies to mitigate and/or prevent burnout

- Personal Strategies
  - **Resiliency and Intention matters.**
    - Three Good Things
    - Mindfulness
    - Other resiliency training
Identify opportunities and strategies to mitigate and/or prevent burnout

• Organizational Strategies

• Leadership matters. Shanafelt et. al. (1) found a multiplication effect with a 1% increase in leadership feedback scores accompanied by 3% decrease in burnout scores and a 10% increase in physician satisfaction scores from those reporting to the leader.

• Group discussion and reflections of shared experiences matters.
  • In another study from the Mayo Clinic, (2) biweekly facilitated physician discussion groups incorporating mindfulness, reflection, shared experience, and small group learning significantly increased finding work meaningful and significantly lowered rates of emotional exhaustion, depersonalization and overall burnout.
  • Schwartz Center Rounds is another intervention shown to be effective in decreasing stress and isolation while improving the sense of support and energy. (3) These multidisciplinary rounds—now in over 500 organizations worldwide—focus on compassion and the social, emotional and human dimension of medicine. (http://www.theschwartzcenter.org)

• Raising awareness of burnout and providing targeted quality improvement matters.
  • Healthy Workplaces, sponsored by an AHRQ grant is currently studying the interventions that decrease burnout in the clinic environment. Early results (4), according to primary investigator, Mark Linzer, M.D. show that targeted quality improvement (including feedback of burnout surveys), and interventions that improve workflow and communication show the most promise with an improved odds ratio between 3.6-5.9
Identify opportunities and strategies to mitigate and/or prevent burnout

- Organizational Strategies
- Raising awareness of burnout and providing targeted quality improvement matters.
  - Should specific expectations regarding burnout and its management be outlined in appointment letters, bylaws, employee assistance programs?
  - Remove the stigma associated with burnout: it is not a character flaw

Identify opportunities and strategies to mitigate and/or prevent burnout

- Organizational Strategies
- Why/What matters.
  - Why and how do we find joy in our work? What really matters to us regarding patient care? Defining and connecting to our purpose is an important step to reduce emotional exhaustion
  - Studies have found that if a clinician is doing what is most meaningful for them in work < 20% of time, burnout rises dramatically

Conclusions

- Burnout is real, we are in the Red Zone
- There’s a real cost to providers, patients and healthcare systems
- Addressing burnout requires a systems approach
  - Personal interventions
  - Organization interventions
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