Recognizing Burnout in Yourself and Colleagues

American Academy of Pediatrics
September 15, 2017
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Objectives

• Define physician burnout and be able to identify the signs, symptoms and risk factors of physician burnout.

• Acquire tools and resources for supporting colleagues experiencing burnout.

• Describe the complex inter-relationships between burnout, depression and resilience and how these factors may interact with each other as a result of pressures in the learning environment.
Disclosures

None
Patient Care and Clinician Well-Being

- Clinicians who care for themselves provide better care for others.
- They are less likely to make errors or leave the profession.
- Habits of practice to promote well-being and resilience need to be cultivated across the continuum.
- A healthy learning environment will lead to improved health care for all, both providers and patients.
NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for healing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did.
The Tip of the Iceberg
This is NOT a New Problem

- Concluded that the culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and burden of suicide
- Identified barriers to treatment: discrimination in licensing hospital privileges and advancement
- Recommended transforming attitudes and changing policies
BORN TO
STAY STRONG

Time to help my patients.
No time to be tired.

See how we can help.
am-a-assn.org

Your success is our success
Burnout: Definitions

- **Emotional depletion**: feeling frustrated, tired of going to work, hard to deal with others at work
- **Detachment/cynicism**: being less empathic with patients/others, detached from work, seeing patients as diagnoses/objects/sources of frustration
- **Low personal achievement**: experiencing work as unrewarding, “going through the motions”
- **Depersonalization**: thoughts and feelings seem unreal or not belonging to oneself
Drivers of Burnout

• Excess stress mediated by long hours, fatigue and work compression as well as the intensity of work environment

• Loss of meaning in medicine and patient care: Decreased support, increased responsibility, without autonomy and flexibility

• Challenges in institutional cultures: perceived lack of peer support, stress in work relationships, lack of professionalism, disengaged leadership

• Problems with work-life balance; difficulty “unplugging after work.”
Burnout in Training

- Highly prevalent among medical students, residents and physicians
  - In residents, studies show burnout rates of 41-90%
- In residency, levels rise quickly within the first few months of residency
- ACGME work hour changes do not appear to have improved sleep, burnout, depression symptoms or errors
- Resident distress (e.g. burnout and depression) associated with perceived medical errors and poorer patient care

Epidemiology of Burnout in Physicians

• Medical students matriculate with BETTER well-being than their age-group peers
• Early in medical school this reverses
• Poor well-being persists through medical school and residency into practice:
  • National physician burnout rate exceeds 54%
  • Affects all specialties, perhaps worst in “front line” areas of medicine

West C 2015
FIGURE 2. Changes in burnout and satisfaction with WLB in physicians and population year are shown on the x axis. Burnout (A) and satisfaction with WLB (B) are shown on the y axis. WLB — work life balance.
Burnout at Career Stage

Dyrbye et al. Mayo Clinic Proc 2013
Depression – DSM-5

- 5 or more of the following sx for 2 weeks:
  - Depressed mood most of the day
  - Diminished interest or pleasure
  - Significant weight loss or gain
  - Insomnia or hypersomnia nearly every day
  - Psychomotor agitation or retardation
  - Fatigue of loss of energy
  - Feelings of worthlessness or excessive guilt
  - Diminished ability to concentrate
  - Recurrent thoughts of death or suicidal ideation with or without a plan

American Psychiatric Association, 2013: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
What is Major Depression?

<table>
<thead>
<tr>
<th>Major Depression is not:</th>
<th>Major Depression is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Normal”</td>
<td>• An illness</td>
</tr>
<tr>
<td>• Laziness</td>
<td>• With mental anguish and physical pain</td>
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<tr>
<td>• Weakness</td>
<td>• Disabling</td>
</tr>
<tr>
<td>• Stress</td>
<td>• Chronic and recurring</td>
</tr>
<tr>
<td>• Unhappiness</td>
<td>• Potentially fatal</td>
</tr>
<tr>
<td>• Burnout</td>
<td>• Lack of appropriate diagnosis and well delivered care can have tragic results</td>
</tr>
<tr>
<td>o Though depression makes someone feel lazy, weak, stressed,</td>
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And is more common in trainees and clinicians than in the general population.
Epidemiology of Depression in Physicians

- Higher rates in medical students (15%–30%), interns (30%), and residents than in the general population

- Lifetime rates of depression in women physicians - 39% compared to 30% in age matched women with PhD’s
  - Both higher than the general population

- Lifetime rates of depression in male physicians (13%) may be similar to rates of depression in men in the general population, or they may be slightly elevated.
  - Data from Denmark show that male physicians have elevated rates of depression

Welner et al., Arch Gen Psych, 1979; Clayton et al., J Ad Dis, 1980; Frank & Dingle, Am J Psych, 1999
Wieclaw et al., Occup Environ Med, 2006; Center et al., JAMA, 2003; Valko & Clayton, Am J Psych, 1975; Kirsling & Kochar, Psychol Rep, 1989
### Depression During Internship

#### Specialty (N=740)
- Internal medicine 358 (48.5)
- General surgery 98 (13.3)
- OB/gynecology 42 (5.7)
- Pediatrics 94 (12.7)
- Psychiatry 63 (8.5)
- Emergency medicine 47 (6.3)
- Medicine/pediatrics 19 (2.6)
- Family medicine 19 (2.6)

#### Percentage with “Depression” (PHQ >10)

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Before Internship</td>
<td>3.9</td>
</tr>
<tr>
<td>3 Months</td>
<td>27.1</td>
</tr>
<tr>
<td>6 Months</td>
<td>23.3</td>
</tr>
<tr>
<td>9 Months</td>
<td>25.7</td>
</tr>
<tr>
<td>12 Months</td>
<td>26.1</td>
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</table>

Mean PHQ-9 increased from 2.4 to 6.4

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Sen et al Arch Gen Psych 2010
Factors Associated with Depression During Internship (Prospective Study)

<table>
<thead>
<tr>
<th>Predictors of Increased Depressive Symptoms</th>
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<tbody>
<tr>
<td><strong>Baseline Factors</strong></td>
</tr>
<tr>
<td>• Neuroticism</td>
</tr>
<tr>
<td>• Personal history of depression</td>
</tr>
<tr>
<td>• Lower baseline depressive symptoms</td>
</tr>
<tr>
<td>• Female sex</td>
</tr>
<tr>
<td>• US medical graduate</td>
</tr>
<tr>
<td>• Difficult early family environment</td>
</tr>
<tr>
<td>• 5-HTTLPR polymorphism</td>
</tr>
<tr>
<td><strong>Within-Internship Factors</strong></td>
</tr>
<tr>
<td>• Higher mean work hours</td>
</tr>
<tr>
<td>• Perceived medical errors</td>
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<tr>
<td>• Stressful life events</td>
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**Sen et al Arch Gen Psych 2010**

**(PHQ-9) Depression Scores Stratified by the Presence of at Least 1 Copy of a 5-HTTLPR Low-Functioning Allele.**

- Low = at least one low functioning allele
- High/high = 2 high functioning alleles
Results

- Rate of depression increased dramatically during internship from 3.9% meeting PHQ 9 (scores greater than 10) criteria up to 25.3% at intervals during the year.

- Most were moderately depressed.

- Depression results in increased medical errors and errors may also cause depression (corr. West).

- Direct association between the number of hours worked and the risk of depression.

- No evidence that depressive symptom score before internship predicted an increase in work hours.

Sen et al Arch Gen Psych 2010
Poor Stress Response → Burnout

Yerkes-Dodson Curve 1908
Specific Stressors in the Learning Environment
Baseline Stressors

- Medical issues including mental health problems
- Challenges to circadian rhythms
- Less control over schedule
- Calibrating uncertainty
- Less control over schedule
- Relationship, family and financial challenges
- Maladaptive perfectionism/the imposter syndrome
Beginning Residency

- First job
- Joining a professional family
  - Is it the right one?
- Challenges to circadian rhythms
- Less control over schedule
- Calibrating uncertainty
  - Needing to make decisions about care and supervision
- Formatively focused assessment system
- Assessment of learning for the development of competence
Academic Health Centers

- Stressed faculty and staff - RVUs
- Work compression
- Fractured care
- Decreasing LOS, increasing acuity
- Focus on efficiency and metrics as outcome measures
- Difficult Physician-Patient Encounters
- The EHR
Barriers to Treatment
Survey of Attitudes about Seeking Services

- Resident Wellness Program (800 residents and fellows)
- Two psychologists and 1 psychiatrist available 5 days/week and after-hours consultation

RESULTS:
- 71% response rate to survey
- Time the biggest barrier
- Women more concerned about taking a break
- Men more likely to question helpfulness of counseling
- 5% willing to seek help in 2004-05
- 12% in 2009-10 after marketing the program

Ey et al, JGME, 2013
85% of Respondents with Depression Did Not Seek Treatment

Reasons for No Treatment:

- Lack of time (92%)
- Preference for self-management (75%)
- Lack of convenient access (62%)
- Concerns regarding confidentiality (57%)
- Concerns about stigma (52%)
- Concerns about cost (50%)
- Belief that treatment does not work (25%)
Potential Protective Factors
Resilience

- The capacity to bounce back, to withstand hardship, and to repair yourself
- Positive adaptation in the face of stress or disruptive change

Based on a combination of factors

- Internal attributes (genetics, optimism)
- External (modeling, trauma)
- Skills (problem solving, finding meaning/purpose)

Wolin 1993, Werner & Smith, 1992
Resilience

Personal characteristics
- Humour, ‘bounce back’, adaptability, optimism, confidence, organisation, flexibility, tolerance, using professional boundaries, teamwork, sense of self-worth

Workplace characteristics
- Strong management support, team culture, a secure base, buffering capacity, time for reflection

Social network
- Family/social support, leisure time, interests outweigh work

Resilient health professional

Challenges
- Workload, time pressures, lack of communication, information overload, challenging patients, rural environment
10 Steps to Build Resilience

<table>
<thead>
<tr>
<th>Steps</th>
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<tbody>
<tr>
<td>Keep a positive attitude</td>
<td>Develop active coping skills</td>
</tr>
<tr>
<td>Reframe your stressful thoughts</td>
<td>Establish and nurture a supportive social network</td>
</tr>
<tr>
<td>Develop your moral compass</td>
<td>Prioritize your physical wellbeing</td>
</tr>
<tr>
<td>Find a resilient role model</td>
<td>Train your brain</td>
</tr>
<tr>
<td>Face your fears</td>
<td>Play to your strengths</td>
</tr>
</tbody>
</table>

Charney and Southwick
Can We Build Resilience?

- Realistic recognition (Overcoming denial/culture)
- Exercise, sleep, nutrition
- Supportive professional relationships
- Talking things out with others
- Hobbies outside medicine
- Personal relationships
- Boundaries
- Humor
- Time away from work
- Passion for one’s work

Swetz, J Palliative Med 2009
Building Resilience

How to Build Resilience:

- Educating residents and program directors about physician impairment
- Countering the stress of residency

Programs such as:

- US Air Force Suicide Prevention Program
- Resident Wellness Programs/Strategies:
  - Oregon Health Sciences Center
  - Stanford Department of Emergency Medicine
  - UCSD Healer Education Assessment and Referral Program (HEAR)
  - Web Based CBT Intervention (Sen study 2015)
  - ACGME Symposium on Resident Well-Being
Resilience Strategies of Experienced Physicians

- Job-related sources of gratification
  - Doctor-patient relationship
  - Medical efficacy

- Practices and routines
  - Leisure time activities (exercise, music, theatre)
  - Cultivation of contact with colleagues
  - Cultivation of relations with family and friends
  - Proactive engagement with limits of skills, complications and errors
  - Ritualized time out periods
  - Self-organization
  - Cultivation of one’s own professionalism
  - Spiritual practices/meditation

Zwack, Schweitzer, Acad Med 2013
Resilience Strategies of Experienced Physicians

- Useful attitudes
  - Acceptance and realism
  - Self-awareness and reflection
  - Accepting professional boundaries
  - Recognizing when change is necessary
  - Appreciating the good things
  - Interest in the person behind the symptom

Zwack, Schweitzer, Acad Med 2013
One Size Does Not Fit All
Potential Interventions
Self-care is not in conflict with altruism

"Secure your own oxygen mask before assisting others"
Self-Care, Resilience, and Professionalism

- Important elements of professionalism
- Habits of practice are formed early
- Role modeling/demonstrating self-care is as important as modeling other aspects of professionalism
- Deliberate practice is essential to promote self-care and resilience
### Physician Wellbeing is a Public Health Problem

<table>
<thead>
<tr>
<th><strong>Primary Prevention</strong></th>
<th><strong>Secondary Screening</strong></th>
<th><strong>Tertiary Intervention</strong></th>
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<tbody>
<tr>
<td>• Education and Awareness</td>
<td>• Fostering recognition of burnout (peer leader or “buddy programs”)</td>
<td>• Stigma free access to counseling (Resident Wellness Program at OHSU)</td>
</tr>
<tr>
<td>• Skill building and stress mitigation: time management, sleep hygiene, mindfulness, cognitive behavioral skills, positive psychology</td>
<td>• Anonymous third-party screening (i.e. UCSD HEAR program)</td>
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<tr>
<td>• Learning environment interventions that facilitate culture change, work-life balance, emphasize meaning</td>
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<tr>
<td>• Concrete supports: child care &amp; family support; PCP availability</td>
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Program Well-Being Plan: Components of Inventory

- Leadership
- Mental health resources
- Crisis management
- Orientation for staff and trainees
- Institutional Policies
  - Duty Hour, Fatigue, Sick call, Supervision, Grievance

Inventory Con’t

- **Curriculum**
  - Making space for reflection - Process groups
  - Building skills - Mindfulness, Resiliency
- Clinical care challenge discussions
- Coaching
- Mentorship and advising
- Creating community
- Faculty development
Working Together

- Department Chairs
- Program Coordinators
- Chief Residents
- Nurses
- Trainees
- Department of Psychiatry
- Hospital/college human resources
- Curricular Innovations which support wellness

Slavin et al. Acad Med 2014
## Monitoring Risks

- Identifying sources of stress
- Education about stress and burnout
- Assessing the impact of stress on clinical performance
- Chronic severe stress and its relationship to physical health
- Stress associated with perceived medical errors
- Depressive symptoms
- Anonymous screening for depression and burnout linked to resources
- Substance abuse
“Front-end” Solutions

• **Culture change**: leadership/physician engagement, feedback, community building, professionalism training/accountability, support in adverse events,

• **Stress reduction**, including evaluating work hours and intensity, monitoring fatigue for all providers

• **Enhance meaning**: protecting time with patients

• **Work-life balance**: team-based care, better scheduling, financial support/counseling
Factors Impacting Wellbeing
Organizational culture eats strategy for breakfast, lunch and dinner

Culture    Strategy

Peter Drucker, Mark Fields
Introducing a New Theory of Well-Being

Pathways to Happiness

PERMA

Positive Emotions

Engagement

Positive Relationships

Meaning

Accomplishment
Socio/Political Reality

Personal Factors

Work Environment

Learning and Educational Environment
# Work Environment

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
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</thead>
<tbody>
<tr>
<td>Administrative and regulatory burden</td>
<td>C-Suite Leadership</td>
</tr>
<tr>
<td>Decreased time with patients</td>
<td>Balanced work load expectations</td>
</tr>
<tr>
<td>EHR Inefficiencies</td>
<td>Adequate and appropriate staffing</td>
</tr>
<tr>
<td>Productivity Pressures</td>
<td>Off-loading of administrative tasks for providers</td>
</tr>
<tr>
<td>Staffing Shortages</td>
<td>EHR redesign</td>
</tr>
<tr>
<td>Work compression</td>
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# Learning/Educational Environment

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
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</thead>
<tbody>
<tr>
<td>Loss of Humanism in medicine</td>
<td>Protected time for teaching and learning</td>
</tr>
<tr>
<td>Power differentials and mistreatment</td>
<td>Increasing meaning in medicine</td>
</tr>
<tr>
<td>Increased clinical complexity of patients</td>
<td>Increasing self-efficacy and autonomy</td>
</tr>
<tr>
<td>Work compression</td>
<td>Faculty reward systems that support education</td>
</tr>
<tr>
<td>Inadequate faculty time for teaching</td>
<td>Increase in loan forgiveness programs</td>
</tr>
<tr>
<td>Debt burden</td>
<td>Creation of support systems</td>
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</table>
## Personal Factors

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Biopsychosocial vulnerability</td>
<td>• Decreasing stigma</td>
</tr>
<tr>
<td>• Stressful life events</td>
<td>• Confidential anonymous screening</td>
</tr>
<tr>
<td>• Isolation</td>
<td>• Affordable, accessible counseling and mental health services</td>
</tr>
<tr>
<td>• Stigma regarding help seeking behavior</td>
<td>• Strengthened social networks</td>
</tr>
<tr>
<td>• Licensure/credentialing concerns</td>
<td>• Time for renewal</td>
</tr>
<tr>
<td>• Debt burden</td>
<td>• Leadership/Sharing of stories</td>
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</table>
Controlled Interventions to Reduce Burnout in Physicians

- 20 independent comparisons from 19 studies (1550 physicians)
- Used the emotional exhaustion domain of the Maslach
- Organization-directed interventions more likely to lead to reductions in burnout than physician-directed interventions
  - Structural changes
  - Fostering communication between members of the health care team
  - Cultivating teamwork
- Interventions targeting experienced physicians showed greater evidence of effectiveness

Panagioti, et.al., *JAMA Internal Medicine*, December, 2016
Controlled Interventions to Reduce Burnout in Physicians

- 2617 articles including 15 randomized trials of 716 physicians and 37 cohort studies of 2914 physicians
- 230 articles met criteria for full review
- Most studies reported on changes in burnout domain score
- Both individually-focused and organizational interventions can reduce burnout
- Which interventions offer the greatest value is unclear
- Also unclear whether involving physicians in developing and deploying interventions could influence effectiveness
- Both individual and organizational strategies are probably necessary, but not studies to date which include both.

Potential Conceptual Frameworks

Unpacking wellness

Administrative mitigation
Joy at work
Mental health
Self care
Mindfulness
Professionalism/trust
Peer support
Patient Care and Physician Well-Being

- Physicians who care for themselves do a better job of caring for others
- They are less likely to make errors or leave the profession
- **Habits of practice to promote well-being and resilience need to be cultivated across the continuum**
- A healthy learning environment will lead to improved health care for all, physicians and patients
“Somebody has to do something, and it's just incredibly pathetic that it has to be us.”
-Jerry Garcia
Questions?

Don't go through life,
GROW through life
Thank You

Lyuba Konopasek, MD
Wally Carter, MD
Deanna Chaukos, MD
Kelli Palamara, MD
Srijan Sen, MD