

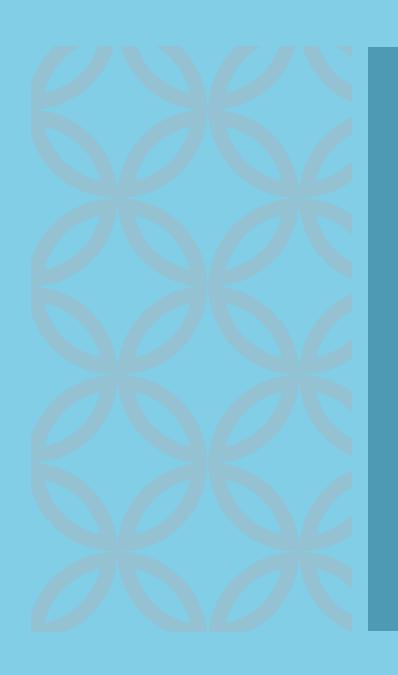
Identify signs of burnout

Identify career modifications that can be made to improve overall wellness

Explore nontraditional ways to manage burnout in your career

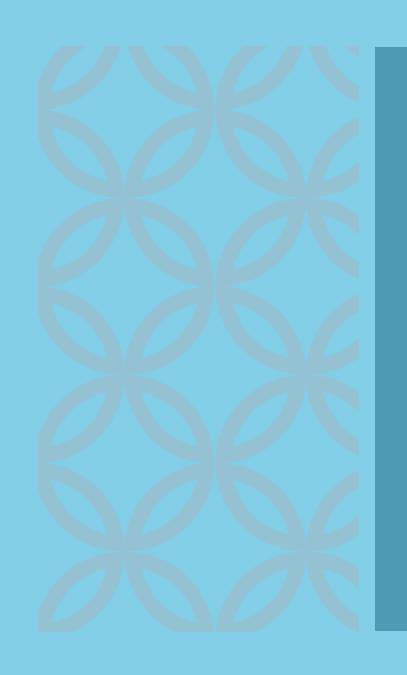
Develop an individualized plan to improve mental wellness

OBJECTIVES



It is my hope that everyone here who has the influence on other physicians (department chairs, supervisors, residency program directors) will not only take this information in on a personal level but also think about how all of this affects those physicians who work under you and your physician patients

BEYOND OBJECTIVES



Term coined in 1970s to describe the negative consequences of severe stress that those in the "helping professions" experienced

Demand is perceived as exceeding the individual resources

Loss of enthusiasm for work, feelings of cynicism and low personal accomplishment

BURNOUT

PHYSICIANS VS EVERYONE ELSE

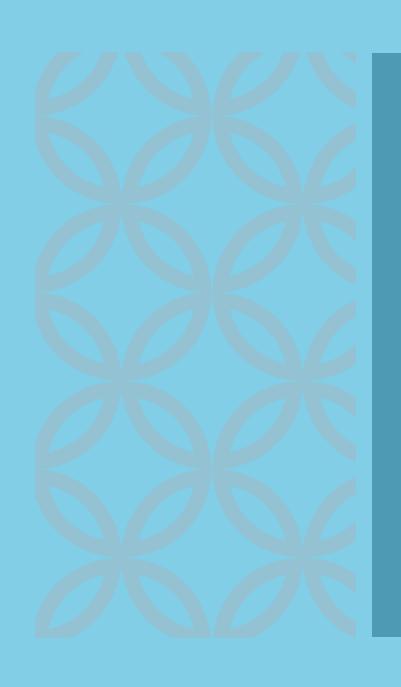
Displayed higher rates of emotional exhaustion, depersonalization and overall burnout

Lower satisfaction with work-life balance

From 2011 to 2014 decreased from 48.5% to 40.9%

Shanafelt et al, 2015

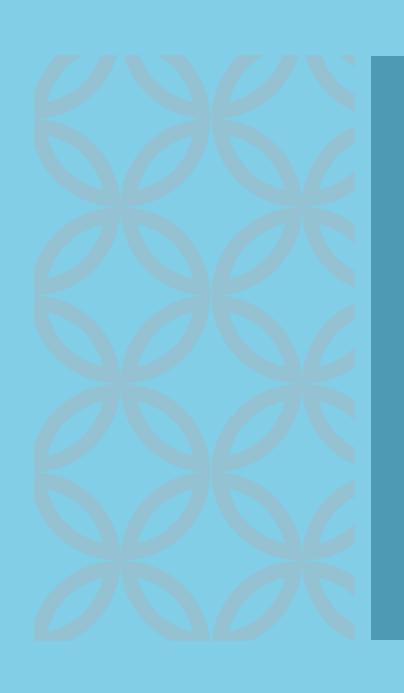
Worked a median of 10 hours more per week



Fatigue
Emotional, physical, both

Increase in physical symptoms
Headaches, muscle tension, GI issues, agitation

BURNOUT SYMPTOMS



Irritability

Negative and sarcastic about things or people you work with Negative feelings about clients

Change in performance
Bare Minimum approach

BURNOUT SYMPTOMS

CAUSES OF BURNOUT

Budget constraints

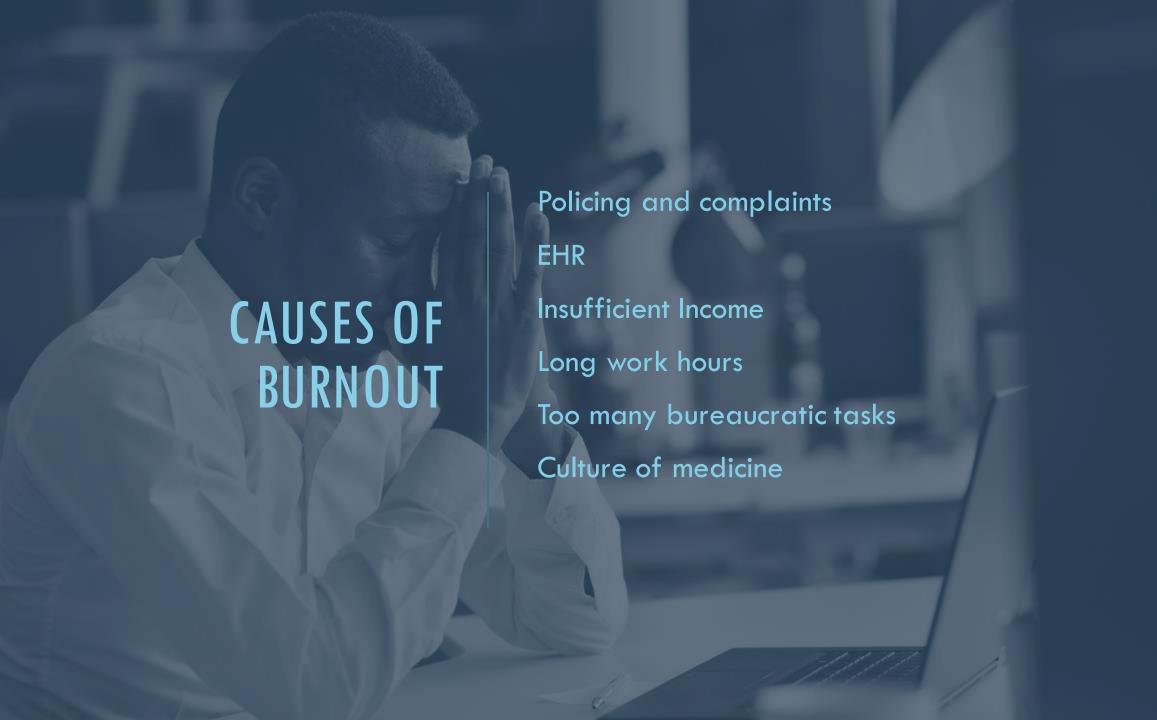
Increasing workload

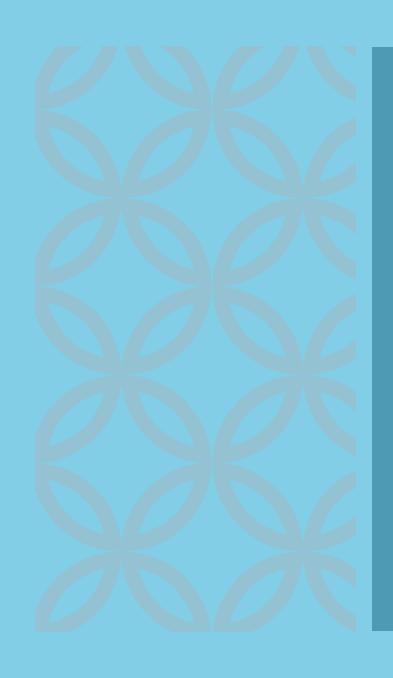
System inefficiencies

Overstressed

Administrative







Lack of respect from administrators/employers, colleagues, or staff

Lack of respect from patients

Emphasis on profit over patients

Lack of control

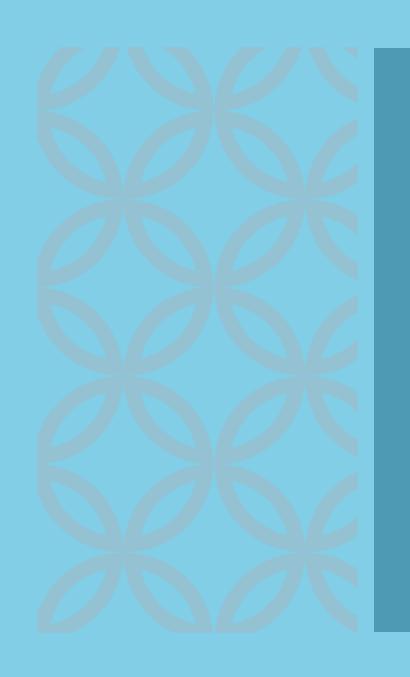
Culture of medicine

Overly empathic

Stress of working with marginalized communities

Moral Injury

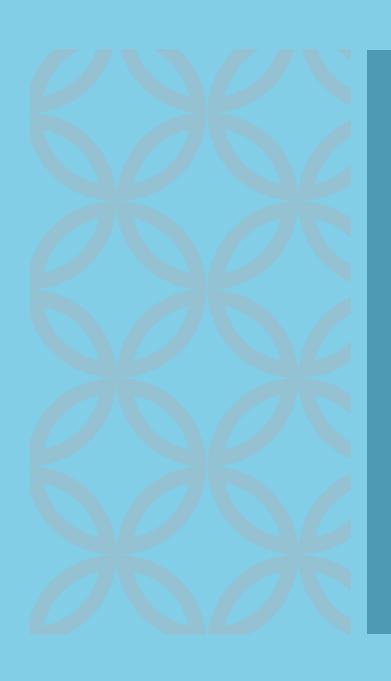
CAUSES OF BURNOUT



Occurs when someone engages in, fails to prevent, or witness acts that conflict with your values or beliefs

Social, psychological, and spiritual harm that arises from a betrayal of one's core values such as justice, fairness, and loyalty

MORAL INJURY



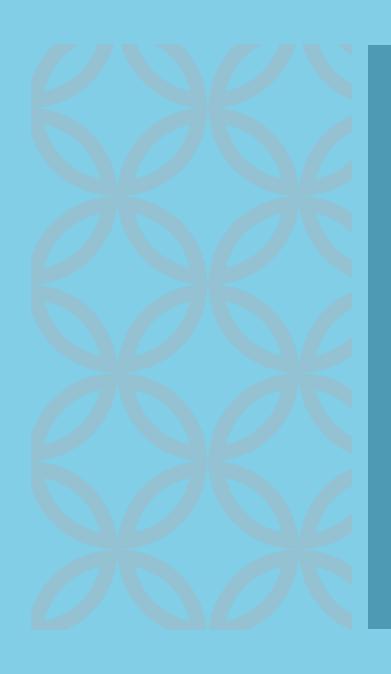
Pre-COVID

Business of medicine

Post-COVID

Additional concern of risk to personal/family safety

MORAL INJURY



Guilt

Shame

Anxiety

Depression

MORAL INJURY

CONSEQUENCES OF BURNOUT

FIGURE 1



"I can't provide the best care to my patients..."

"I can't get the care I need..."



Health worker burnout can have many negative consequences

У

Health Workers

- · Insomnia, heart disease, and diabetes
- · Isolation, substance use, anxiety, and depression
 - · Relationship and interpersonal challenges
- · Exhaustion from overwhelming care and empathy

Patients

- · Less time with health workers
- · Delays in care and diagnosis
 - · Lower quality of care
 - Medical errors

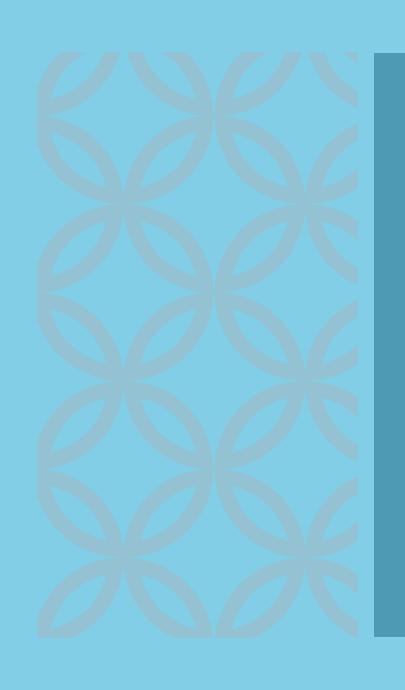
Health Care System

- · Health workforce shortages and retention challenges
 - · Limited services available
- · Risk of malpractice and decreased patient satisfaction
 - Increased costs

Community and Society

- · Erosion of trust
- · Worsening population health outcomes
 - · Increased health disparities
- · Lack of preparedness for public health crises





1/3 of medical students with burnout

Lamire, 2018

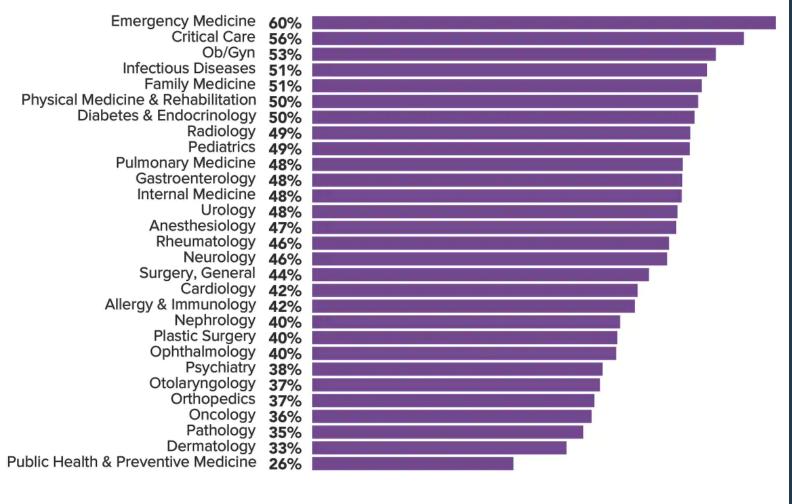
47% of physicians report burnout

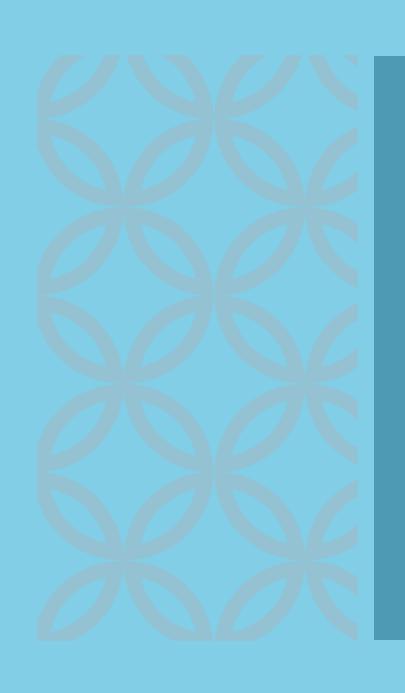
Medscape, 2022

BURNOUT DATA

Which Physicians Are Most Burned Out?







Gender

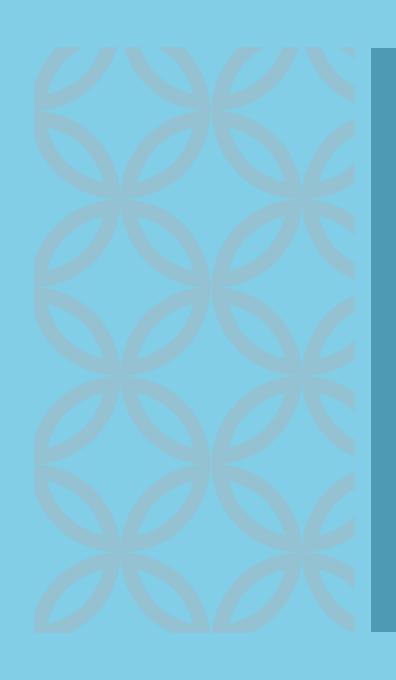
Female > Male

2021 - Female 51%, Male 36%

2022 - Female 56%, Male 41%

Medscape, 2022

BURNOUT DATA



Age

2015 – highest rates in age 35 and younger

2018 – highest rates in age 45-54

2020 – highest rate among generation X (43-57)

Medscape, 2020

Employment Setting

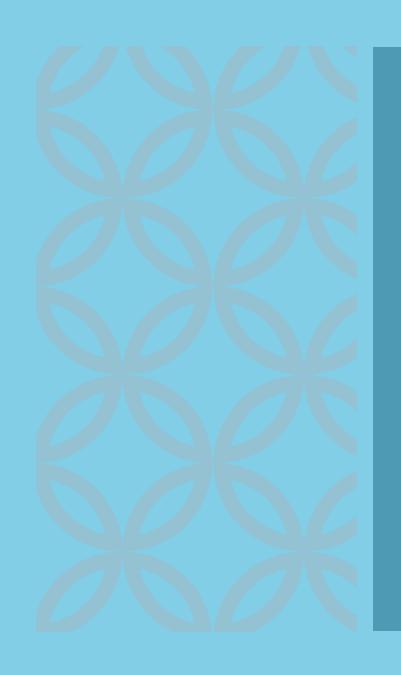
Outpatient Clinic 58% (46% last year)

Hospital 48% (40% last year)

Office-based solo practice 39%

Medscape, 2022

BURNOUT DATA



Generation X reported more burnout than Millennials and Baby Boomers

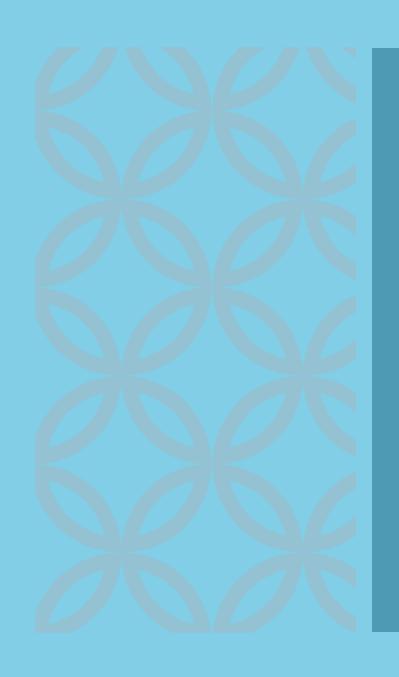
All answered too many bureaucratic tasks as top burnout contributor

All included spending too many hours at work in top 3 burnout contributors

Baby Boomers only ones to report increasing computerization of practice (EHRs) as one of top 3 burnout contributors

Medscape, 2020

GENERATIONAL DIVIDE



Gen Xers and Millennials reported lack of respect from administrators, employees, colleagues, or staff in their top 3

Baby Boomers were more likely to report being severely affected by burnout

Millennials were most likely to report burnout affecting relationships, but all were significantly affected

Medscape, 2020

GENERATIONAL DIVIDE

Burnout Data



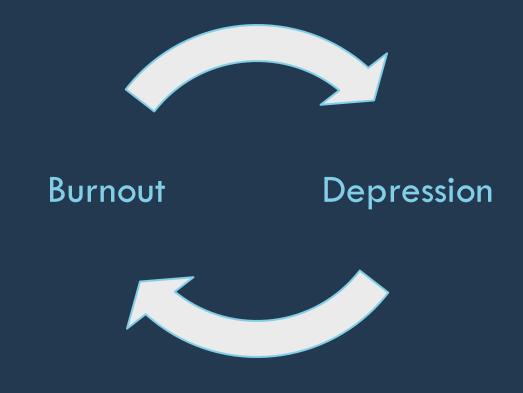
Vacation Time

 70% of non burned out physicians took at least 2 weeks of vacation the year prior compared to 59% of the burned out physicians

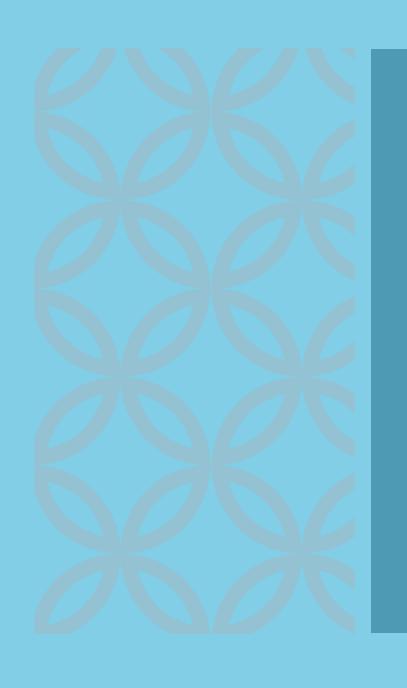
Medscape, 2018

- 9% take less than 1 week
- 30% take 1-2 weeks
- 40% take 3-4 weeks
- 12% take 5-6 weeks
- 8% take more than 6 weeks

Medscape, 2022



BURNOUT AND DEPRESSION



Being the representative of all _____ people

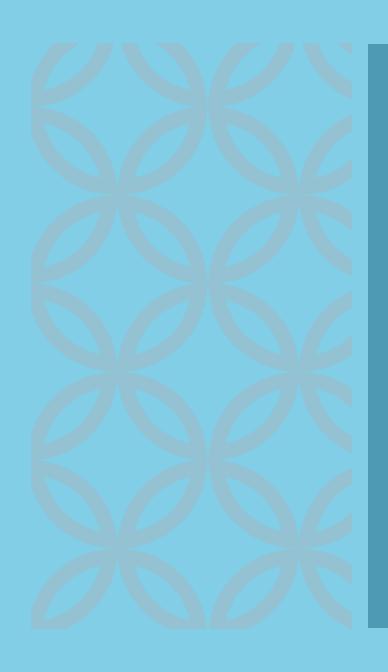
Imposter Syndrome

Constant code switching

Loneliness

Micro/Macro Aggressions

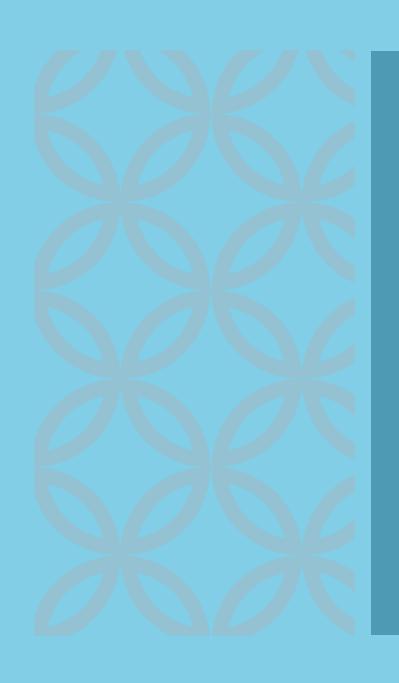
MARGINALIZED PHYSICIANS AND BURNOUT



Pauline Clance and Suzanne Imes (1978)
Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention

The term "impostor phenomenon" is used to designate an internal experience of intellectual phoniness that appears to be particularly prevalent and intense among a select sample of high achieving women.... Despite outstanding academic and professional accomplishments, women who experience the impostor phenomenon persist in believing that they are really not bright and have fooled anyone who thinks otherwise. Numerous achievements, which one might expect to provide ample objective evidence of superior intellectual functioning, do not appear to affect the impostor belief.

IMPOSTER SYNDROME



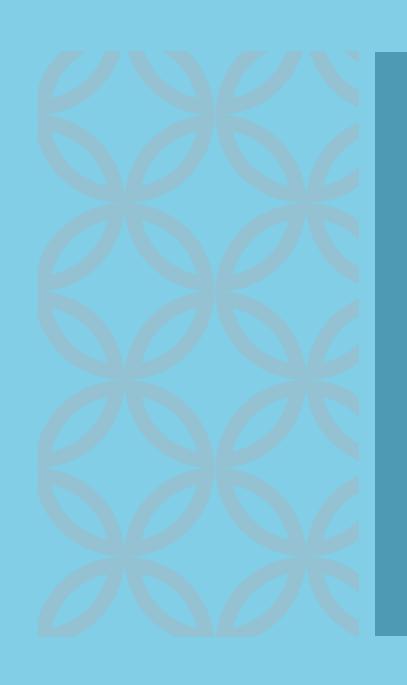
More prevalent among women, especially women of color

25 to 30% of high achievers

Personality Types

Environment/Culture

IMPOSTER SYNDROME

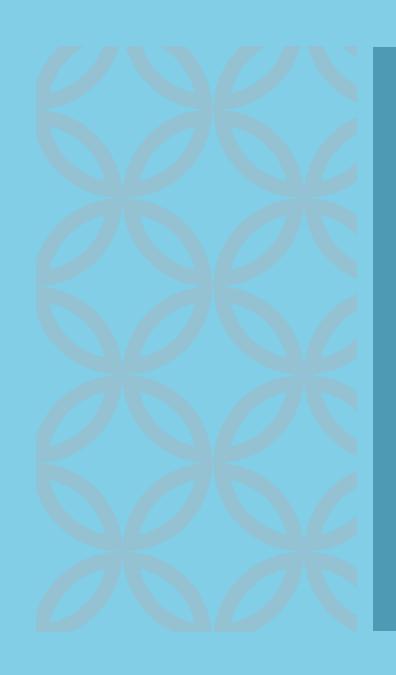


24% of physicians reported clinical depression

64% of physicians reported colloquial depression How many of these are depressed?

Medscape, 2022

PHYSICIAN DEPRESSION



Over half felt that depression didn't affect their patient care

34% reported being easily exasperated with patients

23% Less motivation to be careful with taking patient notes

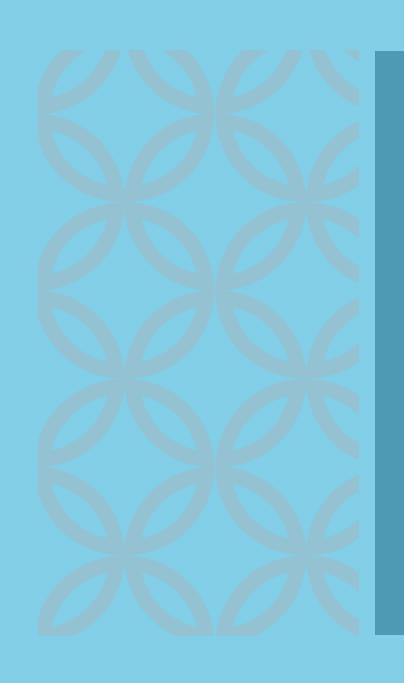
11% Making errors that might not normally be made

14% Expressing frustration in front of patients

2/3 of physician reported no history of seeking care in the past and no plan to seek care in the future

Medscape, 2022

PHYSICIAN DEPRESSION



300-400 physician completed suicide annually

Nearly 10% of physicians reported thoughts of suicide but not attempting

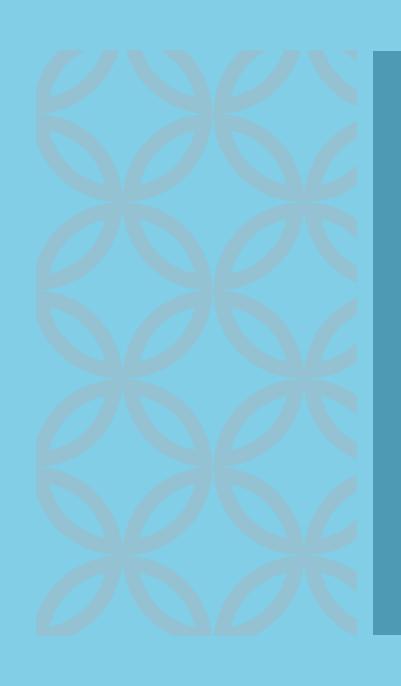
1% have attempted suicide

Nearly 40% with suicidal thoughts have not spoken to anyone about those thoughts

Medscape, 2020

PHYSICIAN SUICIDE





Exposure to trauma

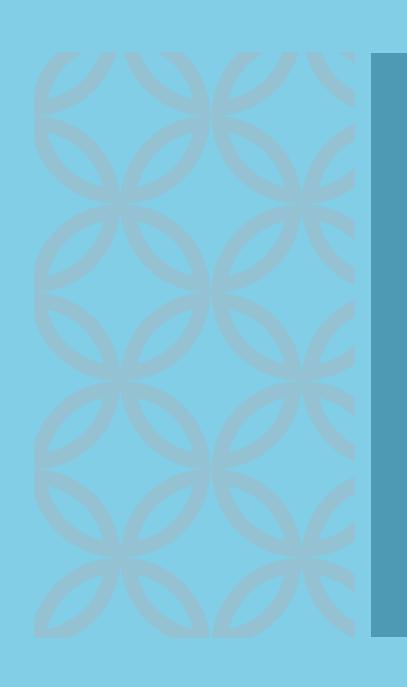
Directly experience

Witness it occur to someone else

Learning that a trauma happened to someone close

Experiencing repeated or extreme exposure
First responders, Police officers, Mental health workers,
Physicians, etc

PTSD



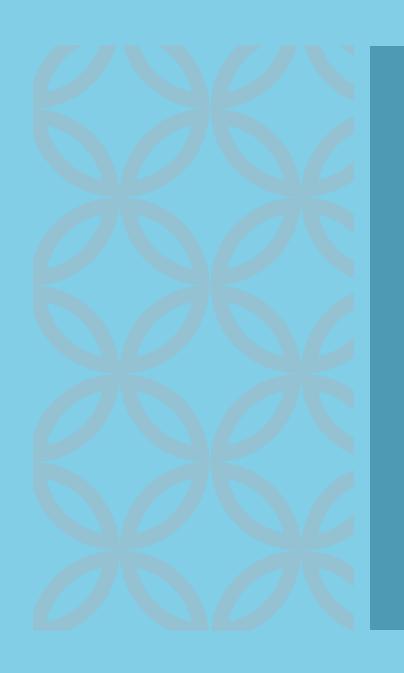
Recurrent memories

Recurrent dreams

Flashbacks

Distress with exposure to reminders

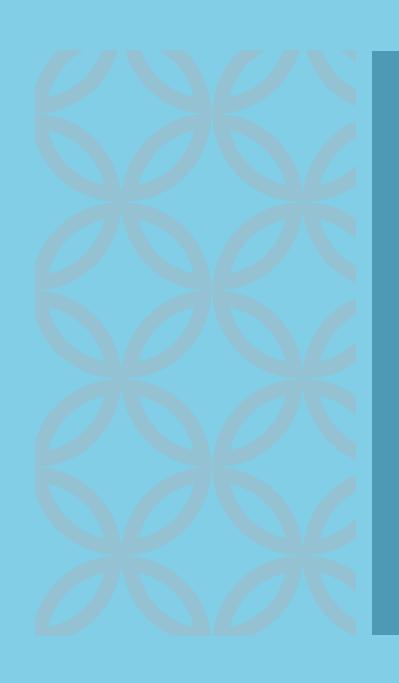
PTSD — INTRUSION SYMPTOMS



Internal memory

External cues

PTSD — AVOIDANCE SYMPTOMS



Inability to remember an important aspect of trauma participation in activities

Negative beliefs about oneself, others or the world estranged from others

Self-blame

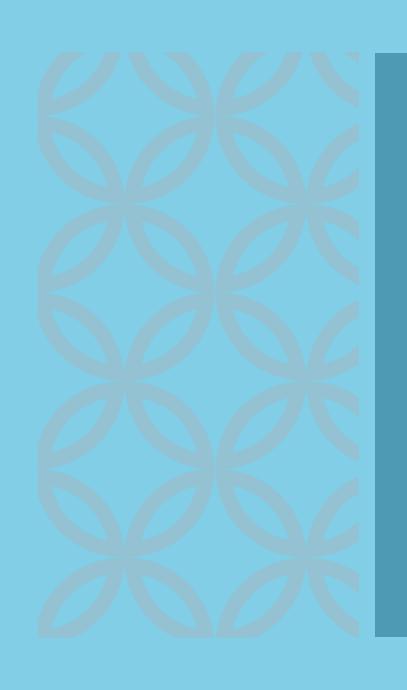
Negative emotional state

Decreased interest or

Feeling detached or

Inability to experience positive emotions

PTSD — ALTERED COGNITIONS/MOOD



Irritable behavior/anger outbursts with little or no provocation

Reckless/self-destructive behavior

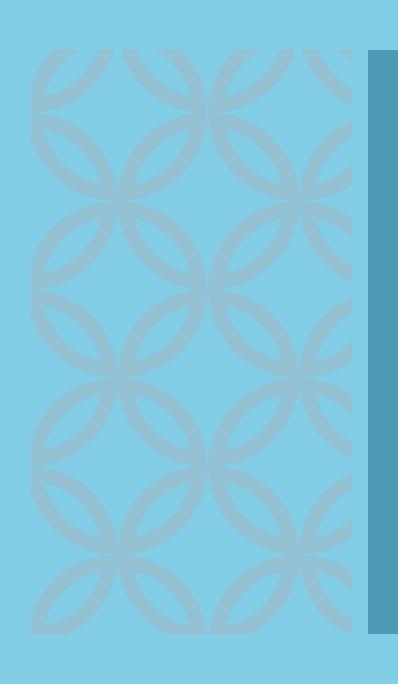
Hypervigilance

Exaggerated startle response

Impaired concentration

Impaired sleep

PTSD — ALTERED AROUSAL AND REACTIVITY



System

Cultural

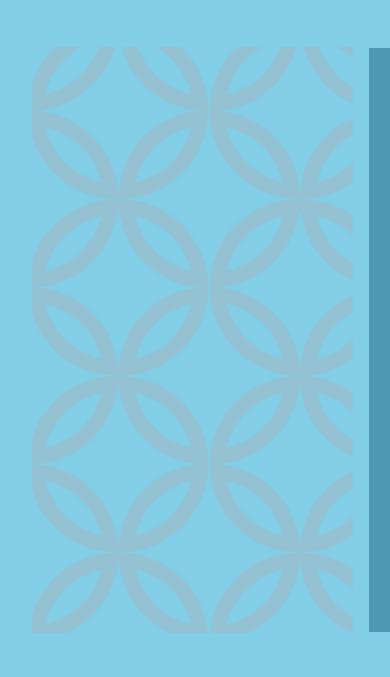
Personal

SOLUTIONS

Addressing Health Worker Burnout

The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce

2022



Systemic Changes 2015 Cluster Randomized Control Trial

Used interventions in the workplace to decrease burnout and improve workplace satisfaction

Regular meetings with physicians

Offloading nonessential tasks to non-physicians

Decreased bottlenecks in systems

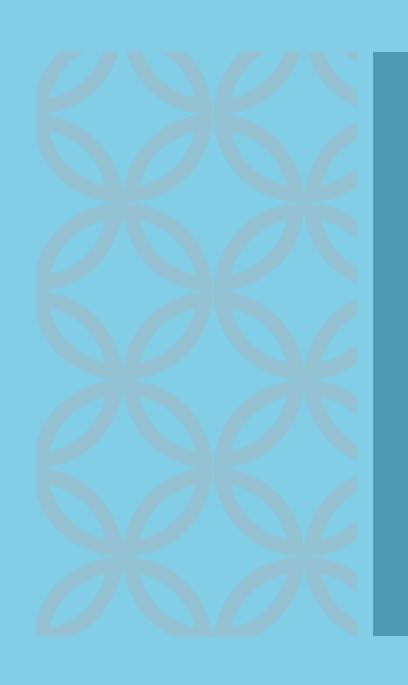
Extended follow up visits from 15 to 20 minutes

Workflow redesign, improving communication and QI projects directed at clinician concerns were effective

Linzer et al, 2015

SYSTEMIC SOLUTIONS





Addressing self care early on in training

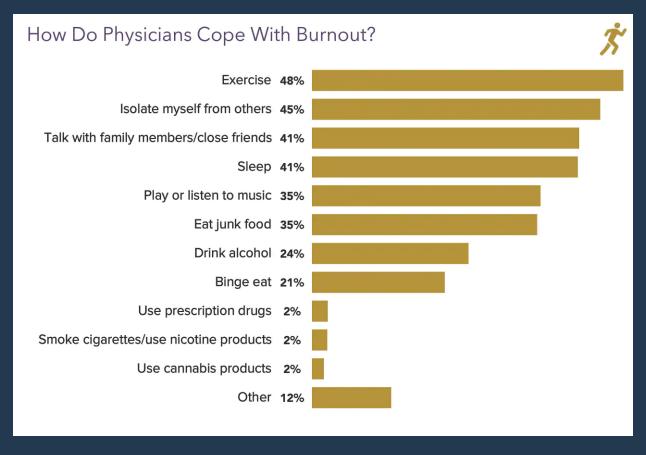
Treat trainees like you would have liked to be treated

Let go of the hazing

Be active in leadership to affect culture from the inside

CULTURAL SOLUTIONS

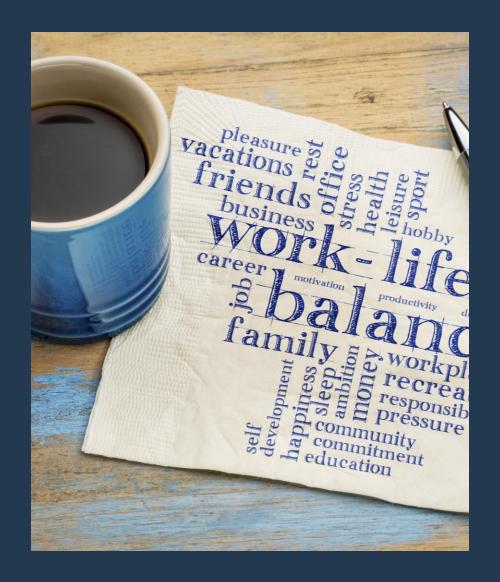
HOW DO PHYSICIANS PERSONALLY COPE?

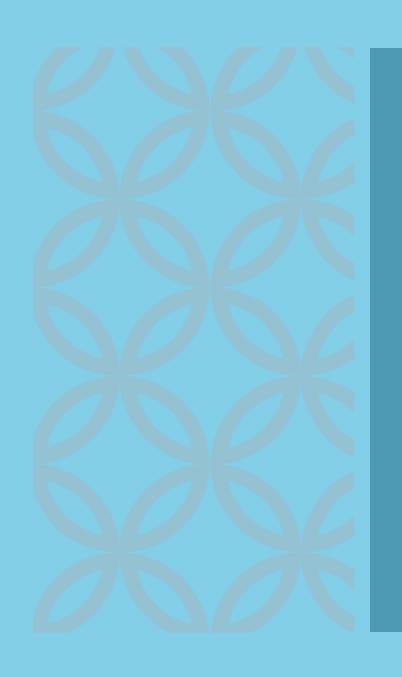


PERSONAL SOLUTIONS

Self-care

- Professional
- Physical
- Financial
- Psychological
- Interpersonal
- Spiritual
- Environmental
- Intellectual





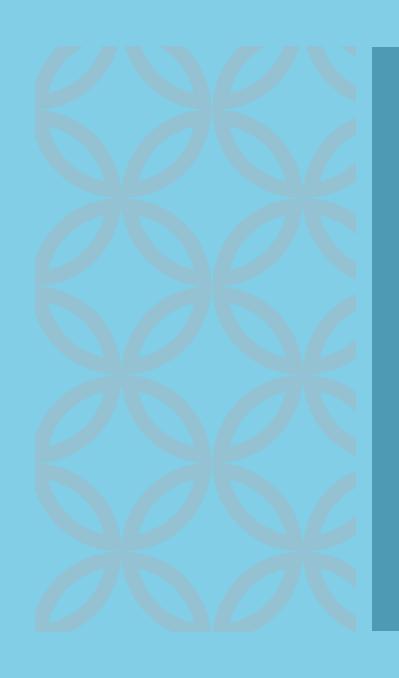
Self-care

Scheduled

Pervasive

Intentional

SELF-CARE



Work hours

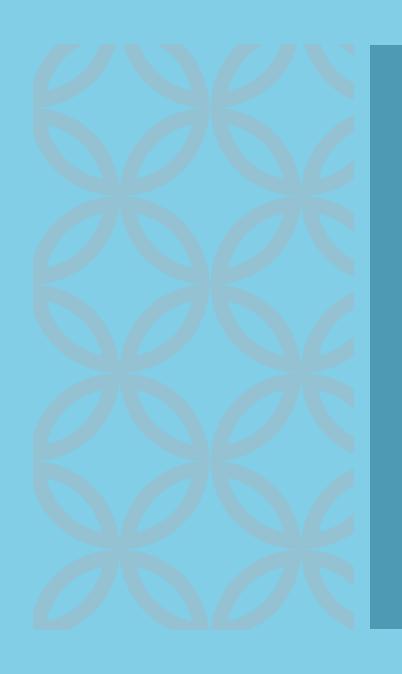
After hours

The strategic yes

Learning to say no

Structuring your day

PROFESSIONAL SELF-CARE



Diet

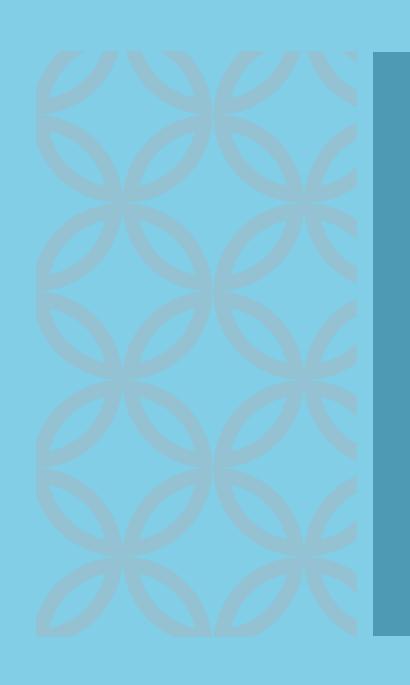
Exercise

Massage

Health maintenance

Addressing illness

PHYSICAL SELF-CARE

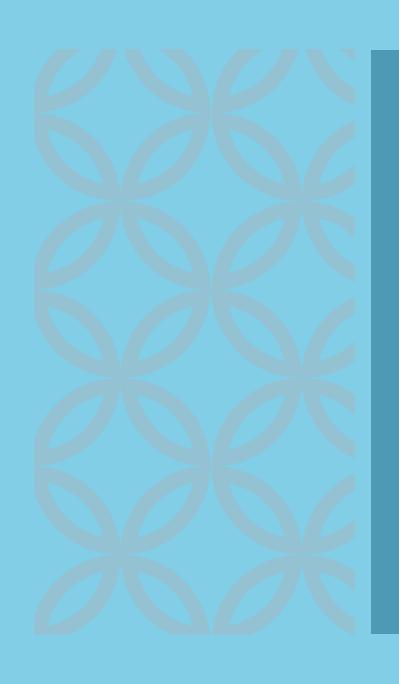


Retirement planning

Tax planning

Revenue outside of medicine

FINANCIAL SELF-CARE



Therapy

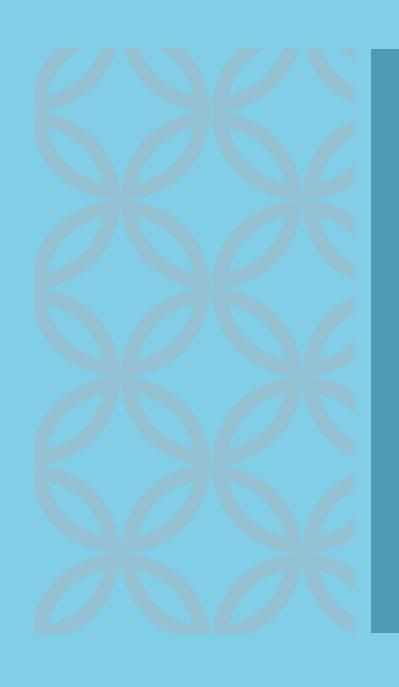
Peer groups

Activities that bring you joy

Realistic expectations

Gratitude

PSYCHOLOGICAL SELF-CARE



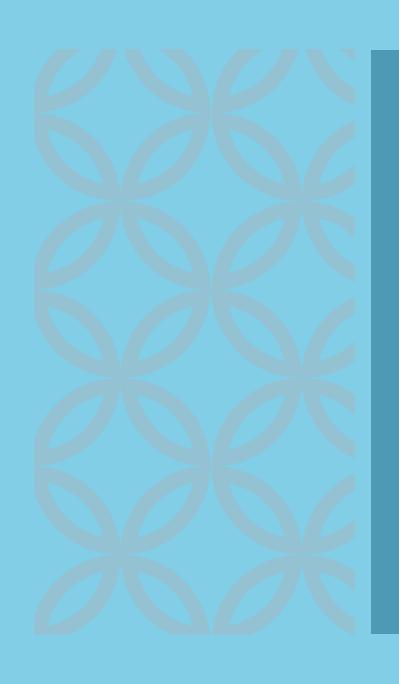
Plan your gratitude activity
Gratitude wall

Gratitude jar

Create a gratitude calendar

Link your gratitude exercise to an activity that you do regularly like brushing teeth

GRATITUDE



Nurture relationships

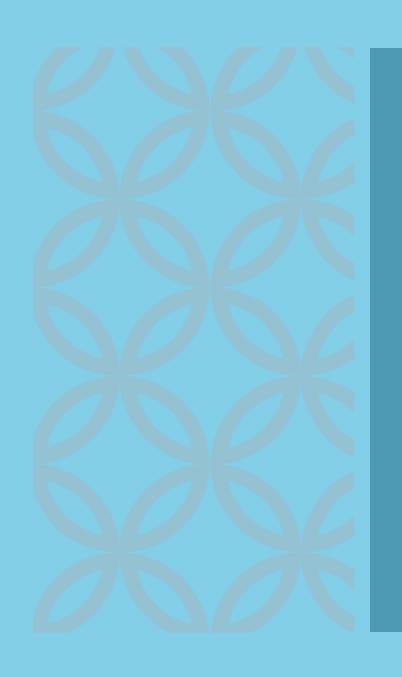
Variety of relationships

Family

Friends

Professional friends

INTERPERSONAL SELF-CARE



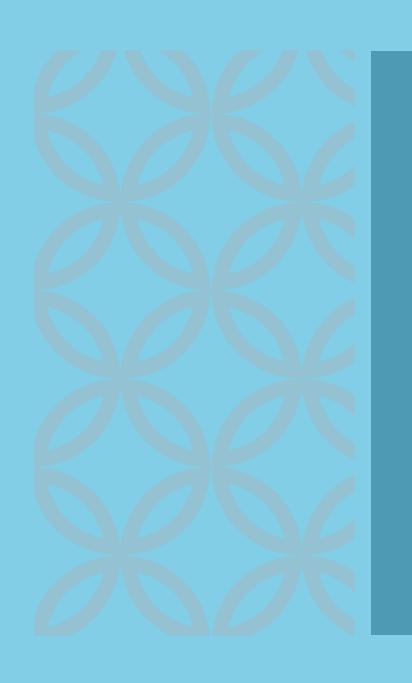
Organized religion

Meditation

Prayer

Religious reading

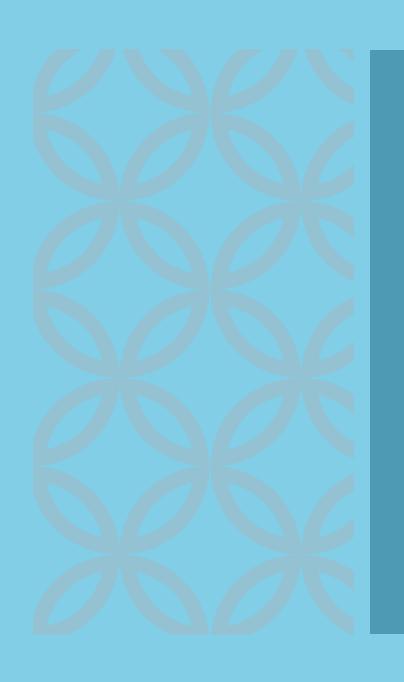
SPIRITUAL SELF-CARE



Outsourcing

Making home your peaceful place

ENVIRONMENTAL SELF-CARE

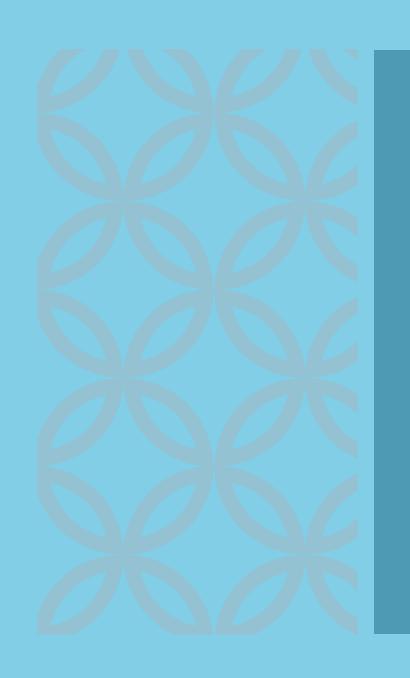


Journals

Keeping up with current standards of care

CME

INTELLECTUAL SELF-CARE

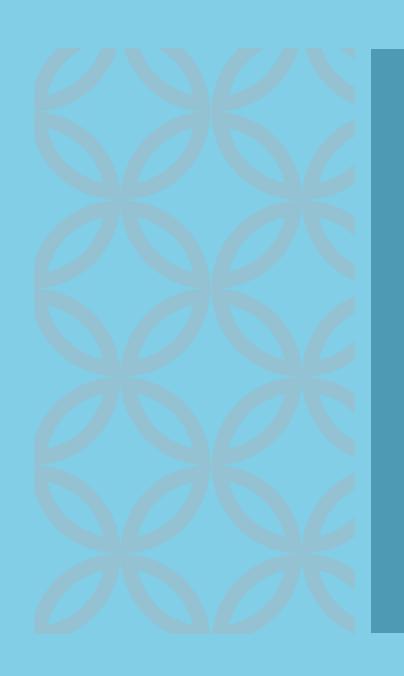


You have to believe in your own product

Find someone who meets your needs and don't give up after an unsuccessful encounter

Don't wait until the time is right, the kids are older, work slows down, the pandemic is over, blah, blah

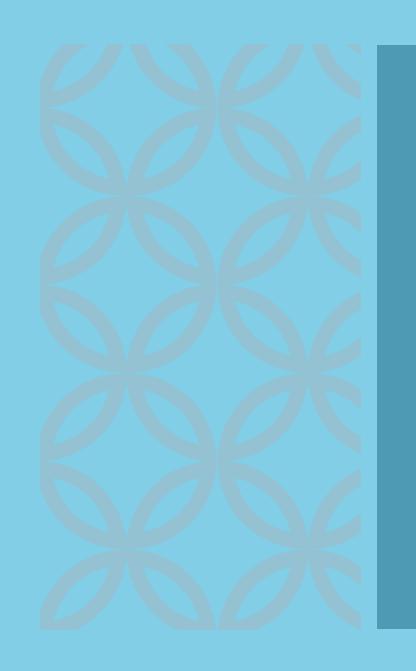
TREATMENT



If you are experiencing any kind of suicidal thoughts or thoughts that family might be better off without you, reach out immediately

Untreated depression, anxiety, etc can interfere with your personal and professional life if left unchecked Why put the things at risk that you've worked hardest to achieve?

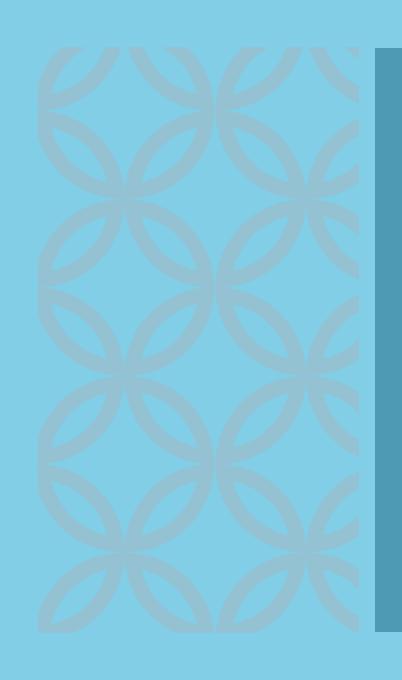
TREATMENT



2/3 of physician reported no history of seeking care in the past and no plan to seek care in the future

Medscape, 2020

TREATMENT AVOIDANCE



49% - I can deal with this without help from a professional

43% - Don't want to risk disclosure to medical board

32% - Concerned about it being on my insurance record

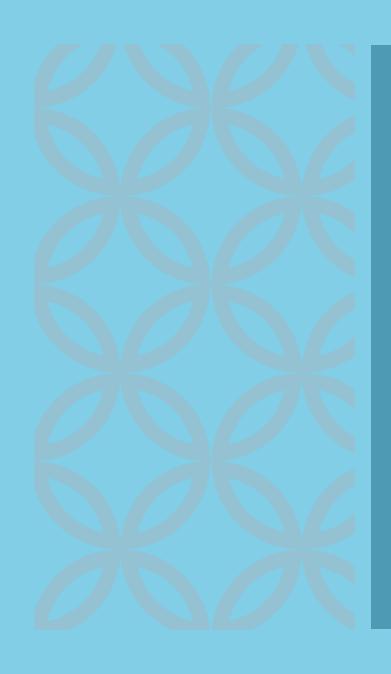
25% - Concerned about my colleagues finding out

22% - Concerned the medical profession will shun me

11% - I don't trust mental health professionals

Medscape, 2022

TREATMENT AVOIDANCE



We can't all leave!!

Take back what you love about your field and get creative

Podcasting

Book writing

Medical journalism/content review

Blog/Vlog

Speaking

Turn a hobby into a side gig or passion project

Check on any intellectual property clauses in your employment contracts beforehand

DO I STAY OR DO I GO?

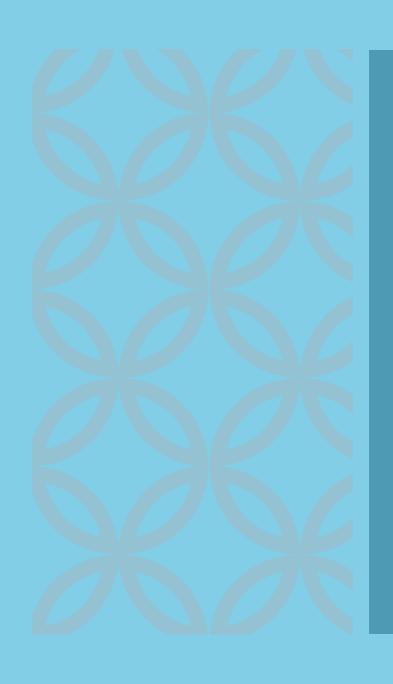
Friendly Reminders:

You are an expert

You know more about your field than the average person out there

Somewhere out there, there is someone "educating" people on something that you have worked years studying and they don't know a fraction of what you know





Physician Mental Health

https://www.physicianmentalhealth.com

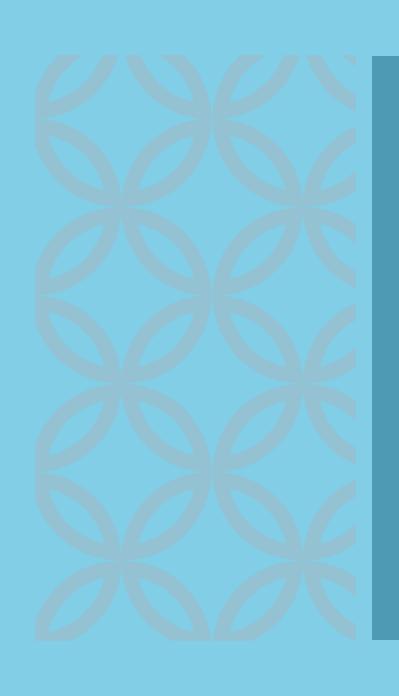
Listing of psychiatrists providing telepsychiatry to their peers Will be expanding to cover a variety of mental wellness topics for physicians

Therapy Aid

https://therapyaid.org

Coronavirus online therapy for essential workers and adult family members

RESOURCES



Physician Support Line

https://www.physiciansupportline.com

888-409-0141

7 days a week

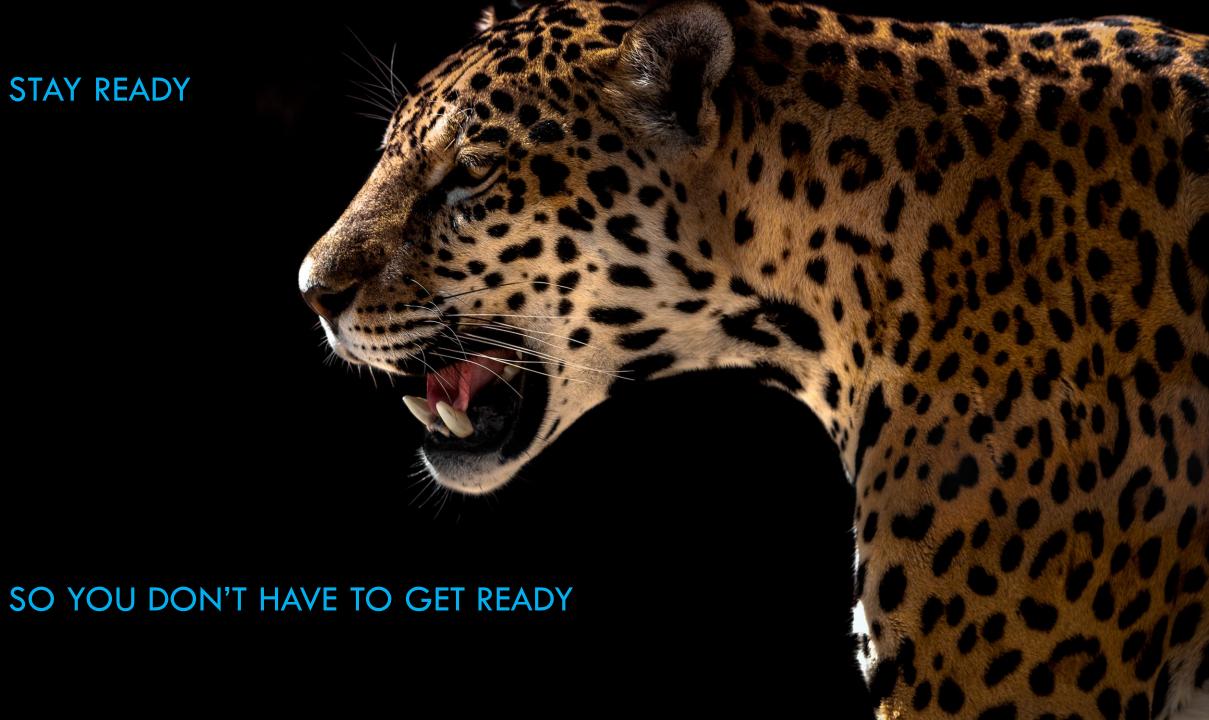
8 AM to 1AM ET

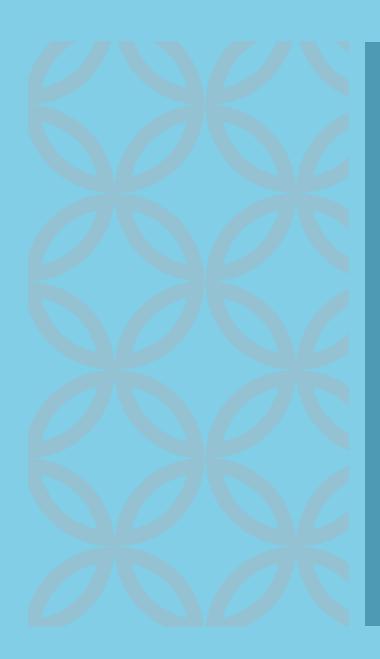
Roughly 2000 calls this past year

National Suicide Prevention Lifeline 800-273-8255

RESOURCES

STAY READY





Čartolovni A, Stolt M, Scott PA, Suhonen R. Moral injury in healthcare professionals: A scoping review and discussion. Nurs Ethics. 2021 Aug;28(5):590-602. doi: 10.1177/0969733020966776. Epub 2021 Jan 11. PMID: 33427020; PMCID: PMC8366182.

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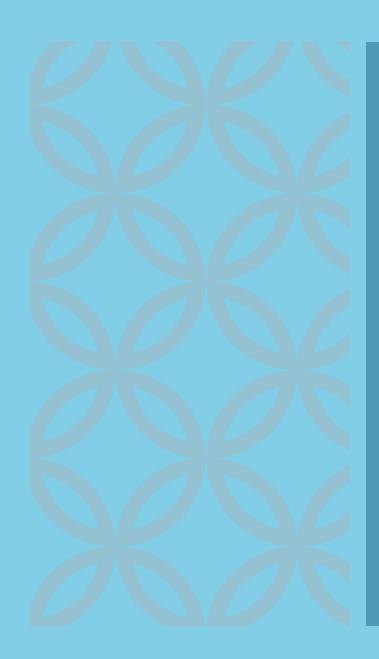
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