Addressing the Key Drivers of Burnout: Exploring Solutions in Education and Training

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**Presenter:**
Colin P. West, MD, PhD
Professor of Medicine, Medical Education, and Biostatistics
Division of General Internal Medicine
Division of Biomedical Statistics and Informatics
Mayo Clinic
west.colin@mayo.edu
@ColinWestMDPhD
Financial Disclosures

• None
Objectives

• Discuss the scope of the problem of physician burnout in training.
• Describe contributors and consequences of physician burnout and distress.
• Discuss evidence-based methods to prevent burnout and promote physician wellbeing.
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What is Burnout?

Burnout is a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work.
Depersonalization

“I’ve become more callous toward people since I took this job.”
Emotional Exhaustion

“I feel like I’m at the end of my rope.”
Brief Summary of Epidemiology

• 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
  • >500,000 physicians burned out at any given time
Matriculating medical students have lower distress than age-similar college graduates

2012, 7 U.S. medical schools & population sample (slide from Dyrbye)

Matriculating medical students have better quality of life than age-similar college graduates.
What happens to distress relative to population after beginning medical school?
Mayo Multi-center Study of Medical Student Wellbeing

Student distress:

• 45% Burned out
• 52% Screen + for depression
• 48% At risk alcohol use
  • Compared to 28% age matched MN & 24% age matched US pop

Dyrbye Acad Med 81:374-84
Burnout among Residents

National Data (West et al., JAMA 2011)

Internal medicine residents, 2008 Survey

Burnout: 51.5%
Emotional exhaustion: 45.8%
Depersonalization: 28.9%

Dissatisfied with work-life balance: 32.9%
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Are physicians at inherent risk?
The “Physician Personality”

TRIAD OF COMPULSIVENESS

Doubt

Guilt

Exaggerated Sense
Responsibility

Gabbard JAMA 254:2926
The “Physician Personality”

<table>
<thead>
<tr>
<th>Adaptive</th>
<th>Maladaptive</th>
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<tbody>
<tr>
<td>Diagnostic rigor</td>
<td>Difficulty relaxing</td>
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<td>Thoroughness</td>
<td>Problem allocating time for family</td>
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<td>Commitment to patients</td>
<td>Sense responsibility beyond what you control</td>
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<tr>
<td>Desire to stay current</td>
<td>Sense “not doing enough”</td>
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<td>Recognize responsibility of</td>
<td>Difficulty setting limits</td>
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<td>patients’ trust</td>
<td>Confusion of selfishness vs. healthy self-interest</td>
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<td>Difficulty taking time off</td>
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Gabbard JAMA 254:2926
Physician Distress: Key Drivers

• Excessive workload
• Inefficient work environment, inadequate support
• Problems with work-home integration
• Loss autonomy/flexibility/control
• Loss of values and meaning in work
Consequences of Physician Burnout

- Medical errors\textsuperscript{1-3}
- Impaired professionalism\textsuperscript{4-6}
- Reduced patient satisfaction\textsuperscript{7}
- Staff turnover and reduced hours\textsuperscript{8,12}
- Depression and suicidal ideation\textsuperscript{9,10}
- Motor vehicle crashes and near-misses\textsuperscript{11}

\textsuperscript{1}JAMA 296:1071, \textsuperscript{2}JAMA 304:1173, \textsuperscript{3}JAMA 302:1294, \textsuperscript{4}Annals IM 136:358, \textsuperscript{5}Annals Surg 251:995, \textsuperscript{6}JAMA 306:952, \textsuperscript{7}Health Psych 12:93, \textsuperscript{8}JACS 212:421, \textsuperscript{9}Annals IM 149:334, \textsuperscript{10}Arch Surg 146:54, \textsuperscript{11}Mayo Clin Proc 2012, \textsuperscript{12}Mayo Clin Proc 2016
A Public Health Crisis!

<table>
<thead>
<tr>
<th>Burnout in U.S. alone:</th>
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<tbody>
<tr>
<td>&gt;40,000</td>
<td>Medical Students</td>
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<td>&gt;60,000</td>
<td>Residents and Fellows</td>
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<td>&gt;490,000</td>
<td>Physicians</td>
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Plus other health care and biomedical science professionals

Individual or system problem?
ACGME Response

• Updates to Common Program Requirements, Section VI.C. Well-Being:

• “In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.”
Solutions

• AAMC: https://www.aamc.org/initiatives/462280/wellbeingacademicmedicine.html

• ACGME: http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being

• AAIM: http://www.im.org/p/cm/ld/fid=1520

• AMA: https://www.stepsforward.org/modules?sort=recent&category=wellbeing
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Physician Distress: Key Drivers

- Excessive workload
- Inefficient work environment, inadequate support
- Problems with work-home integration
- Loss autonomy/flexibility/control
- Loss of values and meaning in work
Individual Strategies

- Identify Values
  - Debunk myth of delayed gratification
  - What matters to you most (integrate values)
  - Integrate personal and professional life

- Optimize meaning in work
  - Flow
  - Choose/focus practice

- Nurture personal wellness activities
  - Calibrate distress level
  - Self-care (exercise, sleep, regular medical care)
  - Relationships (connect w/ colleagues; personal)
  - Religious/spiritual practice
  - Mindfulness
  - Personal interests (hobbies)
Delayed Gratification: Life on Hold?

• 50% residents report “Survival Attitude” - life on hold until the completion of residency

• 37% practicing oncologists report “Looking forward to retirement” is an essential “wellness promotion strategy”

• Many physicians may maintain strategy of delayed gratification throughout their entire career

Shanafelt, J Sup Oncology 3:157
Individual Strategies

Recognition of distress:

- Medical Student Well-Being Index (Dyrbye 2010, 2011)
- Physician Well-Being Index (Dyrbye 2013, 2014)
  - Simple online 7-item instruments evaluating multiple dimensions of distress, with strong validity evidence and national benchmarks from large samples of medical students, residents, and practicing physicians
  - Evidence that physicians do not reliably self-assess their own distress
  - Feedback from self-reported Index responses can prompt intention to respond to distress
- Suicide Prevention and Depression Awareness Program (Moutier 2012)
  - Anonymous confidential Web-based screening
- AMA STEPSForward modules
  - Mini Z instrument (AMA, Linzer 2015): 10-item survey
Physician Well-Being Index
https://www.mededwebs.com/well-being-index
Physician Well-Being Index
https://www.mededwebs.com/well-being-index

Your Well-being over time

Index Completion Date

- Excellent
- Above Average
- Average
- Below Average
- Poor
- Very Poor
- Extremely Poor

What Can Organizations Do?

• Be value oriented
  • Promote values of the medical profession
  • Congruence between values and expectations

• Provide adequate resources (efficiency)
  • Organization and work unit level

• Promote autonomy
  • Flexibility, input, sense control

• Promote work-life integration

• Promote meaning in work
The Evidence in Total

- Systematic review on interventions for physician burnout, commissioned by Arnold P. Gold Foundation Research Institute (West Lancet 2016):
  - 15 RCT’s, 37 non-RCT’s
  - Results similar for RCT and non-RCT studies
The Evidence in Total

- **Emotional exhaustion (EE):**
  - -2.7 points, p<0.001
  - Rate of High EE: -14%, p<0.001

- **Depersonalization (DP):**
  - -0.6 points, p=0.01
  - Rate of High DP: -4%, p=0.04

- **Overall Burnout Rate:**
  - -10%, p<0.001

Benefits similar for individual-focused and structural interventions (but we need both)
The Evidence in Total

- Individual-focused interventions:
  - Meditation techniques
  - Stress management training, including MBSR
  - Communication skills training
  - Self-care workshops, exercise program
  - Small group curricula, Balint groups
    - Community, connectedness, meaning
The Evidence in Total

- Structural interventions:
  - Duty Hour Requirements for trainees
    - Unclear but possibly negative impact on attendings
  - Shorter attending rotations
  - Shorter resident shifts in ICU
  - Locally-developed practice interventions
## Physician Well-Being: Approach Summary

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Organizational</th>
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<tbody>
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<td>Workload</td>
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<td>Work Efficiency/Support</td>
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<td>Work-Home Integration/Balance</td>
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<td>Autonomy/Flexibility/Control</td>
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<td>Meaning/Values</td>
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# Physician Well-Being: Approach Summary

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<tbody>
<tr>
<td><strong>Workload</strong></td>
<td>Part-time status</td>
<td>Productivity targets</td>
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<td>Duty Hour Requirements</td>
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<td>Integrated career development</td>
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<tr>
<td><strong>Work Efficiency/Support</strong></td>
<td>Efficiency/Skills Training</td>
<td>EMR (+/-?)</td>
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<td>Staff support</td>
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<tr>
<td><strong>Work-Home Integration/Balance</strong></td>
<td>Self-care Mindfulness</td>
<td>Meeting schedules</td>
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<td>Off-hours clinics</td>
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<td>Curricula during work hours</td>
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<td>Financial support/counseling</td>
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<tr>
<td><strong>Autonomy/Flexibility/Control</strong></td>
<td>Stress management/Resiliency Mindfulness Engagement</td>
<td>Physician engagement</td>
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<tr>
<td><strong>Meaning/Values</strong></td>
<td>Positive psychology Reflection/self-awareness Mindfulness Small group approaches</td>
<td>Core values</td>
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<tr>
<td></td>
<td></td>
<td>Protect time with patients</td>
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<td></td>
<td>Promote community</td>
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<td></td>
<td>Work/learning climate</td>
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<tr>
<td>Drivers of burnout and engagement in physicians</td>
<td>Individual factors</td>
<td>Work unit factors</td>
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<tr>
<td><strong>Workload and job demands</strong></td>
<td>• Specialty</td>
<td>• Productivity expectations</td>
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<td></td>
<td>• Practice location</td>
<td>• Team structure</td>
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<td></td>
<td>• Decision to increase work to increase income</td>
<td>• Efficiency</td>
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<td>• Use of allied health professionals</td>
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<tr>
<td><strong>Efficiency and resources</strong></td>
<td>• Experience</td>
<td>• Availability of support staff and their experience</td>
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<td></td>
<td>• Ability to prioritize</td>
<td>• Patient check-in</td>
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<td>• Personal efficiency</td>
<td>• efficiency/process</td>
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<td>• Organizational skills</td>
<td>• Use of scribes</td>
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<td>• Willingness to delegate</td>
<td>• Team huddles</td>
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<td>• Ability to say &quot;no&quot;</td>
<td>• Use of allied health professionals</td>
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<tr>
<td><strong>Meaning in work</strong></td>
<td>• Self-awareness of most personally meaningful aspect of work</td>
<td>• Match of work to talents and interests of individuals</td>
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<td></td>
<td>• Ability to shape career to focus on interests</td>
<td>• Opportunities for involvement</td>
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<td>• Doctor–patient relationships</td>
<td>• Education</td>
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<td>• Personal recognition of positive events at work</td>
<td>• Research</td>
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<tr>
<td><strong>Culture and values</strong></td>
<td>• Personal values</td>
<td>• Behavior of work unit leader</td>
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<td></td>
<td>• Professional values</td>
<td>• Work unit norms and expectations</td>
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<td></td>
<td>• Level of altruism</td>
<td>• Equity/fairness</td>
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<td>• Moral compass/ethics</td>
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<td>• Commitment to organization</td>
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<tr>
<td><strong>Control and flexibility</strong></td>
<td>• Personality</td>
<td>• Degree of flexibility:</td>
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<td></td>
<td>• Assertiveness</td>
<td>- Control of physician calendars</td>
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<td></td>
<td>• Intentionality</td>
<td>- Clinic start/end times</td>
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<tr>
<td><strong>Social support and community at work</strong></td>
<td>• Personality traits</td>
<td></td>
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<td></td>
<td>• Length of service</td>
<td>• Degree of flexibility:</td>
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<tr>
<td></td>
<td>• Relationship-building skills</td>
<td>- Control of physician calendars</td>
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<tr>
<td><strong>Work-life integration</strong></td>
<td>• Collegiality in practice environment</td>
<td>• Physical configuration of work unit space</td>
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<td>• Priorities and values</td>
<td>• Social gatherings to promote community</td>
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<td></td>
<td>- Spouse/partner</td>
<td>• Team structure</td>
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<td>- Children/dependents</td>
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<td>- Health issues</td>
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<td>• Call schedule</td>
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<td>• Structure night/weekend coverage</td>
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<td>• Cross-coverage for time away</td>
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<tr>
<td></td>
<td>• Expectations/role models</td>
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Recommendations

• We have a professional obligation to act.
  • Physician distress is a threat to our profession
  • It is unprofessional to allow this to continue
    • Evolve definition of professionalism? (West 2007)
  • SHARED RESPONSIBILITY

• We must assess distress
  • Metric of institutional performance
    • Part of the “dashboard”
  • Can be both anonymous/confidential and actionable
Recommendations

• We need more and better studies to guide best practices:
  • RCT’s
  • Valid metrics
  • Multi-site
  • Individual-focused AND structural/organizational approaches
  • Evaluate novel factors: work intensity/compression, clinical block models, etc.

• Develop interventions targeted to address Five Drivers.
Recommendations

• The toolkit for these issues will contain many different tools.
• There is no one solution …
• … but many approaches offer benefit!
Physician Distress: Key Drivers

• Excessive workload
• Inefficient environment, inadequate support
• Problems with work-home integration
• Loss autonomy/flexibility/control
• Loss of values and meaning in work
Thank You!

• Comments/questions

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