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

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- 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.”

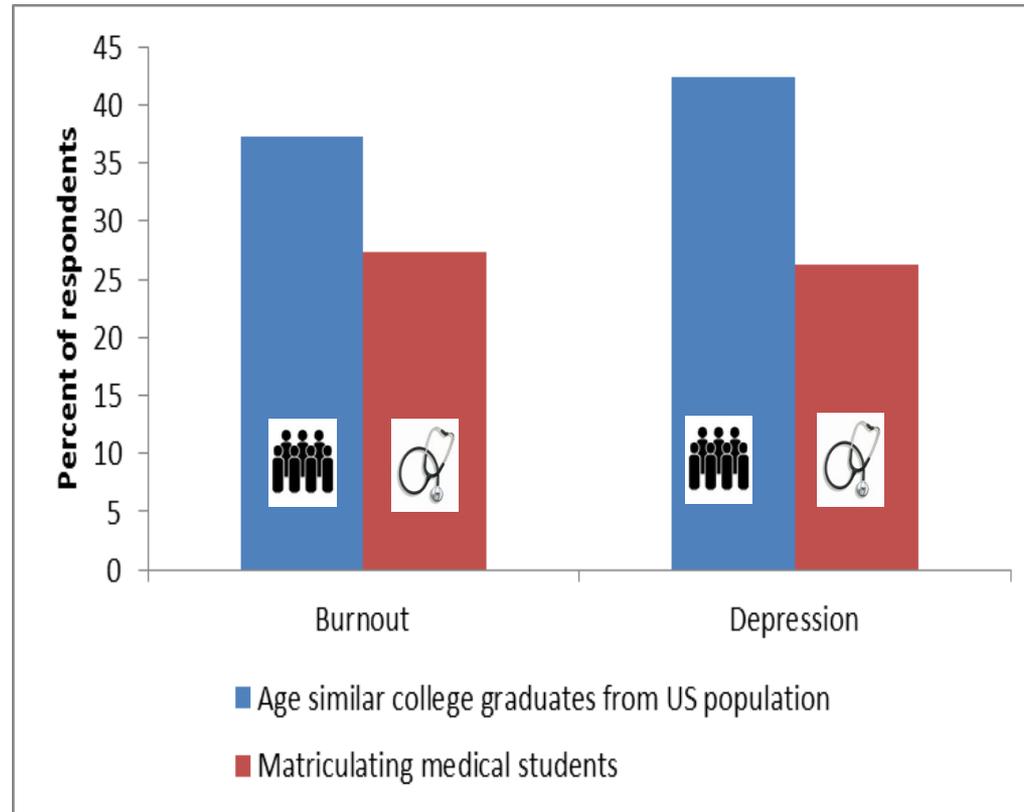
Emotional Exhaustion

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

Brief Summary of Epidemiology

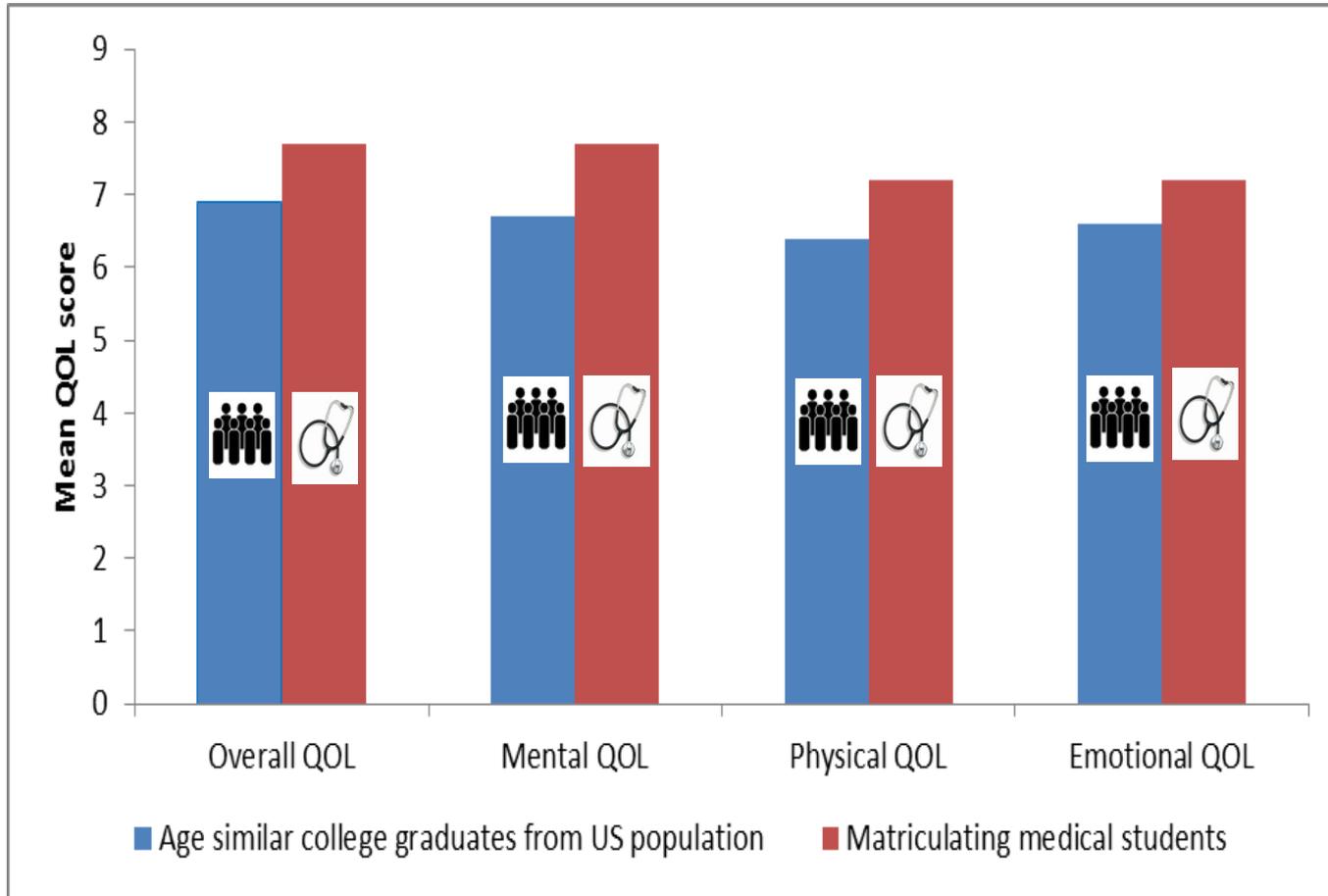
- Medical students matriculate with BETTER well-being than their age-group peers
- Early in medical school, this reverses
- Poor well-being persists through medical school and residency into practice:
 - National physician burnout rate exceeds 54%
 - Affects all specialties, perhaps worst in “front line” areas of medicine
 - >500,000 physicians burned out at any given time

Matriculating medical students have lower distress than age-similar college graduates

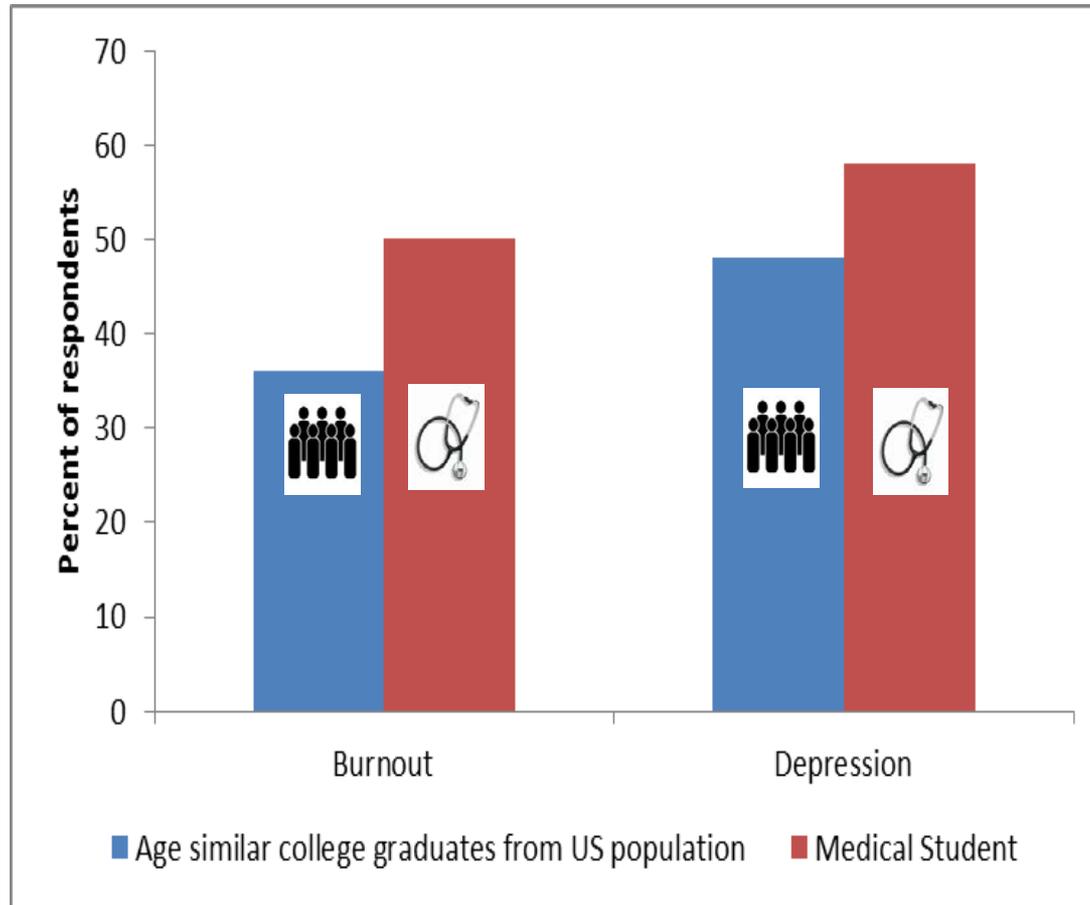


2012, 7 U.S. medical schools & population sample (slide from Dyrbye)

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%

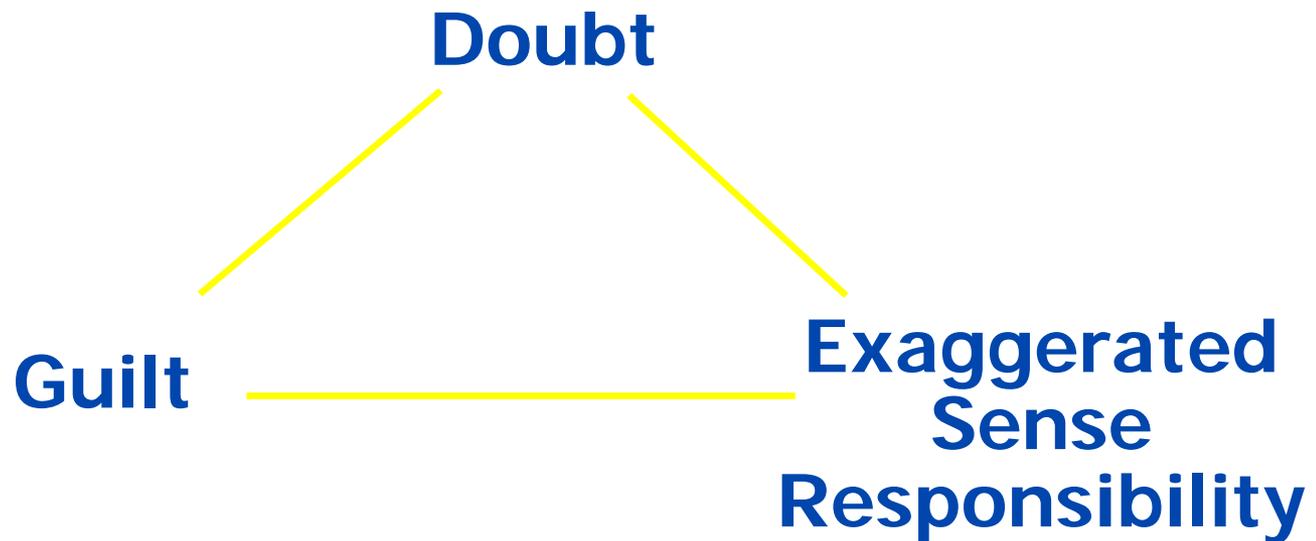
Dissatisfied with work-life balance: 32.9%

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Are physicians at inherent risk? The “Physician Personality”

TRIAD OF COMPULSIVENESS



Gabbard JAMA 254:2926

The “Physician Personality”

Adaptive

- Diagnostic rigor
- Thoroughness
- Commitment to patients
- Desire to stay current
- Recognize responsibility of patients’ trust

Maladaptive

- Difficulty relaxing
- Problem allocating time for family
- Sense responsibility beyond what you control
- Sense “not doing enough”
- Difficulty setting limits
- Confusion of selfishness vs. healthy self-interest
- Difficulty taking time off

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 errors¹⁻³
- Impaired professionalism⁴⁻⁶
- Reduced patient satisfaction⁷
- Staff turnover and reduced hours^{8,12}
- Depression and suicidal ideation^{9,10}
- Motor vehicle crashes and near-misses¹¹

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

A Public Health Crisis!

Burnout in U.S. alone:

>40,000

Medical Students

>60,000

Residents and Fellows

>490,000

Physicians

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

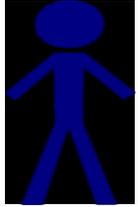
- **AAMC:**
<https://www.aamc.org/initiatives/462280/wellbeingacademicmedicine.html>
- **ACGME:** <http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>
- **AAIM:** <http://www.im.org/p/cm/ld/fid=1520>
- **AMA:**
<https://www.stepsforward.org/modules?sort=recent&category=wellbeing>

Objectives

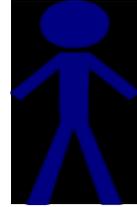
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Individual Strategies



- 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

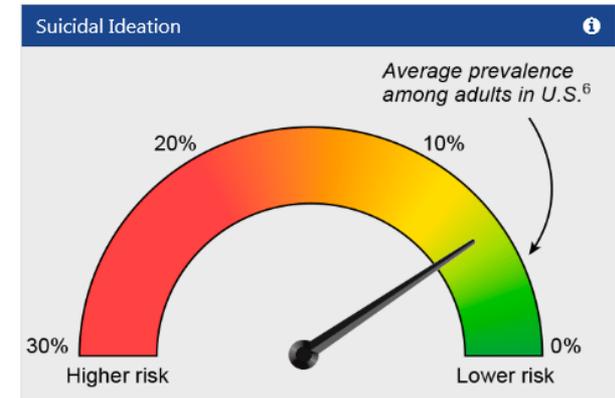
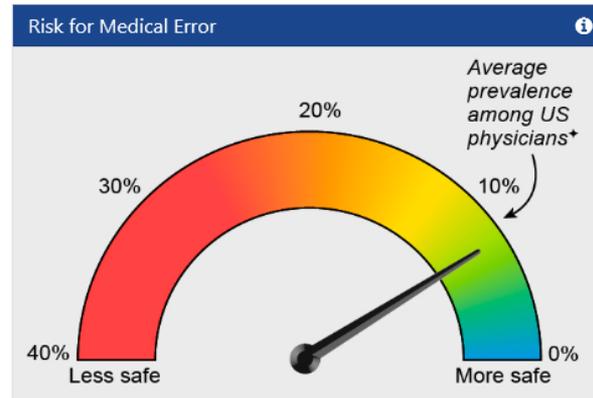
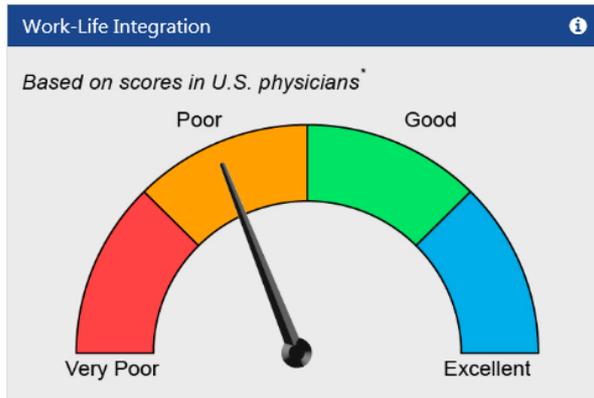
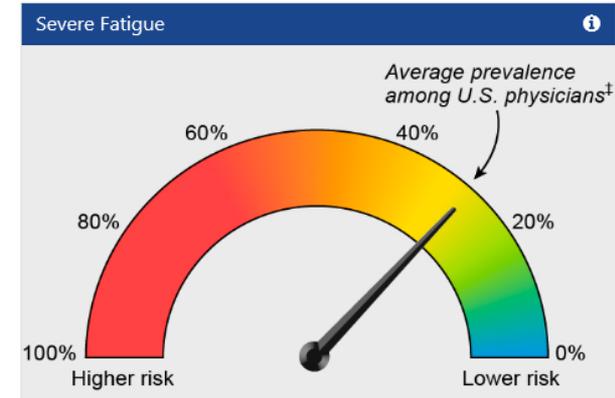
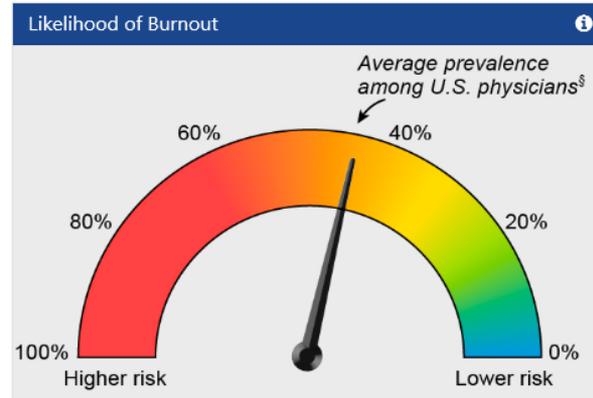
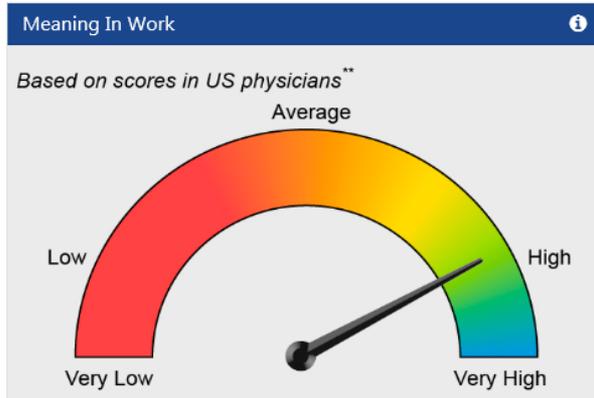
Individual Strategies

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

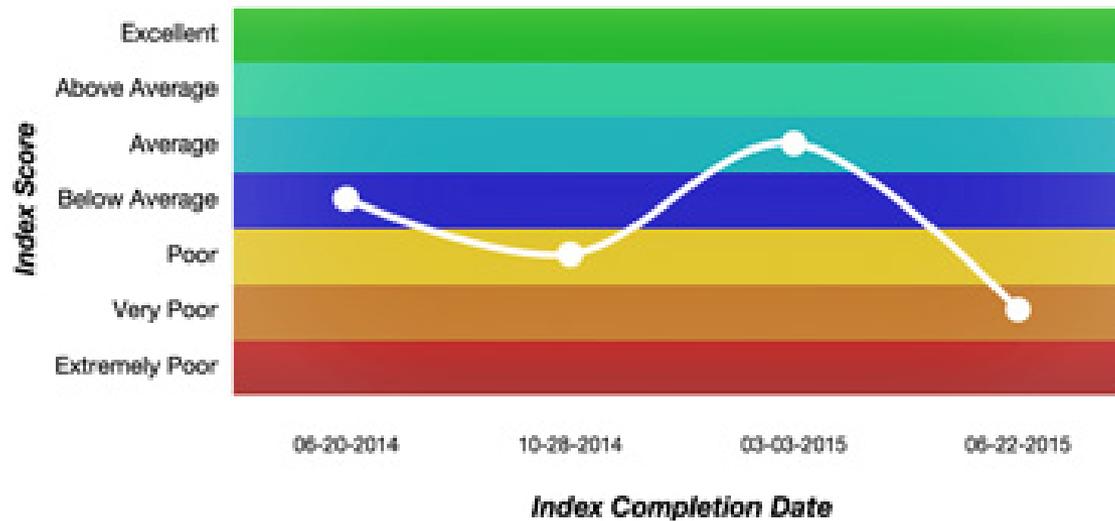
<https://www.mededwebs.com/well-being-index>



Physician Well-Being Index

<https://www.mededwebs.com/well-being-index>

Your Well-being over time





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

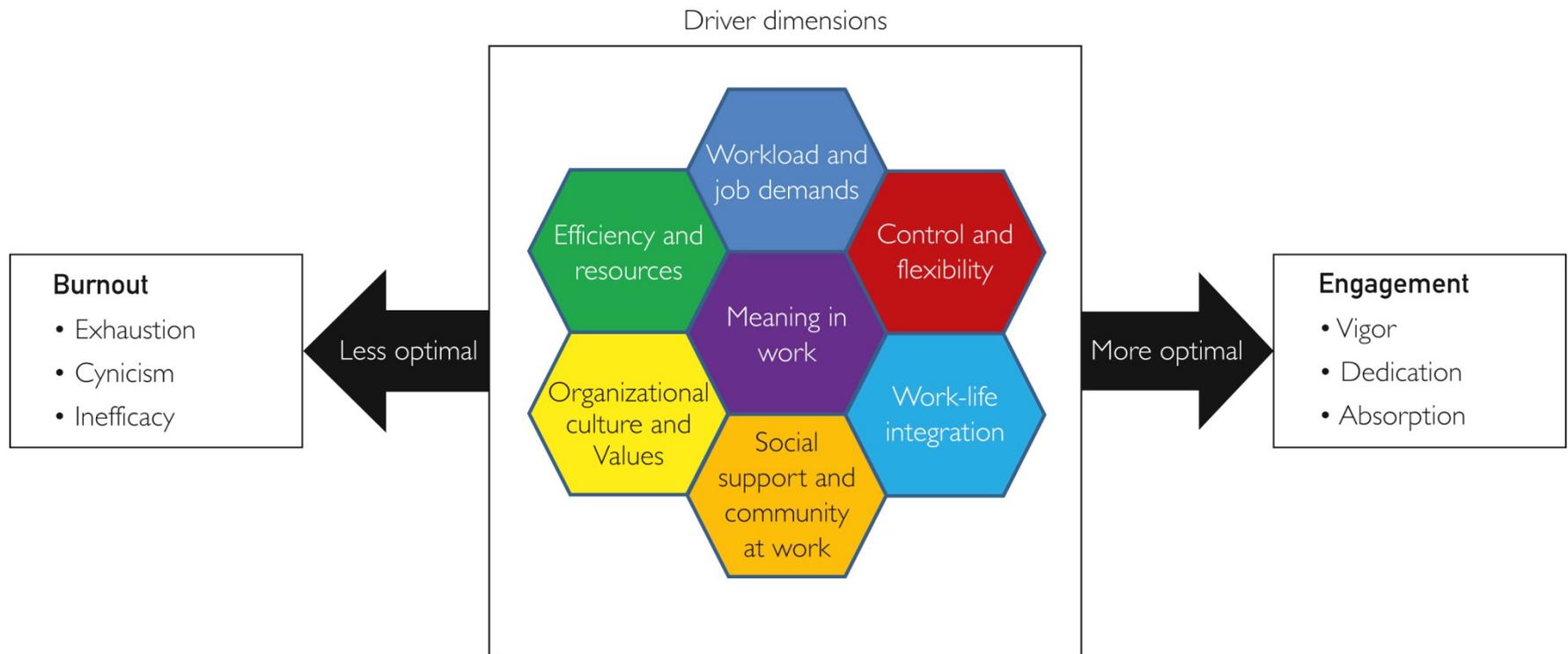
- Structural interventions:
 - Duty Hour Requirements for trainees
 - Unclear but possibly negative impact on attendings
 - Shorter attending rotations
 - Shorter resident shifts in ICU
 - Locally-developed practice interventions

Physician Well-Being: Approach Summary

	Individual	Organizational
Workload		
Work Efficiency/ Support		
Work-Home Integration/ Balance		
Autonomy/ Flexibility/ Control		
Meaning/Values		

Physician Well-Being: Approach Summary

	Individual	Organizational
Workload	Part-time status	Productivity targets Duty Hour Requirements Integrated career development
Work Efficiency/ Support	Efficiency/Skills Training	EMR (+/-?) Staff support
Work-Home Integration/ Balance	Self-care Mindfulness	Meeting schedules Off-hours clinics Curricula during work hours Financial support/counseling
Autonomy/ Flexibility/ Control	Stress management/Resiliency Mindfulness Engagement	Physician engagement
Meaning/Values	Positive psychology Reflection/self-awareness Mindfulness Small group approaches	Core values Protect time with patients Promote community Work/learning climate



Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.

Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> • Specialty • Practice location • Decision to increase work to increase income 	<ul style="list-style-type: none"> • Productivity expectations • Team structure • Efficiency • Use of allied health professionals 	<ul style="list-style-type: none"> • Productivity targets • Method of compensation <ul style="list-style-type: none"> - Salary - Productivity based • Payer mix 	<ul style="list-style-type: none"> • Structure reimbursement <ul style="list-style-type: none"> - Medicare/Medicaid - Bundled payments - Documentation requirements
 Efficiency and resources	<ul style="list-style-type: none"> • Experience • Ability to prioritize • Personal efficiency • Organizational skills • Willingness to delegate • Ability to say “no” 	<ul style="list-style-type: none"> • Availability of support staff and their experience • Patient check-in efficiency/process • Use of scribes • Team huddles • Use of allied health professionals 	<ul style="list-style-type: none"> • Integration of care • Use of patient portal • Institutional efficiency: <ul style="list-style-type: none"> - EHR - Appointment system - Ordering systems • How regulations interpreted and applied 	<ul style="list-style-type: none"> • Integration of care • Requirements for: <ul style="list-style-type: none"> - Electronic prescribing - Medication reconciliation - Meaningful use of EHR • Certification agency facility regulations (JCAHO) • Precertifications for tests/treatments
 Meaning in work	<ul style="list-style-type: none"> • Self-awareness of most personally meaningful aspect of work • Ability to shape career to focus on interests • Doctor–patient relationships • Personal recognition of positive events at work 	<ul style="list-style-type: none"> • Match of work to talents and interests of individuals • Opportunities for involvement <ul style="list-style-type: none"> - Education - Research - Leadership 	<ul style="list-style-type: none"> • Organizational culture • Practice environment • Opportunities for professional development 	<ul style="list-style-type: none"> • Evolving supervisory role of physicians (potentially less direct patient contact) • Reduced funding <ul style="list-style-type: none"> - Research - Education • Regulations that increase clerical work
 Culture and values	<ul style="list-style-type: none"> • Personal values • Professional values • Level of altruism • Moral compass/ethics • Commitment to organization 	<ul style="list-style-type: none"> • Behavior of work unit leader • Work-unit norms and expectations • Equity/fairness 	<ul style="list-style-type: none"> • Organization’s mission <ul style="list-style-type: none"> - Service/quality vs profit • Organization’s values • Behavior of senior leaders • Communication/ messaging • Organizational norms and expectations • Just culture 	<ul style="list-style-type: none"> • System of coverage for uninsured • Structure reimbursement <ul style="list-style-type: none"> - What is rewarded • Regulations
 Control and flexibility	<ul style="list-style-type: none"> • Personality • Assertiveness • Intentionality 	<ul style="list-style-type: none"> • Degree of flexibility: <ul style="list-style-type: none"> - Control of physician calendars - Clinic start/end times - Vacation scheduling - Call schedule 	<ul style="list-style-type: none"> • Scheduling system • Policies • Affiliations that restrict referrals • Rigid application practice guidelines 	<ul style="list-style-type: none"> • Precertifications for tests/ treatments • Insurance networks that restrict referrals • Practice guidelines
 Social support and community at work	<ul style="list-style-type: none"> • Personality traits • Length of service • Relationship-building skills 	<ul style="list-style-type: none"> • Collegiality in practice environment • Physical configuration of work unit space • Social gatherings to promote community • Team structure 	<ul style="list-style-type: none"> • Collegiality across the organization • Physician lounge • Strategies to build community • Social gatherings 	<ul style="list-style-type: none"> • Support and community created by Medical/specialty societies
 Work-life integration	<ul style="list-style-type: none"> • Priorities and values • Personal characteristics <ul style="list-style-type: none"> - Spouse/partner - Children/dependents - Health issues 	<ul style="list-style-type: none"> • Call schedule • Structure night/weekend coverage • Cross-coverage for time away • Expectations/role models 	<ul style="list-style-type: none"> • Vacation policies • Sick/medical leave • Policies <ul style="list-style-type: none"> - Part-time work - Flexible scheduling • Expectations/role models 	<ul style="list-style-type: none"> • Requirements for: <ul style="list-style-type: none"> - Maintenance certification - Licensing • Regulations that increase clerical work

Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



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!



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Thank You!

- Comments/questions
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