Occupational Hazard: Medical Professional Burnout & What WE Can Do About It

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RHAT Plenary Session
November 22, 2019
Conflict of Interest Statement

- I have NO conflicts of interest to report with regards to this presentation.
Lecture Objectives

• Identify and discuss 2 pre-occupational tendencies placing healthcare providers at higher risk of burnout.
• Define burnout.
• Discuss risk factors for and repercussions of burnout.
• Discuss drivers and identify individual and organizational strategies for burnout mitigation/prevention
• Learn 4 mindfulness based stress reduction skills you can start using TODAY!
Mindfulness Based Stress Reduction (MBSR) Skill #1: Square Breathing

Image from Gov't of Ontario
Pre-Occupational Hazard #1:

HELLO
My name is
Perfectionist
Perfectionism

- Perfectionism is a common theme among healthcare professionals (HCP).
- Desired by patients and rewarded in the field (reinforced by culture of medicine)
  - Thorough and comprehensive diagnostic efforts
  - Systemic ordering of labs, studies and follow through on orders
  - Detailed treatment planning and implementation
- Perfectionism is NOT adaptive and can be personally, psychologically expensive
- Perfectionism = vulnerability factor for depression, anxiety, burnout, and suicide
- Equal in significance to hopelessness as predictor of suicidal ideation
Perfectionism

• Often stems from a childhood conviction of being unloved or devalued by parents
  • “Perfection” might allow for the validation missing in childhood
  • Corrective emotional experience via providing care/attention to our patients we didn’t receive as children?
• Seek approval and increased self esteem/worth via pursuing perfection (“others will only value me if I am perfect”)
• Feel fraudulent when rewarded (“Imposter Syndrome”)
Perfectionism

• Other perfectionistic/compulsive traits common in healthcare professionals
  • Rigidity
  • Stubbornness
  • Inability to delegate
  • Excessive devotion to work, leading to neglect of relationships/leisure time activities (time devoted to oneself, leisure seen as selfish, neglectful)
  • All reinforced by our role models i.e., all joy/pleasure comes from patient care
Compulsive Triad Common to Healthcare Providers

- Self-doubt
- Guilt feelings
- Exaggerated sense of responsibility
Jonathan Drummond-Webb, MD\(^1\)

- Surgical director of pediatric cardiac and lung transplantation at Cleveland Clinic
- Chief of pediatric and congenital cardiac surgery at University of Arkansas
- 830 surgeries in 18 months with a 2 percent mortality rate
- Featured in an ABC 4 part documentary series.
- Suicide: December 26, 2004, at age 45
Pre-Occupational Hazard #2:

Procrastination: Just Do It...Later
Procrastination

- Delaying or ignoring physical health needs
  - 1/3 of healthcare professionals do NOT seek regular health care for themselves
  - Spend less time in health promoting activities: exercise, sleep, nutrition, healthy stress relief
- Delaying or ignoring relationship needs
  - Time devoted to family/friends perceived as “selfish” or “taking away from patients”.
  - Lack of availability to spouse, SO, family rationalized/justified by, “Just let me get through medical/nursing school (internship/residency/establishing my practice) then I promise I will spend more time with you and the kids…”
  - Varying degrees of estrangement and isolation result and HCP develops “workaholic” mentality – finds comfort at work instead of home/loved ones
Procrastination

• Delaying or ignoring mental health needs
  • Medical students begin medical school with rates of depression similar to nonmedical peers
  • Stress, internal conflict about career choice, time and energy demands lead to:
    • 25%-56% prevalence of depression and anxiety in medical school students
    • Trainees more likely to engage in “dishonest and unprofessional behavior” when depressed or burned out
  • Significantly increased risk of suicidal thoughts and suicide
    • Female physicians 2.27x more likely to commit suicide than age matched non medical profession controls
    • Male physicians at 1.41x higher risk than age matched non medical profession controls
    • 14% of doctors surveyed in 2019 reported suicidal thoughts

https://edhub.ama-assn.org/steps-forward/module/2702556
Procrastination

• Fear of seeking treatment for mental health issues due to stigma/repercussions/credential or licensure concerns
  • 7% of doctors have sought “secret” mental health care. 12% have considered it.
• May lead to self medication
  • Up to 20% of first year medical students admit to “excessive alcohol intake”: 3-10% of medical students report illicit drug use; 10% report non medical use of stimulant (most often to enhance academic performance)
  • 12.9% of male physicians and 21.4% of female physicians met diagnostic criteria for alcohol abuse or dependence in 2015
• Illicit drug and RX drug use was rare

What does this sound like?

• Delay in seeking help for mental health needs potentially leads to:
  • Deterioration of optimism
  • Loss of empathy
  • Cynicism
  • Substance Abuse

Burnout\textsuperscript{2,3} ...

A syndrome resulting from prolonged exposure to occupational stress with 3 main components...
What is burnout?\textsuperscript{2,3}

- **Emotional exhaustion:**
  - Feeling of not being able to offer any more of oneself at work; a consequence of prolonged exposure to excessive demands/workload

- **Depersonalization:**
  - Cynicism = a negative, calloused, or detached attitude toward patients and peers Aka “Compassion fatigue”

- **Diminished sense of personal accomplishment/professional fulfillment:**
  - Feeling of inadequate, incompetent performance; decreased achievement; a sense that work is no longer meaningful
Did everyone get to take the survey?


<table>
<thead>
<tr>
<th>BURNOUT SURVEY</th>
<th>1 - Not at All</th>
<th>2 - Rarely</th>
<th>3 - Sometimes</th>
<th>4 - Other</th>
<th>5 - Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I consistently feel that I am physically and emotionally exhausted.</td>
<td>0</td>
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<tr>
<td>2. I feel hopeless or I am dissatisfied with my current job.</td>
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<td>3. I am less sympathetic with co-workers, family, and friends in situations that normally do not warrant this type of behavior or reaction.</td>
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<tr>
<td>4. I feel anxious about work, or become too easily irritated by my co-workers and team.</td>
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<tr>
<td>5. I feel unappreciated and misunderstood by my colleagues and organization.</td>
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<tr>
<td>6. I feel isolated and have no one to talk to.</td>
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<tr>
<td>7. I feel my productivity has decreased and I am falling behind in my work.</td>
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<td>0</td>
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<tr>
<td>8. I feel under pressure to work harder and push myself beyond my limits.</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>9. I am experiencing a lack of fulfillment from my work.</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>10. I feel a sense of misalignment with my profession or my organization.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>11. I feel cynical and frustrated about work</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>12. I feel that organizational red tape, office politics, and a lack of communication impact my work.</td>
<td>0</td>
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</table>
Burnout Survey Score

Interpretation

15-18  No sign of burnout

19-32  Low sign of burnout

33-49  Moderate signs of burnout*

50-59  High signs of burnout*

60-75  Severe signs of burnout*
MBSR Skill #2:
S.T.O.P. ONE MINUTE BREATHING SPACE

**S** – Stop and take Stock.

**T** – Take a breath.

**O** – Open and Observe.

**P** – Proceed/new Possibilities
Which Physicians Are Most Burned Out?

- Urology: 54%
- Neurology: 53%
- Physical Medicine & Rehabilitation: 52%
- Internal Medicine: 49%
- Emergency Medicine: 48%
- Family Medicine: 48%
- Diabetes & Endocrinology: 47%
- Infectious Diseases: 46%
- Surgery, General: 46%
- Gastroenterology: 45%
- Ob/Gyn: 45%
- Radiology: 45%
- Critical Care: 44%
- Cardiology: 43%
- Anesthesiology: 42%
- Rheumatology: 41%
- Pediatrics: 41%
- Oncology: 39%
- Pulmonary Medicine: 39%
- Psychiatry: 39%
- Orthopedics: 38%
- Dermatology: 38%
- Allergy & Immunology: 37%
- Plastic Surgery: 36%
- Otolaryngology: 36%
- Ophthalmology: 34%
- Pathology: 33%
- Nephrology: 32%
- Public Health & Preventive Medicine: 28%
Nurse and PA Burnout Statistics

• 15.6% of nurses surveyed feel burned out
  • 50% of those who report burnout report no plan to leave current organization

• 41% feel “unengaged”
  • May not be part of a team with their colleagues,
  • Have diminished morale
  • Feel emotionally checked out from their work, which ultimately affects their patient care

• ER nurses at highest risk for burnout

• PA burnout statistics parallel physician in all ways except “career satisfaction” which remains high/er in PAs
Are Male or Female Physicians More Burned Out?

- Men: 39%
- Women: 50%
Repercussions of burnout

![Diagram depicting personal and professional repercussions of physician burnout.]

- Broken relationships
- Alcohol and substance use
- Depression
- Suicide
- Decreased quality of care and increased medical errors
- Decreased patient satisfaction
- Decreased productivity and professional effort
- Physician turnover

**FIGURE 1.** Personal and professional repercussions of physician burnout.
How Do Physicians Cope With Burnout?

- Exercise: 48%
- Talk with family members/close friends: 43%
- Isolate myself from others: 41%
- Sleep: 39%
- Play or listen to music: 33%
- Eat junk food: 32%
- Drink alcohol: 23%
- Binge eat: 19%
- Other: 13%
- Smoke cigarettes/Use products containing nicotine: 3%
- Use prescription drugs: 2%
- Smoke marijuana/Consume marijuana products: 1%
5 Burnout Drivers

- Excessive workload
- Work inefficiency and lack of support
- Lack of work-home integration
- Loss of control/autonomy
- Loss of sense of personal meaning in work or accomplishment
Burnout Drivers and Solutions

<table>
<thead>
<tr>
<th>Driver</th>
<th>Organizational level solutions</th>
<th>Individual level solutions</th>
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<tbody>
<tr>
<td>Excessive workload</td>
<td>Fair productivity targets</td>
<td>Part time status</td>
</tr>
<tr>
<td></td>
<td>Duty hour limits</td>
<td>Informed specialty choices</td>
</tr>
<tr>
<td></td>
<td>Appropriate distribution of job roles</td>
<td>Informed practice choices</td>
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## Burnout Drivers and Solutions

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<tr>
<td><strong>Work inefficiency</strong></td>
<td>Optimized EMR</td>
<td>Efficiency and skills training</td>
</tr>
<tr>
<td><strong>and lack of support</strong></td>
<td>Staff support to off load clerical burdens for providers</td>
<td>Prioritizing tasks and delegating work appropriately</td>
</tr>
<tr>
<td></td>
<td>Appropriate interpretation of regulatory requirements</td>
<td></td>
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## Burnout Drivers and Solutions

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<tr>
<td>Lack of work-home integration</td>
<td>Respect for home responsibilities when setting schedules for work/meetings</td>
<td>Reflection on life priorities and values</td>
</tr>
<tr>
<td></td>
<td>Work tasks within expected work hours</td>
<td>Attention to self care</td>
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<tr>
<td></td>
<td>Support for flexible work hours and part time employment</td>
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# Burnout Drivers and Solutions

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</tr>
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<tr>
<td>Loss of control/autonomy</td>
<td>Physician/extendee/nursing engagement in establishing work requirements and structure</td>
<td>Stress management and resiliency training*</td>
</tr>
<tr>
<td></td>
<td>Physician/extendee leadership and shared decision making</td>
<td>Positive coping strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mindfulness</strong>*</td>
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* indicates a technique or method.
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<tr>
<td><strong>Loss of sense of personal meaning in work or accomplishment</strong></td>
<td>Promote shared core values</td>
<td>Positive psychology – cognitive reappraisal</td>
</tr>
<tr>
<td></td>
<td>Protected time with patients</td>
<td>Reflections/ self-awareness of most fulfilling work roles</td>
</tr>
<tr>
<td></td>
<td>Promote HCP communities</td>
<td><strong>Mindfulness</strong></td>
</tr>
<tr>
<td></td>
<td>Professional development opportunities</td>
<td>Engagement in HCP small-group activities around shared work experiences</td>
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<tr>
<td></td>
<td>Leadership training and awareness around burnout</td>
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Resiliency Triad

VALUES | EDUCATION | SERVICE
Resilience$^{15,16}$

- For healthcare providers: ability to adapt and manage stress/adversity; ability to maintain compassion and manage complex day to day clinical and managerial situations.

- Not a static trait that some have and others lack.

- We as a profession have NOT become “less resilient”…

- But the culture of medicine has changed…ALOT
  - Loss of autonomy
  - Pressure to do more with less time/resources
  - Ever increasing documentation requirements
  - Patient satisfaction based reimbursement
  - Astronomical student debt
  - Social isolation as doctor-patient and doctor-doctor relationships suffer due to time constraints

- Lack of resilience is NOT an excuse for failing to address organizational problems and blame clinicians for burnout i.e., not strong enough to cope with the pressure.
MBSR Skill #3: Sitting Meditation

• **Video:** https://youtu.be/XRhqFWio3U0

• **Script:** https://palousemindfulness.com/docs/sitting_meditation_script.pdf
What does the evidence show works to reduce burnout and increase engagement/resilience?

Mindfulness

- Paying Attention
  - listening, watching or considering what naturally exists

- On Purpose
  - intentionally increasing awareness of experience

...as if your life depended on it.

- in the Present Moment
  - focusing on the here and now

- Non-Judgmentally
  - being curious and objective about experience

Working definition from Jon Kabat-Zinn

VALUES | EDUCATION | SERVICE
Mindful Practice\textsuperscript{8,9}

- Attending in a nonjudgmental way to our physical and mental processes during ordinary, everyday tasks
- Critical self reflection enabling the HCP to listen attentively, recognize errors, refine technical skills, make evidence based decisions, clarify values

Mindfulness is:

- a link between relationship-centered care and evidence based medicine
- A characteristic of good medical practice

Mindful physicians act with:

- Compassion
- Competence
- Presence
- Insight
Mindful Practice

- Curiosity instead of premature closure
- Presence rather than detachment
- Helpful when dealing with difficult patients/families or challenging clinical situations
- Allows the HCP to recognize need for self-care/self-compassion
What’s in it for me?¹¹

• HCPs trained in mindfulness exhibit:

  • Increased sense of well being
  • Increased resilience
  • Increased engagement (energy, involvement, efficacy)
  • Increased self-compassion
  • Lower rates of burnout (exhaustion, cynicism, inefficacy)
  • Lower rates of depression, anxiety, stress, emotional exhaustion
What’s in it for my patients?\textsuperscript{12,13}

- Patients of HCPs trained in mindfulness report:\textsuperscript{12}
  - Increased patient centered interaction
  - Higher patient satisfaction ratings
  - Increased rapport building from patient perspective
  - Better communication about patient psychosocial issues
    - More positive emotional atmosphere within clinical encounter
- HCPs who are more resilient and who cope better with stress are rated more positively overall by their patients. \textsuperscript{13}
“What if I am too busy to practice mindfulness?”

- Physicians who only devoted 10 minutes per day to Mindfulness Based (Stress Reduction) Interventions were able to achieve significant improvements in self and patient care.¹³
What if mindfulness conflicts with my personal spiritual beliefs?
What can I personally do to avoid burnout?

- Mindfulness
- Mind-body training
- Stress management
- Exercise/nutrition
- Sunlight/sleep
- Reflection
- Shared experience
- Small group learning
How do I get started? MBSR Skills!

Techniques you can start using TODAY:

• Square breathing technique (for both you and patient)
• STOP technique
• Sitting meditation
• Mindful stretch

Put on your own oxygen mask before assisting others.
Randy Pausch
Skill #4: Mindful breathe and stretch
How do I get started? 

Palouse Mindfulness at [https://palousemindfulness.com/](https://palousemindfulness.com/)

- **FREE** Online course
- Intended weekly sessions over **8 weeks** – but can tailor to your needs and work at own pace
- Can be done alone or in small group (weekly accountability)
- Each week comprised of:
  - Videos: 2-4 brief and user friendly
  - Readings: Four readings per week, 2-4 pages
  - Formal Practice log (engage in technique at least 6 times during the week)
  - Informal Practice log (a mindfulness based cognitive strategy chart or additional practice technique with situational context)
  - Supplementary/optional readings

[https://palousemindfulness.com/](https://palousemindfulness.com/)
Reflection: Questions for self-awareness at the end of a workday

• What did I learn today? Would I do anything differently?
• What three things am I grateful for today? What inspired me?
• How did I talk to myself today? Did I take myself too seriously? Did anything surprise me?
Reflection: Questions for self-reflection at the end of a work week

• How can I take care of myself so that I can be of service to others?
• How can I strive for excellence and at the same time have compassion for myself when I don't have all the answers or I make a mistake?
• How can I offer my expertise in order to cure illness and at the same time stay open to what my patients have to teach me about their own healing?
• How can I maintain an empathetic connection with my patients and at the same time protect myself?
Sources


17. https://palousemindfulness.com/