



## Physician Burnout: A Barrier to Well-Being

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**MedNet21**  
Center for Continuing Medical Education



## Disclosures

- None

## Objectives

1. To define burnout and identify the repercussions of physician burnout.
2. To identify key contributors to burnout among physicians.
3. To review potential well-being solutions on a professional and personal level.

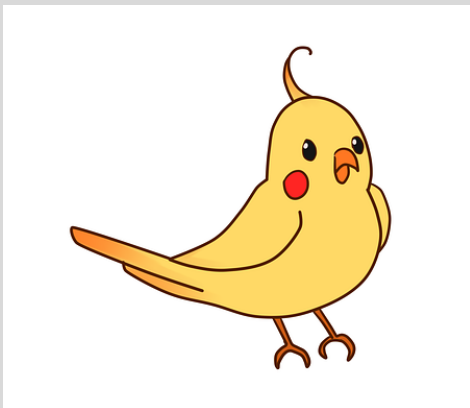


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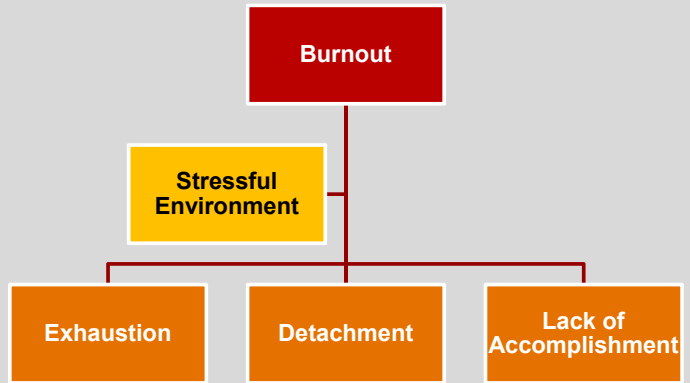
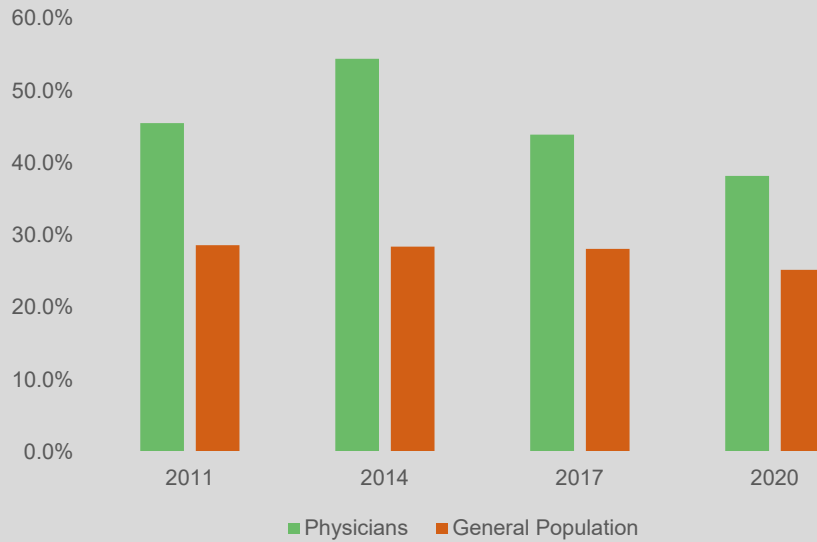


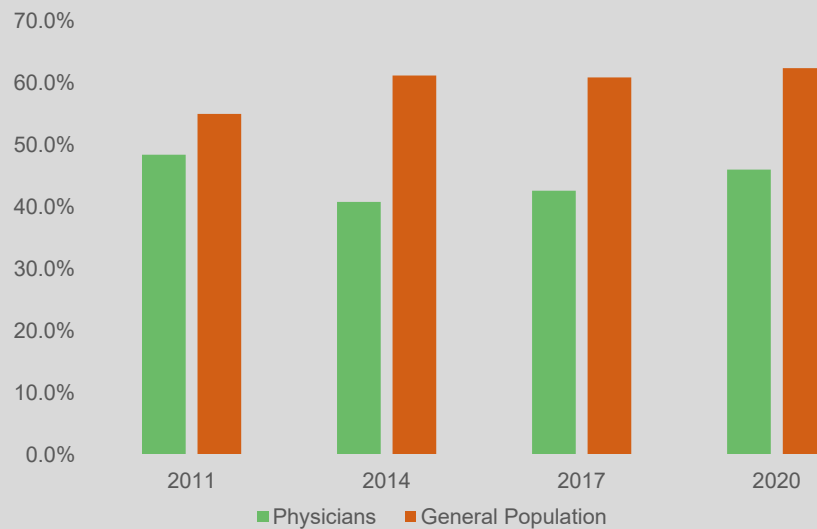
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## Burnout



For more information: Shanafelt T. Mayo Clinic Proceeding 2021

## Satisfaction with Work-Life Balance

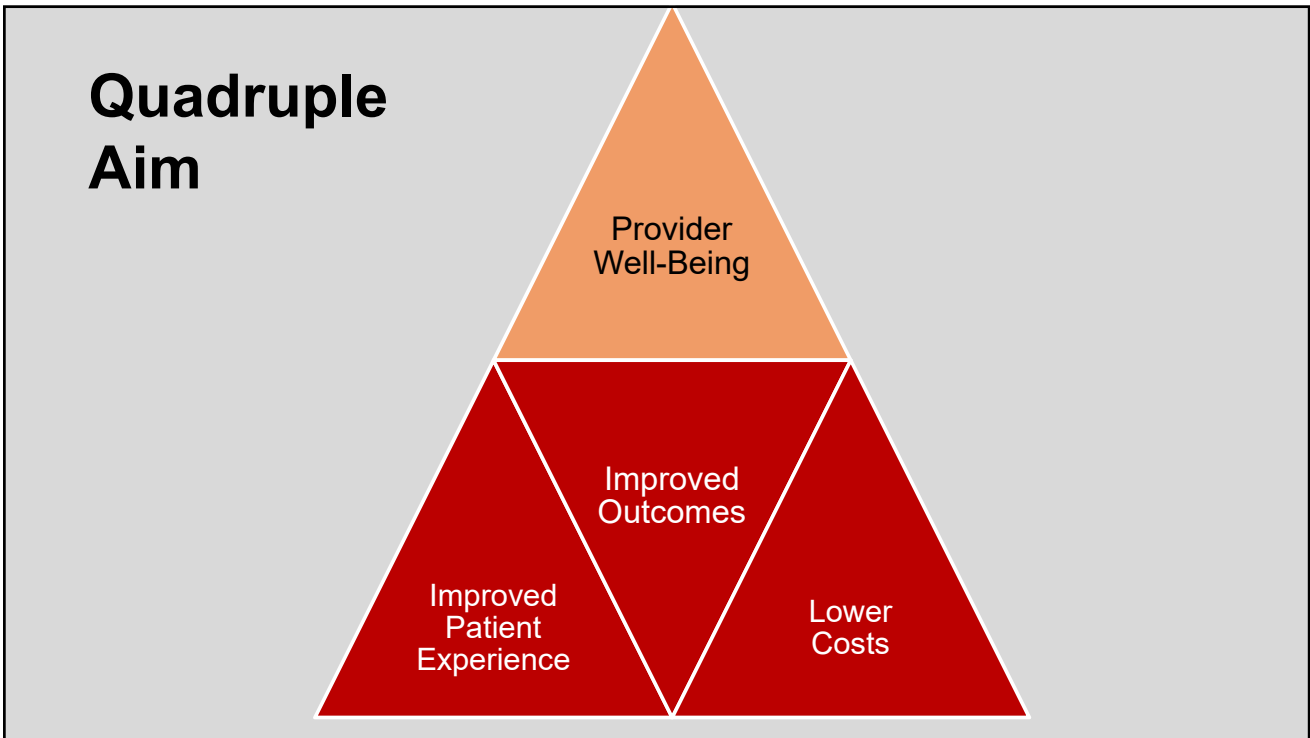
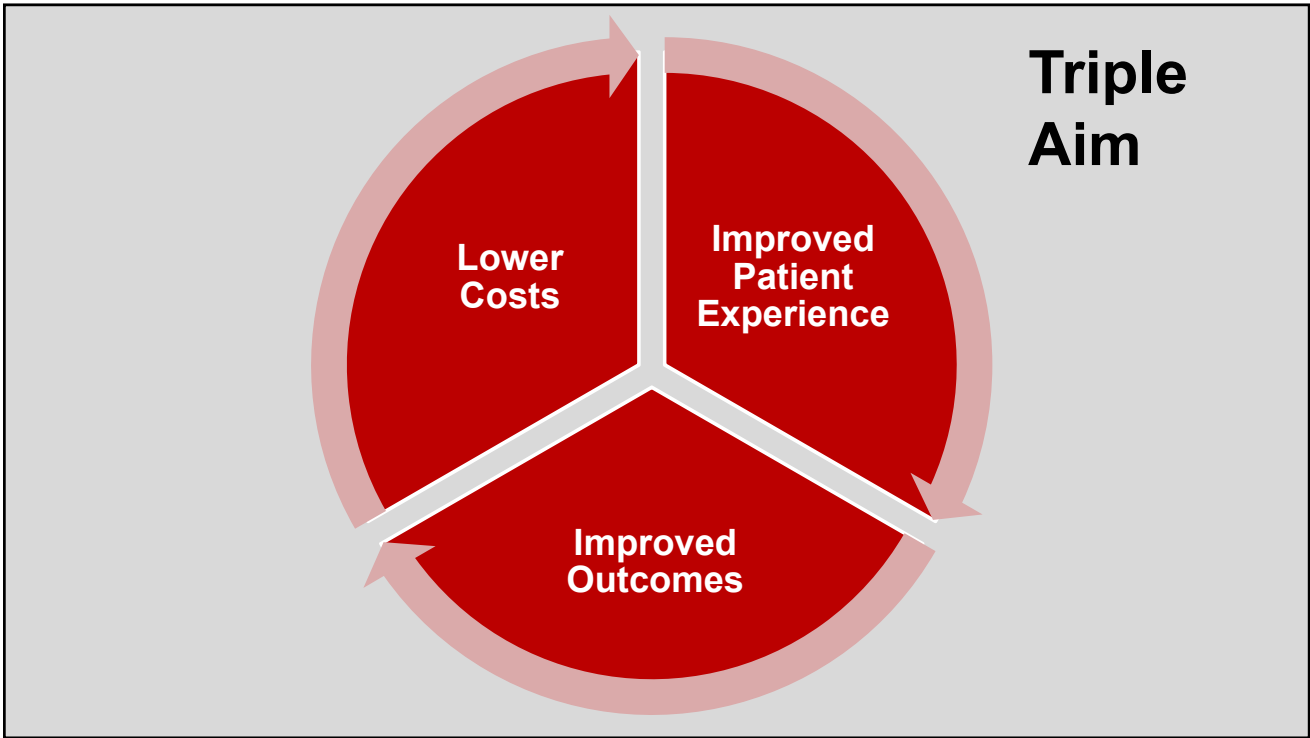


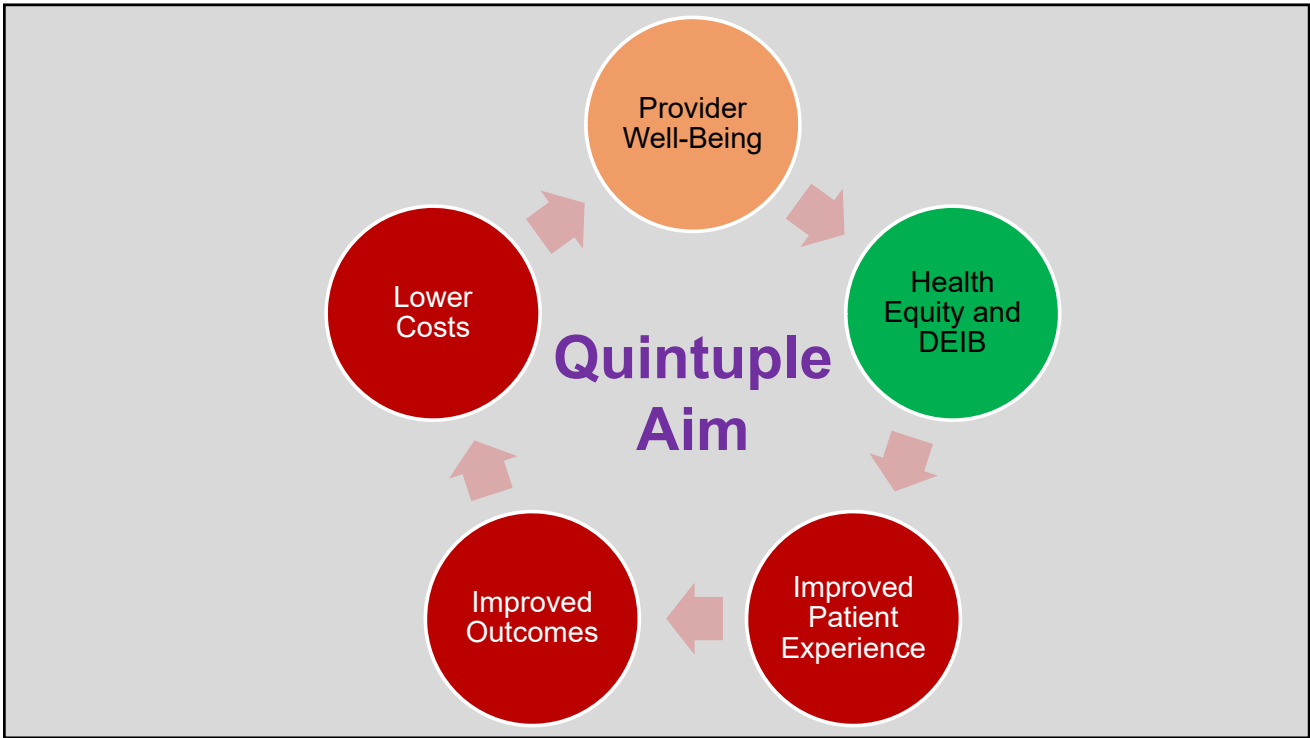
For more information: Shanafelt T. Mayo Clinic Proceeding 2021

## Prior to COVID-19 Pandemic

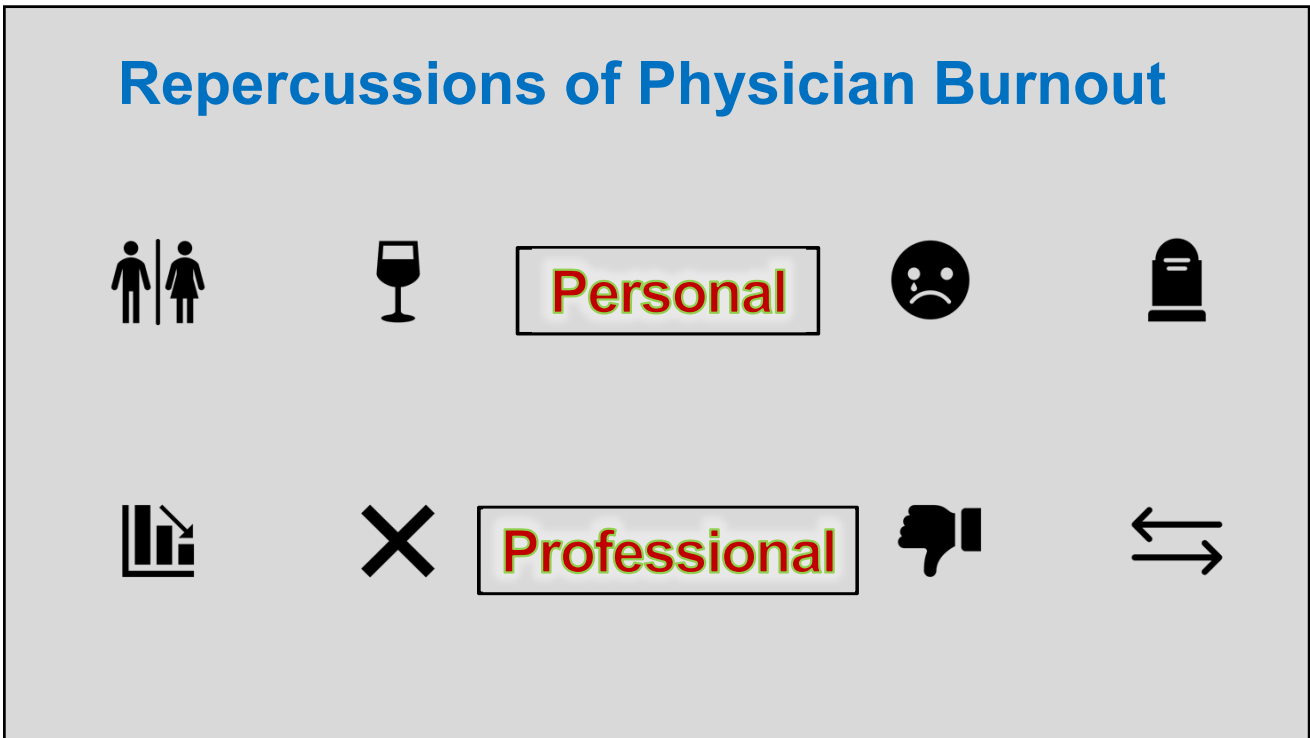
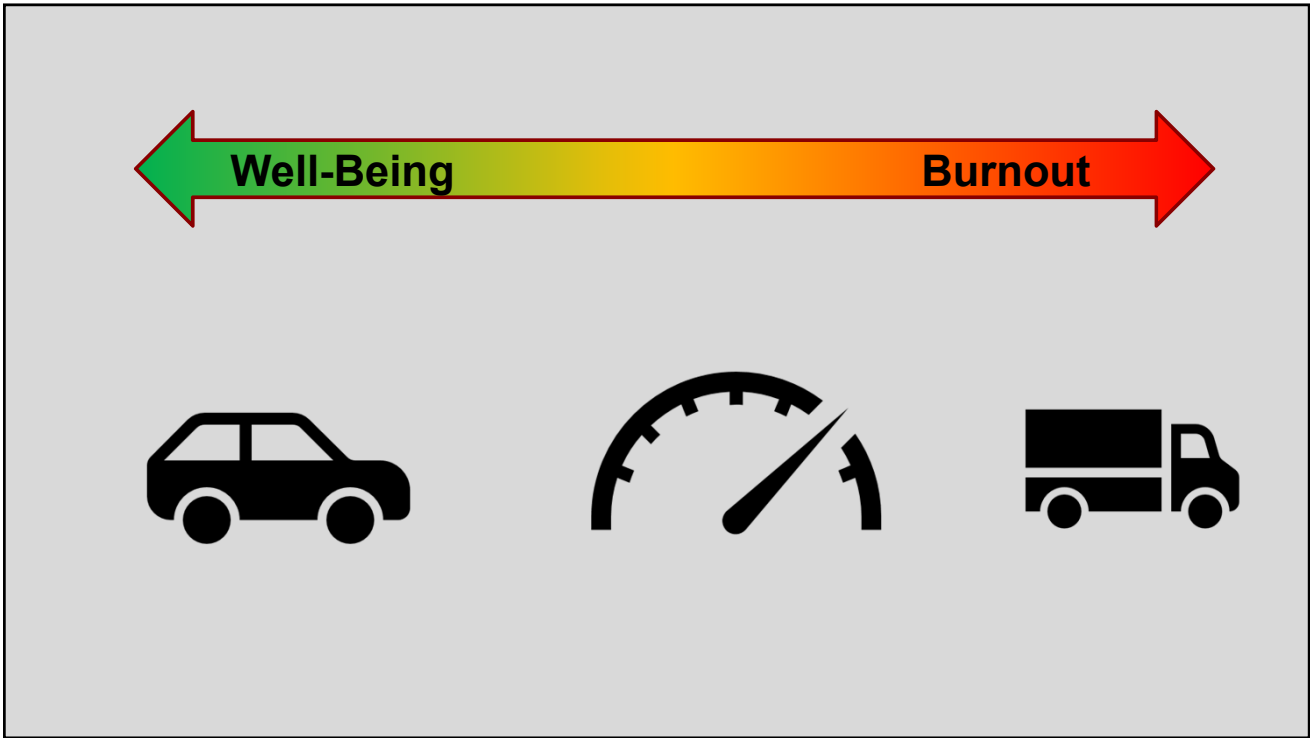
- Burnout rates:
  - 35-54% of nurses and physicians
  - 45-60% of medical students and residents
- Annual burnout-related turnover costs:
  - \$9 billion for nurses
  - \$2.6 to \$6.3 billion for physicians

Surgeon General Advisory 2022

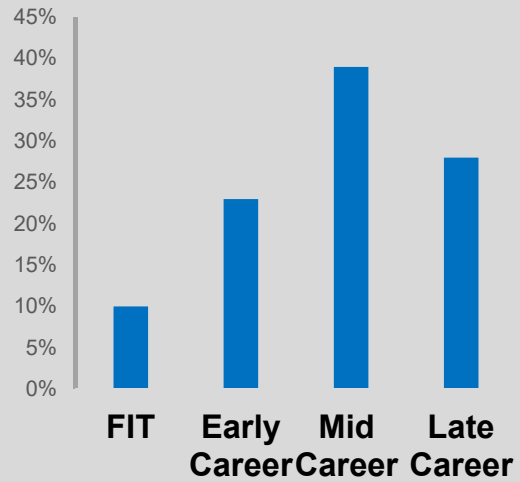








## Prevalence of Burnout Amongst Cardiologists



For more information: Mehta et al. JACC 2019;73:3345-3348

## Mini-Z Burnout Questionnaire

1. Overall, I am satisfied with my current job.

Strongly Disagree    Disagree    Neither    Agree    Strongly Agree

2. I feel a great deal of stress because of my job.

Strongly Disagree    Disagree    Neither    Agree    Strongly Agree

3. My professional values are well aligned with those of my department leaders.

Strongly Disagree    Disagree    Neither    Agree    Strongly Agree

4. Using your own definition of "burnout," please select one of the answers below.

- a. I enjoy my work. I have no symptoms of burnout.
- b. I am stressed, but I don't feel burned out.
- c. I am definitely **burning out** and have symptoms of burnout, e.g., emotional exhaustion.
- d. The symptoms of burnout that I am experiencing won't go away.
- e. I feel completely burned out. I am at the point where I may need to seek help.

5. My control over my workload is:

Poor    Marginal    Satisfactory    Good    Optimal

6. Sufficiency of time for documentation is:

Poor    Marginal    Satisfactory    Good    Optimal

7. The degree to which my care team works efficiently together is:

Poor    Marginal    Satisfactory    Good    Optimal

8. My proficiency with EHR use is:

Poor    Marginal    Satisfactory    Good    Optimal

9. Which number best describes the atmosphere in your primary work area?

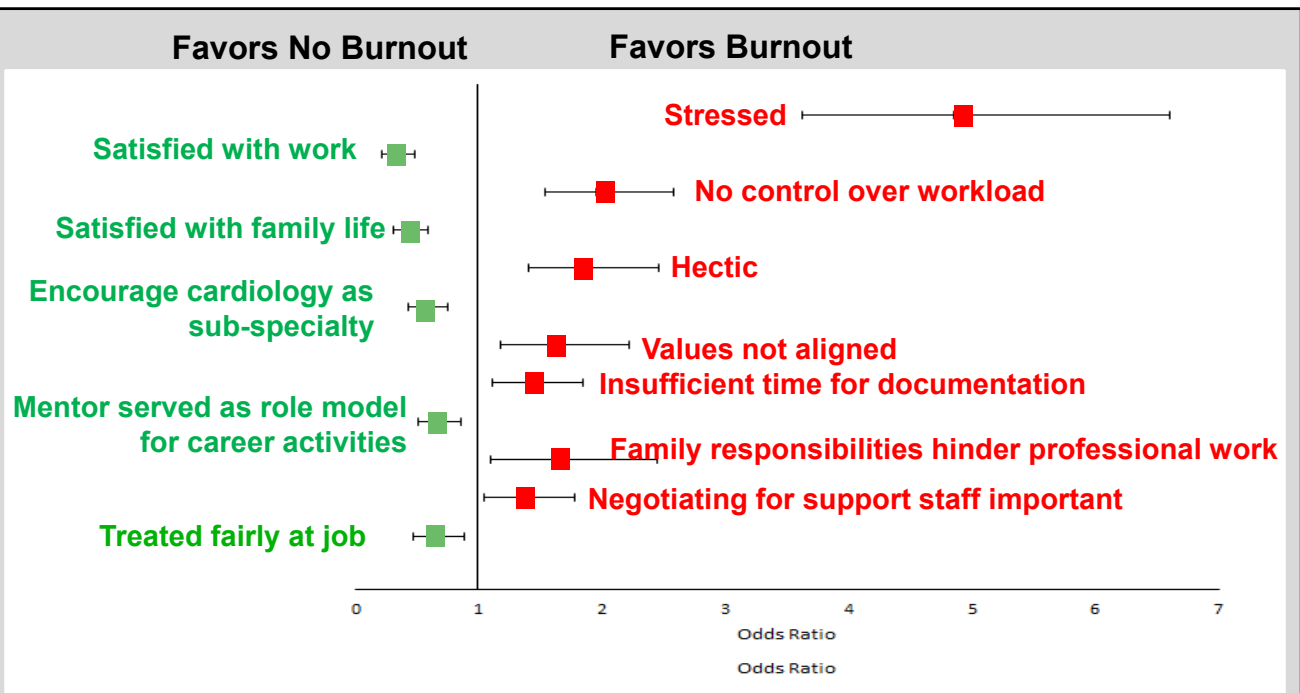
1 - Calm    2    3 - Busy, but reasonable    4    5 - Hectic, chaotic

10. The amount of time I spend on the electronic health record (EHR) at home is:

Excessive    Moderately High    Satisfactory    Modest    Minimal/None

	No Burnout	Burnout	p value
Satisfied with family life	90%	70%	.001
Family responsibilities hinder ability to do professional work	29%	46%	.001
Less satisfied with achieving professional goals	18%	43%	.001
Less satisfied with financial compensation	32%	49%	.001
Experienced discrimination	37%	50%	.001
Feel treated fairly at job.	86%	61%	.001
Feel valued in profession.	87%	63%	.001
Feel that contributions matter.	88%	65%	.001
Less likely to recommend cardiology as a career	20%	40%	.001

For more information: Mehta et al. JACC 2019;73:3345-3348



For more information: Mehta et al. JACC 2019;73:3345-3348

## Drivers of Burnout

Isolation  
 Malpractice suits  
 Excessive work loads  
 Call Schedule  
 Productivity/RVU based pay  
 Low self-compassion  
 Responsibility  
 Misaligned Values

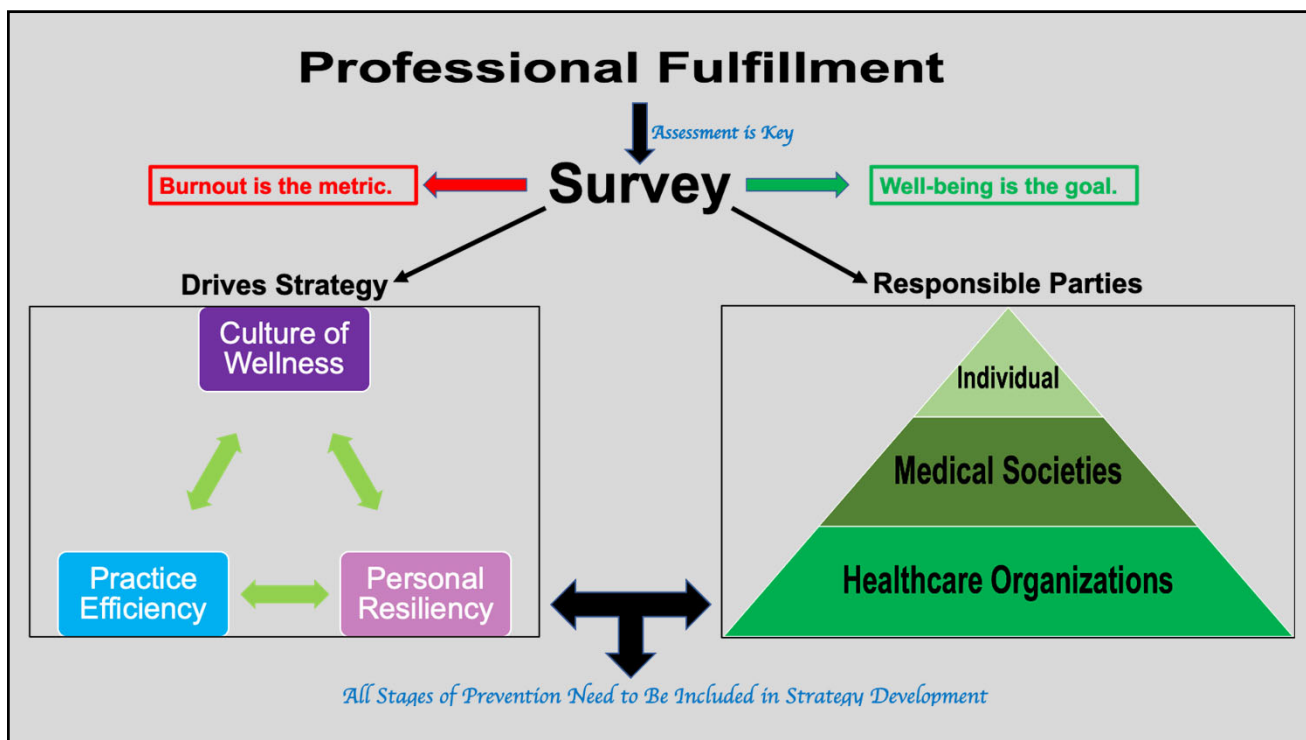
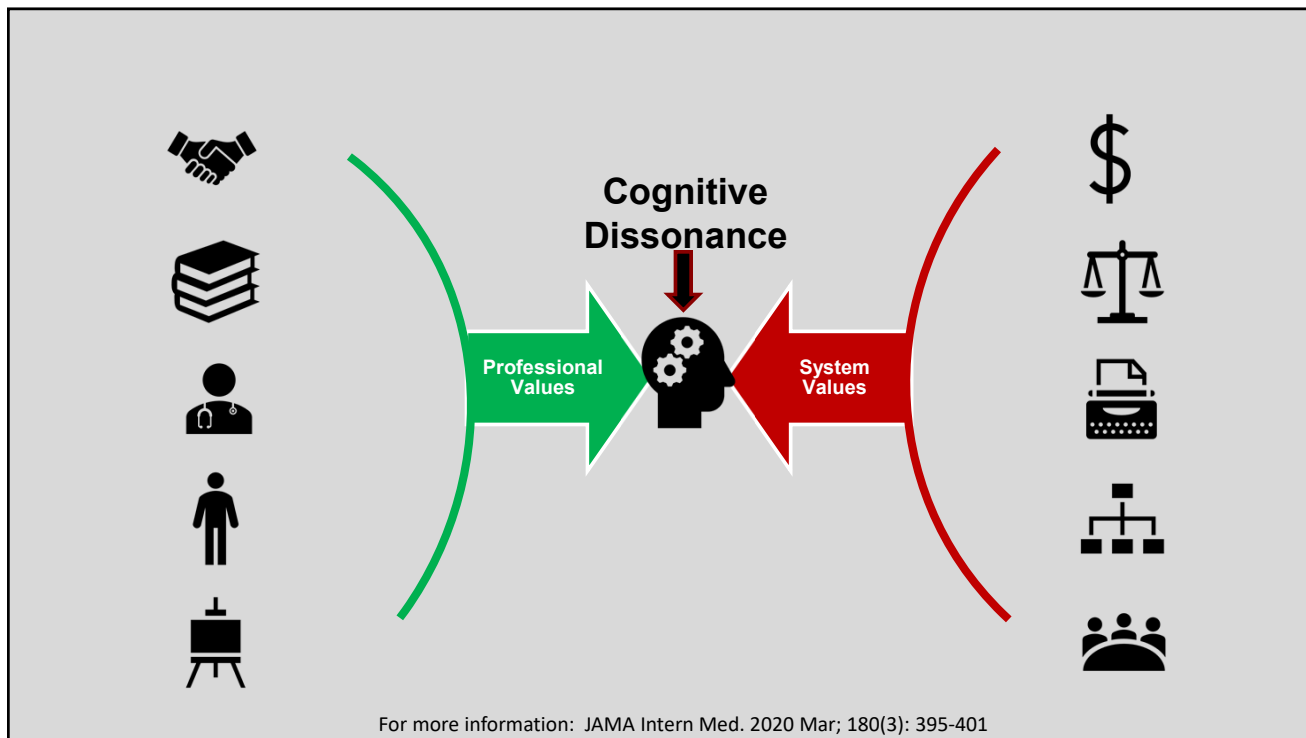


Image by [Abhilash Jacob](#) from [Pixabay](#)

## Complexities as a Physician



For more information: JAMA Intern Med. 2019;179(3):429-430



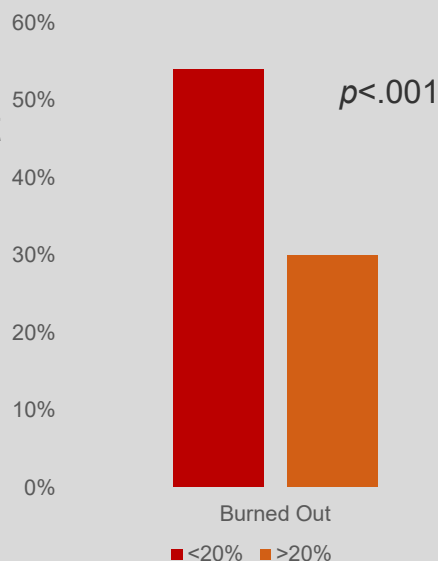
## All Stages of Prevention Need to Be Included in Strategy



For more information read Mehta and Murphy, Nature Reviews-Cardiology, April 2021

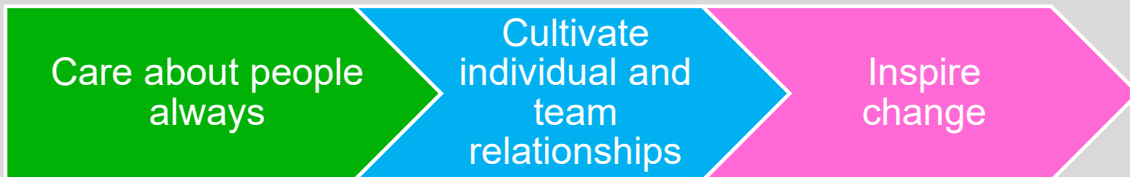
## Career Fit Among Academic Faculty

- 465 physicians returned surveys
- 68% reported patient care the aspect of work that they found most meaningful, then research (19%), education (9%), administration (3%)
- 34% faculty members burned out
- Time spent on the most meaningful activity was the largest predictor of burnout on multivariate analysis (OR 2.75;  $P = .001$ ).



For more information: Arch Intern Med. 2009;169(10):990-995

## Wellness-Centered Leadership Model



Academic Medicine96(5):641-651, May 2021.

*“While burnout manifests in individuals, it originates in systems.”* —Christine Sinsky, MD from AMA

## Foundational Programs

## Safety-Net Resources for Clinicians in Distress

- Campaigns to reduce stigma
- Access to mental health resources
- Peer-support programs



For more information: Shanafelt et al. NEJM Catalyst 2020

## For Medical Emergencies, Call 911 or Go to Your Local Emergency Room

- National Suicide & Crisis Lifeline:
  - Call or text 988 or chat [988lifeline.org](https://988lifeline.org)
- Physician Support Line: 1 (888) 409-0141
- Ohio Careline: 1-800-720-9616
- SAMHSA Disaster Distress Helpline: 1-800-985-5991
- Veterans Crisis Line
  - Call 988 then press 1 or Text 838-255



## **OSMA Well-Being CARE Service**

- <https://www.wellbeingcare.org/>
- 1. Take a brief assessment for mental and emotional health
- 2. Receive recommendations for mental health services in their community
- 3. Have the option to, if needed, privately connect with a licensed mental health professional

## **Professional Coaching**

- 88 physicians randomized
- 6 months of professional coaching
- 1-hour initial professional coaching session
- Five 30-minute professional coaching sessions every 2 to 3 weeks within 5 months

For more information: *JAMA Intern Med.* 2019;179(10):1406-1414

## Professional Coaching

	Intervention Group	Control Group	Absolute Change Intervention to Control Group	P value
Emotional Exhaustion	-5.2 points	1.5 points	-6.7 points	p<0.001
High Emotional Exhaustion	-19.5%	9.8%	-29.3%	p<0.001
Overall Burnout Rates	-17.1%	4.9%	-22.0%	p<0.001
Resilience	1.3 points	0.6 points	0.7 points	p=0.04
Quality of Life	1.2 points	0.1 points	1.1 points	p=0.005

For more information: *JAMA Intern Med.* 2019;179(10):1406-1414

## Resources to Address the Needs of Specific Groups or Specific Issues

- Transition and onboarding support for new hires
- Resources specific to stage of career (early, mid, late)
- Parental (maternity/paternity) leave policies
- Support during medical leave



For more information read NEJM Catalyst 2020

## An Appropriate Array of Evidence-Based Self-Care and Wellness Promotion Offerings

- Support to help clinicians stay well
- Resources for physical, social, emotional, and mental wellbeing



For more information read NEJM Catalyst 2020

## Leadership Development

- Programs to promote inclusive leadership and psychological safety
- Training, coaching, and development opportunities to cultivate leadership skills that contribute to well-being of team members
- Regular feedback to leaders from those they lead, focused on leadership behaviors that promote professional fulfillment

For more information read NEJM Catalyst 2020

## **Deliberate Programs to Promote Collegiality and Community at Work**

- Commensality groups with structured discussion
- Social events and recognition
- Schwartz rounds
- Storytelling events
- Physical space (e.g., clinician lounge)
- Programs to mitigate incivility and mistreatment



For more information read NEJM Catalyst 2020

## **Assessment of Well-being and Its Driver Dimensions**

- Assess well-being and driver dimensions at regular cadence
- Disseminate both organization-level and work-unit-level results with benchmarks in a manner that precipitates action by work-unit leaders
- Use data to engage teams in conversation about the greatest opportunities for improvement
- Include accountability for action

For more information: NEJM Catalyst 2020

## Systemwide Approaches That Enable Physicians to Identify, Prioritize, & Address Irritating Work-Unit Factors

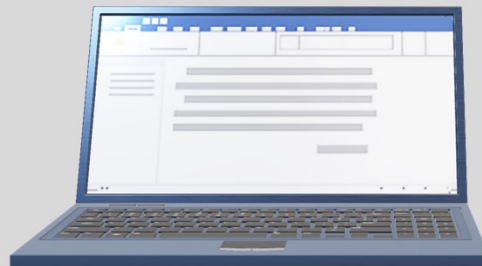


Muhammad Ali:  
“It isn't the mountains ahead to climb that wear you out; it's the pebble in your shoe.”

From Wikimedia Commons

## Inbox Management

- Delete
- Delegate
- Defer
- Do



## Right Work and Right Responsibility



Develop Relationships  
 Improve Team Morale  
 Set Expectations  
 Assess and Improve

## DE-IMPLEMENTATION ACTION


Minimize alerts	Reduce clicks and hard-stops in ordering
Simplify login	Eliminate requirements for password revalidation
Extend time before auto-logout	Reduce note-bloat
Decrease password-related burdens	Reduce inbox notifications

From AMA STEPS forward











**Download new NAM  
publication at:**


**[nam.edu/NationalPlan](http://nam.edu/NationalPlan)**

**National  
Plan for  
Health  
Workforce  
Well-Being**



**National Plan key actor groups:**

-  Academic Institutions, Clinical Training Programs & Accreditation Bodies
-  Federal, State & Local Governments
-  Health IT Companies
-  Health Systems
-  Health Workers
-  Insurers & Payers
-  Media & Communications
-  Patients
-  Private/Non-Profit Organizations & Funders
-  Professional & Specialty Societies

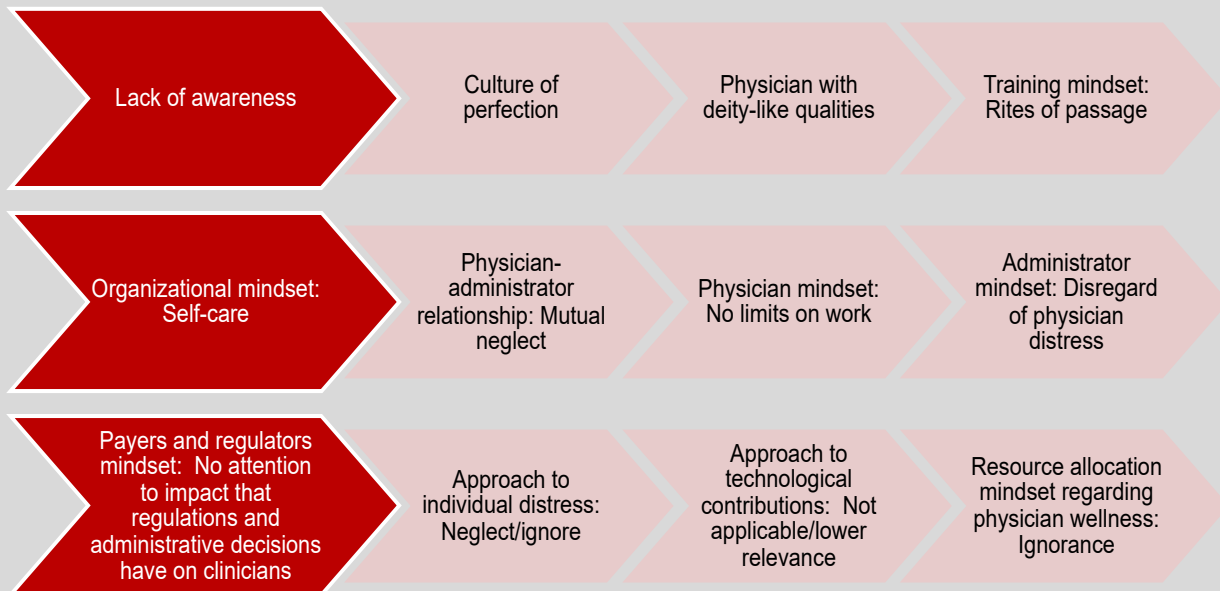


- Create and sustain **positive work and learning environments and culture.**
- Invest in **measurement, assessment, strategies, and research.**
- Support **mental health** and reduce **stigma.**
- Address **compliance, regulatory, and policy barriers for daily work.**
- Engage effective **technology tools.**
- Institutionalize **well-being as a long-term value.**
- Recruit and retain a **diverse and inclusive health workforce.**

*Priority areas for health workforce well-being*

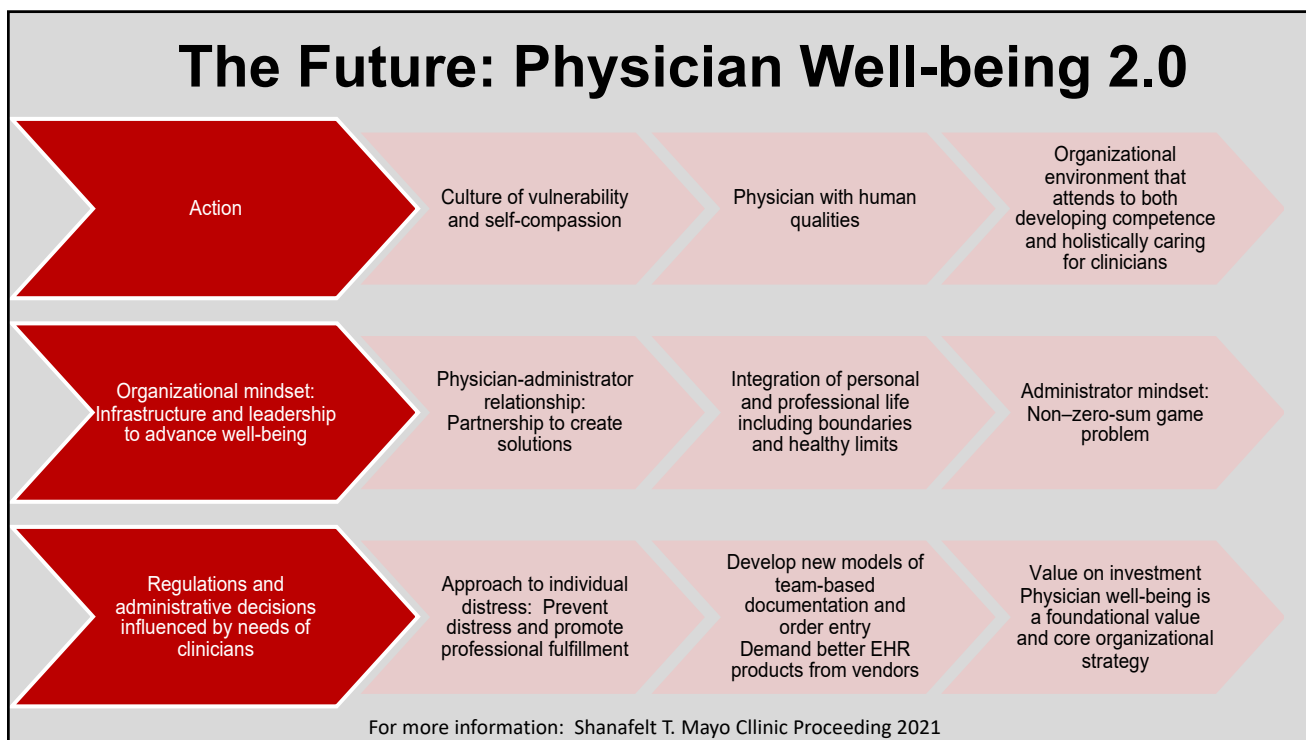
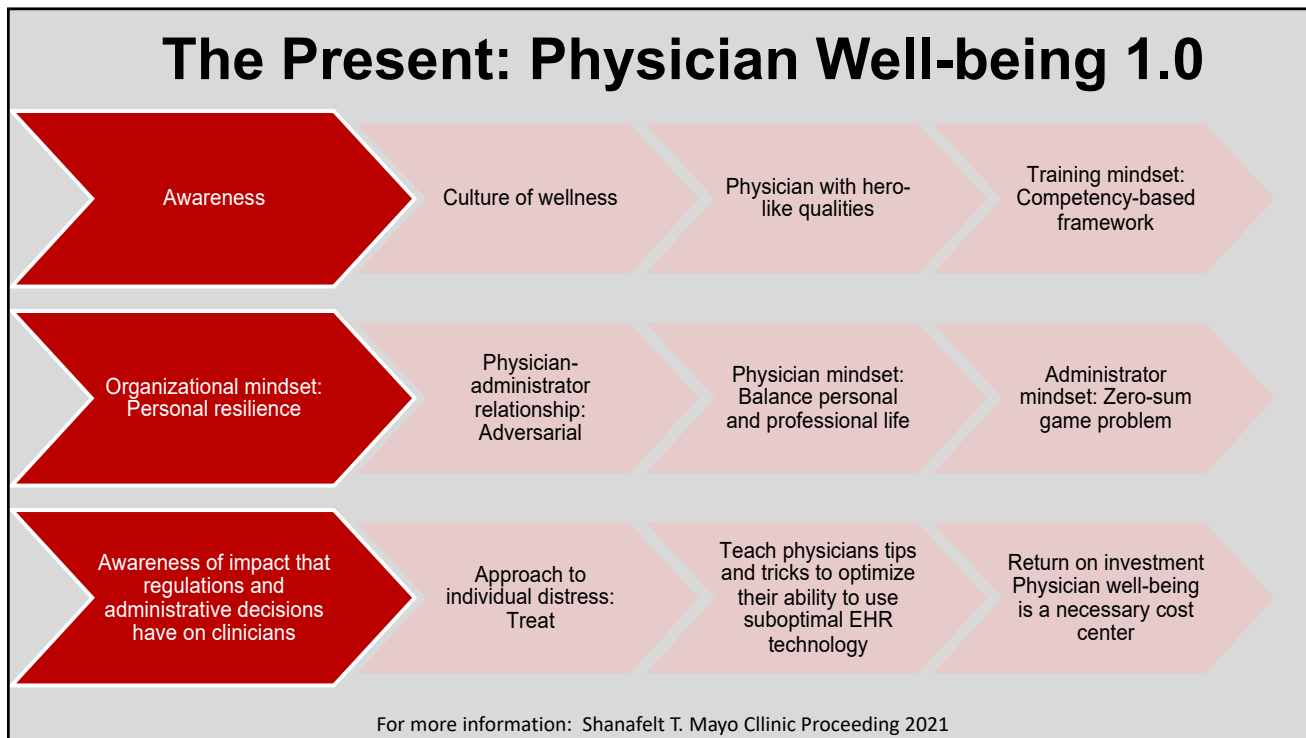
[nam.edu/NationalPlan](http://nam.edu/NationalPlan)

## The Past: The Era of Distress

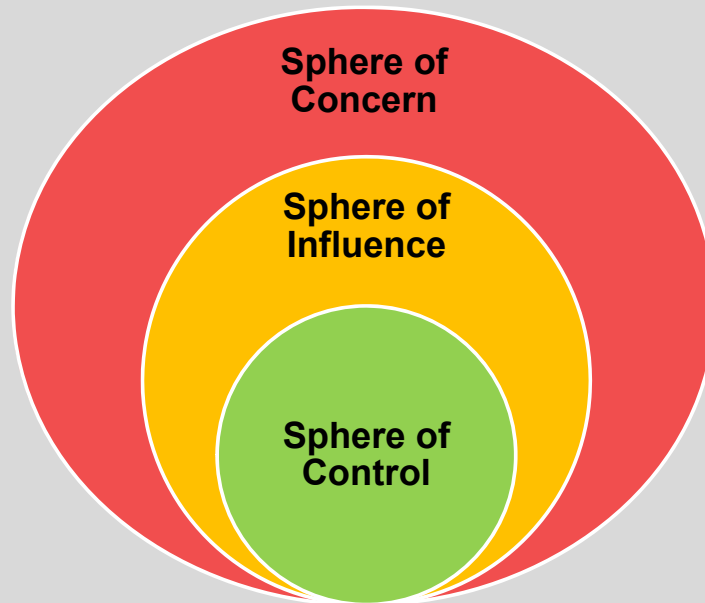


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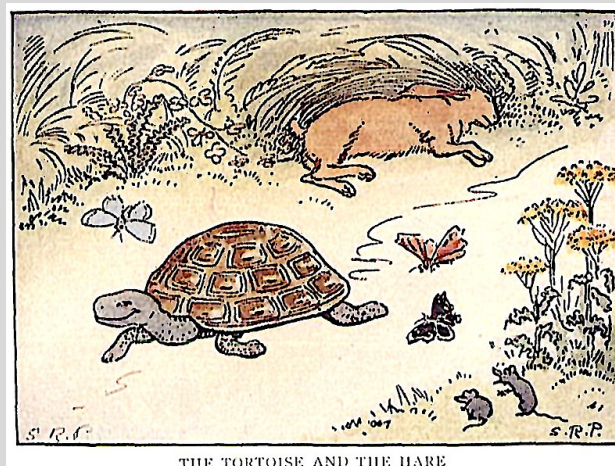
# Initiating Culture Change



## Conclusions

- Know the drivers of burnout.
- Be on the look out, inner self and those around you.
- Remember burnout is more than just a resiliency issue!
- Professional fulfillment: culture of wellness, efficiency of practice, personal resilience
- Recognize that you can impact your wellbeing and also to partner with your organization.

**This is a Marathon, Not a Sprint!**



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