"The Frequency and Impact of Physician Stress and Burnout: What We Need to Know and Need to Do"

Editorial
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Psychol Behav Sci Int J

The Impact of Stress, Burnout, and Personality on Physician Attitudes and Behaviors that Impact Patient Care

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Abstract

Physicians are trained to provide best patient care. It takes years of dedicated time, effort and commitment, and the reward is the joy of practicing good medical care. But the changing nature and complexity of today's health care environment is increasing physician levels of frustration, anger, cynicism, and more, leading to high levels of stress and burnout that has negatively impacted physician attitudes and behaviors toward patient care. We must recognize the seriousness of this issue and provide the necessary support and assistance to help physicians thrive and succeed in medical practice.

Keywords: Stress and Burnout; Physician Behavior; Physician Engagement

Background

Physicians just want to practice good medical care. Years ago physicians would practice in a relatively autonomous environment depending upon their accrued knowledge, technical skills, and experience to make the appropriate medical decisions and provide the necessary interventions to deliver high quality

ast twenty years the introduction of managed controls, and risk based contracting started al oversight of physician practices and outside g physicians what they can and cannot do. Health s added further fuel to the fire by introducing ealth care initiatives holding physicians their performance by introducing a number of nance metrics that measure satisfaction, quality, ncially rewarding or penalizing physicians for utcomes.

ncentives and priorities have forced many leave private practice to become employee ing under an assortment of productivity based dels pushing them further away from traditional eimbursement. The ready availability of public l information, the introduction of the electronic medical record mandates, and theenforcement of standardized guidelines and suggested algorithms have further diluted their sense of control. For physicians who have been in p for more than 10 years, they are becoming frustrated, angry, and cynical toward medica studies have suggested that nearly 50% of high levels of stress and burnout causing m either change practice models, move into new prematurely [1]. For those that remain, the both for their individual well- being and th behaviors that can negatively impact patient c

Strategic Direction

This is a serious situation [4]. The proble leave it up to the physician to take care of th There needs to be a strong organizational dedicated process in place for helping physic too late (Table 1). The first issue is physician physicians are unaware of the effects of stres how it may negatively affect their thoughts when they do realize what's happening, their they can handle it on their own. After all, they

Alan H Rosenstein MD MBA
St Vincent's Health Birmingham AL
September 25, 2018

Physicians Just Want to be Physicians

The Duality Of Being A Doctor

Most physicians go into medicine with a mission-driven spirit, committed to helping people. They are grateful for the opportunity to care for others, proud of their ability to diagnosis and treat, and inspired by the trust their patients put in them.

But those experiences contrast vividly with the economic side of being a physician. Each day, mundane financial tasks distance doctors from the reasons they chose medicine as a career in the first place.

That's the duality of being a doctor. There's the fulfilling personal side and the frustrating impersonal side. The personal side reminds doctors why they love practicing medicine. The impersonal side poses a significant threat to the future of medicine. Let me begin by explaining the personal side.

Malcolm Gladwell On American Health Care: An Interview

Learning Objectives

- Gain a better understanding of the timing, incidence, causes, and impact of stress and burnout on health care practitioners
- Discuss the negative impact of stress and burnout on attitudes and behaviors that can adversely affect care relationships, satisfaction, patient safety, and quality of care
- Learn how to develop effective strategies to address stress and burnout and implement programs designed to enhance professional behaviors, staff satisfaction, and well- being
- Discuss the importance of collaborative strategies for early intervention geared to help health care professionals attain a healthier more satisfying personal and professional life

Dissatisfaction, Stress, and Burnout: Incidence

ORIGINAL ARTICLE December 2015

MAYO CLINIC

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD

Abstract

Objective: To evaluate the prevalence of burnout and satisfaction with work-life balance in physicians and US workers in 2014 relative to 2011.

Patients and Methods: From August 28, 2014, to October 6, 2014, we surveyed both US physicians and a probability-based sample of the general US population using the methods and measures used in our 2011 study. Burnout was measured using validated metrics, and satisfaction with work-life balance was assessed using standard tools.

Results: Of the 35,922 physicians who received an invitation to participate, 6880 (19.2%) completed surveys. When assessed using the Maslach Burnout Inventory, 54.4% (n=3680) of the physicians reported at least 1 symptom of burnout in 2014 compared with 45.5% (n=3310) in 2011 (P<.001). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; P<.001). Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty. In contrast to the trends in physicians, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working US adults, resulting in an increasing disparity in burnout and satisfaction with work-life balance in physicians relative to the general US working population. After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; P<.001) and were less likely to be satisfied with work-life balance (odds ratio, 0.68; 95% CI, 0.62-0.75; P<.001).

Conclusion: Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.

 Mayo Clin Proc. 2015;90(12):1600-1613

For editorial comment, see page 1593; for a related article, see page 1694

From the Division of Hematology (T.D.S.), Division of Primary Care Internal Medicine (L.N.D.), Division of Biomedical Statistics and Informatics (C.P.W.), and Mayo Clinic Healthcare Delivery Institute (C.S.), Mayo Clinic, Rochester, MN; and NORC at the University of Chicago, Chicago, IL (O.H., D.S., J.S.)

Affiliations continued at the end of the article.

Medicine is both a demanding and a rewarding profession. Physicians spend more than a decade in postsecondary education, work substantially more hours than most US workers in other fields, and often struggle to effectively integrate their personal and professional lives.[1] They engage in highly technical and intellectually demanding work that often requires complex, high-stakes decision making despite substantial uncertainty. These challenges are offset by meaningful relationships with patients, the intellectual stimulation of the work, and the satisfaction of helping fellow human beings.[2-4] Physicians are also well compensated relative to many professions, are part of a fraternity of supportive colleagues, and often enjoy the respect and appreciation of their community.

The cumulative effect of these forces on the personal and professional satisfaction of each physician is unique. Although future physicians begin medical school with mental health profiles better than those of college graduates pursuing other fields,[5] this profile is reversed 1 to 2 years into medical school.[6] Once in practice, physicians have generally high degrees of satisfaction with their career choice but experience high degrees of

Mayo Clin Proc. ■ December 2015;90(12):1600-1613 ■ http://dx.doi.org/10.1016/j.mayocp.2015.08.023
www.mayoclinicproceedings.org ■

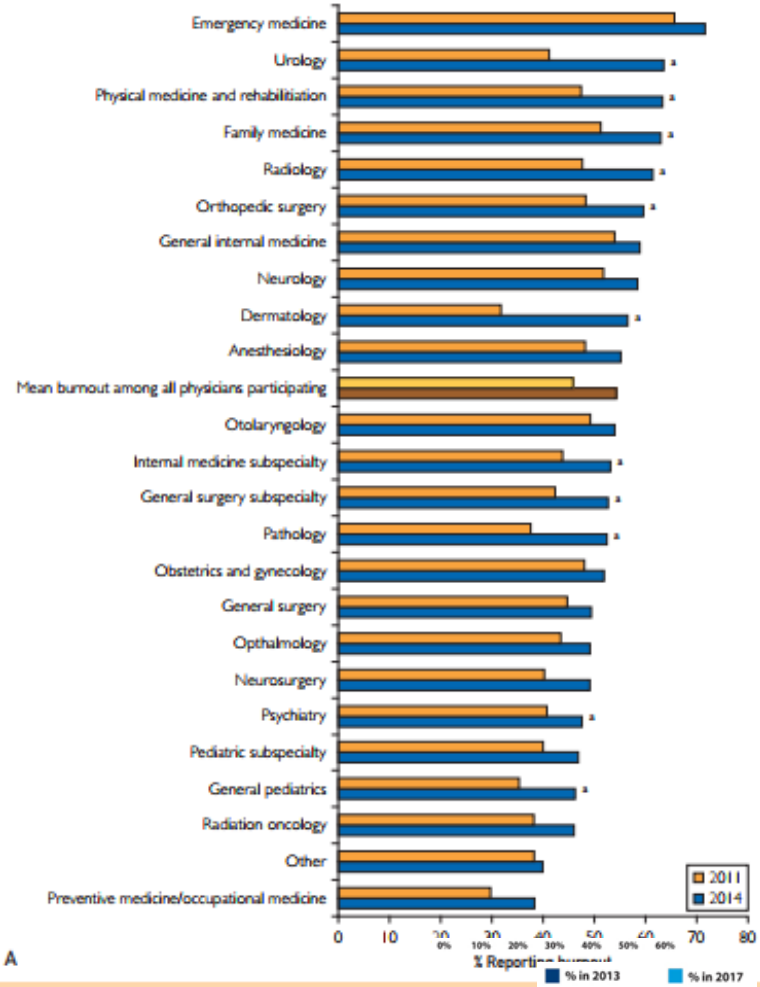
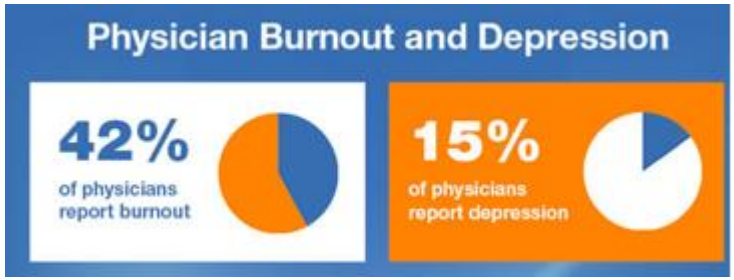
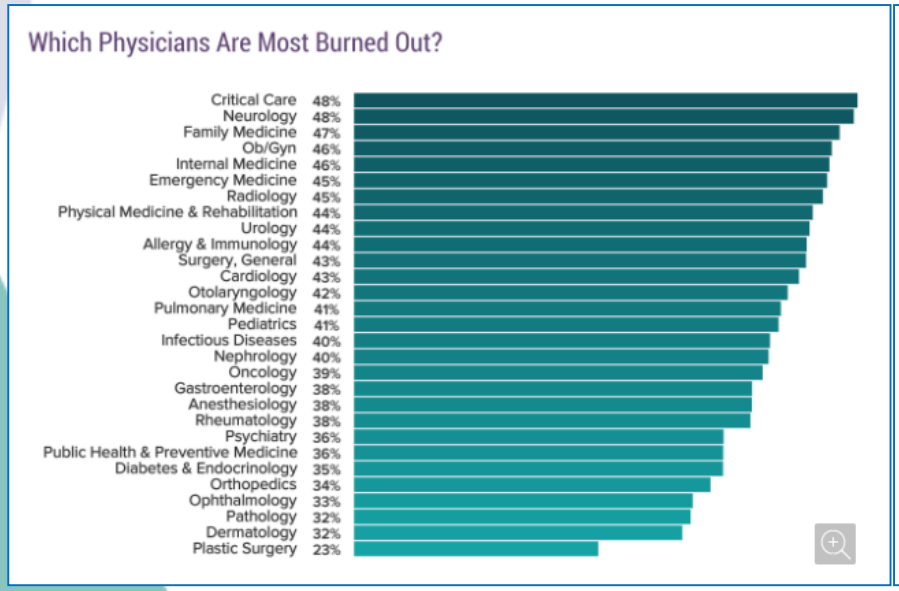


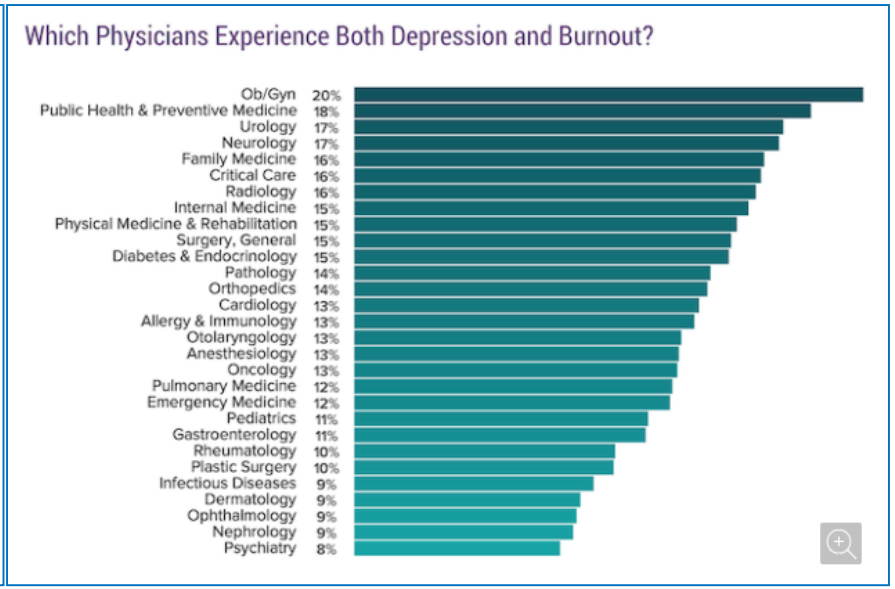
FIGURE 1. Burnout (A) and satisfaction with WLB (B) by specialty 2014 vs 2011. For 1A and 1B, specialty discipline is shown on the y axis and burnout (A) and satisfaction with WLB (B) are shown on the x axis. For 1C, satisfaction with WLB is shown on the y axis and burnout on the x axis. GIM = general internal medicine; OBGYN = obstetrics and gynecology; PM&R = physical medicine and rehabilitation; Prev = Preventive medicine, occupational medicine, or environmental medicine; WLB = work-life balance. [a]P<.05 from comparison 2014 to 2011.

Medscape Report 2018

- **15,543 physicians** across 29 specialties met the screening criteria and completed the survey; weighted to the AMA's physician distribution by specialty and state.

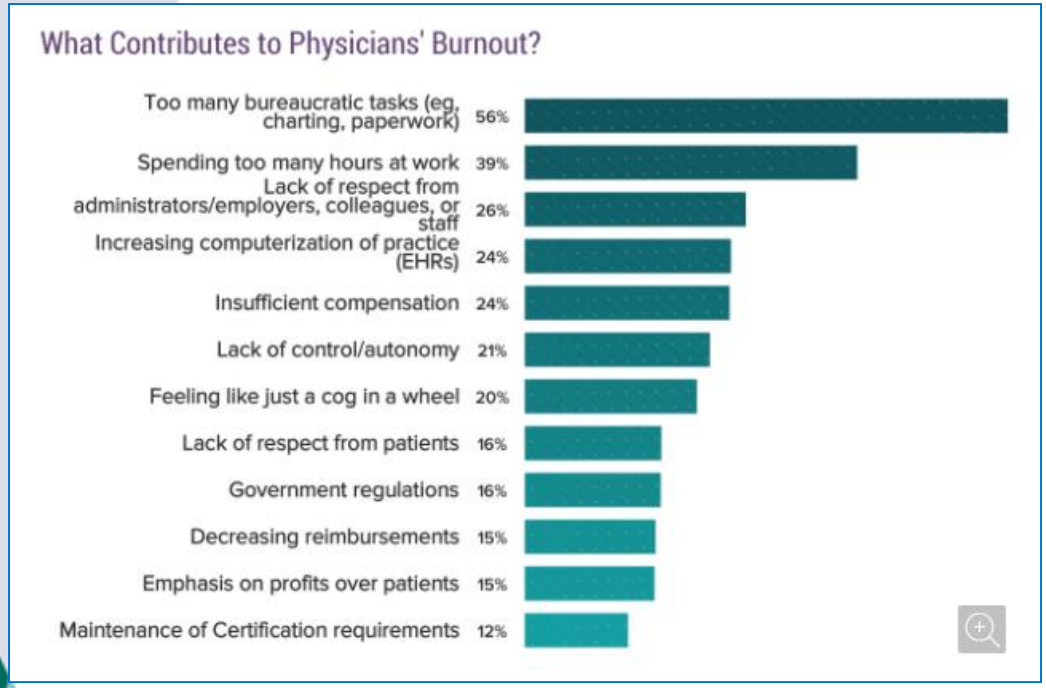






Causes/ Consequences

Medscape National Physician Burnout & Depression Report 2018



- Bureaucracy:
  - Change/ focus/ intent
  - Workload/ process flow
  - Roles/ responsibilities
  - Administrative hurdles
  - Contracts/ Productivity/ $
  - Metrics/ Accountability
  - EMR/ Coding/ Reporting
- Consequences:
  - Loss of autonomy
  - Loss of control
  - Loss of idealism
  - Loss of respect
  - Loss of purpose
  - Dissatisfaction
  - Frustration/ anger/ S&B
  - Impact on care

Impact on Self Image and Patient Care

JAMA Internal Medicine

Original Investigation | Physician Work Environment and Well-Being

ONLINE FIRST

September 4, 2018

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction

A Systematic Review and Meta-analysis

Maria Panagioti, PhD[1]; Keith Geraghty, PhD[2]; Judith Johnson, PhD[3]; et al

Key Points

Question Is physician burnout associated with low-quality, unsafe patient care?

Findings This meta-analysis of 47 studies on 42 473 physicians found that burnout is associated with 2-fold increased odds for unsafe care, unprofessional behaviors, and low patient satisfaction. The depersonalization dimension of burnout had the strongest links with these outcomes; the association between unprofessionalism and burnout was particularly high across studies of early-career physicians.

Meaning Physician burnout is associated with suboptimal patient care and professional inefficiencies; health care organizations have a duty to jointly improve these core and complementary facets of their function.

Abstract

Importance Physician burnout has taken the forr
delivery, including patient safety, quality of care,
systematically quantified.

Objective To examine whether physician burnout
suboptimal care outcomes due to low profession

Main Outcomes and Measures The core outcomes
patient safety, professionalism, and patient satisfa

Results Of the 5234 records identified, 47 studies
years [range, 27-53 years]) were included in the m
increased risk of patient safety incidents (OR, 1.96
professionalism (OR, 2.31; 95% CI, 1.87-2.85), and
The heterogeneity was high and the study quality
professionalism were larger in residents and early-
middle- and late-career physicians (Cohen Q=7.27
and professionalism (physician-reported vs systen
8.14; P=.007).

Conclusions and Relevance This meta-analysis provides evidence that physician burnout may jeopardize patient care; reversal of this risk has to be viewed as a fundamental health care policy goal across the globe. Health care organizations are encouraged to invest in efforts to improve physician wellness, particularly for early-career physicians. The methods of recording patient care quality and safety outcomes require improvements to concisely capture the outcome of burnout on the performance of health care organizations.

The Relationship Between Professional Burnout and Quality and Safety in Healthcare: A Meta-Analysis

Michelle P. Salyers, Ph.D.[1,2], Kelsey A. Bonfils, M.S.[1,2], Lauren Luther, M.S.[1,2], Ruth L. Firmin, M.S.[1,2], Dominique A. White, M.S.[1,2], Erin L. Adams, M.S.[1,2], and Angela L. Rollins, Ph.D.[1,2,3]

[1]Department of Psychology, Indiana University-Purdue University Indianapolis, Indianapolis, IN, USA; [2]ACT Center of Indiana, Indianapolis, IN, USA; [3]VA HSR&D Center for Health Information and Communication, Richard L. Roudebush VAMC, Indianapolis, IN, USA.

BACKGROUND: Healthcare provider burnout is considered a factor in quality of care, yet little is known about the consistency and magnitude of this relationship. This meta-analysis examined relationships between provider burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) and the quality (perceived quality, patient satisfaction) and safety of healthcare.

METHODS: Publications were identified through targeted literature searches in Ovid MEDLINE, PsycINFO, Web of Science, CINAHL, and ProQuest Dissertations & Theses through March of 2015. Two coders extracted data to calculate effect sizes and potential moderators. We calculated Pearson's *r* for all independent relationships between burnout and quality measures, using a random effects model. Data were assessed for potential impact of study rigor, outliers, and publication bias.

RESULTS: Eighty-two studies including 210,669 healthcare providers were included. Statistically significant negative relationships emerged between burnout and quality (r=−0.26, 95 % CI [−0.29, −0.23]) and safety (r=−0.23, 95 % CI [−0.28, −0.17]). In both cases, the negative relationship implied that greater burnout among healthcare providers was associated with poorer-quality healthcare and reduced safety for patients. Moderators for the quality relationship included dimension of burnout, unit of analysis, and quality data source. Moderators for the relationship between burnout and safety were safety indicator type, population, and country. Rigor of the study was not a significant moderator.

DISCUSSION: This is the first study to systematically, quantitatively analyze the links between healthcare provider burnout and healthcare quality and safety across disciplines. Provider burnout shows consistent negative relationships with perceived quality (including patient satisfaction), quality indicators, and perceptions of safety. Though the effects are small to medium, the findings highlight the importance of effective burnout interventions for healthcare providers. Moderator analyses suggest contextual factors to consider for future study.

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Clinician Burnout and the Quality of Care Mark Linzer, MD

Burnout, a syndrome of emotional exhaustion, depersonalization, and a lack of sense of accomplishment, is a negative reaction to adverse work conditions. Prior to 2001, there were concerns about waning preferences for career choices in primary care and a developing notion that clinician satisfaction was related to favorable outcomes, again in terms of career choice by learners. In 2001, John Eisenberg, a leading health services researcher and 1 of the early directors of the Agency for Healthcare Research and Quality, defined the healthy workplace for clinicians and patients[1]; the field of clinician well-being was then launched.

Related article

Shortly thereafter, the Agency for Healthcare Research and Quality launched the patient safety initiative and funded several projects, including the Minimizing Error Maximizing Outcomes study, linking work conditions to clinician and patient outcomes.[2] Shanafelt and colleagues reported the risks of burnout, and their recent efforts defined the national landscape with burnout prevalence exceeding 45%.[3] In the past few years, there has been increased interest in promoting satisfaction among clinicians, reducing their burnout, and expanding quality metrics to incorporate the quadruple aim of cost, quality, patient satisfaction, and clinician well-being. But the question remains: How much do we know of the links between these various patient, clinician, and system-based metrics?

Burnout and Care Quality: The Link Gets Stronger

In this issue of *JAMA Internal Medicine*, Panagioti and colleagues[4] synthesize data from 47 studies. Although a high degree of heterogeneity was seen, results consistently favored an association between burnout and patient outcomes. A study strength is that burnout was usually measured with the Maslach Burnout Inventory, which is widely considered to be the standard among burnout measurement instruments (internally consistent and validated against multiple personal experience metrics).[5] An area for potential improvement in the literature is that patient outcomes in the Panagioti et al[4] study were most often measured by physician report rather than by systematic objective measurement. Odds ratios relating burnout and outcomes were strong and statistically significant, although most studies were cross-sectional and thus causality remains uncertain. Despite these potential improvements, the link between burnout and patient care is now better established due to the work of Panagioti and her team.[4] Of concern, trainees and early-career clinicians seemed to be at particularly high risk.

The Next Steps in Research

As the world struggles with how best to reduce burnout, the most common questions I hear from chief executive officers and organizational leaders are: What should we do? What will it cost? How will this affect productivity, quality, and clinician turnover? Answering these questions is challenged by there being few funders who have entered this field in a substantive manner. Thus, the types of studies that are feasible may be smaller than we might wish, and although we may hope for more randomized trials, the landscape for such studies is restricted and they are not likely to be completed within the next several years. Clinicians and patients are now experiencing adverse work conditions. How can the field move forward in a timely manner to address the worrisome findings of Panagioti et al[4]?

Quality Improvement as the Road to Burnout Reduction

In 2018, *JAMA Internal Medicine* published an editorial calling for more rigorous quality improvement studies.[6] The editors emphasized that quality improvement projects are often local (one or a few sites), but can still be performed in a rigorous and scientifically sound manner meriting publication and widespread dissemination.

Resonating with these concepts, I propose that for the burnout prevention and wellness field, we encourage quality improvement projects of high standards: multiple sites, concurrent control groups, longitudinal design, and blinding when feasible, with assessment of outcomes and costs. These studies can point us toward what we will evaluate in larger trials and allow a place for the rapidly developing information base to be viewed and thus become part of the developing science of work conditions, burnout reduction, and the anticipated result on quality and safety.

What Questions Need Answering?

The research horizon for burnout prevention has recently been discussed.[7] With an eye toward quality improvement projects in practice science to advance the field, I offer several research questions as candidates for study:

1. Workflow redesign has been linked to lower burnout in physicians. Which workflow redesigns appear to best improve efficiency and reduce burnout?
2. There are major concerns about the role of the electronic medical record in producing burnout. What aspects of the electronic medical record (eg, usability) can be addressed to lower stress?
3. Chaotic workplaces have been linked to burnout and medical errors. How can we reengineer workplaces for less chaos and burnout?

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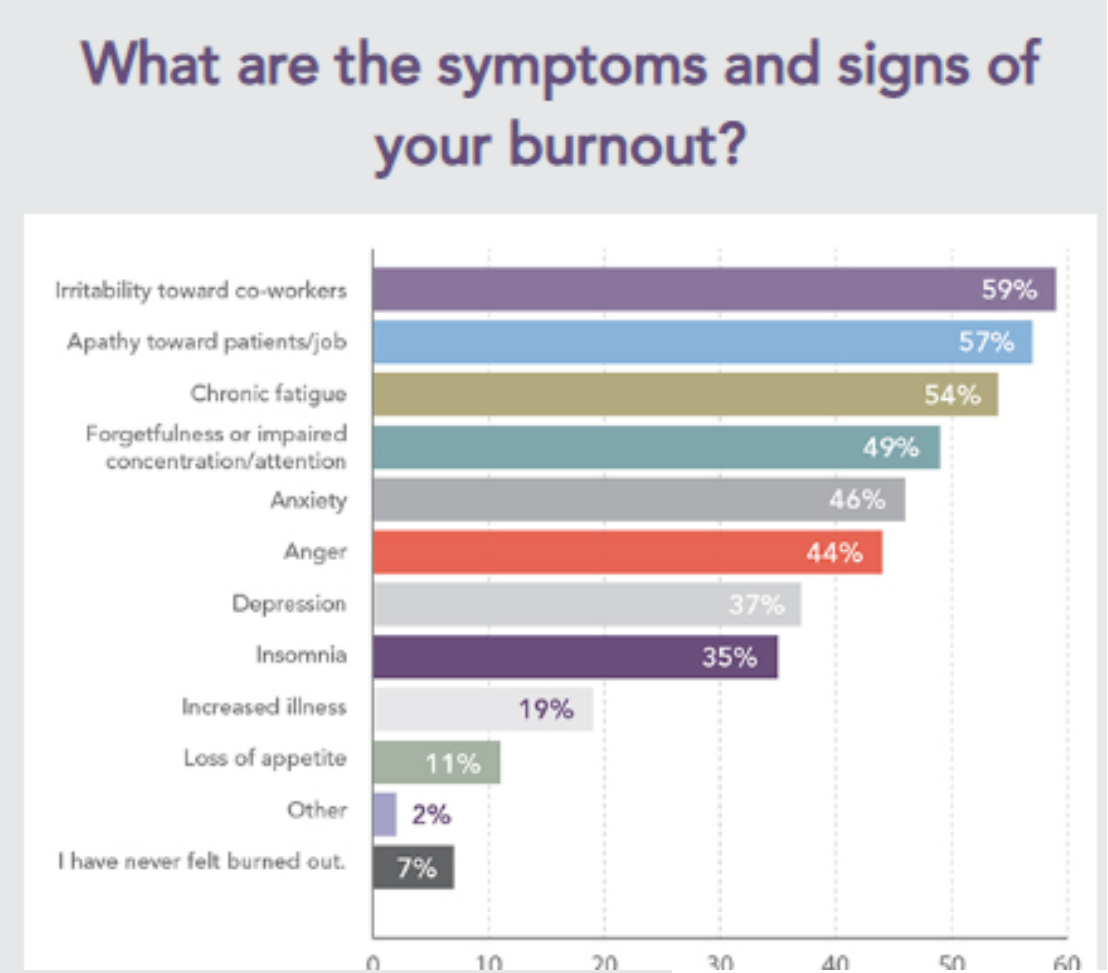
JAMA Internal Medicine Published online September 4, 2018 E1

Signs and Symptoms



Physician workload survey 2018

http://locumstory.com/spotlight/physician-workload-survey-2018

Change in persona
Exhaustion
Apathy/ detachment
Irritability/ cynicism
Non- communicative
Anger/ hostility
Depression
Emotional liability
Suicidal ideation
Physical signs
Disruptive behaviors
Judgement/ Mistakes

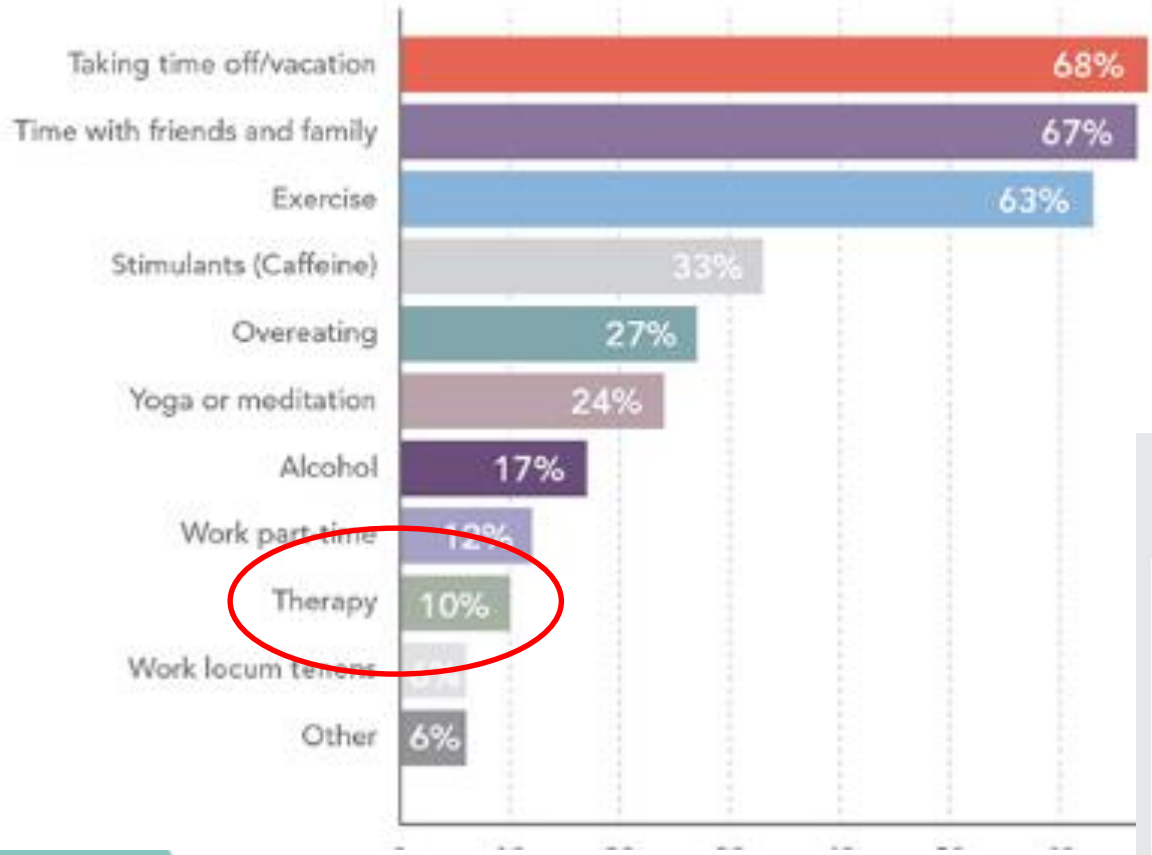
Coping Mechanisms

August 1, 2018

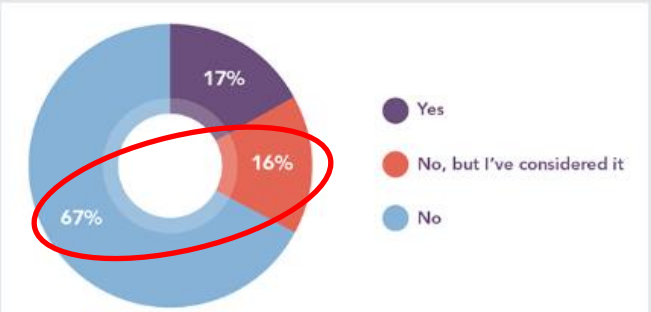
Physician workload survey 2018

locumstory.com surveyed more than 3,700 physicians

Methods for coping with burnout



Have you ever met with a mental health professional?



Physician Response

- I’m not under stress
- Yes, I’ve been under stress my entire life
- Yes, I can handle it
- Yes, I’ll make more time for relaxation …. Ooops
- You don’t understand my world
- You don’t care
- Even if they want to reluctance to act:
  - Awareness/ support/ access/ HCO responsiveness?
  - Stoicism/ stigma
  - Time/ Cost/ DX?
  - Questions about competency
  - Fear of retribution/ licensure
  - Concerns about confidentiality

Physician Reluctance to Act

Medscape Internal Medicine June 27, 2017

Why Do Depressed Doctors Suffer in Silence?

Sandra Levy

Many Depressed Doctors Avoid Professional Help

Physicians face unique circumstances during their careers that may lead to depression; these include bullying, hazing, sleep medical board investigations—plus the repeated suffering and death. However, doctors also expe same reasons the general public does, says Pam Care, Eugene, Oregon.

Dr Wible has been running a physician suicide hc the opportunity to help hundreds of depressed ar interviewed 200 physicians who have experience careers. She asked what treatment they pursued professional help, 27% pursued self-care, 14% en behaviors, 10% did nothing, 6% changed jobs, 5% and 5% chose other activities.

"Most physicians tried multiple treatments. Sadly, spoke with did nothing for months to years until t action—sometimes self-harm. Professional help w therapy," said Dr Wible.

Doctors Are Afraid to Get Help

AMA Told Mental Health Dx Still a Stigma for Docs

— Students, physicians fear repercussions of seeking mental health care

by Shannon Firth, Washington Correspondent, MedPage Today June 12, 2017

CHICAGO -- Physicians ought to be able to get help for a mental health problem witho putting their careers in jeopardy argued members of the resident and psychiatry community who requested changes to policy at the American Medical Association's Hou of Delegates meeting on Sunday.

Grayson Armstrong, MD, MPH speaking for the resident and fellow section said some physicians avoid getting help for a mental health issue out of fear that receiving a diagnosis or treatment will impact their licensure.

Amid reports of high rates of burnout and suicide among physicians, Armstrong and his colleagues in the RFS crafted a resolution asking the AMA to encourage state medical

ORIGINAL ARTICLE

Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions

Liselotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD; Christine A. Sinsky, MD; Lindsey E. Goeders, MBA; Daniel V. Satele, BS; and Tait D. Shanafelt, MD

Abstract

Objective. To determine whether state medical licensure application questions (MLAQs) about mental health are related to physicians' reluctance to seek help for a mental health condition because of concerns about repercussions to their medical licensure.

Methods. In 2016, we collected initial and renewal medical licensure application forms from 50 states and the District of Columbia. We coded MLAQs related to physicians' mental health as "consistent" if they required only about current impairment from a mental health condition or did not ask about mental health conditions. We obtained data on care-seeking attitudes for a mental health problem from a nationally representative convenience sample of 5020 physicians who completed a survey between August 28, 2016, and October 6, 2016. Analyses explored relationships between state of employment, MLAQs, and physicians' reluctance to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure.

Results. We obtained initial licensure applications from 51 of 51 (100%) and renewal applications from 48 of 51 (94.1%) medical licensing boards. Only one-third of states currently have MLAQs about mental health on their initial and renewal application forms that are considered consistent. Nearly 40% of physicians (2325 of 5020) reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure. Physicians working in a state in which neither the initial nor the renewal application was consistent were more likely to be reluctant to seek help (odds ratio, 1.21; 99% CI, 1.07–1.37; $P=.001$ vs both applications consistent).

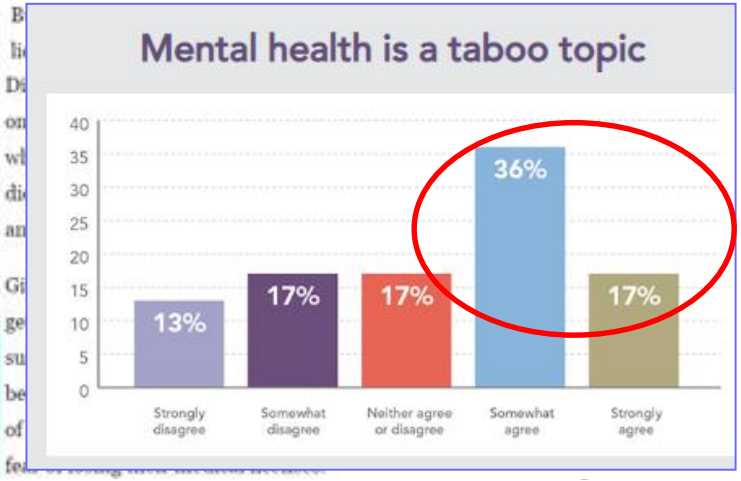
Conclusion. Our findings support that MLAQs regarding mental health conditions present a barrier to physicians seeking help.

The Washington Post January 7 2017

Why doctors are leery about seeking mental health care for themselves

By Nathaniel P. Morris

A survey of 2,000 U.S. physicians released in September found that roughly half believed they had met criteria for a mental health disorder in the past but had not sought treatment. The doctors listed a number of reasons they had shunned care, including worries that they'd be stigmatized and an inability to find the time.



Organizational Response

BECKER'S Hospital Review

3 in 4 physicians say their organization is not addressing burnout

Written by Emily Rappleye (Twitter | Google+) | June 20, 2016

A majority of physicians — 74 percent — do not feel their employer or practice is doing enough to address and prevent burnout, according to a "microsurvey" of 200 primary care and emergency medicine physicians from InCrowd, a real-time market intelligence provider.

Physician burnout is marked by decreased enthusiasm for work, depersonalization, emotional exhaustion and a low sense of personal accomplishment. Primary care and emergency medicine physicians are among the top specialties reporting burnout, according to InCrowd. The survey found as many as 57 percent of respondents had experienced burnout personally, and another 37 percent said they knew a colleague who had experienced burnout.

More than a third of primary care and emergency medicine physicians reported feeling frustrated by their jobs at least a few times each week, if not every day, according to InCrowd. They cited time pressures, EHRs and a loss of passion due to industry changes as top factors influencing burnout.

http://www.beckershospitalreview.com/hospital-physician-relationships/3-in-4-physicians-say-their-organization-is-not-addressing-burnout.html

MDLinx

Hospitals aren't doing enough to stop burnout, physicians say

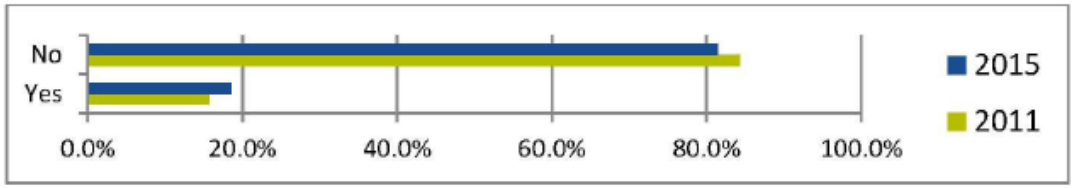
John Murphy, MDLinx, 06/20/2016

Almost 3 out of 4 (74%) of primary care physicians and emergency medicine doctors said their health care facility or practice is not taking effective steps to address and prevent burnout, according to a May 2016 survey of 200 U.S. PCPs and ED physicians conducted by InCrowd, a health care market intelligence firm based in Boston, MA.

Primary care and em... some of the highest ... than half (57%) of PC... responding to this su... burnout. An additiona... although they hadn't ... knew others who had...

More than a third (37... frustrated by their wo... days every week.

Question 20: Does your organization do anything currently to help physicians deal more effectively ... and/or burnout?



Studer Group: More than half of physicians feel leaders don't do enough to combat burnout

Written by Emily Rappleye (Twitter | Google+) | February 03, 2016

Of more than 350 practicing physician respondents, 90 percent have experienced symptoms of burnout at some point in their career. Of those who have experienced burnout, 65 percent said they even have considered leaving medicine because of it.

According to the survey, physicians would like leadership to give them a greater say in operational decisions, more leadership opportunities and access to resources and education on burnout. Physicians also felt having adequate post-call recovery time and vacation time, realistic scheduling and an appropriate balance of quality over productivity would help prevent feelings of burnout, according to the survey.

Consequences

Physicians/ Staff:

- Decreasing job satisfaction
- Feelings of irritability, moodiness, cynicism, apathy
- Sleep disturbances, fatigue
- Negative impacts on physical health
- Negative impacts on emotional health (anxiety, depression, behavioral disorders)
- Performance liability
- Patient satisfaction
- Patient safety issues
- Career issues
  - Premature retirement

Organization:

- Culture and morale
- Increased turnover, recruitment and retention challenges
- Poor care coordination/ productivity/ compliance
- Disruptive behaviors
- Patient satisfaction/ reputation
- Patient safety and quality issues related to poor responsiveness, ineffective communication, judgment errors causing adverse events
- Penalty/ liability

Wants and Wishes

Physicians:

- Good patient care
- Happiness/ success/ respect
- Control
- Work-life balance
  - Work hours/ responsibilities
  - Rest and relaxation
  - Wellness activities
- Administrative support
  - Recognition and concern
  - Input and understanding
  - Leadership responsiveness
    - Administrative support
    - Clinical support
    - Emotional support
    - Career support
    - Thank you

Organizations:

- Mission/ Culture/ Morale
- Success/ Reputation
- Recruitment and retention
- Achieve objectives
  - Metric compliance
  - Less disruption/ productivity
  - Enhanced communication and team collaboration
  - Conflict resolution
  - Best practice quality/ safety
- Professional behaviors
- Patient/ staff satisfaction
- Physician satisfaction/ success

It's Not Just Physicians …..

Nurses around the world are stressed and burned out

Learn how leaders can rebuild the foundation for a resilient workforce

Hospitals and health systems have never been more committed to employee engagement, retention, and wellness. Yet mounting evidence shows that stress and overwork are widespread across the nursing profession.

In today's care environment, there are unaddressed needs, or "cracks in the foundation," that undermine nurse resilience and lead to frontline burnout.

Check out our infographic to learn the four cracks in the care environment repair to rebuild the foundation for a resilient workforce.

Workplace environment
- Compassion fatigue
- Staffing/ scheduling
- Roles and responsibilities

Gender bias/ harassment

Disrespect/ incivility

NATIONAL ACADEMY OF MEDICINE

Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care

By Lotte N. Dyrbye, Tait D. Shanafelt, Christine A. Sinsky, Pamela F. Cipriano, Jay Bhatt, Alexander Ommaya, Colin P. West, and David Meyers

July 05, 2017 | Discussion Paper

Nurses and Other Health Care Professionals

Studies of nurses report a similarly high prevalence of burnout and depression. In a 1999 study of m registered inpatient nurses, 43 percent had high degree of emotional exhaustion [10]. A subsequent approximately 68,000 registered nurses in 2007 reported that 35 percent, 37 percent, and 22 percen nurses, nursing home nurses, and nurses working in other settings had high degree of emotional ex prevalence of depression may also be higher among nurses than other US workers. In a study of 1,1 inpatient nurses, 18 percent had depression versus a national prevalence of approximately 9 percen known about other members of the health care team, although existing data suggest a similar preva among nurse practitioners and physician assistants [13].

The Medical Group Management Association's most recent MGMA *Stat* poll June 26, 2018,

Almost three-quarters of healthcare leaders feel some degree of burnout, survey finds

Of 1,750 healthcare leaders, 45 percent said they felt "burned out," while 28 percent said they were "somewhat" burned out.

The Medical Group Management Association's most recent MGMA *Stat* poll asked healthcare leaders if they feel burnt out at their job. While many respondents (45%) indicated that, yes, they feel burnt out, the majority feel they were "somewhat" burnt out (28%) or reported, "no," they do not feel burnt out at their job (28%).

So What are you/ we Going to Do?

What Influences Physician Attitudes & Behaviors?

Internal:

- Age and generation
- Gender
- Culture and ethnicity
- Geography/ life experiences

⇨ Personality:

- Dictatorial
- Narcissism, stoicism
- Perfectionism/ desensitization
- Low Emotional Intelligence

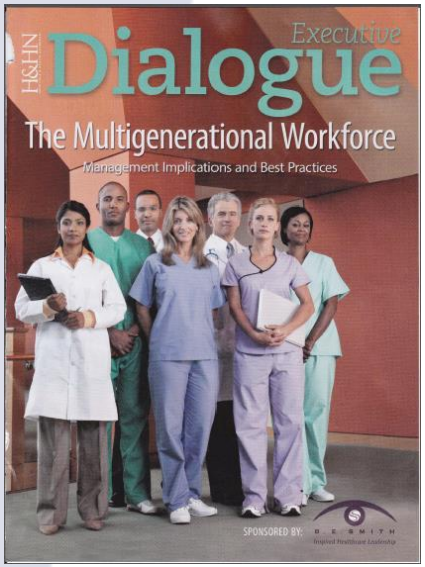
External:

- Training
- Healthcare environment
- Work environment/ event
- Life/ Personal issues

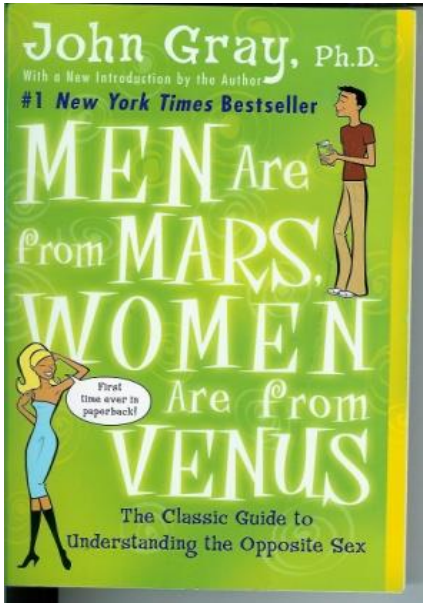
⇨ Behavioral health/wellness:

- Stress/ fatigue/ apathy/ burnout
- Frustration/ anger/ depression
- Substance abuse
- Suicidal ideation

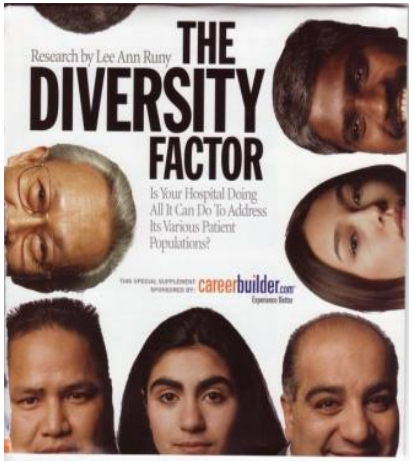
Internal Factors



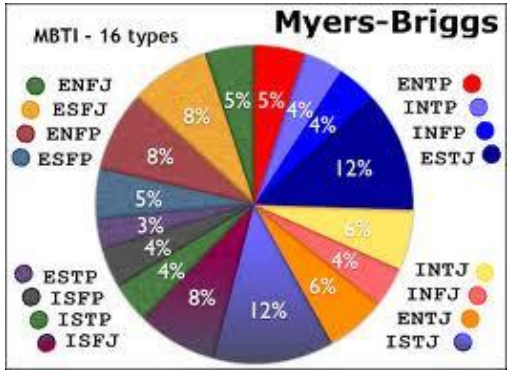
Age & generation



Gender

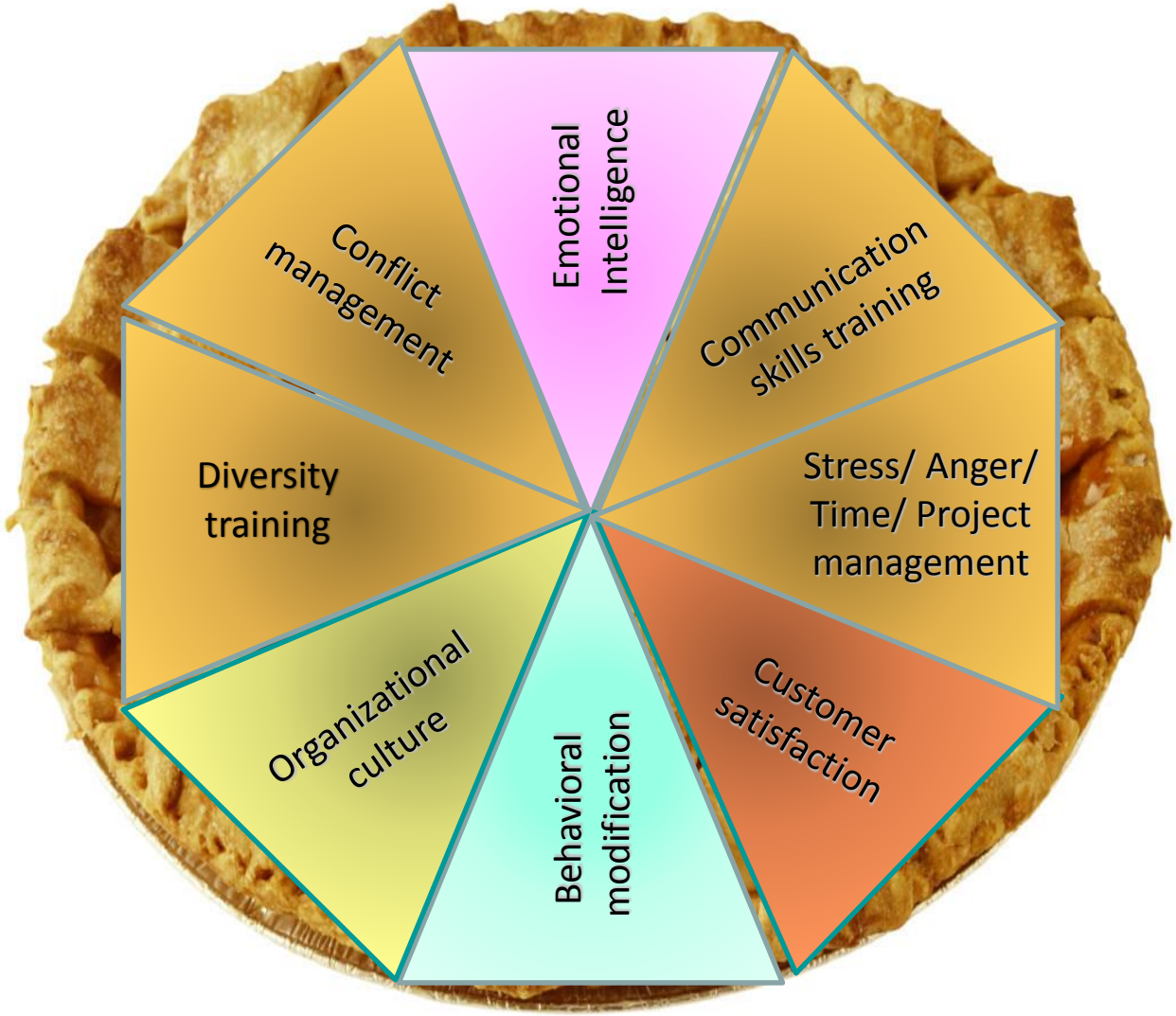


Culture & Ethnicity



Life/ Personality

Relationship Based Improvements in Patient Care



External Factors:

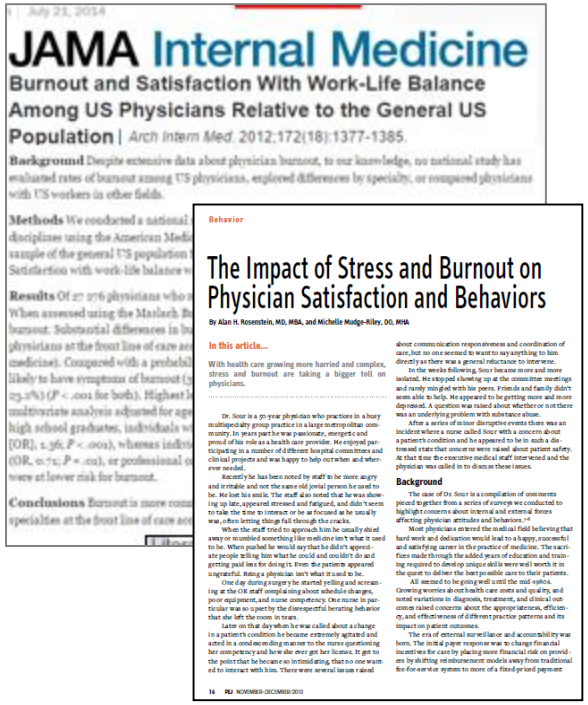

DOCTOR AND PATIENT | AUGUST 9, 2012, 12:00 PM | 208 Comments

The Bullying Culture of Medical School

By PAULINE W. CHEN, M.D.

Training

Reform


JAMA Internal Medicine

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population | *Arch Intern Med.* 2012;172(18):1377-1385.

Behavior

The Impact of Stress and Burnout on Physician Satisfaction and Behaviors

By Alan H. Rosenstein, MD, MBA, and Michelle Mudge-Riley, DO, MHA

In this article...

Stress & Burnout

External Factors: Training and Reform

Training:

- Rites of passage
- Competitive nature
- Hierarchy
- Low self- esteem
- Focus on knowledge/ technical expertise
- Independence/ autonomy
- Authoritative/ controlling
- Desensitization/ Low EI
- Stress/ burnout/ depression

Health Care Reform:

- Value based care
- Performance accountability
- Accountable care organizations
- Risk based contracting
- Payment restructuring (fixed/ bundled/ P4P incentives
- Non-clinical mandates (EMR/ ICD 10/ PQRS/ MIFS/ Meaningful use)
- Capacity management
- Productivity

Point of Entry: It Begins Early On

Burnout, Dissatisfaction Seem Rampant Among Medical Residents

One-third dissatisfied with work-life balance, nearly half emotionally exhausted, study finds

By Kathleen Doheny
HealthDay Reporter

TUESDAY, Sept. 6 (HealthDay News) -- The medical resident of today -- possibly your doctor in the future -- is exhausted, emotionally spent and likely stressed out about debt, a new study indicates.

"About 50 percent of our trainees are burned out," said study leader Dr. Colin P. West, an associate professor of medicine and biostatistics at the Mayo Clinic in Rochester, Minn.

Higher levels of stress translated into lower scores on tests that gauge medical knowledge and more emotional detachment, among other fallout.

The study is published in the Sept. 7 issue of the *Journal of the American Medical Association*, a themed issue devoted to doctors' training.

JAMA The Journal of the American Medical Association

December 8, 2015, Vol 314, No. 22

Prevalence of Depression and Depressive Symptoms Among Resident Physicians

A Systematic Review and Meta-analysis

Douglas A. Mata, MD, MPH[1]; Marco A. Ramos, MPhil, MSEd[2]; Narinder Bansal, PhD[3]; Rida Khan, BS[4]; Constance Guille, MD, MS[5]; Emanuele Di Angelantonio, MD, PhD[3]; Srijan Sen, MD, PhD[6]

JAMA. 2015;314(22):2373-2383. doi:10.1001/jama.2015.15845.

A series of studies published in The Journal of the American Medical Association (JAMA) in December 2015 remind us that physician burnout can and does occur among our medical students, residents, and fellows. Feelings of emotional exhaustion, lack of impact, and depersonalization of patients and staff have been observed among physicians-in-training for decades. In a large meta-analysis, researchers found that 21-43% of residents manifested symptoms of depression, compared with rates of 10-20% among practicing physicians. Other authors in the same JAMA issue addressed the psychological impact of the physical and mental rigors of physician training, as well as the sometimes negative impact of "pimping" (defined by Reifler as a series of questions that "… can allow teachers to assess their learners' knowledge base and then gauge their further teaching accordingly", and can have the benefit of "… learning to think quickly, handle the pressure of the spotlight, and develop stronger spines").

NEJM Journal Watch

Over 1 in 4 Medical Students Are Depressed

By Amy Orcian Herman December 7, 2016

Edited by David G. Fairchild, MD, MPH, and Lorenzo Di Francesco, MD, FACP, FHM

Some 27% of medical students have depression or depressive symptoms, according to a meta-analysis in *JAMA*.

Among the other findings, based on data from more than 180 studies comprising some 120,000 medical students in 43 countries:

- The prevalence of depression in this population generally remained stable from 1982 to 2015.
- In longitudinal studies that assessed depression before and during medical school, the median absolute increase in depression prevalence was 14% after starting medical school.
- Just 16% of those with depression sought treatment.

In addition, an analysis of 24 studies found that 11% of medical students had suicidal ideation.

An editorialist examines reasons for the poor mental health of medical students, including the belief that medical school must be exceptionally demanding to prepare students for a challenging profession. He calls for schools to "step up to address the mental health crisis among medical students," with a focus on the "culture and conditions in the educational environment."

BECKER'S Hospital Review

Depressed, stressed out and breaking up: What this top researcher learned from medical interns

Written by Emily Rappleye (Twitter | Google+) | September 09, 2015

Here at *Becker's Hospital Review* we write about "physician burnout" pretty frequently. Physicians are stressed out, overworked and disenchanted with medicine. We've written about how to combat burnout with organizational leadership, lean strategies and even mobile apps. Yet while medical institutions, physician groups and healthcare administrators are working to combat burnout, the problem persists.

Perhaps the larger issue at hand is that stress and burnout can lead to something that doesn't get enough airtime — depression. According to the American Foundation for Suicide Prevention, anywhere from 300 to 400 physicians commit suicide each year. Among male physicians, the suicide rate is 70 percent higher than other professions. Among female physicians in the U.S., it's 250 to 400 percent higher.

Studies have shown these issues crop up early in the medical career. Medical students have 15 percent to 30 percent higher rates of depression than the general population, according to AFSP.

Medical School Restucturing

Providence Journal

Apr 9, 2018

AMA revamps doctor training to reflect changing health-care landscape

By G. Wayne Miller

The Providence (RI) Journal (4/9, Gwaynemiller) reports that the American Medical Association "is touting progress toward what it describes as 'bold, innovative ways to improve physician training that can be implemented across medical education.'" The adjustments to training will aid medical students in preparing "for a new health-care world in which technology and populations, not just individual patients, are increasingly important." There are "32 medical schools participating in the AMA's Accelerating Change in Medical Education Consortium," including Warren Alpert Medical School at Brown University, which in 2013 received $1 million in funds from the AMA to construct "a first-in-the-nation program designed to train physicians who, with a focus on population and public health, can be future leaders in community-based primary care at the local, state or national level."

The training, according to the AMA, prepares medical students for a new health-care world in which technology and populations, not just individual patients, are increasingly important. The days of the doctor with stethoscope and black bag depicted in Norman Rockwell's iconic painting are long gone.

One of 32 medical schools participating in the AMA's Accelerating Change in Medical Education Consortium, Brown in 2013 received $1 million from the AMA to build "a first-in-the-nation program designed to train physicians who, with a focus on population and public health, can be future leaders in community-based care at the local, state or national level," the AMA said in a media release.

"Since launching this bold effort nearly five years ago, the AMA and our 32-medical school consortium [illegible] significant progress [illegible] the health system," said [illegible]

"During a period [illegible] believe these studies [illegible] environment."

"The support of [illegible] Care-Population [illegible]

"In addition, all of [illegible] the broader context [illegible]

AMA

Mar 27, 2017

AMA Advances Initiative to Create Medical School of Future

SCOTTSDALE, Ariz. – As part of its ongoing effort to develop bold, innovative ways to improve physician training that can be implemented in other medical schools, the American Medical Association (AMA) is expanding upon its work to ensure future physicians are prepared to care for patients in the rapidly changing health care landscape. The AMA, along with Mayo Clinic School of Medicine, convened its 32 school Accelerating Change in Medical Education Consortium in Scottsdale, Ariz. this week to further the innovative efforts underway to reshape medical education across the country.

The Washington Post

Widespread Changes Coming to Medical School Curriculum

By Lenny Bernstein July 29, 2017

The trend at medical schools is just part of a reform movement in the teaching of science, technology, engineering and mathematics (STEM) that emphasizes active learning instead of lecturing. Research supports the approach. When a team of researchers analyzed 225 studies that compared active learning and lectures in these fields, they found that test scores improved about 6 percent for students in active learning classes and that students in lecture classes were about 1.5 times more likely to fail than their counterparts in active learning classes.

Modern Healthcare

BY MARIA CASTELLUCCI | JULY 24, 2017

Medical schools aim to make curricula mirror the real world

Raymond isn't the only one concerned that the growing burdens doctors face are harming their crucial relationships with patients. Leaders from six other medical schools have joined the Medical College of Wisconsin to form a network aimed at addressing this conundrum well before doctors begin their careers.

Through the National Transformation Network, which officially launched in June, the schools will work together to develop a curriculum focused on three components: character, competence and caring. The network was established with the help of a $37.8 million grant from the Kern Family Foundation, a not-for-profit that funds educational initiatives. The other participating schools include the Mayo Clinic School of Medicine, Geisel School of Medicine at Dartmouth, UCSF School of Medicine and Vanderbilt University School of Medicine.

Health Care Reform

?

Stress and Burnout ….

When physicians burn out, solutions are elusive

Support groups can't counter the root causes of a crisis

By Elizabeth Whitman

Phone calls in the middle of the night and on weekends eventually overwhelmed Dr. Barbara Morris, a geriatrician who served five years as medical director of a retirement community in Colorado.

It wasn't that the calls were inappropriate. She simply couldn't endure responding to the constant barrage, and the health system where she worked had no plans to add more staff.

"I actually loved that job," Morris recalled. "But you hit your wall. And you realize you can't continue if you're not going to get the resources that you need." About four years ago, she started looking for a new job, found one and quit.

Why Morris hit her wall is obvious to her in retrospect: She was burned out. That experience is not unique among physicians. And as awareness grows about burnout and its destructive consequences for doctors and patients, ideas to address the problem have proliferated. But no organization has arrived at a set of sustainable solutions.

Healthcare systems, practices and medical schools are deploying an array of tactics to help physicians cope with the unique stress of modern medicine. Some programs offer regular moments of reflection, connection with other doctors or other sources of catharsis.

Healthcare leaders maintain that using other methods to engage physicians will mitigate the main drivers of burnout—electronic health records and multiplying reporting requirements—in a more systematic fashion.

"We have to, in this profession, find a balance," Morris said. "There are ongoing struggles that we don't have answers to."

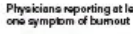
Such struggles threaten doctors and patients alike. Burned-out doctors don't collaborate as well with colleagues and they make more mistakes, which can harm patients. Sometimes, they exit the profession altogether, dealing a blow to an industry with a looming shortage of nearly 95,000 physicians in the next decade.

Some piecemeal solutions address individual burnout, but few efforts target systemic change. Those that do often face opposition.

Proposals to expand the work of clinicians who aren't physicians, such as nurse practitioners and physician assistants, to further treat patients and prescribe more medications have met with resistance from doctors' groups. Although these changes could help alleviate burnout and allow clinicians to practice at the top of their licenses, physician societies see them as incursions into physician territory.

The American Medical Association and the American Academy of Family Physicians have issued cautious warn-

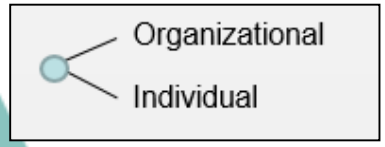
Physicians reporting at least one symptom of burnout



Source: Mayo Clinic Proceedings

TAKEAWAYS

Healthcare systems, practices and medical schools are deploying an array of tactics to deal with physician burnout, but few efforts target systemic change.



80%

20%

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians

A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efthalia Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Anees Esmail, MD

Editorial

Supplemental content

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

DATA SOURCES MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

STUDY SELECTION Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

DATA EXTRACTION AND SYNTHESIS Two independent reviewers extracted data and assessed the risk of bias. The main meta-analysis was followed by a number of prespecified subgroup and sensitivity analyses. All analyses were performed using random-effects models and heterogeneity was quantified.

MAIN OUTCOMES AND MEASURES The core outcome was burnout scores focused on emotional exhaustion, reported as standardized mean differences and their 95% confidence intervals.

RESULTS Twenty independent comparisons from 19 studies were included in the meta-analysis (n = 1550 physicians; mean [SD] age, 40.3 [9.5] years; 49% male). Interventions were associated with small significant reductions in burnout (standardized mean difference [SMD] = −0.29; 95% CI, −0.42 to −0.16; equal to a drop of 3 points on the emotional exhaustion domain of the Maslach Burnout Inventory above change in the controls). Subgroup analyses suggested significantly improved effects for organization-directed interventions (SMD = −0.45; 95% CI, −0.62 to −0.28) compared with physician-directed interventions (SMD = −0.18; 95% CI, −0.32 to −0.03). Interventions delivered in experienced physicians and in primary care were associated with higher effects compared with interventions delivered in inexperienced physicians and in secondary care, but these differences were not significant. The results were not influenced by the risk of bias ratings.

CONCLUSIONS AND RELEVANCE Evidence from this meta-analysis suggests that recent intervention programs for burnout in physicians were associated with small benefits that may be boosted by adoption of organization-directed approaches. This finding provides support for the view that burnout is a problem of the whole health care organization, rather than individuals.

JAMA Intern Med. doi:10.1001/jamainternmed.2016.7674
Published online December 5, 2016.

Author Affiliations: Author affiliations are listed at the end of this article.

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THE LANCET Published online September 28, 2016

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Lisa Noelle Dyrbye, Patricia J Erwin, Tait D Shanafelt

Summary

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation score (and high depersonalisation). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

Findings We identified 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI 5–14]; p<0·0001; I^2=15%; 14 studies), emotional exhaustion score decreased from 23·82 points to 21·17 points (2·65 points [1·67–3·64]; p<0·0001; I^2=82%; 40 studies), and depersonalisation score decreased from 9·05 to 8·41 (0·64 points [0·15–1·14]; p=0·01; I^2=58%; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11–18]; p<0·0001; I^2=0%; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0–8]; p=0·04; I^2=0%; 16 studies).

Interpretation The literature indicates that both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to establish which interventions are most effective in specific populations, as well as how individual and organisational solutions might be combined to deliver even greater improvements in physician well-being than those achieved with individual solutions.

Recommendations:

1. Awareness/ assessment/ priority/ purpose/ motivation
2. Organizational Culture/ Work environment:
   - Leadership commitment/ Champions/ structure and process
   - Mutual alignment around goals and objectives
3. Education:
   - Awareness/ Responsibility/ Accountability
4. Relationship training:
   - Diversity/ Sensitivity/ Stress/ Conflict management
   - Communication skills training
   - Emotional Intelligence/ Customer satisfaction
5. Logistical support
6. Clinical support
7. Behavioral support
   - Stress management/ Mindfulness/ Resiliency training
   - Peer support/ Coaching/ Counseling/ Intervention
8. Physician Well- being/ Work- life Balance
   - Self care/ Wellness Committees/ EAP/ Outside resources
9. Physician satisfaction
10. Physician engagement

Awareness, Assessment

REFLECTION

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD[1]
Christine Sinsky, MD[2,3]

[1]Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California

[2]Medical Associates Clinic and Health Plan, Dubuque, Iowa

[3]American Medical Association, Chicago, Illinois

ABSTRACT

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Ann Fam Med 2014;12:573–576. doi: 10.1370/afm.1713.

Patient experience
Population health
Reducing costs
➡ Provider health

INTRODUCTION

Since Don Berwick and colleagues introduced the Triple Aim into the health care lexicon, this concept has spread to all corners of the health care system. The Triple Aim is an approach to optimizing health system performance, proposing that health care institutions simultaneously pursue 3 dimensions of performance: improving the health of populations, enhancing the patient experience of care, and reducing the per capita cost of health care.[1] The primary Triple Aim goal is to improve the health of the population, with 2 secondary goals—improving patient experience and reducing costs—contributing to the achievement of the primary goal.

In visiting primary care practices around the country,[2] the authors have repeatedly heard statements such as, "We have adopted the Triple Aim as our framework, but the stressful work life of our clinicians and staff impacts our ability to achieve the 3 aims." These sentiments made us wonder, might there be a fourth aim—improving the work life of health care clinicians and staff—that, like the patient experience and cost reduction aims, must be achieved in order to succeed in improving population health? Should the Triple Aim become the Quadruple Aim?

RISING EXPECTATIONS OF PHYSICIANS AND PRACTICES

Society expects more and more of physicians and practices, particularly in primary care. Patients want their health to be better, to be seen in a timely fashion with empathy, and to enjoy a continuous relationship with a high-quality clinician whom they choose.[3] A patient-centered practice has been described as, "They give me exactly the help I need and want exactly when I need and want it."[4] Yet for primary care, society has not provided the resources to meet these lofty benchmarks.

PHYSICIAN BURNOUT

The wide gap between societal expectations and professional reality has set the stage for 46% of US physicians to experience symptoms of

Conflicts of interest: authors report none.

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BURNOUT SELF-TEST–MASLACH BURNOUT INVENTOR(MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. **While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout.** Add up your score for each section and compare your results with the scoring results interpretation at the end. This test is modified from an inventory provided by the Association des Médecins Vétérinaires.

Section A: Burnout	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
SCORE	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Section B: Depersonalization	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
SCORE	0	1	2	3	4	5	6
I feel I look after certain patients impersonally, as if they are objects.							
I feel tired when I get up in the morning & must face another day at work.							
I have the impression that my patients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients.							
I have become more insensitive to people since I've been working.							
I'm afraid that my job is making me uncaring.							
Total score – SECTION B							

Section C: Personal Achievement	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
SCORE	0	1	2	3	4	5	6

Mini Z burnout survey

For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.

1. Overall, I am satisfied with my current job	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2. I feel a great deal of stress because of my job	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

3. Using your own definition of "burnout," please circle one of the answers below:

a. I enjoy my work. I have no symptoms of burnout.
b. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
d. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
e. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
5. Sufficiency of time for documentation is	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
6. Which number best describes the atmosphere in your primary work area?	1 Calm	2	3 Busy, but reasonable	4	5 Hectic, chaotic
7. My professional values are well aligned with those of my department leaders.	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
8. The degree to which my care team works efficiently together is	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

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

Excessive | Moderately high | Satisfactory | Modest | Minimal/none

JOB SATISFACTION

When I consider the policies and processes that affect my medical practice, I feel I am provided an opportunity for adequate input into decision-making and policy formation.

In my clinic setting, I am satisfied with the equality of patient load, hospital admissions (if applicable), and on-call responsibilities (if applicable).

When I consider my practice setting, I feel I receive adequate support while performing my job functions and taking care of my patients.

APPRECIATION / RECOGNITION

I feel valued and appreciated.

I receive the level of administrative support needed to accomplish my daily workload and provide a high level of service for my patients.

I receive both formal and informal support and recognition from my peers and administration.

I would like to collaborate with Nursing on the nursing leadership curriculum to address the relationship between the nursing staff and medical staff.

I am comfortable with the level of social activity outside of work with my peers. It is adequate for me to feel welcome, nurture friendships and makes me feel like an integral part of the medical staff.

Is it important for me to have outside interaction with my medical staff colleagues.

Is it important for me to have interaction with my medical staff colleagues during the work-day.

I feel a separate medical staff dining room/lounge would be beneficial and help to promote and strengthen bonds within the medical staff.

Priority

HealthAffairs

Make The Clinician Burnout Epidemic A National Priority

Andrew Shin, Tejal Gandhi, and Shoshana Herzig

April 21, 2016

The response from the physician community has been passionate and pervasive in the pages of both academic medical journals and in lay media. Yet, despite the growing chorus of concern over the burnout epidemic, some still characterize this problem simply as clinicians unwilling to adapt to the priorities of quality improvement and lowering costs. Such characterizations not only implicitly underestimate the increasing stress placed upon practicing physicians, but they compound the problem by adding castigation and motivational misattribution to the equation.

This "work compression," wherein clinicians have to do the same amount of work in less time, occurs on a backdrop of steadily increasing medical complexity in the forms of multimorbidity and increased prevalence of chronic disease and often physically and psychologically challenging work environments. In response, over half (54 percent) of surveyed physicians in the U.S. now reported at least one symptom of burnout in 2014 — a 9 percent increase from three years prior.

In reality, physicians are caught in a quagmire between the demands of the health care system and their deeply held desire for a meaningful relationship with their patients based on compassion, trust, and mutual respect. The stark dichotomy between the kind of care clinicians want to provide and what they are able to provide, is leading to burnout. Consequently, the inability to deliver on the promise of patient-centered care has become the breeding ground for disillusionment with the health care system and their professional calling.

Combatting Burnout On Every

At the organizational level, le
supports employee wellbeing
caregivers. There is also evi
the psychosocial and emotio

AMA Wire®

MAR 05, 2018

Health care leaders must put physician well-being at top of agenda

Sara Berg

Forty-five percent of U.S. physicians exhibited at least one symptom of burnout in 2011 and that increased to 54 percent in 2014, according to a national study of physicians and workers in other occupations led by Tait Shanafelt, MD. It's a highly prevalent problem that is more widespread among physicians than any other occupation. However, Dr. Shanafelt—the first chief physician wellness officer at an academic medical center—believes that low morale does not point to the failure of an individual physician or health professional, but to the organizational structure or system as a whole.

While burnout affects physicians across all specialties, it is particularly acute in primary care. Stanford suggests addressing three domains to reduce burnout and promote professional fulfillment: personal resilience, efficiency of practice and a culture of well-being. Unfortunately, most efforts to address the problem have just skimmed the surface and focused on personal resilience such as stress management, mindfulness, yoga or meditation.

Culture of wellness includes leadership, values alignment, voice and input, appreciation, peer support, flexibility, meaning, and community and collegiality."

Change begins with leadership

"You need to convince leaders that a dimension of culture needs to change at the top of the house before it really can change. And to do that, the organizational science would say you need a stimulus that upsets the status quo. Education is one way to do that," said Dr. Shanafelt.

U.S.News

Declaring Doctor Burnout a 'Health Crisis,' Hospital CEOs Urge Action

By Steve Sternberg, Senior Writer | March 28, 2017,

Leaders of nearly a dozen major U.S. medical centers and the American Medical Association asserted Tuesday
utmost urgency" if health provi
better health for their patients

The medical centers included t
Hopkins Health System and Pa
and Brigham and Women's hos

HealthAffairs Blog

Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison

March 28, 2017

The health care workforce burnout epidemic is a national crisis. The time to act like it is now.

Despite the promise of delivery system reform, especially following passage of the Affordable Care Act (ACA), the risk of burnout among physicians (and other health care professionals) represents a significant threat to system-wide achievement of Triple Aim goals: better patient experience of care, improved population health, and lower costs.

H&HN HOSPITALS & HEALTH NETWORKS

Extinguishing the Burnout Epidemic

Health systems develop strategies to counteract wide-ranging problem

May 9, 2017 | Karen Appold

Clinician burnout, and how to prevent it, has become a hot topic in health care in recent years. Researchers continue to study causes and methods to stifle it.

One such effort is taking place at San Francisco-based Dignity Health, which partnered with HopeLab in Redwood City, Calif., to conduct behavioral science research to understand how nurses' work environment contributes to both resilience and burnout.

"We worked closely with clinicians to understand the root causes of frustration that lead to burnout," says Page West, R.N., senior vice president and chief nurse executive at Dignity. "This enabled us to build in mechanisms and processes to prevent burnout from actually occurring."

Purpose/ Motivation

MAYO CLINIC

ORIGINAL ARTICLE

Association Between Physician Burnout and Identification With Medicine as a Calling

Andrew J. Jager, MA; Michael A. Tutty, PhD; and Audiey C. Kao, MD, PhD

Abstract

Objective: To evaluate the association between degree of professional burnout and physicians' sense of calling.

Participants and Methods: US physicians across all specialties were surveyed between October 24, 2014, and May 29, 2015. Professional burnout was assessed using a validated single-item measure. *Sense of calling*, defined as committing one
assessed using 6 validated true-fa
items were assessed using multiv

Results: A total of 2263 physi
28.5% (n=639) reported experie
no burnout symptoms, those wh
rewarding (odds ratio [OR], 0.0
important things in their lives (O
world a better place (OR, 0.38; 9
of enjoying talking about their w
work life again (OR, 0.11; 95% C
were no longer paid if they were

Conclusion: Physicians who expe
Erosion of the sense that medici
those for whom they care.

JAMA Internal Medicine

Perspective | Physician Work Environment and Well-Being

August 2017

Re-Enchanting Medicine

PHYSICIANS PRACTICE

Mar 28, 2018

Has the Joy of Medicine Been Lost?

By Linda Girgis, MD

For many doctors, our profession is a calling more than a job. We were called to it for many reasons, including helping others and saving lives. There is great joy in making a positive impact in the life of another person, whether it is restarting their heart during cardiac arrest or just being a shoulder to lean on when they are struggling through tough times.

Today, much of that joy gets lost in a myriad of other struggles, fighting insurance companies to get services and medications covered, trying to get paid our allowable fees for services rendered, complying with endless and useless regulations, and more. Often, I hear doctors say they would never recommend a medical career to their children.

Burnout among physicians is higher than ever, and most of it has nothing to do with patient care. Yes, we work long hours with little time off. But answering a call from the ER at 3 AM is what we expect to do. It is the outside forces that try to dictate how medicine should be practiced that wears us down. Every time an insurance company refuses to cover a diagnostic test or a medication a patient needs, it is another loss we bear, another weight hung on our backs to carry.

Symptoms you are suffering burnout:

- You hate going to work. You have to drag yourself out of bed and to work and then you can't wait to leave again.
- You feel tired all the time and it starts to impact your productivity.
- You are irritable and impatient with others at work.
- You feel disillusioned about your job. You are no longer a healer helping save lives but rather a cog in machine of the system.
- You become unsatisfied with your achievements.
- Feeling underappreciated and alienated.
- Problems with sleep and physical symptoms such as nausea, back pain, headaches and many others.
- Low self-esteem
- Anxiety or depression
- Self-medicating with alcohol or drugs
- Problems focusing
- Avoiding social contact

Has the joy of medicine been lost? No, it has been drowned out by the sea of systematization. ..... I remember why I became a doctor.

Mindfulness
Resiliency

Culture, Leadership, Environment

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

Abstract

These are challenging times for health care executives. The health care field is experiencing unprecedented changes that threaten the survival of many health care organizations. To successfully navigate these challenges, health care executives need committed and productive physicians working in collaboration with organization leaders. Unfortunately, national studies suggest that at least 50% of US physicians are experiencing professional burnout, indicating that most executives face this challenge with a disillusioned physician workforce. Burnout is a syndrome characterized by exhaustion, cynicism, and reduced effectiveness. Physician burnout has been shown to influence quality of care, patient safety, physician turnover, and patient satisfaction. Although burnout is a system issue, most institutions operate under the erroneous framework that burnout and professional satisfaction are solely the responsibility of the individual physician. Engagement is the positive antithesis of burnout and is characterized by vigor, dedication, and absorption in work. There is a strong business case for organizations to invest in efforts to reduce physician burnout and promote engagement. Herein, we summarize 9 organizational strategies to promote physician engagement and describe how we have operationalized some of these approaches at Mayo Clinic. Our experience demonstrates that deliberate, sustained, and comprehensive efforts by the organization to reduce burnout and promote engagement can make a difference. Many effective interventions are relatively inexpensive, and small investments can have a large impact. Leadership and sustained attention from the highest level of the organization are the keys to making progress.

© 2016 Mayo Foundation for Medical Education and Research ■ Mayo Clin Proc. 2016;[illegible]:1-18

THE CHALLENGE FACING HEALTH CARE EXECUTIVES

This is a challenging time for health care executives. Increasing price competition, narrowing of insurance networks, and a greater proportion of patients with noncommercial insurance (eg, Medicare, Medicaid) due to the Affordable Care Act have all resulted in declining reimbursements. In parallel, requirements for "meaningful use" of electronic health records have resulted in large capital expenditures and dramatically increased clerical burden for staff.[1,2] These financial challenges have by and large, been addressed by increasing productivity expectations for physicians (ie, caring for more patients with the same amount of time/resources), efforts to improve efficiency, and expense reduction to decrease the cost of care delivered (doing more with less).

Health care organizations are also facing a variety of other threats. Increased mergers and consolidation of competitors place contracting at risk and are a perpetual, existential threat to organizational survival.[3] The implementation of new quality metrics and requirements for public reporting necessitates greater attention to measures of system safety and increased resources to count, track, and report these dimensions. The national shortage of nurses and physicians in many specialties makes it challenging to maintain adequate staffing.[4,5]

From the D Program on Well-being President a ...the Office Mayo Clinic MN

Mayo Clin Proc. ■ XXX 2016;[illegible]:1-18 ■ http://dx.doi.org/ www.mayoclinicproceedings.org ■ © 2016 Mayo Foundation

ORIGINAL ARTICLE

MAYO CLINIC

Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Gorringe, MS; Ronald Menaker, EdD; Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD; and Stephen J. Swensen, MD

Abstract

Objective: To evaluate the impact of organizational leadership on the professional satisfaction and burnout of individual physicians working for a large health care organization.

Participants and Methods: We surveyed physicians and scientists working for a large health care organization in October 2013. Validated tools were used to assess burnout. Physicians also rated the leadership qualities of their immediate supervisor in 12 specific dimensions on a 5-point Likert scale. All supervisors were themselves physicians/scientists. A composite leadership score was calculated by summing scores for the 12 individual items (range, 12-60; higher scores indicate more effective leadership).

Results: Of the 3896 physicians surveyed, 2813 (72.2%) responded. Supervisor scores in each of the 12 leadership dimensions and composite leadership score strongly correlated with the burnout and satisfaction scores of individual physicians (all $P<.001$). On multivariate analysis adjusting for age, sex, duration of employment at Mayo Clinic, and specialty, each 1-point increase in composite leadership score was associated with a 3.3% decrease in the likelihood of burnout ($P<.001$) and a 9.0% increase in the likelihood of satisfaction ($P<.001$) of the physicians supervised. The mean composite leadership rating of each division/department chair ($n=128$) also correlated with the prevalence of burnout (correlation=−0.330; $r^2=0.11$; $P<.001$) and satisfaction (correlation=0.684; $r^2=0.47$; $P<.001$) at the division/department level.

Conclusion: The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations. These findings have important implications for the selection and training of physician leaders and provide new insights into organizational factors that affect physician well-being.

© 2015 Mayo Foundation for Medical Education and Research ■ Mayo Clin Proc. 2015;90(4):432-440

Physicians are increasingly employed by [illegible] given their well-documented effect on quality [illegible] suggest that the relation- [illegible] physicians and their [illegible] person is a critical [illegible] satisfaction.[21] [illegible] the impact of leader- [illegible] burnout and professional [illegible] working in large orga- [illegible] the relationship be- [illegible] qualities of frontline [illegible] and the well-being and [illegible] in their work unit.

METHODS

[illegible] fit, physician-led health [illegible] large academic campuses [illegible] Scottsdale, Arizona; and

[illegible] Medical Education and Research

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Acknowledge/ Understand
Cultivate MD/ Executive Champions
Incentives/ Culture/ Goal alignment
Interventions/ Support
Work- Life balance/ Self care
Enhance physician engagement

Journal of Healthcare Leadership

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ORIGINAL RESEARCH

The imperative of culture: a quantitative analysis of the impact of culture on workforce engagement, patient experience, physician engagement, value-based purchasing, and turnover

Katie Owens[1]
Jim Eggers[2]
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Audrey McDonald[1]

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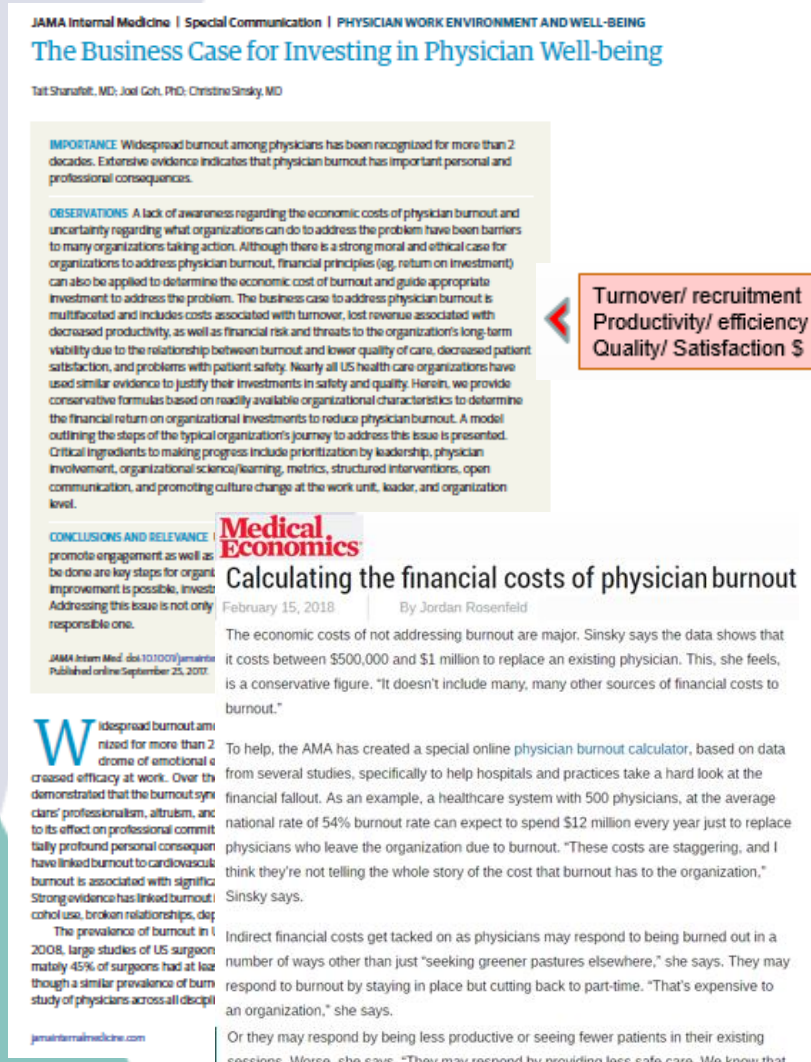
Number of times this article has been viewed

Abstract: Current uncertainty for the future of the health care landscape is placing an increasing amount of pressure on leadership teams to be prepared to steer their organization forward in a number of potential directions. It is commonly recognized among health care leaders that culture will either enable or disable organizational success. However, very few studies empirically link culture to health care-specific performance outcomes. Nearly every health care organization in the US specifies its cultural aspirations through mission and vision statements and values. Ambitions of patient-centeredness, care for the community, workplace of choice, and world-class quality are frequently cited; yet, little definitive research exists to quantify the importance of building high-performing cultures. Our study examined the impact of cultural attributes defined by a culture index (Cronbach's alpha = 0.88) on corresponding performance with key health care measures. We mapped results of the culture index across data sets, compared results, and evaluated variations in performance among key indicators for leaders. Organizations that perform in the top quartile for our culture index statistically significantly outperformed those in the bottom quartile on all but one key performance indicator tested. The culture top quartile organizations outperformed every domain for employee engagement, physician engagement, patient experience, and overall value-based purchasing performance with statistical significance. Culture index top quartile performers also had a 3.4% lower turnover rate than the bottom quartile performers. Finally, culture index top quartile performers earned an additional 1% on value-based purchasing. Our findings demonstrate a meaningful connection between performance in the culture index and organizational performance. To best impact these key performance outcomes, health care leaders should pay attention to culture and actively steer workforce engagement in attributes that represent the culture index, such as treating patients as valued customers, having congruency between employee and organizational values, promoting employee pride, and encouraging the feeling that being a member of the organization is rewarding, in order to leverage culture as a competitive advantage.

Keywords: culture, employee engagement, patient experience, value-based care, HCAHPS, physician engagement

Video abstract

Changing Organizational Perspectives



JAMA Internal Medicine | Special Communication | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD; Jodi Goh, PhD; Christine Sinsky, MD

IMPORTANCE Widespread burnout among physicians has been recognized for more than 2 decades. Extensive evidence indicates that physician burnout has important personal and professional consequences.

OBSERVATIONS A lack of awareness regarding the economic costs of physician burnout and uncertainty regarding what organizations can do to address the problem have been barriers to many organizations taking action. Although there is a strong moral and ethical case for organizations to address physician burnout, financial principles (eg, return on investment) can also be applied to determine the economic cost of burnout and guide appropriate investment to address the problem. The business case to address physician burnout is multifaceted and includes costs associated with turnover, lost revenue associated with decreased productivity, as well as financial risk and threats to the organization's long-term viability due to the relationship between burnout and lower quality of care, decreased patient satisfaction, and problems with patient safety. Nearly all US health care organizations have used similar evidence to justify their investments in safety and quality. Herein, we provide conservative formulas based on readily available organizational characteristics to determine the financial return on organizational investments to reduce physician burnout. A model outlining the steps of the typical organization's journey to address this issue is presented. Critical ingredients to making progress include prioritization by leadership, physician involvement, organizational science/learning, metrics, structured interventions, open communication, and promoting culture change at the work unit, leader, and organization level.

CONCLUSIONS AND RELEVANCE

Turnover/ recruitment
Productivity/ efficiency
Quality/ Satisfaction $

Medical Economics

Calculating the financial costs of physician burnout

February 15, 2018 By Jordan Rosenfeld

The economic costs of not addressing burnout are major. Sinsky says the data shows that it costs between $500,000 and $1 million to replace an existing physician. This, she feels, is a conservative figure. "It doesn't include many, many other sources of financial costs to burnout."

To help, the AMA has created a special online physician burnout calculator, based on data from several studies, specifically to help hospitals and practices take a hard look at the financial fallout. As an example, a healthcare system with 500 physicians, at the average national rate of 54% burnout rate can expect to spend $12 million every year just to replace physicians who leave the organization due to burnout. "These costs are staggering, and I think they're not telling the whole story of the cost that burnout has to the organization," Sinsky says.

Indirect financial costs get tacked on as physicians may respond to being burned out in a number of ways other than just "seeking greener pastures elsewhere," she says. They may respond to burnout by staying in place but cutting back to part-time. "That's expensive to an organization," she says.

Or they may respond by being less productive or seeing fewer patients in their existing sessions. Worse, she says, "They may respond by providing less safe care. We know that care is safer when physicians are satisfied with their work, and that safety hazards add costs to the organization."

Additionally, further consequences of a physician who leaves or provides inferior care is that patients may begin to leave, too.

FierceHealthcare

More than 130 healthcare organizations commit to ending clinician burnout

by *Matt Kuhrt* | Jan 16, 2018 12:05pm

response to alarming rates of burnout and depression, the National Academy of Medicine sent out call for tangible commitments to combat the issue and promote clinicians' well-being. So far, more an 130 healthcare organizations have responded.

The organization continues to call for commitment statements from organizations interested in joining its "Action Collaborative" network, which launched in 2017 as a coordinated effort to raise public awareness about the physician burnout epidemic. The network also aims to support research to clarify the challenges posed by burnout and to promote evidence-based solutions.

In a statement, National Academy of Medicine President Victor J. Dzau emphasized the importance of pooling as many resources as possible to address the challenges widespread burnout poses to providers, patients and healthcare organizations themselves.

"No single organization can address all of the issues, and there is a need to coordinate and synthesize the many ongoing efforts and generate collective action," he said.

Organizations that join the National Academy of Medicine's Action Collaborative network agree to become active partners in promoting, developing and promulgating a "visible commitment" to promoting well-being. Network organizations do this in part through the publication of written statements that address their plans to combat burnout, and also through the provision of periodic updates about their efforts and active participation in network events.

Organizations that join the National Academy of Medicine's Action Collaborative network agree to become active partners in promoting, developing and promulgating a "visible commitment" to promoting well-being. Network organizations do this in part through the publication of written statements that address their plans to combat burnout, and also through the provision of periodic updates about their efforts and active participation in network events.

Examples: Mayo/ Brigham/ Stanford/ Geisinger Clinic
John Hopkins/ Oregon/ Colorado ……..

Education/ Relationship Training

- General education (all staff)
  - Awareness/ implications/ accountability/ resources
- Relationship training
  - Phone etiquette/ charm school/ sensitivity training
  - Diversity training/ cultural competency
  - Communication skills/ team collaboration skills
  - Self awareness: Emotional Intelligence/ Mindfulness
  - Service excellence/ customer satisfaction
  - Time management/ stress management/ resiliency
  - Conflict management/ anger management
  - Facilitation/ negotiation/ project management skills
  - Leadership skills development

Staff Support

- Administrative
  - Scheduling/ productivity/ capacity management (“cockpit control”)
  - Clerical assistance (scribes)/ personnel assistant
  - System redesign and simplification/ process flow and efficiency
  - Financial support
- Clinical
  - Physician Assistants
  - Nurse Practitioners
  - Care Coordinators/ Medical Assistants/ Navigators
- Emotional/ Behavioral support
  - Wellness activities: Relaxation/ Mindfulness
  - Stress management/ Resilience training
  - EAP/ Counseling/ Therapy
  - Behavioral intervention/ PHPs
  - Career management

Stress Management

- Understand importance
- Consider consequences
- Take care of self
  - Self assessment/ acknowledge symptoms
  - Set expectations/ set limits
  - Avoid stressful situations
  - Sleep
  - Nutrition
  - Exercise
  - Relaxation/ meditation
- Accept advice/ assistance/ training
- Behavioral compliance
- Change situation

Mindfulness Training

- Purposeful attentiveness and self- reflection as to one's own thoughts, feelings, and reactions
- Promote greater awareness of self and others
- Connection to what's meaningful
- Coping skills to lower reactivity and enhance responsiveness to stressful situations
- Mindfulness practices:
  - Meditation/ reflection/ stress reduction
  - Thoughts/ choice/ priorities
- Advantages:
  - Reduces stress and burnout
  - Promotes well-being
  - Improves responsiveness to patient needs
  - Enhance patient/ individual care experience

A Multicenter Study of Physician Mindfulness and Health Care Quality

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ANNALS OF FAMILY MED

ABSTRACT

The Efficacy of Mindfulness-Based Interventions in Primary Care: A Meta-Analytic Review

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MORE ONLINE

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ABSTRACT

PURPOSE Positive effects have been reported after mindfulness-based interventions (MBIs) in diverse clinical and nonclinical populations. Primary care is a key health care setting for addressing common chronic conditions, and an effective MBI designed for this setting could benefit countless people worldwide. Meta-analyses of MBIs have become popular, but little is known about their efficacy in primary care. Our aim was to investigate the application and efficacy of MBIs that address primary care patients.

METHODS We performed a meta-analytic review of randomized controlled trials addressing the effect of MBIs in adult patients recruited from primary care settings. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) and Cochrane guidelines were followed. Effect sizes were calculated with the Hedges g in random effects models.

RESULTS The meta-analyses were based on 6 trials having a total of 553 patients. The overall effect size of MBI compared with a control condition for improving general health was moderate (g = 0.48; P = .002), with moderate heterogeneity (I^2 = 59; P < .01). We found no indication of publication bias in the overall estimates. MBIs were efficacious for improving mental health (g = 0.56; P = .007), with a high heterogeneity (I^2 = 78; P < .01), and for improving quality of life (g = 0.29; P = .002), with a low heterogeneity (I^2 = 0; P > .05).

CONCLUSIONS Although the number of randomized controlled trials applying MBIs in primary care is still limited, our results suggest that these interventions are promising for the mental health and quality of life of primary care patients. We discuss innovative approaches for implementing MBIs, such as complex intervention and stepped care.

Ann Fam Med 2015;13:573-582. doi: 10.1370/afm.1863.

INTRODUCTION

There is growing recognition of the value of mindfulness-based interventions (MBIs) for clinicians and policy makers.[1,2] One important challenge for psychosocial intervention is to confirm the efficacy found in randomized controlled trials (RCTs) in routine clinical practice, particularly in primary care,[3,4] where accessibility and adherence to and implementation of MBIs in health systems may be enhanced.[5,6] MBIs are considered complex interventions because their implementation takes into account behavior change in patients and health professionals, as well as their adaptation to setting and culture.[7]

Our objective was to perform, for the first time, a meta-analytical review of RCTs to investigate the application and efficacy of MBIs in primary care patients. We had several initial hypotheses[8]: (1) the number of well-designed studies in primary care is greater than that in other levels of care, because most patients receive long-term assistance here, (2) the clinical impact of MBIs in primary care patients is greater than that at other levels of the health system, because such patients adhere more to mindfulness programs, (3) the range of health conditions addressed by MBIs is larger in primary care (including health promotion in at-risk population and

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Resiliency Training

Resilience Is:

- The ability to persist in the face of challenges
- The ability to absorb the moment, reassess the environment, adjust in a positive way and sustain in the new environment
- The skill and capacity to be robust under conditions of enormous stress and change
- A staunch acceptance of reality, deep belief that life is meaningful and an uncanny ability to improvise

The look and feel of resilience: A qualitative study of physicians' perspectives

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ABSTRACT

Some physicians can effectively cope and thrive in the face of potentially stressful job conditions, while others experience serious, negative consequences. This ability to be resilient may improve physician wellness and benefit health care organizations, yet little is known about what resilience means to physicians. This paper explores how physicians understand resilience both as they observe it in their colleagues and as they experience it themselves. Semi-structured interviews were conducted with 32 physicians practicing in Alberta, Canada. Two questions explored physicians' experiences of resilience or non-resilience, while two other questions considered what they observed in physician colleagues. Interview transcripts were independently coded by two authors and discussed to ensure agreement on the key themes. There were several similarities in how physicians described resilience or non-resilience in themselves and their colleagues related to control, positivity or negativity, boundaries and balance, coping, and support. There were also important differences in how physicians described their own experiences and their observations of colleagues. Participants' portrayals of themselves suggested being immune to stress and responsible for their success or failure in being resilient. Their depictions of colleagues, however, focused on professionalism, work performance, commitment to values, and experience or wisdom. There appears to be a difference in how physicians understand resilience in themselves compared to what they observe in their colleagues. Specifically, physicians may hold unrealistic and unachievable expectations for their own resilience. Initiatives aimed at improving physician resilience and wellness may be best served by raising awareness about more realistic expectations and self-appraisals.

Key Words: Physician resilience, Workplace stress, Culture of medicine, Physician wellness

Physician Resilience: What It Means, Why It Matters, and How to Promote It

Ronald M. Epstein, MD, and Michael S. Krasner, MD

Abstract

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals "bounce back" after challenges while also growing stronger. Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce. Yet, ways of identifying and promoting resilience have been elusive. Resilience depends on individual, community, and institutional factors. The study by Zwack and Schweitzer in this issue of *Academic Medicine* illustrates that individual factors of resilience include the capacity for mindfulness, self-monitoring, limit setting, and attitudes that promote constructive and healthy engagement with (rather than withdrawal from) the often-difficult challenges at work. Cultivating these specific skills, habits, and attitudes that promote resilience is possible for medical students and practicing clinicians alike. Resilience-promoting programs should also strive to build community among clinicians and other members of the health care workforce. Just as patient safety is the responsibility of communities of practice, so is clinician well-being and support. Finally, it is in the self-interest of health care institutions to support the efforts of all members of the health care workforce to enhance their capacity for resilience; it will increase quality of care while reducing errors, burnout, and attrition. Successful organizations outside of medicine offer insight about institutional structures and values that promote individual and collective resilience. This commentary proposes methods for enhancing individuals' resilience while building community, as well as directions for future interventions, research, and institutional involvement.

Editor's Note: This is a commentary on Zwack J, Schweitzer J. If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. Acad Med. 2013;88:382–389.

The study by Zwack and Schweitzer[1] in this issue of *Academic Medicine* identifies resilience as a central element of physician well-being. Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost; resilient individuals not only "bounce back" rapidly after challenges but also grow stronger in the process. Building on work from the past 25 years on physician stress, their qualitative study suggests that it is possible to enhance resilience. They have developed a useful taxonomy of ways in which individuals can become more resilient, drawing on a snowball sample of physicians in Germany. Their sensible descriptions of these approaches are likely to resonate with physicians worldwide.

With these findings in mind, it is now time to bring together three critical issues in health care—health care costs, and t of the clinician workfo studies suggest that th linked,[2] and a few inte support to the idea tha these domains can affe example, our group ha that an intensive progr mindfulness meditatio medicine, and appreci based dialogues had a synergistic effect on ph and quality of relation Measures of mindfuln psychological well-bei the intervention—fact (costly) errors and low also observed improve empathy and psychos important markers for interpersonal care. Un saw changes in person exhibited greater resilience ("mental stability") and conscientiousness on the NEO-5 factor personality inventory[4,5] and reported healthier ways of managing the stresses of clinical practice.[6] These changes lasted beyond the end of the intervention.

Drawing on our own experience and the work of others, we offer some further thoughts about strategies and recommendations for developing and

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Recognition
Oranization
Coping mechanisms
Controlling emotions
Situation management
Positive focus
Maintain well- being
Developing "True Grit"

Behavioral Support

- Informal
- Physician Wellness Committee
- Wellness programs
- Employee Assistance Program
- Human Resources
- Training programs
- Coaching
- Counseling
- Behavioral intervention
- Outside Resources

Outside Resources

AMA

AMA | STEPSforward

Preventing physician burnout

Improve patient satisfaction, quality outcomes and provider recruitment and retention.

AMA | STEPSforward

Improving physician resiliency

Foster stress hardiness and protect against physician burnout.

AMA | STEPSforward

Physician wellness: preventing resident and fellow burnout

Create a holistic, supportive culture of wellness

https://www.stepsforward.org/modules/physician-burnout

IHI

Institute for Healthcare Improvement

Turn Burnout into Engagement

An epidemic of burnout among health care professionals is affecting quality, safety, and health care system performance. To help reverse the worrying trend, the Institute for Healthcare Improvement (IHI) partnered with experts around the world to create **Finding & Creating Joy in Work**, beginning **March 1, 2018**. This 12-week virtual training full of new thinking, resources, strategies, frameworks, and solutions will help workforces truly thrive — not just survive.

The learning format of this virtual course includes six weeks of biweekly video content and three group calls, plus the opportunity for added coaching. The course will share proven methods to create a positive work environment that fosters camaraderie, meaning, choice, and equity, and ensures the commitment to delivering high-quality care, even in stressful times.

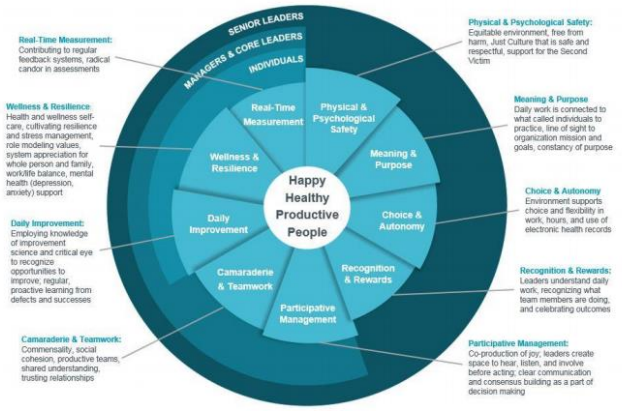
Start Building Resilience Today

It's clear that leaders and care teams often find it challenging to see a way to move from the current state (too often, widespread burnout) to "joy in work." Jessica Perlo, MPH, a Director at IHI, shares four steps you can take now to help your staff find joy and meaning in their work. Jessica is a co-author of IHI's white paper, IHI Framework for Improving Joy in Work. Download it now.

IHI Framework for Improving Joy in Work

While the four steps (see Figure 1) are designed to provide leaders with a pathway for "how to get from here to there," the IHI Framework for Improving Joy in Work (Figure 3) shows the critical components of a system for ensuring a joyful, engaged workforce.

Figure 3. IHI Framework for Improving Joy in Work



Outside Resources

National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

In 2017, the National Academy of Medicine launched the Action Collaborative on Clinician Well-Being and Resilience, a network of more than 60 organizations committed to reversing trends in clinician burnout. The Collaborative has three goals:

1. Improve baseline understanding of challenges to clinician well-being;
2. Raise the visibility of clinician stress and burnout; and
3. Elevate evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver.


NATIONAL ACADEMY OF MEDICINE

Action Collaborative on
Clinician Well-Being and Resilience

https://nam.edu/initiatives/clinician-resilience-and-well-being/?utm_source=National+Academy+of+Medicine&utm_campaign=54531454cc-Clinician+Resilience+launch&utm_medium=email&utm_term=0_b8ba6f1aa1-54531454cc-146476621

About the Initiative

The National Academy of Medicine will build a collaborative platform for supporting ar
multiple organizations, including clinician and consumer groups as well as health care
collaborative" will provide the venue for a set of collaborative activities, grounded in ev
the underlying causes of clinician burnout and suicide, and **(2) advance solutions**
and suicide. Activities of the collaborative will include working meetings among partic
engagement activities.

U.S.News & World Report

National Academy to Tackle Burnout in Medicine

By Steve Sternberg | Senior Writer Dec. 15, 2016

"The collaborative endeavor led by the National Academy of Medicine along with other leading healthcare organizations is a pivotal step that will begin to address the system issues that contribute to this problem in a coordinated way," said Shanafelt, who has been involved early discussions of the initiative.

As part of the initiative, representatives of professional and educational organizations – more than 20 have signed up so far – will weigh the evidence and recommend strategies to reduce clinician stress and improve patient care. Dzau said that the makers of electronic health records, a source of tremendous frustration among health workers, have also been invited to take part.

Physician Well- Being

- Understand importance
- Consider consequences
- Take care of self
  - Reflection
  - Set expectations/ set limits (“no”)
  - Avoid stressful situations
  - Sleep
  - Nutrition
  - Exercise
  - Relaxation
  - Meditation
- Accept advice/ suppor
- Change situation

NEJM Catalyst August 7, 2017

Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience

Bryan Bohman, MD, Liselotte Dyrbye, MD, MHPE, Christine A. Sinsky, MD, Mark Linzer, MD,

The quality and safety of patient care, and indeed the very vitality of our health care systems, depend heavily on high-functioning physicians. Yet recent data have revealed an extraordinarily high — and increasing — prevalence of physician burnout, defined as emotional exhaustion, interpersonal disengagement, and a low sense of personal

Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism

A Randomized Clinical Trial

Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Jeff T. Rabatin, MD, MSc; Tim G. Call, MD; John H. Davidson, MD; Adamarie Multari, MD; Susan A. Romanski, MD; Joan M. Henriksen Hellyer, RN, PhD; Jeff A. Sloan, PhD; Tait D. Shanafelt, MD

IMPORTANCE Despite the documented prevalence and clinical ramifications of physician distress, few rigorous studies have tested interventions to address the problem.

OBJECTIVE To test the hypothesis that an intervention

small-group curriculum would result in improvement in

DESIGN, SETTING, AND PARTICIPANTS Randomized clini

the Department of Medicine at the Mayo Clinic in Roch

September 2010 and June 2012. Additional data were c

responding to annual surveys timed to coincide with th

INTERVENTIONS The intervention involved 19 biweekly

groups incorporating elements of mindfulness, reflectic

or 9 months. Protected time (1 ho

ded by the institution.

depersonalization, with sustained results at 12 months

ACADEMIC MEDICINE

Journal of the Association of American Medical Colleges

August 21, 2018

Shanafelt, Tait, MD; Trockel, Mickey, MD, PhD; Ripp, Jon, MD, MPH;

Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization

The current health care practice environment has resulted in a crescendo of burnout among physicians, nurses, and advanced practice providers. Burnout among health care professionals is primarily caused by organizational factors rather than problems with personal resilience. Four major drivers motivate health care leaders to build well-being programs: the moral-ethical case (caring for their people), the business case (cost of turnover and lower quality), the tragic case (a physician suicide), and the regulatory case (accreditation requirements). Ultimately, health care provider burnout harms patients. The authors discuss the purpose; scope; structure and resources; metrics of success; and a framework for action for organizational well-being programs. The purpose such a program is to oversee organizational efforts to reduce the occupational risk for burnout, cultivate professional well-being among health care professionals and, in turn, optimize the function of health care systems. The program should measure, benchmark, and longitudinally assess these domains. The successful program will develop deep expertise regarding the drivers of professional fulfillment among health care professionals; an approach to evaluate system flaws and relevant dimensions of organizational culture; and knowledge and experience with specific tactics to foster improvement. Different professional disciplines have both shared challenges and unique needs. Effective programs acknowledge and address these differences rather than ignore them. Ultimately, a professional workforce with low burnout and high professional fulfillment is vital to providing the best care to patients. Vanguard institutions have embraced this understanding and are pursuing health care provider well-being as a core organizational strategy.

PHYSICIAN ENGAGEMENT

A Multistep Approach to Improving Well-Being and Purpose

By Alan H. Rosenstein, MD, MBA

Have you noticed anything different about Dr. Blixx recently? It used to be that when he came to make rounds, he was friendly and willing to help out, but now he seems aloof and barely makes eye contact. When I call him about a patient, he acts like I am bothering him, and he's very abrupt and insensitive. He seems apathetic and depressed. I wonder what's going on.

That scenario is not unusual in today's healthcare world. Changing market dynamics and evolving models of care have shifted incentives, priorities, roles, and responsibilities, severely impacting the attitudes of providers—physicians, nurses, and other members of the healthcare team—and their approaches to medical care. With growing complexities and accountabilities for performance outcomes, physicians need to take a leadership role in directing, managing, and coordinating care delivery across the entire spectrum of care. For this to be successful, we need to better understand physician needs and concerns and develop strategies to enhance physician engagement. This requires a multistep process with the end goal of improving the well-being of physicians and revitalizing their passion and purpose to provide safe, high-value, best-practice care.

Factors contributing to attitudes and behaviors

- Age and generation
- Gender
- Culture, ethnicity, spirituality
- Geographics
- Life experiences
- Lifestyle
- Personality
- Training
- External environment

Behavioral Influences

Engagement is a reflection of values, perceptions, attitudes, ideals, and expectations influenced by life experiences. There are many contributing factors, including age, culture, gender, training, and other family and environmental forces. Each of these can play a significant role in motivating actions and behaviors.

Well-known attitude and behavioral preferences have been attributed to age and generation gaps. Veterans and baby boomers have different value systems, goals, and work ethics than Generation Xers, who may clash in a healthcare market saturated with older professionals. It's not that either group is right or wrong, it's just that each group needs to be aware of the other's style and preferences and be willing to work together to achieve a mutual goal.

For physicians, another key contributing factor is years in practice. Physicians who have been in practice for more than 20 years are used to autonomy and control and don't appreciate what they perceive as outside scrutiny and intrusion regarding their practice and delivery of medical care. Changing insurance contracts, a growing emphasis on performance-based metrics, reduced payments, documentation requirements, and mandatory use of electronic medical records have had a significant impact on practice dynamics to the point where many physicians have either given up private practice or elected to retire early.

Another contributing factor is the influence of culture, ethnicity, spirituality, and geography. Each of these factors can affect views and reactions to power, hierarchy, gender, values, language, and communication styles, which are of particular importance given the growing diversity in both medical staff and patient populations.

These contributing factors, in conjunction with other experiences, lifestyle habits, and current environmental forces, help shape a physician's ego and underlying personality. As such, they must be considered and addressed by initiatives geared toward influencing motivation, engagement, or behavioral modification.

Physician Engagement

Most physicians just want to practice good medical care, but many of the factors mentioned above can get in the way. In an effort to better engage physicians, a series of steps can be taken to increase the likelihood of a successful outcome (Rosenstein, 2012).

The first step is education. Keeping physicians up to date about current trends and implications of the changing healthcare environment will help raise their awareness of what is happening and how

Strategies for engagement

- Training
- Organizational culture and leadership (workplace environment)
- Organizational support
- Physician input
- Respect and recognition

14 WWW.PSQH.COM JULY/AUGUST 2015

Collaborative for Healing and Renewal in Medicine

VIEWPOINT

Charter on Physician Well-being

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Viewpoint

Corresponding Author: Colin P. West, MD, PhD, Department of Medicine, Mayo Clinic, 200 First St SW, Rochester, MN 55905 (west.colin@mayo.edu).

jama.com

Dedication to serving the interest of the patient is at the heart of medicine's contract with society. When physicians are well, they are best able to meaningfully connect with and care for patients. However, challenges to physician well-being are widespread, with problems such as dissatisfaction, symptoms of burnout, relatively high rates of depression, and increased suicide risk affecting physicians from premedical training through their professional careers. These problems are associated with suboptimal patient care, lower patient satisfaction, decreased access to care, and increased health care costs.

Addressing physician well-being benefits patients, physicians, and the health care system. Governing bodies, policy makers, medical organizations, and individual physicians share a responsibility to proactively support meaningful engagement, vitality, and fulfillment in medicine. Furthering these ideals within the culture of medicine and across its diverse members may help to strengthen health care teams and improve health care system performance.

On behalf of the Collaborative for Healing and Renewal in Medicine (see acknowledgment), we set forth guiding principles and key commitments as a framework for key groups to address physician well-being from medical training through an entire career (Box).

Governing bodies and policy makers could use this charter to help advance a high-functioning health care system by ensuring that policies and regulations align with best practices that promote physician well-being. Organizations could use this charter to help identify strategic priorities and interventions that can maximize meaning, engagement, and job satisfaction. Individual physicians could use this charter to work with local and national partners to guide their practices in service of both patient needs and individual fulfillment.

Guiding Principles

Effective Patient Care Promotes and Requires Physician Well-being

Maintaining meaning and efficacy in the practice of medicine is likely protective against physician-reported burnout, a syndrome of emotional exhaustion, cynicism, and decreased effectiveness at work. For example, in a study of 465 physicians, spending even 1 day per week on the aspect of work identified as most meaningful was associated with lower physician burnout rates (53.8% vs 29.0%).[1] Targeted practice improvement interventions have yielded similar reductions in burnout. Caring for patients has intrinsic value that is not fully captured by performance and financial metrics. Authentic, humanistic interactions with patients and colleagues enhance physician well-being, and physicians who are well may, in turn, provide better patient care and practice high-quality medicine.

Physician Well-being Is Related With the Well-being of All Members of the Health Care Team

Physicians practice within a matrix of important relationships with patients, members of an interprofessional team, administrative leaders, and in some settings, learners and educators. The entire team is affected by the health of each of its members. Approaches to address physician well-being are most effective when contextualized within efforts to enhance the well-being of all health care team members.

Physician Well-being Is a Quality Marker

Enhancing physician well-being likely benefits health systems seeking to provide high-value care.[2] For example, physician burnout has been estimated to contribute one-third of the cost of physician job turnover to the health care system.[3] The "Triple Aim" for health system improvement, optimizing the care experience and population health while reducing the cost of care, should be supplemented with physician well-being, the fourth component of a "Quadruple Aim" and an essential metric that should be tracked and included in organizational performance reports. Healthy organizations use systems improvement tools to identify factors associated with reduced well-being, including assessments of physician well-being in the planning stages of systems improvement initiatives.

Physician Well-being Is a Shared Responsibility

Physician well-being requires collaboration between individual physicians and their organizations. Partnerships among health care team members and medical organizations, local and national physician groups, and institutions and regulatory bodies/policymakers are essential. Healthy organizations could use these partnerships to proactively identify and respond to challenges and continually cultivate well-being.

Summary

Physicians who are well can best serve their patients. Meaningful work, strong relationships with patients, positive team structures, and social connection at work are important factors for physician well-being. Although evidence to support some of the recommendations in this charter is still emerging, medical organizations, regulatory groups, and individual physicians share a responsibility to support these needs. The Charter on Physician Well-being is intended to inspire collaborative efforts among individuals, organizations, health systems, and the profession of medicine to honor the collective commitment of physicians to patients and to each other.

VIEWPOINT

Physician Well-being and the Regenerative Power of Caring

Thomas L. Schwenk, MD
University of Nevada, Reno School of Medicine, Reno.

Viewpoint

In 1948, *Life magazine* published what has become an iconic and, for many, nostalgic photograph essay depicting the life and work of Dr Ernest Ceriani, a Colorado general practitioner.[1] Among the 38 photographs is one of Dr Ceriani attempting to save the eye of a 2-year-old girl who was kicked by a horse, another of him carrying an 85-year-old man to the operating room to amputate a gangrenous leg, and another showing him holding a newly delivered infant. His expressive face shows anguish, anxiety, uncertainty, and exhaustion—and triumph. Nowhere in the article does the word "burnout" appear.

The photographs of Dr Ceriani document the seemingly unimaginable and unmanageable stress and loneliness of his job, but there is no evidence of the depersonalization, loss of job satisfaction, or inability to care

Numerous essays, commission reports, and workshops have focused on physician well-being, the need for appropriate mental health care, new approaches to rediscovering the joys of practice, and ways to enhance resilience, including a Viewpoint in this issue of *JAMA*.[2] The framework for nearly all of these reports is a call for physicians to be happier, to have their psychological and physical needs better met, and to have a higher level of satisfaction in their work. All of that is fine and appropriate. Physicians are a precious resource, and they deserve the support that will allow the highest level of professional function. It is somewhat self-evident that healthy and happy physicians will naturally provide better medical care than would physicians who are discouraged, disengaged, and hopeless.

Societal Commitments

Foster a Trustworthy and Supportive Culture in Medicine.

Advocate for Policies That Enhance Well-being.

Organizational Commitments

Build Supportive Systems.

Develop Engaged Leadership.

Optimize Highly Functioning Interprofessional Teams.

Interpersonal and Individual Commitments

Anticipate and Respond to Inherent Emotional Challenges of Physician Work.

Prioritize Mental Health Care.

Practice and Promote Self-care.

Guiding Principles

Effective Patient Care Promotes and Requires Physician Well-being

Physician Well-being Is a Quality Marker

Physician Well-being Is a Shared Responsibility

The **Collaborative for Healing and Renewal in Medicine** is a group of academic **medical** center experts, **medical** educators, experts in burnout research and interventions, and trainees working together with the combined mission to promote well-being among **medical** students, trainees and the faculty.

Wellness Officer Training

Stanford MEDICINE | WellMD **CHIEF WELLNESS OFFICER COURSE**

Brief Course Description

The Stanford Medicine WellMD Center is offering an innovative and highly interactive one-week workshop for approximately 35 participants. Each day is composed of a combination of lectures, activities and interactions designed to help participants cultivate expertise in the principles and applications that contribute to physician well-being, using the Stanford Physician Wellness framework and extensive experience of the course faculty. In addition, participants will develop a customized strategic plan for their organization.

1. What are the purpose and objectives of the Chief Wellness Officer (CWO) course?

This one-week workshop is designed to develop expertise in leading organizational physician well-being and professional fulfillment efforts. Upon completion of the course participants will have:

- Expertise in the principles and organizational approaches to cultivate physician well-being including creating an efficient practice environment, promoting personal resilience, and developing an organizational culture that fosters engagement and professional fulfillment (i.e. a culture of wellness).
- Leadership skills to spearhead their organization's physician wellness efforts.
- Knowledge and hands-on experience developing a customized strategic plan to build and sustain a physician well-being program for their organization.

THE WALL STREET JOURNAL.

U.S. Edition | June 12, 2018 | Today's Paper | Video

Hospitals Address Widespread Doctor Burnout

To address an epidemic of physician stress that some say puts patients at risk of medical errors, hospitals are making changes

By Lucette Lagnado

June 9, 2018 7:02 a.m. ET

Doctors who feel stressed or burned out are getting some urgent care.

To address what experts view as a national epidemic of physician discontent, hospitals are expanding their c-suites with the new position of chief wellness officer.

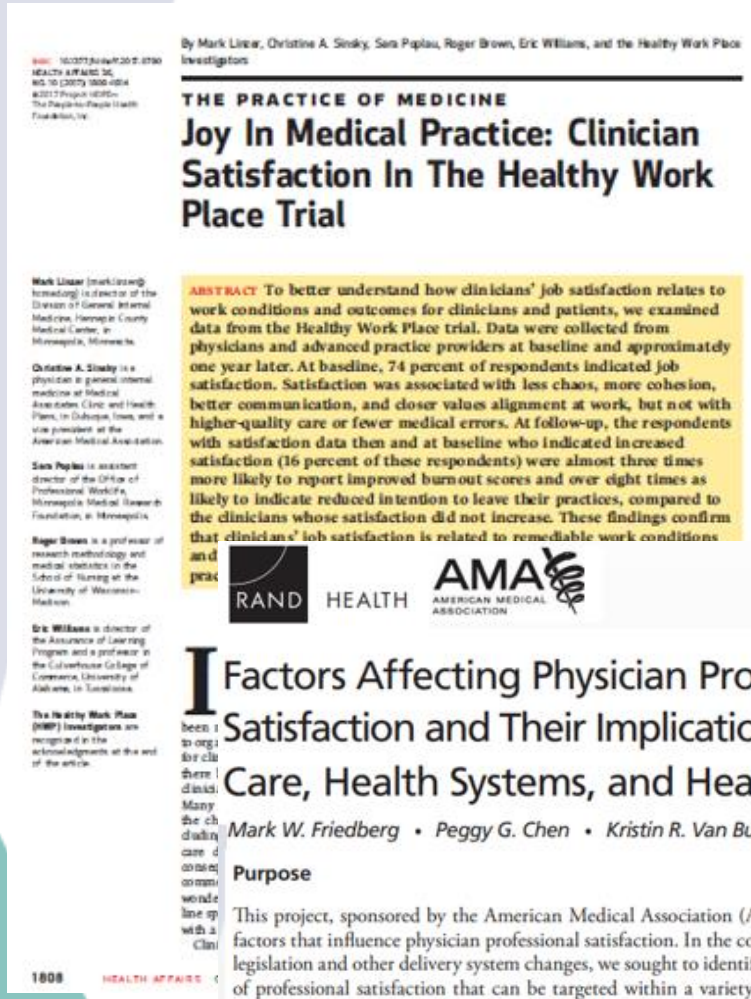
Additional Services

What are some additional measures that an organization can take to support personal wellness and resilience?

- Provide access to healthy food and beverages
- Provide training in mindful eating and the time to mindfully eat
- Provide on-site exercise facilities
- Provide on-site showers (so that workers can bike or run to work or exercise during a work break)
- Provide convenient opportunities for yoga, tai chi, mindfulness or other resiliency-oriented classes
- Establish a quiet "refresh and recharge" room for physicians to go to after a stressful event
- Provide peer support from physicians trained to listen to their peers undergoing trauma from lawsuit, medical error, career misgivings, etc.
- Provide financial counseling via an annual review of financial health with a financial professional
- Include self-care in the institution's code of ethics
- Establish after-hours, off-site and confidential psychological counseling services
- Integrate presentations on personal resilience and well-being into the calendar of scheduled grand rounds or other organizational presentations
- Teach compassion and self-compassion[20]

- Child care
- Laundry services
- Gourmet meals

Joy and Satisfaction



By Mark Linzer, Christine A. Sinsky, Sara Poplau, Roger Brown, Eric Williams, and the Healthy Work Place Investigators

THE PRACTICE OF MEDICINE

Joy In Medical Practice: Clinician Satisfaction In The Healthy Work Place Trial

ABSTRACT To better understand how clinicians' job satisfaction relates to work conditions and outcomes for clinicians and patients, we examined data from the Healthy Work Place trial. Data were collected from physicians and advanced practice providers at baseline and approximately one year later. At baseline, 74 percent of respondents indicated job satisfaction. Satisfaction was associated with less chaos, more cohesion, better communication, and closer values alignment at work, but not with higher-quality care or fewer medical errors. At follow-up, the respondents with satisfaction data then and at baseline who indicated increased satisfaction (16 percent of these respondents) were almost three times more likely to report improved burnout scores and over eight times as likely to indicate reduced intention to leave their practices, compared to the clinicians whose satisfaction did not increase. These findings confirm that clinicians' job satisfaction is related to remediable work conditions

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Christine A. Sinsky is a physician in general internal medicine at Medical Associates Clinic and Health Plans, in Dubuque, Iowa, and a vice president at the American Medical Association.

Sara Poplau is assistant director of the Office of Professional Workforce, Minneapolis Medical Research Foundation, in Minneapolis.

Roger Brown is a professor of research methodology and medical statistics in the School of Nursing at the University of Wisconsin-Madison.

Eric Williams is director of the Assurance of Learning Program and a professor in the Culverhouse College of Commerce, University of Alabama, in Tuscaloosa.

The Healthy Work Place (HWP) Investigators are recognized in the acknowledgments at the end of the article.

MAYO CLINIC

ORIGINAL ARTICLE

Professional Satisfaction and the Career Plans of US Physicians

CrossMark

Christine A. Sinsky, MD; Lotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD; Daniel Satele, MS; Michael Tutty, PhD; and Tait D. Shanafelt, MD

Abstract

Objective: To evaluate the relationship between burnout, satisfaction with electronic health records and work-life integration, and the career plans of US physicians.

Participants and Methods: Physicians across all specialties in the United States were surveyed between August 28, 2014, and October 6, 2014. Physicians provided information regarding the likelihood of reducing clinical hours in the next 12 months and the likelihood of leaving current practice within the next 24 months.

Results: Of 35,922 physicians contacted, 6880 (19.2%) returned surveys. Of the 6695 physicians in clinical practice at the time of the survey (97.3%), 1275 of the 6452 who responded (19.8%) reported it was likely or definite that they would reduce clinical work hours in the next 12 months, and 1726 of the 6496 who responded [illegible] practice in the next 2 y [illegible] time of the survey) inc [illegible] Burnout (odds ratio [illegible] (OR, 1.65; 95% CI, 1. [illegible] 95% CI, 1.16-1.80; P [illegible] ictice. [illegible] arly 1 [illegible] inten [illegible] v thro

RAND HEALTH AMA AMERICAN MEDICAL ASSOCIATION

Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy

Mark W. Friedberg • Peggy G. Chen • Kristin R. Van Busum F. Jay Crosson •

Purpose

This project, sponsored by the American Medical Association (AMA), aimed to characterize factors that influence physician professional satisfaction. In the context of recent health reform legislation and other delivery system changes, we sought to identify high-priority determinants of professional satisfaction that can be targeted within a variety of practice types, especially as smaller and independent practices are purchased by or become affiliated with hospitals and larger delivery systems. Based on project findings and input from other sources, including its membership and experts in physician practice design, the AMA plans to develop possible pathways for American physicians to practice in models that are more effective, efficient, sustainable, and conducive to professional satisfaction.

AMA | AMA Wire® MAR 03, 2017

As physician well-being falls, rewards of medicine fade

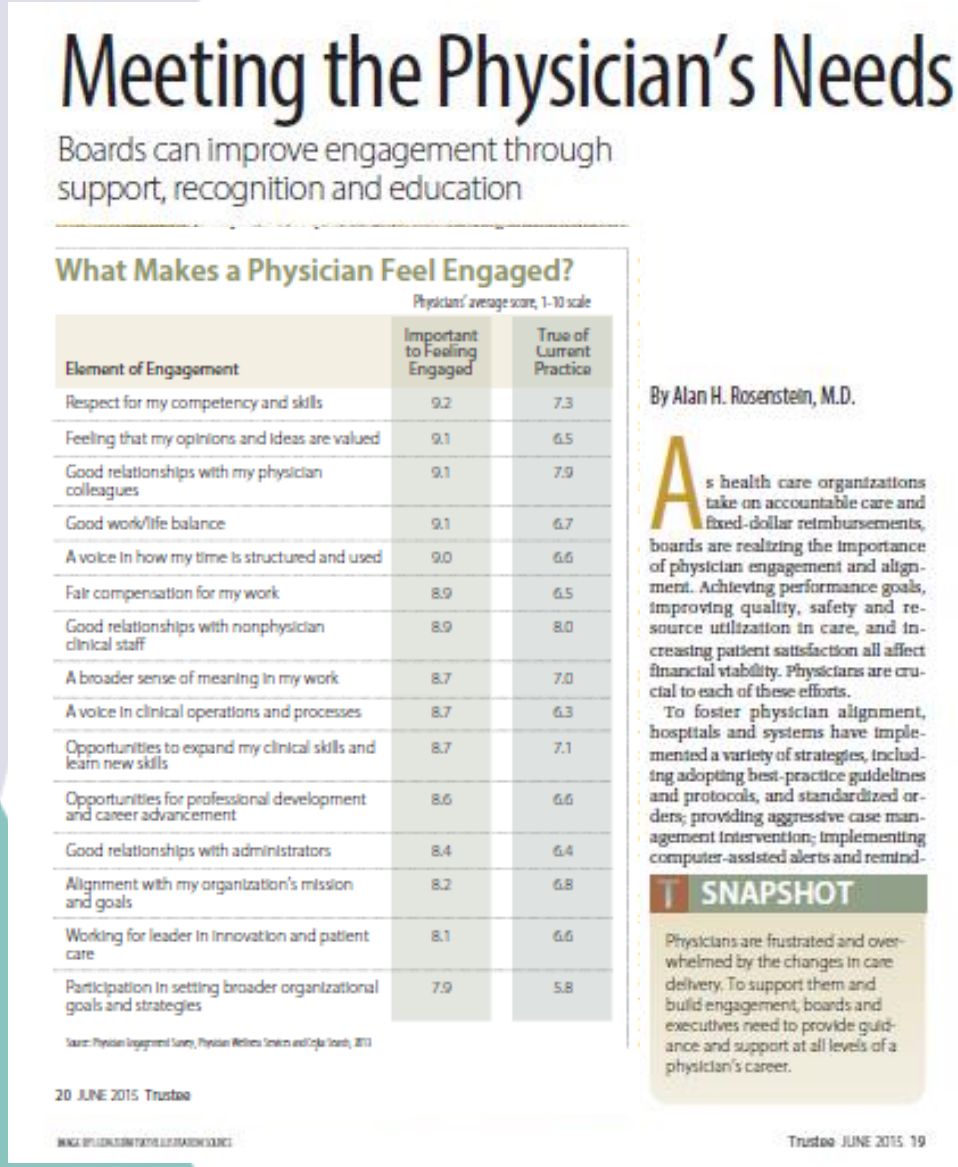
The purpose of the study, published in *Mayo Clinic Proceedings*, was to evaluate the association between professional burnout and physicians' sense of calling. Researchers found physicians who experience burnout are, indeed, less likely to view medicine as a calling, as measured by true-false responses to six survey items, including "I find my work rewarding," "My work is one of the most important things in my life," and "If I were financially secure, I would continue with my current line of work even if I were no longer paid."

Almost 30 percent of the more than 2,200 respondents reported experiencing some level of burnout. Physician views on calling that varied the least between those who were not burned out and those who were completely burned out were for the item, "My work makes the world a better place." More than 83 percent of physicians who were completely burned out responded affirmatively to this item, which was only 14 percent lower than those who reported no burnout.

The calling item with the greatest response difference was "I would choose my current work life again if I had the opportunity," to which completely burned-out physicians responded affirmatively less than 32 percent of the time, a difference of 61 percent from those unaffected by burnout. On the "I find my work rewarding" item, nearly all physician respondents unaffected by burnout—98 percent—agreed with the statement. In contrast, just 65 percent of completely burned-out physicians said they find their work rewarding.

"Given the personal and collective-level consequences of medicine as a calling, concerns have been raised that the changing physician workplace may be eroding professional identity,"

Physician Engagement



Meeting the Physician's Needs

Boards can improve engagement through support, recognition and education

What Makes a Physician Feel Engaged?

Physicians' average score, 1-10 scale

Element of Engagement	Important to Feeling Engaged	True of Current Practice
Respect for my competency and skills	9.2	7.3
Feeling that my opinions and ideas are valued	9.1	6.5
Good relationships with my physician colleagues	9.1	7.9
Good work/life balance	9.1	6.7
A voice in how my time is structured and used	9.0	6.6
Fair compensation for my work	8.9	6.5
Good relationships with nonphysician clinical staff	8.9	8.0
A broader sense of meaning in my work	8.7	7.0
A voice in clinical operations and processes	8.7	6.3
Opportunities to expand my clinical skills and learn new skills	8.7	7.1
Opportunities for professional development and career advancement	8.6	6.6
Good relationships with administrators	8.4	6.4
Alignment with my organization's mission and goals	8.2	6.8
Working for leader in innovation and patient care	8.1	6.6
Participation in setting broader organizational goals and strategies	7.9	5.8

Source: Physician Engagement Survey, Physician Wellness Services and Cejka Search, 2013

By Alan H. Rosenstein, M.D.

As health care organizations take on accountable care and fixed-dollar reimbursements, boards are realizing the importance of physician engagement and alignment. Achieving performance goals, improving quality, safety and resource utilization in care, and increasing patient satisfaction all affect financial viability. Physicians are crucial to each of these efforts.

To foster physician alignment, hospitals and systems have implemented a variety of strategies, including adopting best-practice guidelines and protocols, and standardized orders; providing aggressive case management intervention; implementing computer-assisted alerts and remind-

SNAPSHOT

Physicians are frustrated and overwhelmed by the changes in care delivery. To support them and build engagement, boards and executives need to provide guidance and support at all levels of a physician's career.

20 JUNE 2015 Trustee

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Focus on core values

Express concern and empathy

Provide education and training

Provide opportunities for input

- Forum
- Exchange
- Responsiveness

Provide opportunities to connect

Motivate and inspire

Provide support

- Administrative
- Clinical
- Behavioral

Show respect and recognition

- ➢ Compliment the positives
- ➢ Improve physician satisfaction
- ➢ Improve well-being
- ➢ Improve care relationships
- ➢ Improve patient care
- ➢ Improve career

Solutions

- Recognize the seriousness and significance of the issue
  - Physician well-being a priority
- Health providers a precious resource working under stressful conditions
- Raise organizational/ individual awareness and accountability
  - Organizational culture/ leadership commitment/ empathy
  - Listen/ solicit input: Surveys/ Town hall meetings/ discussion groups/ 1:1
  - Respond to issues and concerns that impact attitudes and behaviors
  - Motivate action/ Address barriers/ Focus on job fulfillment
  - Foster project champions/ Collaborative support
- Provide pro-active support: Satisfaction/ life balance/ health & wellness
  - Recognize reluctance to act/ Facilitate input and open discussions
  - Structural/ administrative/ logistical/ clinical resource support
  - Provide training: enhance EI, communication, and work relationship skills
  - Emotional/ behavioral support (Wellness Committee/ EAP/ coaching….)
  - Satisfaction/ Career advice
- Recognize, motivate, engage and reward

➡ It's more than just stress management

Questions?

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