

Outline

- Burnout, Depression, Suicide
- Job Satisfaction/ Workplace Wellness
- Positive psychology or Mindfulness
- Concrete suggestions



OBJECTIVES

- Describe Burnout and Medical Professional Workplace Challenges.
- List ways time spent at work conflicts with wellness needs.
- Explore tools available to improve time spent at work time spent fulfilling personal wellness.



Preventing physician burnout

Improve satisfaction, quality outcomes and provider recruitment and retention





What is Burnout?

Emotional Exhaustion

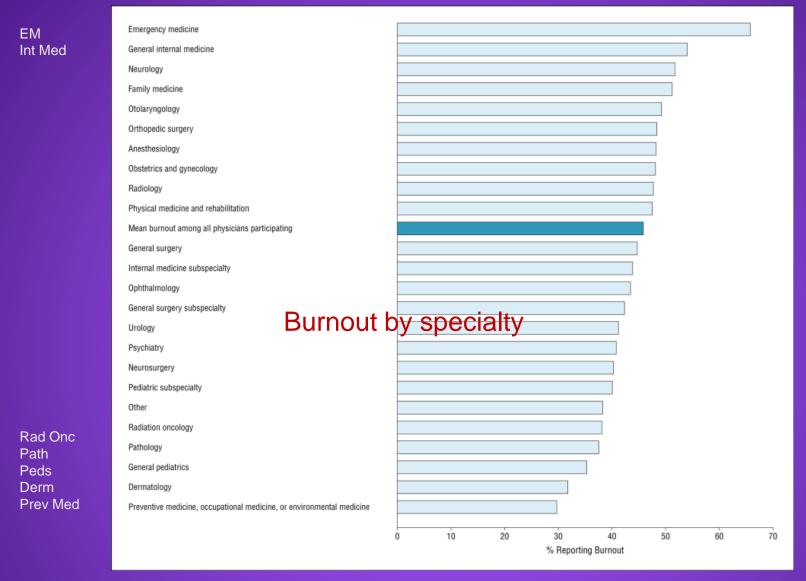
Inability to recover with time away from work

- Depersonalization
 - Sarcasm, cynicism, callousness,
 - Blaming patients
- Reduced accomplishment
 - "I'm a bad doctor, or bad teacher"





Physician Burnout Presents Differently in Male and Female Doctors



Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Shanafelt et al. Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed. 7,288 MDs (25% resp rate AMA survey)

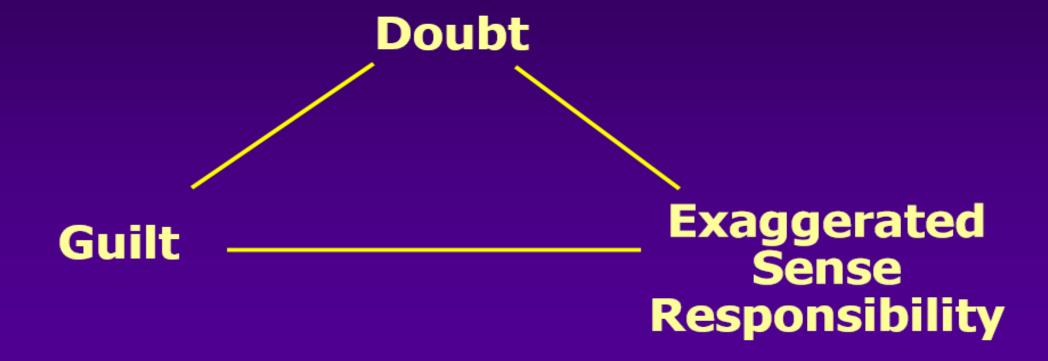
Physicians Burnout

	2011	2014
Burnout:	45.8%	54.4%
Emotional exhaustion:	37.9%	46.9%
Depersonalization:	29.4%	34.6%
Work-life balance Dissatisfaction	36.9%	44.5%

Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015

Are physicians at inherent risk? The "Physician Personality"

TRIAD OF COMPULSIVENESS



Gabbard JAMA 254:2926

Work risk factors for Burnout

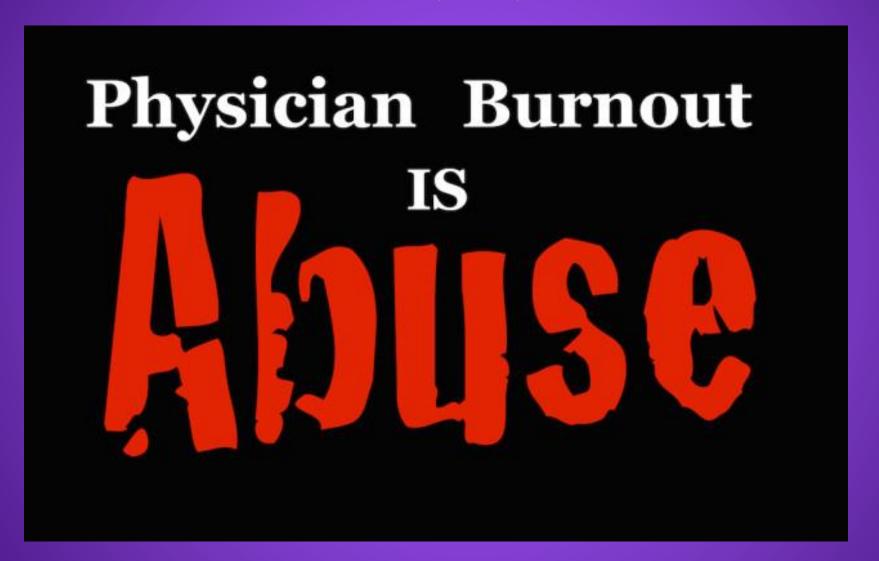
- Too much time in bureaucratic tasks (EMR?)
- Working with difficult patients
- A loss of autonomy (being a resident? metrics?)
- Difficult to change career (65%)*
- Too much work without enough time (62%)*
- Poor patient outcomes
- Law suits increased time documenting/defensive medicine
- More?

Are We Still Respected?



Physician burnout is physician abuse

PAMELA WIBLE, MD / PHYSICIAN | AUGUST 21, 2015



Consequences of Burnout

Adverse Influence On:

- Patient satisfaction
- Patient compliance
- Turnover/absenteeism (250,000 per MD)
- Detrimental attitudes: cynicism, resentment
- Intent to leave academic medicine

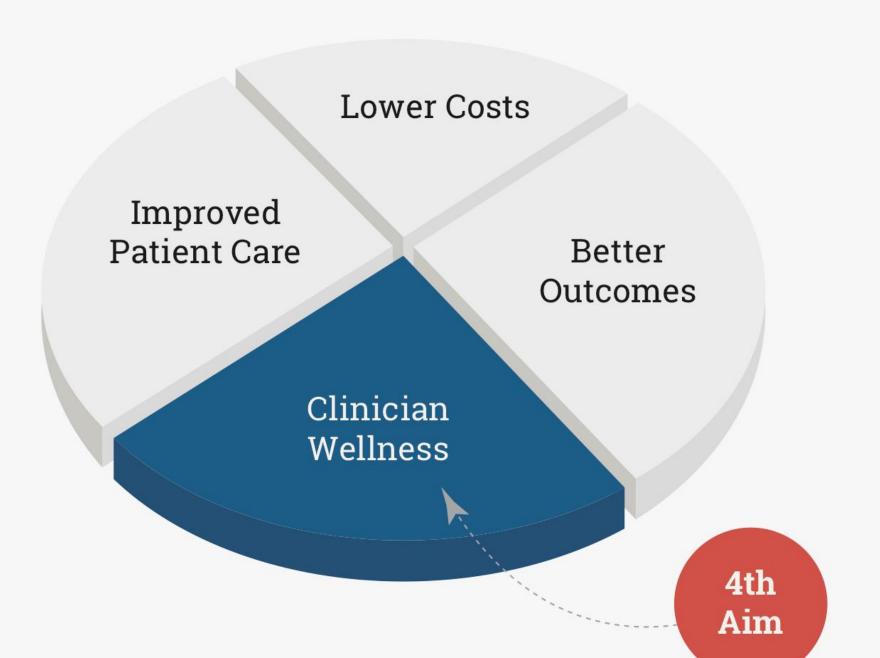
1 Health Psych 12:93; 2 JGIM 15:122; 3 Arch IM69:990; 4 JGIM 22:177

Distress Leads to Medical Errors

<u>Variable</u>	<u>Instrument</u>	OR of subsequent error	<u>p</u>
Burnout	MBI-DP	1.10	.001
	MBI-EE	1.07	<.001
	MBI-PA	1.08	.02
Depression	Positive 2-item screen	1.93	.08

JAMA. 2006;296(9):1071-1078. doi:10.1001/jama.296.9.1071 (self reported)

The Quadruple Aim



What is the opposite of Burnout?

- Wellness? Happiness? Balance?
- How do manage our time to achieve wellness professionally and personally?
- Examining how to manage our time best to feel restored, fulfilled, and balanced.







Satisfaction: Work hours?



Preventive medicine, occupational medicine, or environmental medicine

Dermatology

General pediatrics

Radiology

Other

Ophthalmology

Pathology

Psychiatry

Radiation oncology

Otolaryngology

Emergency medicine

Orthopedic surgery

Anesthesiology

Mean satisfaction

Physical medicine and rehabilitation

Urology

Family medicine

Neurosurgery

General internal medicine

Pediatric subspecialty

Internal medicine subspecialty

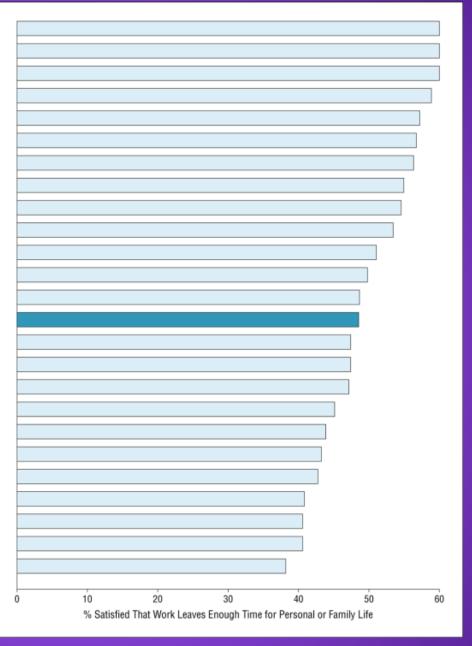
Neurology

Obstetrics and gynecology

General surgery subspecialty

General surgery

Date of download: 10/23/2015



Neuro OB/GYN GenSurg

Associated with Job Satisfaction: National Study of the Changing Workforce

- Autonomy
- Learning opportunities
- Meaningfulness
- Job security
- Flexibility

- Supervisor Support
- Workplace Culture
- Positive coworkers
- Equal opportunity
- Respect

Career "Fit"

Shanafelt, Archives IM 169:990 (2009)

- 465 Internal medicine physicians Mayo Clinic
- Most personally meaningful aspect of work:
 - Patient care 68%
 - Research 19%
 - Education 9%
 - Administration 3%
- Spending <20% effort in most meaningful activity strongly associated with burnout:
 - (53.8% vs. 29.9%; p<0.001)

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

Randomized Clinical Trial by West et al.

- 19 biweekly facilitated discussion groups
- Protected time (1 hr paid) by employer
- Increased empowerment and engagement
- Decreased depersonalization, emotional exhaustion, and overall burnout



JAMA Internal Medicine April 2014 Volume 174, Number 4

19 Study Meta-analysis

Conclusion: finding(s) provides support for the view that burnout is a problem of the whole health care organization, rather than individuals.



Top down help with Time Management

Examples of interventions to reduce burnout in your practice

WORKFLOW	COMMUNICATIONS	TARGETED QUALITY IMPROVEMENT (QI)	OTHER
Shift to MA entering data into EHR instead of physician. Covered in team documentation	Improved interpersonal communication and teamwork. Discussed in team meetings	Implementing a hypertension management program	Implementing panel management
Better patient flow through the clinic enabled by pre-visit planning including pre-visit laboratory testing	Improved opportunities for informal communication among providers, such as a shared lounge or periodic shared meals. Reviewed in team culture	Establish quality improvement projects for issues of importance to providers	Dashboard of patient population measures for clinicians
Sharing information to make the clinic more efficient	Monthly formal discussions on patient care for clinicians to improve collegiality	Freeing time for nurses and physicians by implementing synchronized prescription renewal	Presentation of wellness data to prompt discussions on changing the clinic environment





Kevin Jubbal, MD. Published on Feb 17, 2018

Burnout ≠ Depression Getting Help

- Depression: at least 20% of us are or will be clinically depressed
- Feelings after being sued
 - On average we are sued every 4 years
 - Increases divorce and suicide risk
 - 90% of MD's practicing until age 65
- Drug addiction: 10% of us

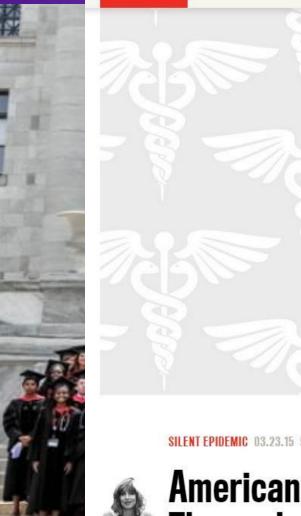




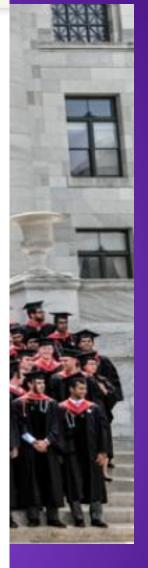
Photo Illustration by Sarah Rogers/The Daily Beast

SILENT EPIDEMIC 03.23.15 5:25 AM ET



American Doctors Are Killing Themselves and No One Is Talking **About It**

It's estimated that at least 400 U.S. doctors kill themselves every year. Many are struggling with depression, anxiety, or addiction.

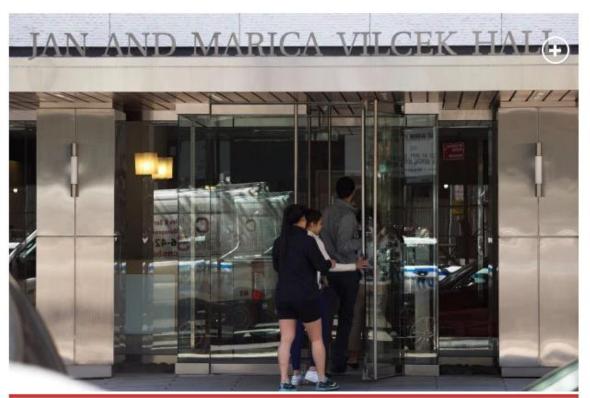


METRO

NYU med student hangs herself in dorm room

By Tina Moore and Max Jaeger

May 1, 2018 | 1:11pm | Updated

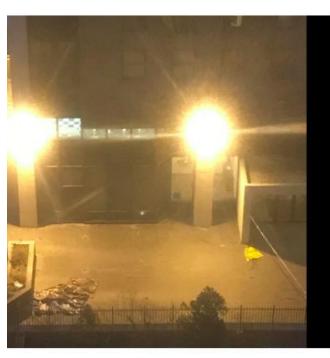


licide: covered up with a tarp and

YSICIAN | JANUARY 22, 2018







ecently jumped to her death in New York City. She landed at the where she lived.

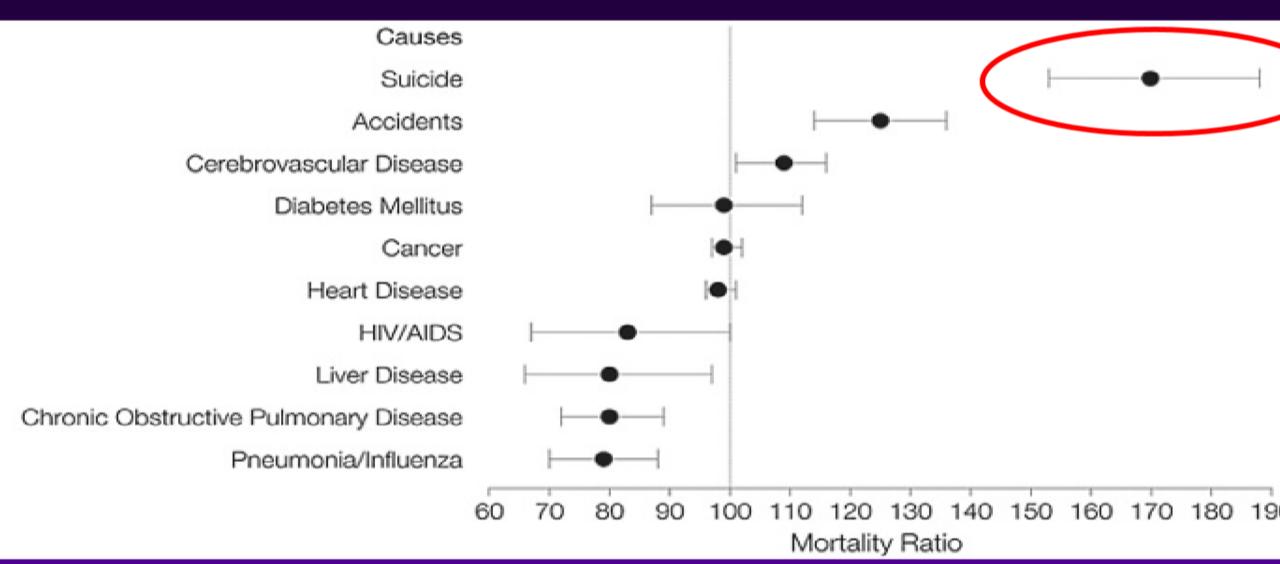
r, I received the following emails about her. All published with

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hemmosini.

https://www.kevinmd.com/blog/2018/01/physician-suicide-covered-tarp-silence.html

Proportionate Mortality Ratio: Male Physicians vs Male Professionals



Depression and Suicide

- Suicide rate vs. others professional rates
 - Female physicians (RR 2.3)
 - Male physicians (RR 1.4)





Schernhammer, et al. Suicide Rates Among Physicians: A Quantitative and Gender Assessment (Meta-Analysis) Am J Psychiatry 161:12, December 2004



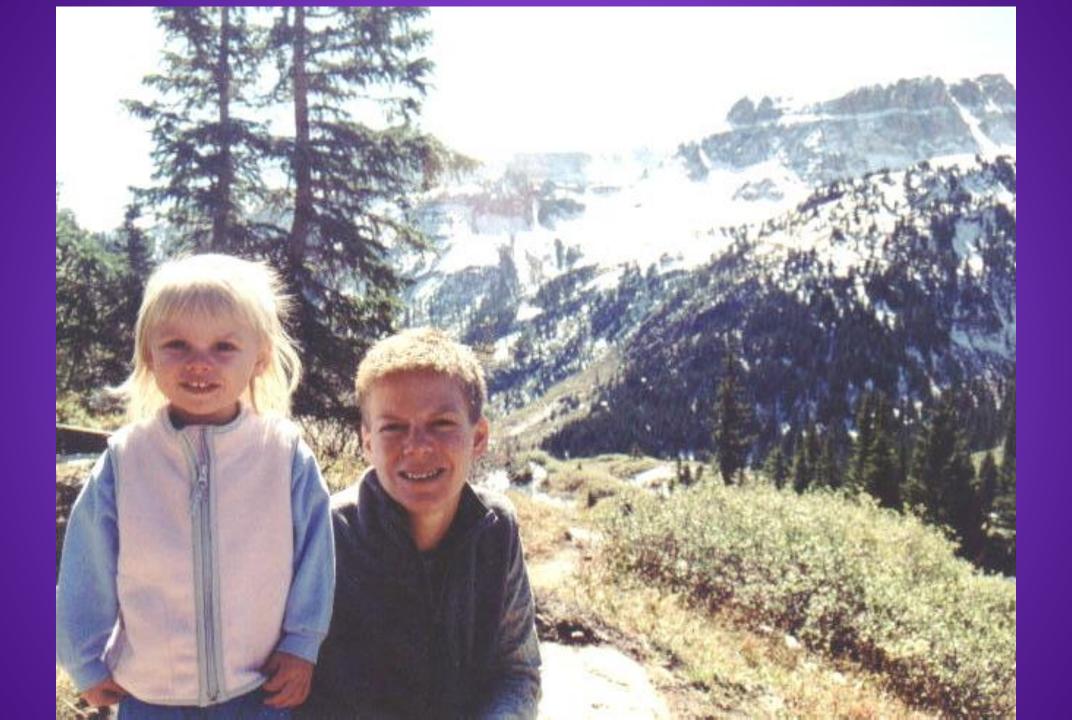
Getting Help

- Depression: Consider default opt out
- Feelings after being sued: Well-being committee referral automatic
- Drug and Alcohol addiction: Get help first, colleague referral?

For All Beyond Hospital: Personal Solutions

- Attitude shifts: requires continuous reinforcement
- "Mindfulness"
- Practical time management tips for all professionals

WARNING: DEPRESSION = Professional RX



Mindfulness

- Mindfulness: paying attention to the present moment without judgement
- Yoga
- Tai Chi
- Meditation
- During work hours?



Gotink et al. Standardised Mindfulness-Based Interventions in Healthcare: An Overview of Systematic Reviews and Meta-Analyses of RCTs April 16, 2015

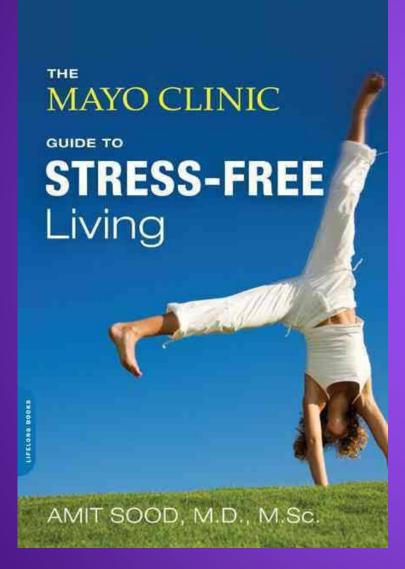
7 Correlates of Happiness

- Relationships
- Caring: Cultivate kindness
- Exercise
- Flow
- Using your Strengths and Virtues
- Attitude of Gratitude
- Spiritual Engagement/Meaning



http://www.pursuit-of-happiness.org/science-of-happiness/ Martin Seligman, MD Founder of Positive Psychology

Attitude Shifts



Recognize default mode

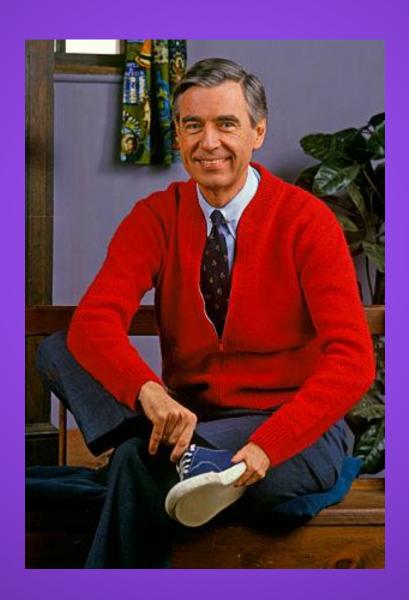
- "Be patient. Hurriedness is almost always internal. When you start feeling edgy, fill that time with joyful attention"
- "Positive judgements about others boosts your mood"
- "Happiness is an everyday feeling that depends on how you experience the present moment"

Dr. Amit Sood



http://stressfree.org/

Work-Home Transition



Difficult/Upset Patients

- Pre-emptive discussion: saves time in the long run
- Overestimate time
- Standard, polite, response memorized



Scripts for Challenges

- Don't argue
- "I can see you are frustrated".
- My favorite: "you have had a rough day"
- Redirect: "I see you are concerned about xyz; what is your major worry right now?"
- State that your intention is to help as much as you can. Give options. State again "what I can do for you". Identify their feelings without judgement and validate them.

http://emergencymedicinecases.com/episode-51-effective-patient-communicationmanaging-difficult-patients/

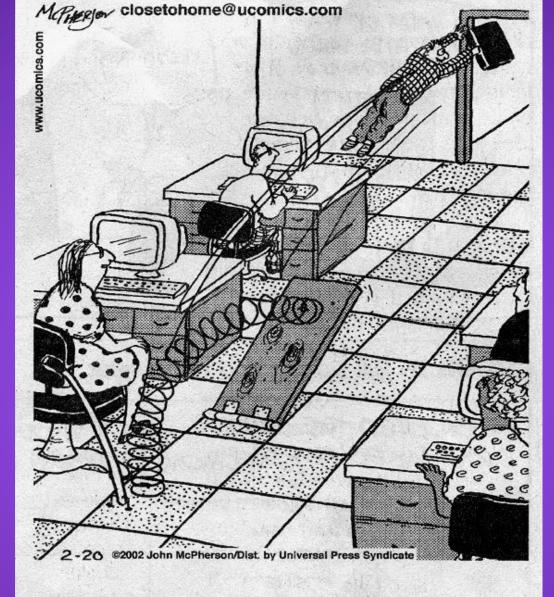
General Advice

- Value relationships
- Scribes
- Exercise
- Eat like an animal
- Limit work days
- Live below your means
- Traffic tips: Uber?
- Shift work
 - Anchor sleep
 - Clockwise rotation





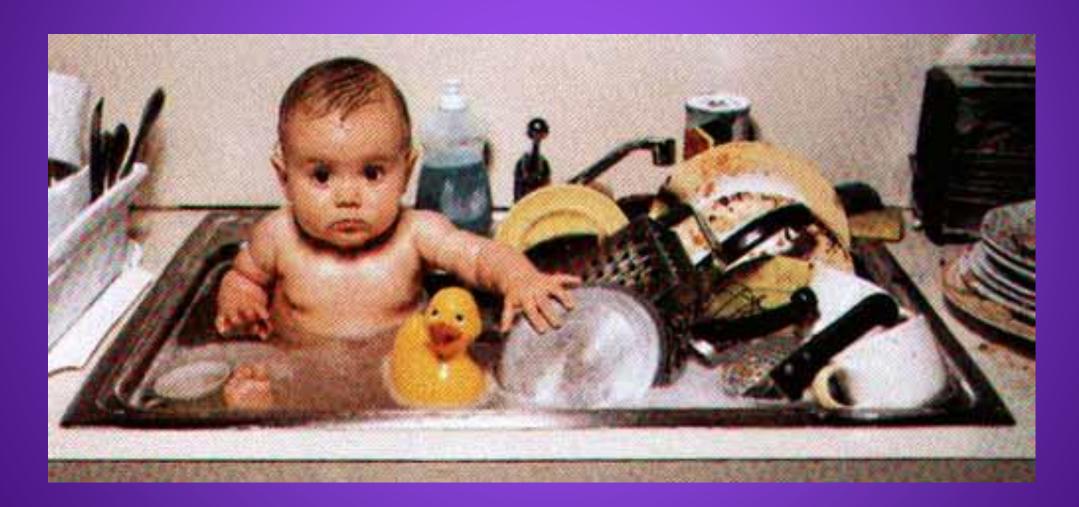
Also see modules from AMA & ACEP



Bob calculated that his new spring-loaded departure pad would save him 5.8 days of commuting time over his entire career.

The fastest choice is not always the best choice.

What price do you have to multitask?



Conclusions

- Administration: Please incorporate time and \$ for this
- Burnout, Depression, Suicide: Real Concern
- Personal Wellness: plan time management
- Consider Positive psychology, mindfulness, spiritual group, or other passion.

"The Constitution only guarantees you the right to pursue happiness. You have to catch it yourself."

~ Benjamin Franklin

Be Well