Presentation Objectives

- Recognizes the symptoms of burnout and examine its scope and impact.
- Examine a framework promoting professional fulfillment
- How to assess organizational readiness to change
- Engaging the “C-Suite”
What is burnout?
Burnout

“An erosion of the soul caused by a deterioration of one’s:

– Dignity
– Spirit
– Values
– Will”

– Christina Maslach, PhD
Key Components of Burnout

1. Physical Exhaustion
   Physically overextended

2. Depersonalization
   Impersonal response to patients

3. Loss of Efficacy
   Decreased sense of accomplishment
Routinely experiencing the suffering, anguish, and loss of being unable to deliver the care that patients need is deeply painful. These routine, incessant betrayals of patient care and trust are examples of “death by a thousand cuts.” Any one of them, delivered alone, might heal. But repeated on a daily basis, they coalesce into the moral injury of health care.

Talbot, SG, Dean W . STAT ; July 2018 .
Driver Dimensions

- BURNOUT
  - Exhaustion
  - Cynicism
  - Inefficacy

- Workload and job demands
- Control and flexibility
- Efficiency and resources
- Meaning in work
- Work-life integration
- Social support and community at work

- ENGAGEMENT
  - Vigor
  - Dedication
  - Absorption

Shanafelt, Mayo Clinic Proceedings 91:422
Burnout is not an attitude problem

Burnout is a workplace problem

“Failure to recognize the human side of work or demands of superhuman efforts, people feel overloaded, frustrated and well, burned out. Self-improvement alone will not beat it.”

Stress vs. Burnout

- Stress:
  - is a normal part of life
  - not always bad
  - resolves with time off
  - is not overwhelming
  - capable of recovery week to week

- Burnout:
  - Unable to recover due to relentless drain on energy reserves
  - “I’m not sure how much longer I can do this”
  - Doesn’t improve with vacation or sabbatical
  - Can be a strong catalyst for change
Why are we talking about it?
Reality Check – U.S. Health Care

- $3.2 Trillion dollars spent annually
- 30 Million new patients accessing ACA
- 10,000 Medicare recipients added daily
- Turnover cost of physician burnout 17 Billion
- Turnover costs of nursing burnout 14 Billion
- Resident Physician Shortage Reduction Act has not passed since 2007

Forbes July 2013
The Business Case for Humanity in Healthcare April
Impact and Scope of Physician Burnout

50% US physicians reported burnout
*Medscape survey 2016

47% considering change of how they practice in next 1 – 3 years
*The Physician’s Foundation Survey 2016

1 out of 50 Physicians plan to leave for different career, next 2 years
*AMA

Predicted physician shortage: 34 - 88,000
*By 2015: AAMC 2017

400+ Suicides annually

For every open primary care physician job, there is less than one applicant seeking that job.
*Cejka
Burnout Statistics (Medscape 2016)

- Over 50% physicians in US reported clinical evidence of burnout
- Highest specialties were primary care especially Internal Medicine and Emergency Medicine reported nearly 60%
- No substantial difference between inpatient and outpatient physicians
- Gender differences females > male physicians
- Peak ages 46-55 years of age (less likely to volunteer or engage in leadership as well as most likely to leave profession)
The Physician Burnout Problem Is Perceived to Be Larger Outside of One’s Organization

NEJM Catalyst December 8 2016 Swenson S et al.

To what extent is physician burnout a problem in...

The Healthcare Industry

- 96% serious
- 31% moderate
- 65% minor
- 4% not at all a problem

Your Organization

- 83% serious
- 48% moderate
- 35% minor
- 13% not at all a problem

More Clinical Leaders than Executives consider it to be a serious problem whereas more Executives than Clinical Leaders rate the problem as moderate.

- Clinical Leaders: Serious 69%, Moderate 25%
- Executives: Serious 60%, Moderate 38%
Impact of burnout on nurses

- 24% ICU nurses tested positive for PTSD (Mealer et al. AJRCCM 2007)
- 26% ER nurses burned out (Adrriaenssens et al. IJNS 2015)
- 30-35% oncology nurses experience burnout (Gomez-Urquiza et al. Psych-Onc 2018)
- 33% of new RNs seek another job within 1 year (2013)
The American Nurses Association (ANA, 2002) reported that the four most frequent responses to “how nurses felt about their jobs when they left each day” were:

- Exhausted and discouraged (50%);
- discouraged and saddened by what I couldn’t provide for my patients (44%);
- powerless to affect change necessary for safe, quality patient care (40%); and
- frightened for patients (26%).

Exhausted, discouraged, saddened, powerless, frightened – these are the emotions experienced by nurses on a daily basis.
Medical Student Burnout
Future physicians have excellent mental health... before training begins

Brazeau C. M. et al. 2014, Distress among matriculating medical students relative to the general population. Academic Medicine, 89 (11), 1520-1525.
Burnout in Medical School Students

In a 2014 study by the journal Academic Medicine, around 4,000 medical students aged 22 to 32 years old reported symptoms of burnout, exhaustion and depression. Their results were compared to over 700 responses by age-matched U.S. college graduates.

- Emotional exhaustion: Medical students 41.1%, College graduates 31.8%
- Depersonalization: Medical students 27.2%, College graduates 18.5%
- Burned out: Medical students 49.6%, College graduates 35.7%
- Screened positive for depression: Medical students 58.0%, College graduates 47.5%

The Culture of Medical Education

- Cognitive overload and sleep deprivation
- Constant scrutiny
- Abuse and shame
- Detached from relationships
- Perpetual self postponement
- Cognitive intelligence > emotional intelligence
- Reductionist view
- Survivalist mechanisms (workaholic, superhero, lone ranger, perfectionist, emotionless)
The Physician Personality

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

**Maladaptive**
- Difficulty relaxing
- Problem allocating time for family
- Sense responsibility beyond what you control
- Sense “not doing enough”
- Difficulty setting limits
- Confuse selfishness vs. healthy self-preservation
- Difficulty taking time off
Why Focus on Physicians?

• Whole team matters
• Physicians have unique challenges
• Strongest business case
• Most affected group
• “Can’t boil the ocean”
Rationale for Investing in Physician Well Being

- Moral and ethical responsibility of HCO.
- Direct impact on patient care and success of a HCO.
- The existence of a strong and resilient physician culture is essential for HCO to survive and be nimble in an environment of constant change.
- Physician vacancies and recruitment are costly > 1M/ year per PCP.
Consequences of Physician Burnout

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

Increase risk of suicide (400 physician suicides per year, equal preponderance of male and female physicians vs. national statistics males 4x more likely to commit suicide in the general population)

Even though doctors agree they have an ethical obligation to intervene when they believe a colleague is actually impaired, only 67 percent will report appropriately.

Addressing Physician Burnout
So...What Next?

“How can we transform healthcare without a healthy engaged physician workforce?”
Framework for Professional Fulfillment

**Culture of Wellness**
Organizational work environment, values and behaviors that promote self-care, personal and professional growth, and compassion for ourselves, our colleagues and our patients.

**Efficiency of Practice**
Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.

**Personal Resilience**
Individual skills, behaviors, and attitudes that contribute to physical, emotional and professional wellbeing.
What Is Physician Wellness?

“Wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life.”

Establishment of Center for Physician Well-Being and Professional Development
Goals of the Center for Physician Well-Being and Professional Development

- Reduce physician stress
- Improve work-life integration
- Educate and train physician leaders
- Restore the joy of practice
Framework for Professional Fulfillment

Education
Leadership training and support
Measurement of Fulfillment
Recognition and appreciation

Collegiality
Career Fit
Fair and just culture
Resources to support wellness
Why HR Can’t Manage Burnout

- No cookie-cutter approach
- Have to focus on everyone
- Usually focus is on individual resilience
- Measure lagging indicators (turnover)
- Usually can’t impact leadership
Visit the Website via inComm
• Physician Leadership Development
• WorkLife Assistant
  • Time-saving virtual concierge services to help with family & personal daily living tasks
• Legal & Financial Resources
• Time of Need support for physician/provider & their families:
  • Stress & Burnout
  • Depression
  • Conflict & Relationships
• Available 24 x 7
Why Does Strong Leadership Matter?

- Increases team engagement
- Improves overall quality of care
- Increases productivity
- Improves patient satisfaction
- Reduces staff and physician turnover
- Overall improves performance and results in better outcomes!

Cultural Attributes Most Valued by Physicians

- Skilled leadership that demonstrated awareness and concern for their needs
- Collaborative environment between administrators and providers
- Accountability of both physicians and administrators
Culture of Wellness: Strategy

**Know me**
Know that I’m an individual and have a unique story.

**Include me**
Be transparent and include me in the conversation.

**Empower me**
Respect me and empower me to act.
Quantitative Data Collection: Leadership Index

My immediate supervisor:
- Holds career development conversations with me
- Empowers me to do my job
- Encourages me to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching on my performance
- Recognizes me for a job well done
- Keeps me informed about changes taking place
- Encourages me to develop my talents and skills
- Overall, how satisfied are you with your immediate supervisor

Impact of Organizational Leadership on Physician Burnout and Satisfaction

- What the study found was that for each 1-point increase in composite leadership score, there was a commensurate 3.3% decrease in likelihood of burnout and a 9.0% increase in the likelihood of job satisfaction

Framework for Professional Fulfillment

- Reduce inefficient work
- Provider involvement in redesign
- Team care models
- Workspace redesign

Efficiency of Practice

- Staffing to accommodate predictable absences
- Minimize in-box and email
GREAT NEWS! WE’VE SCHEDULED A PHYSICIAN BURN-OUT SEMINAR NEXT WEDNESDAY.

GREAT! WHAT TIME?

AT 12:30 SO IT DOESN’T INTERFERE WITH PATIENT CARE.

UMM...OKAY. WHAT ABOUT LUNCH?

WE’LL BE HANDING OUT PROTEIN BARS.

AND THEY WONDER WHY WE’RE BURNED OUT.
Addressing Physician Resilience

“We tell physicians to get more sleep, eat more granola, do yoga, and take better care of yourself.

These efforts are well intentioned. The message to physicians however, is that you are the problem.”

– Tait Shanafelt, MD
Resilience: Do you bounce or break?

Resilience is a function of your ability to cope (individual) ***and*** availability of resources (environment) related to health/well being.
Framework for Professional Fulfillment

Rituals and firewalls
Sleep
Life calendar

Self Care
Exercise
Nutrition
MBSR

Personal Resilience
“Mindfulness is paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally.”

Jon Kabat-Zinn
Consequences of sleep deprivation

- Intermittent lapses in attention
- Inaccurate processing of others’ emotions
- Decreased affect regulation
- Inaccurate reward/incentive processing
- Decreased hippocampal encoding of long-term memory

Deterioration of cognitive performance

• Two consecutive nights with less than 6 hours sleep are associated with decreases in performance which last for a period of 6 days

**Work Home Conflicts**

WHC associated increased risk:

- Burnout (37% vs. 17%)
- Depression (51% vs. 21%)
- Intent to reduce clinical hours
- Leave current position next 24 months
- Decreased satisfaction relationship partner
- Increased likelihood separation or divorce

Dyrbye, Arch Surgery 147:933; Dyrbye, JGIM 29:155; Dyrbye, Arch Surg 146:211; Dyrbye, Arch Int Med 171:1207; Guille, JAMA Int Med 177:1766
Barriers to Resilience

• Physicians often fail to use flexible policies
• Lack of information on eligibility and benefits
• Workplace norms and culture
• Uninformed leadership
• Use shifts burden of work to colleagues
Where Do You Start? Organizational Readiness

- Assess Current State of Organizational Culture
- Mission, Vision, Values
- Respect for People (Physicians, Staff, Leadership)
- Attitudes and Morale (Cynicism/Passivity vs. Engagement)
- Operational Concerns (Practice efficiency, quality, safety)
- Financial Environment (Operating margins/Market competition, Compensation Structures)
Find Your Burning Platform

- Medical Errors
- Physician Dissatisfaction
- Recruitment and retention issues
- Productivity
- Quality metrics
- Patient satisfaction
- Suicide
- Physician engagement
Making the Business Case

• Wellness as a health system strategy (Quadruple Aim)
• Quality indicator
• Recruitment, engagement, retention
• Professionalism effect on culture
• Speak the language, know management methodologies
• Use local data and challenges
• Explain why physicians are unique and that interventions go beyond traditional HR programs
• Start small timelines and deliverables
Facing the Headwinds

- Physician cynicism
- Complex organizations
- Competing priorities
- Financial resources
- “At or below the mean is acceptable”
- Bureaucratic inertia
- Lack of a safe culture (Blame and shame)
- Unwillingness to provide time/compensation to lead efforts
Organizational Cost Calculator of Replacing Physicians

Projected cost of physician burnout in terms of turnover. (Other costs of burnout, in terms of medical errors, malpractice liability, patient satisfaction, productivity and organizational reputation, are not included.)

- Number of physicians at your center: 500
- Rate of burnout of physicians at your center: 54%
- Current turnover rate per year: 7%

Cost of turnover per physician: $500,000

12.5 Number of physicians turning over due to burnout per year

Annual Cost of Burnout: $6,136,364

Projected cost of physician turnover per year due to burnout

Return on Investment for Interventions to Reduce Burnout

Cost of intervention per year: $1,000,000

- 5% Turnover without burnout
- 20% Anticipated reduction in burnout

Savings due to reduced burnout: $1,227,273

RETURN ON INVESTMENT (ROI): 23%
Strategies for Healthcare Organizations to Promote Physician Wellness

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizations science

Shanafelt, Mayo Clin Proc
January 2017
Common Pitfalls

- Initial program scope too large
- No baseline metrics
- Senior leadership and Board support lacking
- Multiple non-integrated wellness efforts
- Lack of a business case
- No demonstrable ROI
- Limited financial resources
- Lack of administrative support
Problems Measuring Burnout

Measuring Burnout...

- Overall results look great! But...
- Mathematically there is a ceiling effect in measuring burnout
- Because of the sensitive nature of some items, respondents must feel comfortable about their true feelings
- Anonymous nature precludes using it as a screening tool
- “Sensitization” to burnout phenomenon due to personal expectations and beliefs
- Validity: is expressing burnout a measure for dissatisfaction with job or a measure of depression (prevails all aspect of life)
- Designed for all professions, but is healthcare different?
- Communicates message of impending doom
- Not helpful for designing program level interventions
Metrics of Success

- Vital Work Life Utilization and Physician engagement
- Serve360° participation
- Physician Leadership Academy enrollment and career growth
- Patient satisfaction
- Physicians utilizing vacation time
- PFI Stanford

- Physician recruitment
- Physician attrition/exit interviews
- Website utilization internal and external
- Internal promotion
- Disruptive/impaired MD referrals
• Statistically significant sustained survey participation (>58% of employed physicians)
• A four year high in engagement, ranked in 92\textsuperscript{nd} percentile (4% absolute increase and 10% relative increase)
• Only 1 in 10 demonstrated symptoms of burnout (National average approximately 50%)
• 12% decline in perception of burnout across employed providers (30% relative decrease)
Key Takeaways

• Burnout is a significant threat to a provider’s career and a HCO ability to provide high quality healthcare
• There are compelling and undeniable reasons to invest in provider well-being and leadership development
• Investing in provider well-being and physician leadership builds strong organizational culture
• A strong, healthy, engaged provider workforce is vital in order to succeed in this ever-changing healthcare environment.