TRANSCENDING BURNOUT
Flourishing in Challenging Times

Objectives

Attendees will be able to:

- Identify factors within the individual or those which are systemic by nature, manifested in the working environment which promote Burnout
- Apply a validated paradigm for identifying a Department, Division, or Clinic at risk for Burnout and its adjuncts
- Develop specific, local and measurable solutions to the progenitors of Burnout
- Recognize the aspects of flow and flourishing present within their individual practice and learn how to nurture them

Disclosures

- I have no financial relationships with any of the organizations that I will be discussing today.
- I have no financial relationships with any of the products or services that I will present.
- I am however Heavily Invested in Wellness

A Good Day is one in which nothing bad happens.
- Internal Medicine Resident
Burnout Definition

- Exhaustion (physical/mental/emotional)
- Cynicism/Depersonalization
- Inefficiency/ Low sense of personal accomplishment

*As measured on the Maslach Burnout Inventory

A Deeper View

- 15% Burnout – High in all three domains
- 20% Disengaged – High in Cynicism only
- 17% Overextended – High in Exhaustion only
- 20% Ineffective – High in Inefficiency only
- 28% Engaged – Low for all three

Burnout is not Confined to Physicians

- 133 papers for their Systematic Review
- Burnout rates 26% to 34% depending upon group surveyed, survey used and severity of burnout.
- Nursing literature describes different aspects that have overlap
- Burnout - workplace chronicity, acuity and complexity beyond the provider's capacity to manage (seems to mirror physicians)
- Compassion Fatigue – profound emotional / physical erosion where the provider cannot refuel or regenerate (40-80%)
- Teachers – NPR Education reports Burnout may be responsible for up to 500,000 teachers/year leaving the field (4% higher than any other profession)

Burnout by Specialty

The Journey

- Toward Wellness – Pediatrics January 2015 – differentiated Corporate Wellness from Physician Wellness and how the undercurrents in medicine were moving us away from this path
- Approaching Wellness – Family Practice 2015/ Radiology 2016 discussed the national conversation on Burnout and Suicidal Ideation and the underlying causes
- Taming Burnout – Obstetrics and Gynecology 2017 discussed effective programs for burnout and the roles the system and individual play in that process
- Transcending Burnout – Pediatrics January 2017 a wider view on solutions and the concepts of flow and flourishing
Causes of Pediatrician Burnout

Higher percentage of young practitioners and females associated with higher rates of Burnout (70-75% of graduating classes are now female)

Pediatrics especially attracts individuals with valued traits, such as compassion, altruism, and perfectionism, which predispose those individuals to burnout, especially when clinicians are pushed to mental or physical extremes

NEJM Catalyst  Physician Burnout: The Root of the Problem and the Path to Solutions

80% of all Burnout is caused by Systemic issues yet we keep blaming the Individual - Steven Strongwater, MD President and CEO, Atrius Health

A Helpful Paradigm

Workload – physical, cognitive and emotional demands exceed individuals resources to meet them
Control – decisions made without input from those it affects.
Balance – effort does not correlate with financial benefits and does not produce a sense of accomplishment
Community – lack of cohesive structure, unsupportive environment, isolation and under appreciation
Fairness – when an individual perceives they are being treated differently, receiving less support or disrespected
Values – individual values at odds with the work environment leads to moral distress, or demoralization

The Way Forward

Workload: Sustainable Workload
Control: Choice, Involvement
Balance: Recognition and Reward
Community: Supportive Work Community*
Fairness: Transparency, Social Justice, Equality*
Values: Clear Values, Meaningful work**

Mayo Model

Culture of Wellness  Efficiency of Practice

* Most important factors
** High importance place by women on this measure
Recall the Engagement is the opposite of Burnout
- Energy
- Involvement
- Efficiency

Collaborative Action Planning
- Determine Dissatisfiers and Pain Points
- Determine what YOU can control
- Brainstorm on solutions
- This process creates Engagement (positive feedback loop)

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Solutions – Energy

- Pain Point – EMR Solution: Scribes or desks that allow the doctor to look at the patient while typing
- Dissatisfier – Limited time with complex patients
  Solutions: Medical Assistant who gathers information (medication list), does teaching (diabetic foot care), checks immunization status
- Pain Point – Following up on lab results
  Solution: Same day pre-visit labs, rapid turnaround and in the hands of the physician during the visit.

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Solutions – Involvement

- Collaborative Action Planning
  - Determine Dissatisfiers and Pain Points
  - Determine what YOU can control
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- This process creates Engagement (positive feedback loop)

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Solutions – Efficiency

- Pain Point – EMR Solution: Scribes or desks that allow the doctor to look at the patient while typing
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Solutions – Culture

- Creation of Community: Mayo COMPASS Groups*
  - 37 met as a group for lunch paid for by Mayo 1 day every 2 weeks for 9 months
  - 37 were given extra hour for administration or to get home early for 9 months

  Rates of Depersonalization decreased 15%  
  Rates of Engagement increased by 5.5 points
  Measures of Engagement increased by 3 points

- “I can’t believe you fools convinced Mayo to pay for my dinner twice a month – brilliant!”
  - Irritating physician at Mayo (who avoided all worthless wellness c**p)

  A total of 1100 physicians out of 3755 Mayo physicians across the organization joined COMPASS groups in first 10 months
  When surveyed, 97% of those participants wanted them to continue.

  After renovating their physician lounge for their 2000 on-campus Physicians, the space became so crowded that 10 months later they had to build a second one.

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Center for Professionalism and Peer Support*

- Brigham and Women’s Hospital, Boston
- Developed by Jo Shapiro, MD – Otolaryngologist

Center Functions:
- Created a Code of Conduct/ Orientation for all new hires
- Mechanism for addressing disruptive physicians
  - Confidential reporting, corroboration, confidential discussion and monitoring. Zero Tolerance for retaliation. 90%/10%
  - “Eliminate behaviors that undermine a Culture of Safety”
- Proactive communication with all physicians who are involved in medical error/ trauma/ extreme clinical event (Boston Bombing) to offer/ provide group or peer support

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I know what you thinking

- Business Model – Texas
  - 6000 academic physicians and 2% say they are leaving
  - 120 physicians with the average cost to recruit a new MD along with loss of revenue is now estimated at 250-500K
  - 30 – 60 million dollars
  - Let suppose only 30% go through with leaving, 36 MDs
  - 9-18 million dollars
- Or this 8500 physicians retire every year in Texas and we only produce 8000 new physicians
- 2nd in Population, 45th in ratio of total population/physicians
- 147 Texas counties have no obstetrician/gynecologist
Efficiency of Practice

Mark Linzer, MD Director of General Internal Medicine at Hennepin County Medical Center Nationally recognized authority on physician burnout

"Work life isn’t everything, but it is almost everything”

"Preventing burnout, it is always tempting to limit demands, but good luck trying to do that! “On the other hand give people control of the work environment, give them support and all of the sudden they are back in balance” *

Memo study / Healthy Workplace Study

*Presented at the Stanford Wellness Center - Medical Staff Quarterly series May 2013

MEMO Study

MEMO (Minimizing Errors, Maximizing Outcomes) sponsored by AHRQ (Agency for Healthcare Research and Quality)

- 422 Primary care physicians in 119 practices
- 40% perceived their practice as chaotic or toward chaotic
- Those in chaotic practices 2.5 times more likely to suffer burnout and leave their practice within two years.
- Turnover impacting continuity of care, patient safety, cost

Four Key Variables to Physician Satisfaction

- Work Control
- Time pressure (ratio time allotted versus time needed)
- Work pace (chaotic or not)
- Organizational culture

Healthy Workplace Study

Study done in 34 Primary Care Clinics in New York and the Midwest involving 166 clinicians

Diverse Interventions but falling into three categories:

- Communication, Work flow and Targeted QI Projects based on clinician concerns

Outcomes - Burnout Reduction

- workflow interventions versus controls Odds Ratio 9.9, p=0.02
- targeted QI projects versus controls OR 4.8, p=0.02
- interventions in communication or workflow led to greater improvements in clinician satisfaction OR 3.1, p=0.04

Mark Linzer - “You have a choice: if you want to retain the best and brightest physicians, you either give them options to control their lives or lose them to places where those options exist – including other professions”
- phone conversation

UT Health Interactive Screening Program (ISP)

- Worked on continuously for close to 18 months
- Funding for the program as well as two part-time PhD Psychologists approved during the state hiring freeze
- ISP Questionnaire sent to residents and fellows, participation is completely Voluntary and responses are Anonymous
- Burnout, depression, anxiety, suicidal ideation, substance abuse and eating disorders
- Responses are Tiered for degree of distress (IA, IB, 2, 3)
- Rolled out in September of 2017 with goal of surveying every Resident and Fellow at UT Health - approximately 850 total trainees biannually

What about Faculty

Adventist Healthcare System

- Headquartered in Florida, currently in 10 states
- 2000 bed flagship hospital with 1000 physicians

Physician Support Service

- Began 2004 with a Part-time Psychologist and Chaplain
- Now staffed by two full-time Psychologists

Experience over 10 years

- 600 physicians have accessed counseling
- 10,000 visits, 90% voluntary and self-initiated
- Anxiety, depression, marital and family stress, anger, boundary issues, addiction and substance abuse
UT System Symposium

- Two-day program held at MD Anderson Hospital
- Total of 280 attendees from 60 schools or organizations including representatives from every UT System school in Texas
- Keynotes from 3/5 top investigators in Burnout (Maslach, Shanafelt, West), Christine Sinsky MD Vice Chair, AMA, Darrell G. Kirch, MD the President and CEO of the AAMC and comments from Raymond S. Greenberg, M.D., Ph.D. Vice Chancellor for Health Affairs for UT System

Symposium Think Tank

- After Meeting Think Tank
  - Keynote speakers, representatives of the UT System programs
  - Total of 36 participants (4 from San Antonio)
  - Developed potential solutions (3) in the areas of:
    - Clinical Efficiency and Documentation
    - Medical Education and Residency
    - Leadership, Community, Faculty Voice
    - Financial Structures and Organizational Values
  - White Paper created from these 12 solutions and provided to the UT System Chancellor William McRaven

Definition of Wellness

- Wellness is an active process of becoming aware of and making choices toward a more successful existence*
  - Process - means improvement is always possible
  - Aware - we must be continuously seeking more information to improve
  - Choice - we have options, seeking those in our best interest
  - Success - as determined by each individual

* Charles B. Corbin – Arizona State University

The Key is Flourishing

- Martin Seligman – Psychologist and Father of the Positive Psychology movement
  - Goal is not to improve suffering but to raise the bar on the human condition – what he calls Flourishing
  - Uses “Vitality model” rather than a disease model, focus on those who are doing well.
  - His work has become such far reaching that today whole countries are assessed using his well-being index – European Social Survey: 10 items given to over 43,000 individuals.

In Case You were Wondering

- Social Indicators Research. 2013 Feb; 110(3): 837-861
PERMA

- P = Positive Psychology: Can be measured. Losada Ratio (sum of the positivity in a system divided by the sum of its negativity) is one way
- E = Engagement: Signature Strengths*, Flow
- R = Relationships: Active/Constructive
- M = Meaning: serving something larger than yourself
- A = Achievements: Realistic Goals and Discipline

* https://www.authentichappiness.sas.upenn.edu/testcenter/

Coined by Mihaly Csikszentmihalyi: Hungarian positive psychologist.

Csikszentmihalyi became fascinated by individuals who would essentially get lost in their work. Artists, especially painters, got so immersed in their work that they would disregard their need for food, water and even sleep ... for days!

Taoism “Doing without Doing”

In the zone, peak experience, superfluidity

A Word about Flow

Flow is accomplished when significant challenges are met with high level skills

Control allows us to handle day to day challenges easily

Arousal provides the impetus to improve our skill level

Intensity and focused concentration on the present moment

Merging of action and awareness

A loss of reflective self-consciousness

A sense of personal control or agency over the situation or activity

A distortion of temporal experience, one's subjective experience of time is altered

Experience of the activity as intrinsically rewarding

Factors encompassing an experience of flow

One's average levels of challenge and skill across all activities an individual performs during their daily life.

Great Example of Flow

https://www.google.com/url?sa=t&source=video&cd=1&cad=rja&uact=8&ved=0ahUKEwibr_iNmMbXAhYk5MkHUBODflQuAI8rA&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3Db5SDN7NP-Og&usg=AOvVaw3Syh0FTLugGnrMCOr5S2Q

- Kim Yuna – Korean Nationals

Flourishing

https://www.youtube.com/watch?v=vksdBSVAM6g

Dream Rangers – Taiwan
Questions