

Physician Burnout: Why We Should Care and What We Can Do About It

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Presenter:

Colin P. West, MD, PhD

Professor of Medicine, Medical Education, and Biostatistics

Division of General Internal Medicine

Division of Biomedical Statistics and Informatics

Mayo Clinic

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- None

What is Burnout?

Burnout is a syndrome of:

depersonalization

emotional exhaustion

low personal accomplishment

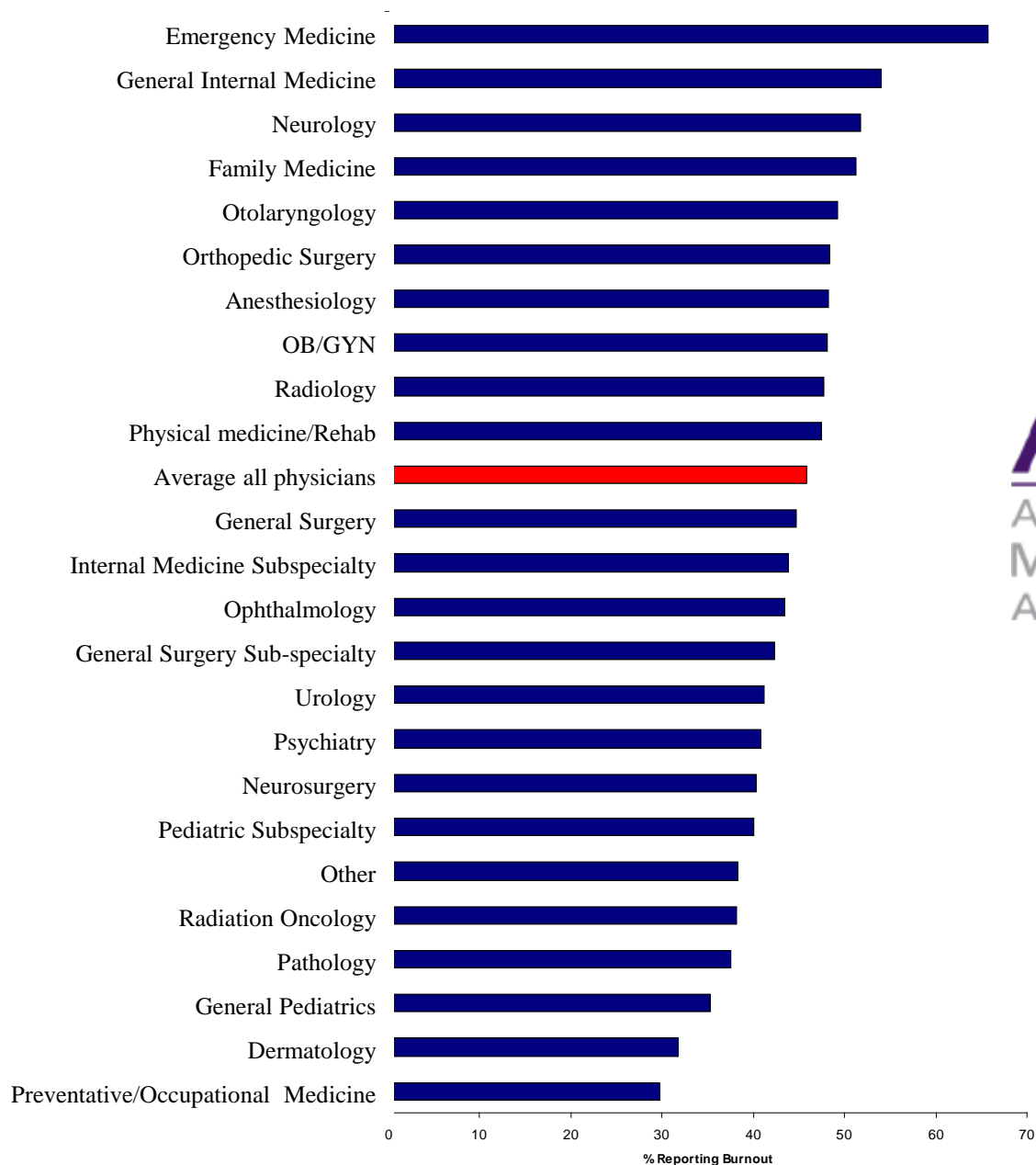
leading to decreased effectiveness at work.

Burnout among Practicing Physicians

National Data (Shanafelt et al., Arch Intern Med 2012)

Burnout:	45.8%
Emotional exhaustion:	37.9%
Depersonalization:	29.4%

Burnout by Specialty (National)



Shanafelt *et al.*
Arch Intern Med 2012

Consequences of Physician Burnout

- Medical errors¹⁻³
- Impaired professionalism^{5,6}
- Reduced patient satisfaction⁷
- Staff turnover and reduced hours⁸
- Depression and suicidal ideation^{9,10}
- Motor vehicle crashes and near-misses¹¹

¹JAMA 296:1071, ²JAMA 304:1173, ³JAMA 302:1294, ⁴Annals IM 136:358, ⁵Annals Surg 251:995, ⁶JAMA 306:952, ⁷Health Psych 12:93, ⁸JACS 212:421, ⁹Annals IM 149:334, ¹⁰Arch Surg 146:54, ¹¹Mayo Clin Proc 2012

Physician Burnout: Key Drivers

- Excessive workload
- Inefficient environment, inadequate support
- Loss autonomy/flexibility
- Problems with work-life integration
- Loss of meaning in work

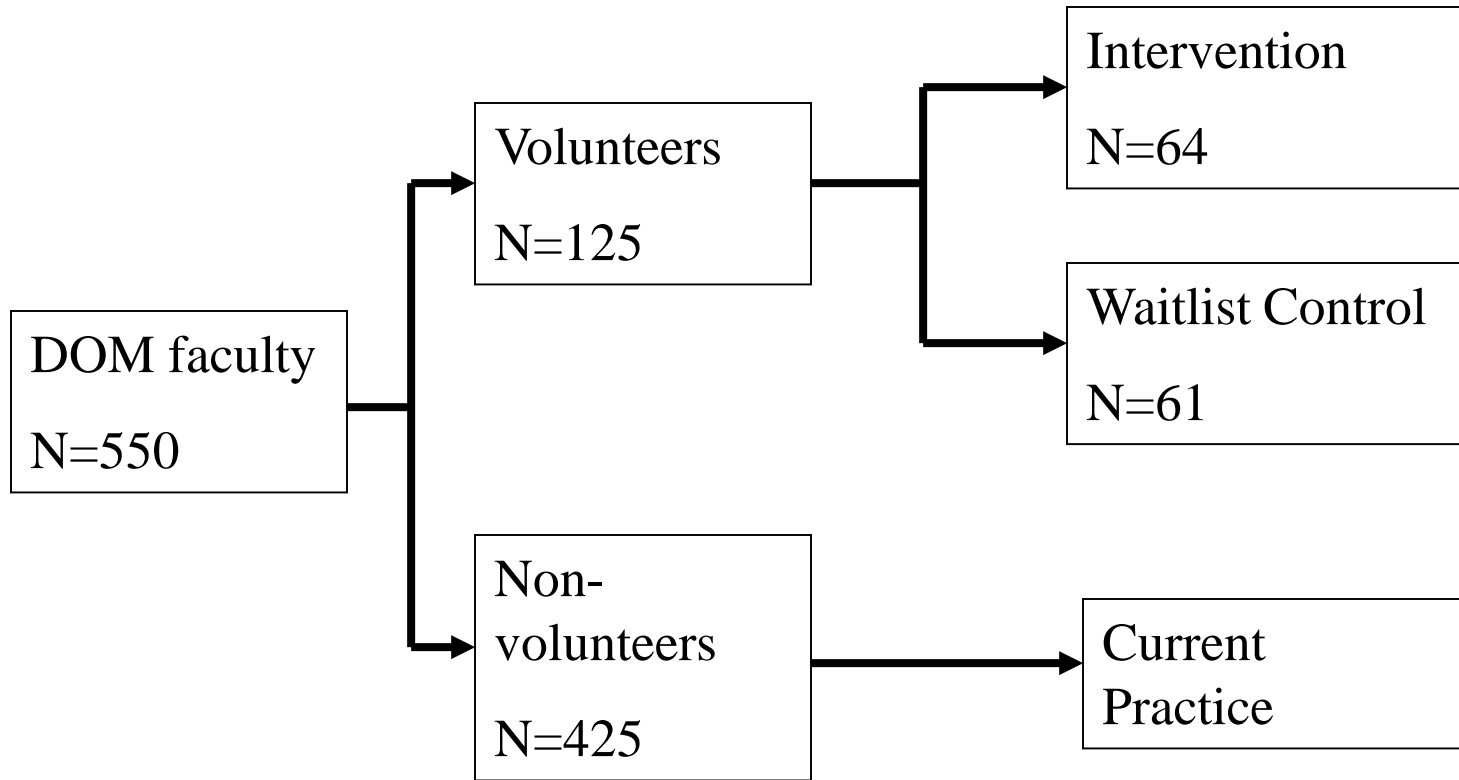
Intervention Trial

- RCT testing if an established, portable, low-cost curriculum administered during regular work hours can promote meaning and reduce burnout
 - Arm A (Intervention):
 - meet 90 minutes (12:30-2) every other wk (60 mins protected time, ~1% FTE)
 - 9 months
 - Facilitated curriculum, small groups of 6-8 physicians
 - Arm B (Control):
 - Receive 60 minutes every other week for professional/administrative tasks (~1% FTE)
- Outcomes assessed quarterly, 3 months post, 12 months post

Conclusions

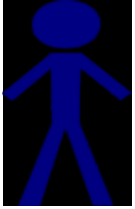
- A small amount of protected time during the workday resulted in improved meaning from work and reductions in burnout
 - Effects larger in facilitated small group arm than in “free time” control arm, particularly in promoting meaning and reducing depersonalization.
 - Follow-up study data found sustained benefits at 1 year after the close of the study.

Second Intervention Trial

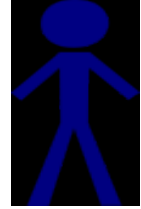


Conclusions

- Compared to the wait-listed control group, the facilitated small group intervention improved:
 - Depersonalization
 - Personal accomplishment
 - Overall QOL
 - Depression
 - Meaning from work
 - Social isolation at work
 - Job satisfaction
 - Likelihood of leaving in next 2 years
- Initial intervention shows benefit with sustained changes over subsequent 6 months.



Individual Strategies



- Identify Values
 - Debunk myth of delayed gratification
 - What matters to you most (integrate values)
 - Integrate personal and professional life
- Optimize meaning in work
 - Flow
 - Choose/focus practice
- Nurture personal wellness activities
 - Calibrate distress level
 - Self-care (exercise, sleep, regular medical care)
 - Relationships (connect w/ colleagues; personal)
 - Religious/spiritual practice
 - Mindfulness
 - Personal interests (hobbies)



What Can Organizations Do?



- Be value oriented
 - Promote values of the medical profession
 - Congruence between values and expectations
- Provide adequate resources (efficiency)
 - Organization and work unit level
- Promote autonomy
 - Flexibility, input, sense control
- Promote work-life integration
- Promote meaning in work

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Thank You!

- Comments/questions
- west.colin@mayo.edu