



Burnout, Renewal & Mindfulness

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The Imperative

- “There is a strange machismo that pervades medicine. Doctors, especially fledgling doctors like me, feel pressure to project intellectual, emotional and physical prowess beyond what we truly possess”
- “Some stoics may invoke Osler's creed to argue that physicians must push aside our personal burdens to care for the sick. But a tired and depressed doctor who is an island of self-doubt simply isn't as likely to improve the outcomes of his or her patients -- or ever truly care for them”

What is it?

➤ Emotional exhaustion

- Emotionally overextended and exhausted by work / unable to recover during time off

➤ Depersonalization

- Negative, cynical attitude, treating others / patients as objects
=> “blame & complain”

➤ Sense of low personal accomplishment

- Feelings of incompetence, inefficiency and inadequacy / reduced sense of accomplishment / diminished hope

How is burnout unique?

- Not the same as depression or anxiety which have different symptoms (but do co-occur with burnout)
 - Increasing # of physicians reporting Burnout not paralleled by similar increase incidence of depression
 - Excessive anxiety a factor in promoting Burnout
- Closer to
 - Demoralization = deprived of spirit /courage/discipline
 - Discouragement = obstructed / oppressed

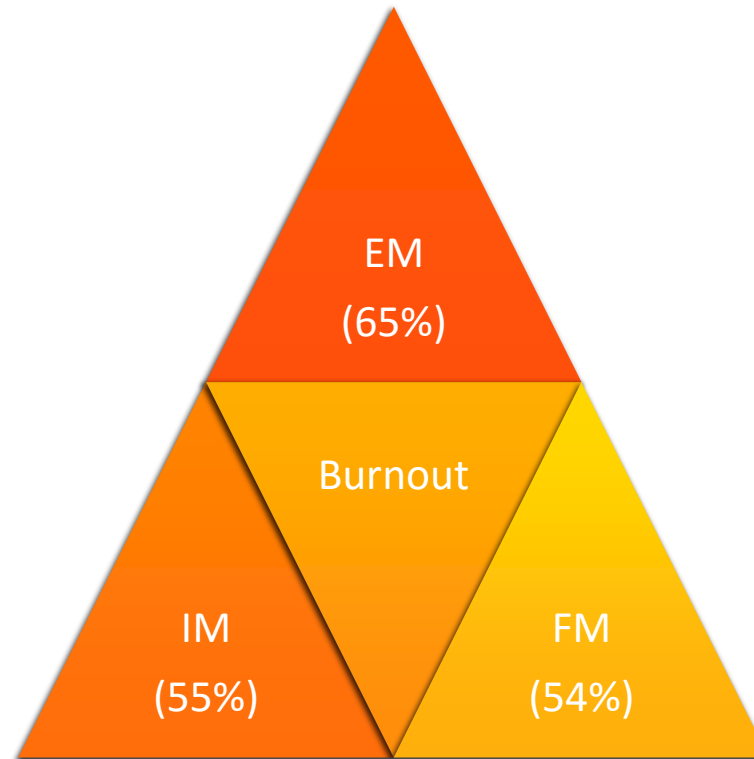
How is burnout promoted?

- Burnout is promoted when individual work life/needs do not align with workplace offerings
 - Workload (sane)
 - Autonomy (control)
 - Rewards/mastery
 - Community
 - Fairness
 - Values/meaning

It's not the substrate

- Med students entering school have lower rates of burnout and depression than college grads the same age not enrolled in med school (Brazeau Acad Med 2014)
- By the time of graduation, approx 50% of med students had burnout, (Dyrbye Med Teach. 2011)
- Burnout has been associated with suicidal ideation (Shanafelt Arch Surg 2011)

National Rates



Shanafelt, T.D. et al Changes in Burnout & Satisfaction With Work-Life Balance and the General US Working Population Between 2011 and 2014 *Mayo Clinic Proceedings* December 2015

Framing the challenge @ MMC



Framing the challenge @ MMC

- MMC Medical Staff Engagement survey results in 2013 found employed / independent based:
 - “How often do you feel burned out from your work?” – weekly or more frequently = 35.4% / 29.1%
 - ‘How often do you feel you’ve become more callous toward people since you took this job?’ = 20.4% / 12.8 %
 - “How often do you leave work feeling dissatisfied, bored, frustrated or angry?” = 36.4% / 22.9%

MMC Burnout Metrics II

- More recently one MMC Dept. staff survey found:
 - 37% felt burned out
 - 43% were frustrated by their work
 - 36% felt effected in emotionally unhealthy way by events in work setting
 - 35% felt fatigued on awakening in the morning and having to face another day on the job
- When asked same questions about how their co-workers were doing, all these answers were much higher.

MMC Burnout Metrics - III

- Peer Support Survey – electronic survey with items from MBI & TEQ
- Early results:
 - 98 provider responses; 59% female
 - Women scored significantly higher on the TEQ (49.8 vs. 52.5, $p=0.028$)
 - Moderate levels of emotional exhaustion and depersonalization and low levels of feelings of personal accomplishment
 - Negative relationship between depersonalization and empathy
 - Positive relationship between personal accomplishment and empathy.
 - No significant correlation between emotional exhaustion and empathy.

MMC Burnout Metrics III

- Common stressors within the past year:
 - Serious adverse event of your patient 43%
 - Poor patient outcome regardless of level of responsibility 69%
 - Overwhelmed with work related responsibilities 70%
 - Workplace interpersonal conflicts 42%
 - Serious illness or death among close family 25%
 - Other personal crisis (ex: divorce) 16%
 - Serious personal physical illness 9%
 - Serious personal mental illness 6%
 - Thoughts of self harm 4%

MMC Burnout Metrics III

➤ Where would providers seek support?

- Adverse patient outcome: Colleague 32%/Supervisor 27%/Peer support program 21%
- Personal life struggles: Outside help 25%/Colleague 22%/ Mental health 16%/Would not seek help 14%
- Physical illness in yourself: Outside help 35%/ Colleague 23%/Would not seek help 8%


Resilience – one definition

- The ability to adapt in healthy ways to adversity
 - An ongoing process of interacting with life challenges

- Interactive factors for individual/team/system:
 - Caring and supportive mutual relationships
 - Communication skills
 - Experience / self-confidence
 - Emotional self-regulation
 - Realistic goal implementation
 - Self-compassion

Conversation & Input






What professional activities are
effective at preventing or
ameliorating burnout?



What programs could MMC
develop to support these
activities?



How should programs that
address burnout be
coordinated among faculty,
residents and students?



What builds individual resilience? - I

- Make / maintain connections
- Re-frame crisis as opportunity
- Accept change as part of being alive
- Move toward your goals
- Take decisive action

What builds individual resilience? - II

- Seek self-discovery
- Nurture positive self-view
- Cultivate perspective
- Maintain hope
- Take care of yourself

Seek those who are resilient

- What persons / what organization do you know who are resilient?
- Find out what makes them so
- Repeat until you find a menu of items which work for you / in your organization
- Incorporate them one at a time
- Be kind to yourself

Summary thoughts

1. Find and follow a program of self-care including building coping skills & connections
2. Work with systems to reduce hassles of “death by a thousand clicks” / insurance mandates / low yield data collection...
3. Practice redesign towards team top-of-their license care & best use of technology.
4. Promote culture of mentoring, recognition, autonomy, mastery and meaning.


Three recommended resources

- AMA / CMA / BMA Biannual International conference on Physician Health – Boston MA Sept 28 – 20, 2016
- AMA Wire website – Steps Forward modules on improving individual well-being & office flow / function / efficiencies
- Mindfulness-based Stress Reduction courses

Be well







*“Improvement of any
system requires will, ideas,
and execution.”*

THOMAS NOLAN

Some organizational options

- Gratitude Wall
- Recognition (clinical / self-care / team work...)
- Revitalizing Peer Case reviews (MMC/MMP)
- Co-rounding / site visits by top administrators
- Accessable EHR super-users
- Peer Support program
- Balient / cross-professions support groups
- Clear administration lines of communication & decision making
- On-site / subsidized gym / yoga / mindfulness classes
- Reduction in burdensome / low value time consuming tasks
- Weigh each new idea against its further drain on providers



“We are what we repeatedly do.”

- Aristotle

Organizational focus

To promote a culture of support, trust and respect

Why does culture matter?

- Culture is consistent, observable patterns of behavior in organizations.
- Culture is the organization's immune system
- Culture touches everything
- True culture is what goes on when no one is watching

Did you realize?

- ✓ ½ physicians experience burnout
- ✓ 40% currently suffer or have suffered from burnout
- ✓ 45% of primary care physicians would leave medicine if they had the financial means

The stressors

- Longer workload than average population
 - Longer shifts with negative consequences for physicians, both personally and professionally.
- Work is in emotionally-charged situations - suffering, fear, failures, and death
- Difficult interactions with patients, families, and other medical personnel
- Excessive cognitive demands
 - Need for quick processing of overwhelming amounts of information
- Recent and ongoing changes to the practice of medicine
 - Increased patient-care demands, remuneration issues, EHRs, growing bureaucracy, conflict between the needs of the organization and patients

Burnout risks

- Clinical empathy is an important component of medical professionalism
- Providers with higher levels of empathy have demonstrated improvements in:
 - Clinical outcomes
 - Patient satisfaction
 - Patient empowerment

MMC Burnout Metrics III

- Peer Support Survey – electronic survey with items from MBI & TEQ
 - Identify level of burnout
 - Attitudes toward resources to address burnout
 - Validate four questions about burnout/engagement
 - Explore relationship between burnout and empathy
 - Assess relationships b/w 3 components of burnout & empathy

Responses to challenges at any level

- **Unhealthy reactions** (reflex reacting)
 - Unskillful behaviors we “can’t keep from doing”

- **“Survival skills”** (habits)
 - Help us get through a tough time, but eventually destructive if primary / chronic (especially if proud of these => culture of endurance)

- **Growth; healthy coping and changing** (*flexible response*)
 - Requires **active** cultivation in self and workplace
 - Maintains homeostasis = promotes resilience

Burnout Risks to healthcare systems

➤ Patient

- Reduced satisfaction, reduced compliance with treatment plans, reduced access to care

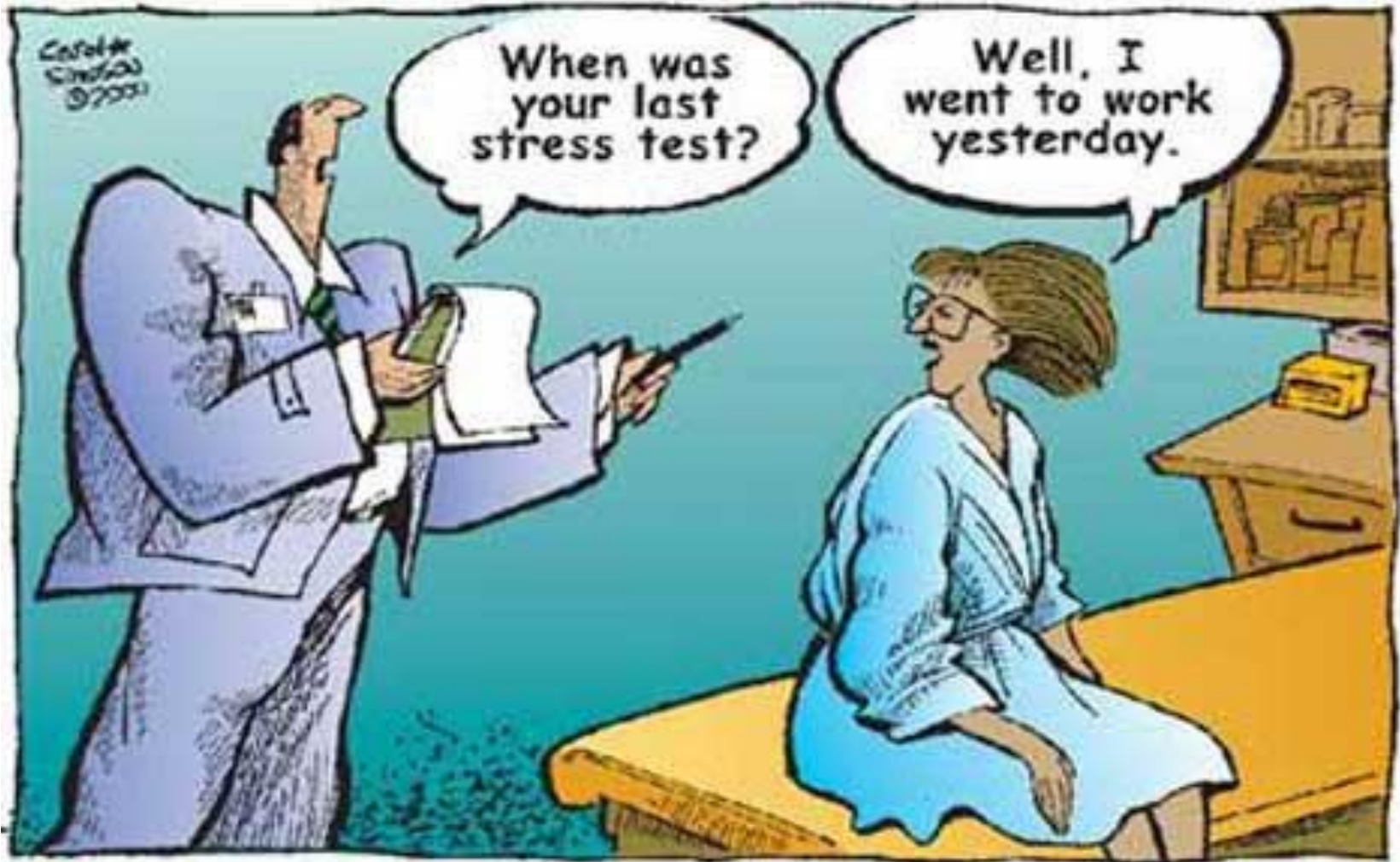
➤ Physician

- Decision making ruts, knowledge base, and adverse impact on mental health

➤ Organization

- Decreased morale and work ethic
- Increased risk of error
- Decreased productivity
- Increased attrition rates

Work life 2016 ...



Framing the challenge @ MMC

