Physician Burnout

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Physician Burnout

Building the Road to Resilience

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Objectives

After attending this session, participants will be able to:

▪ Describe the prevalence of physician burnout, the factors that contribute to burnout and the negative consequences of burnout in the lives of physicians and patients,

▪ Discuss the features of practices and physician lifestyle that can be protective against burnout,

▪ Identify the key sources of joy and inspiration in their personal and professional lives, and

▪ Create a plan for one change in their personal or professional lives that might help them to avoid burnout.
Conflicts of Interest

- None from any of the presenters
What is “Burnout”?

A syndrome characterized by:

- A loss of enthusiasm for work (emotional exhaustion, loss of empathy)
- Feelings of cynicism (depersonalization)
- Low sense of personal accomplishment
OK, but who cares?

- 1/3 – ½ of practicing physicians affected
- Women 1.6 times more likely than men

- Burnout- predictor of mental health probs

- Suicide major cause of early physician death
  - 1.4x higher in male physicians
  - 2.3x higher in female physicians
Patient care affected

- Study of 891 diabetics
- Physicians with high empathy (56%) more likely than those with low empathy (40%) to have patients with a1c controlled (p<0.001)
- Similar outcomes for LCL control
- Controlled for gender, age, health insurance

Medical Errors

- 7905 surgeons surveyed
- 8.9% reported making major medical error in last 3 mos
- Large, significant adverse relationship btwn error and:
  - Mental QOL
  - All 3 domains of burnout
  - Symptoms of depression

- Each 1 pnt increase in depersonalization (scale range, 0-33) assoc’d with an 11% increase risk of error

- Each 1 pnt increase in emotional exhaustion (scale range, 0-54) assoc’d with a 5% increase risk of error
Contributing Factors

- Often starts during med school / residency
- Common drivers in Canada:
  - Paperwork
  - Feeling undervalued
  - Frustrations with referral networks
  - Difficult patients
  - Medicolegal issues
  - Challenges in finding work-life balance

Contributing Factors - Difference in Career Stage

- Survey of > 7000 physicians

- Early Career (<10 yrs in practice):
  - Highest rate of depersonalization
  - Lowest satisfaction with choice of medicine as a career
  - Work-life conflict was #1 concern

Contributing Factors - Difference in Career Stage

- **Middle Career (10-20 yrs in practice):**
  - Worked longer hours, more frequent call
  - Highest burnout and emotional exhaustion rates
  - Lowest satisfaction with specialty choice
  - Biggest concerns: Frustration with administrative burden, Reimbursement issues

- **Late career (> 20 years)**
  - Lowest burnout rates
  - No particular stressors mentioned
AAFP position

- Burnout is a problem
- Fixing it is a task of the system
- We’ll leave it to them to work on that...

For the rest of the hour, we will work on helping you to identify resources and planning to help yourself

http://www.aafp.org/about/policies/all/physician-burnout.html
## Linking Cultural Norms in Medicine with Burnout Factors

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<th>Negative potential</th>
<th>Burnout factor(s)</th>
<th>Potential mental training interventions</th>
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<td>Silence as energizing</td>
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Resiliency/Protective Factors

Protective Factors

Resiliency: Three key factors

SELF-CARE

INSIGHT

VALUES

Protective Factors

Resiliency: Three key factors

SELF-CARE: Taking care of the spiritual, physical and emotional parts of our lives.

INSIGHT: Correcting negative thought patterns that drain and defeat us.

VALUES: Knowing our work has meaning

Protective Factors

- SELF-CARE
  - Engaging in activities that nurture and rejuvenate us
    - Eating well, exercise, seeing our own doctor
  - Investing time in the connections and community that nurture us
  - Maintaining boundaries between work and home
Protective Factors

- **SELF-CARE**
  - Self-care doesn’t just “happen”
    - Developing a self care plan
    - Calendaring self care time
    - Engaging in health coaching, counseling or garnering other supports
    - Balint, Mindfulness
INSIGHT:

- How do we talk to ourselves about our work?
  - Expecting perfection of ourselves
  - Feeling guilty when we say no or set boundaries
  - Telling ourselves that self-care is simply impossible in today’s world of medicine
  - Ruminating over the less rewarding parts of medicine, vs. the parts that give us meaning and hope
Countering negative thought traps can also require support:

- Brief, focused psychotherapy
- Mindfulness techniques
- Balint groups
Protective Factors

- **Values**
  - People less likely to burn out when they feel a sense that their work has meaning, and is aligned with their values.
  - Remembering this in the midst of the hassles of daily life takes **discipline** and **practice**:
    - Narrative work
    - Daily appreciation/gratitude practice
Activities / Large group discussion
Questions?

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