Physician Resilience
Preventing Burnout

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MSC FCFPC
T136693 15:15-16:15
121/122 VCC
NOVEMBER 10, 2016
Objectives

1. List structural factors that affect work satisfaction and develop a strategy to address them
2. Itemize personal factors that affect work satisfaction and develop a strategy to address them
3. Identify when physician burnout can result in reduced patient safety
Clare Hawkins

- From Thunder Bay, Ontario
- MD U of Manitoba 1984
- Residency/Internship Saskatoon City Hospital 1985
- FM Residency St. Boniface Hospital Winnipeg 1986
- Faculty U of M ‘86-98
- Methodist Hospital Houston Family Medicine **Residency Director** 1998-2014
- Texas Academy of Family Physicians **Board Chair** 2014-15
- Board Certified in Family Medicine and CAQ in **Palliative Care** and Focused Practice **Hospitalist Medicine**
- “Pre-Hospice” Palliative Care Practice with **Aspire Healthcare**
- Interests: Patient-Physician Relationship, Pulmonary Medicine and Palliative Care
#1 List the Structural Factors Affecting Work Satisfaction

- **External**
  - Pressures of Private Practice
  - Employer Mandates
    - Long hours, Work-after-clinic
  - Rural Health
    - On call coverage
    - Population responsibility
  - Decreased Pay
    - Relative to
      - Specialists
      - Expectations
      - Consumption
- FPs 4.37. (seventh-highest severity rating), tied with cardiologists
- Critical care physicians 4.74
- Psychiatrists lowest rating at 3.85
- Female FPs 57% Self described burnout versus Male 46% (45% & 37% in 2013)
- Increased bureaucratic tasks, decreased income, EMR
Not Just a Canada & U.S. Problem

- Burnout is almost as prevalent in Europe –
- The EGPRN Study in 2008
- 43% scored high on emotional exhaustion
- 35% on depersonalization
- 32% scored poorly on Professional Accomplishment
- 12% at burnout level in all three
"... an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will."

- loss of enthusiasm for work
- cynicism
- low sense of personal accomplishment.
1. **Emotional exhaustion** - feelings of being over-extended or exhausted by one’s work
2. **Depersonalization** - unfeeling and impersonal response to persons receiving treatment
3. **Personal accomplishment** - feelings of competence and success at one’s work
<table>
<thead>
<tr>
<th>Needed for Job Satisfaction</th>
<th>Lack of these leads to Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Achievement</td>
<td>• Salary</td>
</tr>
<tr>
<td>• Recognition</td>
<td>• Company policies</td>
</tr>
<tr>
<td>Meaningful work</td>
<td>• Supervision</td>
</tr>
<tr>
<td>• Responsibility</td>
<td>• Relationships</td>
</tr>
<tr>
<td>• Advancement Growth</td>
<td>• Work conditions</td>
</tr>
<tr>
<td></td>
<td>• Status</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
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*the Herzberg Motivation-Hygiene Theory, borrowed from AAHPM presentation by Janet Bull*
You try to be everything to everyone
You get to the end of a hard day at work, and feel like you have not made a meaningful difference
You feel like the work you are doing is not recognized
You identify so strongly with work that you lack a reasonable balance between work and your personal life
Your are emotionally exhausted at the end of the day
You feel you have little or no control over your work

.............................................You are a FP!
Herbert J. Freudenberger coined the term “burnout” and, with his colleague Gail North, described its general progression as following 12 stages:

- A Compulsion to Prove Oneself
- Working Harder
- Neglecting One’s Needs
- Displacement of Conflicts
- Revision of Values
- Denial of Emerging Problems
- Withdrawal From Social Contacts
- Obvious Behavioral Changes
- Depersonalization
- Inner Emptiness
- Depression
- Burnout Syndrome
How common in Burnout?

- The highest rates of burnout occur in:
  - Family Medicine 53%
  - Primary Care 50%
  - Palliative Care Docs 60%
  - Hospital Nurses 34%
  - Nursing Home 37%

McHugh; Health Affairs 2/2011 202-210
Systematic Literature Review (‘02–’12)

- Around the world 1/3 to ½ of physicians experience burnout
- Job demands, low job satisfaction and low organizational commitment are associated with emotional exhaustion among physicians
- Long-term exposure to high work stress can result in burnout
- Emotional exhaustion, depersonalization and low personal accomplishment
- Results of burnout include low job satisfaction, decreased mental health & decreased quality of care
- 44% of physicians who were experiencing burnout intended to discontinue their practice within 4 years

The losses in patient services related to work cutback and early retirement have been estimated to be at least CAN $213 million

- $185 m to early retirement
- $28m reduced work hours
- 60% FP, 25% Surgeons, 17% Other
- emotional exhaustion, depersonalization and low personal accomplishment
- low job satisfaction, decreased mental health and decreased quality of patient care
- Negative relationship between physician burnout and productivity i.e., increased sick leave, intent to leave medicine or change jobs
- Maslach Burnout Inventory General Survey (aMBI-GS) which contains 9 of the 16 items from the full Maslach Burnout Inventory-General Survey (Emotional Exhaustion & Cynicism = Burnout)
Overwork

- Surgeons 60 hrs/week (67 encounters/wk)
- Other Specialists 54 hrs/week (73 encounters/wk)
- FPs 50 hrs/week (113 encounters/wk)
- 112.7 patients/week, followed by other specialists
Job Dissatisfaction

- **External**
  - Longer Work Hours
  - Large Patient Panels
  - Higher productivity requirements

- **Internal**
  - Lack of Career fit into one’s values or passion
  - Lack of Balance
External Answers

- If only I could get a better job
- If only they would treat me right
- If only I would win the lottery and wouldn’t have to work
Personal Wellness: Environmental Stress Reduction

- What currently bothers you at work?
- What can you change?
- What can’t you change?
  - Throw out your E. H. R.?
  - Get a different job?
  - See fewer patients?
  - Sell your expensive car?
Options

- Retire
- Change Jobs
- Ignore and keep overworking
Occupational System

Colleagues

Patients

Staff

Family Physician

## Occupational System

<table>
<thead>
<tr>
<th>Domain</th>
<th>Negative Inputs (Stresses)</th>
<th>Positive Inputs (Strategies)</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>Time Limitations</td>
<td>Setting Limits on each encounter</td>
<td>-Population mgmt (Hot spotters)</td>
</tr>
<tr>
<td></td>
<td>Demanding Patients</td>
<td>Improving PT/MD Relationship</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>-Documentation in Salesforce</td>
<td>-Team Approach/ tasking</td>
<td>Constructive Solutions to management</td>
</tr>
<tr>
<td></td>
<td>-Task Management</td>
<td>-Cross Coverage APP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Scheduling</td>
<td>-Wok with Manager to improve scheduling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-No Shows</td>
<td>Commiserate with others but don’t complain</td>
<td>Caution with emails, and interpersonal escalation</td>
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<tr>
<td>APP</td>
<td>High Responsibility</td>
<td>CME, technology</td>
<td>Better EMR Huddles IDT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fantasy Schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Better Remuneration Or.......</td>
<td>Flexibility Narrative</td>
</tr>
<tr>
<td>Colleagues</td>
<td>Lack of Support</td>
<td>Collegiality</td>
<td>IDT/ Conferences</td>
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Situational Problems: Professional Options

- Adapt to your EMR, or get faster, shorter
- Change Jobs (Is the grass greener?)
- Retire (will you still feel fulfilled)
- Reduce to part time
- Volunteer
- Reduce financial expectations (downsize)
Employed Physicians Difficulties
Exerting some control

- 58% of US physicians are now employed and one would think less headache but .............
- Autonomy: or Flexibility is lost
- Delegate: hard when you don’t control your own staff, (and haven’t hired them)
- Negotiate: (asked to take on a new responsibility but not able to ask for commensurate support)
- Involvement: committees, EMR development
- Self Care:
  - Keep Meaning in Work:
  - Plan Vacations in Advance:
Take control of your practice

- Restructure your office, scheduling, billing etc
- Get an audit or financial or practice management consultant
- $$ Compensation: more money does not necessarily make happiness (but helps)
- Adjust work hours to something you prefer, ie. 7-3
- Bring in more staff to assist
Creative Ideas

- Volunteer
- Replace negative personalities on your staff with positive ones
- Share your experience: teach
- Get involved: advocacy
- Don't own your patients problems (boundary)
- Write for a journal or editorial
Litigation Worries

- Most physicians have at least one claim
- Cited as one of the main reasons for Burnout (alienates physician from patients)
- Average litigation takes 2 years
- Work with attorney, don’t take it personally
- Talk to a confidential colleague
#2 Itemize personal factors that affect work satisfaction & develop a strategy to address them

- **Internal**
  - Who................................. me?
  - Hours per week is a choice?
  - Income expectations is a choice?
  - Reputation, role-identification?
  - Perfectionism
Polling Question: Choose all that apply

A. I have gone to work while having a cold
B. I have gone to work when advised to stay home by my spouse
C. I have gone to work when advised to stay home by my doctor
D. I have gone to work then had to be hospitalized from work
The Personal System

Stresses

Strategies

Values

Personality

Physical

Connectedness

## Framework: Cultural Norms & Burnout Factors

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Nedrow A, Steckler N & Hardman J. Physician Resilience & Burnout. Fam Pract Mgmt Jan-Feb 2013
Ability to Help our Patients

- Service, Excellence, Curative Competence, Compassion
- But what if we don’t have the resources to assist people
- Feel Helpless
- Feel tired of making compromises
- Burnout

Poorer Health = Worse Doctoring

- 1/5 of resident doctors rate health as fair or poor (twice the rate of general population)
- 25-60% report burnout
- Substance abuse
- Relationship troubles
- Depression & Death

Burnout

- 64% of MD feel workload is too heavy
- 48% increase in workload over previous year
- Emotionally overwhelmed by demands of job, become less empathetic
- Emotional exhaustion or withdrawal
- Fatigue, Depression, anxiety, suicide & Substance abuse
Physicians *Smoke* Less
Physicians don’t necessarily *weigh* less
Understanding your food consumption
- Why do you eat?
- When do you eat? How much? How Fast?
- Sugared Beverages = 3 miles of walking

Getting help with Weight
- Weight management programs (accountability)
Personal Wellness: Exercise

- Graduated Exercise
- Podometer or other calculator/ motivator
- Take the Stairs
- Join a Gym
- Walk a dog or get an exercise partner
- More engagement with fitness & nutrition translates to better health coaching of patients
Personal Wellness: Sleep

- **Sleep Hygiene**
  - Limit screen time in evening
  - No TV in bedroom
  - Limit caffeine beverages
  - Save bedroom for sleep & sex
  - Wake up at same time daily
  - Take Epworth Test and consider sleep study

- 57% participants believed tiredness affected their patient care (Lancet ’09)
Are You Drinking Too Much?

- Alcohol, more than drugs is a problem for physicians.
- Self Assess
- Listen to Family/ Colleagues
Balance

**Work / Life Balance**
- More difficulty for female physicians
  - at home
  - at work
- All physician professionals place personal lives second to the health of their patients
- When do you set a boundary?
- How do you get efficient but make exceptions?
Reinvent yourself

- Pick up a new skill
- Mid Career change
- If changing, test the water first with a scaled experiment
  - Ie. Part-time teaching
Resiliency Triad

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Family Calendar Meeting & Learning to say “No”

- Schedule a time on Sunday to review family events
- Include “date night”
- Buy “season tickets” (automatic future scheduling)
- Then learn to say “No” when asked to do something
- Priority exercise
Spiritual / Emotional Resilience

- gratitude
- mindfulness
- service
- prayer
- rest
Bucket List- A mortality exercise

- Brainstorm a list
- Have someone read it back to you
- Cross out those things which you wouldn’t cry if you never did
- Create a specific savings account
- Purchase advance tickets (commitment)
Personal Wellness: Coping Mechanisms

- Stress management
- Family support
- Recreation
- Fitness Hobbies
- Support groups
#3 Identify when physician burnout can result in reduced patient safety

- Self-reported satisfaction is strongly linked to patient satisfaction
- Physicians fulfillment = patients adherence to;
  - Medication, Exercise and diet!
- Physician’s job dissatisfaction is predictor of quitting
Seeking Help

- 18% of Canadian physicians identified as depressed
  - Only ¼ of these considered getting help
  - Only 2% actually got help
- Denial & avoidance
- Conspiracy of Silence
- Stigma associated with getting help
- Perfectionism, workaholism, “Type A”

CMA guide to physician health 2003
Residents learn to work when ill

- Emphasis on Individual Achievement
  - Not team-work or assisting others
- Hard work, (duty hours) & Self-sacrifice
- Work when ill
  - 61% if vomiting all night
  - 83% if blood in urine
  - 76% if suspected stomach ulcer
  - 73% if severe anxiety
Alcohol Screening or Intervention

- CAGE questionnaire
  - Have you ever felt you needed to **Cut down** on your drinking?
  - Have people **Annoyed** you by criticizing your drinking?
  - Have you ever felt **Guilty** about drinking?
  - Have you ever felt you needed a drink first thing in the morning (**Eye-opener**) to steady your nerves or to get rid of a hangover?
1. How often do you have a drink containing alcohol?
2. How many alcohol units do you have on a typical day when you are drinking?
3. How often do you have seven or more units on one occasion?
4. How often during the last year have you found that you were unable to stop drinking once you had started?
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

9. Have you or someone else been injured as the result of your drinking?

10. Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
AUDIT Scoring & other options

- Less than 8 indicates sensible drinking.
- 8 - 19 indicates harmful or hazardous drinking - drinking at your current level puts you at risk of developing problems. Consider cutting down, or seeking help if you can't.
- 20 or above indicates that your drinking is already causing you problems, and you could be dependent. You should definitely stop or reduce your drinking. You should seek help if you can't.

- If your score is 16 or over, you may want to consider taking the Severity of Alcohol Dependence Questionnaire (20 item questionnaire)

Adapted from the World Health Organization's Alcohol Use Disorders Identification Test 2001
Primary Prevention

- **Accountability in your office**
  - Controlled Substance Access
  - Controlled Substance Prescription Pads
  - Chart Audits
  - Compliance with Prescribing Rules

- **Identifying if you are “At Risk”**
  - Overwork, Burnout, Relationship Dysfunction
2. Distinguish different types of physician impairment
   - Chemical
   - Physical
   - Psychiatric
   - Emotional/Psychological (Burnout)
“It is unethical for a physician to practice medicine while under the influence of a controlled substance, alcohol, or other chemical agents which impair the ability to practice medicine.”
Epidemiology

- 15% of physicians will be impaired at some point in their career (= to general public)
- More access > more risk
  - Prescription misuse, opiate abuse
  - Bz & opiate 5 x general population
  - Familiarity with drugs leads to overconfidence with drug use
California Physician Survey (Impairment)
1875 physicians 41% response rate 2009

- 7% Clinically depressed
- 13% Sedatives or tranquilizers
- 53% Moderate stress
- 43% slight stress
- 4% Marijuana use
- 6% Alcohol Abuse
- 5% Gambling
## Framework: Cultural Norms & Burnout Factors

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<td>Reframing Appreciation &amp; Gratitude</td>
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<td>Mindful self-compassion Inner critic awareness</td>
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<td>Curative competence</td>
<td>Omnipotence</td>
<td>Ineffectiveness Cynicism</td>
<td>Self-awareness Generous listening</td>
</tr>
<tr>
<td>Compassion</td>
<td>Isolation</td>
<td>Depersonalization</td>
<td>Connection and community Silence as energizing</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>PROF-2 Demonstrates professional conduct and accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has not achieved Level 1</strong></td>
</tr>
<tr>
<td>Presents him or herself in a respectful and professional</td>
</tr>
<tr>
<td>manner</td>
</tr>
<tr>
<td>Attends to responsibilities and completes duties as required</td>
</tr>
<tr>
<td>Maintains patient confidentiality</td>
</tr>
<tr>
<td>Documents and reports clinical and administrative</td>
</tr>
<tr>
<td>information truthfully</td>
</tr>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Consistently recognizes limits of knowledge and asks for assistance</td>
</tr>
<tr>
<td>Has insight into his or her own behavior and likely triggers for professionalism lapses, and is able to use this information to be professional</td>
</tr>
<tr>
<td>Completes all clinical and administrative tasks promptly</td>
</tr>
<tr>
<td>Identifies appropriate channels to report unprofessional behavior</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td>Recognizes professionalism lapses in self and others</td>
</tr>
<tr>
<td>Reports professionalism lapses using appropriate reporting procedures</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
</tr>
<tr>
<td>Maintains appropriate professional behavior without external guidance</td>
</tr>
<tr>
<td>Exhibits self-awareness, self-management, social awareness, and relationship management</td>
</tr>
<tr>
<td>Negotiates professional lapses of the medical team</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
</tr>
<tr>
<td>Models professional conduct placing the needs of each patient above self-interest</td>
</tr>
<tr>
<td>Helps implement organizational policies to sustain medicine as a profession</td>
</tr>
</tbody>
</table>
Prof-2  Level 2

- Consistently recognizes limits of knowledge and asks for assistance
- Has **insight into his or her own behavior** and **likely triggers for professionalism lapses**, and is able to use this information to be professional
- Completes all clinical and administrative tasks promptly
- Identifies appropriate channels to report unprofessional behavior
Prof-2  Level 3

- **Recognizes professionalism lapses** in self and others
- **Reports professionalism lapses** using appropriate reporting procedures
Prof-2  Level 4

- Maintains appropriate professional behavior without external guidance
- Exhibits **self-awareness**, self-management, social awareness, and relationship management
- **Negotiates professional lapses** of the medical team
#4 Develop Self-Care Plan
“Physician Heal Thyself”

- In order to heal others, one must heal oneself
- The most important vital sign? (one’s own temperature)

Mark 4:23
California Physician Survey (Lifestyle)
1875 physicians 41% response rate 2009

- 35% no or occasional exercise
- 27% never or occasional breakfast
- 34% < 6 hours sleep
- 21% > 60 hours work / week
- Those with more work hours tend to have no exercise, few breakfasts and little sleep
“Responsibility to maintain their health and wellness, construed broadly as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress.

When failing physical or mental health reaches the point of interfering with a physician’s ability to engage safely in professional activities, the physician is said to be impaired.”
CEJA Physician Wellness

- Promoting health and wellness among physicians
- Supporting peers in identifying physicians in need of help
- Intervening promptly when the health or wellness of a colleague appears to have become compromised
Polling Question

Do you have a personal physician whom you have seen in the past year?

A. Yes
B. No
Polling Question:
Choose all that apply

A. I have a personal physician
B. They are not a business partner or a referral source
C. They can they be objective
D. They are confidential
E. All of the above
Can you be Doctors’ Doctor?

- Confidentiality
- Open Ears
- Don’t assume knowledge
- Treat with professional respect but, ...
  - Treat them as a patient without cutting corners
- Don’t be intimidated
Summary

- Occupational Control/ Change
- Personal Wellness: Balance
  - Work/Life balance
  - Spiritual Balance
  - Sleep
  - Exercise
  - Family
- Vigilance for your own or a colleagues Impairment
  - Have your own Family Physician