

Physician Burnout

WELLToolkit 

Version 1.0: Updated February 2021

Agenda

- Definition of terms
- Health care specific data
- How to advocate for change
- Additional resources

burnout

fatigue

depression

suicide

substance
use

risk for
violence

Learning Objectives

burnout

fatigue

depression

suicide

substance
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violence

1. Describe the unique risk factors physician have based on discipline, gender, and minority status
2. Know how to identify burnout in a colleague utilizing the APGAR signs
3. Be able to tell a colleague how to access evidence-based self-assessment of burnout
4. Gain confidence in being able to pitch to leadership why institutions should invest in well-being initiatives

Burnout

A state of mental and physical exhaustion related to work or caregiving activities



WHAT IS BURNOUT?

#1

EMOTIONAL EXHAUSTION

#2

DEPERSONALIZATION

#3

**LOW SENSE OF
PERSONAL ACHIEVEMENT**

Burnout Among Health Care Professionals

Between 2011 and 2014, the prevalence of burnout increased by



while remaining stable in other U.S. workers.
(Shanafelt et al., 2015)



Burnout is nearly

2 TIMES

as prevalent among physicians as U.S. workers in other fields after controlling for work hours and other factors.

(Shanafelt et al., 2012)



Suicide rates among female physicians are



130%

higher than that of other females in the population.



Suicide rates among male physicians are

40%

higher than that of other males in the population.
(Center et al., 2008)

35% of hospital nurses have a high degree of emotional exhaustion.

(McHugh et al., 2011)



In a study of 1,171 registered in-patient nurses,

18%

had depression versus a national prevalence of approximately 9%.
(Levitt et al., 2012)



Health care professional burnout represents real suffering among people dedicated to preventing and relieving the suffering of others. The high prevalence of burnout among health care professionals is cause for concern because it appears to be affecting quality, safety, and health care system performance. Efforts are needed to address this growing problem.

-Dyrbye et al., 2017



Read more and download the full discussion paper:
nam.edu/Perspectives

Epidemiology of physician burnout

- Medical students matriculate with BETTER well-being than their age-group peers
- Early in medical school this reverses
- Poor well-being persists through medical school and residency into practice
- Burnout rates in residency reported 41-90%
- National physician burnout rate exceeds 54%

Gender differences in physician burnout

Women now account for half of new medical students

- **51%** of female physicians as compared to **36%** of male physicians experienced burnout in one study
- Burnout symptom prevalence in physicians:
 - **Women** are more likely to report **emotional exhaustion**
 - **Men** are more likely to describe **depersonalization**

LGBTQ+ minority physicians face unique sexual and gender discrimination challenges which can lead to feelings of isolation

Female physicians differ from their male counterparts

- **Earn less** and are promoted less
- Are introduced by **first name** as opposed to professional titles in grand rounds
- Spend **8.5 additional hours** per week on childcare and other domestic activities while working full-time
- Spend **2 minutes more per patient** with enhanced likelihood of exploring socioemotional and psychological issues

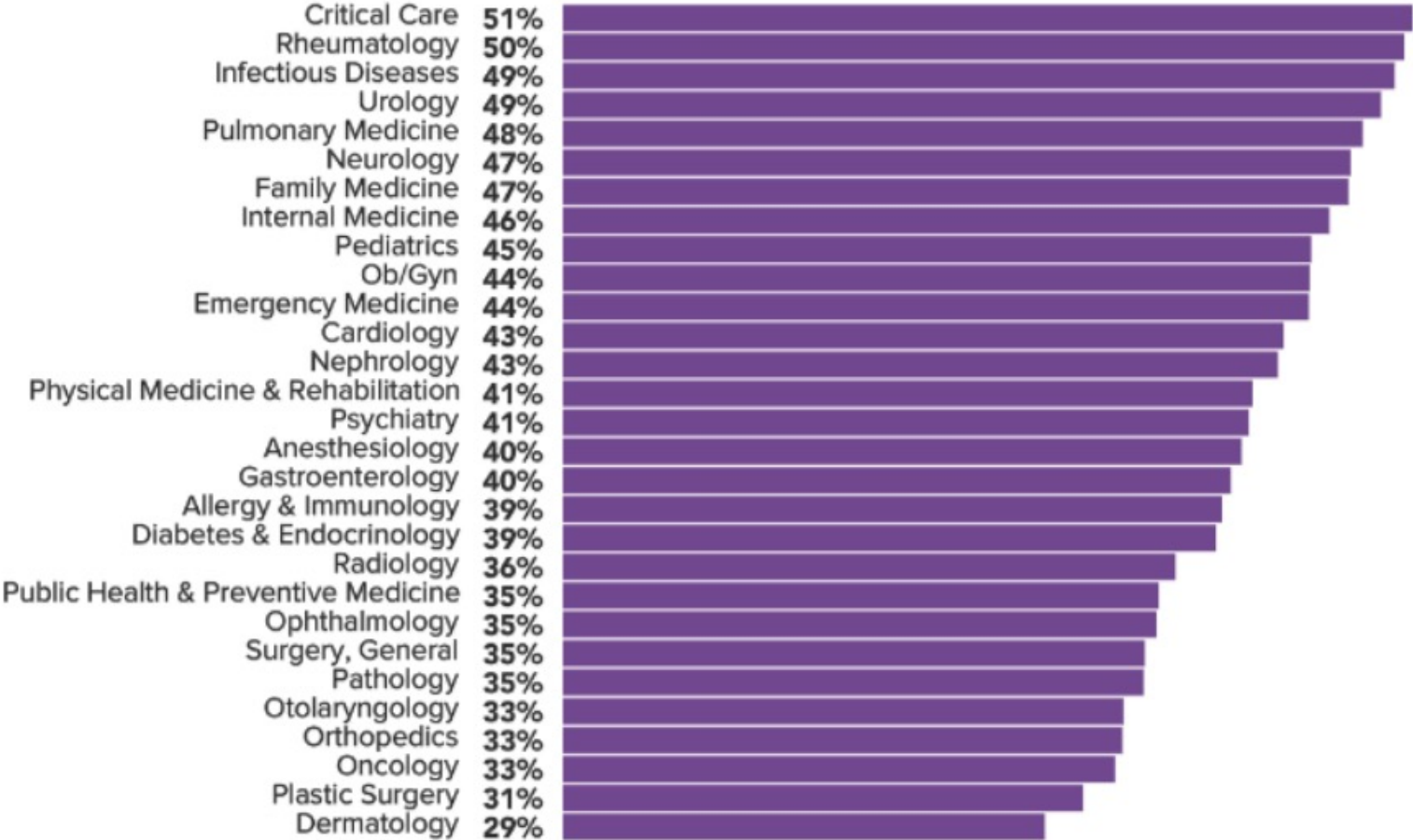
Physician Burnout in Racial and Ethnic Minorities

Black, Hispanic, and Native Americans constitute 1/3 of the U.S. population, but only 9% of physicians

- Adverse experiences and feelings of isolation related to race correlate with burnout among minority students and may be related to increased attrition.
- In a 2018 JAMA study survey of minority residents, three themes were evident:
 1. **Discrimination:** Reported daily bias and microaggressions
 2. **Minority Tax:** Asked to serve as race/ethnicity “ambassadors” to help resolve issues of diversity at their institutions
 3. **Identity:** Dichotomy between their professional and personal identities

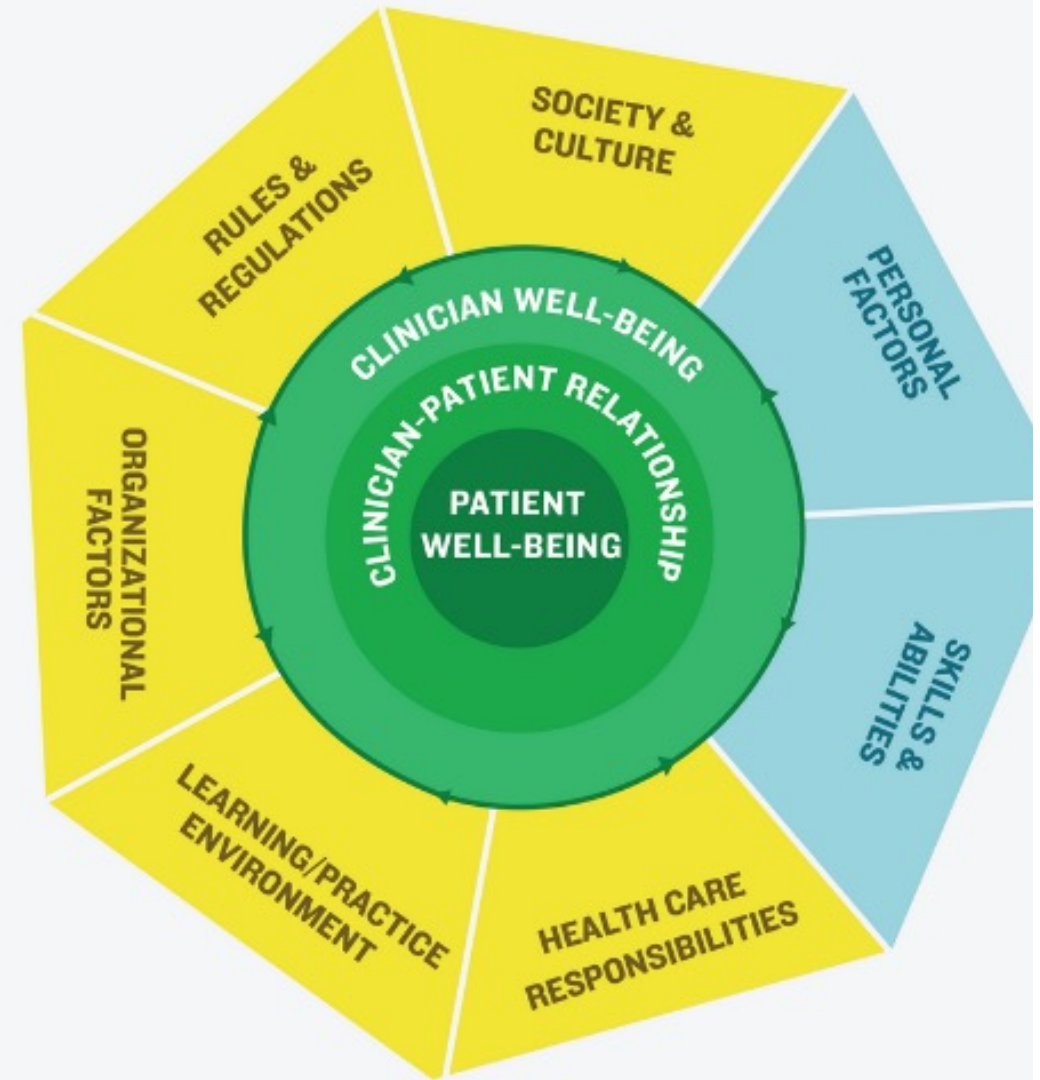
Burnout by Medical Specialty

- Physicians from **29** specialties (N=12,339) graded the severity of their burnout in a recent survey
- **42%** of physicians reported that they are burned out, down from **46%** six years ago.



FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

Conceptual Model



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<https://nam.edu/initiatives/clinician-resilience-and-well-being>

Evidence-based contributors to physician burnout (1/2)



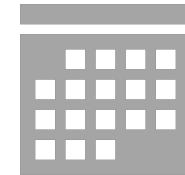
EMRs

EMRs have been shown to increase clerical burden, alter patient-physician interactions, and distract from more meaningful aspects of practice (Mayo, 2016)



Work hours

A systematic review demonstrated that focusing on duty hours alone does not result in improvements in patient care or resident well-being and may have a negative effect on resident education (JGME, 2017)



Administrative tasks

In one study 43% of physicians reported spending >30% of their workday on administrative tasks (Care-Cloud, 2014)

Evidence-based contributors to physician burnout (2/2)



Loss of connectedness

Authentic, humanistic interactions with patients and colleagues enhance well-being, and in turn, results in better care and higher quality practice of medicine (AMA, 2018)



Loss of meaning

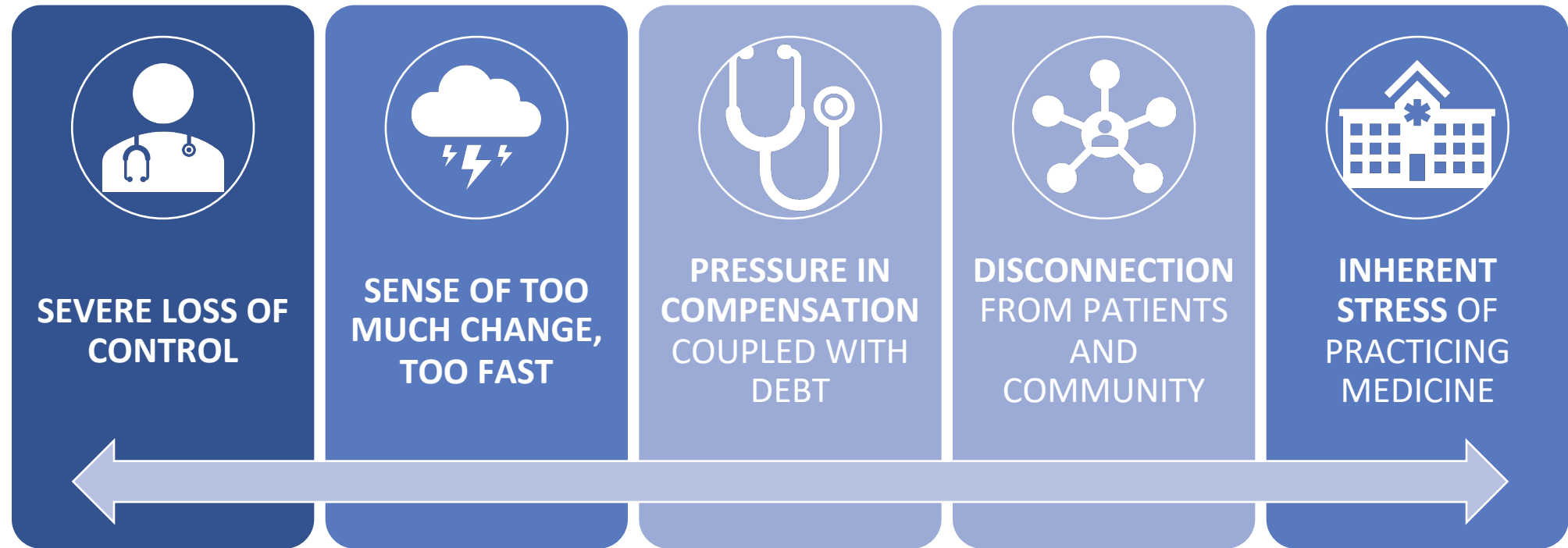
When incentives are monetary only (as opposed to reflective purpose or meaning), it misaligns with the best interest of patients and communities (Swenson, 2018)



Sleep deprivation

Sleep disruption is common among physicians. Long term effects are correlated to everything from susceptibility to the common cold to depression, heart disease, and even mortality (Philibert, 2005)

Psychological Factors Associated with Physician Burnout



“APGAR” signs of burnout

- Apppearance: decline in self-care, fatigue, changes in weight
- Performance: decrease in performance or workaholism
- Growth Tension: apathy, irritability or feeling overwhelmed
- Affect Control: moodiness and difficulty managing emotions
- Relationships: relationship struggles or social isolation

Selected Measures (-)

Name	Length (Items)	Cost	Notes
Burnout			
Maslach Burnout Inventory (MBI)		\$	
Full Instrument ¹⁷	22		Current gold standard
Brief Instrument ^{18,19}	2		
Single item emotional exhaustion screen ²⁰	1	Free	
Copenhagen Burnout Inventory ²¹	19	Free	
Oldenburg Burnout Inventory ²²	16	Free	
Depression²³			
PRIME-MD	2	Free	No questions on suicidal ideation
PHQ-2	2	Free	No questions on suicidal ideation
PHQ-9	9	Free	
CES-D	20	Free	
Beck Depression Inventory	21	\$	
HANDS	10	\$	

<https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions>

Selected Measures (+)

Name	Length (Items)	Cost	Notes
Resilience			
Connor-Davidson Resilience Scale (CD-RISC) ²⁴	2, 10, or 25	\$	
Brief Resilience Scale ²⁵	6	Free	
Empathy			
Jefferson Scale of Empathy ²⁶	20	\$	Measures cognitive aspects of empathy
Interpersonal Reactivity Index ²⁷	7 per domain	Free	Measures emotional and cognitive domains of empathy among 4 total domains
CARE measure ²⁸	10	Free	Measures patients' perceptions of relational empathy
Engagement			
Utrecht Work Engagement Scale (UWES) ²⁹	9 or 17	Free	

(Quinn et. al., 2018)

<https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions>



Self-Tests for Burnout

APA offers the Oldenburg Burnout Inventory online:

<https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/assess-yourself>

An intuitive but less validated burnout tool can be found on Mindtools:

https://www.mindtools.com/pages/article/newTCS_08.htm



Self-Tests Beyond Burnout

Increase self-awareness above and beyond burnout with free,
anonymous online self-tests:

<https://wellmd.stanford.edu/test-yourself.html>

What about the relationship between physician suicide and burnout?

- Physician burnout has many potential negative outcomes, and yet has been shown to NOT be an independent risk factor for suicide (Menon, 2020)

consequences of unaddressed burnout³



(Shanafelt et al, Arch Int Med, 2012)

Don't let wellness initiatives be lipstick on a pig



Physician wellness programs are lipstick on a pig

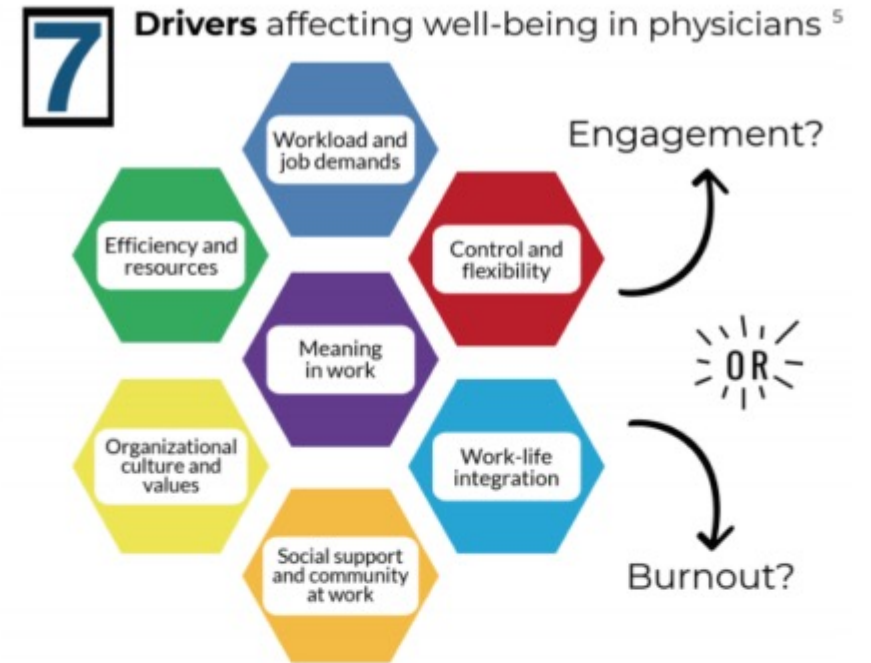
The cause of burnout isn't the physician, it's the system.

“We need to stop blaming individuals and treat physician burnout as a system issue ... If it affects half our physicians, it is indirectly affecting half our patients.”

-Tait Shanafelt, M.D.

The Awareness Pitch

- Organizations that **provide physicians flexibility** to adjust their FTE as a “safety valve” to preserve meaning and satisfaction may have a competitive advantage in recruitment and retention (Shanafelt, 2016)



Productivity



physician burnout nationwide translated into **1% reduction** in professional effort over 3 years...



...which is like eliminating the graduating class of **7 U.S. medical schools**¹



and when physicians who will leave medicine entirely due to burnout are factored in...

Attrition



...the effect is like eliminating the graduating class of **19 U.S. medical schools**²

THE COST OF BURNOUT



physicians report

burnout is a huge factor

affecting intent to leave their current position within 24 months³



for academic medical faculty, **5 out of 10 leave** before a decade⁴

(and 4 out of 10 leave academic medicine completely)



the cost to replace physicians is

2-3 times

their annual salary

the average cost to replace a physician is

\$1m⁵

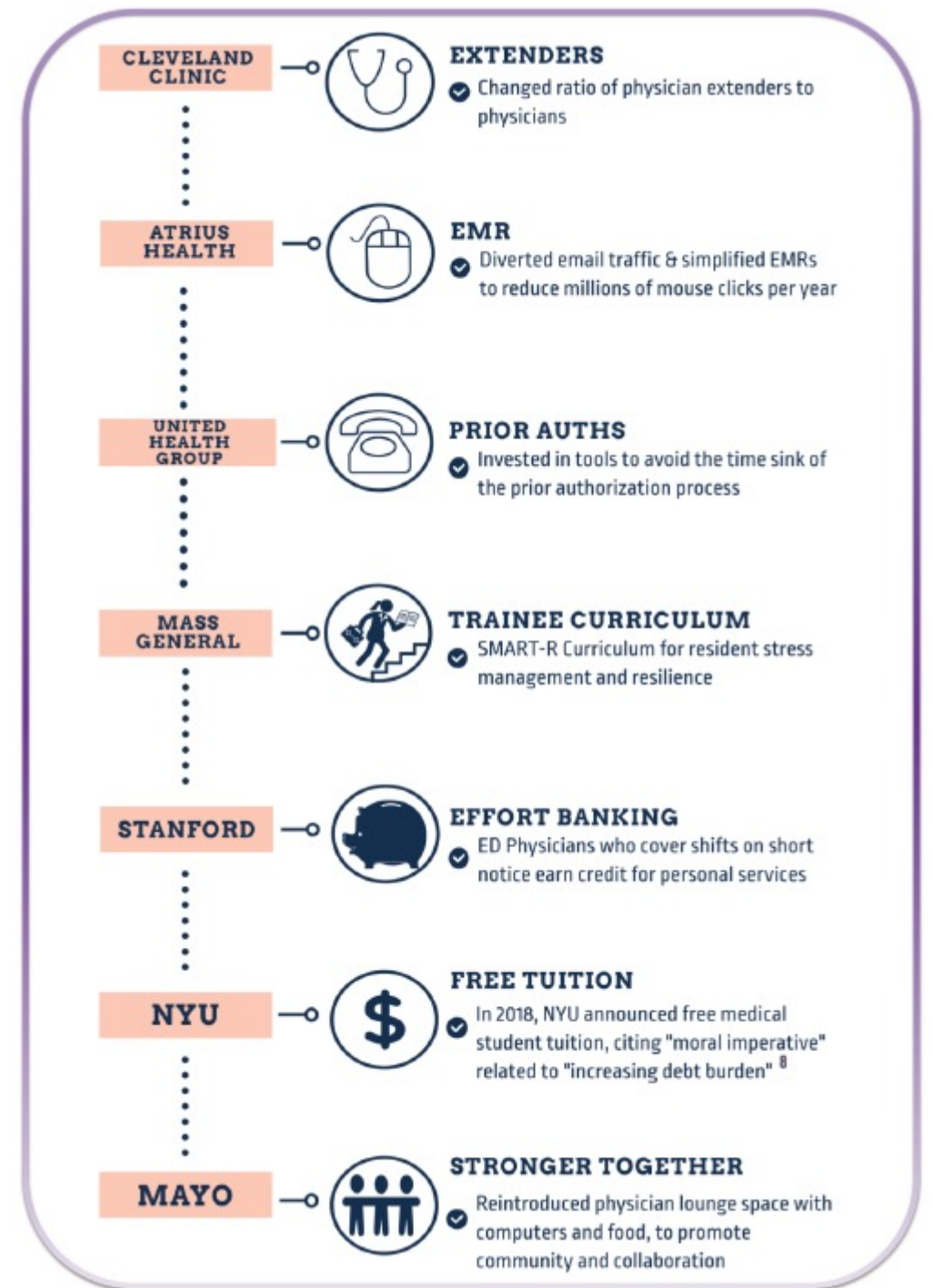


The Business Pitch

- Burnout can lead to **reduced productivity**, costing \$15-82K per physician per year (Dewa, 2014)
- Physician burnout has been estimated to contribute to 1/3 of the cost of **physician job turnover** in a system (Shanafelt, 2017)
- Higher work-life climate scores are associated with improved **patient safety** and **satisfaction** (Sexton, 2017)

The Innovations Pitch

- Providing **leadership skills** training to supervisors can improve departmental satisfaction and decrease physician burnout (Shanafelt, 2015)
- At UPMC, physicians can receive institutional funding up to \$10K to pilot innovative well-being initiatives through the **Physician Thrive Grants for Change**



Well-Being Resources

Evidence and resources exist to support well-being advocacy

For example, the APA Wellbeing Ambassador Toolkit, which is just one of many helpful online resources

Also, please check out the National Academy of Medicine (NAM) Clinician Well-Being Knowledge Hub:
<https://nam.edu/clinicianwellbeing>

ADDITIONAL
RESOURCES



APA Well-Being Ambassador Toolkit

www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/well-being-resources

ACGME Physician Well-Being

www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being

www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

ACGME Common Program Requirements

www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements

National Academy of Medicine Clinician Well-Being and Resilience

nam.edu/initiatives/clinician-resilience-and-well-being/



Listen to the Podcast Series on
Spotify and RadioPublic



Download the Well-Being App from
the Apple App Store or Google Play



View the Cognition and Well-Being Skill
Development Video Workshop

New ACGME AWARE Resources for Well-Being

This new suite of resources designed to promote well-being among residents, fellows, faculty members, and others in the GME community is now available:

<https://www.acgme.org>

Thank you!

For more information:

GME Wellness Website -
<https://www.utoledo.edu/med/wellness/residents/>

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