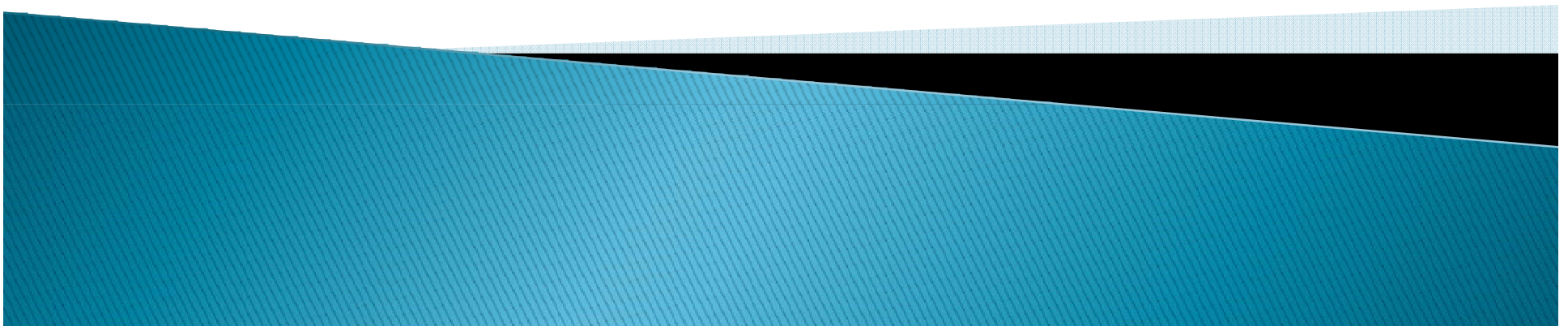


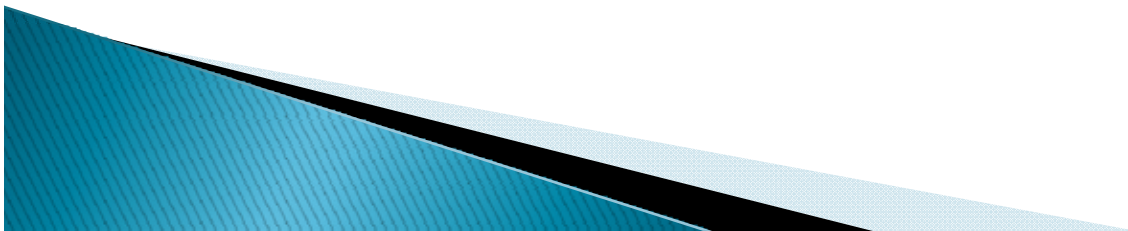
Physician Burnout

Rebecca Allyn, MD
Hospitalist, Denver Health Medical Center
Assistant Professor of Medicine, University of Colorado



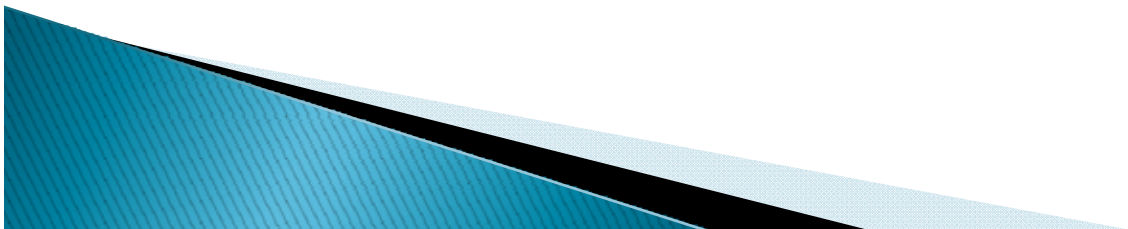
Goals

- ▶ Define burnout
- ▶ Prevalence
- ▶ Physician satisfaction
- ▶ Why should we care about burnout?
- ▶ Who gets burned out?
- ▶ How can we prevent burnout?



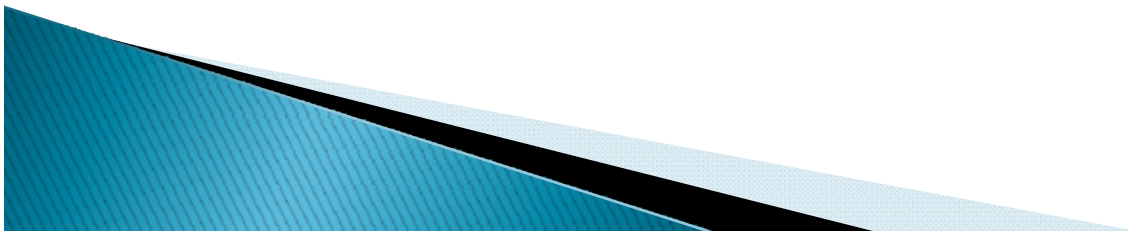
Burnout Definition

- ▶ A psychological syndrome consisting of
 - Emotional exhaustion
 - Depersonalization
 - Reduced Personal Accomplishment
- ▶ Differs from depression because it primarily affects an individual's relationship with work



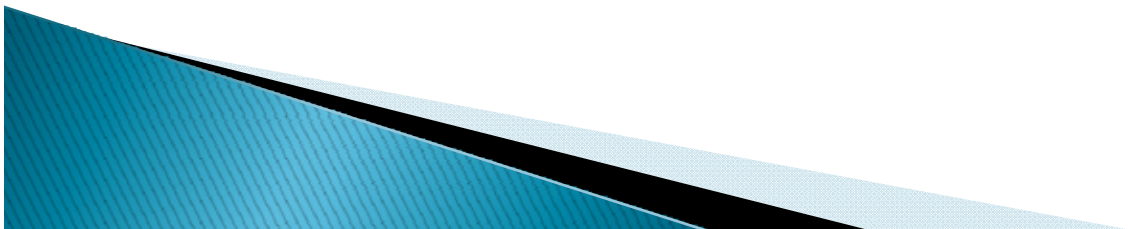
Burnout Prevalence

- ▶ Varies in many studies
- ▶ Ranges from 25-60% (up to 75% in studies of residents)
- ▶ Likely 30-40%



Physician Satisfaction

- ▶ Overall High
- ▶ Relatively Stable
- ▶ Varies depending on
 - Specialty
 - Age
 - Region
 - Income



Physician Satisfaction

Leigh et al. Arch Intern Med, 2002; 162

- ▶ Community Tracking Study (CTS)
- ▶ Cross sectional survey of physicians (N=12,474) in 1996
- ▶ Compared 33 specialties with a 5 point Likert scale about satisfaction
- ▶ Focus on two variables – very satisfied or dissatisfied

High % Very Satisfied

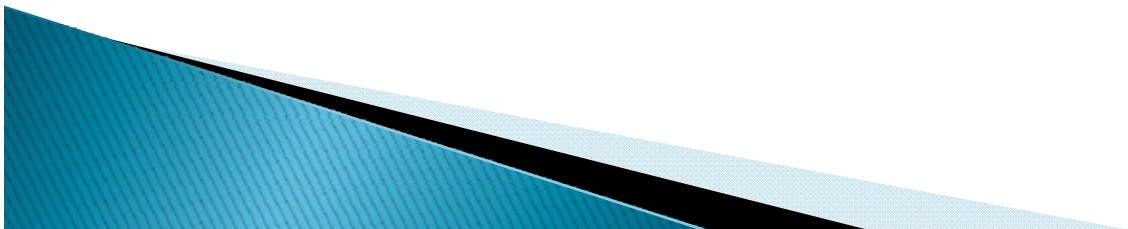
Geriatrics (59.6%)
Neonatal Med (58.7%)
Dermatology (56.1%)
Pediatrics (48.1%)

High % Dissatisfied

ENT (25.2%)
OB-GYN (24.2%)
Optho (21%)
Ortho (19.3%)
Internal Med (20.3%)

Physician Satisfaction

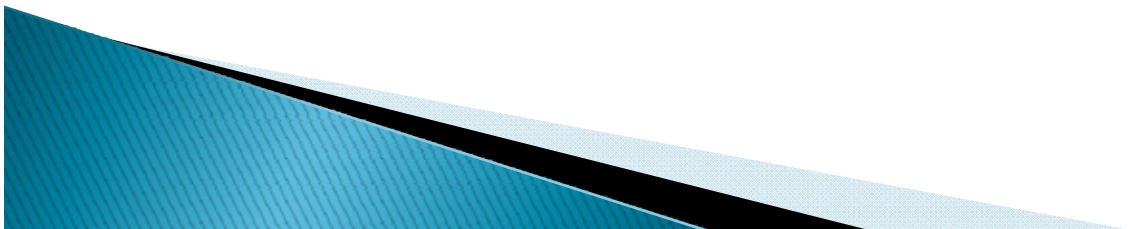
- ▶ CTS continued....
- ▶ >70% physicians are satisfied or very satisfied
- ▶ 80% PCPs satisfied – results stable during repeat in 2001
- ▶ Satisfaction also found to be related to
 - Age
 - Location
 - Income
- ▶ Satisfaction not found to be related to gender



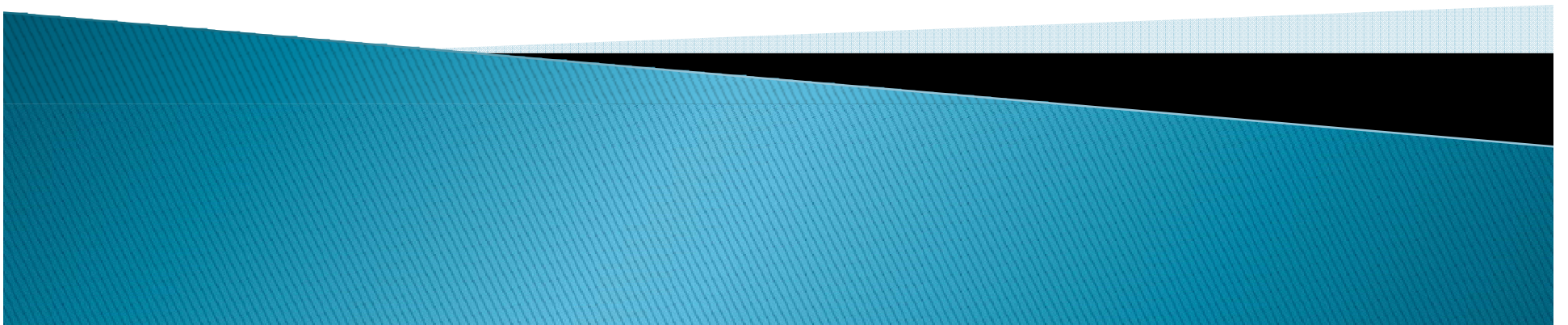
Physician Satisfaction – Internists

Wetterneck et al. Arch Intern Med, 2002; 162

- ▶ Physician Worklife Study – sub-population
- ▶ Cross sectional survey of physicians –IM compared to IM specialties and FM (N=1390), 1996
- ▶ General IM less satisfied than IM specialties and FM
- ▶ IM Compared to FM
 - More hospital patients
 - More complex medical and psychosocial patients
 - Less training in primary care, psychosocial issues, practice management

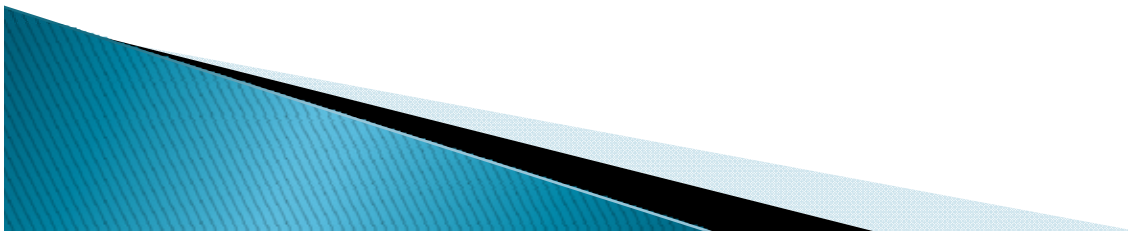


Burnout – Why Should We Care?



Patient Behavior

- ▶ Patients of more satisfied physicians are:
 - More satisfied
 - More trusting of physician
 - More adherent to plan of care



Patient Satisfaction

Haas et al. J Gen Intern Med, 2000: 15.

- ▶ Cross sectional survey of patients and physicians (N=2,620 patients, 166 physicians)
- ▶ Clinics were academically affiliated but diverse in setting and population
- ▶ Patient's asked about overall satisfaction and satisfaction with most recent visit
- ▶ Physicians surveyed about job satisfaction (60% extremely or very satisfied)
- ▶ Patients of satisfied physicians had higher scores for overall satisfaction (RC = 2.10) and satisfaction with recent visit (RC = 1.23)



Safety and Errors

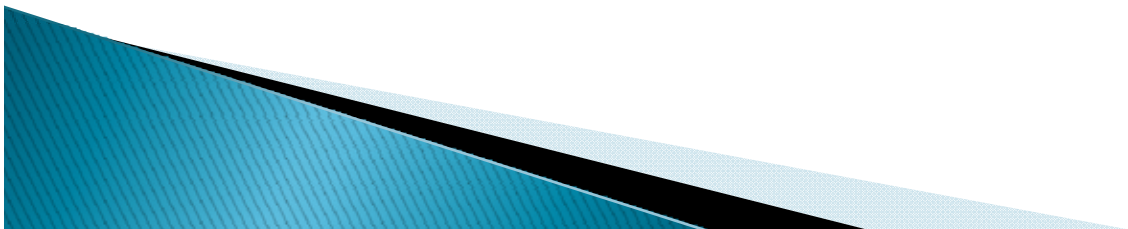
Shanafelt et al. *Annals of Surgery*, 2010; 251(6)

- ▶ Cross sectional survey of surgeons (N=7905), 2008
- ▶ Self assessment of errors, depression and burnout
- ▶ 8.9% with concern of making major error in past 3 months (mostly attributed to individual error)
- ▶ Each 1 point increase in depersonalization associated with 11% increase error
- ▶ Each 1 point increase in emotional exhaustion associated with 5% increase
- ▶ Not associated with nights on call, hours worked or practice setting



Physician Behavior

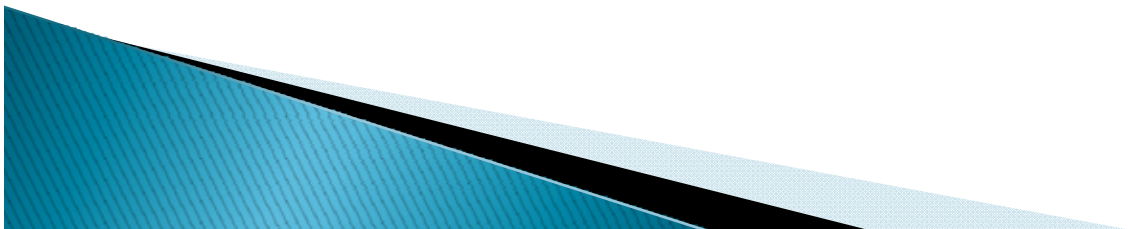
- ▶ In Medical Students - Professional burnout associated with unprofessional behaviors and feeling less altruistic towards patients



Medical Student Burnout and Unprofessional Behavior

Dyrbye et al. JAMA 2010; 304

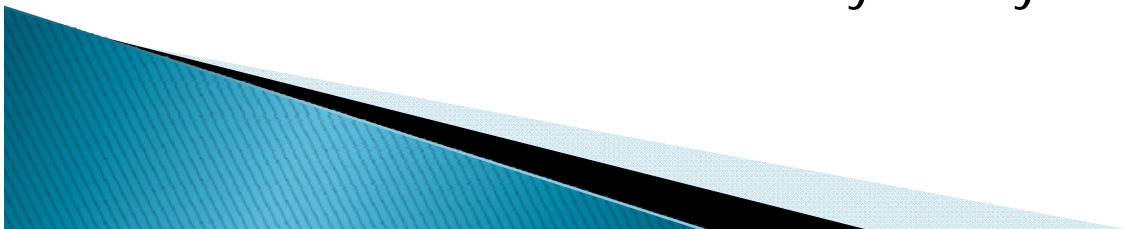
- ▶ Students from 7 medical schools surveyed (N=2682)
- ▶ Asked about burnout, symptoms of depression and quality of life
- ▶ Also asked about unprofessional conduct, understanding appropriate relationships with industry and attitudes regarding physicians' responsibility to society
- ▶ 52.8% of students had burnout
- ▶ Student with burnout
 - more likely to participate in unprofessional behavior (35% vs 21.9%, OR 1.89, 95% CI 1.59-2.24)
 - less likely to have altruistic views regarding physician responsibility
- ▶ Burnout was the only aspect of distress independently associated with unprofessional behavior/less altruistic views



Physician Health

- ▶ Physicians have a similar rates of depression as rest of society
- ▶ However, physicians are at high risk for suicide
 - Male physicians with moderate increased risk (1.41 times more likely)
 - Female physicians with highly increased risk (2.27 times more likely)
- ▶ Physicians less likely to seek help for depression or suicidal ideation
 - Fear that seeking help may threaten license or lead to unwanted scrutiny

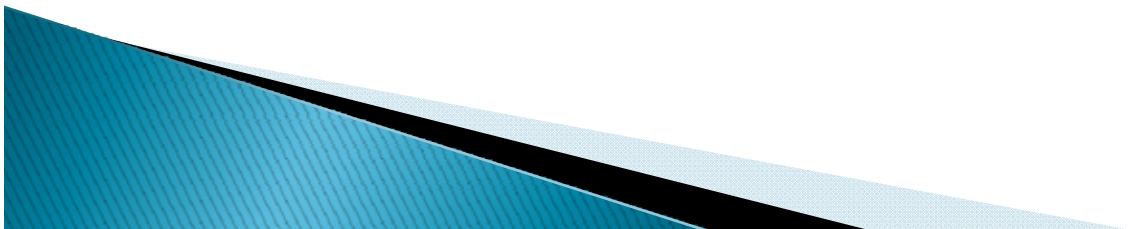
Schernhammer et al. Am J Psychiatry 2004; 161:12



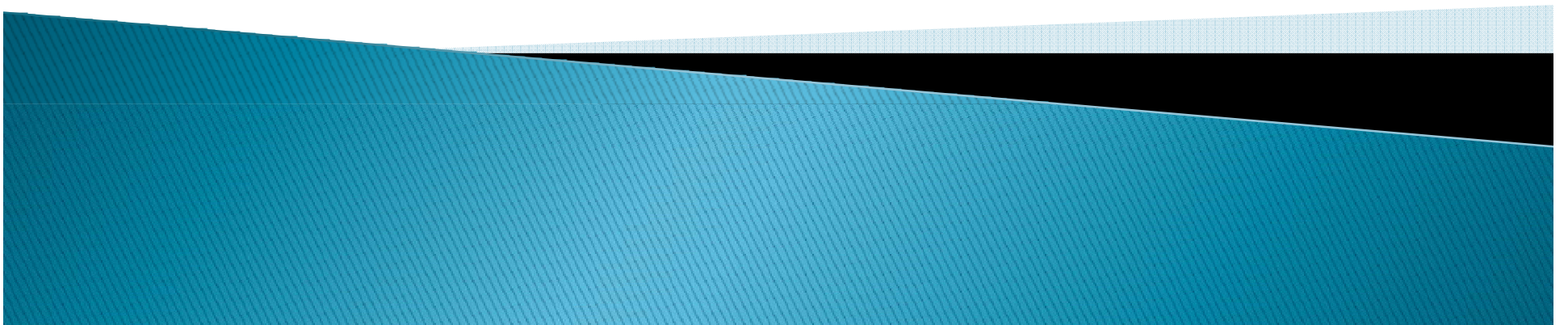
Cost

- ▶ Burnout leads to turnover and the cost of replacing physicians is high
 - Search
 - Screen
 - Interview
 - Use of Locums
 - Lost revenue while trying to fill post
- ▶ Overall cost = \$150,000-300,000

Williams et al. Health Care Manage Rev, 2010; 35(2)

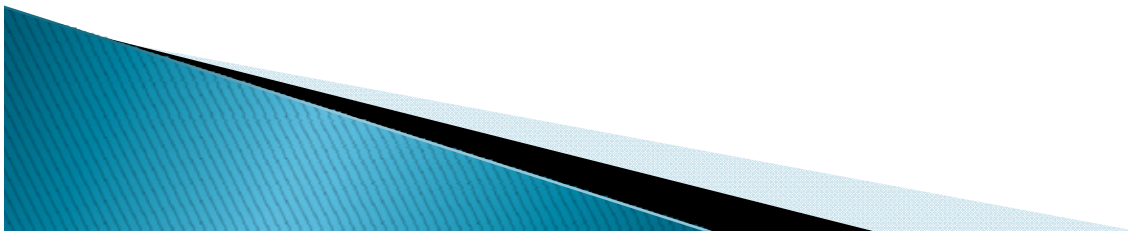


Burnout – Who Gets It?



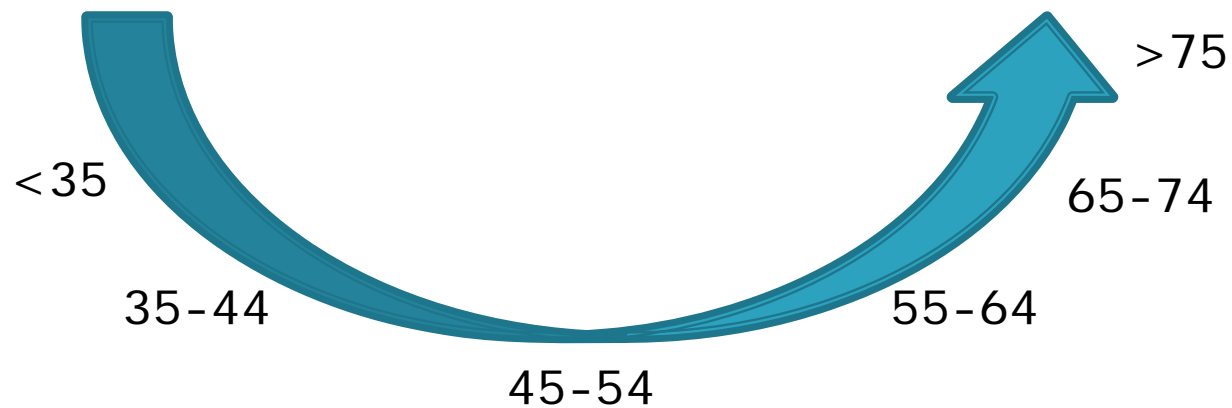
Burnout Risk Factors

- ▶ Age
- ▶ Work Demand
- ▶ Career Fit
- ▶ Autonomy
- ▶ Colleagues/Mentorship
- ▶ Practice Characteristics
- ▶ Income



Burnout Risk Factors: Age

- ▶ Multiple studies suggest a U-shaped curve
- ▶ Likely subject to selection bias

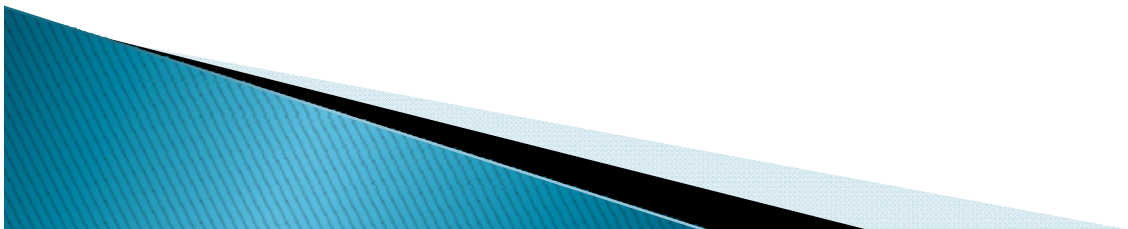


Leigh et al. Arch Int Med, 2002; 162



Burnout Risk Factors

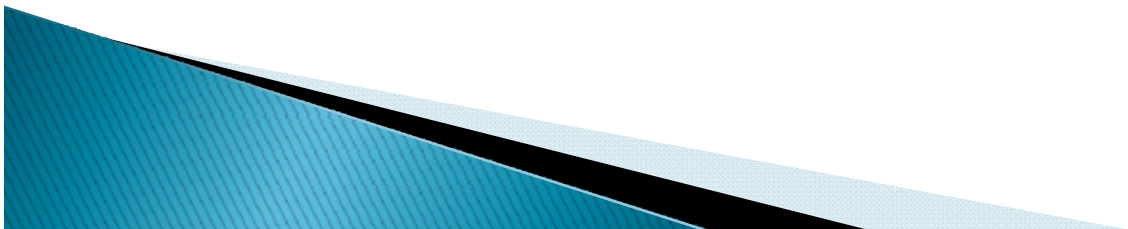
- ▶ Gender – probably not a risk factor
 - Positive association between female gender found in some studies but overall not a trend in literature
- ▶ Work demand
 - Too much or too little work is a risk factor
 - Perception more important than reality



Academic Faculty Burnout and Career Fit

Shanafelt et al. Arch Intern Med 2009; 169(10)

- ▶ DOM Faculty Physicians at one center surveyed (N=465)
- ▶ Career fit: most meaningful aspect of work – patient care, research, education, administration
- ▶ 34% physicians were burned out (higher rates for generalists, women and those <55)
- ▶ Those spending less than 20% of their time on the most meaningful activity had higher burnout (53% vs 29.9%, $p < 0.001$)
- ▶ Time spent on meaningful activity was largest predictor of burnout (OR 2.75, $p = 0.001$)
- ▶ Burnout was associated with an intent to leave academic medicine (OR 2.28, $p = 0.02$)



Burnout Risk Factors

- ▶ **Autonomy**
 - Control over schedule
 - Contribution to practice decisions
 - Perception of micro-managing

- ▶ **Colleagues and Mentorship**
 - Support and communication
 - Division head support
 - Scholarly activity

Glasheen et al. Arch Int Med, 2011; 171(8)

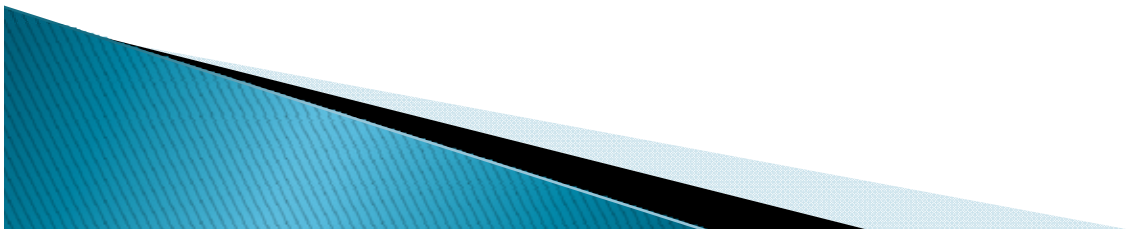


Burnout Risk Factors

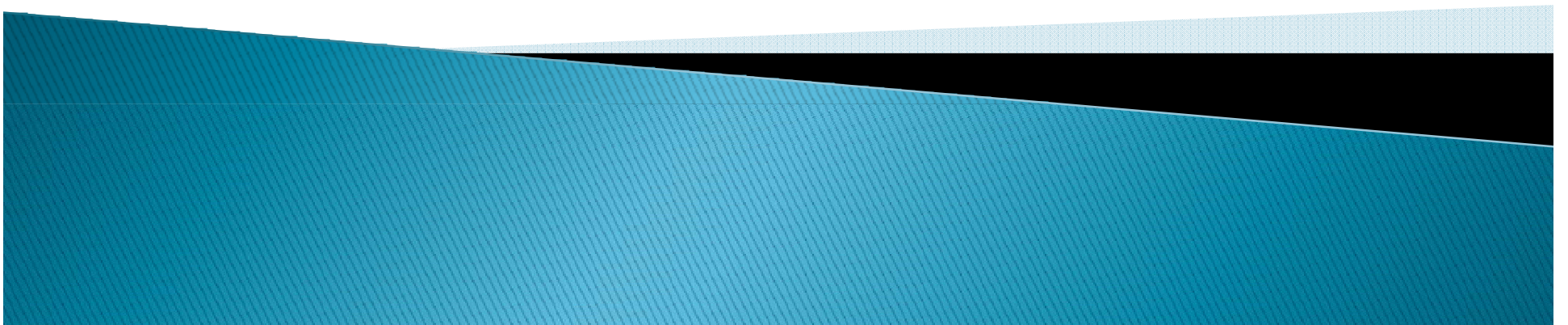
- ▶ Practice Characteristics
 - Solo/Small
 - Payer Source - likely no effect but managed care/capitation with negative effect
 - Patient characteristics/demographics – ability to maintain relationships, trust

- ▶ Income

Scheurer et al. J Hospital Med, 2009; 4(9)



Burnout – How We Prevent It?



Burnout Prevention and Treatment: Role of Physician

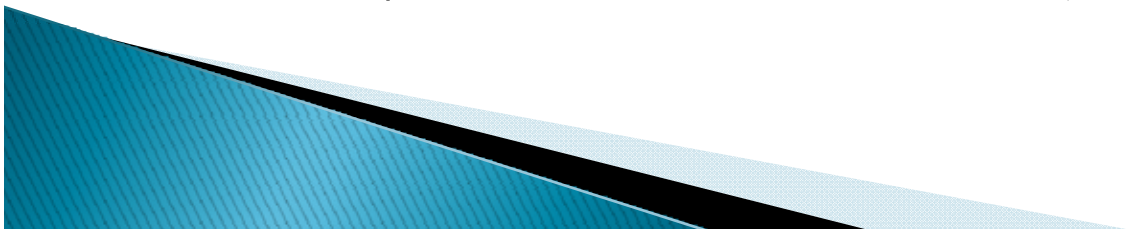
- ▶ Self Care – sleep, nutrition, exercise, spirituality, having a PCP
- ▶ Relationships – valuing/protecting personal relationships
- ▶ Limits on Work – career fit, limiting scope and time of practice
- ▶ Developing a Life Philosophy



Burnout Prevention and Treatment: Role of Organizations

- ▶ Autonomy – increased control over schedule, ability to participate in practice decisions
- ▶ Adequate support – adequate physician coverage, adequate ancillary support to promote efficient care, **faculty development**
- ▶ Cultivate collegiality – conferences, social events, **mentorship**

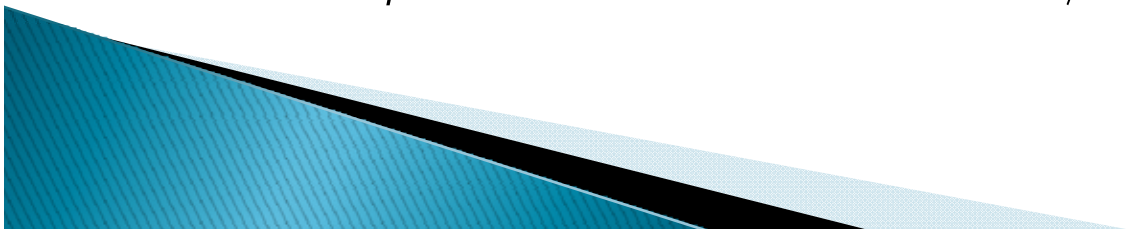
Shanafelt, et al. Am J Medicine 2003; 114



Burnout Prevention and Treatment: Role of Organizations

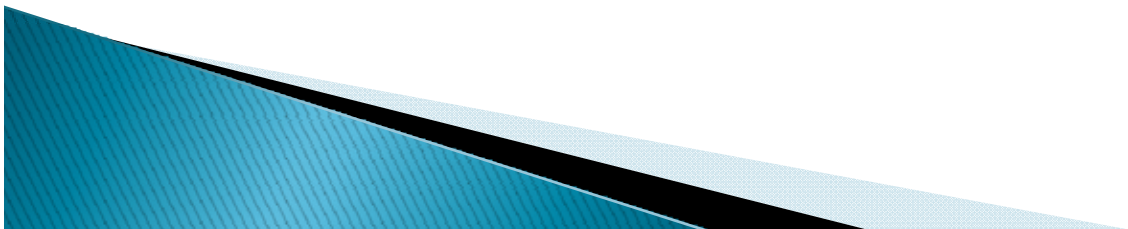
- ▶ Minimize work-home interference – provide flexibility in schedule, back-up coverage
- ▶ Promote work-life balance – opportunity for sabbatical, work-life seminars, mentorship
- ▶ Organizational values – mission statement and actions must be congruent

Shanafelt, et al. Am J Medicine 2003; 114



Barriers

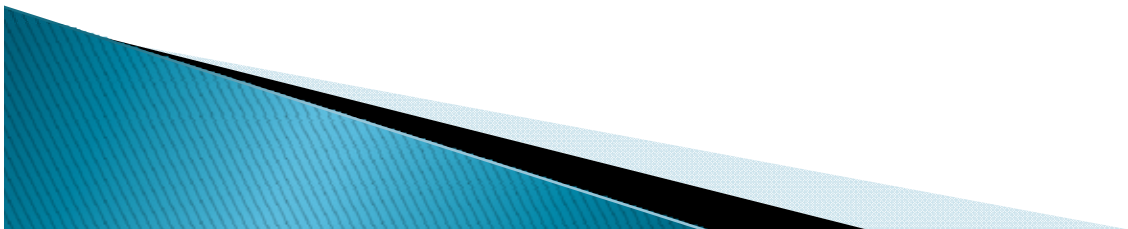
- ▶ Physician Training
 - value in placing professional responsibilities above personal
 - delayed gratification – survival mode can become permanent
- ▶ Physician Attitudes
 - reluctance to seek care
 - self-imposed expectations to work even when impaired



CME for Burnout

Krasner et al. JAMA, 2009; 302(12)

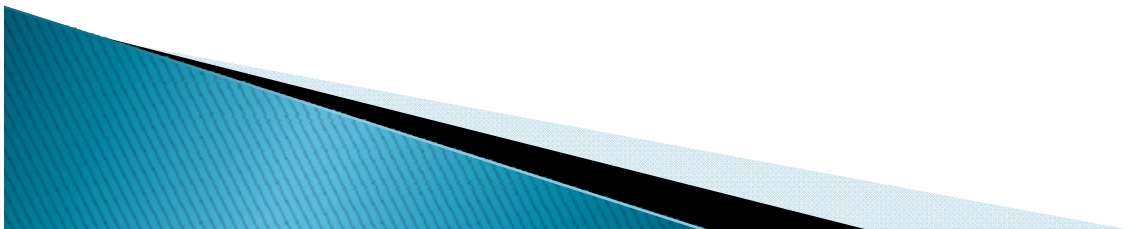
- ▶ Before and after study of 20 PCPs, 2007
- ▶ 8 week course (2.5 hrs/wk + 7hr retreat) and 10 month maintenance (2.5 hrs/mo)
- ▶ Three aspects: mindful meditation, narrative medicine, appreciative inquiry
- ▶ Improvement in burnout observed (scores)
 - Emotional exhaustion: 26.8 to 20 (CI -4.8 to - 8.8)
 - Depersonalization : 8.4 to 5.9 (CI -1.4 to -3.6)
 - Personal accomplishment : 40.2 to 42.6 (CI 1.2 to 3.6)



Interdisciplinary Rounds

Lown et al. *Academic Medicine*, 2010; 85(6)

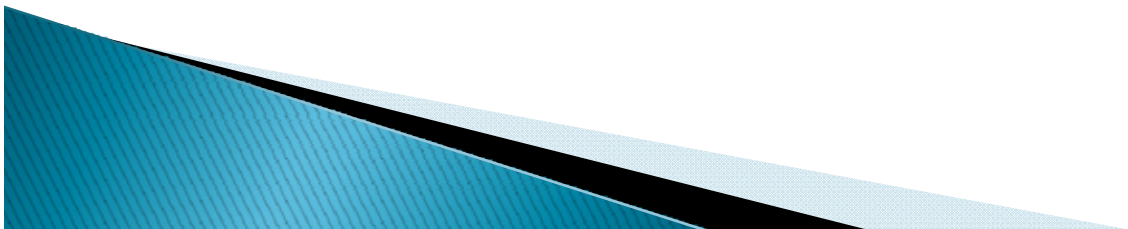
- ▶ Schwartz Center Rounds – one hour, case based, interactive discussions of psychosocial and emotional aspects of patient care
- ▶ Retrospective (N=256) and Prospective (N=222) surveys
- ▶ Improved feeling of teamwork, attention to psychosocial issues, energy for work
- ▶ Decreased perception of stress



The Future ?

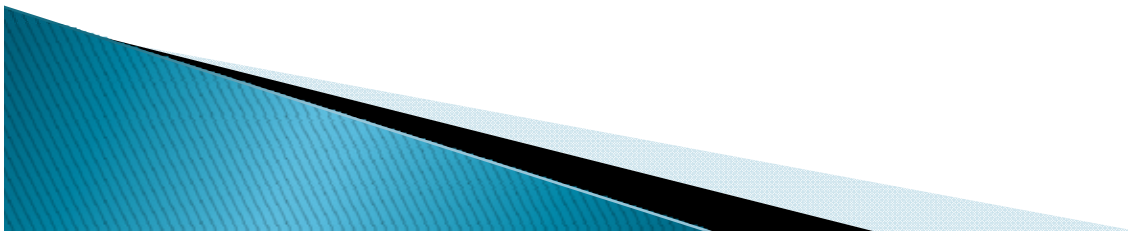
Dyrbye et al. JAMA 2011; 305(19)

- ▶ Patient Protection and Affordable Care Act
- ▶ Challenges
 - More demand for primary care
 - Increased costs to establish infrastructure
 - Increased reporting/admin time
- ▶ Benefits
 - More streamlined coverage
 - Patients with less fragmented care
- ▶ The MA experience
 - More patient encounters
 - Reduced visit time
 - More admin time



Conclusions

- ▶ Burnout is prevalent
- ▶ Burnout affects physician behavior, quality of care, cost and physician health
- ▶ Internists are at risk for burnout
- ▶ There are several simple strategies to manage burnout



The practice of medicine will be very much as
you make it – to one a worry, a care, a
perpetual annoyance; to another, a daily job
and a life of as much happiness and
usefulness as can well fall to the lot of man
-Sir William Osler

