From Burnout to Wellness

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Health and Wellness Rounds
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No conflicts of interest
To discuss why physicians are at risk of burnout

To review the personal and professional impacts of burnout

To consider how physicians can shift from burnout to wellness with some simple strategies

Objectives
*Once upon a time...
Addiction, disruption
Chronic stress, poor work-life balance, burnout, compassion fatigue
* Patient demographics
* Technology
* Advancements in health care
* Gender and generational shifts
* Expectations

* Why?
Determinants of Physician Well Being

All physicians within the Calgary Health Region

Stage One:
• Physician interviews (N=42)
• Physician job observations (N=44)
• Spouse interviews (N=32)

Stage Two:
• Survey to all physicians in the CHR
• Received 1178 surveys (40% RR)

Jean E Wallace, Jane Lemaire, William Ghali, Dave Megran, Todd Watkins, Maeve Obeirne, Alyssa Borkosky
Table 1. Breakdown of Physician Specialty for the CHR and the Study Sample

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>CHR N (%)</th>
<th>Sample N (%)</th>
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</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>145 (6%)</td>
<td>73 (6%)</td>
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<tr>
<td>Clinical Neurology</td>
<td>72 (3%)</td>
<td>18 (2%)</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>83 (4%)</td>
<td>22 (2%)</td>
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<tr>
<td>Emergency</td>
<td>87 (3%)</td>
<td>58 (5%)</td>
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<tr>
<td>Family</td>
<td>772 (31%)</td>
<td>407 (33%)</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>447 (18%)</td>
<td>199 (17%)</td>
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<tr>
<td>Obstetrics/Gynecology</td>
<td>68 (3%)</td>
<td>24 (2%)</td>
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<tr>
<td>Pathology</td>
<td>66 (3%)</td>
<td>26 (2%)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>198 (8%)</td>
<td>78 (7%)</td>
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<tr>
<td>Psychiatry</td>
<td>123 (5%)</td>
<td>73 (6%)</td>
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<tr>
<td>Surgery</td>
<td>220 (9%)</td>
<td>117 (10%)</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
<td>83 (7%)</td>
</tr>
<tr>
<td>Rural</td>
<td>181 (7%)</td>
<td>82 (7%)</td>
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<tr>
<td>Total</td>
<td>2488 (100%)</td>
<td>1178 (100%)</td>
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*Based on Department and Division Counts for the CHR (June 2008)*
Physician wellness: a quality indicator

* Workload
* Long hours
* Emotional and cognitive demands

* At risk of being unwell
* Depression
* Suicide
* Substance abuse
* Relationship difficulties
* Job or career change
* Coronary artery disease
* Decreased immunity
* Accelerated aging

**Stress related adverse outcomes**
* Emotional exhaustion
* Depersonalization
* Reduced sense of accomplishment

*Burnout*
Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbey, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

**Background:** Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

**Methods:** We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

**Results:** Of 27,276 physicians who received an invitation to participate, 7,288 (26.7%) completed surveys. When assessed using the Maslach Burnout Inventory, 45.8% of physicians reported at least 1 symptom of burnout. Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3,442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P < .001$), whereas individuals with a bachelor's degree (OR, 0.80; $P = .048$), master's degree (OR, 0.71; $P = .01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P = .04$) were at lower risk for burnout.

**Conclusions:** Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk.

* Individual factors
* Profession-related factors
* Workplace factors

* Suboptimal attention to self-wellness
<table>
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<tr>
<th>Workaholic vs. not</th>
<th>Type A vs. not</th>
<th>Control Freak vs. not</th>
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<tbody>
<tr>
<td>Emotional exhaustion</td>
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<tr>
<td>Depression</td>
<td>Depression</td>
<td>Depression</td>
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<tr>
<td>Job satisfaction</td>
<td>Anxiety</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Rewarding patient experiences</td>
<td></td>
<td>Poor mental health</td>
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<tr>
<td>Career commitment</td>
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Professional conspiracy of silence
Negative Peer Pressure Affects my Ability to Improve my own Health and Well Being

Source: 2009 Determinants of Physician Well Being: Stage Two Report (n=1178)
2009 Determinants of Physician Well-Being: Stage Two Report (n=1178)

*Workplace characteristics*
- Job and career turnover
- Productivity/efficiency
- Patient encounters
- Job satisfaction/patient compliance
- Role modeling for patients

Impact on health care systems
Paradigm shift
Evolution of the concept of physician wellness: academic literature
“But I’m not sure that the link between their (physicians’) own health and patient care is probably very clear. Because you can’t believe that right? You can’t believe if you’re having a bad day that you’re going to provide poor patient care ‘cause that’s just not what you do.”

Wellness as dissonant with professionalism
Stigma
Occupational hazard
*Prevention and mitigation of poor outcomes*
Behavioral modification
How does workplace nutrition affect physicians?

Does a portable biofeedback tool help reduce physician stress?
Regulating the endocrine and autonomic nervous system response to stress

What physician coping strategies are most effective against burnout?
Frequency of use of physician coping strategies at work (n=1151)

Frequency of use of physician coping strategies outside of work (n=1151)

Coping styles and affect

High positive affect

- More problem solving
- More seeking support
- More time outs

N=493

High negative affect

- More denial
- More keeping to self

N=281

* Use humor
* Take a time out
* Eat and drink
* Make a plan of action
* Talk with colleagues

**Dealing with stress at work**
* Time off
* Quiet time
* Family
* Friends
* Exercise
* Hobbies

* Dealing with work stress at home
• Time outs
• Some work free nights/weekends
• Real vacations
• Sabbatical leaves
• Nature
Investment/training
* Positive psychology
* Mindfulness/gratitude
* Relaxation techniques
* Narratives

* Other strategies

Mind Full, or Mindful?
“Wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life” (Shanafelt et al 2003)
Perfectionism is not a quest for the best. It is the pursuit of the worst in ourselves, the part that tells us that nothing we do will ever be good enough - that we should try harder.

~ Julia Cameron, 20th/21st Century Writer ~

*Excellence vs. perfection*
*Resilience vs. invincibility*
Wellness is integral to professionalism
Public health influence

* Our work is rich but difficult
* We are at risk for burnout
* We can learn to prevent and mitigate poor stress-related health outcomes
* We can message and role model mental health for our patients
* We can target wellness
Well Doc?

Physician Wellness:
Fundamental for Doctors. Vital for Patients.