Agenda

• Definition of terms
• Health care specific data
• How to advocate for change
• Additional resources
Learning Objectives

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 9% among physicians while remaining stable in other U.S. workers. (Resnik et al., 2016)

Suicide rates among male physicians are 40% higher than that of other males in the population. (Caperell et al., 2016)

Suicide rates among female physicians are 130% higher than that of other females in the population. (Caperell et al., 2016)

In a study of 1,171 registered in patient nurses, 18% had depression versus a national prevalence of approximately 9%. (Rahman et al., 2017)

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)
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

(Buis, NAM Discussion Paper, 2019; Medscape 2021)
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

(Busis, NAM Discussion Paper, 2019)
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.

Medscape (2021)
FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

Conceptual Model

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 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)
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 incentivizes 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

- Severe Loss of Control
- Sense of Too Much Change, Too Fast
- Pressure in Compensation Coupled with Debt
- Disconnection from Patients and Community
- Inherent Stress of Practicing Medicine
“APGAR” signs of burnout

- **Appearance**: 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 (-)

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<th>Length (Items)</th>
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<td><strong>Burnout</strong></td>
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<td>Full Instrument</td>
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https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions
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<td>Jefferson Scale of Empathy²⁶</td>
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<td>Measures cognitive aspects of empathy</td>
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<td>Interpersonal Reactivity Index²⁷</td>
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<td>Free</td>
<td>Measures emotional and cognitive domains of empathy among 4 total domains</td>
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<tr>
<td>CARE measure²⁸</td>
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<td>Free</td>
<td>Measures patients’ perceptions of relational empathy</td>
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<td>Engagement</td>
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<td>Utrecht Work Engagement Scale (UWES)²⁹</td>
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*(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:

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)

(Shanafelt et al, Arch Int Med, 2012)
Don’t let wellness initiatives be lipstick on a pig

“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)
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
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/

Please email questions to:
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