Addressing Physician Burnout in 2022

Jameela J. Yusuff, MD MPH MSHCDL FACP
Chief Medical Officer
Residency Coordinator Retreat 2022
August 5, 2022
Defining Burnout
Timeline & Measuring Burnout
Impact on Healthcare
Approaches to Burnout
UHD Burnout Collaborative
What is Burnout?

Physician burnout, a work-related syndrome involving **emotional exhaustion**, **depersonalization** and a sense of **reduced personal accomplishment**.

**Emotional Exhaustion**

Emotional exhaustion includes feeling “used up” at the end of a workday and having nothing left to offer patients from an emotional standpoint.

**Depersonalization**

Depersonalization includes feelings of treating patients as objects rather than human beings and becoming more callous towards patients.

**Personal Accomplishment**

A sense of reduced personal accomplishment encompasses feelings of ineffectiveness in helping patients with their problems and a lack of value of the results of work-related activities such as patient care or professional achievements.

© SUNY Downstate Health Sciences University 2021

Source: doi: 10.1111/joim.12752
Weathering the Storm: Physician Burnout, Depression and Suicide

Physician suicide rates are the highest of any profession. When symptoms of burnout coexist with undiagnosed or untreated depression, the traumas can be felt throughout the organization.

- 44% of physicians surveyed claim they feel the effects of burnout daily.
- 15% of physicians report substance abuse as a norm.
- 2/3 physicians who are experiencing depression say it affects their work.
- 2ND only to "accidents", suicide is the leading cause of death among 24-34 y/o's in the nation.
- 1 physician dies by suicide every day, on average.

- 44% of physicians experience symptoms of burnout.
- 1/3 of nurses have "high burnout".
- 50% of workday hours are spent on EHRs.
- 45% of healthcare workers get less than 7 hours of sleep per night.
- Less than 7 hours of sleep per night is inadequate.
- Half of workday hours are spent on EHRs.
- More hours worked causes burnout since it leads to less sleep.

$192,000 is the average debt of medical school graduates.

29% of physicians say they experience burnout because of insufficient compensation.

Nearly a quarter of physician burnout is from lack of control.

Contact us for more on how to spot, address and mitigate burnout among your physicians while offering support and consultation when needed.

Phone: 877-733-3049

© SUNY Downstate Health Sciences University 2021
PHYSICIAN BURNOUT BY THE NUMBERS

- 44% of MDs feel burned out
- 11% feel blue
- 4% are clinically depressed

Sources
- Medscape
- Journal of the American Medical Association
  https://jamanetwork.com/journals/jama/fullarticle/258814
- JAMA Internal Medicine
  https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814
6 WARNING SIGNS OF PHYSICIAN BURNOUT

- Exhaustion
- Substance Use
- Relationship Problems
- Medical Errors
- Tension with Colleagues and Staff
- Depression

Sources
- Medscape
- Journal of the American Medical Association
  https://www.jama.ama-assn.org/fulltext/2321047
- JAMA Internal Medicine
  https://jamanetwork.com/journals/jamainternmed/article-full/2568814
**TOP 5 BURNED-OUT SPECIALTIES**

- **Urology** - 54%
- **Neurology** - 53%
- **Physical Medicine** - 52%
- **Internal Medicine** - 49%
- **Emergency Medicine** - 48%

**WHICH SPECIALTIES EXPERIENCE THE MOST AND LEAST BURNOUT?**

- **Urology** - 54%
- **Neurology** - 50%
- **Nephrology** - 49%
- **Diabetes and Endocrinology** - 46%
- **Family Medicine** - 46%
- **Otolaryngology** - 35%
- **Psychiatry** - 35%
- **Orthopedics** - 34%
- **Ophthalmology** - 30%
- **Public Health & Preventive Medicine** - 29%

**Sources**

- Journal of the American Medical Association: https://www.jama.com/jama/fullarticle/2588814
- JAMA Internal Medicine: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814

© SUNY Downstate Health Sciences University
Which Physicians Are Most Burned Out?

- Critical Care: 48%
- Neurology: 48%
- Family Medicine: 47%
- Ob/Gyn: 46%
- Internal Medicine: 46%
- Emergency Medicine: 45%
- Radiology: 45%
- Physical Medicine & Rehabilitation: 44%
- Urology: 44%
- Allergy & Immunology: 44%
- Surgery, General: 43%
- Cardiology: 43%
- Otolaryngology: 42%
- Pulmonary Medicine: 41%
- Pediatrics: 41%
- Infectious Diseases: 40%
- Nephrology: 40%
- Oncology: 39%
- Gastroenterology: 38%
- Anesthesiology: 38%
- Rheumatology: 38%
- Psychiatry: 36%
- Public Health & Preventive Medicine: 36%
- Diabetes & Endocrinology: 35%
- Orthopedics: 34%
- Ophthalmology: 33%
- Pathology: 32%
- Dermatology: 32%
- Plastic Surgery: 23%
# Timeline of Understanding Burnout

## Prior to 2005: Era of Distress

<table>
<thead>
<tr>
<th>Individual Level/Approach to Burnout</th>
<th>Organizational Level/Administration</th>
<th>Scholarship/Resource Allocation</th>
<th>Technological Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Awareness of burnout</td>
<td>Focus on Institutional Needs</td>
<td>Rare descriptive studies on MH such as depression (residents)</td>
<td>Less relevance</td>
</tr>
<tr>
<td>Unfettered Autonomy</td>
<td>Individual focus</td>
<td>No resource allocation to wellness</td>
<td></td>
</tr>
<tr>
<td>Rite of Passage</td>
<td>Self Care focus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture of Perfection</td>
<td>Blame individuals for distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation from colleagues</td>
<td>Disregard for physician distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No work limits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect/ignore burnout</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Timeline of Understanding Burnout

## From 2006-PreCOVID: Well-Being 1.0

### Individual Level/
Approach to Burnout
- Awareness
- Appreciation of implications of burnout
- Culture of wellness
- Work Life balance
- Collegial connections
- Start to “treat” burnout

### Organizational Level/
Administration
- Focus on patient needs and teams
- Strategies: Personal resilience
- Appreciation of system factors but promulgate personal solutions
- Adversarial relationships with MD/Administrator

### Scholarship/
Resource Allocation
- Literature describes the problem and consequences in students, residents and physicians
- Limited interventions
- Resources allocation: ROI and physician wellbeing cost center

### Technological
Contributions
- Teach physicians tips and tricks to optimize their ability to use suboptimal E.H.R technology

---

© SUNY Downstate Health Sciences University 2021 – Privileged & Confidential
# Timeline of Understanding Burnout

## 2020 (COVID era) to the Future: Well-Being 2.0

<table>
<thead>
<tr>
<th>Individual Level/Approach to Burnout</th>
<th>Organizational Level/Administration</th>
<th>Scholarship/Resource Allocation</th>
<th>Technological Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Awareness to Action</td>
<td>Focus on needs of people (patients and clinicians)</td>
<td>Rigorous testing of system level interventions to mitigate distress and promote wellness</td>
<td>Develop new models of team-based documentation and order entry</td>
</tr>
<tr>
<td>Culture of vulnerability and self-compassion</td>
<td>System focused</td>
<td>Resources: Value on Investment, Wellbeing is a foundational value and core organizational strategy</td>
<td>Demand better E.H.R products from vendor</td>
</tr>
<tr>
<td>Physician Communities (mutual support)</td>
<td>Infrastructure and leadership to advance well-being</td>
<td></td>
<td>Collaborate with E.H.R and regulatory to limit low value documentation requirements</td>
</tr>
<tr>
<td>Prevent distress and promote professional fulfillment</td>
<td>Address system issues through human factors engineering</td>
<td></td>
<td>Track E.H.R measures to assess work burden</td>
</tr>
<tr>
<td></td>
<td>Physician-Administrator partnerships to create solutions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Drivers of Burnout

**Individual**
- MD <55Yr
- Female
- Children < 21 years

**System**
- CPOE and E.H.R
- Ineff. Workload, Schedule, Specialty
- Opportunities for Advancement, Support
- Leadership Engagement

Source: doi: 10.1111/joim.12752
TOP CAUSES OF MD BURNOUT

- 59% • Paperwork
- 34% • Working too much
- 32% • Electronic Health Records
- 30% • Not enough respect
- 29% • Not enough pay

Sources
- Medscape
- Journal of the American Medical Association
  https://www.jama.com/jama/fullarticle/25281697
- JAMA Internal Medicine
  https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2568814
What Contributes to Physicians’ Burnout?

- Too many bureaucratic tasks (e.g., charting, paperwork) 56%
- Spending too many hours at work 39%
- Lack of respect from administrators/employers, colleagues, or staff 26%
- Increasing computerization of practice (EHRs) 24%
- Insufficient compensation 24%
- Lack of control/autonomy 21%
- Feeling like just a cog in a wheel 20%
- Lack of respect from patients 16%
- Government regulations 16%
- Decreasing reimbursements 15%
- Emphasis on profits over patients 15%
- Maintenance of Certification requirements 12%
Why Does Burnout Matter?

BURNOUT INCIDENCE APPROXIMATELY 50%

Patient Safety Errors
- Lower Quality of Care
- 2x Medical Errors
- 17% higher malpractice
- Longer Recovery Times post d/c
- Lower Patient Satisfaction

Physician Health
- Poor Self Care
- Motor vehicle crashes
- Substance Use
  - (25% increased c/w general population)
- Depression/Suicidal Ideation
  - (40% males, 130% females c/w general population)

Healthcare System Impact
- Reduced physician Productivity
- Increased Physician Turnover (Cost >$1M)
- Less Patient Access
- Increased Costs a/w errors, malpractice, absenteeism, and productivity

© SUNY Downstate Health Sciences University 2021 – Privileged & Confidential
Source: doi: 10.1111/joim.12752
### Workforce Shortages will Grow
54K to 139K MD leave by 2033

### Differential Impact on workers—Women and POC more affected

### Causes of burnout are multifactorial (Org fx, Cultural Structural, Societal)

### Burnout affects us all—Increased cost, and worsen disparities

---

**Addressing Health Worker Burnout**

The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce
WHY EASE PHYSICIAN BURNOUT?

Boosting physician satisfaction results in...

- Increased engagement
- Fewer medical errors
- Less turnover
- Improved patient experience
- Cost savings

Sources:
- Medscape
- Journal of the American Medical Association
- JAMA Internal Medicine
  https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814
Measuring Burnout

Maslach Burnout Inventory (MBI)

This instrument is comprised of 22 items, each scored from 0 to 6 based on self-reported frequency of the feeling addressed by each item.

- The emotional exhaustion domain consists of nine items for a total score range of 0–54.
- The depersonalization domain consists of five items for a total score range of 0–30.
- The personal accomplishment domain consists of eight items for a total score range of 0–48.
Scoring the MBI-9

PA Personal Accomplishment
• > 14 low, 13-14 moderate, <13 high burnout

D Depersonalization
• <4 low, 4-6 moderate, >6 high burnout

EE Emotional Exhaustion
• <7 low, 7-10 moderate, >10 high burnout
### Masloch Burnout Survey

<table>
<thead>
<tr>
<th>How often:</th>
<th>Never</th>
<th>A few times a year</th>
<th>Once a month or less</th>
<th>A few times a month</th>
<th>Once a week</th>
<th>A few times a week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I deal very effectively with the problems of my patients.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2) I feel I treat some patients as if they were impersonal objects.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3) I feel emotionally drained from my work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4) I feel fatigued when I get up in the morning and have to face another day on the job.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5) I've become more callous towards people since I took this job.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6) I feel I'm positively influencing other people's lives through my work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7) Working with people all day is really a strain for me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8) I don't really care what happens to some patients.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9) I feel exhilarated after working closely with my patients.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Measuring Burnout

Areas of Worklife Survey (AWS)

The Areas of Worklife Survey (AWS) identifies the six drivers of burnout:

- Work Overload
- Lack of Control
- Insufficient Reward
- Breakdown of Community
- Absence of Fairness
- Conflicting Values
# Strategies To Address Burnout

<table>
<thead>
<tr>
<th>ORGANIZATIONAL SOLUTIONS</th>
<th>INDIVIDUAL SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work Inefficiency, Workload excess</strong></td>
<td><strong>Loss of Control and Autonomy</strong></td>
</tr>
<tr>
<td>Optimize E.H.R, Taskshift, Fair productivity targets, Duty Hour limits, flex scheduling</td>
<td>Physician engagement, Physician leadership, shared decision making</td>
</tr>
<tr>
<td><strong>Loss of Meaning</strong></td>
<td><strong>Work Inefficiency, Workload excess</strong></td>
</tr>
<tr>
<td>Promote shared values, protect time, promote communities, Leadership training</td>
<td>Mindfulness, positive psychology, engagement with physician activities</td>
</tr>
</tbody>
</table>

Source: doi: 10.1111/joim.12752
Wellness Examples in Residency Programs

General Surgery at Stanford
(Fellow Suicide)

- Clubhouse
- Therapist
- Big Sib-Little Sib

Vanderbuilt SOM Wellness Program
(Burned out Med Students)

- Humanities Thursday
  - Origami
  - Painting
- FERHAWI Initiative
  - Dancing
  - Meditation

Johns Hopkins Wellbeing Program

- Info. repository
- Massage
- Wellness Wednesday
  - Snacks, writing
- Wellness Matters
  - Weekly emails
  - Resources
Wellness Examples in Residency Programs

Mayo School of GME at Mayo Clinic
(Lack of resident program)

Christiana Care WrokLife Wellbeing
(To support trainees)

<table>
<thead>
<tr>
<th>Ice Cream Socials with Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day to day Stressors</td>
</tr>
</tbody>
</table>

Type equation here. University of Alabama at Birmingham (Wellness Committee) $E=hH^2$

Yoga | Mentorings | Com. Svc | Cooking | Sleep | Field Day

Community Garden
Problem solving Committee
Memorable Pt Lecture

© SUNY Downstate Health Sciences University 2021 – Privileged & Confidential
What Would Reduce Your Burnout?

- Increased compensation to avoid financial stress: 35%
- More manageable work schedule/call hours: 31%
- Decreased government regulations: 27%
- More reasonable patient loads: 24%
- Increased control/autonomy: 23%
- Greater respect from administrators/employers, colleagues, or staff: 23%
- More paid time off: 23%
- Greater flexibility in schedule: 20%
- More support staff: 19%
- Emphasis on patients over profits: 19%
- Greater respect from patients: 12%
- More positive attitudes of colleagues: 8%
- More educational/professional growth opportunities: 8%
- More supportive spouse/partner: 5%
8 STEPS TO REDUCING PHYSICIAN BURNOUT

1. Designate a physician lounge
   A gathering place lessens isolation

2. Offer communications training
   Improved skills decreases frustration

3. Teach mindfulness
   Self-awareness leads to self-care

4. Organize group discussions
   A support network enhances mental health

5. Create real-time schedules
   Using technology reduces scheduling errors

6. Revisit shift schedules
   Following circadian rhythms lessens exhaustion

7. Prioritize collaboration
   Peer guidance increases buy-in

8. Foster physician stakeholder relationships
   Incubating partnerships grows commitment

Sources:
- JAMA Internal Medicine: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2586814
Mitigate Physician Burnout: Strategies to Restore Balance

Drivers

- 21% Increased Regulatory Burden
- 14% Overextended and Undervalued
- 69% Lack Clinical Autonomy
- 54% Emotionally Exhausted

Key Strategies

- Start with MD Listening Campaign
- Aim for Balanced Feedback and Recognition
- Give MD Active Role in Decision Making
- Break the Silence with Emotional Support
Executive Leadership and Physician Wellbeing

Nine Strategies to Promote Engagement and Reduce Burnout

- Acknowledge and Assess the Problem
- Develop and Implement Targeted Interventions
- Use Rewards and Incentives Wisely
- Harness the Power of Leadership
- Cultivate Community at Work
- Align Values and Strengthen Culture
Executive Leadership and Physician Wellbeing

- Promote Flexibility and work life integration
- Provide Resources to Promote Resilience and Self Care
- Facilitate and Fund Organizational Science/strategies

**FIGURE 1.** Personal and professional repercussions of physician burnout.
ORGANIZATION-LEVEL METRICS

Professional fulfillment versus burnout of the organization relative to benchmarks

Number of departments with high levels of burnout or professional fulfillment relative to benchmarks

Employee turnover rates

Number of physicians reducing clinical effort

Satisfaction with the Electronic Health Record system

Assessment of values-alignment between physicians and organizational leaders

Leadership scores of first-line leaders across the organization

Recognition within the AMA Joy in Medicine Recognition Program
RESPONSIBILITIES OF THE CWO AND HIS OR HER TEAM

Developing an organization-wide action plan to advance well-being and professional fulfillment

Providing accurate assessments for:
- Well-being, burnout, and professional fulfillment across the organization
- Efficiency of practice
- Health of organizational culture in domains relative to professional well-being

Providing relevant and actionable data on these domains to other organizational leaders

Identifying improvement targets in these domains

Identifying struggling work units and helping provide support, recommendations, and tactics for these units to improve

Advocating for physician well-being in all organizational decisions

Advocating for the necessary resources to improve physician well-being

Developing a portfolio of resources individual physicians can use to cultivate personal well-being

Developing the system-wide safety net for individual physicians in distress

Developing training to help work-unit leaders effectively cultivate well-being in their departments

Advancing a sense of shared ownership to improve physician well-being
Power of Leadership: Approaches to Burnout

Mayo Leadership Score: Each 1% increase => 4% decrease in burnout
Leadership development programs are key – didactic and team coaching

- Develop a 12 physician council
- Distinct from MEC
- Meet regularly with CEO to mutually share ideas

CEO COUNCIL

- Being Seen: If it's important to the leader, it will be important to everyone
- Shadow workers doing the work to understand their problems
- Play “Undercover Boss”
- Attend huddles as a coach/mentor
- Develop and empower everyone as a problem solver

LEADER ROUNding

- Develop the organizational chart with clear reporting relationships from the front lines to the C-suite
- Implement/clarify dyad leadership teams at every level
- Manager – Administrator – VP – C-suite
- Train dyads together in basics of Lean leadership

DYAD LEADERS DEVELOPMENT

- Describes reciprocal agreements to honor each value
- Builds alignment and trust between leadership and frontline clinicians
- Informs key strategic decisions
- Provides framework for discussions with challenging clinicians

ORGANIZATIONAL COMPACT

© SUNY Downstate Health Sciences University 2021 – Privileged & Confidential
Goals of Collaborative

- Role of leadership in reducing the incidence of burnout
- Drivers & incidence of burnout
- Lean Management Training
- Sustain the gains Plan

Initiatives to Implement

- CEO COUNCIL
- LEADER TRAINING
- Leader Rounding
- DYAD LEADERSHIP DEVELOPMENT
- ORGANIZ. COMPACT

Timeline

Mar-Apr
- Burnout Survey
- ID Initiative (1/2 day session)
- Data Collection

May-Nov
- Monthly Collaborative Calls
- Leadership Coaching
- August: ½ Day Event

Dec-Jan
- December: Repeat Survey
- January: Final Event to share insights
- Develop sustainability plan

10 Month Collaborative with GNYHA and Consultant to Address Burnout
Resources for Physician Burnout

**Compendium of Key Resources for Improving Clinician Well-Being - National Academy of Medicine (nam.edu)**
- http://www.commonweal.org/ishiw.proqol.org/ProQol_Test.html
- http://www.practitionerrenewal.ca
- http://spiritrock.org
- http://www.umassmed.edu/cfm/mbsr
- http://homepage.psy.utexas.edu

www.acc.org/clinicianwellbeing
https://nam.edu/initiatives/clinician-resilience-and-well-being/

**Total Leadership: Improving Performance in All Parts of Life.**

**The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience**
NEJM Catalyst

**Maslach Burnout Inventory**

---

**Apps for Wellness**

http://www.t2health.org/apps/tactical-breather
http://www.t2health.org/apps/breathe2relax
http://www.huffingtonpost.com/david-magone/stress-meditation-_b_1671435.html
http://www.youtube.com/watch?v=g3k_-mciE6o
http://www.marquette.edu/counseling/files/musclerelaxation.mp3
http://www.marquette.edu/counseling/files/guidedimagery.mp3
www.calm.com
More Resources...

- https://www.stepsforward.org/modules/joy-in-medicine
- www.acponline.org/about-acp/chapters-regions/united-states/new-mexico-chapter/physician-burnout-and-wellness-information-and-resources
- http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx?qcid=Cj0KCQiw3ebdBRC1ARIsAD8U0V4IREOijFqqYY6Vng4EbfT_LTnz048NRnDCewvQHY3HdcnC3hVuc8aAvXaEALw_wcB
- https://www.aafp.org/about/constituencies/resources/new-physicians/burnout.html
- JAMA Health Forum – Health Policy, Health Care Reform, Health Affairs | JAMA Health Forum | JAMA Network
- https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html
- https://www.thehappymd.com/
- https://www.kevinmd.com/blog/
- https://www.helpguide.org/
- https://stressremedy.com/
- https://www.mededwebs.com/blog/well-being-index/7-resources-for-physicians-suffering-from-burnout
YOU ARE NOT ALONE

Webinars

• Michael Myers, MD, discusses the causes of physician suicide, and an understanding of physician traits such as perfectionism shed light on the tragedy of physician suicide.

• Michael Weinstein, MD, shares his personal struggle to practice medicine while battling depression and thoughts of suicide. Weinstein’s story is heart wrenching — and provides a needed window into the experiences of physicians who struggle with mental illness.

• Heather Farley, MD, discusses what hospitals can do to promote connectedness and well-being among physicians. She notes that the repetitive trauma of practicing medicine can often cause physicians to lose the joy that inspired them to pursue the field and speaks openly about some of the isolation she felt at different points in her medical career.

AHA Physician Alliance Well-Being Playbook

www.sprc.org

1 Physician Dies by Suicide Everyday

National Suicide Prevention Lifeline
1-800-273-TALK
1-800-273-8255

© SUNY Downstate Health Sciences University 2021 – Privileged & Confidential | 36
Employee Assistance Program

• Work-based intervention program designed to assist employees with personal problems
• Staffed by licensed professionals, including clinical social workers, mental health counselors and substance abuse professionals
• Typically a variety of services offered, such as counseling to find resources for childcare, eldercare, legal, financial, well-being coaching and career development
• Counseling sessions can be via phone or in-person
• Typically a limited number of counseling sessions available
• EAP sessions are subject to HIPAA rules
• Contact EAP to learn more
Mitigate Physician Burnout

Key Strategies to Help Restore Balance

For many physicians, the growing list of mandates and overwhelming sense of change in today’s healthcare workplace is a challenge to work, residence to patients, and at risk for mental health issues. Staffing gaps beyond that, affecting patient care and the health care business itself. Physician burnout is linked to a 38% decreased patient satisfaction, an 11% increase in reports of medical errors, increased turnover, and rarely retirement.

We’ve identified four strategies for leaders to mitigate the main drivers of physician burnout. Now to prevent further damage to your business, physicians, and patients.

**Drivers:**
- Increased regulatory burden
  - 21% of a physician’s total work hours are spent on non-clinical paperwork each week (around 15 hours).
- Overworked and undervalued
  - 14% of physicians believe they have all the time they need to provide the highest standard of care.
- Lack of clinical autonomy
  - 69% of physicians believe that their clinical autonomy is sometimes or often limited, and their decisions may be compromised.
- Emotionally exhausted
  - 54% of physicians rate their morale as somewhat or very negative.

**Key Strategies:**

1. **Start with a Physician Listening Campaign**
   - Create safe spaces—“one-on-one and in groups—for physicians to report experiences and issues that are contributing to burnout.
   - Find and address “quick wins” to operational issues to alleviate daily frustrations.

2. **Gain Balanced Feedback and Recognition**
   - Cut through the negative noise directed at physicians by sharing positive feedback, using surveys from qualitative sources like patient satisfaction surveys.
   - Start tracking and acknowledging the work physicians do outside the patient visit, such as fulfilling documentation requirements and non-clinical organizational duties.

3. **Give Physicians an Active Role in Decision Making**
   - When appropriate, give physicians a voice in key initiatives that affect their day-to-day practice and work-life balance.
   - With any new initiative, show physicians that their input was considered and explicitly communicate how they were impacted.

4. **Break the Silence with Emotional Support**
   - Provide facilitated opportunities for physicians to learn effective communication strategies, reflect on frustrations, and discuss tactics for personal healing.
   - Remove barriers to accessing professional mental health support, making it both convenient and responsive.

Learn more about these strategies for mitigating physician burnout.

advisory.com/physicianburnout

[Advisory Board]