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HEALTH SCIENCES UNIVERSITY

Addressing Physician Burnout in 2022

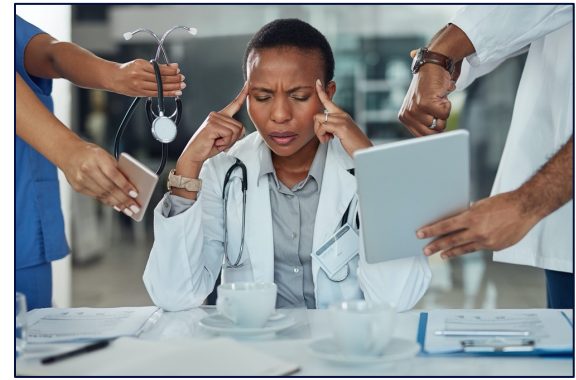
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FACP

Chief Medical Officer
Residency Coordinator Retreat 2022

August 5, 2022



OUTLINE



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**



44%
of physicians
experience symptoms
of burnout

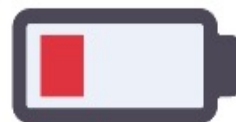


1/3
of nurses have
"high burnout"



HALF of workday hours
are spent on **EHRs**

This contributes to
burnout rates of over **50%**



MORE HOURS
worked causes burnout
since it leads to **less sleep**

Less than 7 hours of sleep
per night is **inadequate**



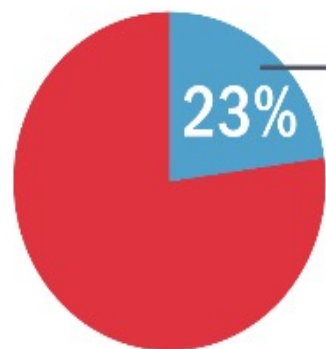
45% of healthcare workers get less
than **7 hours of sleep per night**

\$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**

Weathering the Storm: Physician Burnout, Depression and Suicide

Physician suicide rates rank the highest of any profession. When symptoms of burnout collide with undiagnosed or untreated depression, the trauma can be felt throughout the organization.

44% of physicians surveyed claim they **feel the effects of burnout daily**¹

15% of physicians **report substance abuse as a norm**²

2 OUT OF 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 nation⁴

1 physician dies by **suicide every day**, on average²

¹Physician burnout in 2018, "shutterstock" Advisory Board, January 18, 2019.
² Matt Hoffman & Kevin Kuczmarski, "Suffering in Silence: The Scourge of Physician Suicide," MD Magazine, February 6, 2019.
³ Leslie Stone, MD, "American National Physician Burnout, Depression & Suicide Report 2018," Medscape, January 16, 2019.
⁴ "10 Facts About Physician Suicide and Mental Health," American Foundation for Suicide Prevention.

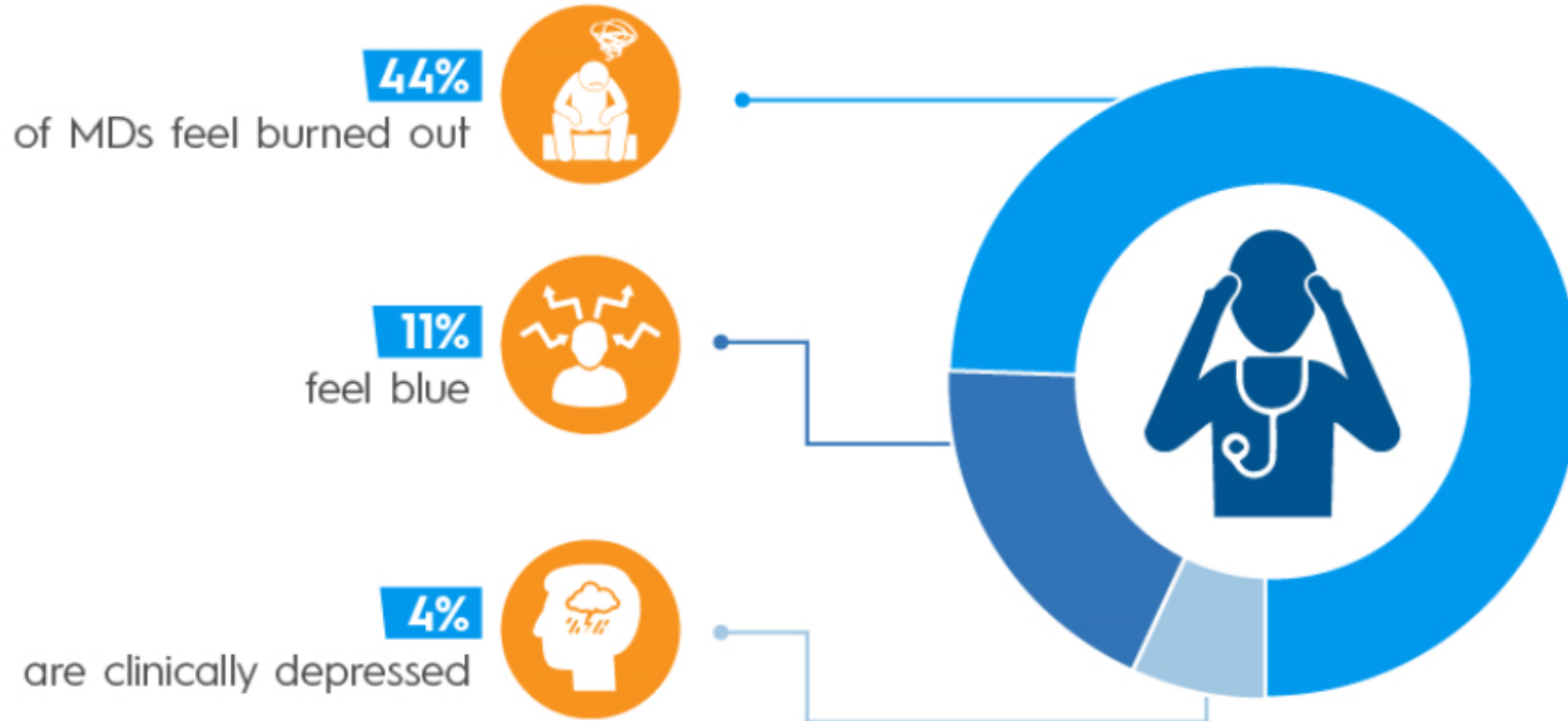
Additional support can be found by contacting the National Suicide Prevention Lifeline: 800.273.8255

Contact us for more on how to spot, address and mitigate burnout among your physicians while offering support and consultation when needed.
Phone: 877.731.3949

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PHYSICIAN BURNOUT BY THE NUMBERS



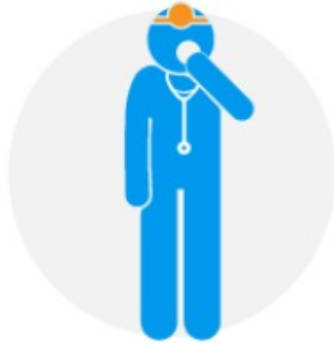
Sources

Medscape
<https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>

Journal of the American Medical Association
<https://www.ncbi.nlm.nih.gov/pubmed/23212497>

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

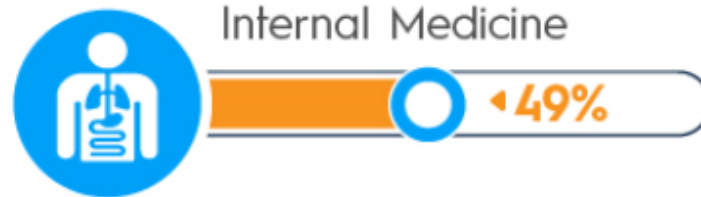


Depression

Sources

- [Medscape](https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056)
<https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>
- [Journal of the American Medical Association](https://www.ncbi.nlm.nih.gov/pubmed/23212497)
<https://www.ncbi.nlm.nih.gov/pubmed/23212497>
- [JAMA Internal Medicine](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814)
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814>

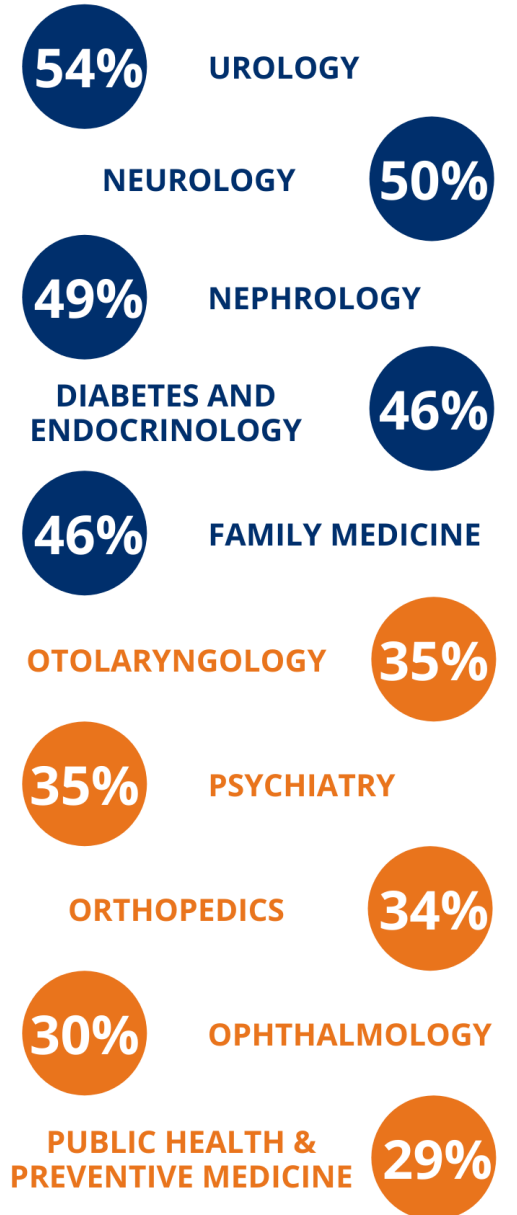
TOP 5 BURNED-OUT SPECIALTIES



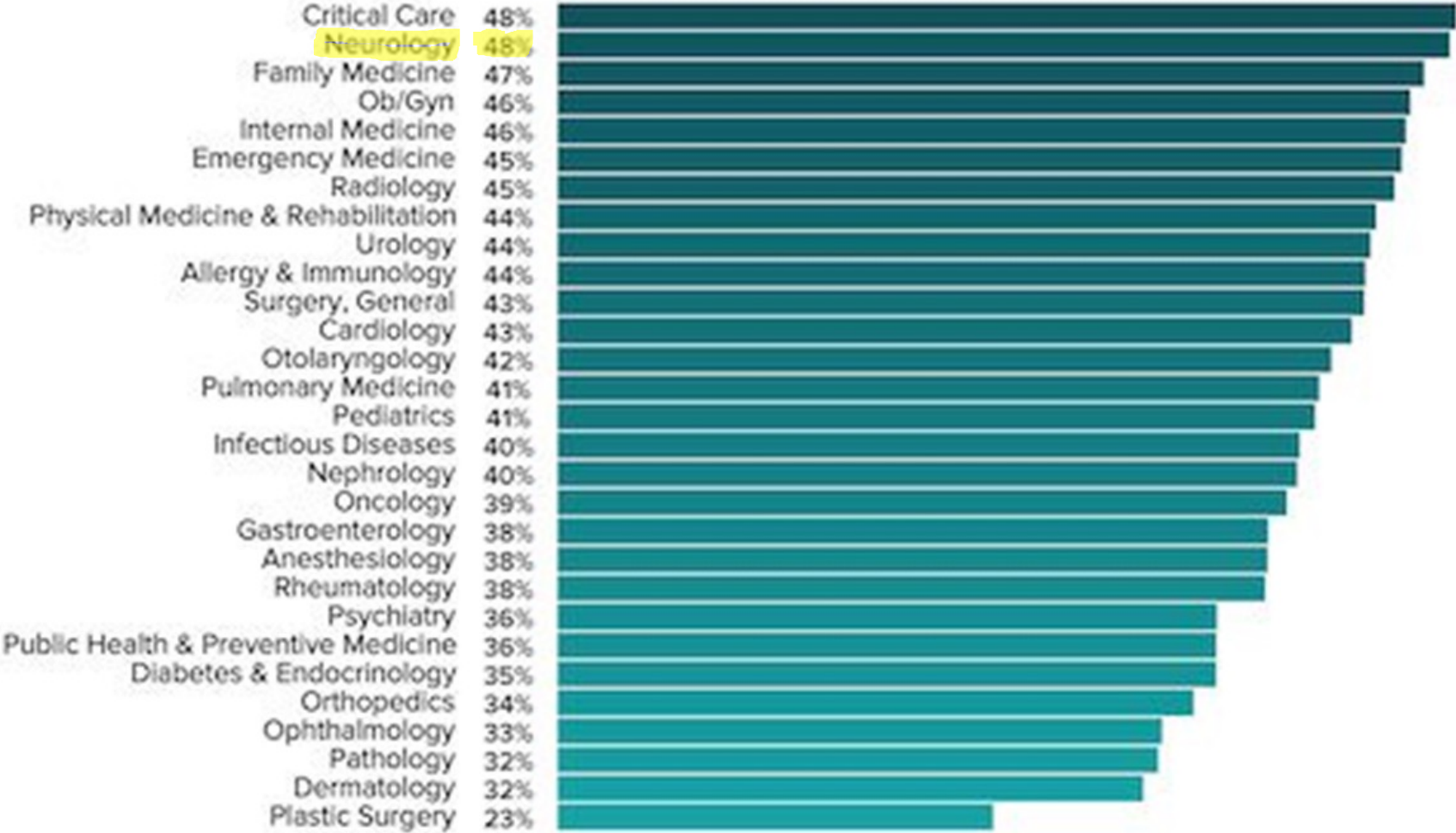
Sources

[Medscape](https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056)
[Journal of the American Medical Association](https://www.ncbi.nlm.nih.gov/pubmed/23212497)
[JAMA Internal Medicine](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814)

WHICH SPECIALTIES EXPERIENCE THE MOST AND LEAST BURNOUT?



Which Physicians Are Most Burned Out?



Timeline of Understanding Burnout

Prior to 2005: Era of Distress

Individual Level/ Approach to Burnout

- Lack of Awareness of burnout
- Unfettered Autonomy
- Rite of Passage
- Culture of Perfection
- Isolation from colleagues
- No work limits
- Neglect/ignore burnout

Organizational Level/ Administration

- Focus on Institutional Needs
- Individual focus
- Self Care focus
- Blame individuals for distress
- Disregard for physician distress

Scholarship/ Resource Allocation

- Rare descriptive studies on MH such as depression (residents)
- No resource allocation to wellness

Technological Contributions

- Less relevance

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

Timeline of Understanding Burnout

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

Individual Level/ Approach to Burnout

- From Awareness to Action
- Culture of vulnerability and self-compassion
- Physician Communities (mutual support)
- Prevent distress and promote professional fulfillment

Organizational Level/ Administration

- Focus on needs of people (patients and clinicians)
- System focused
- Infrastructure and leadership to advance well-being
- Address system issues through human factors engineering
- Physician-Administrator partnerships to create solutions

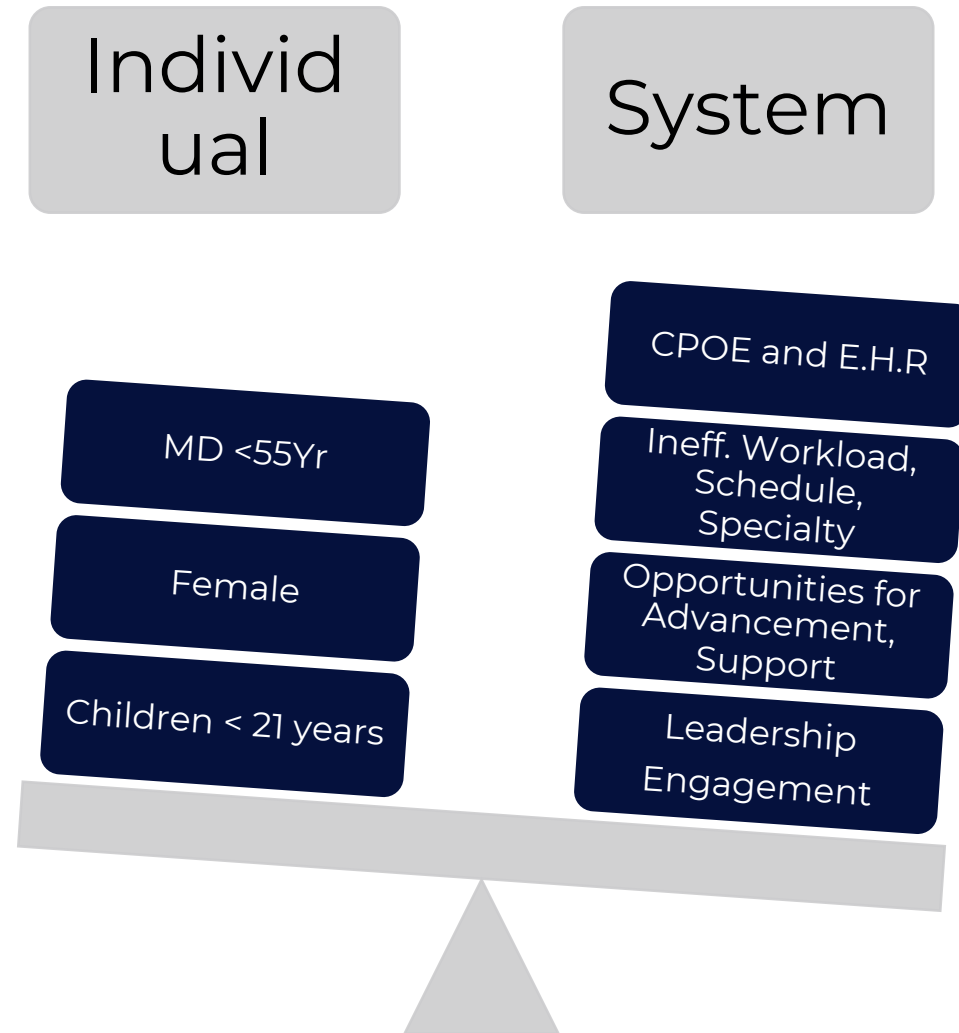
Scholarship/ Resource Allocation

- Rigorous testing of system level interventions to mitigate distress and promote wellness
- Resources: Value on Investment, Wellbeing is a foundational value and core organizational strategy

Technological Contributions

- Develop new models of teambased documentation and order entry
- Demand better E.H.R products from vendor
- Collaborate with E.H.R and regulatory to limit low value documentation requirements
- Track E.H.R measures to assess work burden

Drivers of Burnout



TOP CAUSES OF MD BURNOUT



Paperwork



Working too much



Electronic Health Records



Not enough respect



Not enough pay

Sources

Medscape

<https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>

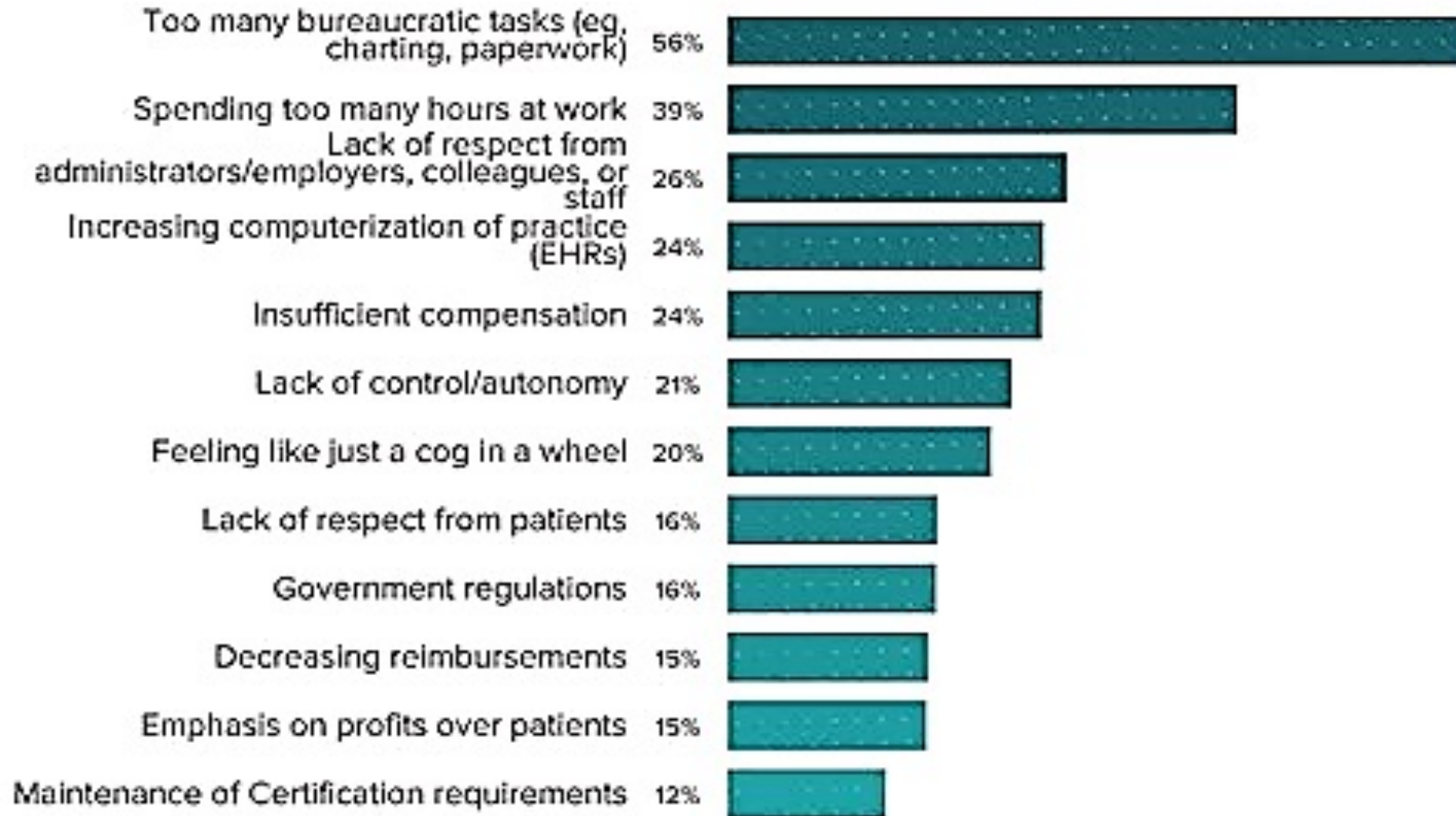
Journal of the American Medical Association

<https://www.ncbi.nlm.nih.gov/pubmed/25212497>

JAMA Internal Medicine

<https://jamanetwork.com/journals/amainternalmedicine/fullarticle/2588814>

What Contributes to Physicians' Burnout?



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

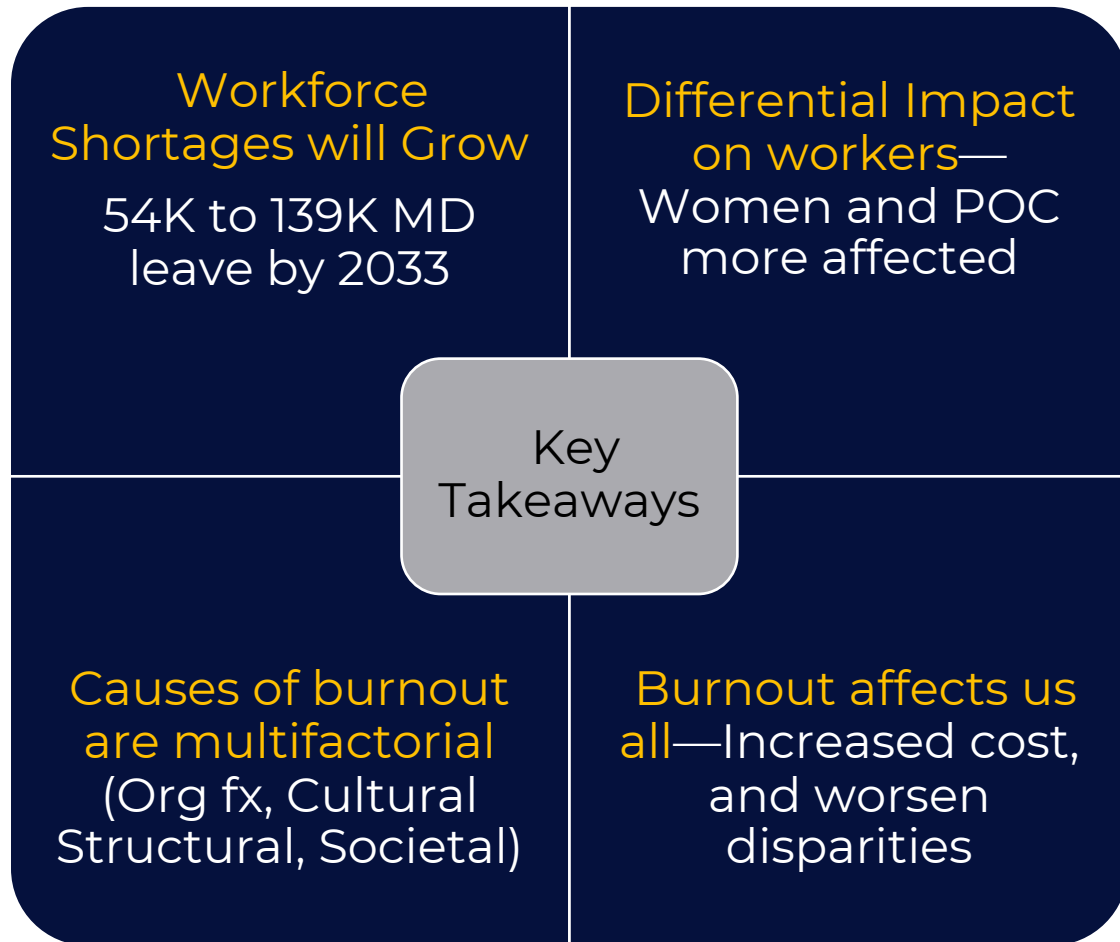
- Poor Self Care
- Motor vehicle crashes
- Substance Use
 - (25% increased c/w general population)
- Depression/Suicidal Ideation
 - (40% males, 130% females c/w general population)



Healthcare System Impact

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

Surgeon General Advisory



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
<https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>
- Journal of the American Medical Association
<https://www.ncbi.nlm.nih.gov/pubmed/23212497>
- JAMA Internal Medicine
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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.

Profile	Exhaustion	Cynicism	Professional Efficacy
Engaged	Low	Low	High
Ineffective			Low
Overextended	High		
Disengaged		High	
Burnout	High	High	

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

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

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

ORGANIZATIONAL SOLUTIONS

INDIVIDUAL SOLUTIONS

Work Inefficiency, Workload excess

Optimize E.H.R, Taskshift, Fair productivity targets, Duty Hour limits, flex scheduling

Part-time status, efficiency training, informed specialty choices



Loss of Control and Autonomy

Physician engagement, Physician leadership, shared decision making

Stress management, Resiliency training, mindfulness, coping skills



Loss of Meaning

Promote shared values, protect time, promote communities, Leadership training

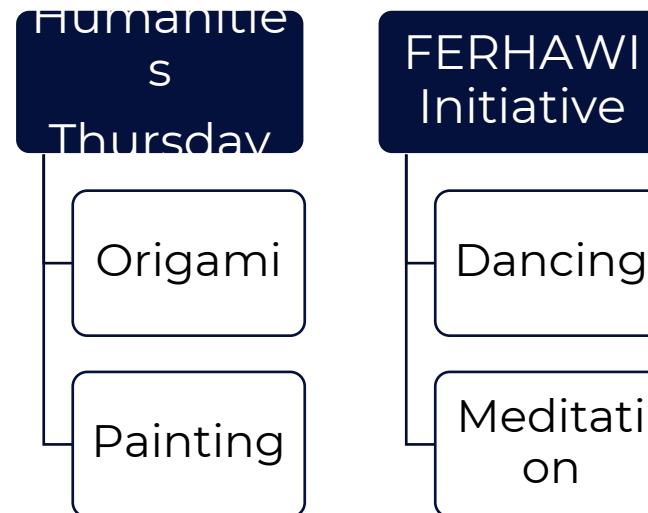
Mindfulness, positive psychology, engagement with physician activities

Wellness Examples in Residency Programs

General Surgery at Stanford
(*Fellow Suicide*)



Vanderbilt SOM
Wellness Program
(*Burned out Med Students*)

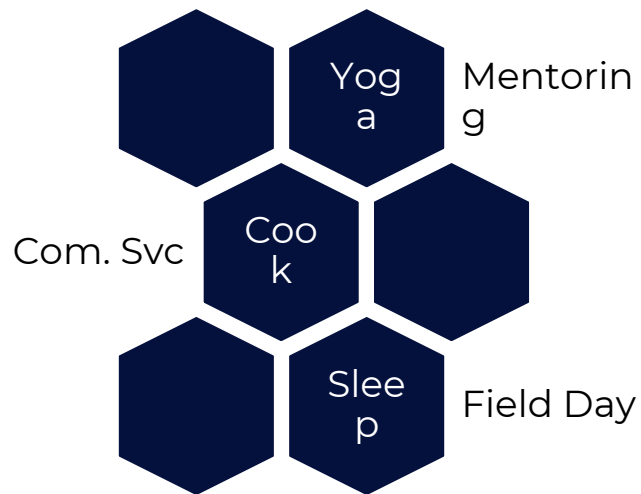


Johns Hopkins Well being Program

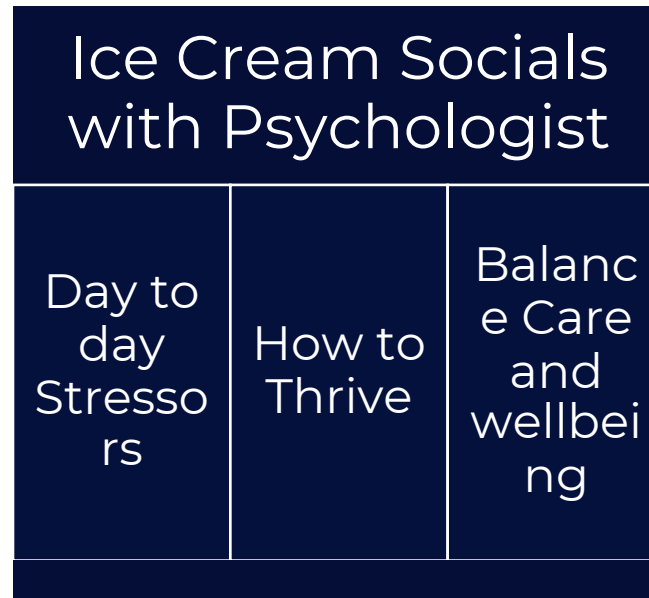


Wellness Examples in Residency Programs

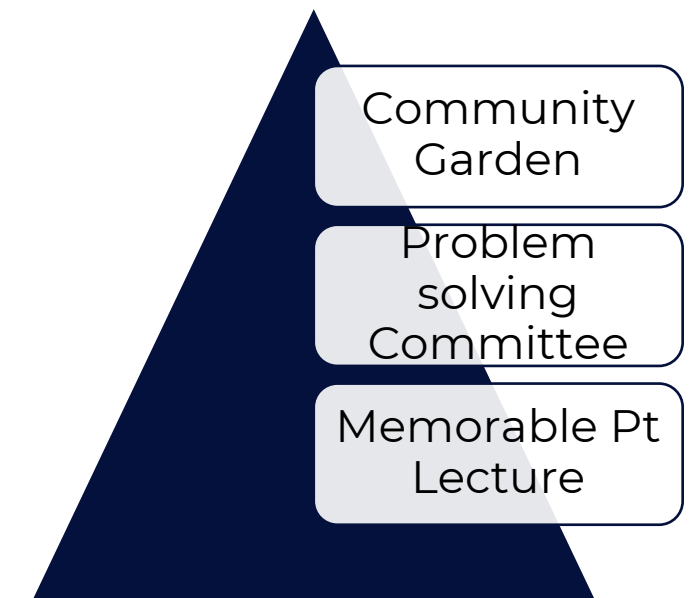
Mayo School of GME at
Mayo Clinic
(Lack of resident program)



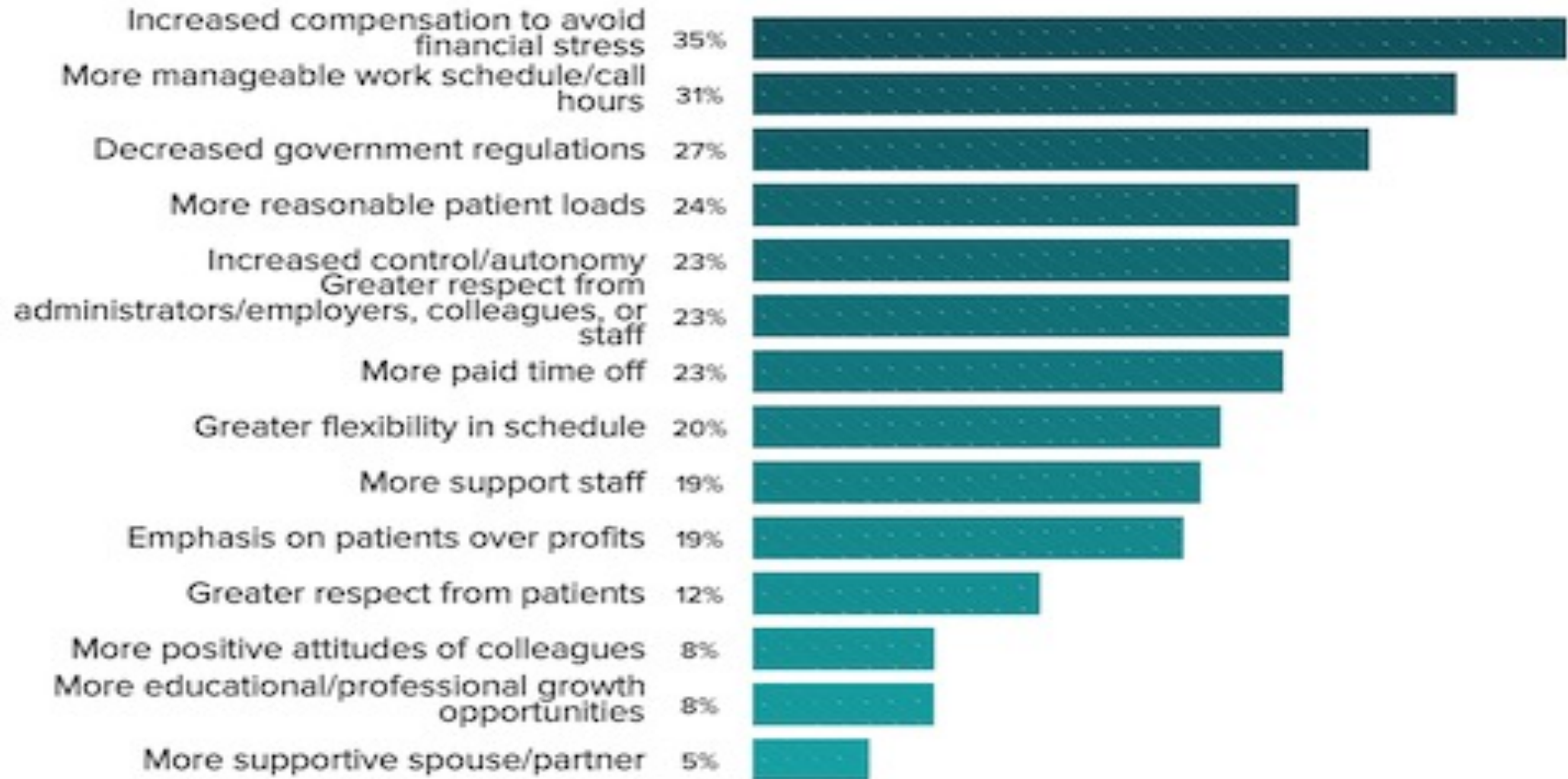
Christiana Care WrokLife
Wellbeing
(To support trainees)



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



What Would Reduce Your Burnout?



8 STEPS TO REDUCING PHYSICIAN BURNOUT

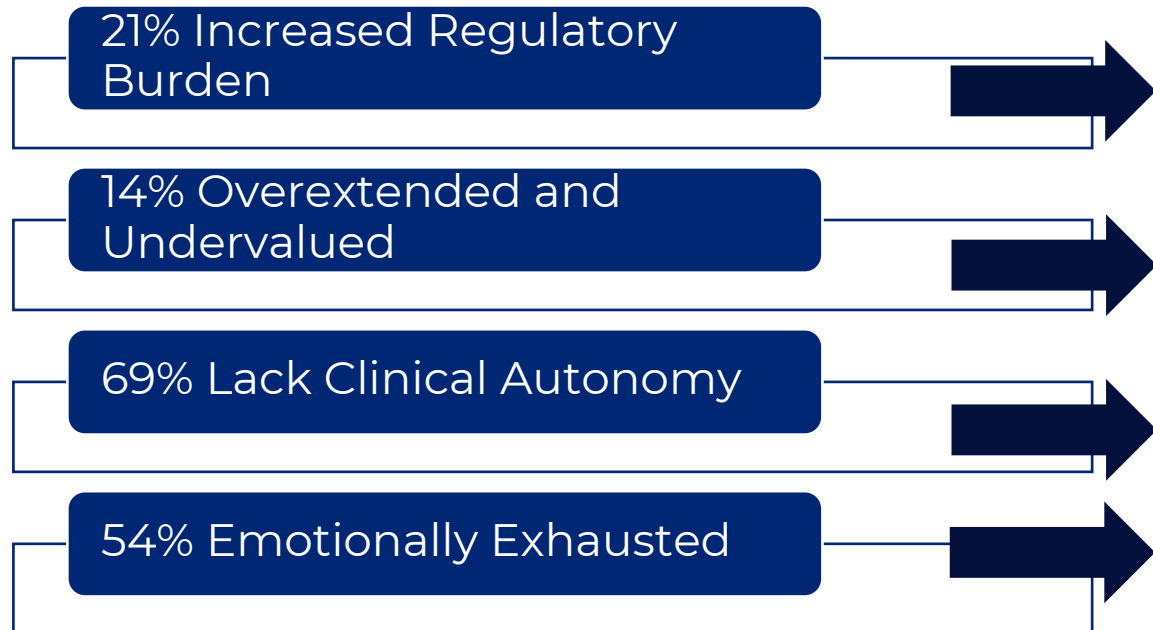


Sources

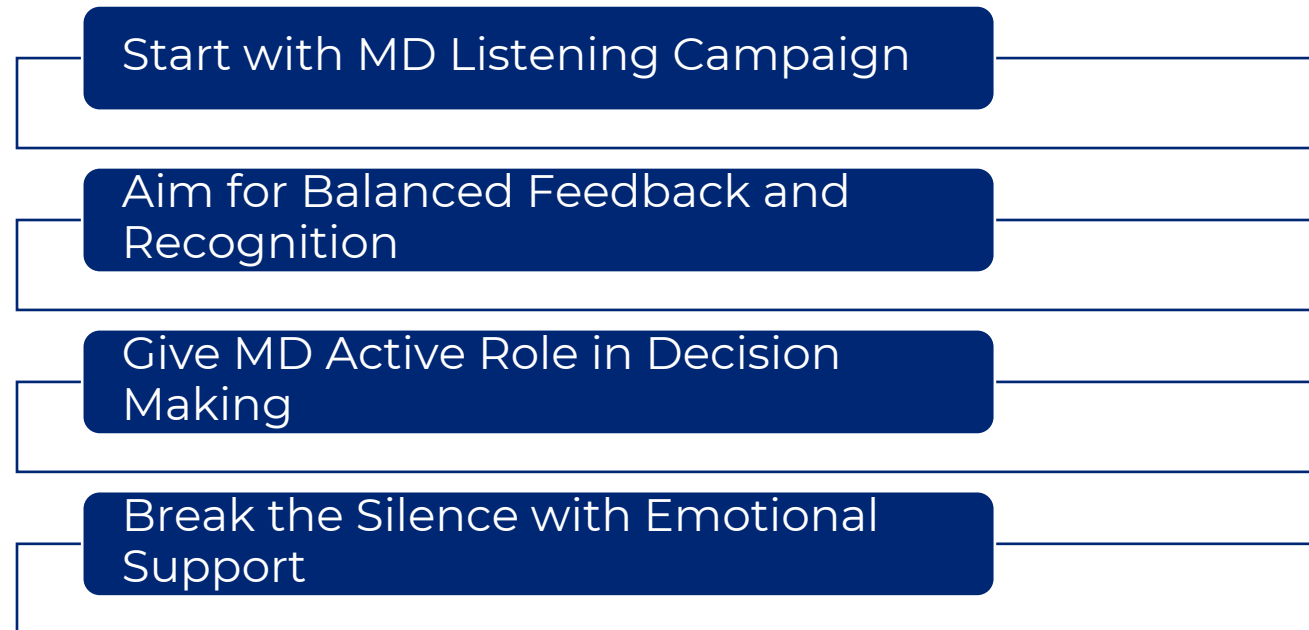
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<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814>

Mitigate Physician Burnout: Strategies to Restore Balance

Drivers



Key Strategies



Executive Leadership and Physician Wellbeing

Nine Strategies to Promote Engagement and Reduce Burnout



Acknowledge and Assess the Problem



Harness the Power of Leadership



Develop and Implement Targeted Interventions



Cultivate Community at Work



Use Rewards and Incentives Wisely



Align Values and Strengthen Culture

Executive Leadership and Physician Wellbeing



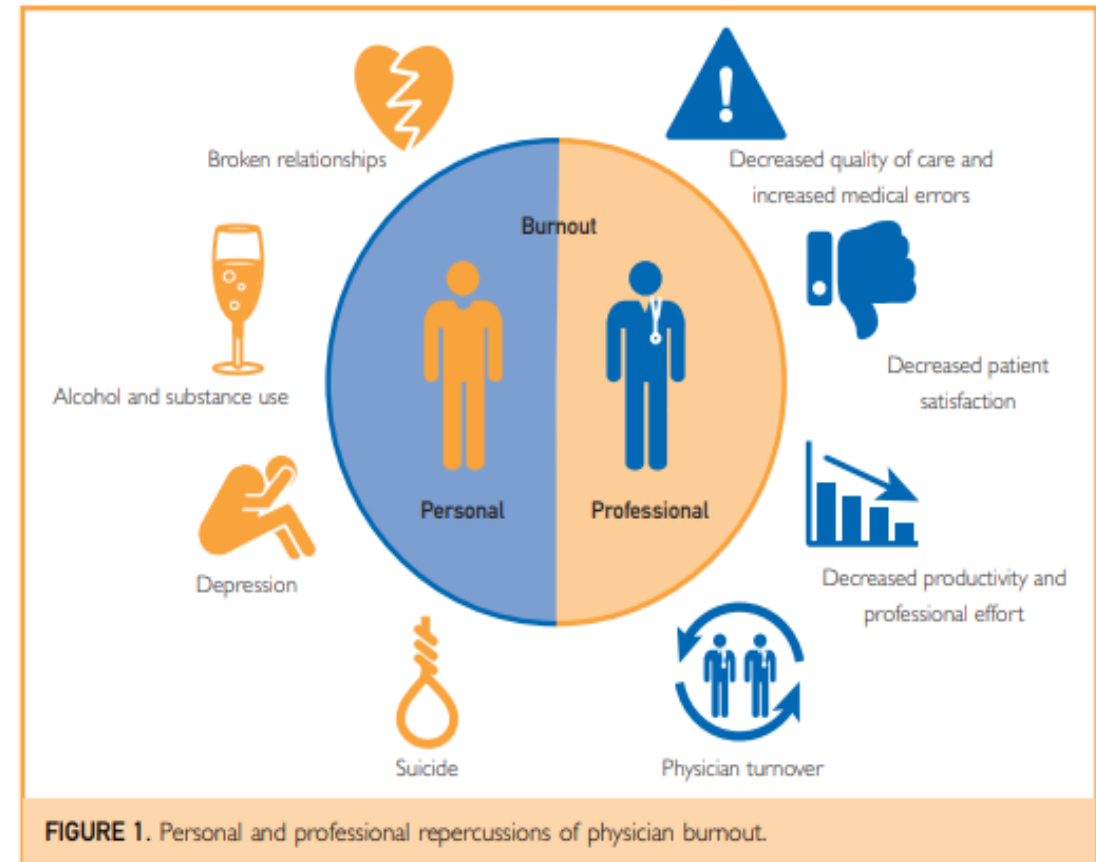
Promote Flexibility and work life integration



Provide Resources to Promote Resilience and Self Care



Facilitate and Fund Organizational Science/strategies



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

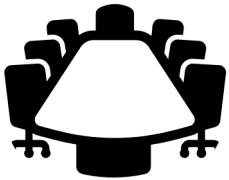
Developing the system-wide safety net for individual physicians in distress

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



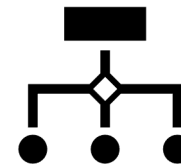
CEO COUNCIL

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



LEADER ROUNDING

- 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



DYAD LEADERS DEVELOPMENT

- 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



ORGANIZATIONAL COMPACT

- 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

GNYHA Collaborative at UHD 2022

10 Month Collaborative with GNYHA and Consultant to Address Burnout

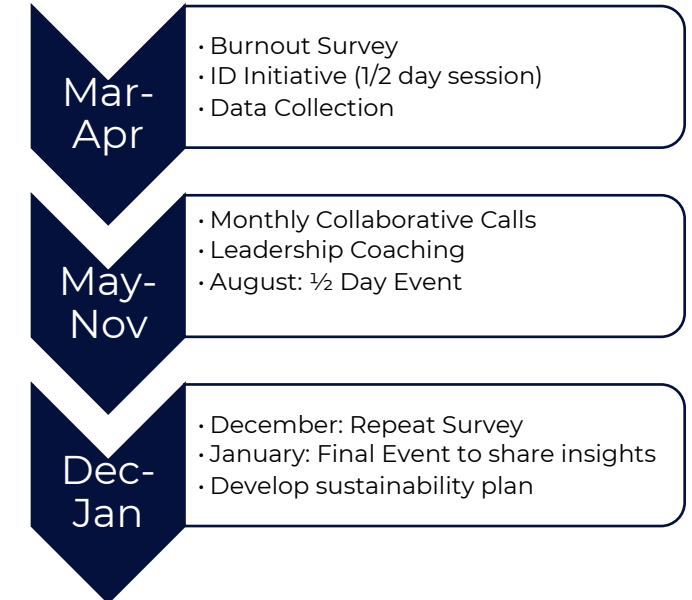
Goals of Collaborative



Initiatives to Implement



Timeline



Resources for Physician Burnout

Resources for 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>

<https://itunes.apple.com/us/app/stop-breathe-think/id778848692?mt=8>

http://www.huffingtonpost.com/david-magone/stress-meditation-_b_1671435.html

<http://www.marquette.edu/counseling/documents/DeepBreathing.pdf>

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.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx?gclid=Cj0KCQjw3ebdBRClARIsAD8U0V4IREOjFqqYY6VdVnq4EbfT_LTnz048NRnDGewYQH3HdcnC3hVuc8aAvXaEALw_wcB
- <https://www.aafp.org/about/constituencies/resources/new-physicians/burnout.html>
- https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/wellness/burnout-resources_062315.pdf
- [JAMA Health Forum – Health Policy, Health Care Reform, Health Affairs | JAMA Health Forum | JAMA Network](#)
- <https://www.aan.com/tools-and-resources/practicing-neurologists-administrators/career-articles/why-re-neurologists-burned-out/>
- <https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html>
- <https://www.thehappy.md.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

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



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THANK YOU



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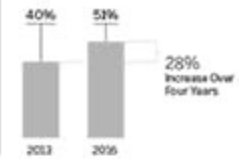
Mitigate Physician Burnout

Key Strategies to Help Restore Balance

For many physicians, the growing list of mandates and unrelenting pace of change in today's health care world is too much to bear. As a result of feeling burned out, physicians are more likely to be apathetic to work, indifferent to patients, and at risk for mental health issues. But it goes beyond that, affecting patient care and the health care business itself. Physician burnout is linked to a 16% decrease in patient satisfaction, an 11% increase in reported medical errors, increased turnover, and early retirement.

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

Physician Burnout Rates¹



DRIVERS²

Increased regulatory burden

21% of a physician's total work hours are spent on **non-clinical paperwork** each week (around 11 hours).

Overextended 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

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 win" operational issues to alleviate daily frustrations.

Aim for Balanced Feedback and Recognition

Cut through the negative noise directed at physicians by sharing positive feedback, using comments 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.

Give Physicians an Active Role in Decision Making

Where appropriate, give physicians a choice in how new initiatives affect their day-to-day practice and work-life balance.

With any new initiative, show physicians that their point of view was considered and explicitly communicate how they are impacted.

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 nonpunitive.

¹ Physician Burnout Rates: "Physician Burnout: How to Reverse It," *Journal of the American Medical Association*, 2016.
² "Physician Burnout: How to Reverse It," *Journal of the American Medical Association*, 2016.
³ "The Impact of Physician Burnout on Patient Care," *Journal of the American Medical Association*, 2016.
⁴ "Physician Burnout: How to Reverse It," *Journal of the American Medical Association*, 2016.



Learn more about these strategies for mitigating physician burnout
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