Burnout and Physicians

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What Is Burnout?

- Not a diagnosable DSM 5 psychiatric disorder
- Recognized in ICD-10 as a "state of vital exhaustion," under problems in life management [Z73.0]
- Extensive research base
 - Maslach Burnout Inventory (MBI) used to measure and quantify
 - Emotional exhaustion
 - Cynicism
 - Inefficiency
 - Shown to impact physical health, work performance, relationships

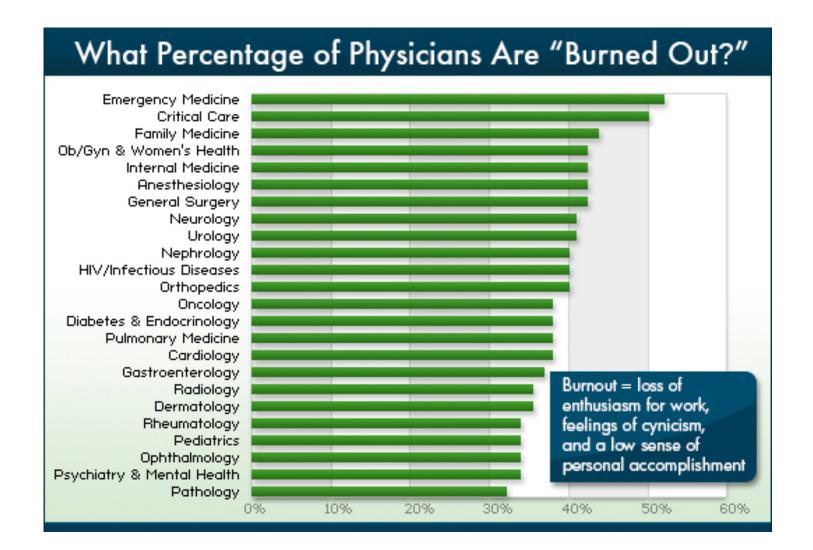
How Is Burnout Identified?

- Overwhelming physical and emotional exhaustion
- Feelings of cynicism and detachment
- Sense of ineffectiveness and lack of accomplishment
- Over-identification
- Irritability and hypervigilance
- Sleep problems
- Social withdrawal
- Professional and personal boundary violations
- Poor judgment
- Perfectionism, rigidity
- Questioning the meaning of life



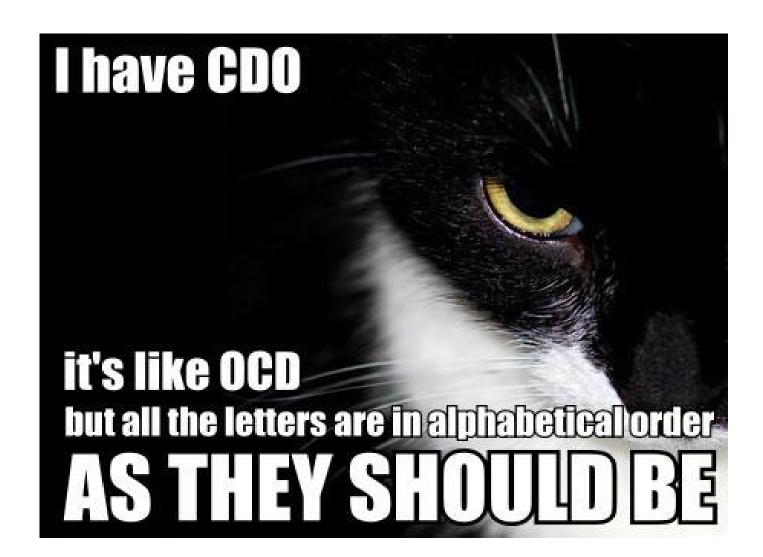
How are Physicians Impacted?

- 37.9% of US physicians had high emotional exhaustion (no emotional response to positive stimuli)
- 29.4% had high depersonalization (cynical patient detachment)
- 12.4% low sense of personal accomplishment (low self-esteem, worthlessness)
- In aggregate, 45.8 of US physicians are burned-out!
 - Shanafelt TD, Boone S, Tan L, et al. 2012 Arch Intern Med.



Are Physicians More Vulnerable?

- Changing external realities of medical practice today
 - Decreasing autonomy and control over work environment
 - Increasing time pressures
 - Demands of new technology
- Internal vulnerabilities common among physicians
 - Perfectionistic
 - Unrealistic expectations of self and others
 - Conscientious, scrupulous and inflexible
 - Reluctant to delegate work to others
 - Reluctant to ask for help



Association of Burnout and Impairment

- 2012 study of surgeons shows highly statistically significant association of burnout with impairing conditions
 - Alcohol abuse
 - Alcohol dependence
 - Suicidal ideation
 - Depression

Oreskovich, Kaups, Balch et al. 2012 Arch Surg.

- Large Mayo Clinic study of U.S. physicians of various specialties
 - Burnout- 45.8 % met criteria for current burnout
 - Depression- 37.8% met criteria in lifetime (6.4% in preceding 12 months) Shanafelt, Boone, Tan *et al.* 2012 Arch Intern Med.

Physician Burnout: A Potential Threat to Successful Healthcare Reform

Dyrby and Shanafelt. 2011 JAMA

- Burnout stems from work-related stress.
- Evidence suggests that excessive workloads, subsequent difficulty balancing personal and professional life, and deterioration in work control, autonomy, and meaning in work contribute to burnout in physicians.
- Some aspects of healthcare reform are likely to exacerbate many of these stressors, and thus may have the unintended consequence of increasing physician burnout.

Can Prevention of Burnout Prevent Physician Impairment?

- High prevalence of burnout in physicians as a whole with overrepresentation in some specialties
- Physicians with burnout more likely to abuse substances, become depressed and suicidal, make medical errors and be markedly dissatisfied with both their professional and personal lives
- Burnout is easily recognizable
- Burnout is reversible
- Burnout is treatable
- Identifying and treating burnout can decrease the risks of depression, suicide, substance abuse, medical errors and personal and professional losses

Approaches to Burnout in Physicians

- Prevention- Dike Drummond, M.D., <u>www.thehappymd.com</u>
 - "Decrease the Drain"
 - Identify the things you hate and do less of them
 - Identify the things you love and do more of them
 - Give yourself permission to change your work environment
 - Install an "off-switch"
 - "Make Deposits"
 - Eat better, find fun exercise options, meditate
 - Spend quality time on relationships you enjoy
- Treatment
 - Support groups
 - Weekend conferences on wellness, self-care, finding meaning
 - Mindfulness training
 - Psychotherapy