

Burnout of the Health Care Professional

9th Annual Carol Deitrich Memorial Symposium

Butler Health System

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Learning Objectives

1. Define burnout and appreciate the scope of the problem
2. Learn the drivers of burnout and appreciate its impact in health care
3. Identify what we can do to prevent burnout

BURNOUT

A syndrome of emotional exhaustion, chronic overstress. (Maslach)

- Distinct work-related syndrome - demands exceed individual resources
- Most likely to occur in jobs that require extensive care of others
- Common among practicing clinicians
- Not a psychiatric diagnosis, but can lead to serious consequences

BURNOUT

Three stages of burnout:

- Emotional Exhaustion
- Depersonalization
- Reduced Personal Accomplishment

Review of Burnout Studies

- Nearly half of all physicians (46-54%) experience burnout, more than any other type of workers.
- Emergency care (52%), critical care (53%), and family medicine (50%) experience the highest rates of burnout among health care providers.

Medscape Physician LifeStyle Report 2015

- Nursing: Up to 70% of nurses report burnout in current position (CareerBuilder, 2017)
- Less is known about other members of the health care team, although existing data suggest a similar prevalence of burnout among nurse practitioners and physician assistants (Dyrbye and Shanafelt, 2017)

Possible Risk Factors

- High Workload - demands exceed resources
- Age - inverse relation between age and burnout.
Survivor bias.
- Gender - almost 2X higher in women than men
- Spousal support - inverse relation between emotional exhaustion and support from partner

Internal Drivers

- Intellectual Defenses: Denial, minimization, rationalization, sublimation
- Personality traits: perfectionistic, self-critical, guilt, need for control
- High expectations of ourselves and others
- Sign of weakness; associated sense of shame and guilt
- Fear of failure, judgment, exposure
- Fear of loss of control, concerns re. future prognosis

External Drivers

- Workplace issues: Long hours, frequent call, frustration with administrative burden, paperwork, EMR, feeling undervalued, frustrations with referral networks, difficult patients, medicolegal issues
- Challenges in finding work-life balance.
- Lack of control
- Doing things that are not ‘doctoring’
- Concerns dismissed, not taken seriously by colleagues
- Unsupportive or judgmental colleagues

Systems/Cultural Drivers

- Attitudes: The patient comes first. Never show weakness or emotion. Tough it out.
- Sets high expectations, perfectionism, self denial
- Withdrawal from practice - time away from patients and work, with increasing workloads,
- Lack of confidentiality and privacy - loss of autonomy
- Regulatory concerns - practice restrictions, limitations of privileges
- Insurance - discrimination or inability in obtaining insurance

Stigma as a Major Challenge

“Nowhere is the stigma of mental health greater than within medicine.”

M. Gautam, 2008

Consequences to the Health Care Professional

1. Impaired job performance and Professional Problems
2. Changing jobs, reducing work hours
3. Difficulty with Relationships
4. Physical Illnesses
5. Addictions
6. Psychiatric Illnesses - Anxiety, Depression, Suicide

Consequences to our Patients

- Quality of Care: patient safety and quality of care
 - increased rates of medical errors, riskier prescribing patterns, and lower patient adherence to chronic disease management plans
- Quality of Caring - communication, empathy, patient satisfaction

Consequences to the System

- Impact on morale and satisfaction
- Recruitment and Retention: dissatisfaction, making them more likely to leave clinical practice, retire early
- Leadership: Interest, energy and ability to lead changes in the practice or health care system

Even the healthiest and strongest of us can become unhealthy in an unhealthy environment.

None of us is immune.

What can we do to prevent burnout?

We need to stop blaming clinicians and see this as a shared responsibility of:

- Individual clinicians
- Healthcare systems

“Instead of framing our challenge as ‘reducing burnout’, we should focus on the objective of enhancing joy.”

IHI Framework for Improving Joy in Work
Institute for Healthcare Improvement White Paper
Cambridge, MA, 2017
Perlo J et al

You cannot give what you do not have

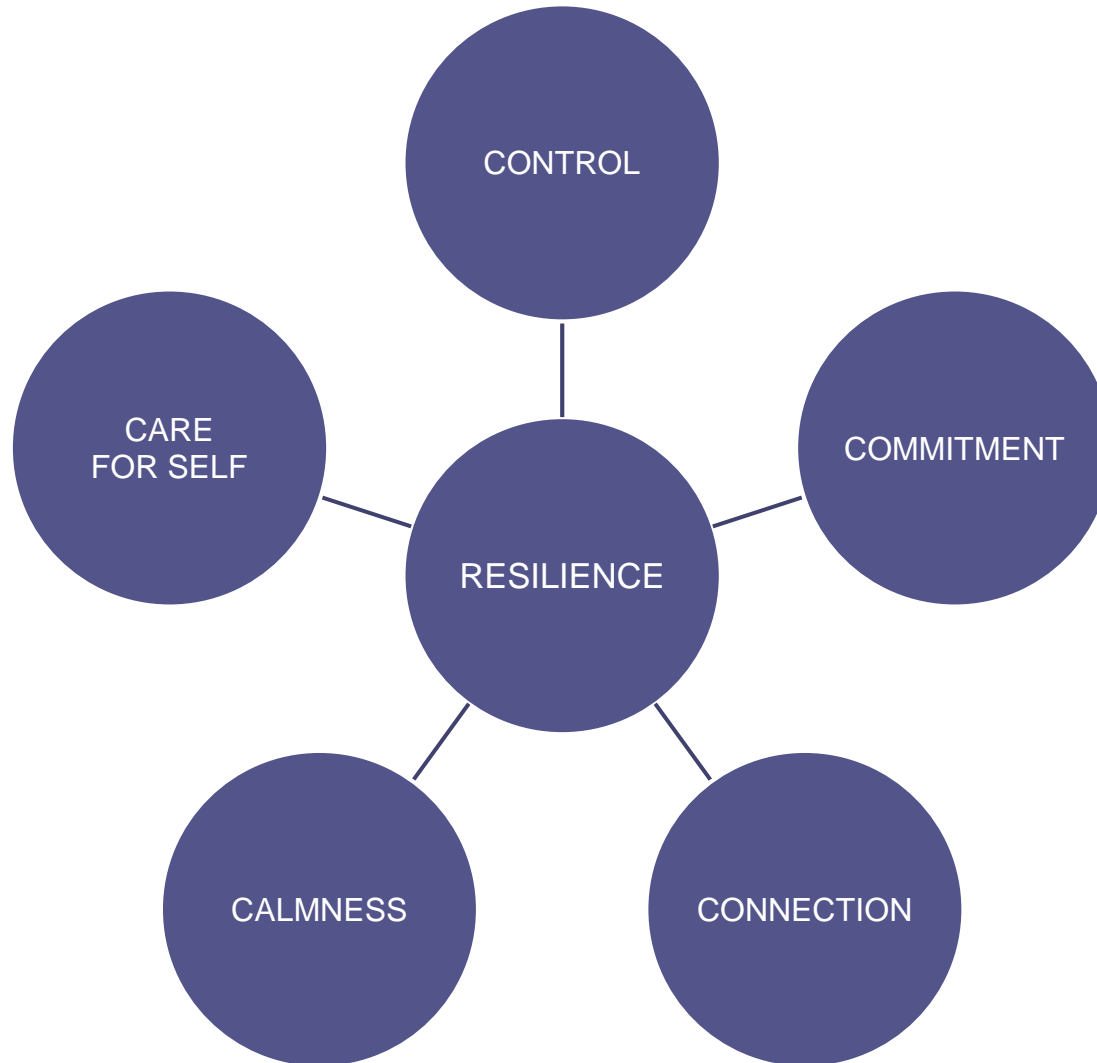
- The gifts of hope, confidence, and safety can only come from a workforce that feels hopeful, confident, and safe.
- Joy in work is an essential resource for the enterprise of healing
- Joy in work is a consequence of systems; quality improvement methods and tools have a role in its pursuit.
- Joy is possible, important, effective

RESILIENCE

1. Being prepared for the event
2. Coping with the situation - skills and strategies
3. Bouncing back and growing further



THE FIVE C's of RESILIENCE



1. Control and Confidence

One needs a sense of:

- Self awareness that will lead to
 - Confidence
 - Control

COMMON PERSONALITY TRAITS

- Overly conscientious
- People pleasing
- Sense of responsibility and guilt
- Unrelenting perfectionism
- Need to control others
- Chronic self doubts
- Uncomfortable with love and approval
- Ability to delay gratification

FIVE EARLY DANGER SIGNS

1. Increase in physical problems and illnesses.
2. More problems with relationships.
3. Increase in negative thoughts and feelings.
4. Significant increase in bad habits.
5. Exhaustion.

2. Commitment

- What initially drew me to this work?
- Values clarification exercise
- Appreciative Inquiry
- Reflection and Journaling - how is my work meaningful to me?
- My best moment at work - Rubik's Cube moment

The Five Balls

1. Work
2. Home and Family
3. Relationships
4. Friends
5. Self Care



What are your Big Rocks?



3. Caring Connections

- We often feel alone and lonely, with our workload and responsibilities
- Holding Environment - how would you create this?

Relationships in the workplace

- Create a sense of community - personal touch
- Emotional Bank Account
- Add fun to work
- Use peers/colleagues for support
- Encourage mentoring
- Build teams - communicate, resolve conflicts

Personal Relationships

How do we nurture and support these

With our partner?

With our children?

With our parents and siblings?

With our friends?

USE SUPPORT SYSTEMS

- Have at least one good friend
- Friends- good for you physically, emotionally
- People who are “good for you”
- Pets

4. Calmness

- Recognize when you are not calm
- Learn skills to manage during that time



Strategies for Calmness: The ABC's

Allow feelings: Vent Buddy

Journaling - acknowledge and let go

Four-letter technique - write at least 4 letters; do NOT send

Burn it off: Exercise - long run, hard workout, punching bag

Calm down: Deep Breathing
Gratitude, Forgiveness
Spirituality
Yoga

Relaxation Exercises - Visualization, active & passive
Mindfulness Meditation

RELAXATION TECHNIQUES

- Many methods available
- Spiritual relaxation, meditation
- ‘Rehearse’ for the ‘performance’

TAKE REGULAR TIME OFF

- Planned : The Tarzan Rule
- Unplanned : A Gift of Time



SHARE YOUR STORIES

5. Care for Self

- Take care of yourself first
- Make time for yourself - Almost everything will work again if you unplug it for a few minutes, including you.
- Exercise
- Nutrition

- Healthy sex life
- Get your own family doctor
- Indulge yourself
- Sleep



LAUGH MORE OFTEN.

FINANCIAL MANAGEMENT

- Stick to basic financial principles
- Reduce non-deductible debt
- Avoid “Christopher Columbus” Syndrome
- Do not overextend financially

LET GO OF THE GUILT

- Acknowledge it; let go of it
- My Rule for You

**YEAH, SOUNDS GREAT...
BUT HOW DO I
INCORPORATE THIS
INTO MY DAILY LIFE?**

DON'T JUST TRY.

A decorative graphic consisting of a solid teal horizontal bar that spans the width of the page. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including teal and white, creating a layered, stepped effect.