

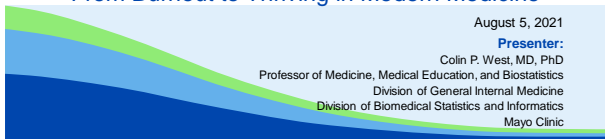


Physician Well-Being: From Burnout to Thriving in Modern Medicine

August 5, 2021

Presenter:

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Financial Disclosures

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Learning Objectives

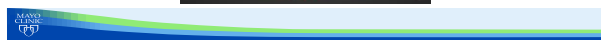
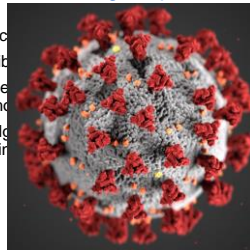
- Understand the scope of the problem of physician distress.
- Summarize contributors to and consequences of physician distress.
- Describe evidence-based local and national approaches to prevent burnout and promote physician well-being.
- Integrate knowledge to inform an “enlightened leadership” approach to physician well-being.



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What is Burnout?

Burnout is a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work.



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Emotional Exhaustion

“I feel like I’m at the end of my rope.”



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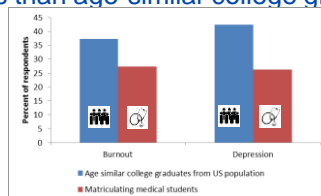
Depersonalization

"I've become more callous toward people since I took this job."

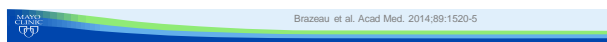


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Matriculating medical students have lower distress than age-similar college graduates

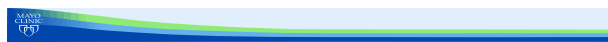
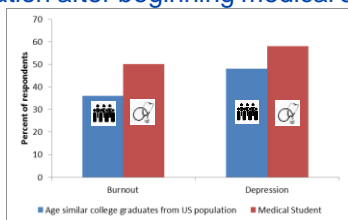


2012, 7 U.S. medical schools & population sample (slide from Dyrbye)



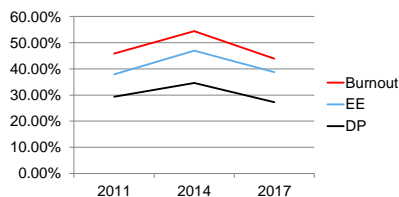
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What happens to distress relative to population after beginning medical school?

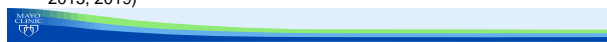


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Burnout among Practicing Physicians



National Data (Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015, 2019)

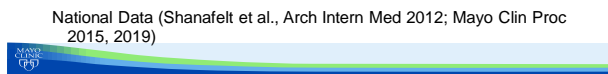


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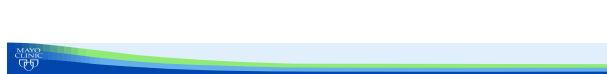
Burnout among Practicing Physicians

	2011	2014	2017
Dissatisfied with WLB:	36.9%	44.5%	40.7%
+ depression screen:	38.2%	39.8%	41.7%

But Don't Burnout and Distress Affect Everyone?



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2017 AMA Survey Employed Physicians vs. Employed U.S. Population

	Physicians n=3971	Population n=5198	p
Male	57%	52%	<0.001
Age (median)	50	52	<0.001
Hrs/Wk (median)	50	40	<0.001
Burnout*	40%	28%	<0.001
Dissatisfied WLI	43%	21%	<0.001

* As assessed using the single-item measures for emotional exhaustion and depersonalization adapted from the full MBI. Area under the ROC curve for the EE and DP single items relative to that of their respective full MBI domain score in previous studies were 0.94 and 0.93

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Consequences of Physician Burnout

- Medical errors¹⁻³
- Impaired professionalism⁴⁻⁶
- Reduced patient satisfaction⁷
- Racial bias⁸
- Blunted growth in medical knowledge¹⁰
- Depression and suicidal ideation^{11,12}
- Motor vehicle crashes and near-misses¹³
- Staff turnover, reduced hours^{9,14}
- Total costs: >\$4.6B dollars/year^{15,16}

¹JAMA 296:1071, ²JAMA 304:1173, ³JAMA 302:1294, ⁴Annals IM 136:358, ⁵Annals Surg 251:995, ⁶JAMA 306:952, ⁷Health Psych 12:93, ⁸JAMA Netw Open 2019, ⁹JACS 212:421, ¹⁰JAMA 306:952, ¹¹Annals IM 149:334, ¹²Arch Surg 146:54, ¹³Mayo Clin Proc 2012, ¹⁴Mayo Clin Proc 2016, ¹⁵JAMA IM 2017, ¹⁶Annals IM 2019

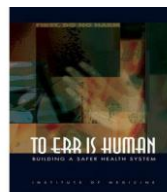
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A Public Health Crisis!

Burnout in U.S. alone:	
>40,000	Medical Students
>60,000	Residents and Fellows
>490,000	Physicians

Plus other health care and biomedical science professionals

Individual or system problem?



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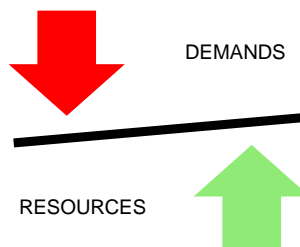
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“Every system is perfectly designed to get the results it gets”



- Dr. Paul Batalden

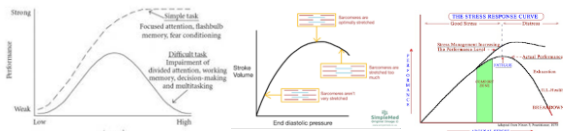
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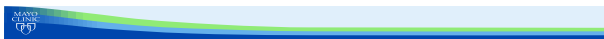
A chronic imbalance of high job demands and inadequate job resources can lead to burnout

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Performance



- To optimize performance, we need to shift our place on this curve.



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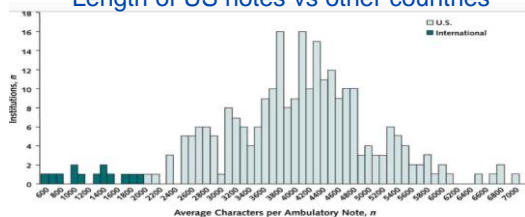


Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



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Documentation regulations: Length of US notes vs other countries



Downing Ann Int Med 2018

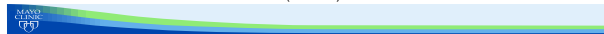
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Individual Strategies



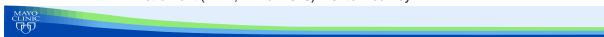
- Identify Values
 - Debunk myth of delayed gratification
 - What matters to you most (integrate values)
 - Integrate personal and professional life
- Optimize meaning in work
 - Flow
 - Choose/focus practice
- Nurture personal wellness activities
 - Calibrate distress level
 - Self-care (exercise, sleep, regular medical care)
 - Relationships (connect w/ colleagues; personal)
 - Religious/spiritual practice
 - Mindfulness
 - Personal interests (hobbies)



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Individual Strategies

- Recognition of distress:
- Medical Student Well-Being Index (Dyrbye 2010, 2011)
 - Physician Well-Being Index (Dyrbye 2013, 2014)
 - <https://www.mededwebs.com/well-being-index>
 - Simple online 7- or 9-item instruments evaluating multiple dimensions of distress, with strong validity evidence and national benchmarks from large samples of medical students, residents, and practicing physicians
 - Evidence that physicians do not reliably self-assess their own distress
 - Feedback from self-reported Index responses can prompt intention to respond to distress
 - Suicide Prevention and Depression Awareness Program (Moutier 2012)
 - Anonymous confidential Web-based screening
 - AMA STEPSForward modules
 - Mini Z instrument (AMA, Linzer 2015): 10-item survey



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Individual Strategies

Risk of exclusively individual focus:

- Deepen cynicism through perceived message that physicians must "toughen up" to cope with a toxic working environment, rather than addressing the toxic working environment itself.
- Blaming the victims?



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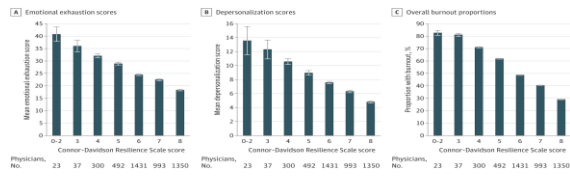
From: Resilience and Burnout Among Physicians and the General US Working Population
 West CP et al., JAMA Netw Open. 2020;3(7):e209385. doi:10.1001/jamanetworkopen.2020.9385

Table 2. Resilience of Employed Physicians and the General US Population Aged 29 to 65 Years*

Query	No. (%)	Physicians (n = 2973)	Population (n = 6799)	P-value
I am able to adapt when changes occur				
Not true at all	37 (6.4)	14 (8.7)		
Rarely true	37 (6.9)	96 (1.9)		
Sometimes true	619 (15.8)	1008 (20.4)	<.001	
Often true	1393 (49.4)	2403 (44.3)		
Always true	1318 (13.4)	1599 (20.8)		
Score, mean (SD)	3.14 (0.80)	3.04 (0.74)		
I tend to become sick after illness, injury, or other hardship				
Not true at all	16 (0.4)	12 (0.6)		
Rarely true	41 (1.0)	111 (1.6)		
Sometimes true	418 (16.3)	736 (14.2)	<.001	
Often true	1534 (49.3)	2273 (43.9)		
Always true	1305 (48.8)	2083 (29.8)		
Score, mean (SD)	6.49 (1.2)	6.23 (1.3)	<.001	
Total score, mean (SD)				

Table Title:
 Resilience of Employed Physicians and the General US Population Aged 29 to 65 Years*

From: Resilience and Burnout Among Physicians and the General US Working Population
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Physician Resilience

- Physician do NOT have a resilience deficit overall!
- Burnout rates are lower at higher levels of resilience
 - But even at the highest possible resilience score, the burnout rate was 30%

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Physician Resilience

- What does this mean?
 - Resilience IS important, and physicians are pretty strong here already – we need to maintain and even strengthen our resilience where we can.

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Physician Resilience

- What does this mean?
 - Resilience IS important, and physicians are pretty strong here already – we need to maintain and even strengthen our resilience where we can.
 - Individual-focused solutions such as resilience training CANNOT be the mainstays to promote wellbeing, because even the most resilient among us are at substantial risk of burnout.
 - Organizational approaches to improve the working and learning environment are mandatory.



What Can Organizations/Programs Do?



- Be value oriented
 - Promote values of the medical profession
 - Congruence between values and expectations
- Provide adequate resources (efficiency)
 - Organization and work unit level
- Promote autonomy
 - Flexibility, input, sense control
- Promote work-home integration
- Promote meaning in work

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Organizational Strategies

-  Acknowledge and assess the problem.
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions⁴
-  Cultivate community at work
-  Use rewards and incentives wisely
-  Align values and strengthen culture
-  Promote flexibility and work-life integration
-  Provide resources to promote resilience and self-care
-  Facilitate and fund organizational science

Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



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Physician Well-Being: Approach Summary

	Individual	Organizational
Workload		
Work Efficiency/Support		
Work-Home Integration/Balance		
Autonomy/Flexibility/Control		
Meaning/Values		



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Physician Well-Being: Approach Summary

	Individual	Organizational
Workload	Part-time status	Productivity targets Duty Hour Requirements Integrated career development
Work Efficiency/Support	Efficiency/Skills Training	EMR (+/-?) Staff support
Work-Home Integration/Balance	Self-care Mindfulness	Meeting schedules Off-hours clinics Curricula during work hours Financial support/counseling
Autonomy/Flexibility/Control	Stress management/Resiliency Mindfulness Engagement	Physician engagement
Meaning/Values	Positive psychology Reflection/self-awareness Mindfulness Small group approaches	Core values Protect time with patients Promote community Work/learning climate



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Domains of physician well-being and engagement in practice	Individual factors	Work unit factors	Organizational factors	National factors
Workload and work demands	• Workload • Duty hour restrictions • Ability to say "no"	• Workload • Duty hour restrictions • Ability to say "no"	• Workload • Duty hour restrictions • Ability to say "no"	• Workload • Duty hour restrictions • Ability to say "no"
Work efficiency and support	• Efficiency • Support	• Efficiency • Support	• Efficiency • Support	• Efficiency • Support
Work-home integration and balance	• Self-awareness • Mindfulness • Stress management	• Self-awareness • Mindfulness • Stress management	• Self-awareness • Mindfulness • Stress management	• Self-awareness • Mindfulness • Stress management
Autonomy and flexibility	• Autonomy • Flexibility	• Autonomy • Flexibility	• Autonomy • Flexibility	• Autonomy • Flexibility
Meaning and values	• Meaning • Values	• Meaning • Values	• Meaning • Values	• Meaning • Values

Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



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Solutions

- ACGME: <http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>
- AAIM: <http://www.im.org/resources/wellness-resiliency>
• CHARM Best Practices Group summaries
- AMA: <https://edhub.ama-assn.org/steps-forward>
- NAM: <https://nam.edu/initiatives/clinician-resilience-and-well-being/>



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Organizational Strategies



HOME ABOUT PROGRAMS PUBLICATIONS NEWS EVENTS MEMBER HOME

<https://nam.edu/organizational-evidence-based-and-promising-practices-for-improving-clinician-well-being/>

Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being

By Christine A. Sinsky, Lee Daugherty Biddison, Aditi Mallick, Anna Legreid Dopp, Jessica Perlo, Lorna Lynn, and Cynthia D. Smith

November 2, 2020 | Discussion Paper



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Organizational Strategies

- Organizational commitment
- Workforce assessment
- Leadership
- Policy
- Efficiency of work environment
- Support

Organizational Strategies

- Resilience as an organizational strength
 - Not just an individual one!



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Elements of “Enlightened Leadership”

Align outcome assessment with Quadruple Aim

- Triple Aim:
 - Improve health of populations
 - Enhance patient experience of care
 - Reduce per capita cost of health care



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Elements of “Enlightened Leadership”

Align outcome assessment with Quadruple Aim

- Triple Aim:
 - Improve health of populations
 - Enhance patient experience of care
 - Reduce per capita cost of health care
- Quadruple Aim:
 - Improve work life of health care professionals
- Physician well-being as a quality marker
- Evaluate impact of policies on **all** aims
 - How do we define success?

Charter on Physician Well-Being

Charter on Physician Well-being

Our vision: A system of care that provides better patient care and practice high-quality medicine.

Our mission: To ensure that the health of our physicians and staff is a top priority, as it is essential to the health of our patients and the success of our organization.

Our values: We are committed to the well-being of our physicians and staff, and we will support them in their efforts to provide the best care for our patients.

Our goals: We will ensure that our physicians and staff have the resources and support they need to thrive in their careers and lives.

Our actions: We will implement policies and programs that promote the well-being of our physicians and staff, and we will regularly assess their effectiveness.

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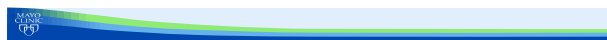
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Charter on Physician Well-Being

- Guiding Principles
 1. Effective patient care promotes and requires physician well-being
 2. Physician well-being is related with the well-being of all members of the health care team
 3. Physician well-being is a quality marker
 4. Physician well-being is a shared responsibility



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Charter on Physician Well-Being

- Key Commitments
 1. Foster a trustworthy and supportive culture in medicine
 2. Advocate for policies that enhance well-being
 3. Build supportive systems
 4. Develop engaged leadership
 5. Optimize highly functioning interprofessional teams
 6. Anticipate and respond to inherent emotional challenges of physician work
 7. Prioritize mental health care
 8. Practice and promote self-care



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Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.

Thank You!

- Comments/questions
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