Burnout in Academic Medicine

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Against the Wind

And I guess I lost my way
There were oh so many roads
I was living to run and running to live
Never worried about paying or even how much I owed
Moving eight miles a minute for months at a time
Breaking all of the rules that would bend
I began to find myself searching
Searching for shelter again and again
Against the wind
A little something against the wind
I found myself seeking shelter against the wind
Well those drifter's days are past me now
I've got so much more to think about
Deadlines and commitments
What to leave in, what to leave out

Against the wind
Well I'm older now and still runnin' Against the wind
Burnout in Physicians

Objectives

At the conclusion of this presentation, the participants will be able to:

• Describe the characteristics of medical practice which contribute to burnout.
• Identify the important elements of burnout including emotional exhaustion, depersonalization, and personal accomplishment.
• Develop strategies to prevent and treat burnout
“Silent Depression”

At the Global Forum of Health Leaders in 2009, Dana Hanson, President of the World Medical Association, spoke about “silent depression” …

“Physicians, should not have to choose between saving themselves and serving their patients, many physicians were inwardly burning.”

Physician wellness: a missing quality indicator

“When physicians are unwell, the performance of health-care systems can be suboptimum. Physicians wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care.”

Burnout and Medical Errors Among American Surgeons

% Major Medical Errors in Last 3 Mo.

P<0.0001

Low EE  Low DP  Int EE  Int DP  High EE  High DP

Finding Ways to Keep A Partner’s Job Stress From Hitting Home

ON-THE-JOB STRESS was wiping out my friend’s peace of mind. And it wasn’t even her own job that was causing the problem. Her husband’s troubles at work may have been
Job Burnout

“What started out as an important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness.”

Burnout

- Emotional exhaustion
- Depersonalization in relationships with co-workers
- A sense of inadequacy or reduced personal accomplishment

Maslach, Jackson, Leiter 1996
Burnout
Cynicism
Exhaustion
Depersonalization
Diminished Accomplishments & Efficacy

Demands
Work Overload
Personal Conflict

Lack of Resources
Diminished:
Control Coping
Social Support
Autonomy
Decision Involvement

Burnout
Exhaustion
Depersonalization
Diminished Accomplishments & Efficacy

Costs
Diminished Organizational Commitment
Turnover & Absenteeism
Physical Illness

Maslach, Jackson, Leiter 1996
The Resilient Physician

“High demand/low control is bad enough; high demand/low control/low support can be deadly”

Sotile, W.M., Sotile, M.O., 2002
Who Thought Sitting in a Chair Would Be So Hard?

“As unprecedented reforms pull our complex organizations in new directions, the department chair is arguably the linchpin bearing the most stress.”

Jordan J. Cohen, M.D.
President, Association of American Medical Colleges
*Academic Medicine*, Vol. 73, No. 3; March 1998
Questionnaire

1. Demographic information
2. Potential stressors
   - Job satisfaction
   - Likelihood of stepping down
   - Methods to relieve stress
3. Personal efficacy
4. Maslach Burnout Inventory – Human Services Survey (MBI-HSS)
5. Interactions with spouse/partner and family
6. Comments
Percent of Week (Average)

- Administration: 46%
- Patient Care: 31%
- Teaching: 15%
- Research: 8%

Percentages are approximate and calculated based on the pie chart.
Effectiveness As Chair

Mean = 78.6
“There is tremendous satisfaction in this job but every day there are tremendous frustrations. Bureaucracy, endless paperwork, audits, OIG, JCAHO, lawyers, etc. take away much of the enjoyment of being chair.”
Individual Stressors Identified by Department Chairs

- Hospital/Department Budget Deficits
- Medicare/Medicaid Billing Audits
- Loss of Key Faculty
- Union Disputes
- Faculty/Resident/Staff Dismissal
- Defendant in Malpractice Case
Control Over Professional Life

- None: 0%
- Slight: 11%
- Moderate: 52%
- Large: 36%
- Complete: 1%
Satisfaction With Current Position (%)

- Very Dissatisfied: 11% (Current), 5% (Five Years Ago)
- Somewhat Dissatisfied: 12% (Current), 11% (Five Years Ago)
- Neutral: 10% (Current), 6% (Five Years Ago)
- Somewhat Satisfied: 24% (Current), 32% (Five Years Ago)
- Very Satisfied: 36% (Current), 49% (Five Years Ago)
Satisfaction With Balance Between Personal and Professional Life

- Very Satisfied: 24%
- Somewhat Satisfied: 24%
- Neutral: 16%
- Somewhat Dissatisfied: 29%
- Very Dissatisfied: 7%
Likelihood of Stepping Down in Next 1-2 Years

- Not At All: 46%
- Slightly Likely: 19%
- Moderately Likely: 15%
- Very Likely: 5%
- Extremely Likely: 14%
“I really like what I do. Problem solving is meaningful and rewarding. Yes, it is trying, but it is satisfying to be tired from doing something right.”
Personal Accomplishment

Mean = 41.3
Median = 40.0

- Low: ≤ 33 (18%)
- Moderate: 34-39 (25%)
- High: ≥ 40 (57%)
“I often feel like I may target faculty and residents when my frustrations are really with the complexity of the workplace over which we (I) have no control.”
Depersonalization

Mean = 9.1

- Low: ≤ 5 (35%)
- Moderate: 6-9 (29%)
- High: ≥ 10 (36%)
“Chairs need to understand that this is a very personally “taking” rather than “giving” job. When one is prepared to give to others and be a support for them, job will suck them dry quickly.”
Emotional Exhaustion

- Low: \( \leq 18 \) (19%)
- Moderate: 19-26 (24%)
- High: \( \geq 27 \) (54%)

Mean: 29.9
Burnout in Chairs of Obstetrics and Gynecology

Characteristics:
• High – Emotional Exhaustion
• Moderate-high – Depersonalization
• High – Personal Accomplishment
Mean MBI-HSS Subscale Scores by Physician Group

<table>
<thead>
<tr>
<th></th>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
<th>Personal Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ob/Gyn Chairs</td>
<td>29.9</td>
<td>9.1</td>
<td>41.5</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>23.2</td>
<td>10.2</td>
<td>40.9</td>
</tr>
<tr>
<td>Intensivists</td>
<td>22.2</td>
<td>7.1</td>
<td>30.9</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>26.2</td>
<td></td>
<td>37.2</td>
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“My wife is my greatest support -- I couldn’t do what I do without her help.”
Spouse/Partner Understands “Extra” Work Hours

- Always: 41%
- Frequently: 34%
- Sometimes: 18%
- Once in a While: 2%
- Never: 3%
“I believe the world we live in is not emotionally healthy. Unless an individual can figure out how to have some quiet time on a daily basis, they will have difficulty dealing with other people’s problems.”
<table>
<thead>
<tr>
<th>Stress Management</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time with family and friends</td>
<td>93</td>
</tr>
<tr>
<td>Positive approach to life</td>
<td>65</td>
</tr>
<tr>
<td>Hobbies</td>
<td>55</td>
</tr>
<tr>
<td>Exercise</td>
<td>51</td>
</tr>
<tr>
<td>Religion</td>
<td>5</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3</td>
</tr>
</tbody>
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Emotional Exhaustion

Significant correlations with:

• Age
• Hours worked per week
• Spouse/partner support
<table>
<thead>
<tr>
<th>Satisfaction with Balance Between Personal and Professional Life</th>
<th>Emotional Exhaustion Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>23.1 (N=27)</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>26.3 (N=27)</td>
</tr>
<tr>
<td>Neutral</td>
<td>32.3 (N=19)</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>34.2 (N=34)</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>41.0 (N=8)</td>
</tr>
</tbody>
</table>
Burnout

Significant correlations with:

• Age
• Length of service
• Impact of stressors
• Satisfaction with balance in life
• Effectiveness rating and self-efficacy
• Spouse/partner support
Predictors of Physician Career Satisfaction, Work-Life Balance, and Burnout

1. Cross-sectional, mailed, self-administered survey of 935 physicians (48% response rate) in specialties characterized by an “uncontrollable lifestyle.”

2. Both women and men are highly satisfied with their careers.

3. Women physicians work significantly fewer hours than male physicians, both weekly (54 hours vs. 59 hours) and “on-call” (41 hours vs. 52 hours).

4. Personal accomplishment and emotional resilience are both strong and significant predictors of career satisfaction.

Predictors of Physician Career Satisfaction, Work-Life Balance, and Burnout

1. The strongest predictor of work-life balance and burnout was having some control over schedule and hours worked.
2. Physician gender, age, and specialty were not strong independent predictors of career satisfaction, work-life balance or burnout.
3. Ob/Gyns reported significantly more personal accomplishment and work-life balance than general surgeons and significantly more career satisfaction than general internists.

Residents
Stressors Contributing to Burnout

• Intense Work Demands
• Limited Work Control
• Work-Home Balance
• Relationships with Senior Residents, Faculty, Nurses
• Debt
• Uncertain Future
Percentage of Senior Medical Residents Who Said the Following Caused Them Significant Concern

- Availability of free time
- Malpractice
- School debt

Source: WSJ, 4/29/08. Merritt, Hawkins & Assoc., Surveys of ~ 300 medical residents
Burnout in Internal Medicine Residents


[Bar chart showing burnout levels among Internal Medicine residents, Chairs of Obstetrics/Gynecology, and Medical Students.]

Burnout and Self-Reported Patient Care in Internal Medicine Residents

• “…burned-out residents were significantly more likely to self-report providing at least one type of suboptimal patient care at least monthly (53% versus 21%; P=0.004).

• …only a high score for depersonalization was associated with self-reported suboptimal patient care practices (in a dose-response relationship).”

Summary

Burnout in Medical Students & Residents Associated with:

• Suicidal Ideation
• Decreasing Empathy
• Medical Errors

Faculty Stressors Contributing to Burnout

- Intense Work Demands
- Work-Home Balance
- Promotion and Tenure Decisions
- Personal and Institutional Financial Support: salary, grants
- Relationships with Peers, Division Director, Chair

Certain industries breed a type of professional for whom get-a-life dedication is a badge of honor. The phenomenon is on the rise, but is it sustainable?

**Extreme Jobs** The Dangerous Allure of the 70-Hour Workweek

by Sylvia Ann Hewlett and Carolyn Buck Luce
Extreme Jobs
The Dangerous Allure of the 70-Hour Workweek

“The American Dream on Steroids”
Catherine Orenstein

“The overwhelming majority of extreme jobholders in our U.S. sample (66%) say they love their jobs...far from seeing themselves as workaholics in need of rescuing, extreme workers wear their commitments like badges of honor...extreme professionals don’t feel exploited; they feel exalted.”

Repercussions of Extreme Jobs for Family, Home, and Intimate Life

Extreme Jobholders Say Job Interferes with the Following:

- **Being able to maintain my home**
  - Men: 66%
  - Women: 77%

- **Having a strong relationship with my children**
  - Men: 65%
  - Women: 33%

- **Having a strong relationship with my spouse/partner**
  - Men: 46%
  - Women: 46%

- **Having a satisfying sex life**
  - Men: 49%
  - Women: 53%

Why Do You Do It?

What Are the Main Reasons You Love Your Job?

- Stimulating: 90% (Men), 82% (Women)
- High quality colleagues: 52% (Men), 43% (Women)
- High compensation: 43% (Men), 28% (Women)
- Recognition: 37% (Men), 42% (Women)
- Power/status: 23% (Men), 30% (Women)

TOMORROW IS THE MANDATORY MEETING ON EMPLOYEE HEALTH AND WELL-BEING.

THE MEETING STARTS AT 6 A.M. SO IT WILL INTERFERE WITH YOUR SLEEP AND NOT YOUR WORK.

DOESN'T THAT SEND A MESSAGE THAT WORK IS MORE IMPORTANT THAN HEALTH?

I HOPE SO. THAT'S THE THEME OF THE MEETING.

HEALTHY EMPLOYEES ARE UNPRODUCTIVE.

THEY'RE ALWAYS EXERCISING OR EATING FRUIT WHEN THEY SHOULD BE WORKING.

WE PREFER EMPLOYEES WHO WORK HARD AND DIE BEFORE THEIR PENSIONS START PAYING OUT.

SUDDENLY I FEEL SICK. RIGHT ON SCHEDULE!
Burnout in Physicians: Is There a Happy Ending?

1. Burnout must be acknowledged.
2. The risks for burnout increase as control in the work environment decreases.
3. The risks for burnout increase as support in the work environment decreases.
4. Burnout is characterized by high emotional exhaustion, high depersonalization, and low personal accomplishment.
5. The symptoms of burnout include fatigue, insomnia, headaches, and deterioration in relationships with family and friends.

6. The medical consequences of burnout include hypertension, myocardial infarction, depression and colitis.

7. The social consequences of burnout include increased job turnover, alcoholism and drug abuse, and divorce.
Burnout in Physicians: Is There a Happy Ending?

8. Starting a new position increases the risk for burnout.

9. The risk for burnout can be decreased by:
   - Controlling the number of hours worked per week
   - Spending time with spouse/partner and family
   - Having a mentor
   - Utilizing individualized approaches to reduce stress
Association of an Educational Program in Mindful Communication with Burnout, Empathy, and Attitudes Among Primary Physicians

Study of 70 primary care physicians using mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material and discussion. An 8-week intensive phase and a 10-month maintenance phase.

Conclusions: Participation was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care.

Canadian Medical Association (CMA) Policy on Physician Health and Well-Being

“The policy closes with a wish, a call, and a vision.”

West J Med 2001; 174: 5-7
Canadian Medical Association (CMA) Policy on Physician Health and Well-Being

The wish is for much more research into this complex area.

West J Med 2001; 174: 5-7
Canadian Medical Association (CMA) Policy on Physician Health and Well-Being

The call is for physicians to acknowledge responsibility to help each other stay well.

West J Med 2001; 174: 5-7
Canadian Medical Association (CMA) Policy on Physician Health and Well-Being

The vision is a healthcare system led by example where the physicians are as well and healthy as they wish their patients to be.”

West J Med 2001; 174: 5-7