Preventing Burnout

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Vice Dean, Clinical Affairs and GME
What is “Burnout”?
What do faculty commonly feel?

- Physical fatigue
- Cognitive weariness
- Emotional exhaustion
- Lack of Personal Accomplishment
Burnout – How do you measure it?

- Maslach Burnout Inventory
  - Emotional Exhaustion
  - Depersonalization
  - Lack of Personal Accomplishment
Why should we care?

- Faculty Satisfaction and Well-Being
- Faculty Retention
- Workload (number of work hours) indirectly predicts quality of care through perceived overload.
- Emotional exhaustion predicts quality of care negatively.
Risk Factors

- Mis-alignment of what’s most meaningful and activities
- Not doing what you feel is meaningful
## Risk Factor – Career Fit

*Mayo Clinic (Shanafelt et al)*

<table>
<thead>
<tr>
<th>Area</th>
<th>Percent most meaningful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>68%</td>
</tr>
<tr>
<td>Research</td>
<td>19%</td>
</tr>
<tr>
<td>Education</td>
<td>9%</td>
</tr>
<tr>
<td>Administration</td>
<td>3%</td>
</tr>
</tbody>
</table>
# Most Meaningful Activity and Allocation of Actual Effort

## Table 2. Most Meaningful Activity and Allocation of Actual Effort

<table>
<thead>
<tr>
<th>Area Most Personally Meaningful</th>
<th>Patient Care</th>
<th>Education</th>
<th>Research</th>
<th>Administration</th>
<th>Nonvisit Care(^a)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care</td>
<td>67.1</td>
<td>4.8</td>
<td>10.6</td>
<td>9.5</td>
<td>7.8</td>
<td>99.8</td>
</tr>
<tr>
<td>Education</td>
<td>64.0</td>
<td>15.1</td>
<td>3.6</td>
<td>6.7</td>
<td>10.5</td>
<td>99.9</td>
</tr>
<tr>
<td>Research</td>
<td>41.7</td>
<td>3.5</td>
<td>38.6</td>
<td>10.1</td>
<td>5.9</td>
<td>99.8</td>
</tr>
<tr>
<td>Administration</td>
<td>50.8</td>
<td>5.1</td>
<td>10.8</td>
<td>26.9</td>
<td>6.4</td>
<td>100</td>
</tr>
</tbody>
</table>

\(^a\) Includes such activities as returning patient phone calls, writing letters to patients, and checking laboratory results.

Burnout by amount of time spent on activity viewed most personally meaningful


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Multivariate Models: Personal and Professional Factors Independently Associated With Intent to Leave Academic Medicine and With Burnout

Table 4. Multivariate Models: Personal and Professional Factors Independently Associated With Intent to Leave Academic Medicine and With Burnout

<table>
<thead>
<tr>
<th>Factor</th>
<th>Odds Ratio (95% Confidence Interval)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to leave academic medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age &gt;55 y</td>
<td>3.91 (1.93-7.94)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Burnout</td>
<td>2.28 (1.13-4.60)</td>
<td>.02</td>
</tr>
<tr>
<td>Burnout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending &lt;20% of time on most meaningful activity</td>
<td>2.75 (1.49-5.10)</td>
<td>.001</td>
</tr>
<tr>
<td>Age &lt;55 y</td>
<td>2.30 (1.31-4.07)</td>
<td>.004</td>
</tr>
<tr>
<td>Generalist</td>
<td>1.76 (1.06-2.92)</td>
<td>.03</td>
</tr>
<tr>
<td>Total hours worked per week</td>
<td>1.02^b (1.004-1.031)</td>
<td>.01</td>
</tr>
</tbody>
</table>

^aVariables included in multivariate analysis included age, sex, relationship status, children younger than 18 years, total hours worked, time spent in most meaningful activity, generalist vs subspecialist, and working full time vs part time.

^bRisk of each 1 additional hour worked per week.

Other Possible Risk Factors

- Too much to do in too short a time,
- Not enough resources
- Not enough support staff
- Work past needing rest, family and renewal
- Lack of autonomy,
- Lack of recognition for one's work and utilization of skills
- Lack of coping skills, self-efficacy
What happens beyond burnout?

- Behavioral Problems
- Depression

We can learn from the literature on physician impairment
22,000 MD, DO and PA in WA in 2008

1,760 are "troubled" (8%)

440-660 are "in trouble" (2-3%)

*potential impairment

Oreskovich 2008
The “Troubled” Health Care Provider (8%)

- Burnout
- Overwork
- Fatigue
- Marital problems
- Finances
- Angry
- Disruptive
The “In Trouble” Practitioner (3%)

- Prescribing problems
- Clinical judgment
- Sexual misconduct
- Depression
- Substance abuse
- Chemical dependency
- Psychosis or mania
- Suicide
Epidemiology of Depression

- 13% lifetime prevalence of depression among physicians
- 20% lifetime prevalence among female physicians
- Similar across cultures, races and religions
Psychology of the Health Care Professional

- Haunted by our failures
- Perfectionistic:
- Vulnerability for depression, burnout, suicide, and anxiety
- Low childhood self-esteem is additive
JAMA Consensus Statement: Recommendations for Physicians

- Establish **regular** health care and seek treatment for mood disorders, substance abuse, and suicidality
- Learn to recognize depression and suicidality in ourselves
- Become familiar with state and federal regulations regarding confidentiality, health records, and disabilities
- Become familiar with resources available through state physician health programs
- American Foundation for Suicide Prevention: http://www.afsp.org/physician
Take Care of Yourself!
Fostering Work-Life Balance

Cathryn Booth-LaForce, Ph.D.
Executive Associate Dean, School of Nursing
Charles & Gerda Spence Professor of Nursing
Some Ideas

- Have a passionate interest outside of work
- Check in with yourself--the 20,000 ft. view
- Have close academic friendships
- Have close non-academic friendships
- Time management & organization
- Get a coach or mentor about work-life balance
Children, partners, family

- Talk with more senior faculty members about how they have managed
- Get enough sleep, regardless....
- Decide what needs to be done NOW in your career and what can wait a bit
- Get help/support
- Remember to stay connected with your partner
Take a few minutes to de-stress....

- Yoga in your chair
- Brief meditation
- Breathe
- Take a short walk
- Focus attention
...or more than a few minutes

- Reward yourself
- Pause to think about your accomplishments
- Have a regular exercise routine
- ...or other regular routines—e.g. massage
- Use vacation time to rest and renew
Remember the golf ball story...