Resilience and Burnout in Medicine

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NOTHING TO DISCLOSE
Physician Stress
Observed Trends

Physician Behavior
- Early Retirement
- Disability Claims
- Disruptive

Projected MD Shortages

Physician Health Programs
- Increase in Self Referrals
History: “The Sick Physician”

- 1973 JAMA article – product of AMA committee
- Physicians subject to illnesses in ways different from the general population
- Cancer, heart disease, depression, suicide, addiction
1973 JAMA article conclusion:

- Physicians have to do a better job of helping sick physicians.
- Factors to overcome
  - Poor identification of illness
    - Denial (fear)
    - First, do no harm (Only applies to our patients?)
  - Lack of knowledge and competence about how to help (We are healers, not patients.)
  - “Conspiracy of silence”
Culture shift

• We should teach about the hazards of being a physician and how to cope with them.
What is Stress?

Universal
Unavoidable
Eustress v. Distress
Acute v. Chronic
Traumatic v. Nontraumatic
Definition of Stress

Stress is our reaction to events, internal or external, that tax or exceed our physical and/or emotional resources.

Stress is a “perceived” threat
Occupational Stress

Mental Workload
- Weight of Decision Making
- Responsibility
- Quantity

Decision Latitude
- Historical Autonomy v Contemporary Healthcare
- Disease Management v Cure
- Patient (non) Compliance

\[ \text{Stress} = \text{High Mental Workload} + \text{Low Decision Latitude} \]
MENTAL WORKLOAD

- Mental effort - thinking, deciding, concentrating
- Physical effort
- Difficulty - enough help?
- Priority - address all or some important issues
- Modification - forced to change to get work done?
- Overlap - several tasks simultaneously
- Stress - frustration, confusion, anxiety, annoyance

Bertram DA, Hershey CO, Opila DA, Quirin O, Med Care 28: 458 1990
Orozco P, Garcia E, Fam Prac 10: 277 1993
MENTAL WORKLOAD

- Number of patient visits
- Numbers of referrals from nurses
- Number of emergencies
- Level of administrative tasks
- Complexity of patient (especially psychological problems)
- Workload adequacy (too much)
- Not related to years of experience

Traditionally, medicine has not been the highest stress profession because of what was considered to be high decision latitude.
Malpractice Stress

- Malpractice stress lowers the threshold of a physician’s ability to manage other stress.
- Risk of being less agile in this work during increased stress of malpractice litigation.
- High Mental Workload
- Low Decision Latitude
WHO ARE PHYSICIANS

- Self esteem based on accomplishment and appreciation
- Life long focus on achievement and helping others as a way of managing internal distress
- Intellectual in coping style
- Generally poorly developed ability to be aware of and deal with their own emotions
Physician Vulnerability

• Training
  – Adaptation to Extreme Conditions
  – Other Directedness
  – No Stress Management Education
    • Suppression of Feelings
    • Intellectualization
Physician Vulnerability

• **Personal Characteristics**
  
  – Guilt
  – Exaggerated Sense of Responsibility
  – Compulsiveness
Anticipated Stressors
Unique to Medical Profession

• Pressures on time; long years of preparation
• Inherent uncertainty involved in patient care
• Fatigue/Sleep deprivation
• Dealing with life and death or difficult issues
• Difficult/demanding or chronically ill patients
• Maintain Clinical Competence
Unanticipated Stressors

- Government Regulation/Third Party Intrusion
- Increased paperwork
- Increased Malpractice Litigation
- Pressure to practice defensive medicine
- Diminished public image
- Breakdown of Doctor-Patient Relationships
- Fears of Violent Patients
- Diminished Compensation
- Unhealthy workplace competition
- Devaluation of the Profession (“provider”)
- Subordination of personal values to economic values
- Reduced resources/support with increased profitability expectations
- Crushing workloads
Biological Effects of Stress

- Increased brain glutamate
- Increased CRF, cortisol
- Decreased BDNF
- Free radicals
- Brain cell atrophy, endangerment, inhibition of hippocampal neurogenesis

Depression - Burnout
Poor Physical Health

• Circadian Rhythm Disruption
• Sustained Stress is not Benign
  – Sympathetic nervous system hyper arousal
  – Atrophy of the hippocampus
• Elevated Cortisol Levels
  – Irritability
  – Insomnia
  – Weight Gain/Diabetes
  – Osteoporosis
  – Hypertension/Stroke
  – Toxic to Neurons (Reduced BDNF)
Physician Burnout

- **Depersonalization**
  - Detachment from others
  - Protective defense mechanism

- **Emotional exhaustion**

- **Diminished sense of personal accomplishment**
  - Work loses its meaning
  - No longer feeling a sense of efficacy
In 2015, what percentage of physicians endorsed symptoms of burnout?
55 %
Burnout and error

• **Burnout correlates with self reported medical error**
  – Not related to hours worked, the work setting, methods of compensation or nights on call.
  • Ann Surg. 2010 June; 251(6):995-1000
The Downward Spiral

Physician Response to Stress = WORK HARDER!

- Loss of Avocational
- Neglect of Family/Friends
- Reduced Joy
- Resentment (Ours and Theirs)
- Guilt (Secondary to “Failure”)
- Work Harder (And I will be loved)
- Burnout

→ Impairment (15%)
Unmanaged Stress

- Addictive Behavior
- Relationship Distress
- Emotional/Behavioral Problems
- Physical deterioration
- Professional Consequences
- Suicide
Physician Well-being
Keeping the Spark Without Burning Out
Stress Reduction

- Altering Work
- Altering Attitude
- Self Care
Work Stress - Interventions

• Mental workload – reduce hours, delegate
• Improve decision latitude – participate in workplace design
• Personality and coping – job fit?
• Write a mission statement and review it regularly: Core values?
• Build CME into your work day, rather than an “add on”
• Biological vulnerability
  – Stay hydrated
  – Healthy Snacks
Learn to Say “I Don’t Know”

• Few split second decisions required

• Exponential Growth in Medical Data

• Consultation = Connection
Leave Your Work at the Office

Embrace a diversity of roles

One (inflated) identity is risky
Leave Work at the Office

- Trouble disengaging from professional life
- Other roles in life may be discounted
- We’re good at rationalizing why we need to be at work
- Family can’t compete with the urgency of the caregiving role
- Availability, home vs. work
- Delegate authority
- Share call
- Teach patients when to call
  - If you don’t those close to you will build resentment
Attitude Adjustment
Traits of a Satisfied Physician

• Sense of Being in Control
• Good Support Network
• Optimism (hopeful attitude)
• Flexibility
Adding Positive Emotionality

Altering Attitude:
Adding positive emotions
Altering Attitude: The Power of Positive Emotions

- Increased longevity (Danner et al., 2001)
- Reduced morbidity (Goldman et al., 1996; Russek & Schwartz, 1997)
- Increased cognitive flexibility (Ashby et al., 1999)
- Improved memory (Isen et al., 1978)
- Improved decision making (Carnevale & Isen, 1986)
- Increased creativity and innovative problem solving (Olsen et al., 1987)
- Improved job performance & achievement (Wright & Staw, 1994; Staw et al., 1994)

Think Positive
Neuropathways change with practice

• Synapses which are used more strengthen

• Inactive synapses “prune” themselves

• Neurogenesis occurs in the hippocampus to support changes
Creating New Pathways

- Meditation
- Yoga
- Tai Chi
- Prayer
- Exercise
- Hobbies
- Increase heart rate variability
- Cognitive Behavioral Therapy
- Medications – as needed
Low and High HRV
Set Life Priorities

• Invest in what is most important in life, now.

• Have Goals and Objectives that are Yours

• Make Sure Life Includes Diversity

• Make sure “self” is on the list
Be Your Own Best Friend

• Positive Self Talk
• Stress is our reaction to the events
• Your health is not secondary to your patients’
• Come to terms with imperfection
# Cognitive Restructuring

<table>
<thead>
<tr>
<th><strong>Negative thought</strong></th>
<th><strong>Rational Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have no control over this situation</td>
<td>1. It is true that I can’t change what happened, but I can change how I respond</td>
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<tr>
<td>2. I can’t return to my old job, I am worthless</td>
<td>2. Even though I may not be able to do the same kind of work, there are other jobs that I can do</td>
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<tr>
<td>3. This isn’t fair</td>
<td>3. Life is not always fair, sometimes things go my way, sometimes they don’t</td>
</tr>
<tr>
<td>4. No one really cares for me</td>
<td>4. There are people in my life (spouse, child, sib) that I can always turn to</td>
</tr>
</tbody>
</table>
Build Loving Personal Relationships
Manage Yourself

• Physical Exercise
• Nutrition
• Sleep
• “Waste Time” (i.e. play!)
• Humor

Stress related hormones are suppressed by laughter
Establish a Relationship With a PCP

- Self treatment is bad treatment
- Curb siding is poor medical care
- We are not object about our own health!
Identifying Personal Values
after J Clin Onc 24:4020

• What is my greatest priority in life? List 2-4.
• Have I been living in a way that is consonant with that priority?
• Do I have adequate balance between my personal and professional life?
• How much professional achievement am I willing to sacrifice to accomplish my personal goals? Be specific.
Take a Real Vacation

• Dispensability

• Psychology of Postponement

• Litmus Test?
Eight Dimensions of Wellness

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual
DIMENSIONS

• Work and Well-being toolkit for physicians
• Created through a collaboration between:
  – University of Colorado Behavioral Health and Wellness Program
  – Colorado Medical Society
  – COPIC
  – Colorado Physician Health Program
In April 2011, CMS conducted an all-member morale survey that revealed only half of physician members felt that they were able to live a healthy lifestyle with regard to exercise and diet.

Even fewer were satisfied with their ability to find time to relax through activities like yoga or reading.

Numerous studies correlate physician wellness with increased patient safety, making declining wellness in our physician population a critical concern for our patients.
“DIMENSIONS: Work and Well-Being Toolkit for Physicians” contains a number of useful educational resources:

A low-burden tool for measuring readiness to change to achieve wellness

Step-by-step instructions for developing skills to assess one’s wellness

Evidence based strategies for improving wellness

https://www.bhwellness.org/resources/toolkits/physicians
Physician Wellness Resources

• Mayo Clinic:  [www.mayo.edu/research/centers-programs/physician-well-being-program/overview](http://www.mayo.edu/research/centers-programs/physician-well-being-program/overview)

• RENEW:  renewnow.org

• ISHI:  [www.ishiprograms.org/programs/](http://www.ishiprograms.org/programs/)
Resources from the AMA

https://www.stepsforward.org/modules/physician-wellness
https://www.stepsforward.org/modules/physician-burnout
https://www.stepsforward.org/modules/improving-physician-resilience
A Simple Intervention

- 3-year study, 227 physicians, intervention for burnout

- The intervention was either:
  - a full day, one-on-one session, (with a psychiatrist or occupational medicine specialist)
  - or to participate in a 5 day, group-based process.

- Addressed emotional stress, coping strategies and personalities structure

- Taught new, active coping skills and finding social support

- Outcomes:
  - Decreased job stress, emotional exhaustion and burnout
  - Enhanced emotional coping.
  - Decrease in lost workdays due to illness.
    - BMC Public Health. 2010;10(213)
A Longer Intervention
Colorado Physician Health Program

• Prior to monitoring:
  – CPHP clients 111% worse than the physician cohort. In other words, for every $1 spent, this group would require $2.12 more than their peers
  – Relative risk fell dramatically during the monitoring period although still 28% worse than the physician cohort.
  – After monitoring, this pattern reverses. CPHP clients’ 20% better than cohort. In other words, for every $1 spent on the physician cohort, the CPHP group would require $.20 less than their peers.
Physician Health Matters!
Why Spend the Time and Energy?

• Investing in our health and well-being is the best investment in the longevity and quality of our career.

• May also be the best investment in the longevity of our patients and the quality of care that they receive!

• Erica Franks, MD research findings
Questions?