

# "The Evolution of Burnout From An Individual To A Systems Perspective"

Advisory Committee on Training in Primary Care and Dentistry (ACTPCMD)

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To begin with the end in mind means to start with a clear understanding of your destination. It means to know where you're going so that you better understand where you are now and so that the steps you take are always in the right direction.

— *Stephen Covey* —

AZ QUOTES

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# Alignment Over Endpoint

- Committed, productive workforce (adequate number to serve needs)
- Collaboration w administration
- Excellent, cost effective care

# The Early Literature- Focus on Individual

- Physician personality
- Substance Use
- Mood disorders
- Suicide
- Burnout

# Besides Burn-out

- Substance abuse
- Disruptive behavior
- Mood disorders
- Suicide



Ann Surg. 2012 Apr;255(4):625-33. Avoiding burnout: the personal health habits and wellness practices of US surgeons. Shanafelt TD1, Oreskovich MR, Dyrbye LN, Satele DV, Hanks JB, Sloan JA, Balch CM.

# Suicide:

- Physicians have higher rates of suicide than the general population
- 40% higher for male doctors
- 130% higher for female doctors
- Taking Their Own Lives — The High Rate of Physician Suicide  
Eva Schernhammer, M.D., Dr.P.H.  
N Engl J Med 2005; 352:2473-2476 June 16, 2005

# Risk Factors: Pooled Multivariate Analysis (Shanafelt, JAMA Int Med 172:1137)

- Age
- Married
- Hours worked
- Reimbursement by effort

**Risk Factors**-From the Division of Plastic and Reconstructive Surgery, Northwestern University Feinberg School of Medicine.

Burnout Phenomenon in U.S. Plastic Surgeons: Risk Factors and Impact on Quality of Life.

Plastic & Reconstructive Surgery. 135(2):619-626, February 2015.

Qureshi, Hannan A. B.A.; Rawlani, Roshni; Mioton, Lauren M. M.D.; Dumanian, Gregory A. M.D.; Kim, John Y. S. M.D.; Rawlani, Vinay M.D.



<b>Risk Factors</b>	<b>OR (95% CI)</b>	<b><i>p</i></b>
<b>Professional</b>		
Hours worked per week (>70)	2.42 (1.95–3.0)	<0.001*
Subspecialty (microsurgery or aesthetics)	2.01 (1.64–2.48)	<0.001*
Night calls per week (>2)	1.95 (1.58–2.40)	<0.001*
Method of compensation (nonsalary)	1.74 (1.41–2.13)	<0.001*
Annual income	1.47 (1.19–1.82)	<0.001*
Junior academic rank	1.27 (1.03–1.57)	0.026
Chairman or chief	1.17 (0.95–1.43)	0.133
Operative load (time or no. of cases)	1.04 (0.84–1.26)	0.718
Participation in nonclinical activities (any)	0.87 (0.72–1.06)	0.158
Program director	0.73 (0.60–0.84)	<0.001*
Greater years in practice (>15)	0.72 (0.59–0.87)	<0.001*
<b>Personal</b>		
Spouse works	1.43 (1.16–1.76)	<0.001*
Married or partnered	0.94 (0.77–1.14)	0.547
Have children	0.77 (0.63–0.94)	0.010*
Older age (>60 yr)	0.71 (0.58–0.86)	<0.001*

\*Statistically significant value,  $p < 0.05$ .

# JAMA<sup>®</sup>

The Journal of the American Medical Association

[September 23/30, 2009, Vol 302, No. 12](#) >

Original Contribution | September 23 2009 CLINICIAN'S CORNER

## **Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians**

Michael S. Krasner, MD; Ronald M. Epstein, MD; Howard Beckman, MD; Anthony L. Suchman, MD, MA; Benjamin Chapman, PhD; Christopher J. Mooney, MA; Timothy E. Quill, MD

[\[+\] Author Affiliations](#)

*JAMA. 2009;302(12):1284-1293. doi:10.1001/jama.2009.1384.*

**The New York Times**

# Easing Doctor Burnout With Mindfulness

**PAULI** By [NE W. CHEN, M.D.](#)

SEPTEMBER 26, 2013 12:01 AM September 26, 2013 12:01 am



Credit: Joshua Bright for The New York Times

# Not Only A Human Concern

There are safety and quality and business concerns

# Burnout Impacts

- **Physicians (and their families)**
- **Patients**
- **Institutions**
- **Healthcare Delivery**



# Costs to Patients, Society, Institutions

**Early retirement/physician shortage/cost of replacement**

**Medical errors/malpractice**

**Patient centered care and satisfaction**

**Currency of perception**



# **Epidemiology**-Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

Tait D. Shanafelt MD, Omar Hasan MBBS, MPH, Lotte N. Dyrbye MD, MHPE, Christine Sinsky MD, Daniel Satele MS, Jeff Sloan PhD and Colin P. West MD, PhD

Mayo Clinic Proceedings, 2015-12-01, Volume 90, Issue 12, Pages 1600-1613,



From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**

Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199

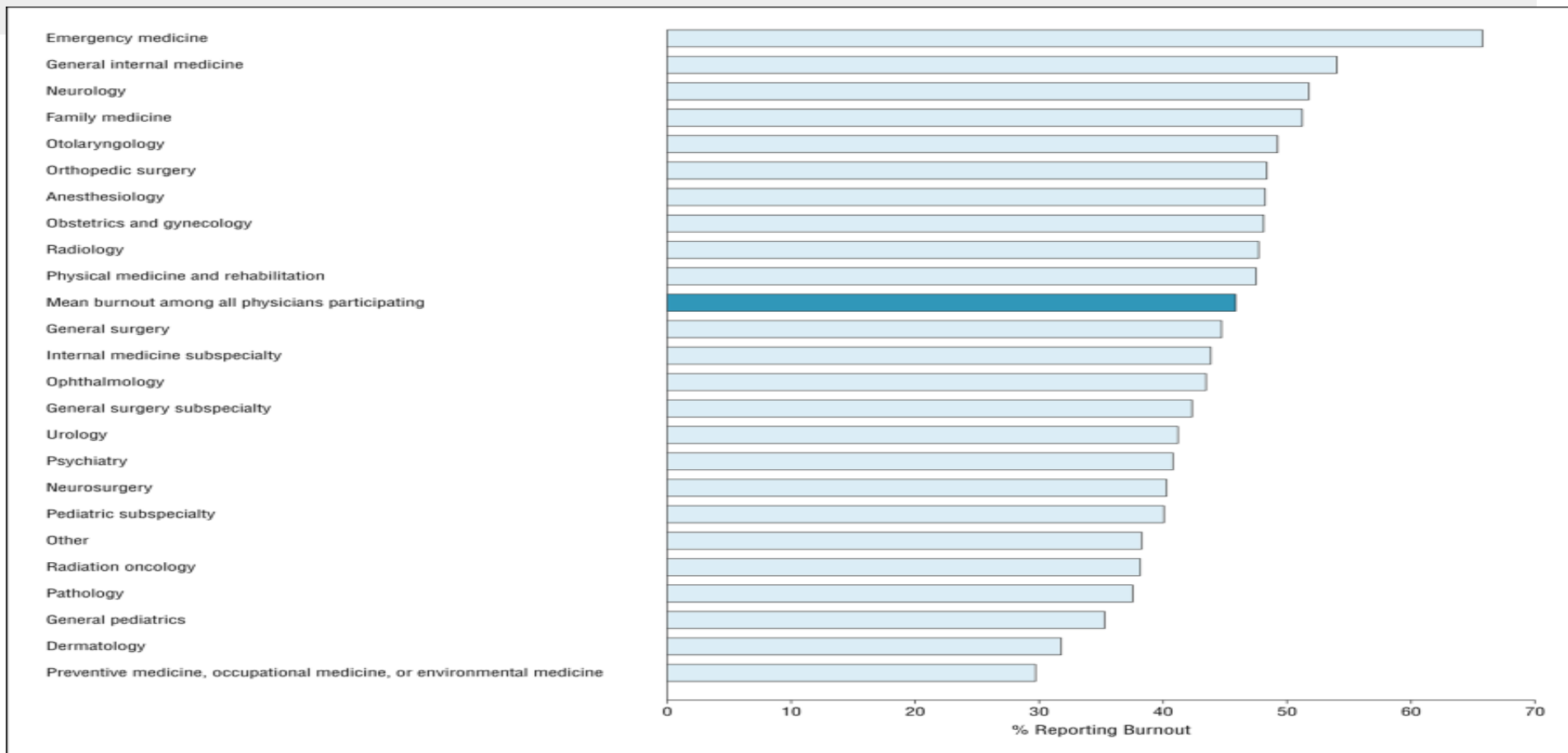
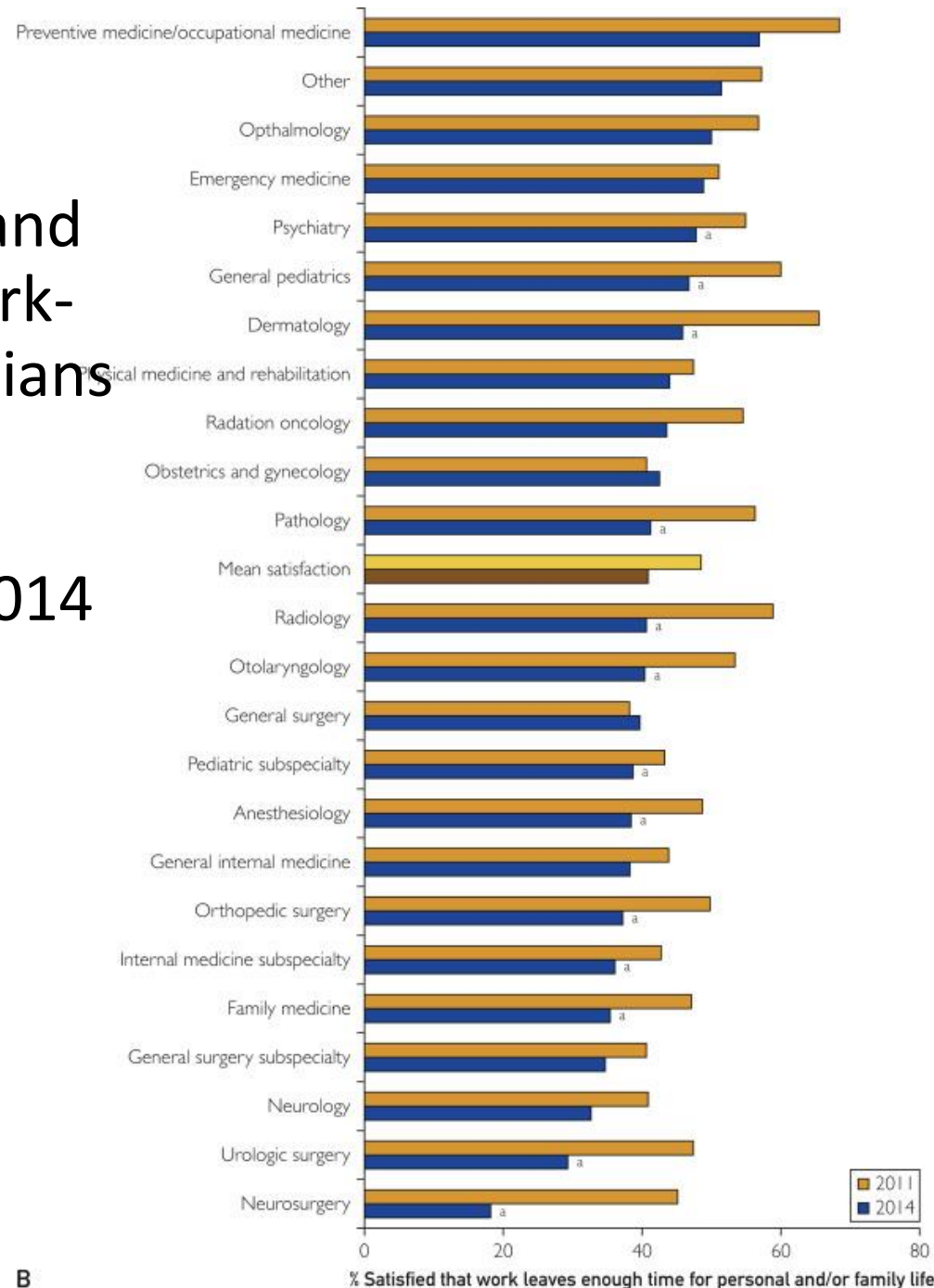


Figure 1. Burnout by specialty.



# Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014



# Canary in the Coalmine?



# Organizational: 2 studies

Quality of Patient Care Drives Physician Satisfaction; Doctors Have Concerns About Electronic Health Records-

<http://www.rand.org/news/press/2013/10/09.html>

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

Ann Fam Med. May 2013; 11(3): 272–278.Christine A. Sinsky et al

# Other factors: Clerical Burden

- EHR/CPOE- less satisfied w burden
- CPOE -independent higher risk for burnout

# From The Triple Aim

- enhancing patient experience
- improving population health
- reducing costs

widely accepted as a compass to optimize health system performance.

Ann Fam Med. 2014 Nov-Dec;12(6):573-6

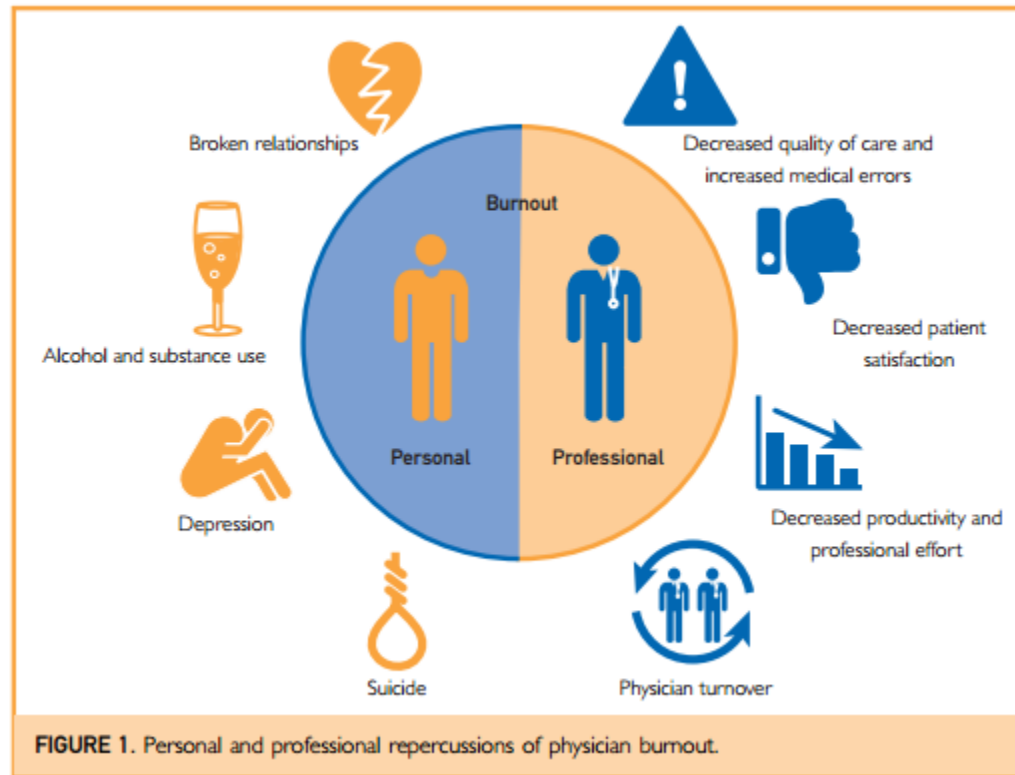
# to Quadruple Aim: care of the patient requires care of the provider








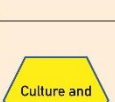



Physicians and other members of the health care workforce report widespread burnout and dissatisfaction.

Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs.










Burnout thus imperils the Triple Aim.

This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.



Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> <li>• Specialty</li> <li>• Practice location</li> <li>• Decision to increase work to increase income</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity expectations</li> <li>• Team structure</li> <li>• Efficiency</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity targets</li> <li>• Method of compensation               <ul style="list-style-type: none"> <li>- Salary</li> <li>- Productivity based</li> </ul> </li> <li>• Payer mix</li> </ul>	<ul style="list-style-type: none"> <li>• Structure reimbursement               <ul style="list-style-type: none"> <li>- Medicare/Medicaid</li> <li>- Bundled payments</li> <li>- Documentation requirements</li> </ul> </li> </ul>
 Efficiency and resources	<ul style="list-style-type: none"> <li>• Experience</li> <li>• Ability to prioritize</li> <li>• Personal efficiency</li> <li>• Organizational skills</li> <li>• Willingness to delegate</li> <li>• Ability to say "no"</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of support staff and their experience</li> <li>• Patient check-in efficiency/process</li> <li>• Use of scribes</li> <li>• Team huddles</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Use of patient portal</li> <li>• Institutional efficiency:               <ul style="list-style-type: none"> <li>- EHR</li> <li>- Appointment system</li> <li>- Ordering systems</li> </ul> </li> <li>• How regulations interpreted and applied</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Requirements for:               <ul style="list-style-type: none"> <li>- Electronic prescribing</li> <li>- Medication reconciliation</li> <li>- Meaningful use of EHR</li> </ul> </li> <li>• Certification agency facility regulations (JCAHO)</li> <li>• Precertifications for tests/treatments</li> </ul>
 Meaning in work	<ul style="list-style-type: none"> <li>• Self-awareness of most personally meaningful aspect of work</li> <li>• Ability to shape career to focus on interests</li> <li>• Doctor-patient relationships</li> <li>• Personal recognition of positive events at work</li> </ul>	<ul style="list-style-type: none"> <li>• Match of work to talents and interests of individuals</li> <li>• Opportunities for involvement               <ul style="list-style-type: none"> <li>- Education</li> <li>- Research</li> <li>- Leadership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Organizational culture</li> <li>• Practice environment</li> <li>• Opportunities for professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Evolving supervisory role of physicians (potentially less direct patient contact)</li> <li>• Reduced funding               <ul style="list-style-type: none"> <li>- Research</li> <li>- Education</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>
 Culture and values	<ul style="list-style-type: none"> <li>• Personal values</li> <li>• Professional values</li> <li>• Level of altruism</li> <li>• Moral compass/ethics</li> <li>• Commitment to organization</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior of work unit leader</li> <li>• Work unit norms and expectations</li> <li>• Equity/fairness</li> </ul>	<ul style="list-style-type: none"> <li>• Organization's mission               <ul style="list-style-type: none"> <li>- Service/quality vs profit</li> </ul> </li> <li>• Organization's values</li> <li>• Behavior of senior leaders</li> <li>• Communication/messaging</li> <li>• Organizational norms and expectations</li> <li>• Just culture</li> </ul>	<ul style="list-style-type: none"> <li>• System of coverage for uninsured</li> <li>• Structure reimbursement               <ul style="list-style-type: none"> <li>- What is rewarded</li> </ul> </li> <li>• Regulations</li> </ul>
 Control and flexibility	<ul style="list-style-type: none"> <li>• Personality</li> <li>• Assertiveness</li> <li>• Intentionality</li> </ul>	<ul style="list-style-type: none"> <li>• Degree of flexibility:               <ul style="list-style-type: none"> <li>- Control of physician calendars</li> <li>- Clinic start/end times</li> <li>- Vacation scheduling</li> <li>- Call schedule</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling system</li> <li>• Policies</li> <li>• Affiliations that restrict referrals</li> <li>• Rigid application practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Precertifications for tests/treatments</li> <li>• Insurance networks that restrict referrals</li> <li>• Practice guidelines</li> </ul>
 Social support and community at work	<ul style="list-style-type: none"> <li>• Personality traits</li> <li>• Length of service</li> <li>• Relationship-building skills</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality in practice environment</li> <li>• Physical configuration of work unit space</li> <li>• Social gatherings to promote community</li> <li>• Team structure</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality across the organization</li> <li>• Physician lounge</li> <li>• Strategies to build community</li> <li>• Social gatherings</li> </ul>	<ul style="list-style-type: none"> <li>• Support and community created by Medical/specialty societies</li> </ul>
 Work-life integration	<ul style="list-style-type: none"> <li>• Priorities and values</li> <li>• Personal characteristics               <ul style="list-style-type: none"> <li>- Spouse/partner</li> <li>- Children/dependents</li> <li>- Health issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call schedule</li> <li>• Structure night/weekend coverage</li> <li>• Cross-coverage for time away</li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Vacation policies</li> <li>• Sick/medical leave</li> <li>• Policies               <ul style="list-style-type: none"> <li>- Part-time work</li> <li>- Flexible scheduling</li> </ul> </li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements for:               <ul style="list-style-type: none"> <li>- Maintenance certification</li> <li>- Licensing</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>



-  Acknowledge and assess the problem
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions<sup>a</sup>
-  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

# Common Aligned Goals-Yet

- Few stakeholders are happy-
- Crisis-opportunity for change
- Complex system-multiple moving parts
- Excellent that you are looking

# Current Status

- Problem exists and has been measured
- High stakes of inaction
- Combined individual and systemic drivers
- Targeted interventions can help

# Going Forward

- Wellness of workforce as quality indicator?
- Quadruple Aim