Beating Burnout: 

Wellness for Students, Residents and Fellows, and Practicing Physicians, and Why It Is Important 

Larissa Thomas MD, MPH 
Associate Clinical Professor, UCSF Department of Medicine
Well-being Roadmap

1. Definitions
2. Scope of the Problem
3. Where It Comes from
4. Why It Matters
5. What to Do About It
Disclaimer (no disclosures)

...We now turn to an expert on this subject, who doesn't actually know any more than we do. But he looks sincere, sounds convincing and has 'Dr.' in front of his name.
Hard Under the Best Circumstances

- Time pressures
- Cognitive overload
- Human suffering

Emotional exhaustion, compassion fatigue
THE LAST CAR THAT PARKED HERE IS STILL MISSING
Even Harder When Things Happen

- Time pressures
- Cognitive overload
- Human suffering
- Adverse medical events
- Life events
- Team Dynamics
- Lack of control

Decreased well-being
Compassion fatigue

- “Vicarious trauma”
- Repeatedly seeing/working with human suffering → emotional depletion
- Often temporary, but can contribute to burnout

The “cost of caring”
Burnout

3 components of burnout:

1. Emotional exhaustion
2. Cynicism and depersonalization
3. Feeling of ineffectiveness

Mismatch in the workplace between desired state and reality
Burnout vs. Depression

Depression also prevalent in physicians...

...but burnout mostly affects work life.
Doctors have it pretty good

By Catherine Rampell  June 26, 2014

I've seen a bunch of whiny op-eds and essays from doctors recently, complaining that it's a physical these days and that every M.D. wants out.

I've seen some good rebuttals to these complaints, including this one from Aaron Carroll, takedown the chart below, from PayScale:

Medical doctors are highly paid professionals. They earn more money—a lot more money—than your average American. What’s more, American doctors get paid more than doctors in any other country. Given how much of health care is financed either directly (Medicare, Medicaid, Veterans Affairs, public-sector workers) or indirectly (tax subsidy for employer-provided insurance) by the federal government, it’s natural to make restraining doctors’ income part of any program for making health care more affordable. So when you read stories about doctors whining that Affordable Care Act exchange plans don’t pay them enough, please throw up a little in your mouth and proceed to ignore the doctors’ complaints. The only practical reason to worry about low
Roadmap

Definitions

Scope of the Problem

Where It Comes from

Why It Matters

What to Do About It
How Serious Is the Problem?

<table>
<thead>
<tr>
<th>Burnout prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical students</td>
</tr>
<tr>
<td>Residents</td>
</tr>
<tr>
<td>Practicing physicians</td>
</tr>
</tbody>
</table>

Drybye et al. *Acad Med*. 2015; 89(3).
https://funnyfur.com/dog-clothes/costumes/zebra-dog-costume/
Is Burnout Worse in Physicians?

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>All U. S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>54.4%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Satisfaction with work-life balance</td>
<td>40.9%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Trend</td>
<td>Worsening</td>
<td>Stable</td>
</tr>
</tbody>
</table>

Shanafelt Mayo Clin Proc 2015; 90(12)
Burnout: What’s the evidence?
Individual Contributors

<table>
<thead>
<tr>
<th>No Consistent Association</th>
<th>Possible Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>Major error or adverse event</td>
</tr>
<tr>
<td>Personality factors</td>
<td>Low tolerance of ambiguity</td>
</tr>
<tr>
<td></td>
<td>? Depression</td>
</tr>
</tbody>
</table>
Adverse Events and Well-being

Major Adverse Event

Suboptimal Patient Care

Burnout

Role of shame + perfectionism

West et al. *JAMA* 2006; 206(9)
What’s the evidence?
Workplace structures matter

Less Burnout
- Work is meaningful
- Feeling like workplace cares
- Protected time for self-care
- Work matches expectations

More Burnout
- Rigid schedule
- Poor teamwork
- Heavy administrative workload
Modern Medicine’s Administrative Burden

- 57 physicians observed across 4 specialties.
- 2 hours of administrative work for every hour of patient care.
- Only half of an in-person visit spent on “face time.”
- 1-2 hours of work after hours.

Sinsky Ann Intern Med 2016;165(11)
Just Work Less?
Work hours reforms alone don’t fix burnout

Interns in 3 large IM programs pre- vs. post- 2011:

- No difference in burnout scores
- Similar self-reported sleepiness
- Increased compression of same amount of work → increased intensity

Leadership and Culture

- Burnout and satisfaction influenced by effectiveness of organizational leaders
- Values mismatch at work exacerbates burnout
- Trainees especially vulnerable.

Shanafelt  *Mayo Clin Proc* 2015;90(4)
Leiter  *Can Fam Phys* 2009;55(12)
https://hbr.org/2013/05/what-is-organizational-culture
WORK AND THE LONELINESS EPIDEMIC

Reducing isolation at work is good for business.

Roadmap

Definitions

Scope of the Problem

Where It Comes from

Why It Matters

What to Do About It
Consequences of Burnout

Patient Care
- Suboptimal patient care
- Decreased empathy
- Increased self-reported errors
- Decreased patient satisfaction

Health system
- Increased use of sick leave
- Intent to retire early
- Specialty choice

Individual
- ? Risk for depression
- Decreased satisfaction
- Suicidal ideation

Dewa *BMC Health Serv Res* 2014;14:325
Suicide rate in physicians higher than in general population:

Male physicians: 1.41 times higher.
Female physicians: 2.27 times higher.
Shared Humanity

Self-actualization

Esteem

Belonging/love

Safety

Physiology

Maslow AH. Psychological Review. 1943; 50(4)
Individual
Tolerance of ambiguity
Secondary trauma

System
Rigid structures
Administrative burden

Burnout

Individual
Specialty choice
?Depression/suicidality
Professionalism
Empathy

Patient
Suboptimal care
Lower patient satisfaction
Adverse events

System
Physician workforce
Primary care
Thanks Larissa...

Hearing this is burning me out.
The “Quadruple Aim”

The Next Frontier

Anticipation

Future state

Past efforts

Current efforts

Individual

System

Reaction
Society: Policies and Culture

Examples:

Licensing requirements:
Requiring disclosure of mental only if actively impaired → more willingness to seek care

ACGME: Programs mandated to monitor burnout starting July 2017

Dyrbye Mayo Clin Proc 2017;92(10)
http://www.acgme.org/tabid/116/about.aspx
What’s the evidence?  
Workplace structures matter

- Work is meaningful
- Feeling like workplace cares
- Work matches expectations
- Protected time for self-care

- More Burnout
- Rigid schedule
- Poor teamwork
- Heavy administrative workload
## Organizational Interventions

### Rightsizing workload and workflow:

| Job and schedule structure | Adequate staffing  
|                           | Schedule flexibility  
|                           | Coverage for illness  
|                           | Variety in practice  
| Reduce admin burden:      | Scribes  
|                           | In-box support  
|                           | Verbal orders/order sets  
| Improve teamwork          | Task sharing  
|                           | Enhanced communication  
| Workplace redesign        | Co-locating teams  

Linzer et al. JGIM 2015; 30(8)  
Helfrich et al. JGIM 2014; 29(2)  
Sinsky Ann Fam Med2013;11(3)
Looking for a Lesson in Google’s Perks

Common Sense
By JAMES B. STEWART  MARCH 15, 2013

Stanford: WellMD time-banking program

Mayo Clinic: Protected time for well-being: decreased burnout, persistent effects 12 months after study end

West et al.  JAMA IM 2014; 174(4)
http://www.nytimes.com/2013/03/16/business/at-google-a-place-to-work-and-play.html
Supporting Each Other and Ourselves

There are only two times I feel stress: Day and Night.

http://www.thequotepedia.com/there-are-only-two-times-i-feel-stress-day-and-night-stress-quote/
## Interventions at the Individual Level
Promoting Meaning and Engagement

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>Decreased burnout, persistent effect</td>
</tr>
<tr>
<td>CBT training</td>
<td>Less SI when done proactively</td>
</tr>
<tr>
<td>Group reflection</td>
<td>Decreased burnout, improved satisfaction</td>
</tr>
<tr>
<td>Positive psychology/ gratitude practice</td>
<td>Higher satisfaction</td>
</tr>
</tbody>
</table>
Individual-level Interventions
Mindfulness

• From Buddhist tradition emphasizing remaining in the present.

• 2009 JAMA Study:
  – Decreased burnout in physicians
  – Persistent after end of intervention

• Lower intensity intervention in residents (weekend training) also successful

• However, *mandatory* training may not be effective.

Krasner et al. *JAMA* 2009; 302(12)
Fortney L. *Ann Fam Med* 2013; 11(5): 412-20
Drybye *JGIM* 2017 [epub ahead of print 31 Aug]

http://www.roeselienraimond.com/zen-foxes/
Individual-level Interventions
Online CBT training

Mood Gym: free web-based CBT

Interns randomized to web-based CBT vs weekly resource emails

4 modules 4 weeks (30 mins each):
- Understanding connection between thoughts, emotions, behaviors
- Cognitive restructuring techniques
- Problem-solving strategies

CBT group: 60% less likely to have thoughts of death/passive SI on PHQ-9 (P=0.03)

https://moodgym.anu.edu.au/moodgym
Individual-level Interventions
Reflection

Balint-type support groups
Clinical case conferences on physician-patient relationship

Personal reflection/reflective writing
“Doctoring to Heal”
(Rabow/McPhee)

http://americanbalintsociety.org
## Medical Errors

Write a brief narrative describing a mistake you made or witnessed in clinical practice.

Describe the nature of the mistake, how you discovered it, and its outcome for the patient.

## Self-care for the Caregiver

Write about something that surprised, distressed, or moved you in your care of a patient at the end of life.
**Positive adaptation** in the face of stressors (strong, not tough)
Psychological principles: positive psychology, appreciative inquiry

<table>
<thead>
<tr>
<th>Practices and skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gratitude</td>
</tr>
<tr>
<td>Engaging in difficulties</td>
</tr>
<tr>
<td>Self-awareness/self-acceptance</td>
</tr>
<tr>
<td>Goal and limit-setting</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
</tr>
</tbody>
</table>

i.e. not simply “bouncing back” or “turning that frown upside down”!

Zwack and Schweitzer. *Acad Med* 2013 Mar; 88(3)
Individual-level Interventions
Resilience and Positive Psychology

- The “good life”: how do you get it?
- The “experiencing self” vs. the “remembering self”: influence of memory on final impressions of an experience (Kahneman)
- Evidence for benefit of coaching using this approach in residents

My strategy: Gold in the mental treasure box

Kahneman, Daniel *Thinking Fast and Slow*, 2011.
U Penn Positive Psychology Center: [https://ppc.sas.upenn.edu/](https://ppc.sas.upenn.edu/)
Palamara *JGME* 2015; 7(4)
## Try it on: boosting resilience with everyday work

<table>
<thead>
<tr>
<th><strong>Try it on: boosting resilience with everyday work</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Three good things</strong></td>
</tr>
<tr>
<td><strong>Low-high reflection</strong></td>
</tr>
<tr>
<td><strong>Walk in their shoes</strong></td>
</tr>
<tr>
<td><strong>Goal setting</strong></td>
</tr>
<tr>
<td><strong>Your “best possible self”</strong></td>
</tr>
</tbody>
</table>

Adapted from Nandiwada, Lebuduska, Sgro (U of Pittsburgh) and Asher Tulsky (Boston University) Sheldon. *Journal of Positive Psychology*. 2006; 1(2): 73–82
## Interventions at the Individual Level Summary

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Example</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>MBSR courses</td>
<td>Decreased burnout, persistent effect</td>
</tr>
<tr>
<td>CBT training</td>
<td>MoodGym program</td>
<td>Less SI</td>
</tr>
<tr>
<td>Group reflection</td>
<td>Doctoring to Heal Balint Groups</td>
<td>Decreased burnout, improved satisfaction</td>
</tr>
<tr>
<td>Positive psychology/gratitude practice</td>
<td>3 good things, “high-low” Coaching</td>
<td>Higher satisfaction Possibly decreased burnout</td>
</tr>
</tbody>
</table>
Well-being Roadmap

- Definitions
- Scope of the Problem
- Where It Comes from
- Why It Matters
- What to Do About It
Adapted from Collaborative for Healing and Renewal in Medicine (CHARM) draft Charter on Physician Well-being

- Trustworthy culture
- Advocacy for policies

Supportive systems
Engaged leadership
Highly functioning teams

Anticipation/peer support for challenges
Prioritized mental health
Individual self-care

Societal
Organizational
Interpersonal
Individual

UCSF
Thank you!

Email larissa.thomas@ucsf.edu