

# Physician Wellness During The Current Pandemic

Sharp Grossmont Hospital Grand Rounds  
2020

Fadi Nicolas M.D.

# Objectives

- Attendees will learn about the definition of burnout
- Attendees will be able to identify the common causes of Physician burnout
- Attendees will learn about the complexity that the current pandemic is adding to the burnout problem
- Attendees will learn about the resources available for physicians in the Sharp system to combat burnout and enhance wellness

# Burnout...



Medical systems tend to focus only on the extreme cases of physician burnout, so it automatically implies that there is something wrong with the person suffering from it.

We tend to miss the big picture: This person is working at a certain place with certain people and under certain conditions and requirements.

Put simply burnout is a stress reaction to the environment around us!  
So it is both a system and an individual issue.

# There are several aspects to Physician Burnout:

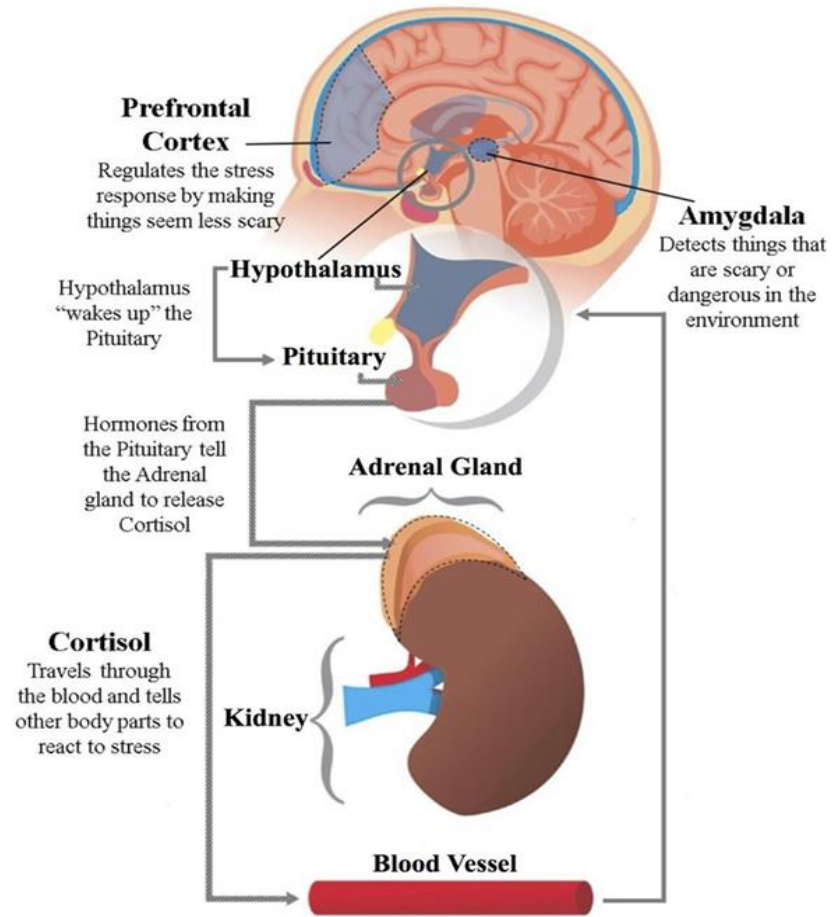
- Burnout physicians report feeling exhausted: physically and emotionally, “I am working too much to do a good job, working too hard, too long, and I am not getting things done. My health is not good, my sleep is poor, my relationships are suffering”.
- The chronic stress kills the physician’s spirit, kills their passion for medicine. Physicians describe losing the joy of work, the meaning of their work, losing the pride in what they do, and losing what drove them to practice medicine in the first place.
- Eventually these physicians start doing the bare minimum just to survive this stressful situation, then feel guilty about that.
- They frequently report feeling ineffective and experience a real loss
- Eventually many physicians end up quitting, or switching to different type of work, or to part time etc..

# What is the definition of Physician Burnout ?

- Defined by the American Medical Association as: “A **long-term stress reaction** characterized by **depersonalization**, including cynical or negative attitudes toward patients, **emotional exhaustion**, a feeling of **decreased personal achievement**, and a lack of empathy for patients.”
- Physicians are 15 times more likely to burnout than other professionals
- 400 physicians suicides reported annually in the US

Some are advocating to move from the name “Burnout” and use the term “Moral Injury”

# HPA stress response



In recent years, the rising prevalence of burnout among physicians (over 50 percent in some studies) has led to questions on how it affects access to care, patient safety, and care quality.

Burnout doctors are more likely to leave practice, which reduces patients' access to and continuity of care.

Burnout can also threaten patient safety and care quality when depersonalization leads to poor interactions with patients and when burnout physicians suffer from impaired attention, memory, and executive function.



# How do I know if I am dealing with burnout?

Here are seven ways to know if your medical practice might be getting the best of you or a colleague—and that it is time to take action:

1. **You have high tolerance to stress.**
2. **Your practice is exceptionally chaotic.**
3. **You don't agree with your boss' values or leadership.**
4. **You're the emotional buffer.**
5. **Your job constantly interferes with family events.**
6. **You lack control over your work schedule and free time.**
7. **You don't take care of yourself.**

# Predominant Drivers of Burnout

The predominant drivers of physician burnout are **systems-level factors** rather than individual physician-level factors:

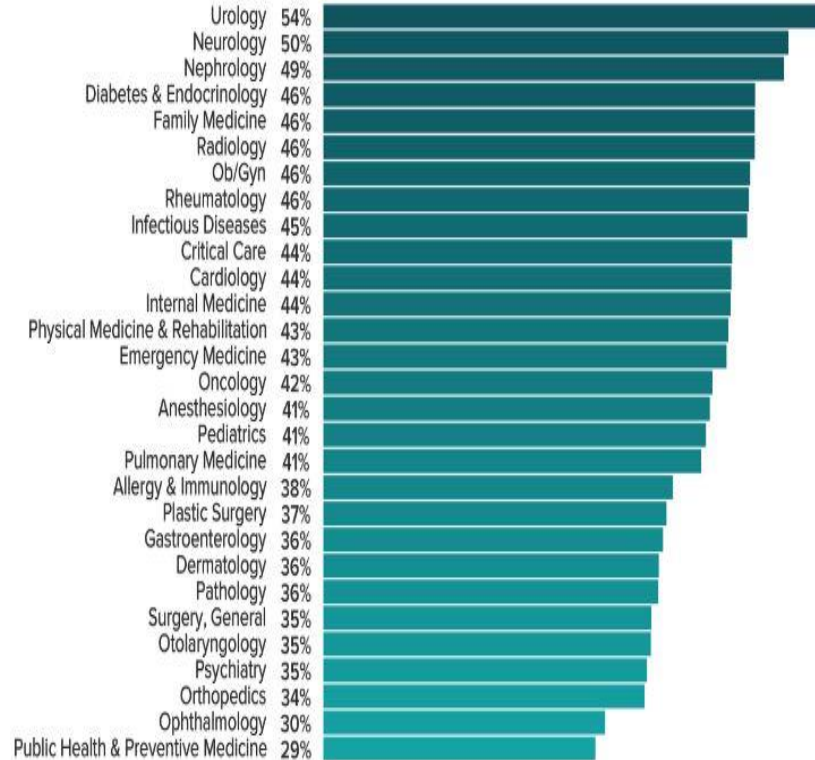
- High workloads
- Workflow inefficiencies, especially related to design and implementation of electronic health records (EHRs)
- Increased time spent in documentation
- Loss of meaning in work
- Social isolation at work
- Loss of control over the work environment
- Cultural shift from health values to corporate values

# Medscape National Physician Burnout and Suicide Report 2020

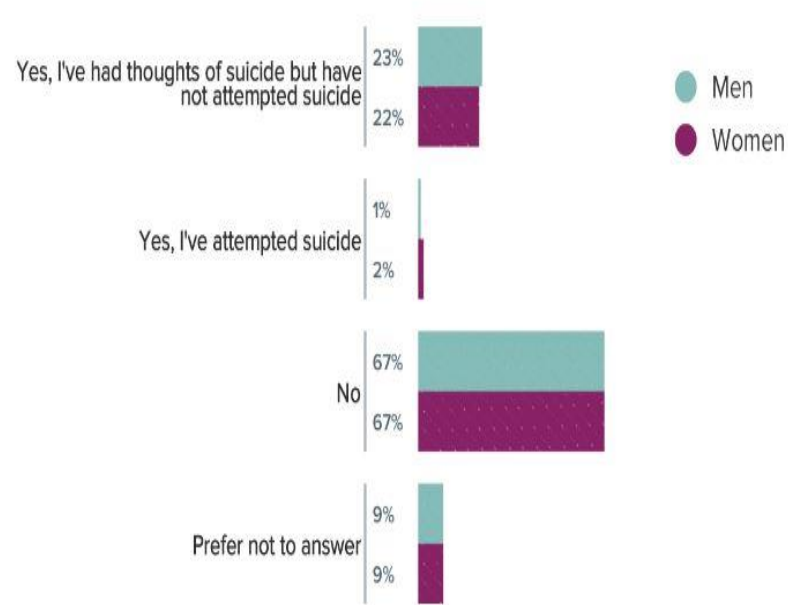
## Methodology

- Survey Method: **Physicians were invited** to participate in a 10-minute online survey.
- Screening Requirements: **Respondents were required** to practice medicine in the United States.
- Sample Size: **15,181 physicians** across 29+ specialties met the screening criteria and completed the survey; weighted to the American Medical Association's physician distribution by specialty and state.
- Recruitment Period: **June 25 through September 19, 2019**
- Sampling Error: The margin of error for the survey was +/- 0.80% at a **95% confidence level** using a point estimate of 50%.

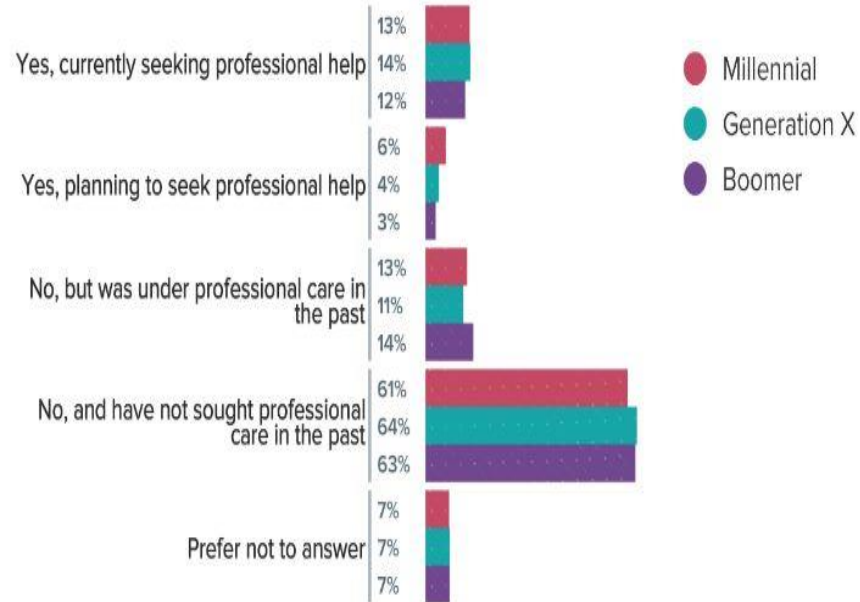
# Which Physicians are more likely to be suffering from burnout?



# Have you ever felt suicidal or attempted suicide?



# Do you plan to seek help?



"I don't think burnout is a psychiatric problem or my personal problem. I think it is inherent in the present way of healthcare delivery, at least in the US." -*Cardiologist*

"I think it stems more from my dislike of the current way medicine is practiced as a whole. I don't see the system changing to fit my needs." -*Oncologist*

"The way I prefer to deal with it is that I have done classes and conferences to address burnout specifically; I practice mindfulness, meditation, and yoga." -*Internist*

# Physician Burnout in Sharp Hospitals





# Maslach Burnout Survey

- Survey open November to early December 2019
- 1100 physicians surveyed.
- 168 survey responses

Facility	Number of Responses	Response Rate
SCV	24	11.3%
SCO	3	5.1%
<b>SGH</b>	<b>39</b>	<b>13.3%</b>
SMB	28	18.7%
SMH	57	15.4%
SMV	11	45.8%
Prefer not to answer	6	N/A
<b>Total</b>	<b>168</b>	<b>15.2%</b>

## Maslach Burnout Inventory

**Emotional Exhaustion:** Feeling overwhelmed, stressed and weary

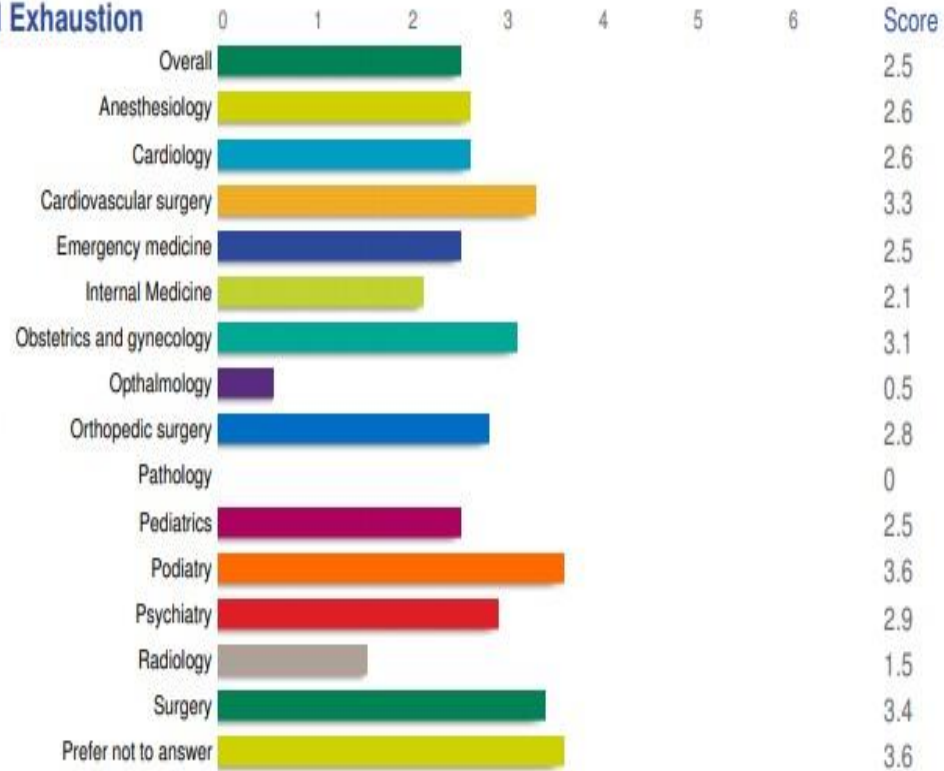
**Depersonalization:** Lost enthusiasm or impersonal responses

**Low personal accomplishment:** Feeling low levels of effectiveness

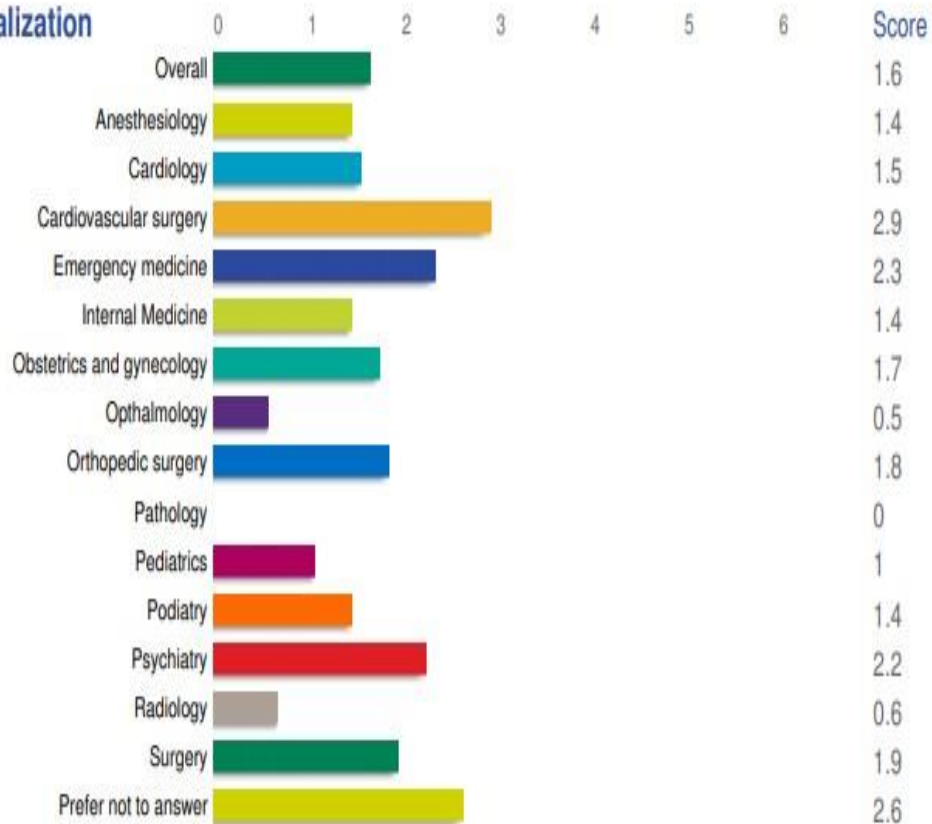
### Participants by Department

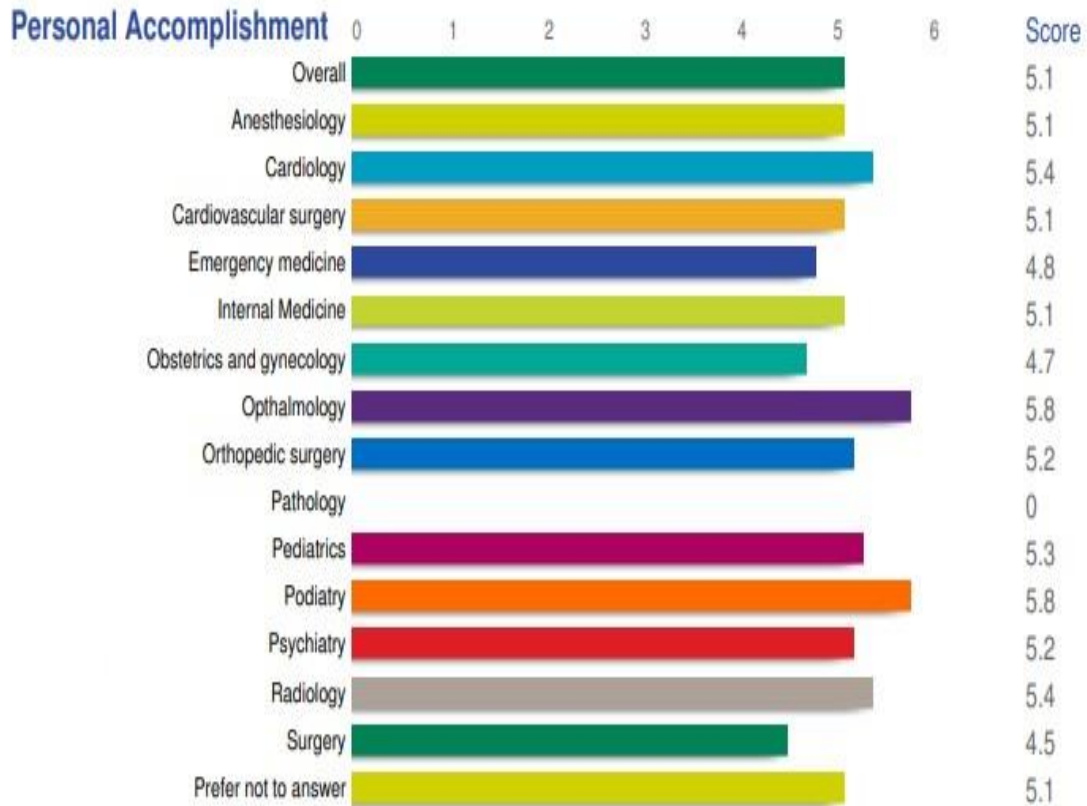
Overall	168
Anesthesiology	13
Cardiology	8
Cardiovascular surgery	4
Emergency medicine	14
Internal Medicine	57
Obstetrics and gynecology	18
Ophthalmology	2
Orthopedic surgery	8
Pathology	N/A
Pediatrics	10
Podiatry	1
Psychiatry	11
Radiology	5
Surgery	9
Prefer not to answer	8

## Emotional Exhaustion



## Depersonalization

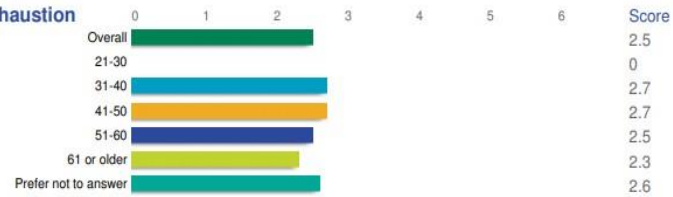




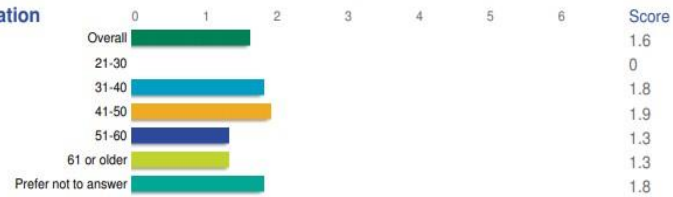
### Participants by Age

Overall	168
21-30	N/A
31-40	21
41-50	58
51-60	50
61 or older	33
Prefer not to answer	6

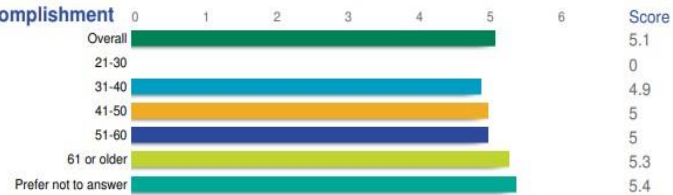
### Emotional Exhaustion



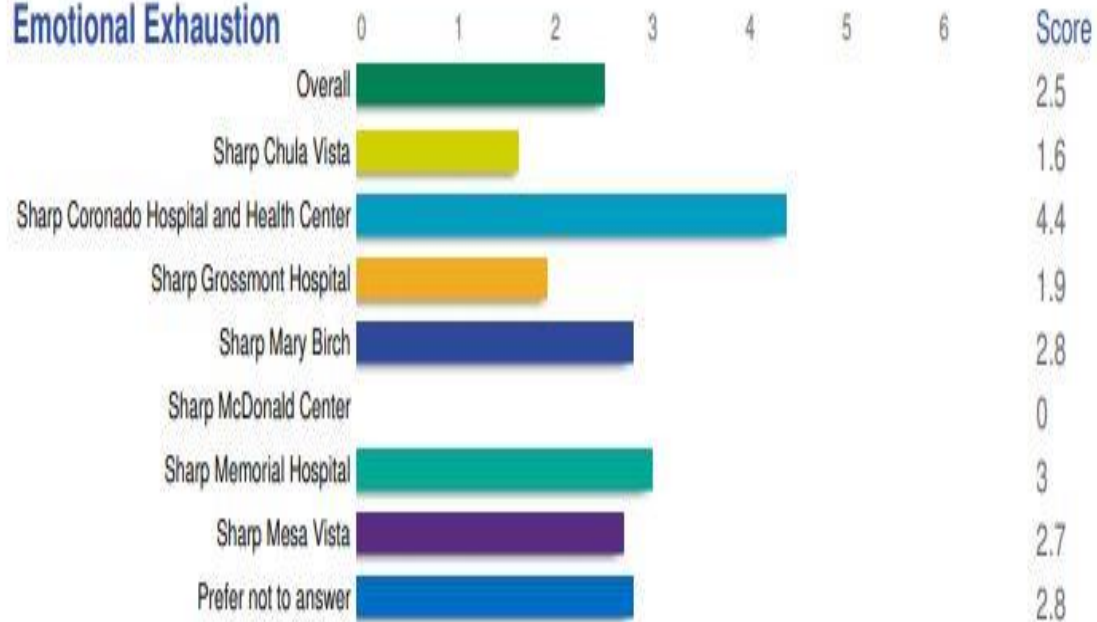
### Depersonalization



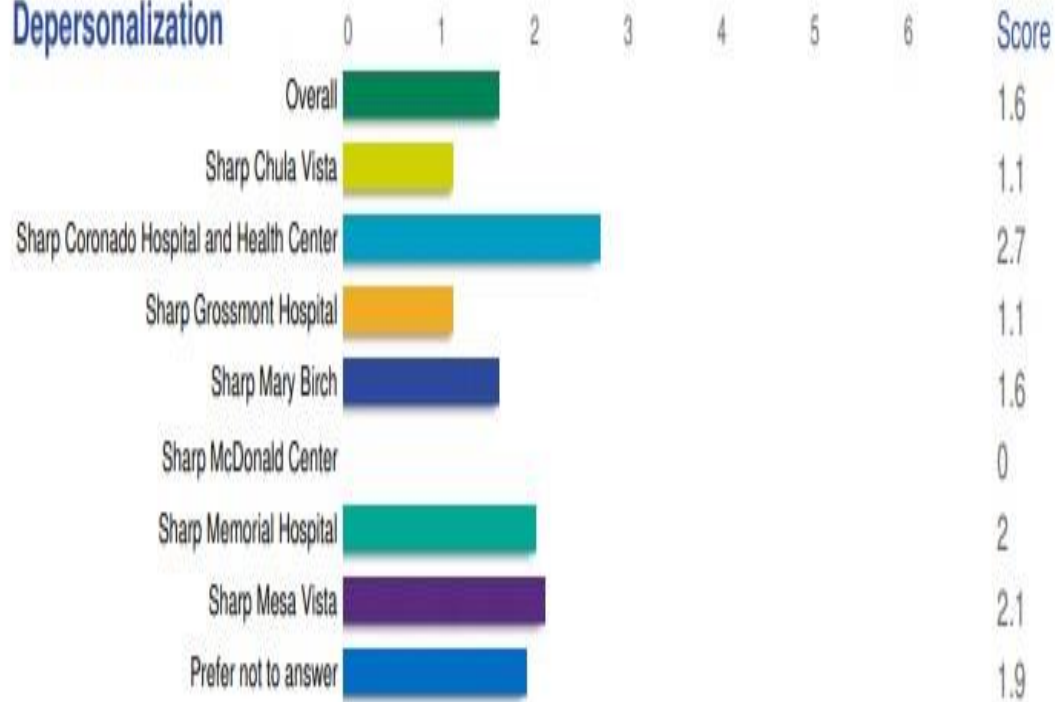
### Personal Accomplishment



## Emotional Exhaustion



## Depersonalization



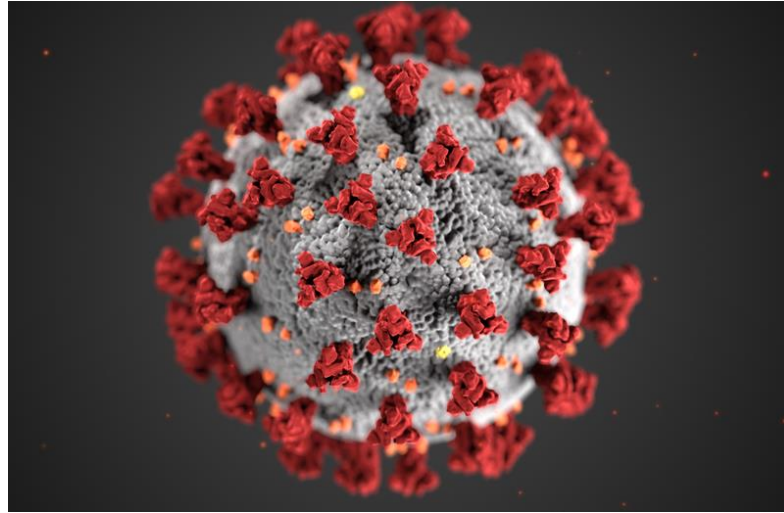




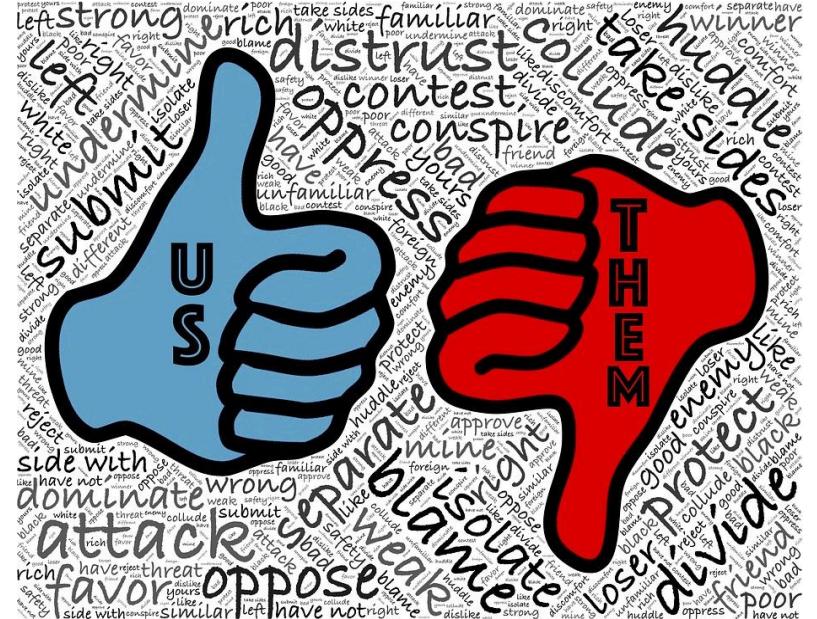
## Maslach Survey Results for Sharp Hospitals' physicians:

Burnout Profile Counts	# of Participants	Profile – Score Interpretation
Engaged	87	Low Emotional Exhaustion Low Depersonalization High Personal Accomplishment
Ineffective	16	Low Personal Accomplishment
Overextended	31	High Emotional Exhaustion
Disengaged	5	High Depersonalization
Burnout	29	High Emotional Exhaustion and High Depersonalization
Total	168	

Then this happened....



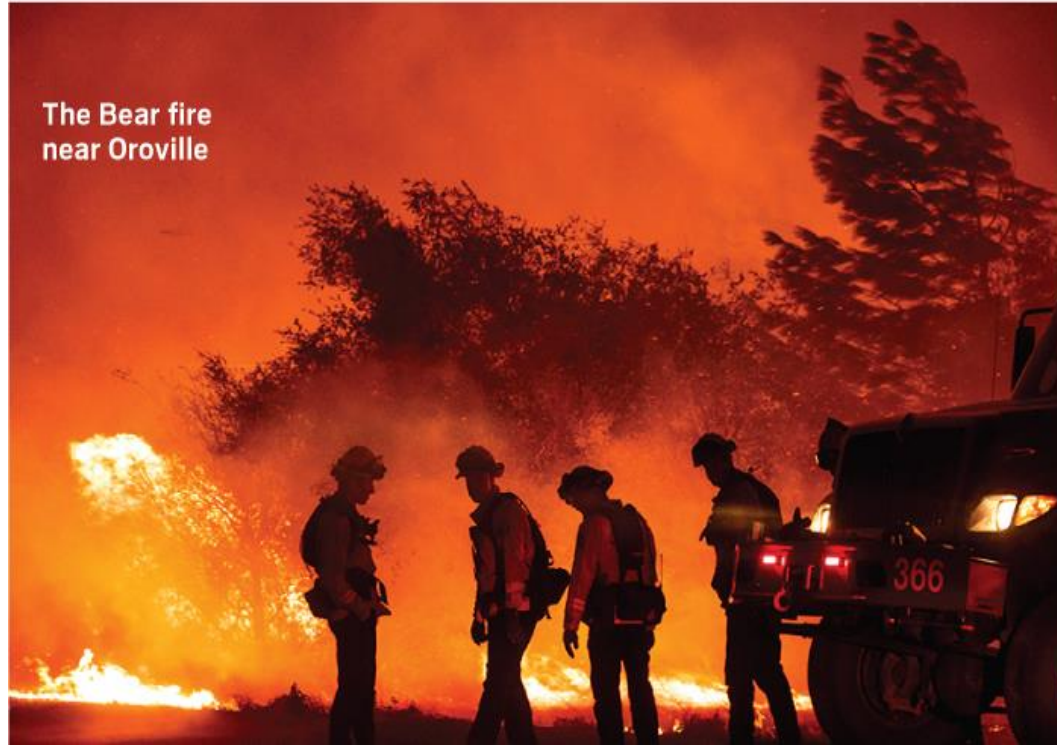
And this....



# And of course, this.....



# Are you kidding me..?



# We live in strange times....

This is the worst global cluster of crises for most of us

There is an overall sense of loss of control

Fear, anger, grief, denial

Increase in anxiety, worry

Uncertainty, financial, jobs, health, schools

Decreased physical activity

Decreased social connection and increased isolation

Increase in mindless eating

Increase in alcohol and drug use

Patients' loss of jobs and loss of insurance coverage

\*As opposed to the 2008 crisis, this time more women (than men) are affected financially

# CDC Morbidity and Mortality Weekly Report (MMWR)

## August 14, 2020

CDC survey among adults 18 or older across the US during the period June 24-30 2020.

(40.9%) reported at least one adverse mental health condition including:

-anxiety or depression (30.9%)

-trauma and stress related disorder (TSRD) related to the pandemic (26.3%)

-started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%)

-(10.7%) seriously considered suicide in the 30 days before the survey and the number was higher (25.5%) in responders aged 18-24 years old



# COVID-19 Added Stressors on physicians:

- Financial uncertainties
- Longer hours caring for sick patients
- Changing and adapting to new practice structures and guidelines to cut down on transmission
- Shortages of necessary medical equipment
- Adapting to the constant and ever-changing clinical environment
- Increased worry for family, friends, and colleagues
- Emotional distress of front-line health care providers, mainly due to the added pressure to choose between family responsibilities and their inner sense of duty toward patients.

# Some positive news for physicians during COVID-19

- Overwhelming influx of support from leaders
- Public and private acknowledgments
- Community support (eg, food sent to care units)
- Services offered to staff, such as music therapy, counseling services, chaplain services, and accommodations in work schedules.
- Allocation of more resources (eg, float nurses, physicians, patient care assistants, and new equipment).

# What can we do as individuals and as a system to combat Burnout?

Interventions to address burnout have been classified as either:

Organization-directed

VS

Physician-directed

# Organization directed intervention

The study, “Effect of Organization Directed Workplace Interventions on Physician Burnout: A Systematic Review” published in Mayo Clinic Proceedings (December 2019), recommended four types of organizational interventions: (4 Ts)

Teamwork: In general physicians working within larger teams fared better than individual physicians

Time: limiting working hours, and scheduling vacations and time off in advance

Transitions: changes to workflow redesign

Technology: EHR focused interventions

# Physician burnout , interrupted

## NEJM June 2020

“The problem of burnout will not be solved without addressing the issues of autonomy, competence, and relatedness.

- The restoration of **autonomy**; giving doctors flexibility in their schedule to allow for individual styles of practice and patient interaction was one of the few system solutions that reduced burnout.
- **Competency** can be restored by purging the system of meaningless metrics while maintaining a core of evidence-based measures, allowing for clinical judgment, and honoring individual patient preferences.
- **Relatedness** should be authentic, aligning the system’s values with those of physicians, nurses, and other health care professionals who chose their careers out of altruism.

Restoring these three pillars will support the **return of intrinsic motivation”**

## Locally:

- The Sharp Hospitals CMO group are partnering with IT and several hospitalists champions to create a curriculum for shortcuts to save time while working on Cerner.
- The initial target groups might be hospitalists, intensivists, and surgeons

**if you get tired,  
learn to rest,  
not to quit.**

**+ Banksy**



## Physician directed interventions:

They aim to enhance resilience among physicians through activities such as promoting mindfulness or cognitive behavioral techniques to improve an individual's ability to cope, communicate effectively, and increase competency.

- Acknowledge your feelings
- Be self compassionate
- Use empathy to tolerate others' anxiety
- Humor
- “This too shall pass”
- Take the news in small phases
- Use clear communication
- Exercise
- Sleep hygiene
- Mindfulness meditation
- Breathing techniques
- Schedule social activities, even online



## Strategies for Clinicians

1. **Meet basic needs:** Eat, drink, sleep, and exercise regularly. Becoming biologically deprived is risky and may compromise your ability to care for patients.

2. **Take breaks:** Whenever possible, give yourself a rest from patient care with comforting, fun, or relaxing activities. Take walks, listen to music, read a book, write in a journal, practice breathing and relaxation techniques, or talk with friends. Taking appropriate rest leads to proper care of patients after your break.

## Strategies for Clinicians

3. **Stay connected:** Give and receive support from your colleagues to avoid isolation, fear, and anxiety. Partner with colleagues to support each other and monitor each other's stress, workload, and safety. Communicate with colleagues clearly and optimistically. Contact family and loved ones for support.

4. **Respect differences:** Recognize and respect differences in yourself, your patients, and your colleagues, such as needing to talk versus needing to be alone.

## Strategies for Clinicians

5. **Stay updated:** Rely on trusted sources of information and participate in meetings where relevant information is provided. However, avoid watching or listening to news reports 24/7. Graphic imagery and worrisome messages can increase your stress and may reduce your effectiveness and overall well-being.

6. **Perform self check-ins:** Monitor yourself over time for any symptoms of depression or stress, such as prolonged sadness, difficulty sleeping, intrusive memories, and/or hopelessness. Talk to a peer or supervisor, advise management so that they can provide support interventions, or seek professional help.

## Strategies for Clinicians

7. **Honor your service:** Remind yourself and others of the important and noble work you are doing. Recognize colleagues for their service whenever possible.

These strategies are adapted from several resources to promote clinician well-being during COVID-19. They are not exhaustive.

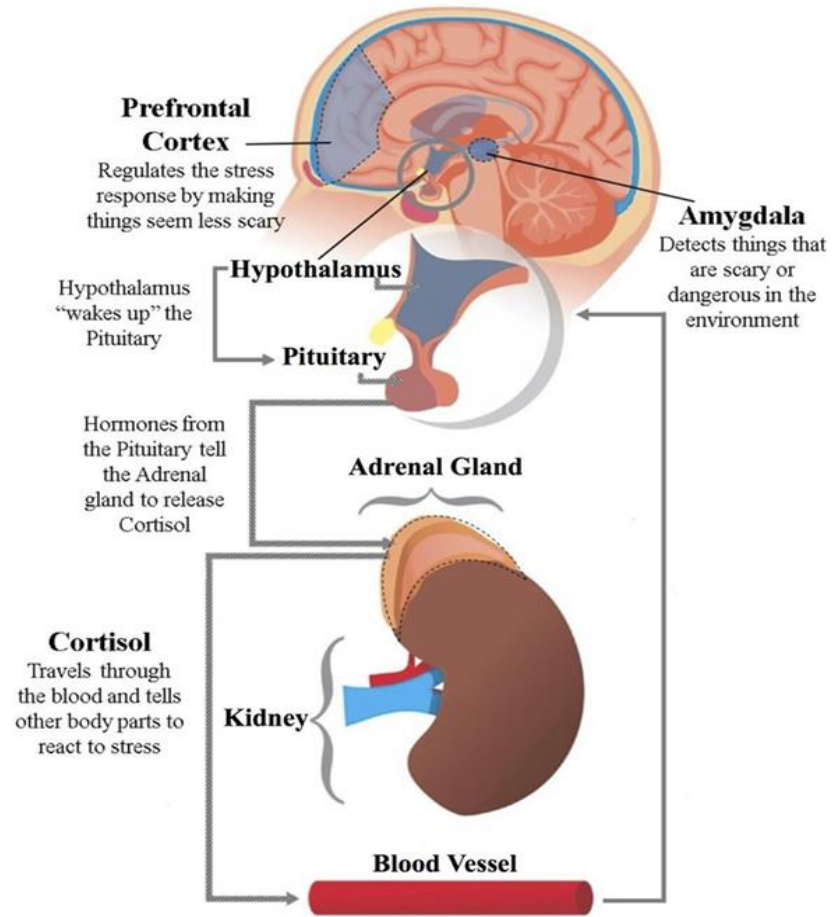
# Wellness Resources Available at Sharp for Physicians

- <https://www.Sharp.com/Physicians/>

# Sharp Healthcare First to deploy Amazon's New Health Wearable (Modern Healthcare-August 27 2020)

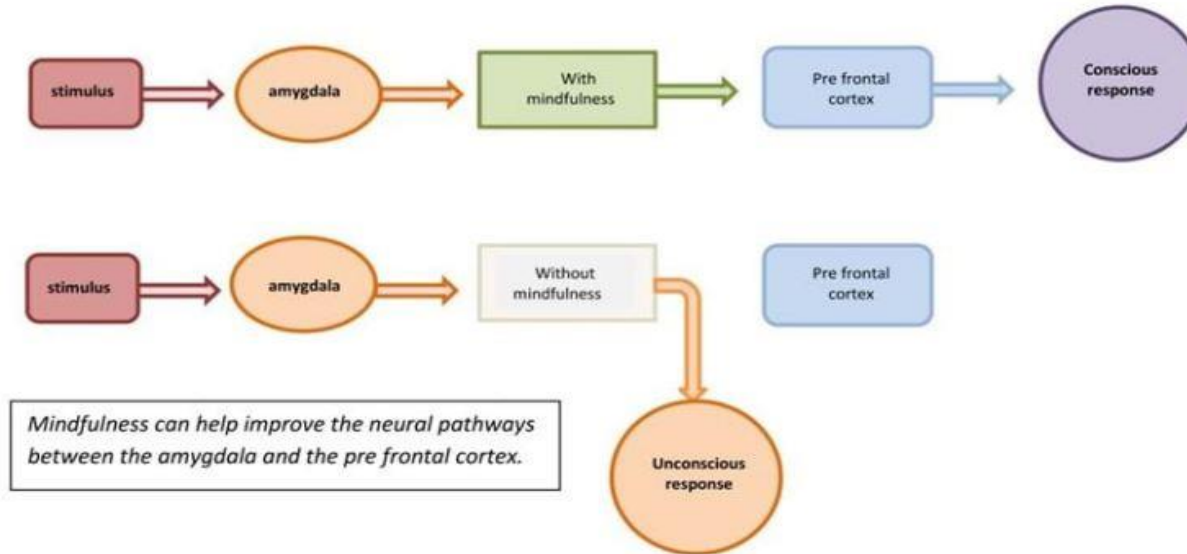


# HPA stress response



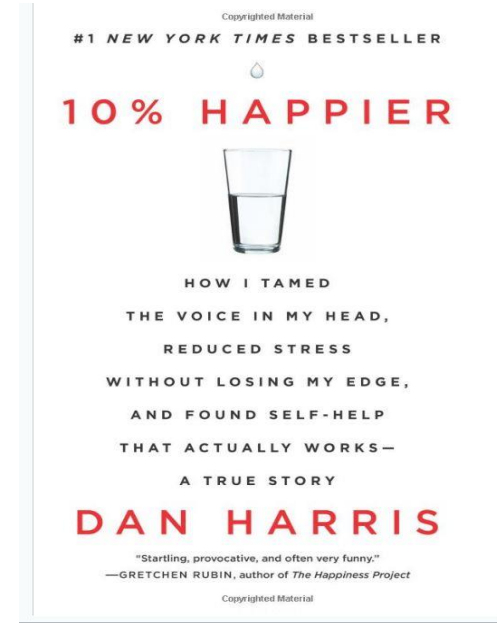
# What is mindfulness meditation?

## How the mind can change the brain





# <https://www.tenpercent.com/mindfulness-meditation-the-basics>



# Post test

Studies that examined physician burnout indicate that the MAIN cause of burnout is:

- A- The individual physician predisposition to psychiatric problems
- B- System related issues: EMR, workload, etc..
- C- Physician's prior history of substance abuse problems
- D- All of the above
- E- None of the above

## References:

- AHRQ: Agency for Healthcare Research and Quality  
<https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html>
- Medscape National Physician Burnout and suicide report 2020  
<https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460#1>
- Effect of Organization-Directed Workplace Interventions on Physician Burnout: A Systematic Review. Mayo Clinic Proceedings volume 3-issue 4 Dec 2019  
[https://mcpigojournal.org/article/S2542-4548\(19\)30087-6/fulltext](https://mcpigojournal.org/article/S2542-4548(19)30087-6/fulltext)
- Physician Burnout, Interrupted NEJM. June 2020  
<https://www.nejm.org/doi/full/10.1056/NEJMp2003149>
- CDC MMWR August 14, 2020  
[https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s\\_cid=mm6932a1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w)

# Thank You!

Questions?