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We also treat the human spirit.

From Burnout to Wellness: Where to Begin?

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Disclosures

- I have no financial disclosures or conflicts of interest
- I am NOT an expert!
- I do not have a magic cure or answer

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Goals and Objectives

- At the conclusion of this presentation, the learner should be able to:
 - Define burnout
 - List personal and professional implications of burnout
 - Recognize the seven dimensions of burnout
 - Define wellness
 - Recognize the seven dimensions of personal wellness
 - Identify nine structural and organizational strategies to promote well-being

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Outline

- Defining burnout and affiliated terms
- Identifying the prevalence of burnout
- Significance of burnout – Why do we care?
 - Personal implications
 - Professional implications
- How do we address burnout? – solutions/strategies
 - Wellness
 - Personal
 - Structural/Organizational
 - ACGME
- Lessons learned – Wellness Initiative at Loyola (success and failures)
- Takeaway points - what to do now?

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Definitions

- Burnout
 - A syndrome characterized by emotional exhaustion, cynicism or depersonalization, and feeling a lack of personal accomplishment
- Work-related stress
 - Response people may have when work demands exceed their knowledge or skills and challenges their ability to cope
- Compassion fatigue
 - A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress
- Major depression
 - Change in mood, and loss of interest or pleasure accompanied by several changes, such as disturbance in, sleep, appetite, or sexual desire and suicidality, for at least 2 weeks

Atallah, Fouad, et al. Please put on your own oxygen mask before assisting others: a call to arms to battle burnout. American Journal of Obstetrics & Gynecology. December 2016

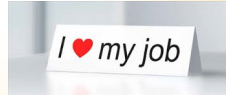
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Definitions (cont.)

Engagement

- The positive antithesis of burnout – vigor, dedication, and absorption in work

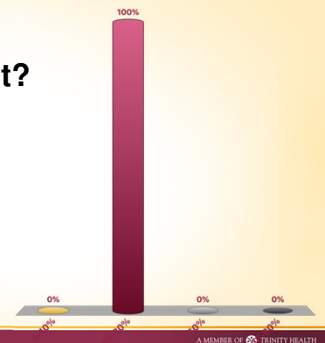


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How prevalent is physician burnout?

- A. 5-10%
- B. 10-30%
- C. 40-60%
- D. 65-80%



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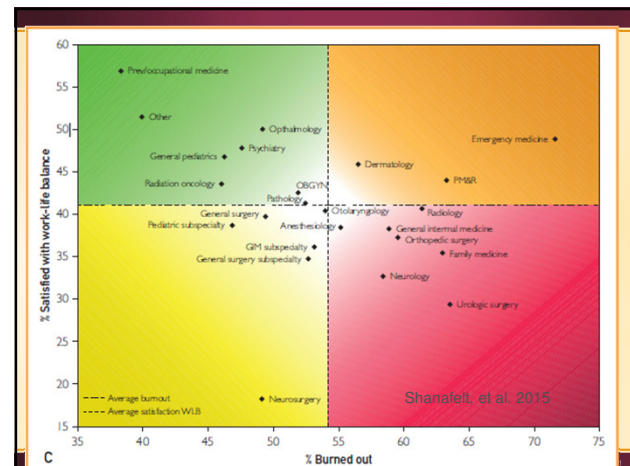
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Prevalence

- At least 50% of US Physicians are experiencing burnout - Shanafelt, et al (2015)
 - Dramatically higher than US workers in other fields
 - Rate of burnout among all physicians from 2011-2014 increased
- Highest during residency training – 40-76% (Holmes, et al.)
- Where do family physicians fall?
 - Peckham, et al. 2016
 - Burnout among family physicians – 54%

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Prevalence

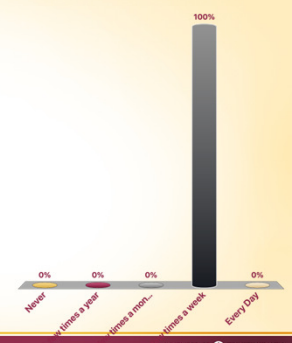
- Holmes, et al. (2016) – multispecialty study
 - Resident burnout 60-76% and rising
 - Higher rate of motor vehicle accidents, substance abuse, depression, suicide
 - Three greatest contributing factors
 - Lack of time for self-care/exercise and engagement of enjoyable activities outside work
 - Conflicting responsibilities between work, home, and family
 - Feeling underappreciated

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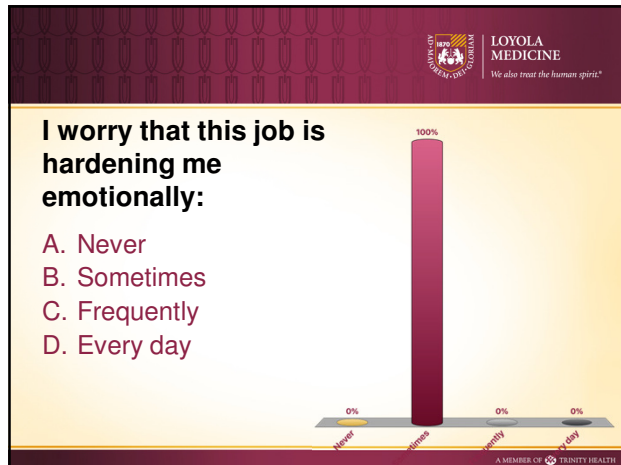
I feel emotionally drained from work:

- A. Never
- B. A few times a year
- C. A few times a month
- D. A few times a week
- E. Every Day



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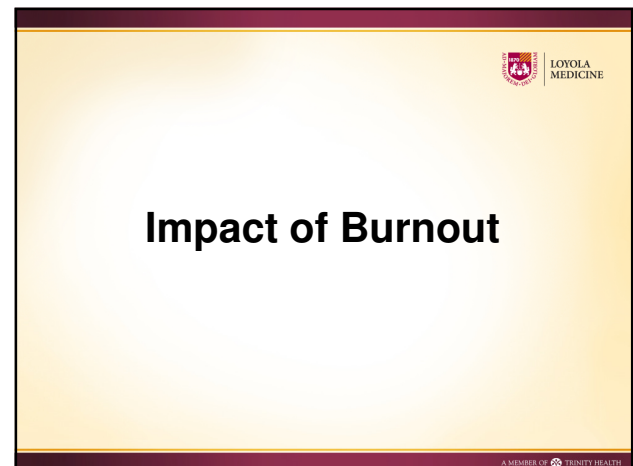
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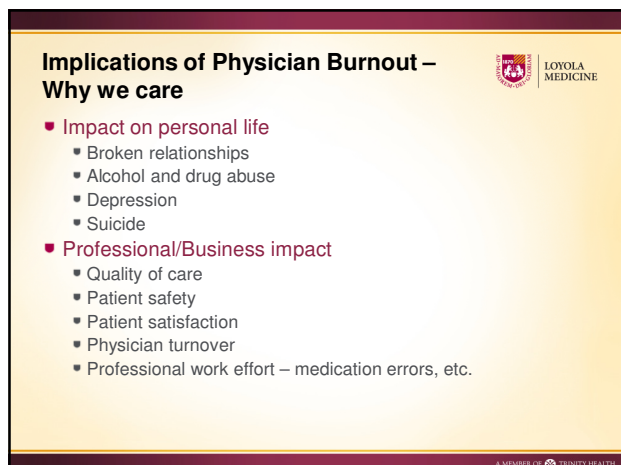
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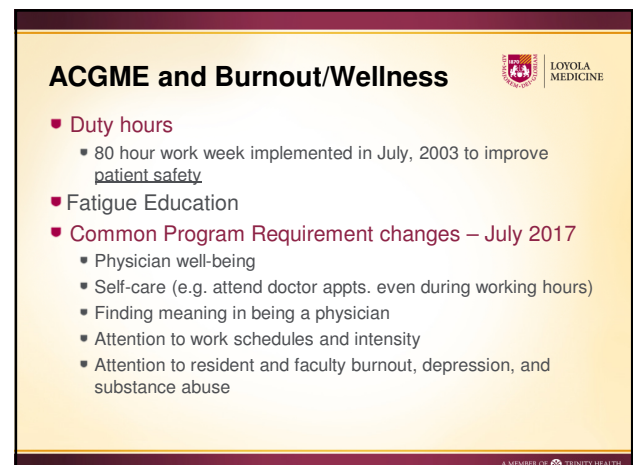
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ACGME and Burnout/Wellness



"In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs and Sponsoring Institutions have the same responsibility to address well-being as they do to ensure other aspects of resident competence."

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ACGME - AWARE



- Great workshop to run with departments, residents, medical students
 - Problematic mindsets
 - Cognitive distortions
 - Tools to combat
 - Mindful awareness
 - Cognitive restructuring
 - Combatting negativity bias
 - Cultivating optimism
 - Emotional self-regulation
 - Investing in well-being
 - Practicing gratitude

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Dimensions of Burnout



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Seven Dimensions of Burnout – Shanafelt, et al. (2016)



- **Workload**
 - Specialty specific and type of practice
 - Productivity vs Salary
 - Documentation requirements
- **Efficiency and Resources**
 - Personal efficiency/organizational skills
 - Ability to say "no"
 - Support staff
 - EMR

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Seven Dimensions of Burnout



- **Meaning in Work**
 - Self-awareness
 - Shape career toward interests
 - Opportunities for professional development (education, research, leadership)
 - Recognition at work
- **Culture and Values**
 - Personal and professional values
 - Equity/fairness
 - Organization's mission and ability to lead by example
 - Communication and messaging

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Seven Dimensions of Burnout



- **Control and Flexibility**
 - Ability to control daily schedule, call schedule, vacation schedule
- **Social Support and Community at Work**
 - Individual relationship-building skills
 - Collegiality
 - Team structure
 - Social gatherings

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Seven Dimensions of Burnout



- **Work Life Integration (vs balance)**
 - Personal priorities/values
 - Spouse, children, health issues
 - Vacation and sick policy
 - Expectations/role models

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The Solution?



- **Individual-focused AND structural/organizational efforts required**
 - Individual – Wellness
 - Structural/Organizational – leadership, communication, aligning of values, systematic approach to prevent and treat

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Solutions/Strategies - Personal



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Wellness



- **What is it?**
 - "The quality or state of being healthy in body and mind, especially as the result of deliberate effort"



<http://townofdaavidson.org/846/Seven-Dimensions-of-Wellness>

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Mindfulness



- **"Paying attention in a particular way on purpose, in the present moment, and non-judgementally" (Kabat-Zinn, 1994)**
 - Being present
- **Promote healthier ways of relating to inner experiences**
 - Enhanced awareness
 - Attention regulation
 - Acceptance of thoughts, emotions and states

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Mindfulness



- Burton, et al. (2016) - meta-analysis
 - Mindfulness-based interventions (MBI's)
 - Reduction in work-related stress and burnout
 - Increased self-compassion, empathy, sense of self

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Mental Health



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Mental Health



- Re-emerging interest in psychedelic medicine
 - Studied between 1943-1970
 - Halted with the controlled substances act
 - MDMA for PTSD
 - Phase III clinical trials
 - Pooled analysis of 6 phase II trials – almost 60% no longer met criteria for PTSD vs. 23% of placebo

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Mental Health



- Psilocybin
 - Addiction
 - Anxiety/depression (particularly with end-of-life)
- Ayahuasca, peyote, iboga
 - Used for millennia as traditional, sacred medicines for physical and emotional healing
- New/emerging studies for health care providers

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Solutions/Strategies - Organizational



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Structural/Organizational Solutions



- Shanafelt, et. Al (2016) – “Nine organizational strategies to promote well-being”
 - Acknowledge and assess the problem
 - Harness the power of leadership
 - Recognize unique talents
 - 20% of professional effort focused on dimension of work they find most meaningful – dramatically lower risk of burnout
 - Ceiling effect - similar results with 50%
 - What aspects of work do you find most meaningful?
 - Develop and implement targeted interventions

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Structural/Organizational Solutions



Shanafelt cont.

- Cultivate community at work
 - Peer support
 - Celebrate achievements (personal and professional milestones)
 - Support one another through challenging experiences
 - Loss of a patient (compassion fatigue), medical errors, malpractice suits, etc.
 - "Care for the caregiver"
 - Share ideas on how to navigate ups and downs
 - Importance of socializing and gathering
 - Impact of eliminating spaces like physician lounges, etc.

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Structural/Organizational Solutions



Shanafelt cont.

- Use rewards and incentives wisely
 - Productivity-based compensation – increased risk of burnout
 - Exacerbated by overwork due to education debt and poor role modeling (i.e. normalization of extreme work hours)
- Align values and strengthen culture
- Promote flexibility and work life integration
 - Options for part-time employment
 - Structure of vacation benefits, coverage for life events, approach to scheduling, strategy for coverage of nights and weekends

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Structural/Organizational Solutions



Shanafelt cont.

- Provide resources to promote resilience and self-care
 - Physicians who take better care of their own health – more optimal care for their patients
- Facilitate and fund organizational science
 - Develop new metrics, establish national benchmarks, implement practice analytics, conduct intervention studies, etc.

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Examples



- <https://wellmd.stanford.edu/>
- <http://www.mayo.edu/research/centers-programs/physician-well-being-program/overview>
- <http://som.unm.edu/education/md/omsa/wellness.html>

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The Loyola Experience



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Wellness Initiative



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- Combatting compassion fatigue
- 8 1-hour sessions divided by year of training given over 1 year
 - Overview, education of terms, literature review
 - Assessment of measures
 - Professional Quality of Life Scale (ProQOL)
 - Stanford House Staff Wellness Survey
 - Low impact debriefing
 - Strategies for dealing with difficult events
 - Translating into the field of anesthesia
 - Learn your warning signs – increasing self-awareness

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Wellness Initiative



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- Sessions (cont.)
 - Toxicity in the work place
 - Compassion fatigue toolkit – putting it all together
 - Standards of self-care – steps to wellness
- Results
 - Mixed feelings and participation
 - Some loved it, others didn't
 - Taking away from study time (some would have preferred board prep, etc.)
 - Possible mistrust? Anonymity of measures

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Wellness Initiative



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- Lessons and Adaptation
 - Moved away from structured curriculum to free-flowing discussions
 - Examples
 - Combined all classes and made every session optional
 - Expanded beyond compassion fatigue to focus on wellness strategies to combat burnout
 - Mindful meditation and exercise
 - Group discussions and peer support

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Summary



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- The prevalence of burnout among physicians, and especially residents, is unacceptably high
- Family medicine is in a high risk category for burnout compared to many other medical specialties
- Multiple factors that contribute to burnout and engagement/wellness
 - Individual vs structural/organizational

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Takeaway Points



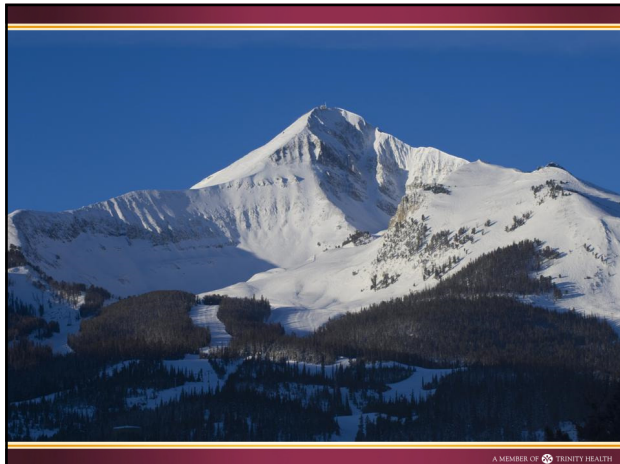
- **Start with yourself!**
 - Do you suspect that you are burned out?
 - Intervene – fitness and mental health, mindfulness, work-life integration, finding value and appreciation at work
 - Seek mental health support
- **Within the department/program**
 - Community/support, wellness initiatives or committee, options within vacation/scheduling system, mentorship, role-modeling
- **Institutional**
 - Filling out colleague engagement surveys
 - Communication with leadership

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References



- ACGME Common Program Requirements; Section VI; Proposed Major Revisions. 2016 Accreditation Council for Graduate Medical Education
- Atallah, Fouad, et al. *Please put on your own oxygen mask before assisting others: a call to arms to battle burnout*. American Journal of Obstetrics & Gynecology. December 2016.
- Burton, Amy, et al. *How Effective are Mindful-Based Interventions for Reducing Stress Among Healthcare Professionals? A Systematic Review and Meta-Analysis*. Stress and Health 33: 3-13 (2017) John Wiley & Sons Ltd.
- Dyrbye, L.N., T.D. Shanafelt, C.A. Siu, P.F. Crotano, J. Bhatt, A. Onnaya, C.P. West, and D. Mayers. 2017. *Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care*. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/Burnout-Among-Health-Care-Professionals>
- Holmes, Emily et al. *Taking Care of Our Own: A Multispecialty Study of Resident and Program Director Perspectives on Contributors to Burnout and Potential Interventions*. Academic Psychiatry April 2017, Volume 41, [Issue 2](#), pp 159–166
- McCray, Laura, et al. *Resident Physician Burnout: Is There Hope?* Family Medicine. 2008 October; 40(9): pp 626-632
- de Oliveira, Gladiato S, et al. *The Prevalence of Burnout and Depression and Their Association with Adherence to Safety and Practice Standards: A Survey of United States Anesthesiology Trainees*. Anesthesia & Analgesia. July 2013; Vol 117; No 1, pp 162-193
- Saadati, H. et al. *Wellness program for anesthesiology residents: a randomized, controlled trial*. Acta Anaesthesiologica Scandinavica 2012; 56: 1130-1138
- Shanafelt, Tait D, et al. *Changes in Burnout and Satisfaction With Work-life Balance in Physicians and the General US Working Population Between 2011-2014*. Mayo Clin Proc. December 2015;90(12):1600-1613 <http://dx.doi.org/10.1016/j.mayocp.2015.08.024>
- Shanafelt, Tait D, Noseworthy, John H. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. January 2017;92(1):129-146 <http://dx.doi.org/10.1016/j.mayocp.2016.10.004>
- West, Colin P, et al. *Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis*. Lancet 2016; 388: 2272-81

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Thank you!!



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Questions?



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