Addressing Physician Burnout

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Burnout: Definition

• Burnout is a syndrome of:
  – **Emotional depletion** - Feeling emotionally depleted, frustrated, tired of going to work, hard to deal with others at work
  – **Detachment/cynicism** - Being less empathic with patients/others/self, detached from work, seeing patients as diagnoses/objects/sources of frustration
  – **Low personal achievement** - Experiencing work as unrewarding, “going through the motions”

Burnout more likely to develop when *job stress* is high and *personal autonomy* is low

Maslach, 2006
Burnout: Stress-Related Process

• It is a response to the prolonged exposure to occupational stress which negatively affects the individuals, the organizations, and patients

• Burnout is an imbalance between job demands cognitive, emotional, situational demands and the resources

Maslach & Leiter, 2008  The Journal of Applied Behavioral Science
Drivers of Burnout and Engagement

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Efficiency and resources
Organizational culture and Values
Social support and community at work
Meaning in work
Workload and job demands
Control and flexibility
Work-life integration

More optimal

Engagement
- Vigor
- Dedication
- Absorption

Consequences of Burnout

• Patient satisfaction and adherence
• Medical errors $^{1-2}$
• Professionalism$^3$
• Patient Satisfaction$^4$
• Reduce hours/turnover$^5$
• Suicidal Ideation$^6$

$^1$West et al., 2006 *JAMA*, 2
$^2$Dyrbye, 2013 *JAMA* 4
$^3$Dyrbye, 2013 *JAMA* 4
$^4$Shanafelt, 2009 *Ann Intern Med* 6
$^5$Shanafelt, 2009 *Ann Surg* 6
$^6$West, 2011 *JAMA* 6
What seems to be the problem, Mrs. Johnson?

I feel the way you look!
Preventing & Addressing Burnout

**Individual Approach**
- Starts with person
- Becomes group project
- Connects to organization
- Outcomes affects related mismatches
- Outcome is a process

**Organizational Approach**
- Starts with management
- Becomes organizational project
- Connects to people

## Physician Well-Being: Approach Summary

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Individual Steps to Take

- Time Out Time Off
  - Monitor energy and emotional levels
  - Delegate tasks
  - Make use of vacation days

- Cultivate an adaptive attitude
  - Appreciation of positive events
  - Identify issues that are out of personal control
  - Developing an adaptive attitude
    - Accepting each situation as it comes

- Self compassion

- Resilience tools and techniques

- Seek mentors, consider a coach
  peer exchange groups, mental health treatment when needed

Swetz et al., (2009) *Journal of Palliative Medicine*
Series of 35+ evidence-based online modules that help identify risk factors for burnout and adopt organizational and individual tool and techniques to alleviate excess stress and mitigate burnout

Current modules address four key areas:
• Practice efficiency and patient care
• Technology and innovation
• Patient health
• Physician health

CME Credits are granted upon completion of modules
Preventing Physician Distress and Suicide
Recognize and respond to physician distress and suicidal behavior

Physician wellness: preventing resident and fellow burnout
Learn how to foster and implement a culture of wellness focused on the unique experiences of residents and fellows.

Put MACRA Changes into Practice.
Start with the Payment Model Evaluator, developed by the AMA.

Improving physician resiliency
Foster stress hardness and protect against physician burnout.

Preventing physician burnout
Improve patient satisfaction, quality outcomes and provider recruitment and retention.
Nine Organizational Strategies

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
- 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

Strategy 1

**Acknowledge and Assess the Problem**

- Naming the issue and being willing to listen demonstrates that the problem is recognized at the highest level of the organization
  - Creates necessary trust for physicians and leaders to work together to make progress

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Assessing Dimensions of Physician Well-being and Instruments

• Achievement/professional Fulfillment
  – Meaning
  – Professional Satisfaction

• Burnout
  – Exhaustion
  – Cynicism
  – Inefficacy

• Engagement
  – Vigor
  – Dedication
  – Absorption

• Fatigue
  – Energy
  – Sleep

- Physician Job Satisfaction Scale
- Empowerment at Work Scale
- Maslach Burnout Inventory
- Oldenburg Burnout Inventory
- Utrecht Work Engagement Scale
- Brief Fatigue Index
- Epworth Sleepiness Scale

Assessing Dimensions of Physician Well-being and Instruments

• Stress
  – Work stress
  – Anxiety

• Quality of Life
  – Physical
  – Mental
  – Emotional
  – Social
  – Financial
  – Overall

• Composite well-being measures
  – Achievement/professional fulfillment
  – Burnout
  – Work-life integration
  – Stress
  – Fatigue

- Percieved Stress Scale
- Short Form Health Survey
- Linear Analogue Self-Assessment Scales

- Well-being Index/Physician Well-being Index
- Mini-Z

Strategy 2

Harness the Power of Leadership

Leadership behaviors of the physician supervisor plays a critical role in the well-being of physicians they lead

Survey of physicians and scientists working at large healthcare organizations (n= 2813)

Results found that:

- Supervisor scores composite leadership scores (e.g. treats me with *respect and dignity*, is *interested in my opinion*) were strongly correlated with the burnout and satisfaction scores of individual physicians

- Each 1-point increase in composite leadership score associated with:
  - 3.3% decrease in likelihood of *burnout*
  - 9% increase in likelihood of *satisfaction*

Shanafelt et al. (2015) *Mayo Clinic Proc*
Leadership Development Programs @ Mayo Clinic:
1. “Leadership Prescription” for division and department chairs and executive teams in the first year of their eight-year chairmanship stints
2. “Leadership Challenge” which invites physician/administrator dyads of people tapped for succession into leadership positions throughout the organization
3. “Fresh Eyes” for division leaders from 24 Mayo-affiliated hospitals.
Strategy 3

Develop and Implement Targeted Interventions

Stepwise Process:
1. Assemble leadership team of 2-3 physicians
2. Leadership team meets with work unit leaders to get insights on specific local challenges
3. Create focus groups to focus on specific issues/challenges in the local work unit
   - Identify, develop, and implement an initial intervention
   - “What changes could be made to address this problem rapidly if your work unit and its leader made it a priority?”
4. Passing the baton back to the work unit leader to propose changes and facilitate implementation
5. Work unit leader facilitates the change
6. Once change is implemented, assess the impact
7. Move on to the next dimension for improvement and repeat

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https://www.ahrq.gov/teamstepps/index.html
Strategy 4

Cultivate Community at Work

Peer support has always been critical to learning how to navigate the ups and downs of a career in medicine

• Informal or formal support
  – Encompasses a wide range of activities:
    • Celebrating achievements (personal/professional)
    • Supporting each other (through medical errors, adverse events, malpractice suits)
    • Sharing ideas

• Benefits of peer support:
  – Increase productivity expectations, documentation requirements, clerical burden
  – Improvement in finding meaning in work
  – Reduction on burnout levels
  – Sense of belonging

Collaboration between UCLA Recreation Center, UCLA Stroke Center, UCLA Occupational and Employee Health, UCLA Medical Staff Health Program, and UCLA Health System

- Assess physical resource interest survey
- Create networks of interested participants for different exercise activities
- Using exercise to promote community amongst healthcare providers across departments
Use Rewards and Incentives Wisely

Productivity-based compensation can increase rates of burnout
- Attempts to increase productivity may erode quality of care and increase stress and other unintended consequences

Alternatives to productivity-based pay:
- Incentivizing quality rather than only productivity/volume
- Salaried compensation
- Incorporate dimensions of self-care and well-being as part of the formula to calculate productivity-based pay
  - May provide a safeguard to counter overworking
- Offer alternative rewards than pay:
  - Greater flexibility
  - Protected time to pursue personally meaningful aspects of work

Strategy 6

**Align Values and Strengthen Culture**

Most health care organizations have an altruistic mission statement that centers on serving patients and providing them the best possible medical care — An organization's culture, values, and principles determine whether it will achieve its missions

It is critical for organizations to

- Be mindful of factors that influence culture
- Assess ways to keep values fresh
- Periodically take stock of whether actions and values are aligned

Goals of Healthcare Organizations

• Triple Aim - compass to optimize health system performance
  – Enhancing patient experience
  – Reducing costs
  – Improving population health

• The health care workforce reports widespread burnout and dissatisfaction
  – Lower patient satisfaction
  – Reduced health outcomes
  – Increasing costs

• Quadruple Aim: added the goal of improving the work life of health care providers

Bodenheimer & Sinsky (2014) *Annals of Internal Medicine*
The UCLA Experience

Triple Aim +1

How UCLA is working to support our Primary Care MDs:

• MyMeds
• Pharmacist Consultation
• Advanced Care Planning Support
• Comprehensive Care Coordinators
• Pharmacy Refill Support
• Valuing Opinions and observations of PCP
• Standardizing Support
• Increasing MA Role
• Scheduling and Compensation Experiments
• Use of Scribes
• Connecting PCP with Senior Leadership
• New On-Boarding Program
• After Hours Nurse Advice Line
• Ambulatory Care Protocols
The UCLA Experience

Timeline of Patient and PCP Growth

Number of Patients Covered

Number of PCPs Included


31 sites

5 sites

Patient Count

PCP count

The UCLA Experience
Strategy 7

Promote Flexibility and Work-Life Integration

Physicians are nearly twice as likely to be dissatisfied with work-life integration as US works in other fields

- Approximately 45% of physicians work more than 60 hours per week compared to less than 10% of workers in other fields
  - High work hours make it difficult for physicians to integrate their personal and professional lives

Organizations can develop strategies to provide physicians with:

- Options to tailor their work hours
- Flexibility in when and how they work
- Vacation benefits, coverage for life events, approach to scheduling, strategy for coverage for nights and weekends

The UCLA Experience

Context/Determinants of Physician Personal Satisfaction

• **Autonomy and work control**
  Independence and ability to control pace and content of clinical care

• **Practice Leadership**
  Satisfaction is high when values and clinical experience are well aligned with leaders. Satisfaction increased when leadership took a balanced approach to new practice-wide initiatives, maintaining physician professional autonomy when possible.

• **Collegiality, fairness, and respect**
  Relationships with colleagues (including leadership), outside providers, patients, and finally relationships with payers all added to satisfaction.

Strategy 8

Provide Resources to Promote Resilience and Self-care

Organizations should provide resources that make it easier for physicians to implement individual strategies to prevent burnout, deal with distress, and promote well-being

**Self-calibration resources:**
- Work-life integration
- Exercise/fitness
- Sleep habits
- Diet
- Personal financial health
- Relationships
- Hobbies
- Preventive medical care

**Skills training resources:**
- Cultivating resilience
- Positive psychology and mindfulness exercise
- Narrative medicine
- Approaches to work-life integration

UCLA Mindfulness Awareness Research Center (MARC)

- Offers classes and workshops to the general public, teaching the skills of mindfulness across the lifespan
- Fosters and publicizes research to support the scientific benefits of mindful awareness
- Brings mindfulness to professionals through UCLA's medical education program—including doctors, medical students, staff and faculty
- Offer mindfulness tools and classes to support mental health professionals

C-Space (For UCLA Medical Center Staff)

- C_Space is a room for calm, creativity, connectedness and compassion solely dedicated to the faculty, staff and academic personnel of UCLA.
- C_Space offers FREE yoga and tai chi/qigong for UCLA Medical Center staff and employees
Strategy 9
Facilitate and Fund Organizational Science

• Develop evidence-based strategies to reduce burnout and promote engagement that other institutions can implement through organizational science
  – Develop new metrics
  – Establish national benchmarks
  – Implement practice analytics
  – Conduct intervention studies and randomized trials
  – Publish results in peer-reviewed publications

The UCLA-NASA study

Are you a UCLA Health student, resident, or faculty?
Are you feeling stressed, worried, or down?

- UCLA Researchers are conducting a NASA-funded study to evaluate a behavioral health program for possible use on future space missions (e.g., Mars).
- UCLA Health students, residents, and faculty feeling stressed, worried, or down may be eligible.

Participation involves:
- Online/phone eligibility screener (up to 30 minutes)
- Six 50-minute behavioral health treatment sessions, either:
  - Via a web-based program, or
  - Via videoconference with a therapist
- Two 60-90 minute assessments before and after completing treatment
- 3-month follow-up online questionnaire
- Earn up to $215 for your participation

For more information, contact study coordinator Aurora Oftedal:
auroraoftedal@ucla.edu
Phone: 310-206-9191

There is a Crisis: There are Solutions for Healing the Healers

Thank you!

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