

Dr. R. Christopher Searles is a dually board-certified family physician and psychiatrist and a clinical professor in the Departments of Family Medicine & Public Health, and Psychiatry at the University of California, San Diego. He is the director of the UCSD PACE Professional Boundaries Program. He is currently the medical director of the UCSD Family Health and Wellness clinic. He has previously served as the director of the UCSD Combined Family Medicine and Psychiatry residency training program. His particular areas of interest include the doctor-patient relationship, and burnout and resilience among executives and professionals including physicians.



He has extensive experience in physician remediation and education developing programs for large health systems, medical staffs, and individual physicians. He has directed two national conferences on the subject of physician burnout for the Osler Symposia.

Physician Burnout



R. Christopher Searles, M.D., FAFAP
Clinical Professor of Family Medicine and Public Health, and Psychiatry
Director, Professional Boundaries Program, UCSD PACE
Medical Director, UCSD Family Health and Wellness

What is Burnout?





Burnout Symptoms

- Emotional Deadness – “It just isn’t fun anymore...”
- Cynicism, Disillusionment
- Loss of Mental Energy – “Going through the motions...”
- Anger
- Isolation from Family, Colleagues
- Physical Ailments – HTN, Weight, Somatization
- Chronic Tardiness
- Negative thoughts and attitudes toward Self, Family, Colleagues
- Declining Quality of Patient Care
- Self-Medication



Burnout

- Burnout is a syndrome of emotional depletion and detachment that develops in response to chronic occupational stress
- Burnout more likely to develop when *job stress* is high and *personal autonomy* is low



Burnout: Screening

- ▶ Maslach Burnout Inventory (MBI)
 - ▶ Gold standard for evaluating burnout
 - ▶ 22 question validated screening tool
 - ▶ Version available specific to health care industry

- ▶ Identifies three domains of burnout:
 - ▶ Emotional exhaustion
 - ▶ Depersonalization
 - ▶ Low personal achievement

Our Increased Risk...

- Perfectionism (Unrelenting Standards)
- Need for control
- High need for achievement
- Exaggerated sense of responsibility
- Need to please everyone... “How do I say no?”
- Difficulty asking for help
- Difficulty taking time for oneself

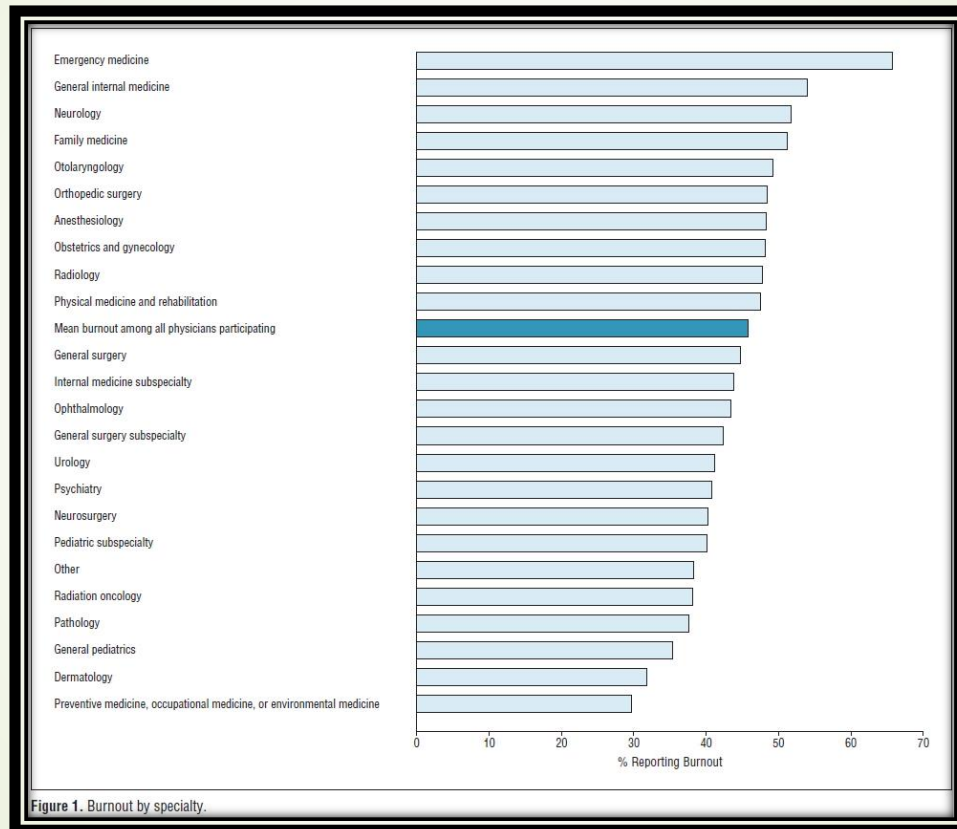


Burnout Among Physicians

- 7,288 MDs received the MBI.
- More burnout among docs than the general population

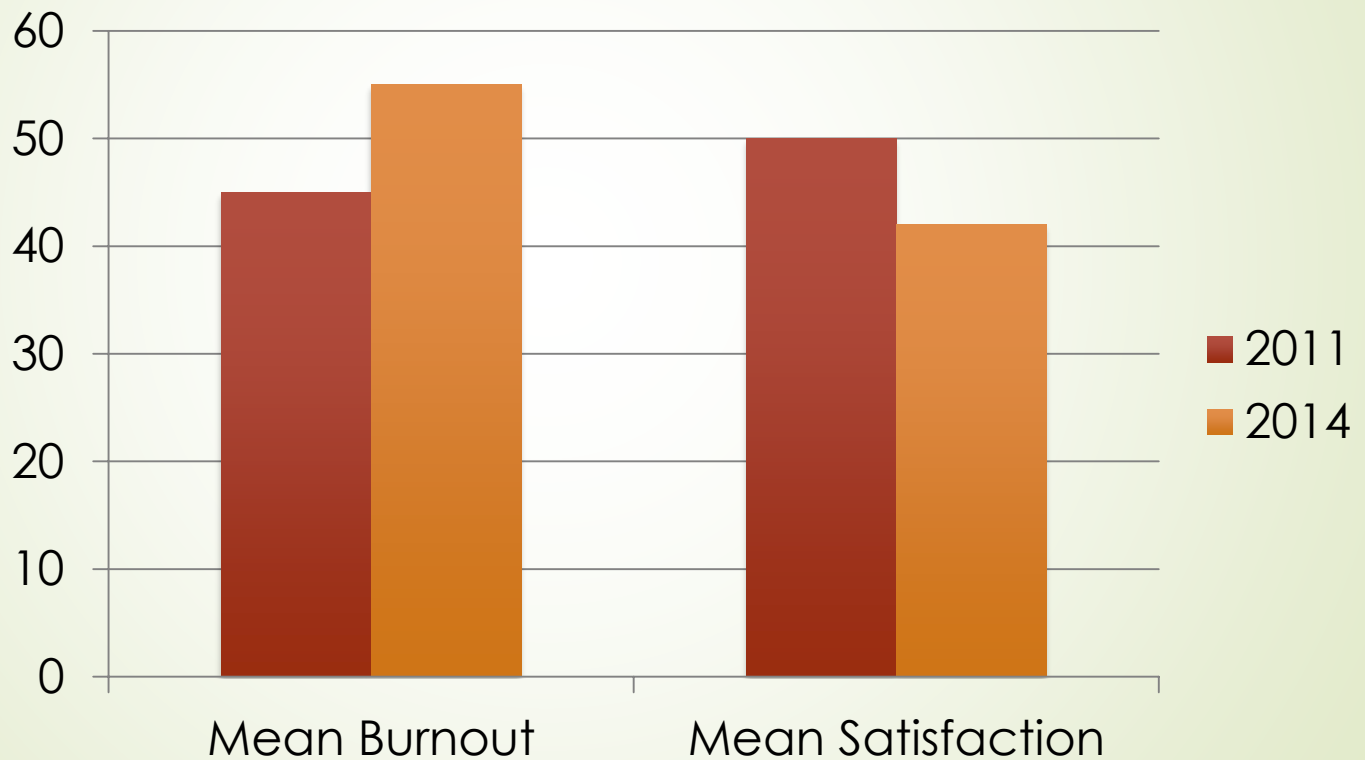
Can you guess the top 3 specialties reporting the highest rates of burnout?

Burnout Among Physicians



Shanafelt, et al.. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012 Oct 8;172(18):1377-85.

Burnout Among Physicians from 2011 to 2014



Shanafelt TD. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. Mayo Clin Proc. 2015 Dec;90(12):1600-13. doi: 10.1016/j.mayocp.2015.08.023.



Burnout Among Physicians from 2011 to 2014

“Burnout and satisfaction with WLB among US physicians are getting worse. American medicine appears to be at a tipping point with more than half of US physicians experiencing professional burnout.”



Aging Out... Versus Burning Out and Opting Out



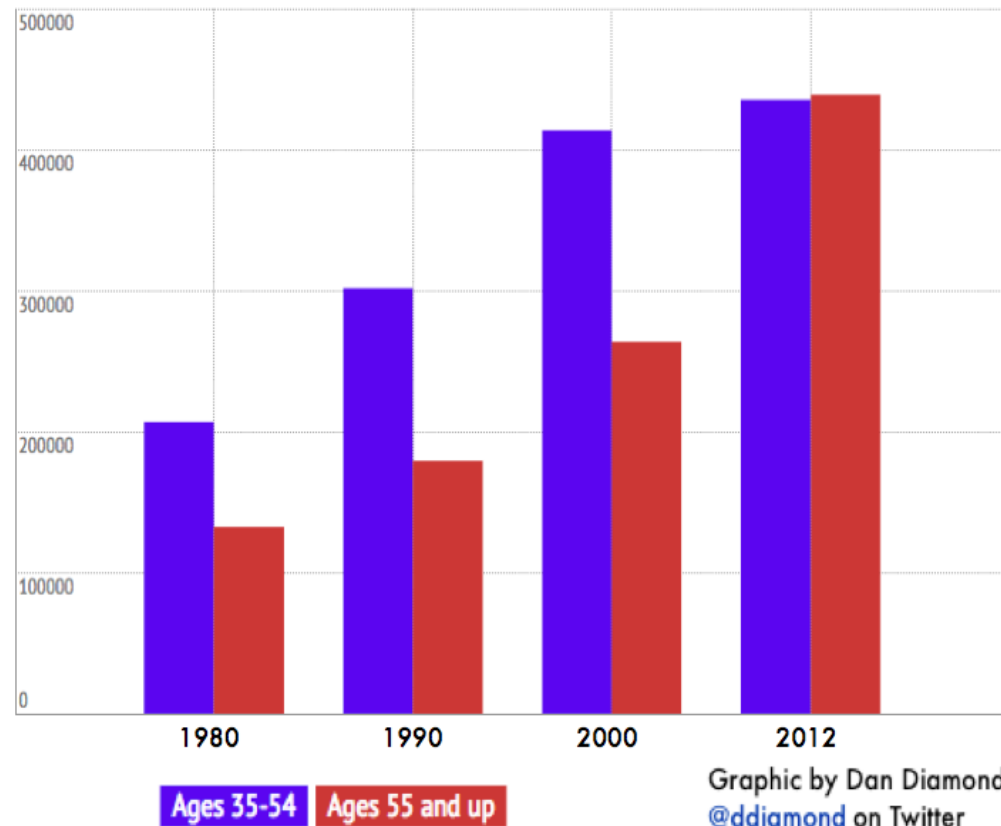
Surveys of American Physicians 2013 and 2014

- ▶ 33% are over 50 years old.
- ▶ 25% are over 60 years old.
- ▶ 62% say that “it is likely that many physicians will retire earlier than planned in the next one to three years.”
- ▶ 55% plan to scale back practice hours based on “how the future of medicine is changing.”
- ▶ 57% say that the practice of medicine is “in jeopardy.”

1. Survey of American Physicians. The Physician’s Foundation 2014
2. Deloitte Physician Survey 2013

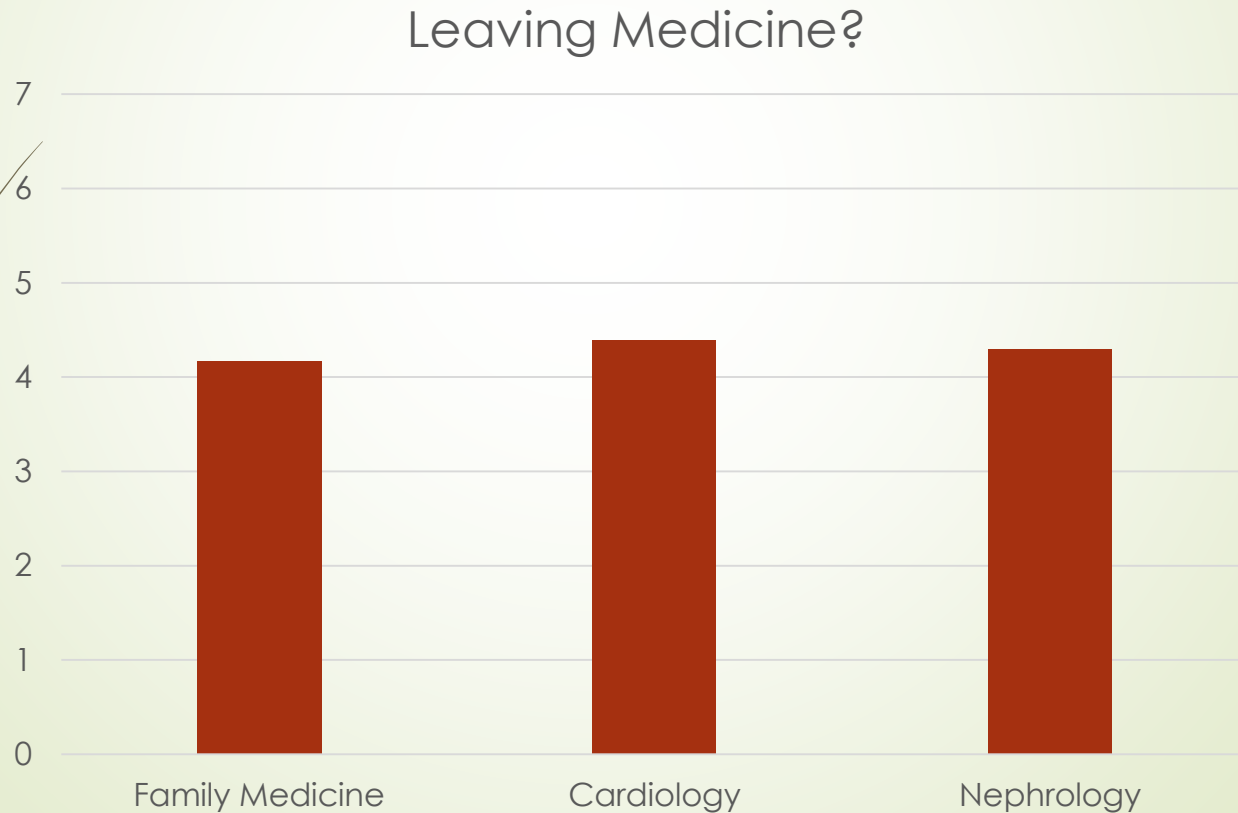
America's Aging Doctors

Number of physicians by age, United States. (Source: American Hospital Association, 2014 data.)



Burnout and Younger Docs

- >50% burnout rate in physicians under 35 year old in 2015 (up from 43% in 2013).





Does Burnout Lead to Medical Errors?



Burnout and Medical Errors

Burnout and Patient Safety.. Revisited:

A number of studies have demonstrated the link between physician burnout and patient safety over the years.

1. Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Ann Surg.* 2010;251(6): 995-1000.
2. West CP, Tan AD, Habermann TM, Sloan JA, Shanafelt TD. Association of resident fatigue and distress with perceived medical errors. *JAMA.* 2009;302(12):1294-1300.
3. Firth-Cozens J, Greenhalgh J. Doctors' perceptions of the links between stress and lowered clinical care. *Soc Sci Med.* 1997; 44(7):1017-1022.
4. Grol R, Mookink H, Smits A, et al. Work satisfaction of general practitioners and the quality of patient care. *Fam Pract.* 1985; 2(3):128-135.
5. Shanafelt T, Sloan J, Satele D, Balch C. Why do surgeons consider leaving practice? *J Am Coll Surg.* 2011;212(3):421-422.
6. Shanafelt TD, Raymond M, Kosty M, et al. Satisfaction with work-life balance and the career and retirement plans of US oncologists. *J Clin Oncol.* 2014;32(11):1127-1135.
7. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet.* 2009;374(9702):1714-1721
8. Dyrbye LN, Shanafelt TD. Physician burnout: a potential threat to successful health care reform. *JAMA.* 2011;305(19

Burnout and Medical Errors

Burnout and Patient Safety.. The literature pushes back:

- ▶ 54 eligible first-year residents, 53 (98%) and 32 (59%) completed the initial and follow-up surveys... a small *decrease* in medical errors in residents with year-end burnout compared to burnout-free residents. (1)
- ▶ The frequency of selected medical errors in ICUs was high and was increased when staff members had symptoms of *depression*, not burnout specifically. (2)
- ▶ Poor wellbeing and moderate to high levels of burnout are associated, in the majority of studies reviewed, with poor patient safety outcomes such as medical errors, however *the lack of prospective studies* reduces the ability to determine causality. (3)
- ▶ As compared with standard duty-hour policies, flexible, less-restrictive duty-hour policies for surgical residents were associated with *noninferior* patient outcomes (4)

(1) Linzer M. Do Work Condition Interventions Affect Quality and Errors in Primary Care? Results from the Healthy Work Place Study. *J Gen Intern Med.* 2017 Jan;

(2) Garrouste-Orgeas M. The Iatroref study: medical errors are associated with symptoms of depression in ICU staff but not burnout or safety culture *Intensive Care Med.* 2015 Feb;41(2):273-84.

(3) Hall LH. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. *PLoS One.* 2016 Jul 8;11(7):e0159015

(4) Bilimoria KY. National Cluster-Randomized Trial of Duty-Hour Flexibility in Surgical Training. *N Engl J Med.* 2016 Feb 25;374(8):713-27



Burnout and Patient Risk...

What isn't being measured?



Where we've been...

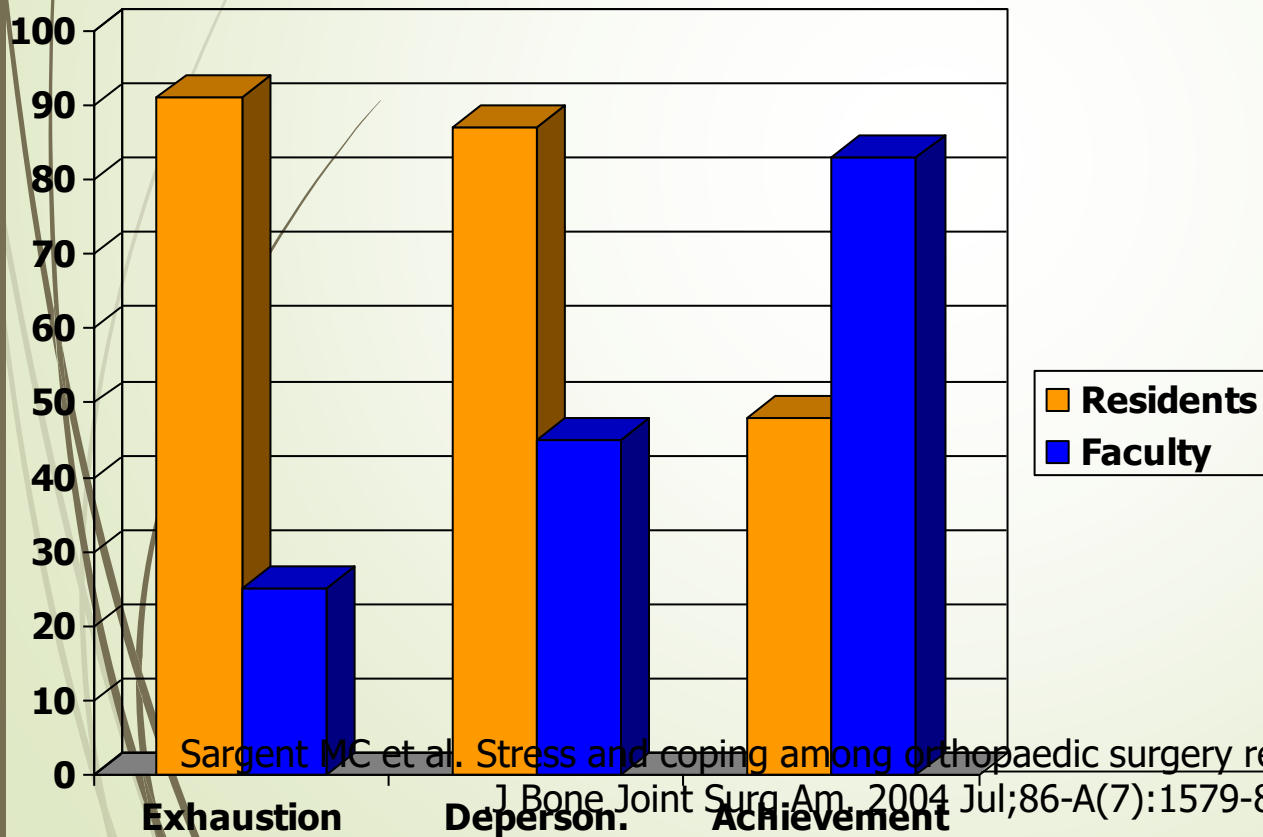


Stress and Coping Among Orthopaedic Surgery Residents

- ▶ 21 Ortho residents, 25 Ortho faculty

Sargent MC et al. Stress and coping among orthopaedic surgery residents and faculty.
.J Bone Joint Surg Am. 2004 Jul;86-A(7):1579-86

Stress and Coping Among Orthopaedic Surgery Residents



MBI

Sargent MC et al. Stress and coping among orthopaedic surgery residents and faculty.

J Bone Joint Surg Am. 2004 Jul;86-A(7):1579-86



Stress and Coping Among Orthopaedic Surgery Residents

Burnout and psychiatric morbidity correlated with:

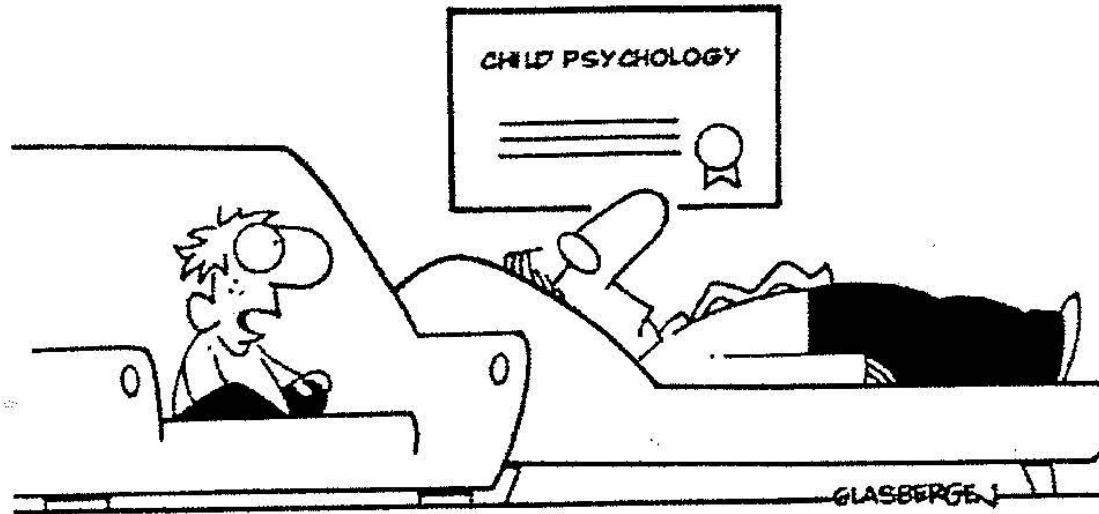
- work hours
- conflict between the commitments of work and home life
- discord with faculty, nursing staff, and senior residents
- debt load

Protective factors included:

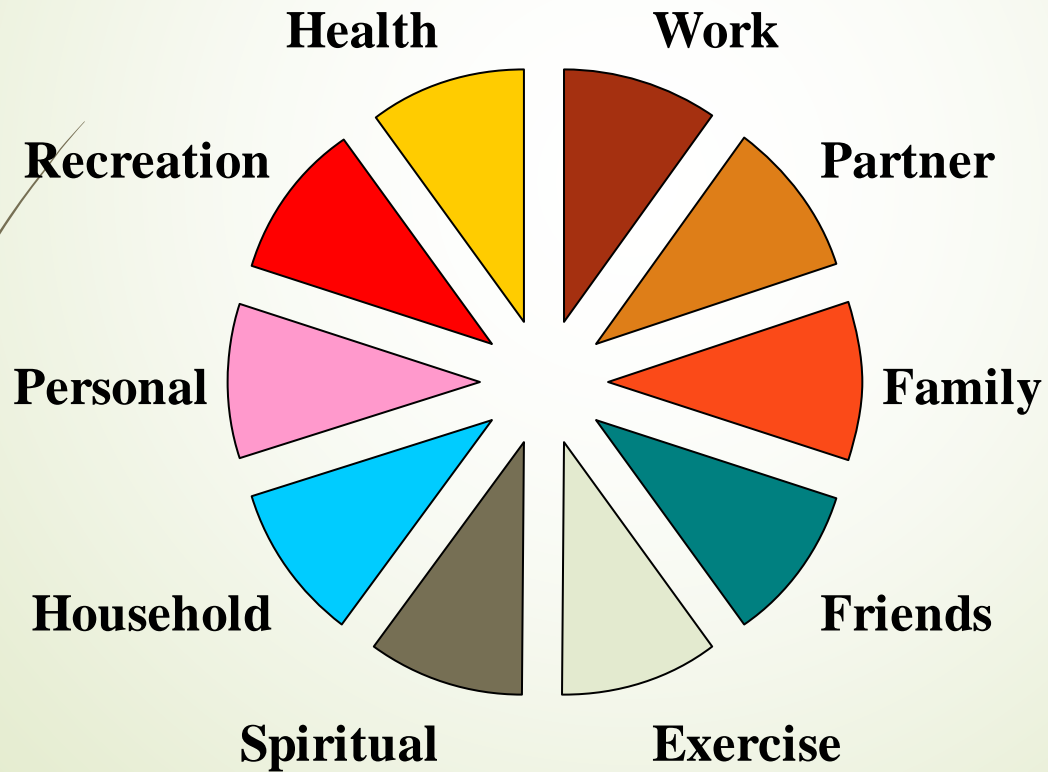
- ▶ being a parent,
- ▶ spending time with a spouse,
- ▶ having a physician parent,
- ▶ deriving satisfaction from discussing concerns, rejecting isolation tendencies.

Healthy Approaches to M.D. Stress

Copyright 2002 by Randy Glasbergen.
www.glasbergen.com

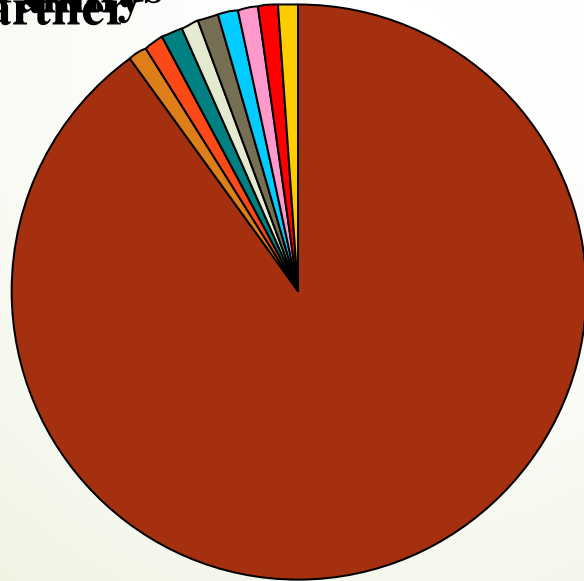


"You're spending the best years of your life doing a job that you hate so you can buy stuff you don't need to support a lifestyle you don't enjoy. Sounds crazy to me!"

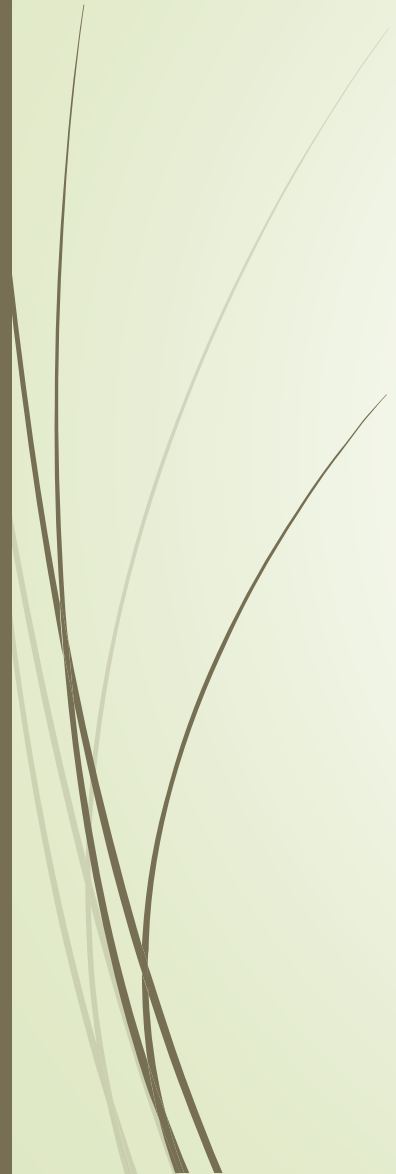




**Our Medical
Partners**



**OUR MEDICAL
CAREER**





The Physician “Pipeline” ... A Closer Look



Show me the money...

- ▶ Burned out docs more likely to declare they have “unmanageable debt” compared with peers (ratio 2:1).
- ▶ Less than half have “adequate savings” compared with peers.

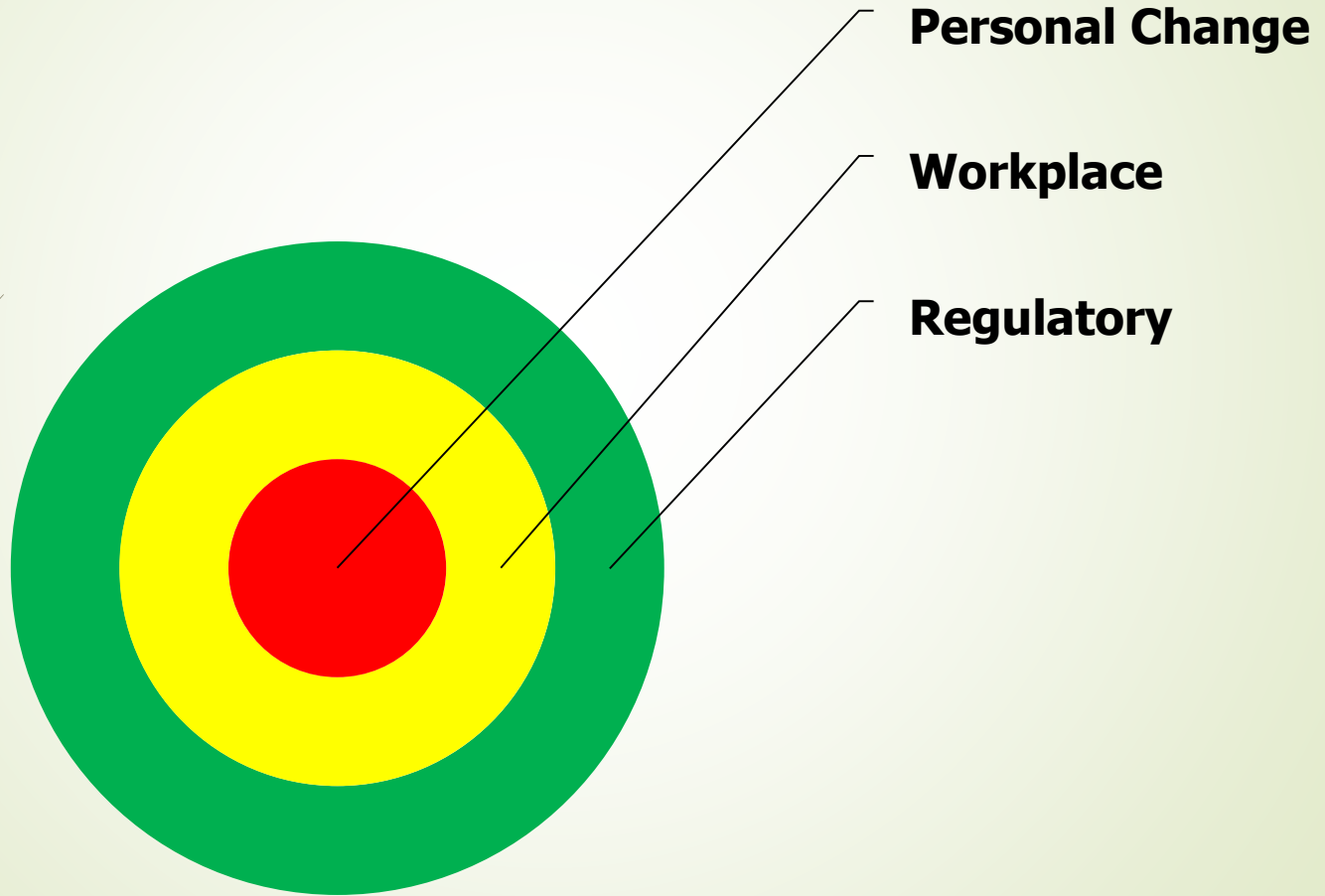


Health and Balance

Burned out docs *of any age*:

- Far more likely to be obese or overweight
- Far less likely to exercise regularly (or at all).
- Less likely to volunteer.
- Far less likely to take at least 2 weeks of vacation compared with non-burned out peers (*many take no vacation at all*).

Addressing Physician Burnout: Tiered Interventions





Personal Change

- Realistic recognition
- Do NOT heal thyself
- Mindfulness, the evidence based approach
- Accepting praise
- “Friendship” in the age of Facebook.. Rejecting Isolation
- Addressing the time and priority mismatch
- Financial Literacy (and recalibration).



Addressing the Workplace

- ▶ Wellness versus Wellbeing: Primary versus Secondary Prevention
- ▶ What is a 360 degree evaluation? What are we measuring and rewarding?
- ▶ Addressing Isolation
- ▶ Starting earlier... Intervening in early physician training environments.
- ▶ Mandatory contiguous 2 week vacation
- ▶ Mandatory primary care physician with annual exam within the last year of privileging/credentialing
- ▶ Fiscal Literacy!



Regulatory Interventions

Start by asking:

1. Do you have a primary care physician *and* have you seen you had an annual exam in the last year?
2. Have you had two weeks off per year over this licensing cycle?
3. Would you be interested in financial literacy resources aimed specifically at physicians? (Does the CMA have the capacity to absorb referrals?)



Regulatory Interventions

CONSIDER:

- ▶ Starting with **highly recommended** primary care, move toward mandating
- ▶ Developing specific items to address in the care of physician (using the **AME model**).
- ▶ Policy development for the physician workplace to delineate between **wellness** and wellbeing with evidence-based guidance and recommendations.
- ▶ Measuring burnout among disruptive physicians and/or those who fall below professional standards. Burnout specific programs must be developed beyond simple integration into existing programs.



Thank You!

Questions? Comments?

rsearles@ucsd.edu

