

Physician and Scientist Well-being: What You Should Know

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Dissatisfaction with Medical Practice
Confronting Depression and Suicide ;?
in Physicians d burnout in

A Consensus Statement **Stress and Morale of Academic Biomedical
Scientists**

Biomedical burnout American surgeons

The Ravelled Sleeve of Care

Changes in Career Satisfaction Among ing
Primary Care and Sp
1997-2001

THE LANCET

Mental health of hospital consultants: the effects of stress
satisfaction at work

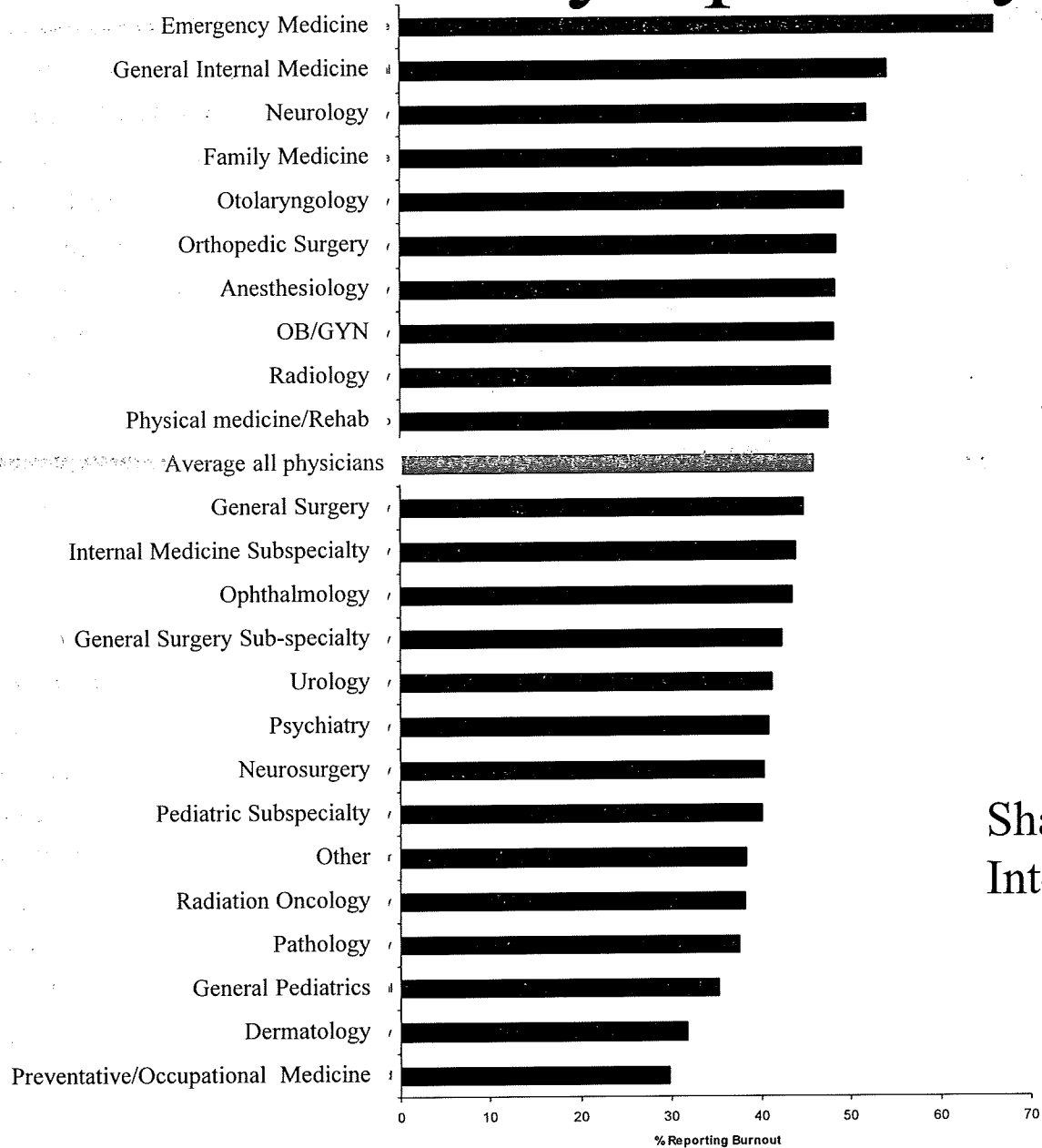
What is Burnout?

Burnout is a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work.

Maslach Burnout Inventory

- Developed 1980, validation over last 30 years.
- 22 item survey evaluates the 3 domains of burnout.
- Respondents rate frequency on 7 point Likert scale.
- 3 Sub-Scales: Depersonalization, Emotional Exhaustion and Low Personal Accomplishment
- Normative national samples of like professionals

Burnout by Specialty



N=7288

Shanafelt, Archives
Internal Med 2012

Biomedical Scientists?

- No good national data
- Single center experience suggests a growing problem related to:
 - Decreased funding
 - Shift from academic culture to more corporate culture
 - Productivity targets
 - Commercialization
 - Top-down decision making
 - Increased inefficiency related to clerical work
 - Reports
 - Paperwork
 - Personnel evaluations
 - Business meetings

Employed Physicians vs. Employed U.S. Population

	Physicians n=6179	Population n=3442	p
Hrs/Wk (median)	50	40	<0.001
Burnout*	38%	28%	<0.001
Dissatisfied WLB	40%	23%	<0.001

* As assessed using the single-item measures for emotional exhaustion and depersonalization adapted from the full MBI. Area under the ROC curve for the EE and DP single items relative to that of their respective full MBI domain score in previous studies were 0.94 and 0.93

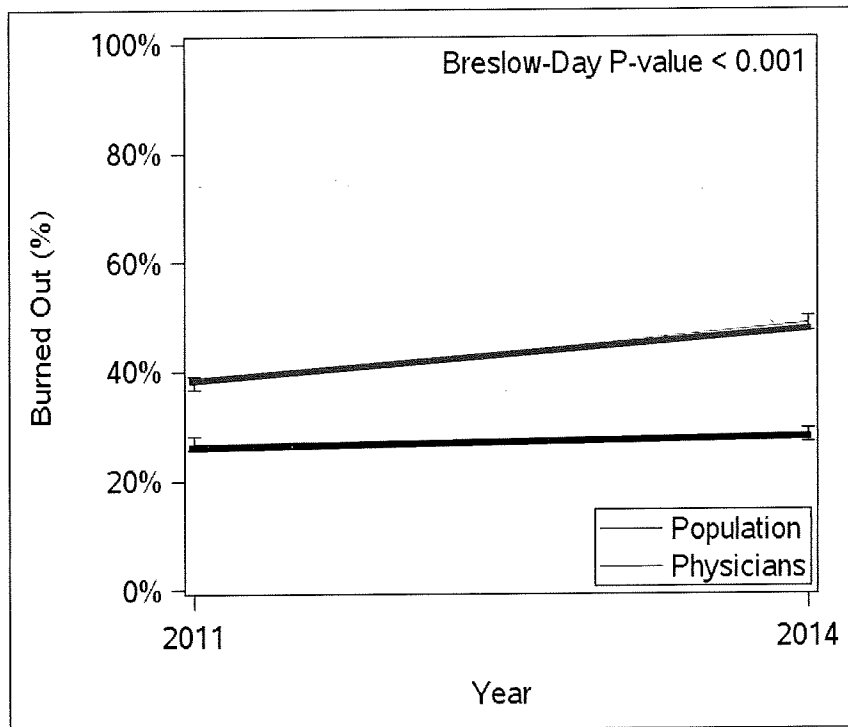
Pooled Multi-variate Analysis Physicians and Population

- Adjusting for:
 - Age, gender, relationship status, hours worked/week, education
- Factors associated burnout (all $p < 0.0001$):
 - Increasing age (OR: 0.986 each year older)
 - Married (OR vs. single 0.71)
 - Hours worked (OR=1.017 each hour)
- Education¹:
 - Bachelors degree: OR=0.8
 - Masters degree: OR=0.71
 - Doctorate or non-MD/DO professional degree: OR=0.6
 - MD/DO: OR=1.36

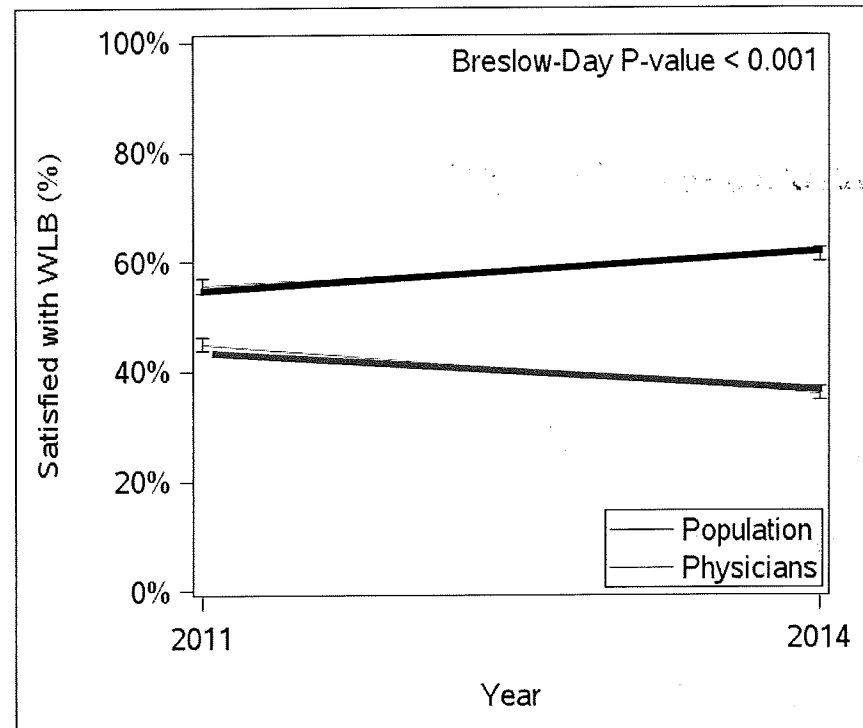
¹ reference group high school graduate

Physicians & Population

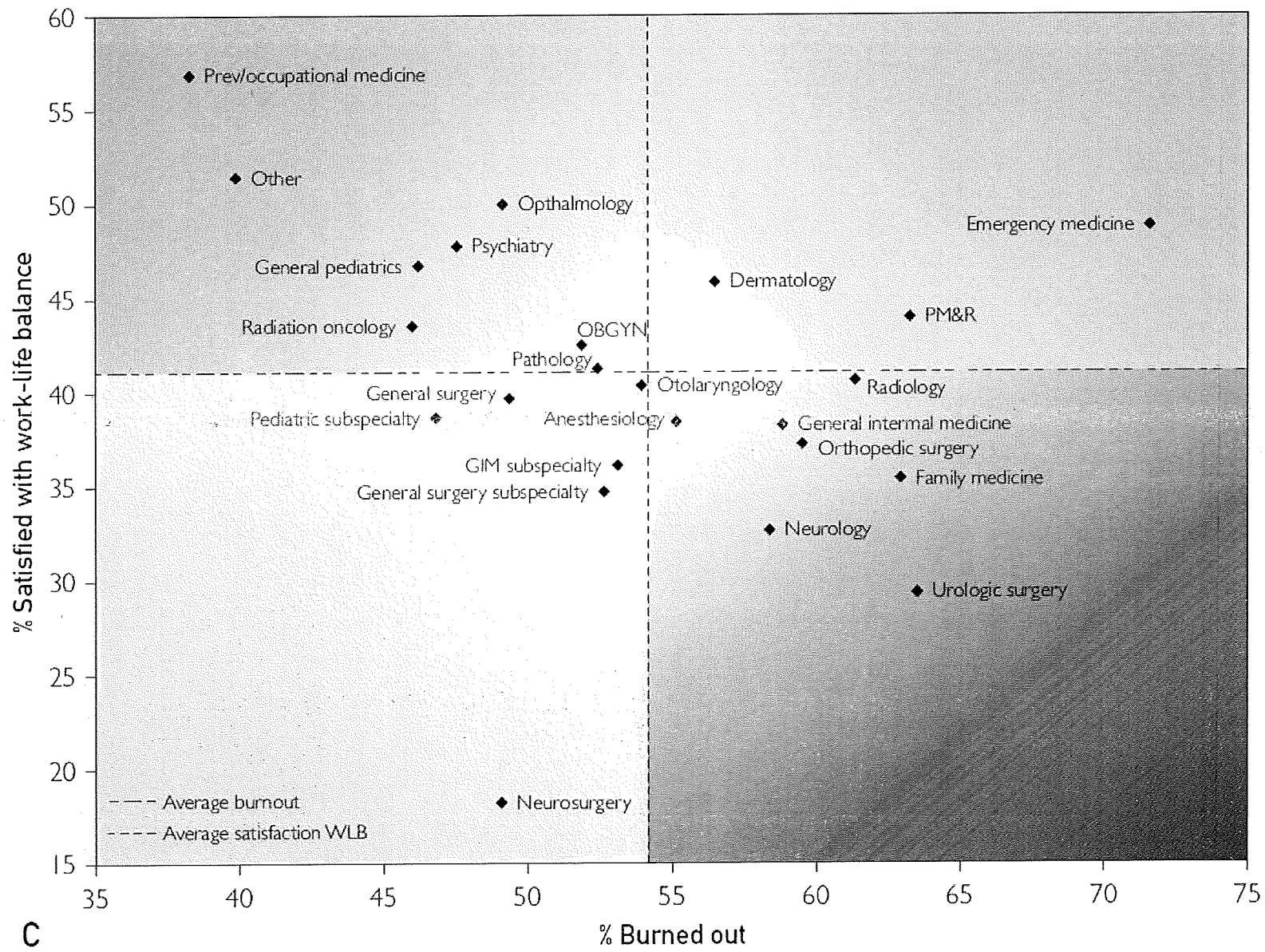
Burnout



Satisfaction Work-life Balance



Shanafelt, Mayo Clinic Proceedings 90:1600



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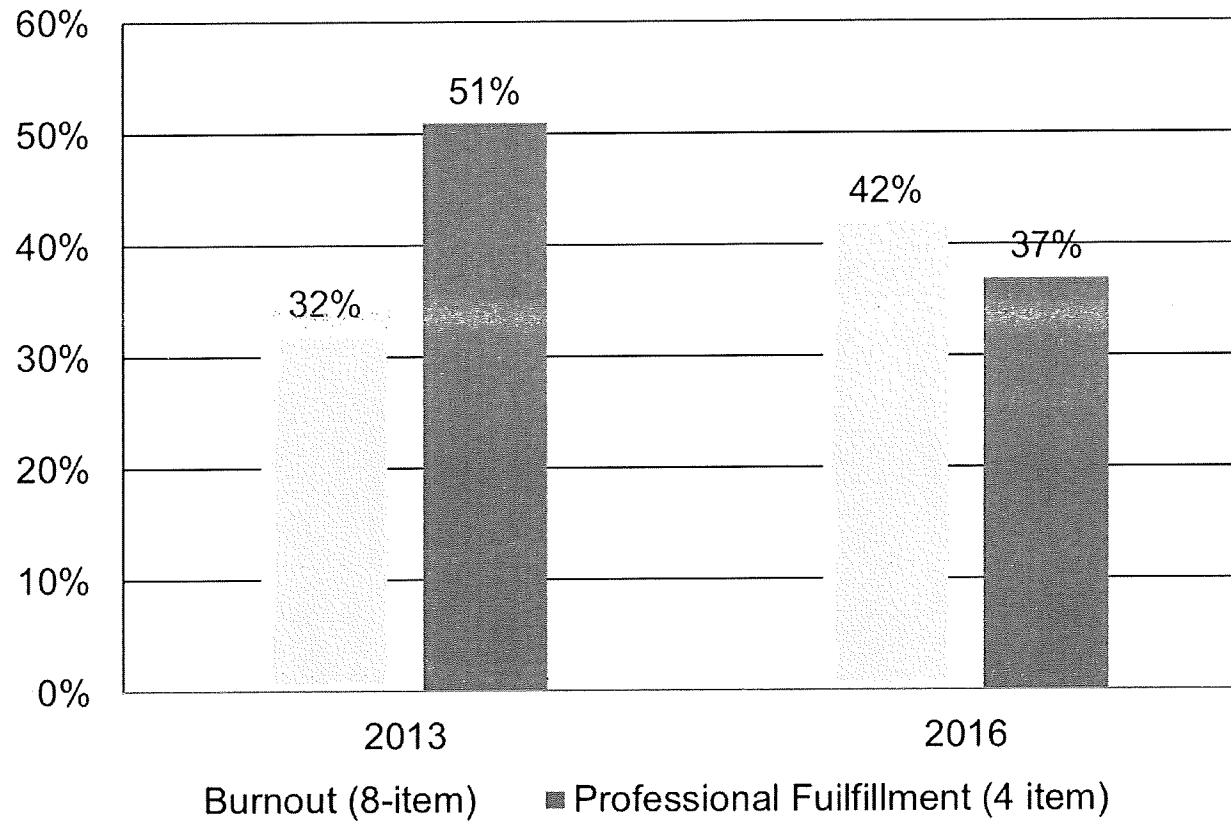
When does burnout start?



- Matriculating medical students better mental health than college graduates pursuing other fields
 - Lower burnout
 - Less depression
 - Higher QOL (overall, mental, emotional, physical)
- Pattern reversed by 2nd year medical school
- Burnout crescendos during residency
- In practicing physicians, burnout and dissatisfaction WLB peaks mid-career (10-19 years in practice)

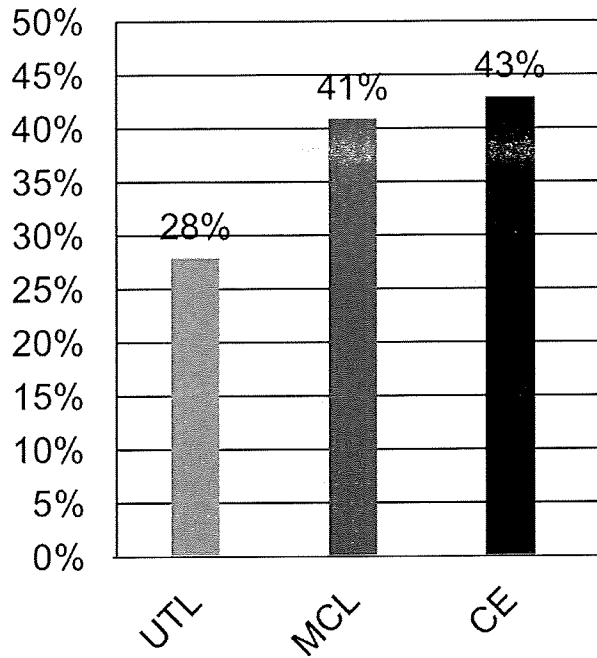
Stanford

Stanford Physician Well-being Survey

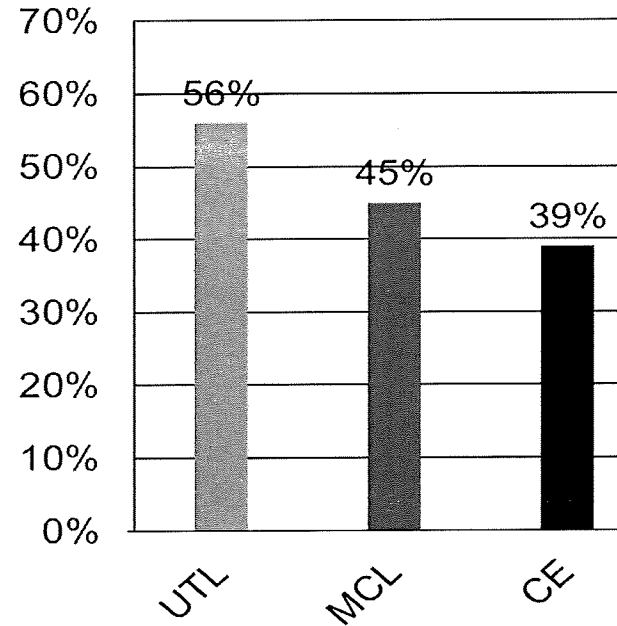


By Line...

Burnout

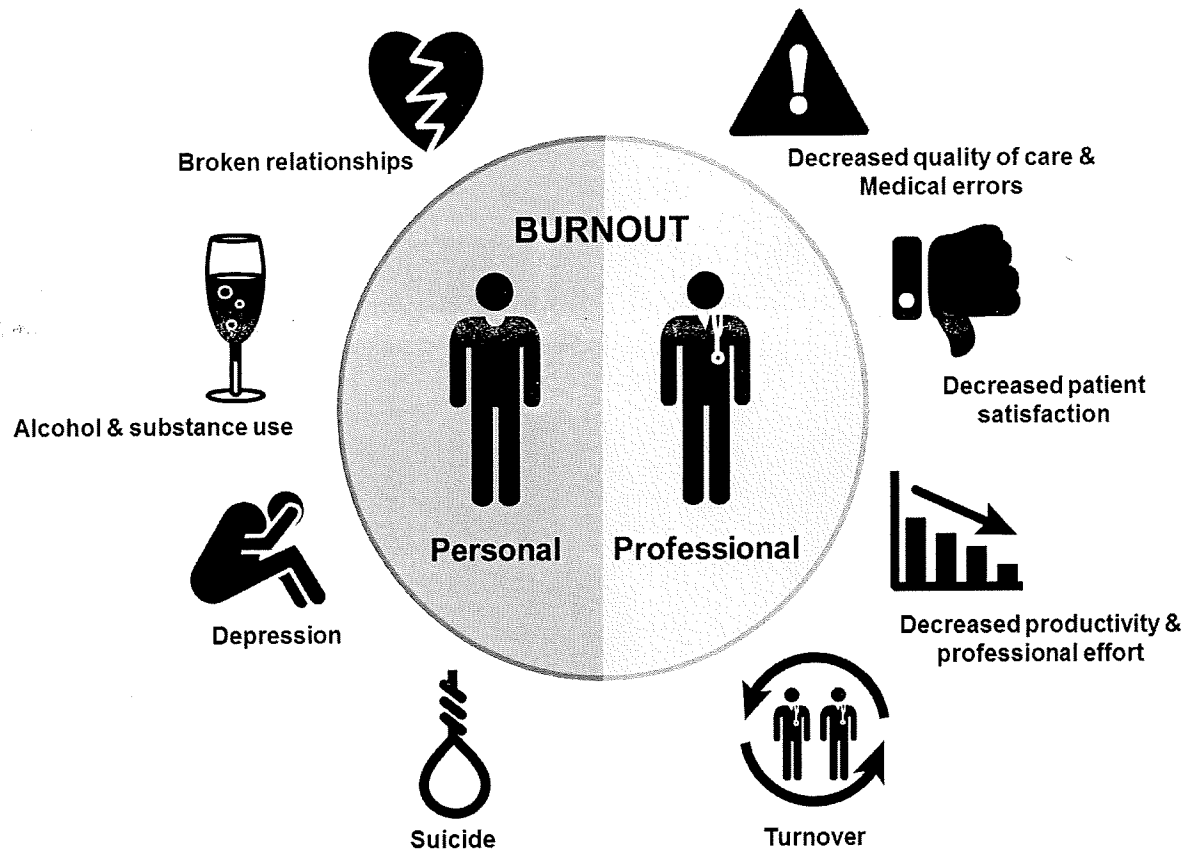


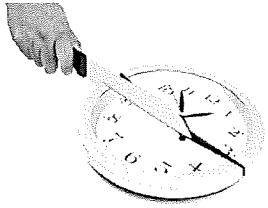
Professional Fulfillment



Why Should We Care?

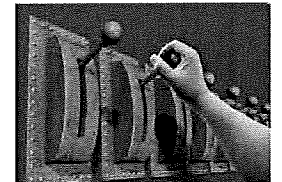
Professional & Personal Consequences





Cutting Professional Effort

- Assess physician burnout and satisfaction Mayo Clinic longitudinally 2011 and 2013 (N>2500)
- Independently monitor changes FTE payroll records
- Burnout and satisfaction 2011 predicted reduction in FTE over next 24 months
 - On MV analysis, each 1 point increase burnout OR=1.43 (p<0.001)
 - On MV analysis, each 1 point decrease satisfaction OR=1.34 (p=0.03)



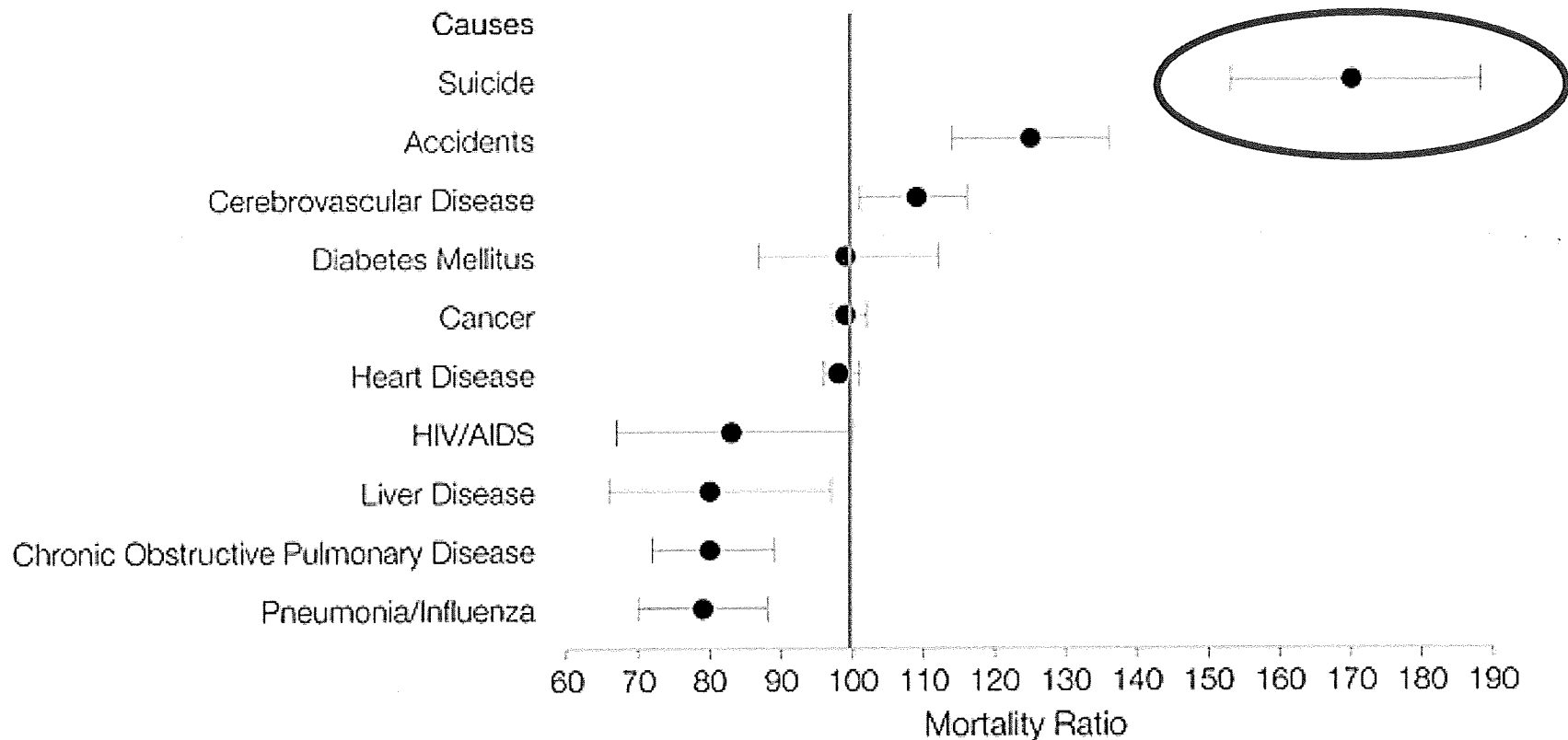
The human/personal cost of burnout

- Loss of idealism and commitment
- Loss of sense work is meaningful (cynicism)
- Loss of direction/purpose
- Personal life “spill-over”

Depression Among Physicians

- Prevalence = general population
 - 12% lifetime – male physicians
 - 19.5% lifetime – females physicians
- Higher rates of suicide in physicians
 - RR 1.1 - 3.4 in male physicians
 - RR 2.5 - 5.7 in females physicians
- Suicide a disproportionate cause of mortality in physicians relative other professionals

Proportionate Mortality Ratio: Male Physicians vs Male Professionals








Center, JAMA.289:3161 (2003)

Suicidal Ideation Among Surgeons n=7905

- 501 (6.4%) U.S. surgeons thought of suicide last 12 months
- 26% surgeons suicidal ideation sought psychiatric help
- 60% SI reluctant to seek help for treatment of depression due repercussions medical license

Shanafelt, Archives Surgery 146:54 (2011)

Factors Associated with Suicidal Ideation on Multi-variable Analysis

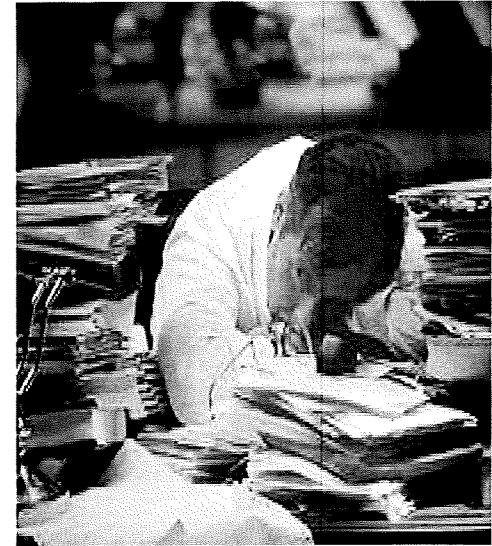
	OR	p
 + Depression screen	7.0	<0.001
 Burnout	1.9	<0.001
 Perceived error last 3 mo	1.9	<0.001
 Youngest child age 19-22	1.6	0.004
Incentive pay only	0.8	0.035
 Married	0.7	0.002
Practice academic medical center	0.6	<0.001

Shanafelt, Archives Surgery 146:54 (2011)

What are the Causes of Burnout?

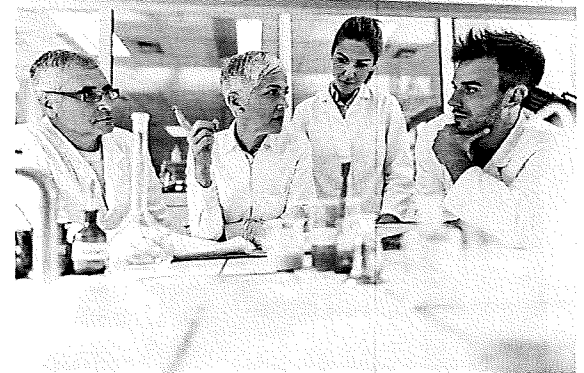
Causes of Physician Distress

- ↑ clinical demands
- Decreased autonomy
- ↑ government/reimbursement issues
- Decreased time with patients
- Difficulty balancing personal & professional lives
- ↑ clerical work related to EHR
- Isolation



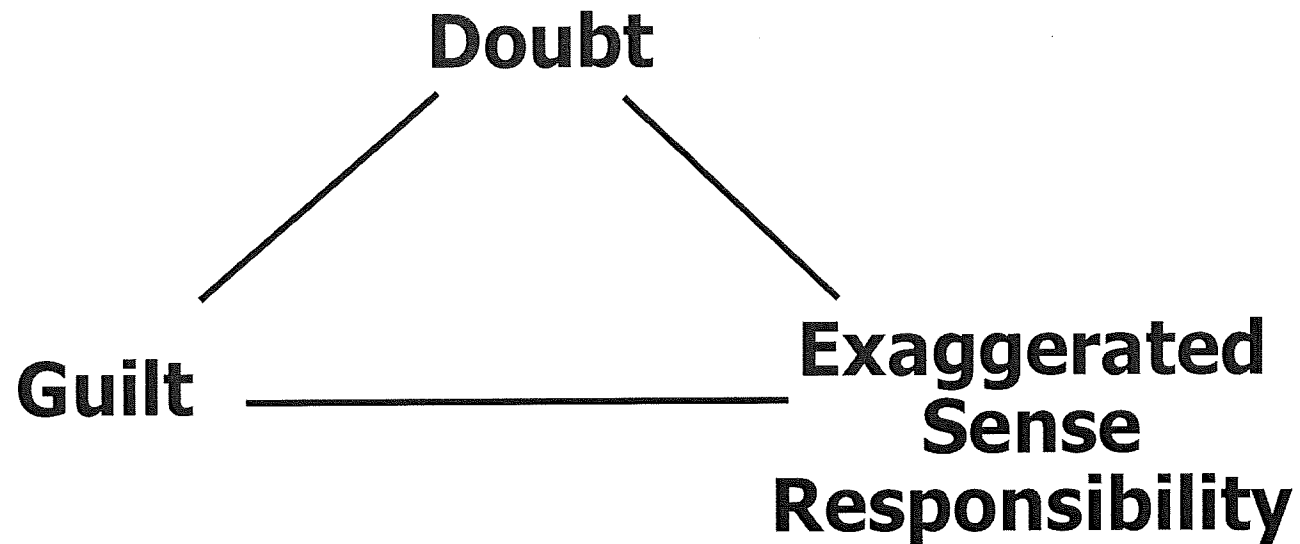
Causes of Scientist Distress

- ↑ competition for funding
- Pressure to be first
- Livelihood of others dependent on you
- Job security
- Managing interpersonal conflict in your lab/team
- Difficulty balancing personal & professional lives
- Isolation



Are physicians at inherent risk? The “Physician Personality”

TRIAD OF COMPULSIVENESS



Gabbard JAMA 254:2926

The “Physician Personality”

Adaptive

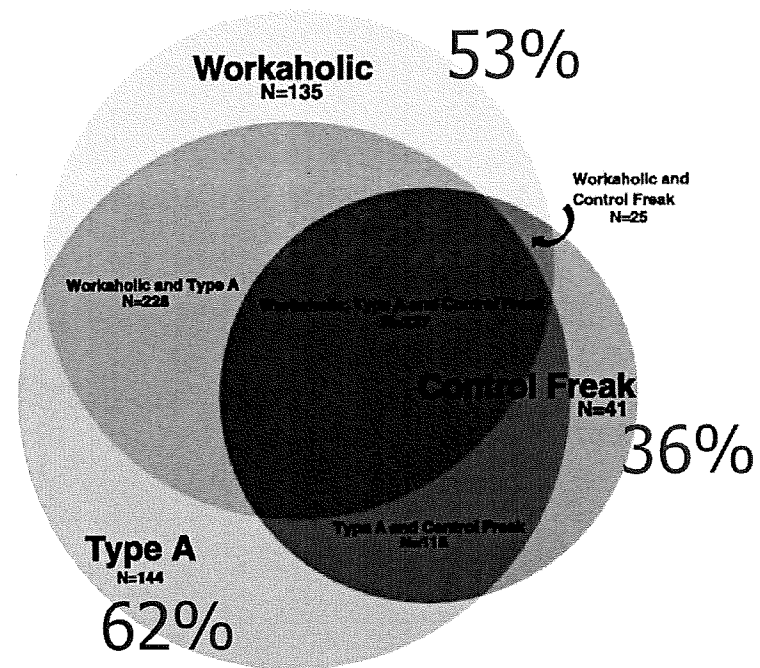
- Diagnostic rigor
- Thoroughness
- Commitment to patients
- Desire to stay current
- Recognize responsibility of patients trust

Maladaptive

- Difficulty relaxing
- Problem allocating time for family
- Sense responsibility beyond what you control
- Sense “not doing enough”
- Difficulty setting limits
- Confusion of selfishness vs. healthy self-interest
- Difficulty taking time off

Personality Traits of Physicians

- Self described traits/beliefs



Personality Traits of Physicians

- Self described traits/beliefs

	Workaholic	Control freak	Workaholic	Control freak	Workaholic
Workaholic	55%	↑	↑		
Type A	72%	↑			↑
Control freak	40%	↑		↓	↑



Coping...The Myths



- Things will get better when....
 - I finish residency
 - I establish myself in the practice
 - I get my funding in place
 - I retire....
- You can have it all...
 - Fame, fortune, family
- “XYZ is the best use of your talent”

What is Well-being?

Well-being Literature Search

Meyers, American Psychologist 55:56 (2000)

Since 1887:

Anger 8072 articles

Anxiety 57,800 articles

Depression 70,856 articles

Life satisfaction 5700 articles

Happiness 2958 articles

Joy 851 articles


The Science of Happiness

Components of Happiness

- Pleasure (positive emotions)
 - Eating ice cream; having a massage
- Engagement (being absorbed)
 - Training marathon
- Meaning (serving something larger than self)
 - Knowledge, goodness, family, community, justice

Seligman. Phil Trans R Soc London 359:1379 (2004)

Components of Happiness

- Pleasure → the pleasant life
 - Engagement → the good life
 - Meaning → the meaningful life
- 
- The full life

Seligman. Phil Trans R Soc London 359:1379 (2004)

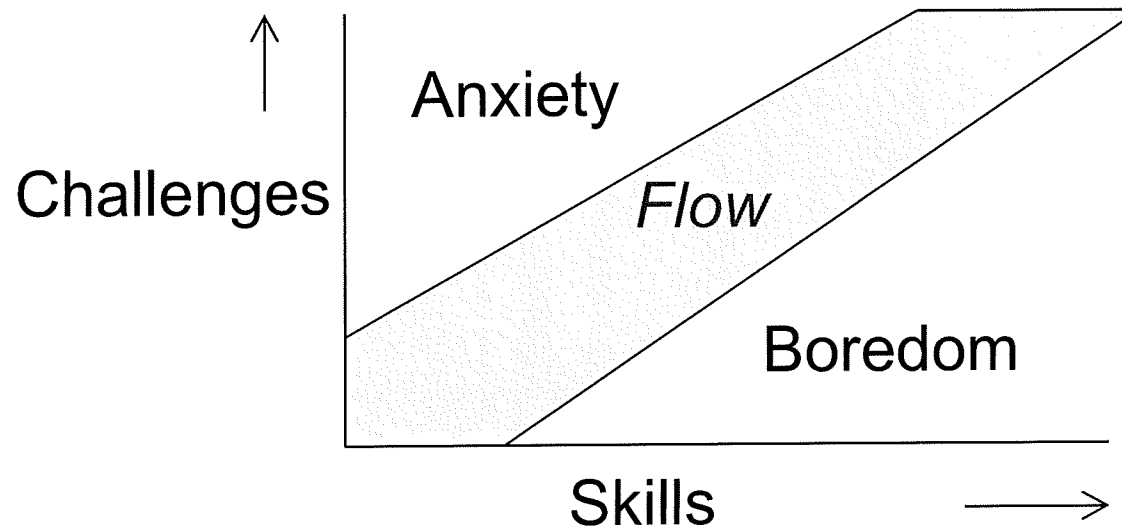
Theory: Flow

Massimini, American Psychologist 55:24 (2000)

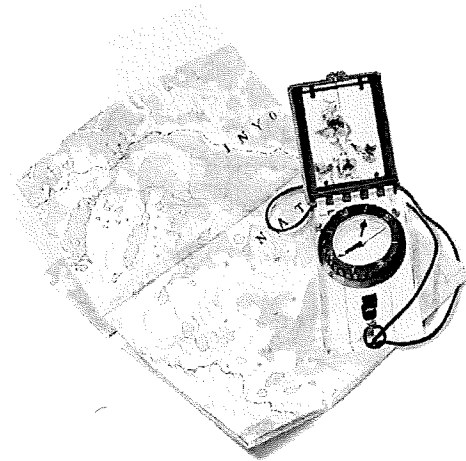
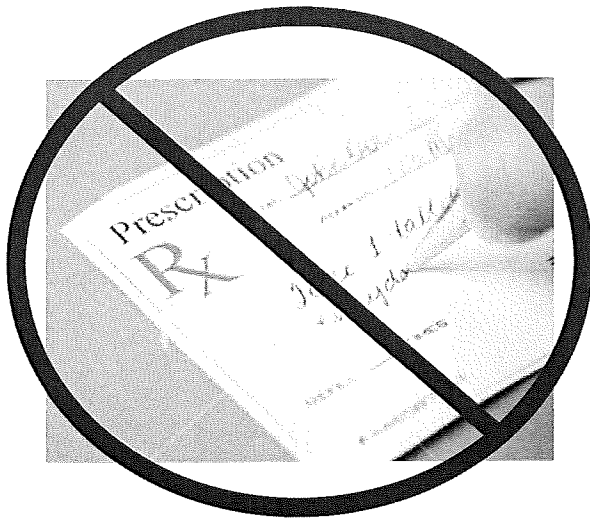
- Psychologic Selection: Individuals preferentially cultivate a limited subset of activities, values, and personal interests.
- Optimal selection creates “Flow”:
 - Deep concentration
 - Intrinsic motivation
 - High challenges - matched by adequate skills

Designing optimal experiences

- Flow: peak experiences, states of absolute absorption



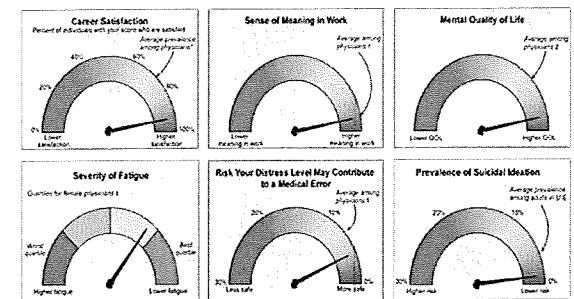
From theory to practice...



Do Physicians Accurately Calibrate Their Distress/Well-being?

- 1150 surgeons surveyed 2013
- Subjective assessment well-being poor
- Completed physician well-being index
- After objective individualized feedback 47% intended to make specific changes to:

- Reduce burnout
- Reduce fatigue
- Increase work-life balance
- Increase career satisfaction

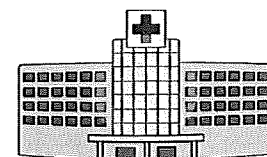
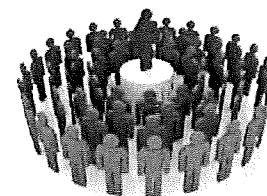


Rates of suicide are higher in physicians than the general population. If you've had thoughts of suicide, please call the National Suicide

- Surgeons greater distress more likely plan changes in each dimension

Drivers Burnout and Satisfaction

- Workload (optimize)
- Efficiency (enhance)
- Control/flexibility (promote)
- Work-life integration (facilitate)
- Meaning in work (cultivate)
- Values alignment
- Community/colleagiality

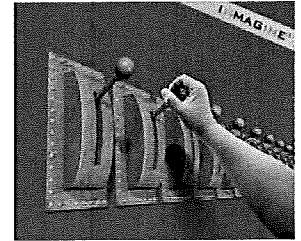




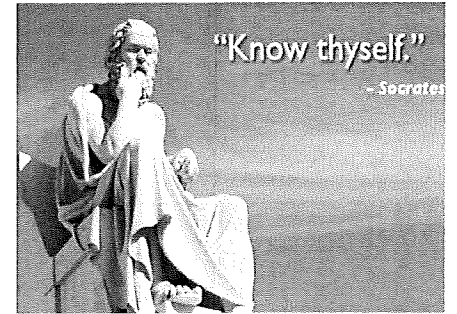
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What can I Do for Myself?



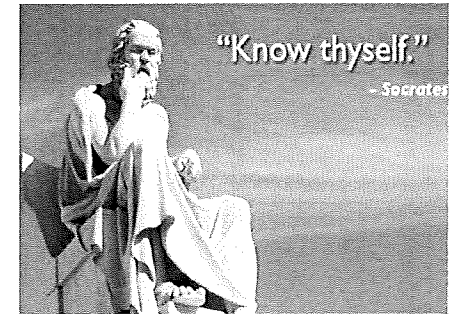
- Identify Values
 - What matters to you most?
 - Integrate personal and professional life
 - Debunk myth of delayed gratification



Reflecting on Personal Values...

- *What is my greatest priority in life? Have I been living life in a way that demonstrates this?*
- *Do I have adequate balance between my personal and professional life?*
- *What would I like my life to be like in 10 years?*
- *How much professional achievement am I willing to sacrifice to accomplish my personal life goals? (be specific)*

Shanafelt JCO 24:4020



Reflection On Professional Values...

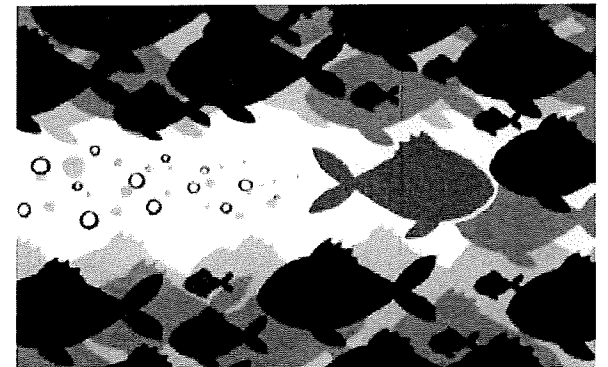
- *Why did I choose to become a physician/scientist?*
- *Why did I choose my specialty/field?*
- *What motivates me professionally?*
- *Do I like least about my work?*
- *By the end of my career, what 3 things do I hope to have accomplished? (be specific)*

Common Themes for Physicians and Medical Scientists

- Being a:
 - Healer
 - Expert
 - Teacher
- Building successful practice
- Making discoveries

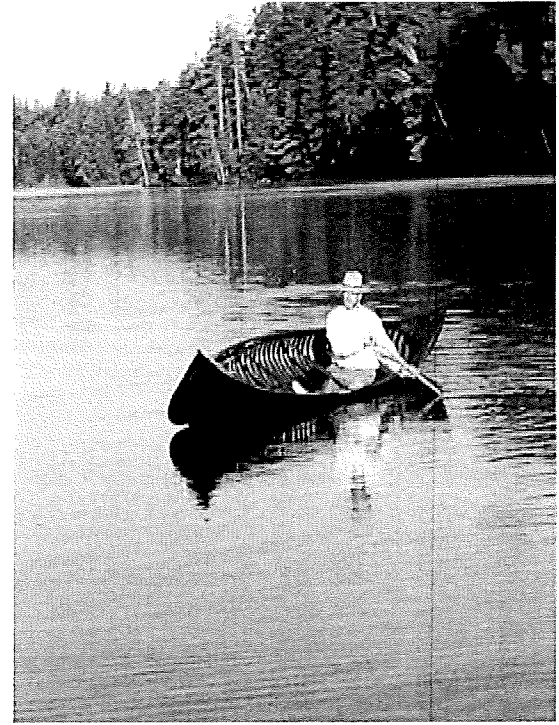
Integrating Values

- Your time, talents, energy are limited resources
- Determine which personal & professional goals most important to you
- Be honest where goals may be incompatible
- Determine how to integrate based on values
- There is no “right” formula...



What can I Do for Myself?

- Identify Values
 - What matters to you most?
 - Balance personal professional life
 - Debunk myth of delayed gratification
- Optimize meaning in work
 - Flow
 - Choose/limit type of practice

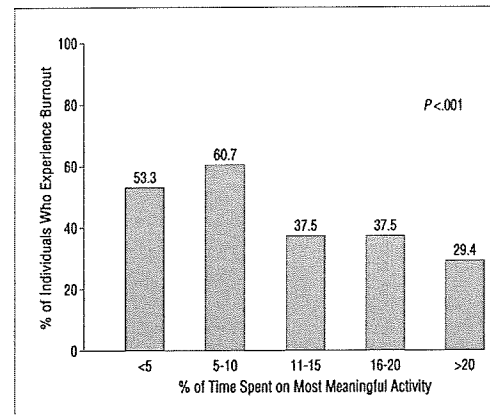


Canoeing in the lake

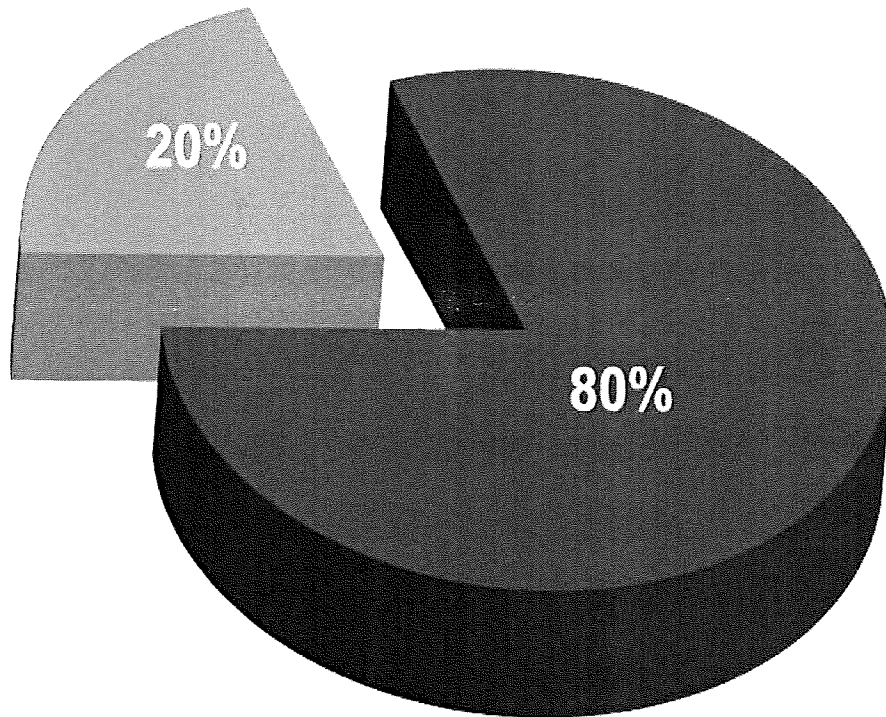
Career “Fit”

Shanafelt, Archives IM 169:990 (2009)

- 465 Internal medicine physicians Mayo Clinic
- Most personally meaningful aspect of work:
- Spending <20% effort in most meaningful activity strongly associated with burnout:
 - (53.8% vs. 29.9%; $p < 0.001$)
- Persist MV analysis adjust other factors (OR 2.75; $p = 0.001$)



What is your 20%?



- Can you articulate it?
- Be granular
- I like taking care of
 - patients
 - patients specific disease
 - patients certain demographic
 - mentorship
 - teaching (which tasks)
 - leadership (which tasks)
 - clinical trials
 - discovery

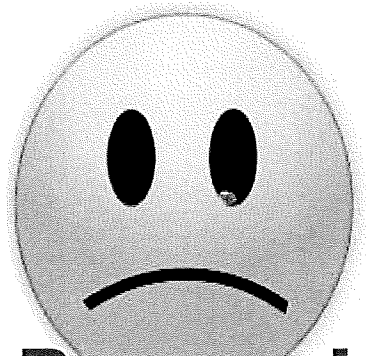
“Do first things first, and second things not at all.”

- Peter Drucker

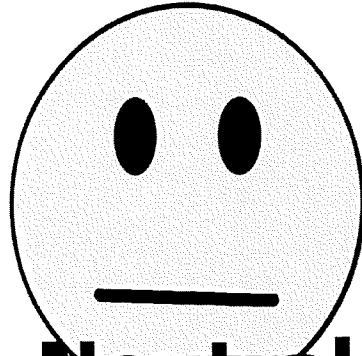
What can I Do for Myself?

- Identify Values
 - Debunk myth of delayed gratification
 - What matters to you most
 - Balance personal professional life
- Optimize meaning in work
 - Flow
 - Choose/limit type of practice
- Nurture Personal Wellness Activities
 - Relationships (connect w/ colleagues; personal)
 - Religious/spiritual practice
 - Personal Interests (hobbies)
 - Self-care (exercise, sleep, regular medical care)

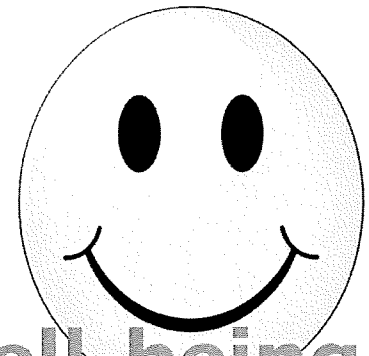
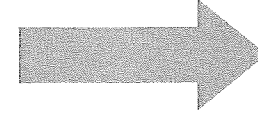
Do Such Strategies Work?



Burnout



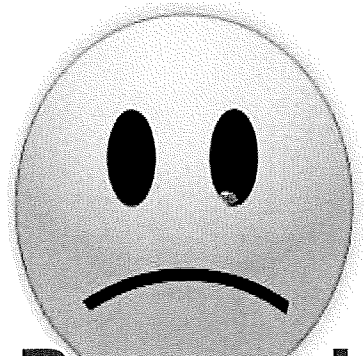
Neutral



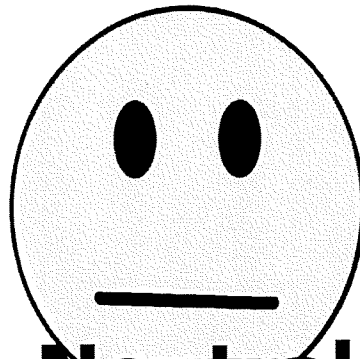
Well-being

- Hours worked
- Nights on call
- Meaning work
- Philosophy balance
- Positive outlook
- Focus what's important
- Vacations

- Hours worked
- Nights on call
- Meaning work
- Philosophy balance
- Positive outlook
- Focus what's important
- Vacations



Burnout



Neutral



Well-being

- Saw primary care <12 mo

- Compliant CDC aerobic exercise
- Talk spouse/family/friends
- Protect time away spouse/family/friends
- Recreation/hobbies
- Less likely mentality delayed gratification

Shanafelt Archives Surgery 255:625

Enhancing Self-Awareness

- Mindfulness
 - intentional awareness to the moment (being present)
 - conscious attention to thoughts, emotions, biases, values
 - moment-to-moment self-monitoring
- Narrative medicine
 - A focus on experience of illness not just biologic processes
 - Patient story at center encounter
 - Recognizing your role in the story
 - Validate patient
 - Self-reflection and meaning for physician





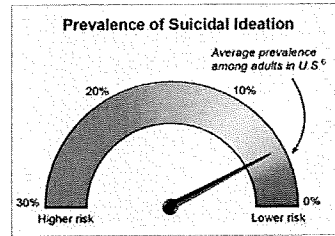
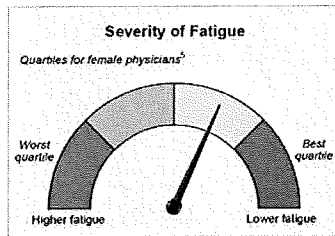
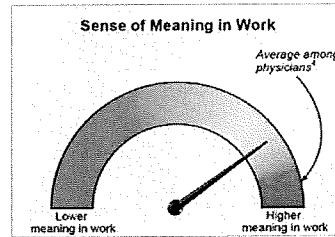
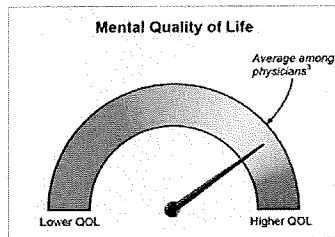
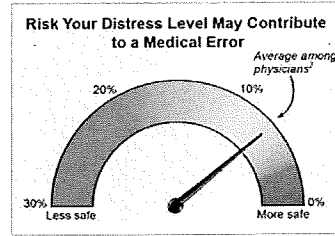
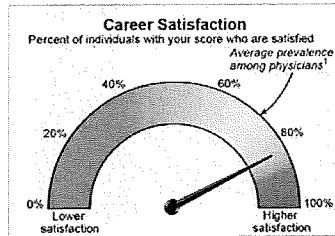
Well Being Index for 12-11-2014

Below you will find individualized feedback based on the answers you provided:

Your well-being index score indicates your well-being is: **Average**

Your score indicates an average level of well-being compared to other physicians. An overview of strategies to promote well-being can be found under the resources tab and may provide you with ideas to enhance your well-being.

The dashboards below provide an approximation of how your score relates to that of other US physicians and indicate some of the potential risks associated with your score at the population level.



Resources for your well-being

Review Resources

About the Physician and Medical Student Well-Being Index

Additional details can be found in the following peer-reviewed publications:

- Utility of a brief screening tool to identify physicians in distress
- Ar
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- Int
- Ef
- idk
- De
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tudent well-reening tool to , burnout, physical quality of The index was

Free app:

Text: WBIAPP

To: 507-316-6602

Fostering Community and Support From Colleagues

- Randomized controlled trial Mayo Clinic physicians

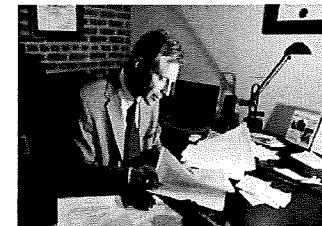
- Arm A (Group): n=37

- meet 60 minutes every other wk for 9 months
 - Facilitated curriculum small group colleagues
 - Cognitive knowledge, shared experience, solutions



- Arm B (Admin Time): n=37

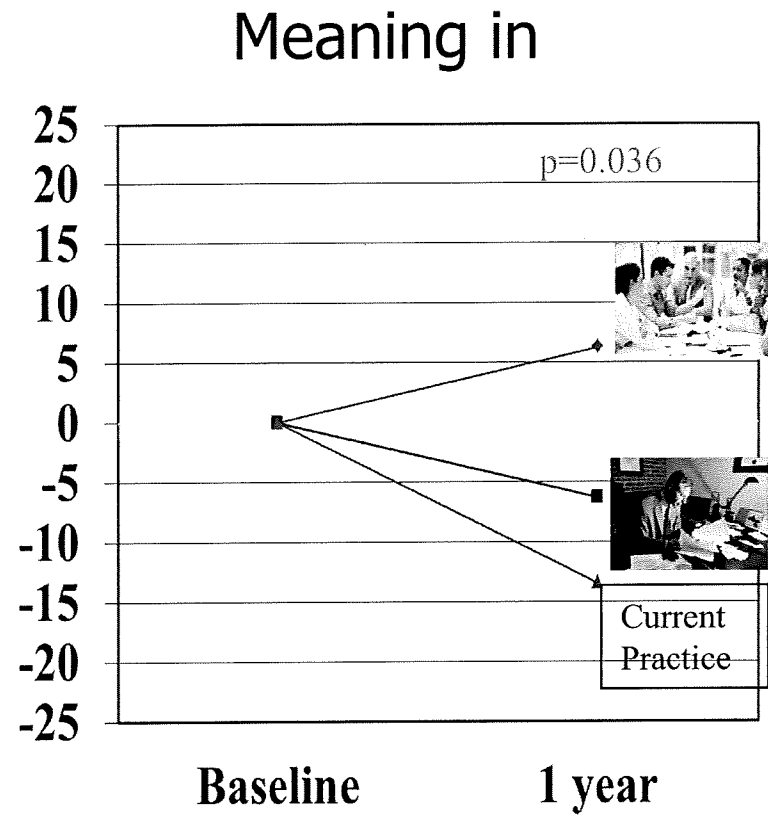
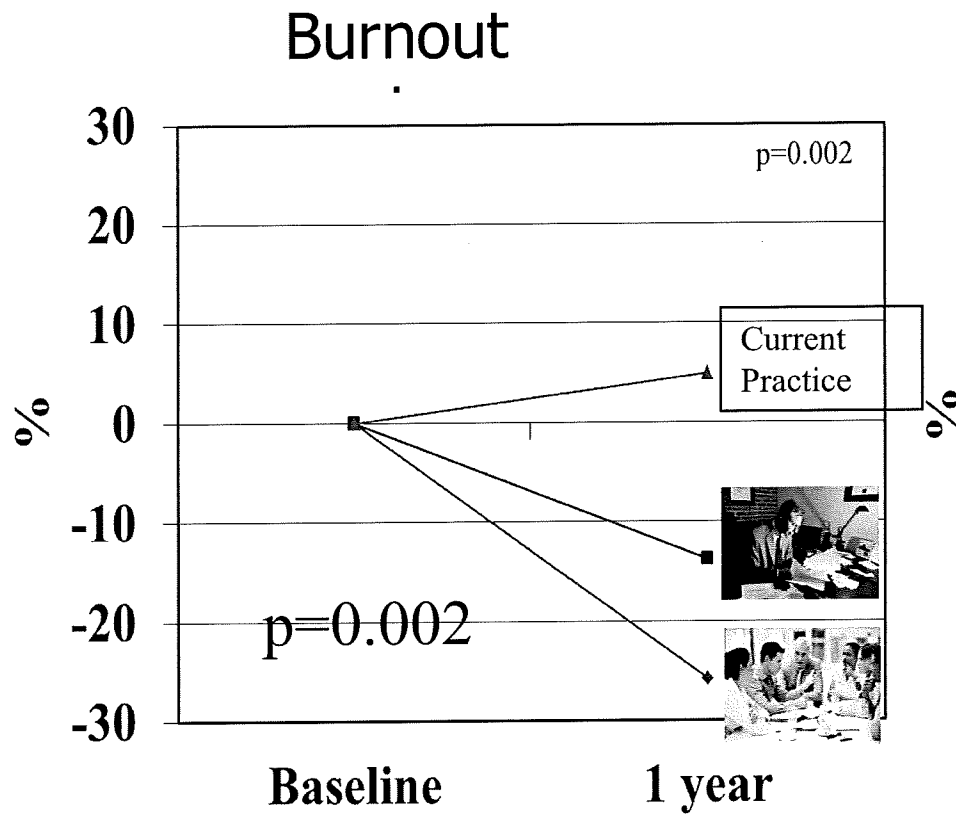
- Receive 60 minutes every other wk for 9 months
 - professional/administrative tasks (~1% FTE)



- Non-trial: n=476

- Measure meaning in work, satisfaction, well-being

Outcomes



Summary

- Distress common among physicians
 - Multiple types
- Distress influences both physician & their practice
- Variety of factors contribute to distress and QOL
 - Tension personal/professional life
 - Work related stressors
 - Errors
 - Mentality delayed gratification
- Well-being is more than the absence of distress
- There are strategies you can use to promote wellness



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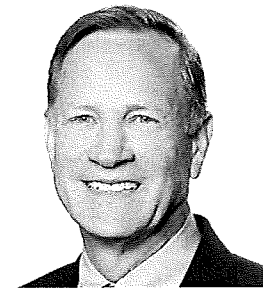
Mickey Trockel, MD



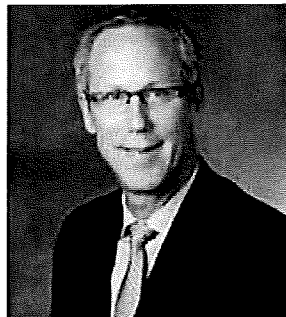
Patty de Vries



Maryam Hamidi, PhD



Dan Murphy, MD



Bryan Bohman, MD



Mary Lou Murphy

tshana@Stanford.edu

*“Self-love, my liege, is not so vile a
sin as self-neglect.”*

- Henry V, Act 2, scene 4

