#### Lehigh Valley Health Network **LVHN Scholarly Works**

Department of Family Medicine

#### Physician Burnout

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## Physician Burnout

#### Building the Road to Resilience

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# **Objectives**

After attending this session, participants will be able to:

- Describe the prevalence of physician burnout, the factors that contribute to burnout and the negative consequences of burnout in the lives of physicians and patients,
- Discuss the features of practices and physician lifestyle that can be protective against burnout,
- Identify the key sources of joy and inspiration in their personal and professional lives, and
- Create a plan for one change in their personal or professional lives that might help them to avoid burnout.

### **Conflicts of Interest**

None from any of the presenters

#### What is "Burnout"?

A syndrome characterized by:

- A loss of enthusiasm for work (emotional exhaustion, loss of empathy)
- Feelings of cynicism (depersonalization)
- Low sense of personal accomplishment

## OK, but who cares?

- 1/3 − ½ of practicing physicians affected
- Women 1.6 times more likely than men

Burnout- predictor of mental health probs

- Suicide major cause of early physician death
  - 1.4x higher in male physicians
  - 2.3x higher in female physicians

#### Patient care affected

- Study of 891 diabetics
- Physicians with high empathy (56%) more likely than those with low empathy (40%) to have patients with a1c controlled (p<0.001)</p>
- Similar outcomes for LCL control
- Controlled for gender, age, health insurance

#### **Medical Errors**

- 7905 surgeons surveyed
- 8.9% reported making major medical error in last 3 mos
- Large, significant adverse relationship btwn error and:
  - Mental QOL
  - All 3 domains of burnout
  - Symptoms of depression
- Each 1 pnt increase in depersonalization (scale range, 0-33) assoc'd with an 11% increase risk of error
- Each 1 pnt increase in emotional exhaustion (scale range, 0-54) assoc'd with a 5% increase risk of error

# **Contributing Factors**

- Often starts during med school / residency
- Common drivers in Canada:
  - Paperwork
  - Feeling undervalued
  - Frustrations with referral networks
  - Difficult patients
  - Medicolegal issues
  - Challenges in finding work-life balance

Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them: what's the situation among Canadian family physicians? Can Fam Physician. 2008;54:234-235.

# Contributing Factors- Difference in Career Stage

Survey of > 7000 physicians

- Early Career (<10 yrs in practice):</p>
  - Highest rate of depersonalization
  - Lowest satisfaction with choice of medicine as a career
  - Work-life conflict was #1 concern

# Contributing Factors- Difference in Career Stage

- Middle Career (10-20 yrs in practice):
  - Worked longer hours, more frequent call
  - Highest burnout and emotional exhaustion rates
  - Lowest satisfaction with specialty choice
  - Biggest concerns: Frustration with administrative burden, Reimbursement issues
- Late career (> 20 years)
  - Lowest burnout rates
  - No particular stressors mentioned

**AAFP** position

- Burnout is a problem
- Fixing it is a task of the system



We'll leave it to them to work on that...

For the rest of the hour, we will work on helping you to identify resources and planning to help yourself

# LINKING CULTURAL NORMS IN MEDICINE WITH BURNOUT FACTORS

Positive value	Negative potential	Burnout factor(s)	Potential mental training interventions
Service	Deprivation	Compassion fatigue Entitlement	Reframing Appreciation and gratitude
Excellence	Invincibility	Emotional exhaustion	Mindful self-compassion Inner critic awareness
Curative competence	Omnipotence	Ineffectiveness Cynicism	Self-awareness Generous listening
Compassion	Isolation	Depersonalization	Connection and community Silence as energizing

http://www.aafp.org/fpm/2013/0100/p25.html

### Resiliency/Protective Factors

http://www.aafp.org/fpm/2013/0100/p25.html.



Resiliency: Three key factors

**SELF-CARE** 

**INSIGHT** 

**VALUES** 

http://www.aafp.org/fpm/2013/0100/p25.html.

Resiliency: Three key factors

SELF-CARE: Taking care of the spiritual, physical and emotional parts of our lives.

INSIGHT: Correcting negative thought patterns that drain and defeat us.

VALUES: Knowing our work has meaning

http://www.aafp.org/fpm/2013/0100/p25.html

- SELF-CARE
  - Engaging in activities that nurture and rejuvenate us
    - Eating well, exercise, seeing our own doctor
  - Investing time in the connections and community that nurture us
  - Maintaining boundaries between work and home

#### SELF-CARE

- Self-care doesn't just "happen"
  - Developing a self care plan
  - Calendaring self care time
  - Engaging in health coaching, counseling or garnering other supports
  - Balint, Mindfulness

#### INSIGHT:

- How do we talk to ourselves about our work?
  - Expecting perfection of ourselves
  - Feeling guilty when we say no or set boundaries
  - Telling ourselves that self-care is simply impossible in today's world of medicine
  - Ruminating over the less rewarding parts of medicine, vs. the parts that give us meaning and hope

#### INSIGHT

- Countering negative thought traps can also require support:
  - Brief, focused psychotherapy
  - Mindfulness techniques
  - Balint groups

#### Values

- People less likely to burn out when they feel a sense that their work has meaning, and is aligned with their values
- Remembering this in the midst of the hassles of daily life takes discipline and practice
  - Narrative work
  - Daily appreciation/gratitude practice

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# Activities / Large group discussion



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