

A Study of Emotional Intelligence, Empathy and Burnout in Graduate and Postgraduate Medical Training at LVHN

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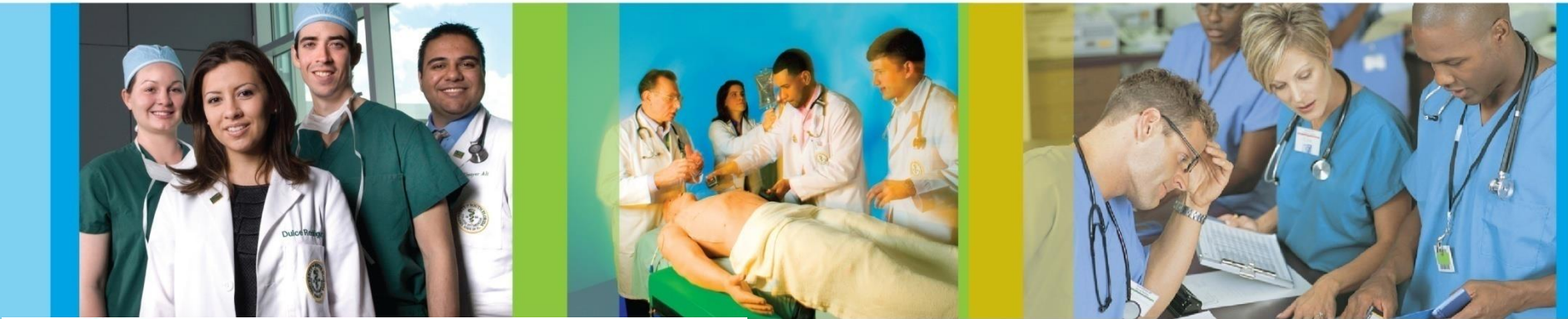
Objectives

- Describe the resident and student study on emotional intelligence, empathy and burnout.
- Identify resources available for burnout.

Agenda

- UME Program Assessment
- GME Study - The Emotional Status of Residents
- Resources for Evaluation and Assistance

A Preliminary Assessment of Empathy in First Year Medical Students

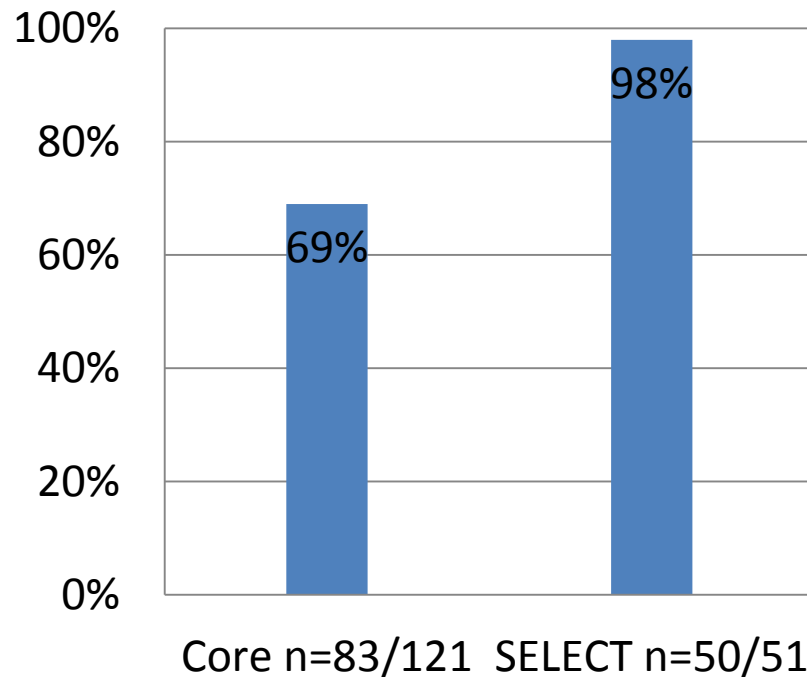


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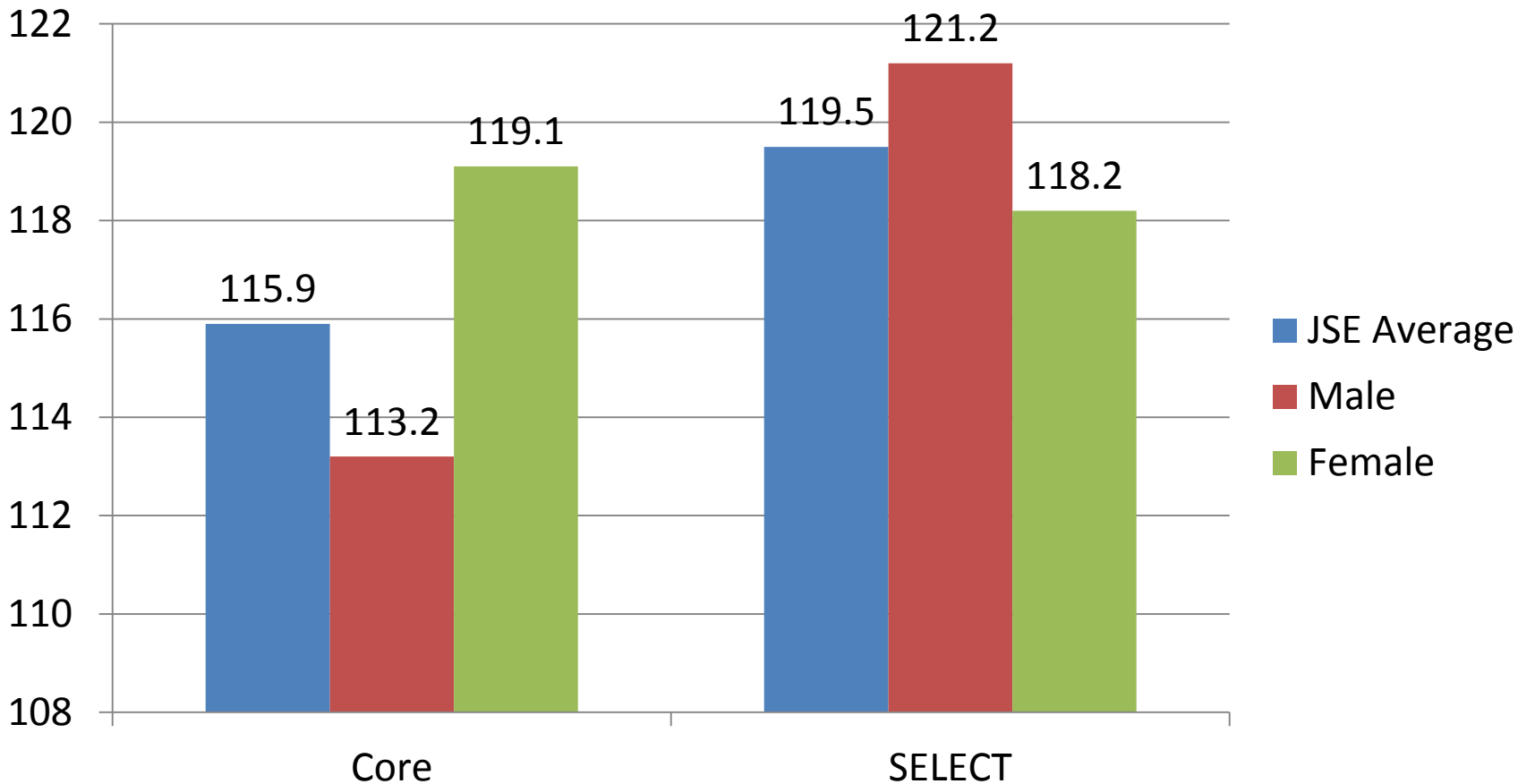
Jefferson Scale of Empathy

Response Rate
Class of 2017
July 2014



Jefferson Scale of Empathy Scores

July 2014 (prior to the start of year 1)



Is Burnout Born or Made?

The Emotional Status of Incoming Residents

***Measures of Resident Burnout, Empathy
and Emotional Intelligence across Specialties***

This study was funded in part by the Anne and Carl Anderson Trust.

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Empathy, EI, Burnout in Residents

- Identify initial levels of Empathy, Emotional Intelligence and Burnout in incoming interns.
 - We hypothesized that there would be no significant initial differences among specialties.
- Do Empathy, Emotional Intelligence and Burnout scores differ significantly in current residents?
 - We hypothesized that there would be significant differences across different specialties

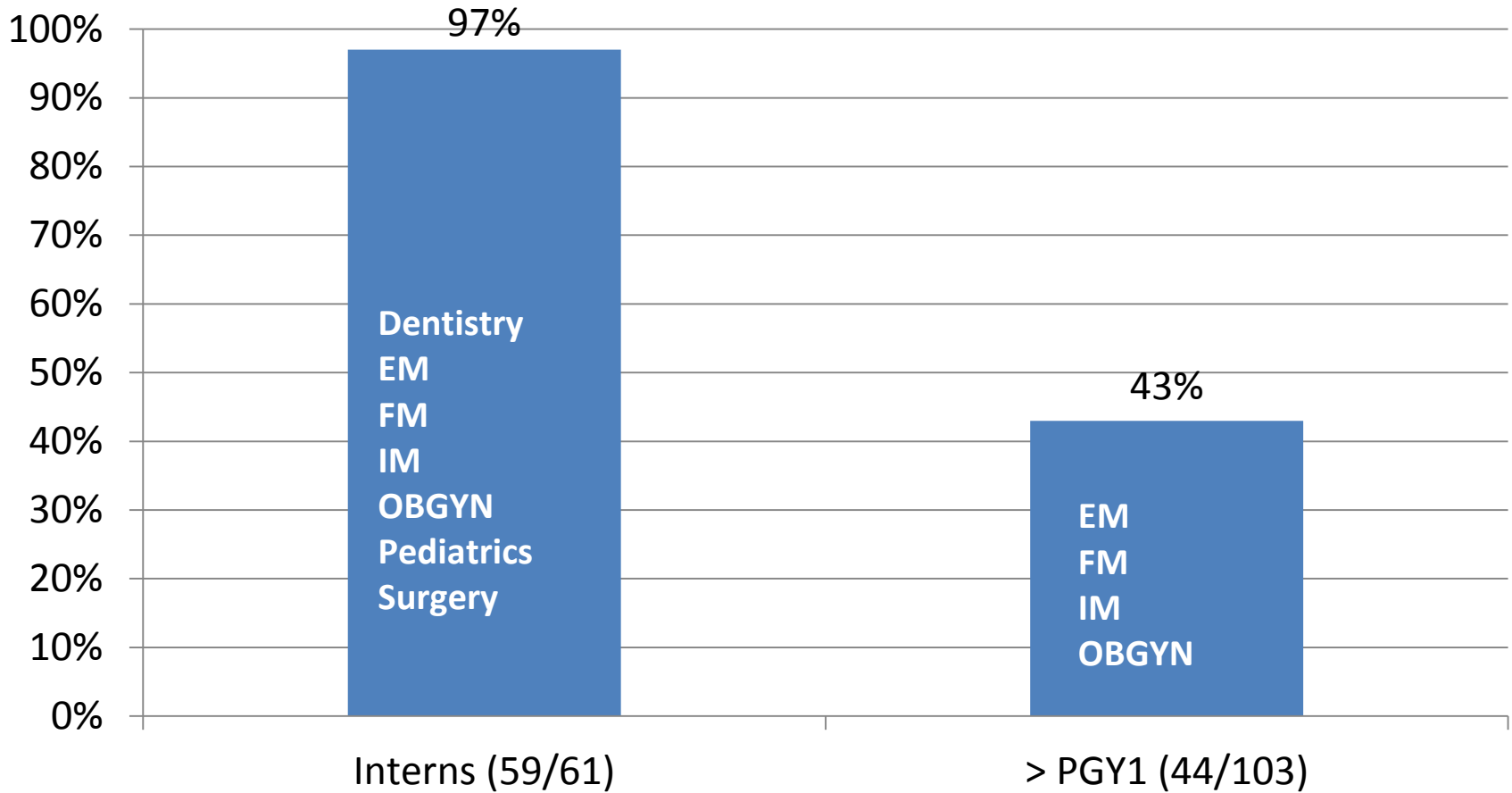
Methods



- IRB approved
- June 2015.
- 3 previously validated survey instruments were administered to interns and residents in:
 - Dentistry, Emergency Medicine, Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Surgery
- A single 125-question survey included:
 - Jefferson Scale of Physician Empathy (JSPE)
 - Maslach Burnout Inventory (MBI)
 - Emotional & Social Competency Inventory (ESCI)

Response Rate

June 2015



Results



- No difference among specialties on any of the survey instruments for incoming interns
- For existing residents, due to low response rates, results were analyzed by PGY-year only rather than by specialty.
- Burnout and Empathy levels varied by PGY-year in existing residents.

Maslach Burnout Inventory (MBI)

- 3 parts
- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment



Results: Maslach Burnout Inventory (MBI)

- Interns – All specialties had low levels of burnout overall across the three categories:
 - Emotional Exhaustion and Depersonalization - low.
 - Personal Accomplishment – high.
- Existing Residents – Just completed the year
 - Depersonalization: moderate for all years
 - Emotional Exhaustion:
 - PGY1 – High
 - PGY2 and PGY3 – Moderate
 - Personal Accomplishment:
 - high for all years 😊



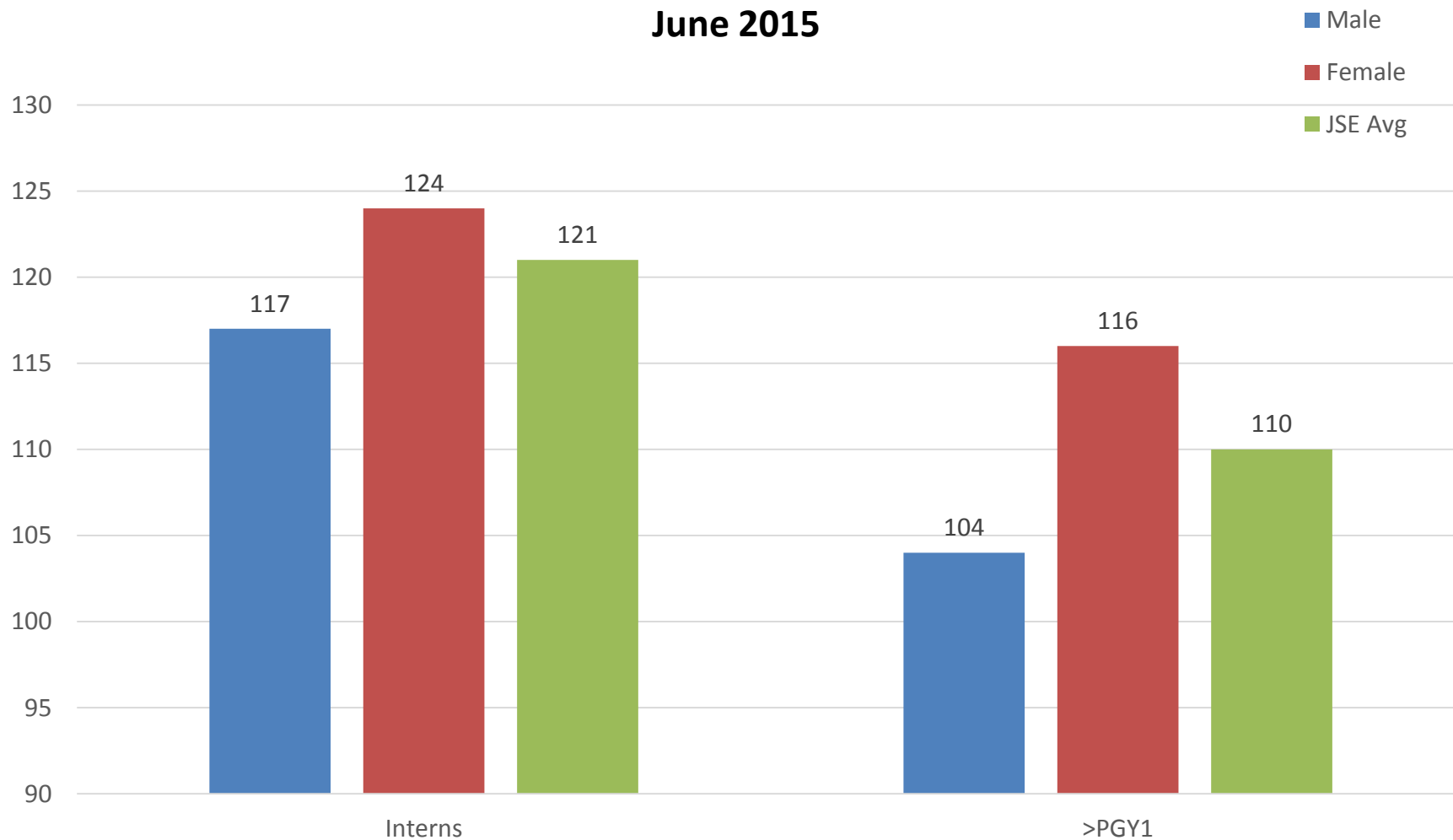
Jefferson Scale of Empathy Score

- Scores range from 20-140
- Higher levels connoting more empathy
- Empathy score declined annually in Existing Residents
- PGY-1: 115
- PGY-2: 109
- PGY-3: 102.



Results: Jefferson Scale of Empathy Scores (Scale 20-140)

June 2015



Results: Emotional Social Competency Inventory (ESCI)

- Female interns (n=34) scored themselves higher than males on:
 - Emotional Self-Awareness ($p < .01$)
 - Achievement Orientation ($p < .03$)
- Female residents (n=23) scored themselves lower than males on:
 - Conflict Management ($p < 0.05$)



ESCI Results

- Positive Outlook Scores on the ESCI were significantly lower in PGY-2 than any other year.
- PGY-1: 4.05, PGY-2: 3.45, PGY-3: 4.04; $p < .02$. (Range 0-5)





Conclusion

- Incoming residents scored quite well on factors associated with Empathy, EI and Burnout.
- Initial Scores Similar across Specialties
- Some Gender Differences
- Existing Residents: Mod/High Levels of Emotional Exhaustion, All Years
- Existing Resident Empathy (JSPE score) Inversely related to PG Year.
- Girls Better!



Health Care Professional Burnout

Resources for Evaluation and Assistance

Carmine J. Pellosie, DO, MPH, MBA, FACOEM

Chief, Section of Occupational Medicine, DOM

Executive Director, LVHN HealthWorks

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Ronald S. Freudenberger, MD Chief, Division of Cardiology



Ron's Uncle Herbert Freudenberger



Herbert J. Freudenberger was a German-born American psychologist. Though Freudenberger had many jobs in his life, including practitioner, editor, theoretician, and author, his most significant contribution is in the understanding and treatment of stress, burnout, and substance abuse.^[1]

Freudenberger was one of the first to describe the symptoms of exhaustion professionally and conduct a comprehensive study on [burnout](#). In 1980, he published a book ^[2] dealing with burnout, which became a standard reference on the phenomenon. His most prestigious award was the American Psychological Foundation Gold Medal Award for Life Achievement in the Practice of Psychology in 1999.^[3]

Born: November 26, 1926, [Frankfurt, Germany](#)

Died: November 29, 1999, [New York City, NY](#)

Field: [Psychology](#)

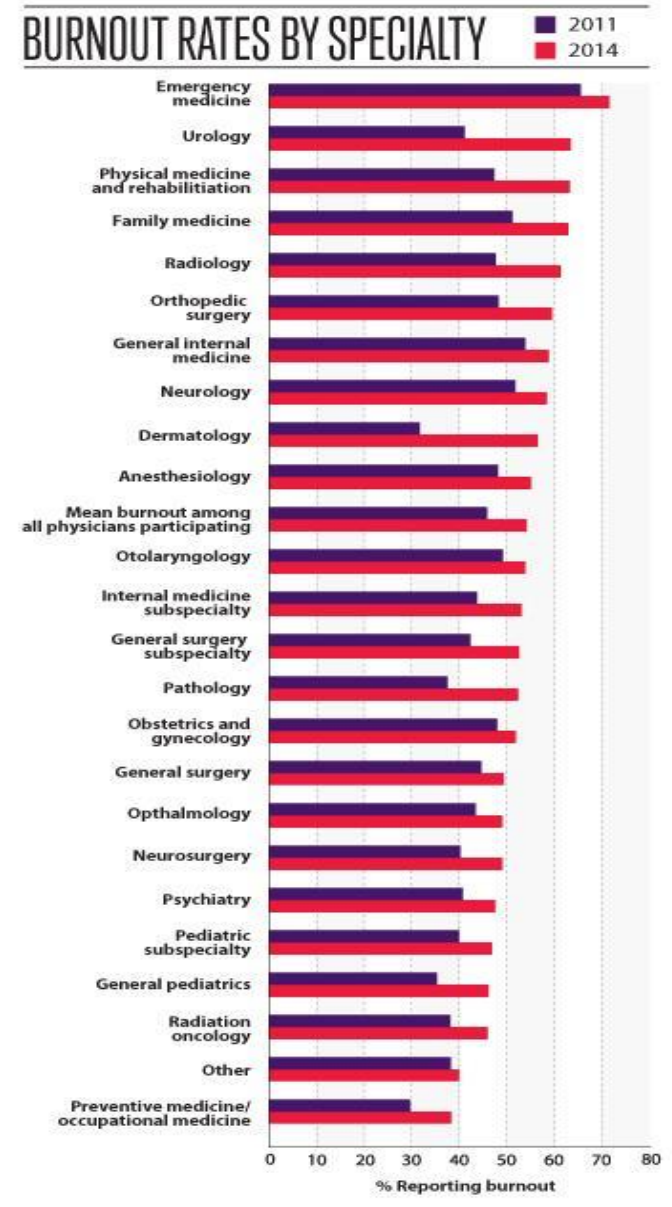
Books: [Burn-out: The High Cost of High Achievement](#), [Women's burnout](#), [Situational Anxiety](#)

Education: [New York University](#), [Brooklyn College](#)

Burnout Stats

- In 2011, approximately 45 percent of U.S. physicians met criteria for burnout. When a follow-up survey was conducted in 2014, 54.4 percent of physicians reported at least one sign of burnout.
- Physicians also reported lower rates of satisfaction with work-life balance in 2014 compared to a similar sample of physicians in 2011.
- All physicians in the study were assessed using questions on the Maslach Burnout Inventory.

Source: <http://www.ama-assn.org/ama/ama-wire/post/specialties-highest-burnout-rates>



Source: Mayo Clinic Proceedings—Dec. 2015

Burnout Assessment

Burnout Self-Test Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. *(Thank you to the Association des médecins vétérinaires (AMVQ) en pratique des petits animaux for providing us with a copy of this tool).*

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION A	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION B	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION C	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							

SCORING RESULTS - INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

***Note:** Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.*

Burnout Assessment

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
_____ 1.					
_____ 2.					
_____ 3.					
_____ 4.					
_____ 5.					
_____ 6.					
_____ 7.					
_____ 8.					
_____ 9.					
_____ 10.					
_____ 11.					
_____ 12.					
_____ 13.					
_____ 14.					
_____ 15.					
_____ 16.					
_____ 17.					
_____ 18.					
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_____ 20.					
_____ 21.					
_____ 22.					
_____ 23.					
_____ 24.					
_____ 25.					
_____ 26.					
_____ 27.					
_____ 28.					
_____ 29.					
_____ 30.					

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

- 3. _____
 - 6. _____
 - 12. _____
 - 16. _____
 - 18. _____
 - 20. _____
 - 22. _____
 - 24. _____
 - 27. _____
 - 30. _____
- Total:** _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
 - *4. _____ = _____
 - 8. _____
 - 10. _____
 - *15. _____ = _____
 - *17. _____ = _____
 - 19. _____
 - 21. _____
 - 26. _____
 - *29. _____ = _____
- Total:** _____

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

- 2. _____
 - 5. _____
 - 7. _____
 - 9. _____
 - 11. _____
 - 13. _____
 - 14. _____
 - 23. _____
 - 25. _____
 - 28. _____
- Total:** _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Resources

- [The Quick Coherence[®] Technique for Adults](#)
- [Notice and Ease Tool](#)
- [HeartMath[®] Appreciation Tool[™] and Exercises](#)

Evaluation and Assessment: ...is it “burnout”?

- Preferred EAP (Employee Assistance Program)
- LVHN Employee Health
- PCP Evaluation

Evaluation and Assessment

- Is it Burnout?

Burnout Resources

- [“Get Out of Your Mind & Into Your Life”](#)
- [Professional Quality of Life Elements Theory and Measurement](#)
- [HelpGuide.org](#)

Make It Happen

QUICK-GUIDE SUGGESTIONS PREVENTION/INTERVENTION WITH THE NEGATIVE EFFECTS OF CAREGIVING

B. Hudnall Stamm, Ph.D.

Individual Level

1. Self Assessment

- a. History of traumatic events
 - i) If you have a history, welcome to the 50% who do ☺
 - ii) What are your triggers?
 - iii) Can you reduce their potency by therapy or other positive means?
- b. Stressor load outside of work environment
 - i) Do you do things that refresh you?
 - ii) What tasks do you have to do that use your energy?
 - (1) Is there a way to share the load with friends or family?
 - (2) What can you “not do” e.g. should you alter your expectations of what is “necessary”

2. Health behaviors

- a. Sleep—most people are sleep deprived which makes you more physically and psychologically vulnerable
- b. Exercise: even 20 minutes 3 times a week makes a difference.
 - i) Consider exercising with people who help “refresh” you, multi-tasking!
- c. Diet
 - i) Do you eat at regular intervals, skip meals?
 - ii) Do you eat enough fresh foods?
 - iii) How about your caffeine, nicotine intake?
- d. Interpersonal Relationships
 - i) Do you have unfinished business with others that uses energy?
 - ii) Can you tell your friends and colleagues about how your work affects you (not your client’s details) and ask for their support?
 - iii) Can you tell your friends and family not to expect you to solve their problems since you are “so good at it”?

3. Other Assessment

- a. What would your friends and family tell you about your work?
- b. Can you use them to help monitor your exposure, let you know when you start to seem stressed?
- c. What do you learn from your supervision?
 - i) Is your supervision “safe,” or do you monitor what you tell your supervisor? If it is not safe, can you change supervisors? Should you add an “outside of work” supervisor?

Work-Group Level

1. Caseload

- a. Can you vary your caseload?
- b. If you cannot see a variety of different patients/clients, can you:
 - i) Intersperse patients/clients with administrative tasks
 - ii) Distribute the level of distress of cases, mix people who are doing well and nearer completion of their therapy, or more stable cases for case management with those who are more volatile and struggling.
- c. Try to end the day (if at all possible) with a positive activity so that you don’t head home with fresh feelings of distress that you have not had time to dissipate in the work-setting where they belong. Otherwise, it is all too easy to imagine that they belong in your home/personal sphere.

2. Collegial and Professional-Peer Support

- a. Can you count on your colleagues to help
 - i) Listen if you are struggling
 - ii) Tell you when you are struggling more than a conversation by the coffee-pot can contain; when you need to seek supervision or professional support to deal with your feelings about work?
- b. If you cannot count on your work-colleagues
 - i) Find a collegial group you can trust
 - (1) This may be in person, for example, a professional “lunch” group that meets for support
 - (2) Alternatively, it can utilize technology, e.g. telehealth, and be virtual community
 - ii) Set basic ground rules for confidentiality
 - (1) Client confidentiality—you don’t have to tell their story; you really need to deal with how working with them made you feel! This is about you, not them.
 - (2) Provider (e.g. your) confidentiality—what you share should be considered confidential unless the group agrees to share particular information. It is a necessary part of feeling safe to share.

3. Professional Hope

- a. Burnout eats your ability to envision a better life.
- b. Professionals who have hope are far better at offering it to others!

Make It Happen

- Balance!
- Have a Plan (mission, life event plan, etc.)
- [What's Your Sentence?](#)
- Hobbies (music, painting, exercise), Interests (take classes)
- Spirituality
- Crucial Conversations, “Happy”
- Mindfulness-Based Stress Reduction:
 - Info sessions May 25, May 31, June 1 @ LVHN-CC (402-CARE)
- Employee Health, Preferred EAP

Questions?

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