



Clinician Well-Being: From Burnout to Thriving in Modern Practice

October 5, 2022

Presenter:

Colin P. West, MD, PhD
Professor of Medicine, Medical Education, and Biostatistics
Division of General Internal Medicine
Division of Biomedical Statistics and Informatics
Mayo Clinic

1

Financial Disclosures

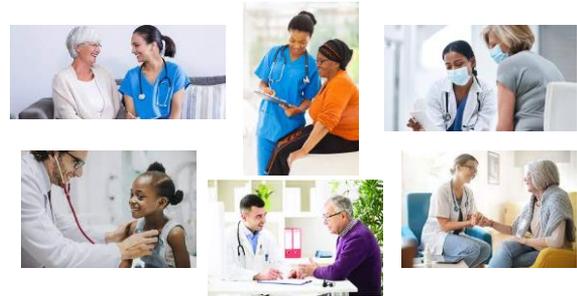
- None
- Email/Twitter:
west.colin@mayo.edu
@ColinWestMDPhD

2

Learning Objectives

- Understand the scope of the problem of clinician distress.
- Summarize contributors to and consequences of clinician distress.
- Describe evidence-based local and national approaches to prevent burnout and promote clinician well-being.
- Integrate knowledge to inform an “enlightened leadership” approach to clinician well-being.

3



4

What is Burnout?

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



5

Emotional Exhaustion

*“I feel like I’m at the end
of my rope.”*

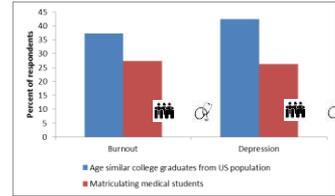
6

Depersonalization

"I've become more callous toward people since I took this job."

7

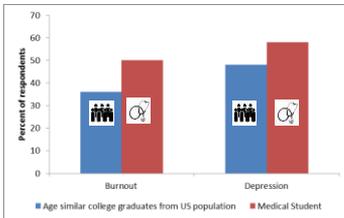
Matriculating medical students have lower distress than age-similar college graduates



2012, 7 U.S. medical schools & population sample (slide from Dyrbye)

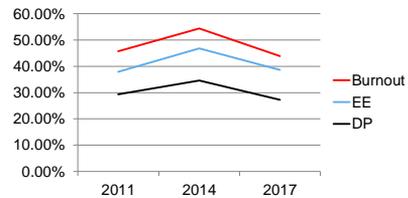
8

What happens to distress relative to population after beginning medical school?



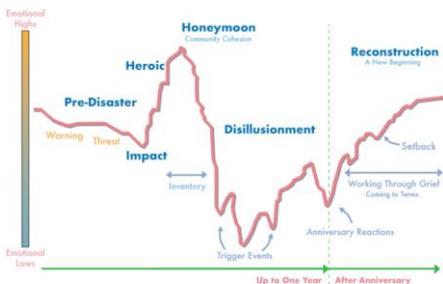
9

Burnout among Practicing Physicians



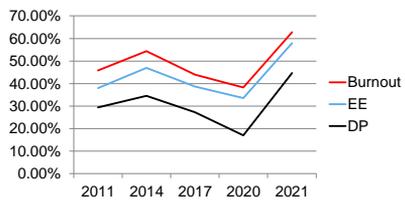
National Data (Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015, 2019, 2022)

10



11

Burnout among Practicing Physicians



National Data (Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015, 2019, 2022)

12

But Don't Burnout and Distress Affect Everyone?

2017 AMA Survey Employed Physicians vs. Employed U.S. Population

	Physicians n=3971	Population n=5198	p
Male	57%	52%	<0.001
Age (median)	50	52	<0.001
Hrs/Wk (median)	50	40	<0.001
Burnout*	40%	28%	<0.001
Dissatisfied WLI	43%	21%	<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

Shanafelt *et al.*, Mayo Clin Proc 2019



13



14

Consequences of HCW Burnout

- Medical errors¹⁻³
- Impaired professionalism⁴⁻⁶
- Reduced patient satisfaction⁷
- Racial bias⁸
- Blunted growth in medical knowledge¹⁰
- Depression and suicidal ideation^{11,12}
- Motor vehicle crashes and near-misses¹³
- Staff turnover, reduced hours^{9,14}
- Total costs: >\$4.6B dollars/year for physician turnover alone^{15,16}

¹JAMA 296:1071, ²JAMA 304:1173, ³JAMA 302:1294, ⁴Annals IM 136:358, ⁵Annals Surg 251:995, ⁶JAMA 306:952, ⁷Health Psych 12:93, ⁸JAMA Netw Open 2019, ⁹JACS 212:421, ¹⁰JAMA 306:952, ¹¹Annals IM 149:334, ¹²Arch Surg 146:54, ¹³Mayo Clin Proc 2012, ¹⁴Mayo Clin Proc 2016, ¹⁵JAMA IM 2017, ¹⁶Annals IM 2019



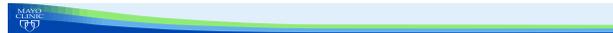
15

A Public Health Crisis!

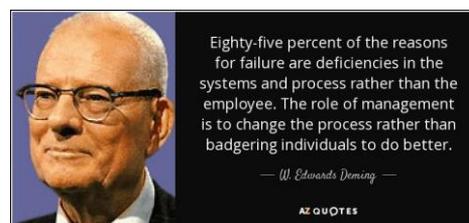
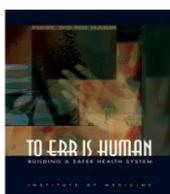
Burnout in U.S. alone:	
>40,000	Medical Students
>60,000	Residents and Fellows
>490,000	Physicians

Plus other health care and biomedical science professionals

Individual or system problem?



16



17

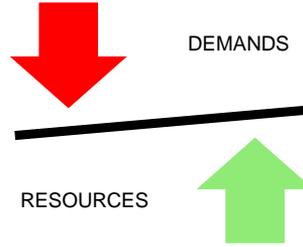
18

“Every system is perfectly designed to get the results it gets”

- Dr. Paul Batalden



19

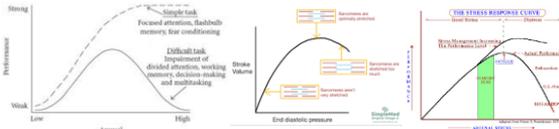


nam.edu/ClinicianWellBeingStudy

20

A chronic imbalance of high job demands and inadequate job resources can lead to burnout

Human Performance



• To optimize performance, we need to shift our place on this curve.



21

Burnout Drivers

- Maslach and Leiter workplace domains:
 - Workload
 - Control/autonomy
 - Reward (intrinsic and extrinsic)
 - Community
 - Fairness/respect
 - Values alignment



22



Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



23



Individual Strategies

- Identify Values
 - Debunk myth of delayed gratification
 - What matters to you most (integrate values)
 - Integrate personal and professional life
- Optimize meaning in work
 - Flow
 - Dedication
 - Choose/focus practice
- Nurture personal wellness activities
 - Calibrate distress level
 - Self-care (exercise, sleep, regular medical care)
 - Relationships (connect w/ colleagues; personal)
 - Religious/spiritual practice
 - Mindfulness
 - Personal interests (hobbies)

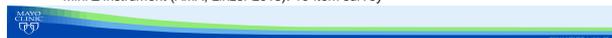


24

Individual Strategies

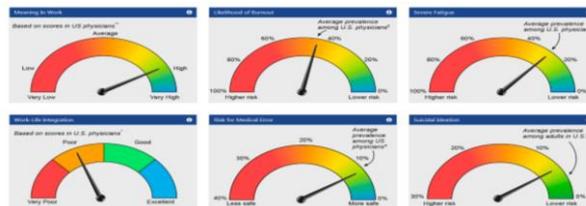
Recognition of distress:

- Medical Student Well-Being Index (Dyrbye 2010, 2011)
- Physician Well-Being Index (Dyrbye 2013, 2014)
 - <https://www.mededwebs.com/well-being-index>
 - Simple online 7- or 9-item instruments evaluating multiple dimensions of distress, with strong validity evidence and national benchmarks from large samples of medical students, residents, and practicing physicians
 - Evidence that physicians do not reliably self-assess their own distress
 - Feedback from self-reported Index responses can prompt intention to respond to distress
- Suicide Prevention and Depression Awareness Program (Moutier 2012)
 - Anonymous confidential Web-based screening
- AMA STEPSForward modules
 - Mini Z instrument (AMA, Linzer 2015): 10-item survey



25

Physician Well-Being Index <https://www.mededwebs.com/well-being-index>

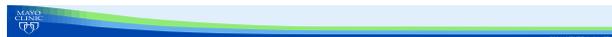


26

Individual Strategies

Risk of exclusively individual focus:

- Deepen cynicism through perceived message that physicians must "toughen up" to cope with a toxic working environment, rather than addressing the toxic working environment itself.
- Blaming the victims?



27

JAMA Network

Resilience and Burnout Among Physicians and the General US Working Population

West CP et al., JAMA Netw Open. 2020;3(7):e209385. doi:10.1001/jamanetworkopen.2020.9385

Table 2. Resilience of Employed Physicians and the General US Population Aged 29 to 65 Years*

Query	No. (%)	Physicians (n = 3971)	Population (n = 3198)	P value
1. Able to adjust when changes occur				
Not true at all	17 (0.4)	34 (0.7)		
Rarely true	37 (0.9)	96 (2.4)		
Sometimes true	619 (15.8)	1058 (26.4)	< .001	
Often true	1535 (49.4)	2461 (66.3)		
Always true	1310 (32.9)	1399 (39.8)		
Score, mean (SD)		3.14 (0.80)	3.04 (0.74)	
2. Used to bounce back after illness, injury, or other hardships				
Not true at all	14 (0.4)	32 (0.4)		
Rarely true	41 (1.0)	81 (2.4)		
Sometimes true	430 (10.5)	738 (21.2)	< .001	
Often true	1334 (39.3)	2273 (63.9)		
Always true	1095 (49.8)	2062 (59.9)		
Score, mean (SD)		6.49 (1.39)	6.25 (1.37)	< .001

* Scores are based in the Connor-Davidson Resilience Scale (score ranges from 0 to 8).

Table Title:
Resilience of Employed Physicians and the General US Population Aged 29 to 65 Years*

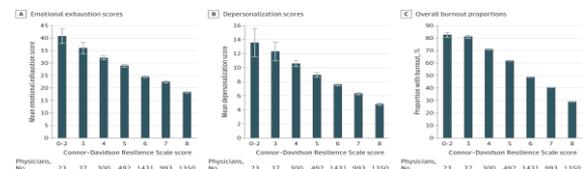


28

JAMA Network

Resilience and Burnout Among Physicians and the General US Working Population

West CP et al., JAMA Netw Open. 2020;3(7):e209385. doi:10.1001/jamanetworkopen.2020.9385



Emotional Exhaustion Scores, Depersonalization Scores, and Overall Burnout Proportions Across Levels of Resilience Among US Physicians; Error bars indicate standard error of the mean.



29

What Can Organizations/Programs Do?



What we resource demonstrates what we value



30

Organizational Strategies

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions³
- 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

Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



31

HCW Well-Being: Approach Summary

	Individual	Organizational
Workload		
Work Efficiency/Support		
Work-Home Integration/Balance		
Autonomy/Flexibility/Control		
Meaning/Values		



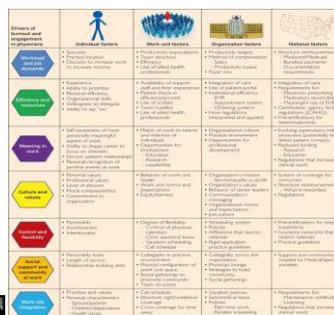
32

HCW Well-Being: Approach Summary

	Individual	Organizational
Workload	Part-time status	Productivity targets Duty Hour Requirements Integrated career development
Work Efficiency/Support	Efficiency/Skills Training	EMR (+/-?) Staff support
Work-Home Integration/Balance	Self-care Mindfulness	Meeting schedules Off-hours clinics Curricula during work hours Financial support/counseling
Autonomy/Flexibility/Control	Stress management/Resiliency Mindfulness Engagement	Physician engagement
Meaning/Values	Positive psychology Reflection/self-awareness Mindfulness Small group approaches	Core values Protect time with patients Promote community Work/learning climate



33



34

Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.

Solutions

- ACGME: <http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>
- AAIM: <http://www.im.org/resources/wellness-resiliency>
 - CHARM Best Practices Group summaries
- AMA: <https://edhub.ama-assn.org/steps-forward>
- NAM: <https://nam.edu/initiatives/clinician-resilience-and-well-being/>



35

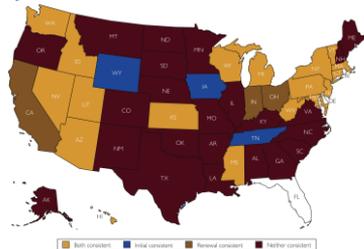
Organizational Strategies

- Resilience as an organizational strength
 - Not just an individual one!



36

Physician Licensure and Mental Health



Dyrbye, West, Sinsky et al. Mayo Clin Proc. 2017;92:1486-1493

43

Physician Licensure and Mental Health

- In 2018, the Federation of State Medical Boards (FSMB) issued recommendations on physician wellness, some of which focus on licensing applications. These recommendations include:
 - limiting mental health questions to conditions that result in impairment;
 - limiting mental health questions to conditions within the last 2 years;
 - offering "safe haven nonreporting" if mental health questions are asked; and
 - including "supportive language" about seeking mental health care.

44



From: Consistency Between State Medical License Applications and Recommendations Regarding Physician Mental Health

JAMA. 2021;325(19):2017-2018. doi:10.1001/jama.2021.2275



Figure Legend: Consistency of State Board Applications With the Federation of State Medical Boards Recommendations on Physician Wellness and Burnout. Each state board application was given 1 point for consistency with each of the 4 available Federation of State Medical Boards recommendations, for a total of up to 4 points. The figure includes all 50 states in the US and Washington, DC. These territories (Guam, the Northern Mariana Islands, and the US Virgin Islands) are not shown.

45

Help-Seeking, Stigma, and Burnout

- Medical students (Dyrbye 2015, Acad Med):
 - BO a/w ↑ stigma measures
 - Less likely to seek help than age-matched peers
- Residents (Dyrbye 2020, Acad Med)
 - BO a/w ↑ concerns about career impacts of help-seeking
 - 1/3 reluctant to seek help
- Practicing physicians (Shanafelt 2021, Mayo Clin Proc)
 - MORE likely to report help-seeking than general population
 - 4 in 10 with SI would NOT seek help, however

46

Recommendations

- The toolkit for these issues will contain many different tools.
- There is no one solution ...
- ... but many approaches offer benefit!



47



Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017;92:129-46.



48

Thank You!

- Comments/questions
- Email: west.colin@mayo.edu
- Twitter: [@ColinWestMDPhD](https://twitter.com/ColinWestMDPhD)

