

Physician Burnout: Causes, Consequences, and Solutions

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Objectives

- Describe the scope of the problem of burnout in physicians and healthcare professionals.
- Discuss contributors and consequences of burnout.
- Preventing burnout: What individuals and hospital leaders can do to make a difference?

What is Burnout?

Three Manifestations

–Exhaustion

- Emotional, physical, cognitive

–Depersonalization (Cynicism)

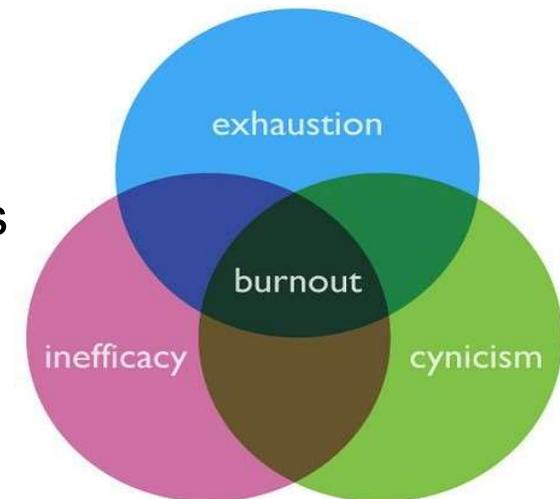
- Distancing oneself from the organization and its purpose
- Distancing oneself from patients

–Loss of sense of self-efficacy

- Feeling that one's work does not make a difference

Burnout is **not** a clinical diagnosis

- Maslach C. Annu Rev Psychol. 2001.



Brief Summary of Epidemiology

Medical students matriculate with BETTER well-being than their age-group peers

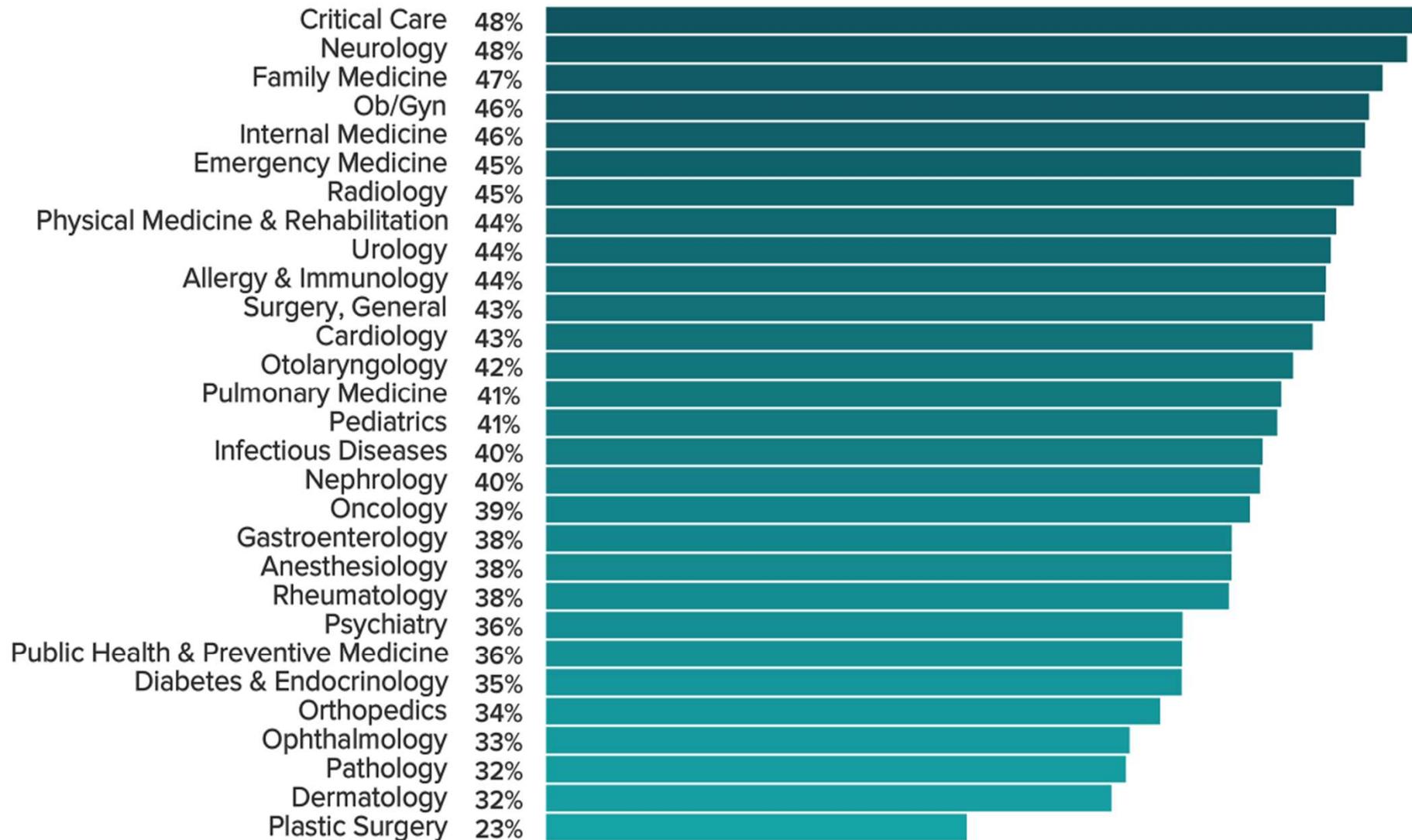
Early in medical school, this reverses

Poor well-being persists through medical school and residency into practice:

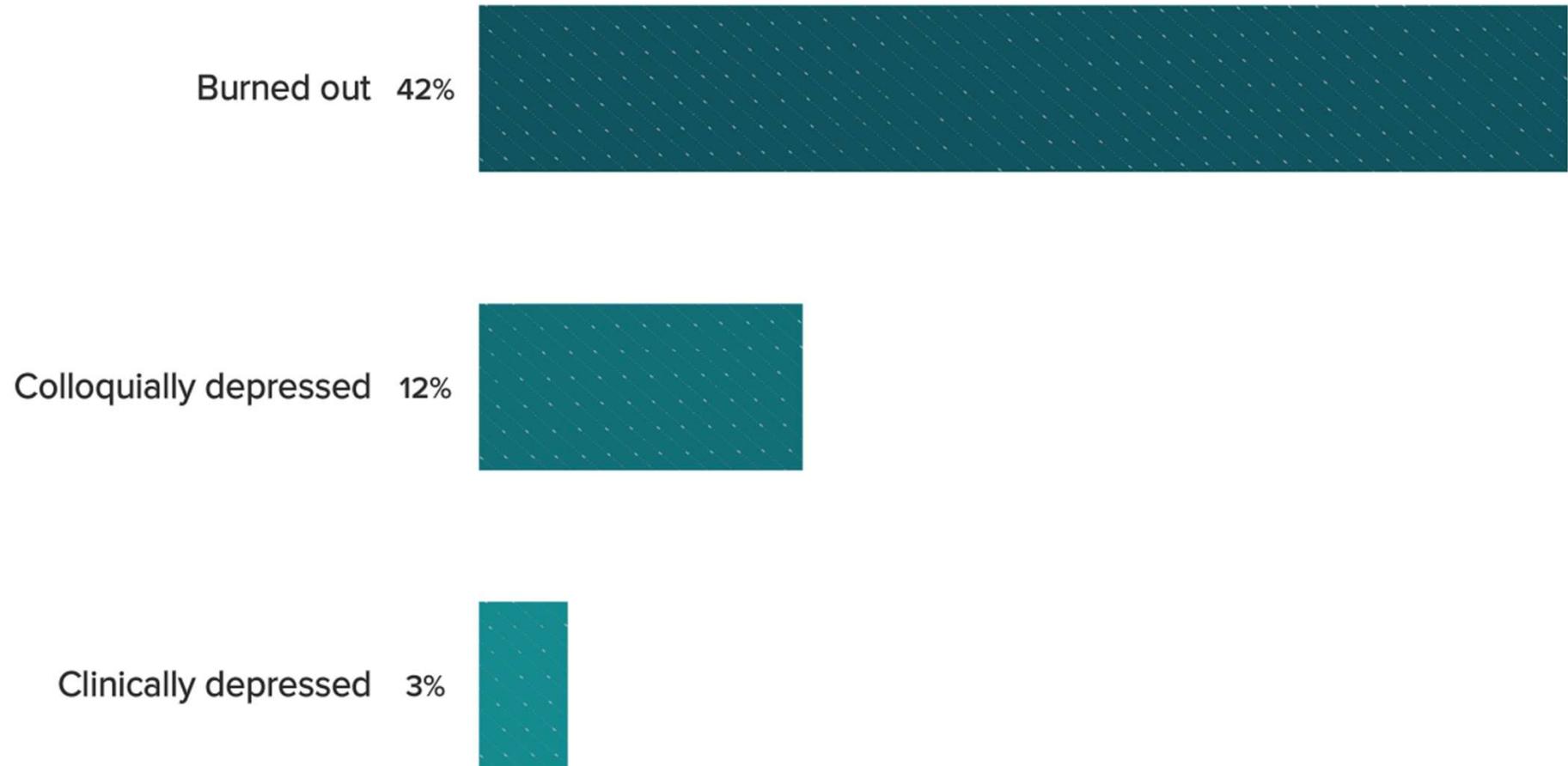
- National burnout rate exceeds 30%
- Affects all specialties, perhaps worst in “front line” areas of medicine
- Only 1 in 10 doctors would recommend medicine as a career



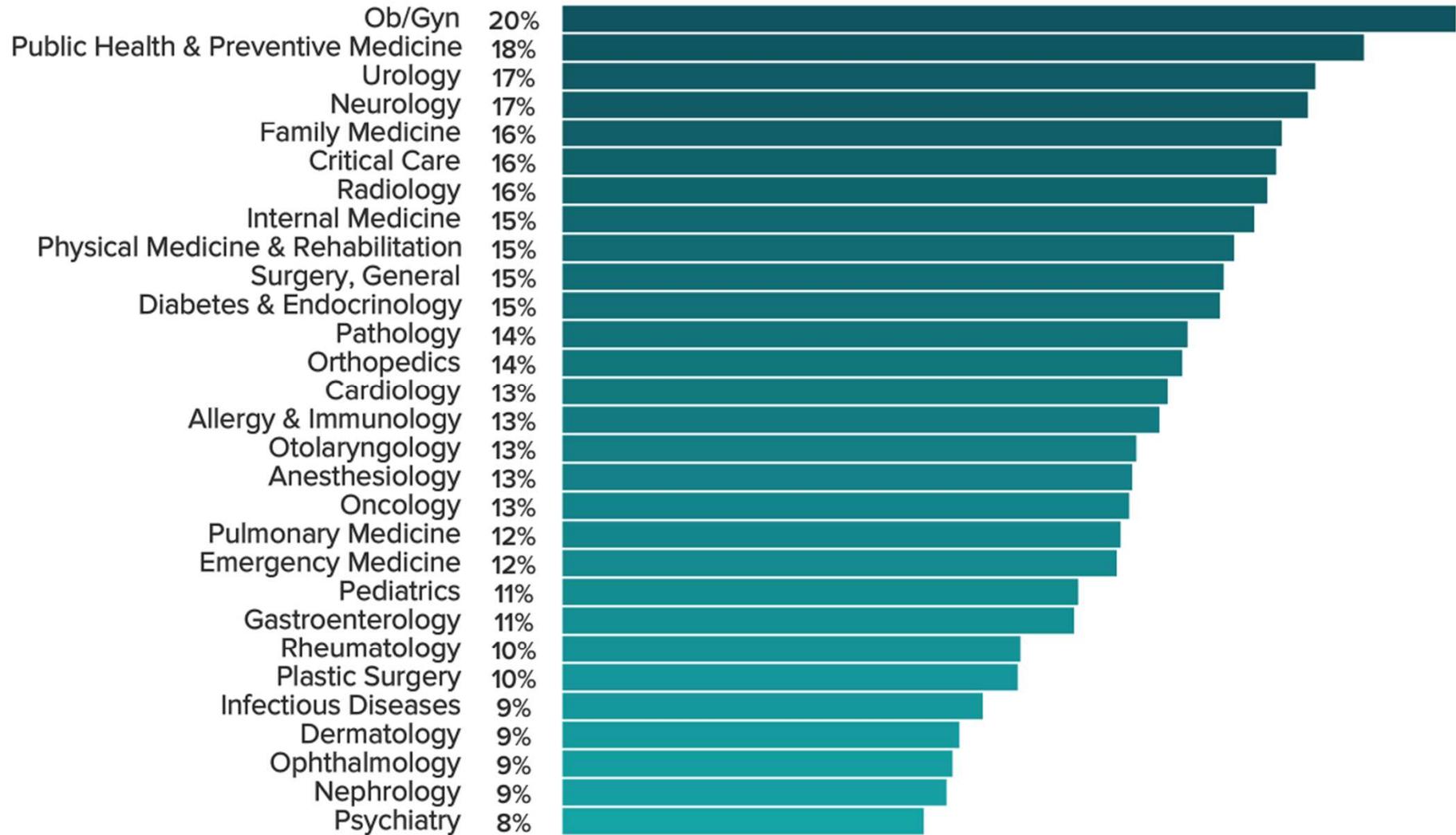
Which Physicians Are Most Burned Out?



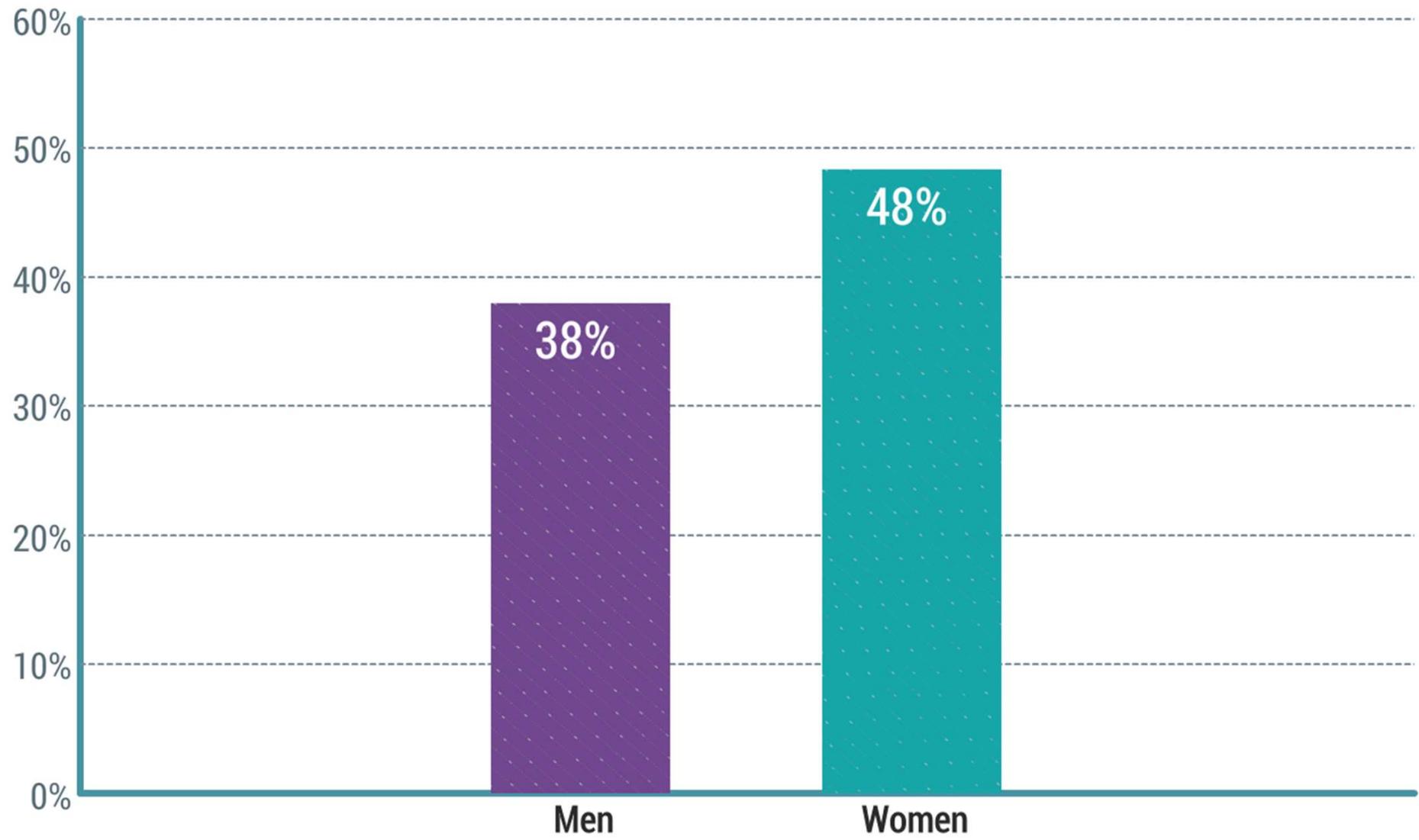
Physician Burnout and Depression



Which Physicians Experience Both Depression and Burnout?



Are Male or Female Physicians More Burned Out?



Burnout: Key Drivers

Excessive workload

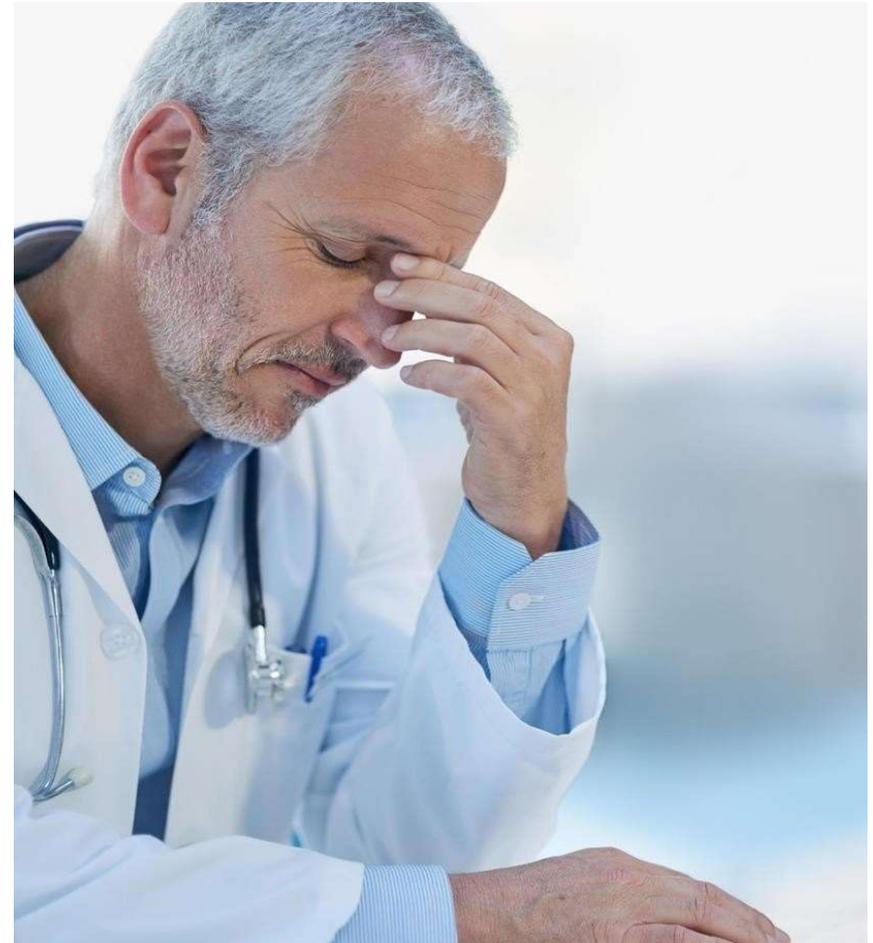
Inefficient work environment

Lack of organisational support

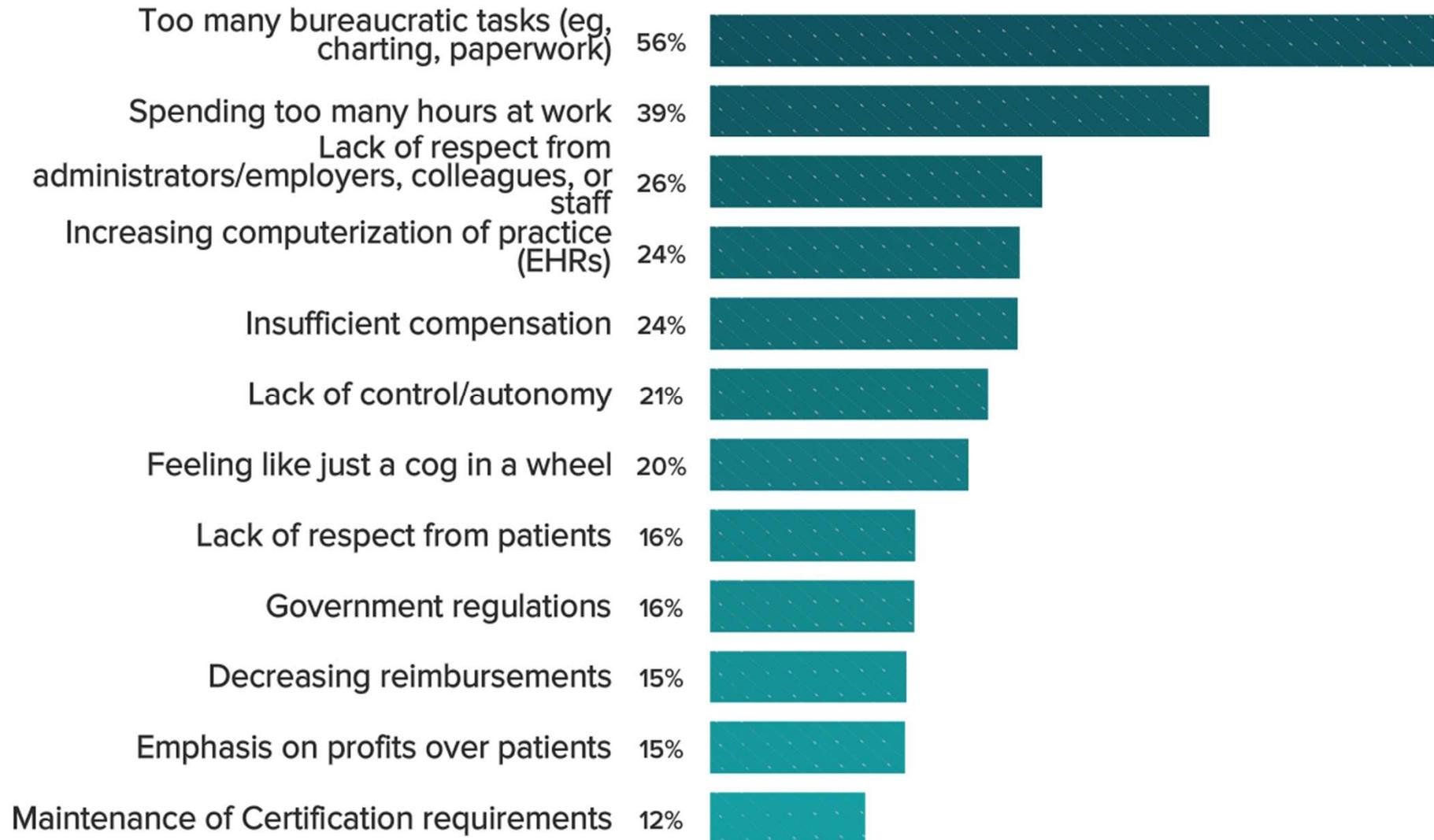
Problems with work-life integration

Loss autonomy/flexibility/control

Loss of values and meaning in work



What Contributes to Physicians' Burnout?



Consequences of Physician Burnout

Medical errors

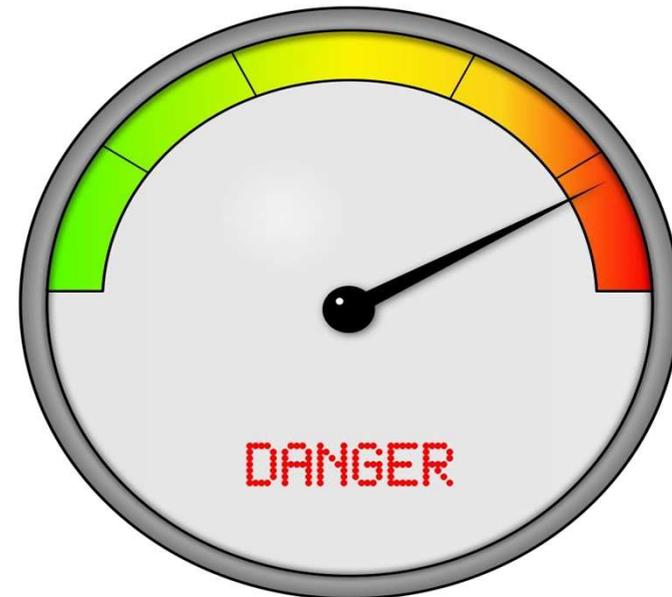
Impaired professionalism

Reduced patient satisfaction

Staff turnover and reduced hours

Depression and suicidal ideation

Motor vehicle crashes and near-misses

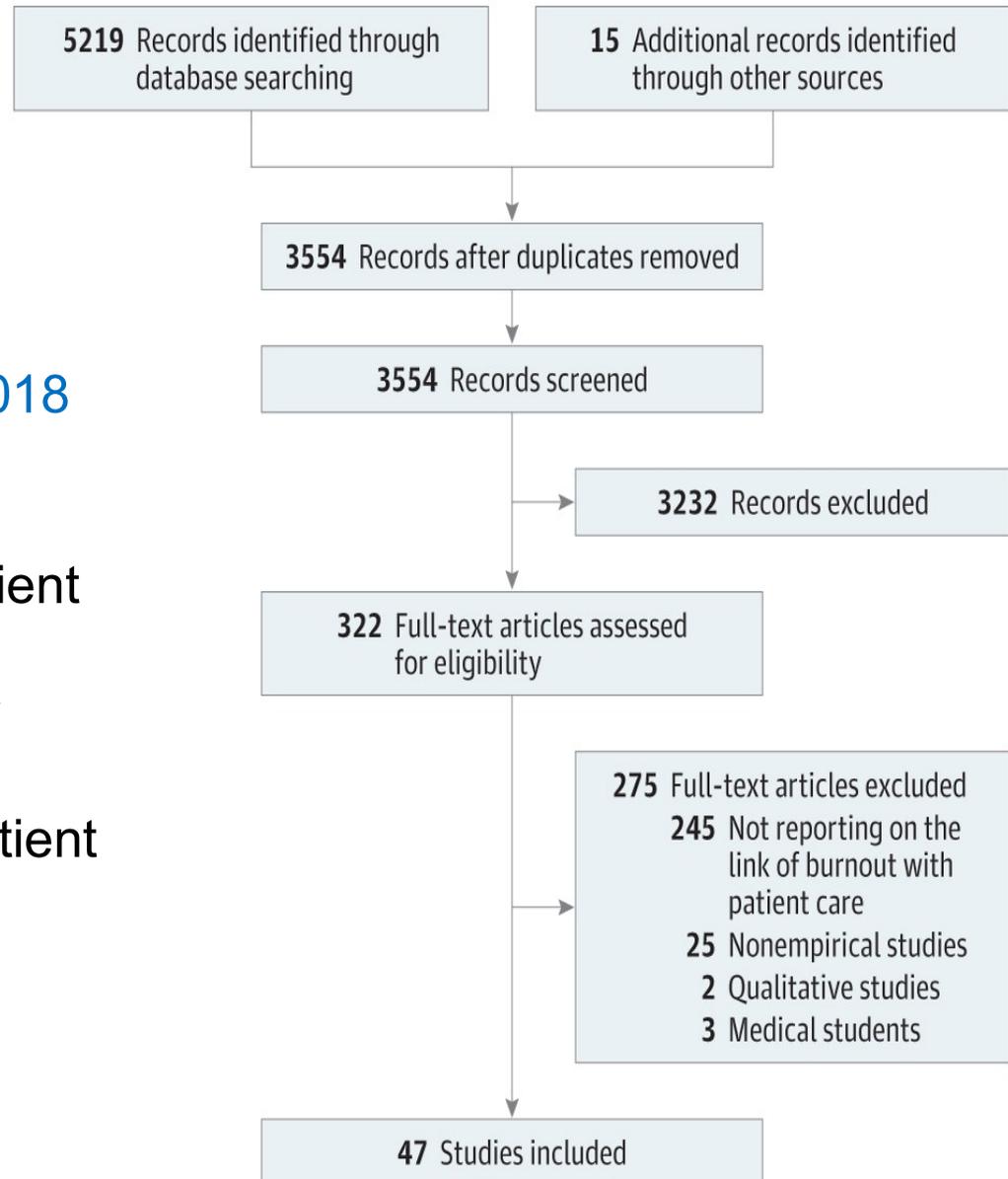


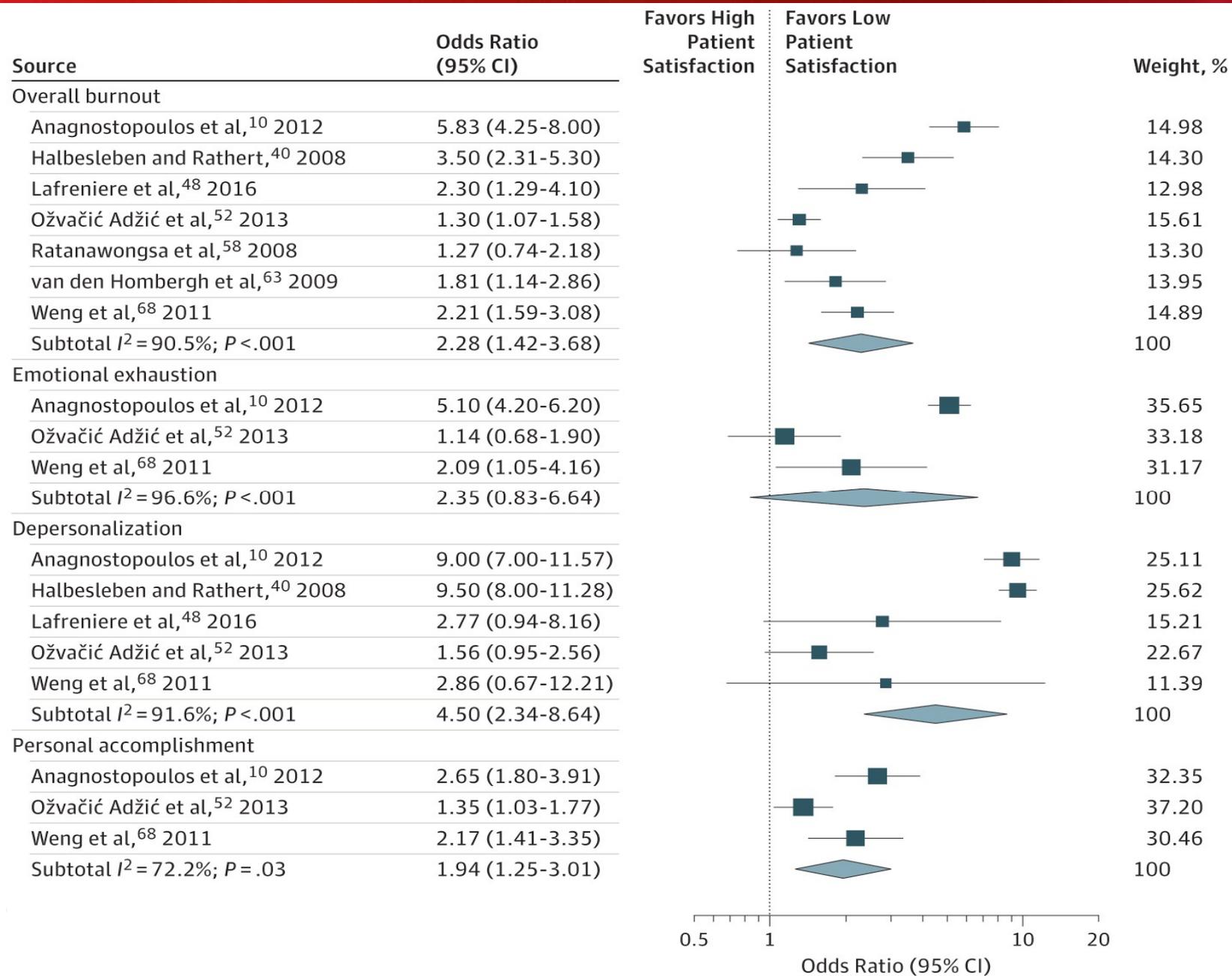
Association of physician burnout on patient safety, professionalism and patient satisfaction: A systematic review and meta-analysis

Panagioti et al. JAMA Intern Med 2018

Physician burnout linked to

- 2-times increased odds for patient safety incidents
- 2-times increased odds for low professionalism
- 3-times decreased odds for patient satisfaction





Burnout is Not the Fault of the Individual

A mismatch between the worker and the workplace

When over half of doctors and healthcare practitioners experience this, *it is not a failing or weakness of the individual*

It results from putting a hard working professional into a **toxic workplace** in which they are unable to succeed

Message to physicians & healthcare providers: *If you are feeling burned out, it is not your fault!*

Delayed Gratification: Life on Hold?

Up to 50% of trainees report “Survival Attitude” - life on hold until the completion of training

Up to 40% report “Looking forward to retirement” is an essential “wellness promotion strategy”

Many physicians may maintain strategy of delayed gratification throughout their entire career



What can physicians and healthcare practitioners do?



- Identify Values
 - Debunk myth of delayed gratification
 - What matters to you most (integrate values)
 - Integrate personal and professional life
- 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)

Are Individual Approaches Enough?

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.
- Sydney Morning Herald, July 5, 2017:
 - “The ‘con’ of building resilience has left junior doctors vulnerable to mental illness and suicide by ignoring the systemic failures of the medical profession ...”
 - “ ... the current focus on building resilience ignored the deleterious culture of medicine and dangerous working conditions to which junior doctors (are) subjected.”

What Does the Evidence Show?

Interventions led with small significant reductions in burnout **BUT** significantly improved effects for organisational compared to individual approaches

- SMD=-0.45, 95% CI=-0.62 to -0.28
- SMD=-0.18, 95% CI=-0.32 to -0.03

“ Burnout is a problem of the whole healthcare organization rather than individuals”

[Panagioti et al. JAMA Intern Med 2017](#)

“Interventions must address contributing factors in the practice environment rather than focusing exclusively on helping physicians care for themselves and training them to be more resilient.”

[Shanafelt et al. Mayo Clin Proced 2017](#)

The Evidence in Total

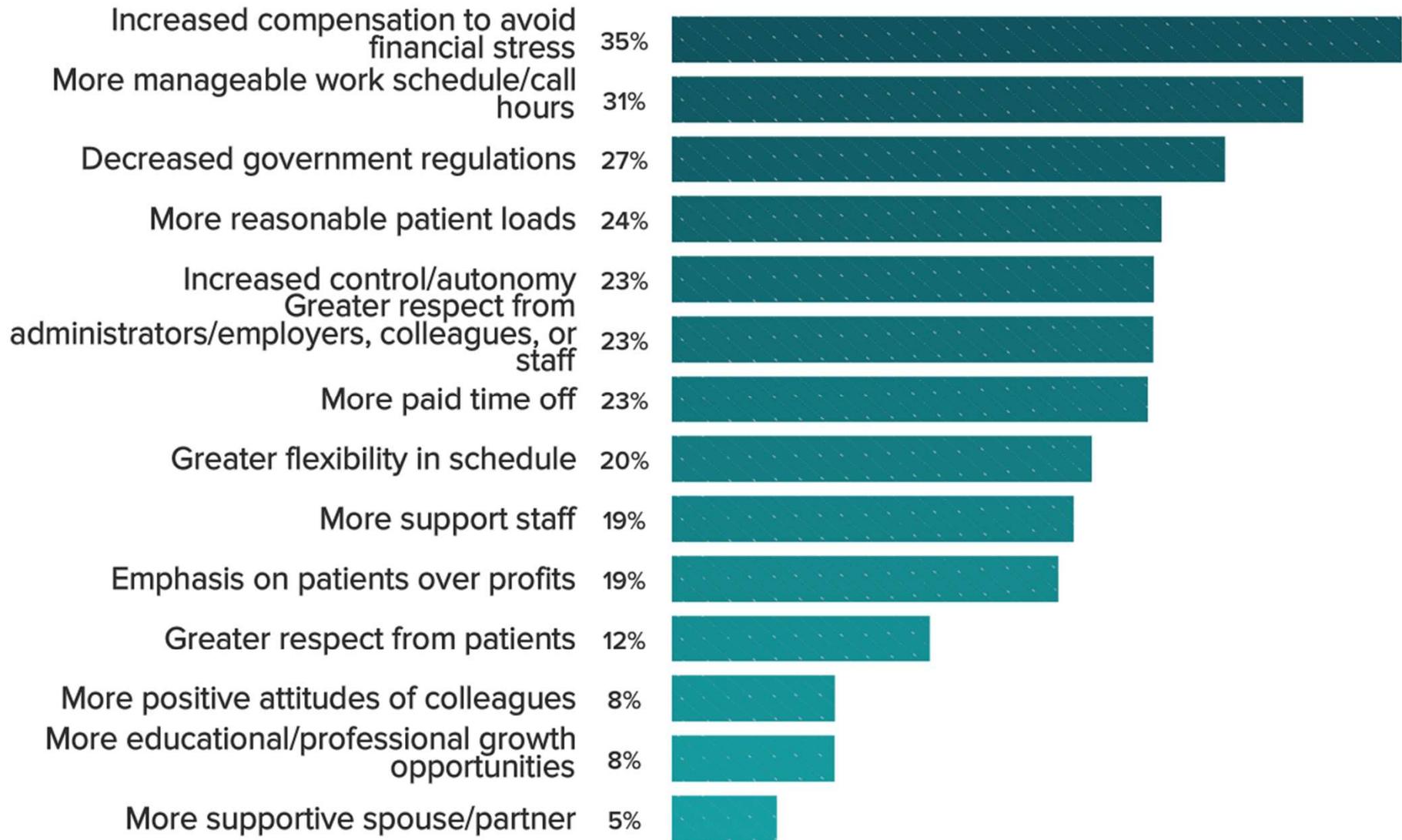
Individual-focused interventions:

- Meditation techniques
- Stress management training, including mindfulness
- Communication skills training
- Self-care workshops, exercise program

Organisational interventions:

- Protected time
- Shorter attending rotations
- Shorter resident shifts in ICU
- effective professional relationships & communication
- Locally-developed practice interventions

What Would Reduce Your Burnout?





What Can Organizations Do?

Key Principles...

Respect for People – Culture Change

- Seeing systems, not people, as the problem

Be value oriented

- Promote values of the medical profession
- Congruence between values and expectations

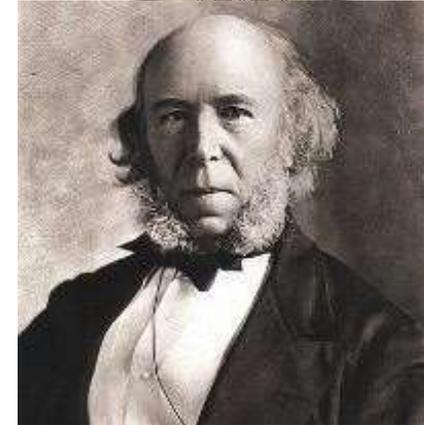
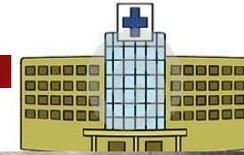
Provide adequate resources (efficiency)

- Organization and work unit level

Promote autonomy and meaning at work

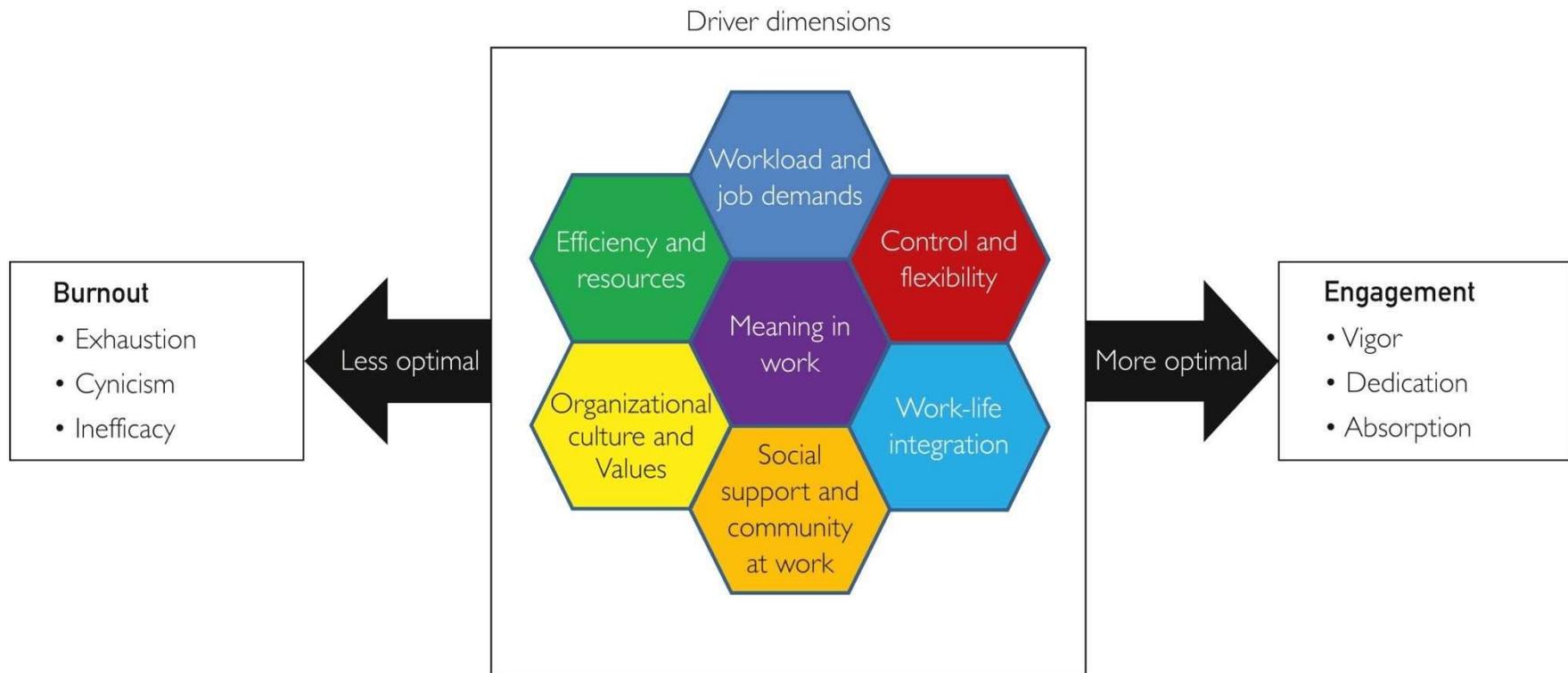
- Flexibility, input, sense control

Promote work-home integration



“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Charles Darwin



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

Physician Well-Being: Approach Summary

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

Physician Well-Being: Approach Summary

	Individual	Organizational
Workload	Part-time status	Productivity targets Duty Hour Requirements Integrated career development
Work Efficiency/ Support	Efficiency/Skills Training	Staff support
Work-Life 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

Next Steps: Take Action

Physicians and practitioners

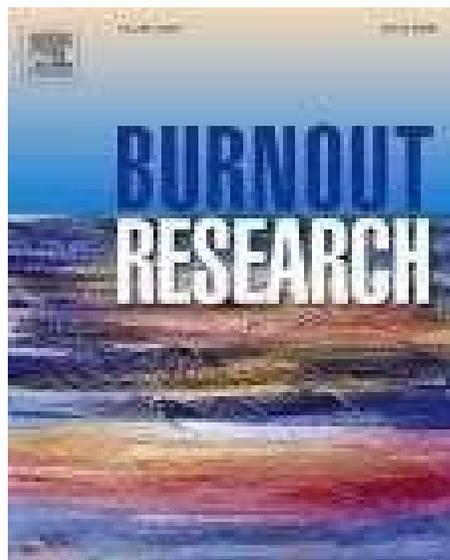
Learn about burnout, knowledge is power

- Survey faculty, fellows, residents, and students
- Study the literature

Leaders

Learn about burnout, knowledge is key

- Educate your BOD
- Survey faculty, fellows, residents, and students



Next Steps: Take Action

Physicians and practitioners

Take care of yourself, seek help if you think you may need it

Take care of each other

Develop a Wellness programme

Talk to colleagues if concerned

Leaders

Take care of yourself and each other

– you can't help the doctors and practitioners if you are overwhelmed

Support a Wellness Program



Next Steps: Take Action

Physicians and practitioners

Improve working relationships with administration

- Participate in Opportunities

Leaders

Improve relations with doctors and practitioners

- Involve doctors and practitioners in strategic and financial planning
- Formal and informal meetings



Next Steps: Take Action

Physicians and practitioners

Participate in activities

- Attend Friday Morning Report Outs
- Explore Team Care Options

Leaders

Maximize Value

- Implement and Uphold a No Meeting Zone
- Shadow physicians
- Attend Friday Morning Report Outs



A Caveat:

“Most people overestimate what they can accomplish in 2 years, and underestimate what they can accomplish in 10 years.”

- **Bill Gates**



Comments/questions?

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Thank You!