During the past month….

Have you felt burned out from your work?
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Have you worried that your work is hardening you emotionally?
During the past month....

Have you often been bothered by feeling down, depressed, or hopeless?
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Have you fallen asleep while stopped in traffic or driving?
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Have you felt that all the things you had to do were piling up so high that you could not overcome them?
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Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?
During the past month....

Has your physical health interfered with your ability to do your daily work at home and/or away from home?
Health Sciences Faculty Burnout in this New Era of Healthcare

Steven G. Gabbe, M.D.
Emeritus Chief Executive Officer
Professor, Obstetrics and Gynecology
The Ohio State University Wexner Medical Center
Learning Objectives

At the conclusion of this presentation, the participants will be able to:

- Describe the characteristics of the academic environment in the health sciences that contribute to burnout in this new era of healthcare.
- Identify the important elements of burnout including emotional exhaustion, depersonalization, and low personal accomplishment.
- Recognize the contributions of increased demand, lack of control, and decreased support in the burnout process.
- Develop individualized strategies to prevent and treat burnout.
Viewpoint: Reducing Stress and Burnout in the Medical Community

“The greatest health care crisis American physicians and other health professionals face today is not AIDS, Ebola, heart disease, or cancer. It's an epidemic that few outside our profession have heard of and that few within can articulate in a way that gives a true picture of what we are up against.”

Jeffrey P. Gold, MD, chancellor, University of Nebraska Medical Center
AAMC Reporter: April 2015
50% BURNOUT

Medical Students
Residents
Practicing Physicians
Physician Wellness: A Missing Quality Indicator

“When physicians are unwell, the performance of healthcare systems can be suboptimum. Physicians wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care.”

Burnout

“What started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness.”

- Emotional exhaustion
- Depersonalization in relationships with co-workers
- A sense of inadequacy or reduced personal accomplishment

Burnout
Lack of Resources

Diminished:
Control Coping
Social Support
Autonomy
Decision Involvement

Demands
Work Overload
Personal Conflict

Burnout
Exhaustion
Cynicism/Depersonalization
Diminished Accomplishments and Efficacy

Costs
Diminished Organizational Commitment
Turnover and Absenteeism
Physical Illness

Source: Maslach, Jackson, Leiter 1996
Burnout and Medical Errors Among American Surgeons

% Major Medical Errors in Last 3 Mo.  

Low EE  Low DP  Int EE  Int DP  High EE  High DP  

P<0.0001  

The Resilient Physician

“High demand/low control is bad enough; High demand/low control/low support can be deadly.”

Changes in Burnout and Satisfaction With Work-Life Balance (WLB) in Physicians

“Burnout is a pervasive problem among physicians that appears to be getting worse. Our findings suggest a 10% increase in the prevalence of burnout among U.S. physicians over the last 3 years. More than half of the U.S. physicians in our survey had symptoms of burnout when assessed using the full MBI, with increased rates of burnout observed across all specialties. A substantial erosion in satisfaction with WLB has also been observed among U.S. physicians over the past 3 years, despite no increase in the median number of hours worked per week.”

Recent discussion of centralized scheduling…

“Just remember, you’ve got no choice”

Faculty Member in Obstetrics and Gynecology
What Are the Causes of Burnout?

- Too many bureaucratic tasks: 4.74
- Spending too many hours at work: 3.99
- Income not high enough: 3.71
- Increasing computerization of practice: 3.68
- Impact of the Affordable Care Act: 3.65
- Feeling like just a cog in a wheel: 3.54
- Too many difficult patients: 3.37
- Too many patient appointments in a day: 3.34
- Inability to provide patients with the quality care that they need: 3.22
- Lack of professional fulfillment: 3.05
- Difficult colleagues or staff: 2.9
- Inability to keep up with current research and recommendations: 2.86
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 2.8
- Difficult employer: 2.8
Satisfaction with Work-Life Balance

% Satisfied that work leaves enough time for personal and/or family life
A Longitudinal Timeline of Burnout in Medicine: From Start to Practice

- Pre-Med: 27%
- Medical School Year 1: 37%
- Medical School Year 2: 53%
- Medical School Year 3: 43%
- Medical School Year 4: 51%
- Residency: 60%
- Early Career: 40%

References:
Who Thought Sitting in a Chair Would Be So Hard?

“As unprecedented reforms pull our complex organizations in new directions, the department chair is arguably the linchpin bearing the most stress.”

“There is tremendous satisfaction in this job, but every day there are tremendous frustrations. Bureaucracy, endless paperwork, audits, OIG, JCAHO, lawyers, etc. take away much of the enjoyment of being chair.”

Individual Stressors Identified by Department Chairs

- Hospital/Department Budget Deficits
- Medicare/Medicaid Billing Audits
- Loss of Key Faculty
- Union Disputes
- Faculty/Resident/Staff Dismissal
- Defendant in Malpractice Case

Emotional Exhaustion

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>19%</td>
</tr>
<tr>
<td>Moderate</td>
<td>24%</td>
</tr>
<tr>
<td>High</td>
<td>54%</td>
</tr>
</tbody>
</table>

Mean = 29.9

“My partner is my greatest support – I couldn’t do what I do without her help.”
“I believe the world we live in is not emotionally healthy. Unless an individual can figure out how to have some quiet time on a daily basis, they will have difficulty dealing with other people’s problems.”

Faculty Perceptions of Work-Life with Emotional Exhaustion (EE) and Intent to Leave Academic Nursing: A National Survey

- More than 85% somewhat or very satisfied with work
- High EE in 38.8%
- 32% likely to leave academic nursing in 5 years
- Prediction of EE: workload, administrative responsibilities, work and family life balance, fair or poor health
- Dissatisfaction with: salary, workload, benefits, funds for travel, technology support

Faculty Perceptions of Work-Life with Emotional Exhaustion and Intent to Leave Academic Nursing: A National Survey

Figure. Dissatisfaction with aspects of work-life among nurse faculty (N+2,401: N reflects all responses included in either or both of the regression models presented in Table 3 and 4.)
Career Fit and Burnout among Academic Faculty

- Surveyed faculty in Internal Medicine at Mayo Clinic
- Burnout in 34% using MBI
- Amount of time spent in most meaningful work identified as largest predictor of burnout
- Burnout increased in: younger faculty (<55 yrs.), women, generalists, and those working longer hours

Burnout and Health Promotion in Veterinary Medicine

...veterinarians are reported to have the highest incidence rate of suicide among all occupations, and twice as high as physicians and dentists...85% of AVMA convention attendees indicated that stress and burnout (includes compassion fatigue) were the most important wellness issues.

Lowell, B.L., Lee R.T., Vet Wellness 2013; 54:790-791
Stress in Doctors and Dentists Who Teach

“a teaching or training role might mitigate stress”

Why?

- Lessened isolation
- Increased self-esteem
- Sense of autonomy
- Added interest in patients
- Sense of helping future patients

Career Satisfaction, Lifestyle, and Stress Levels Among Pharmacy School Faculty

- Surveyed members of the American Association of College of Pharmacy
- Nearly 64% very or extremely satisfied with position
- Nearly 37% very or extremely satisfied with work-life balance
- In past month, 10.4% could not cope; 8.8% could not overcome difficulties

Dilbert

TOMORROW IS THE MANDATORY MEETING ON EMPLOYEE HEALTH AND WELL-BEING.

THE MEETING STARTS AT 6 A.M., SO IT WILL INTERFERE WITH YOUR SLEEP AND NOT YOUR WORK.

DOESN'T THAT SEND A MESSAGE THAT WORK IS MORE IMPORTANT THAN HEALTH?

I HOPE SO. THAT'S THE THEME OF THE MEETING.

HEALTHY EMPLOYEES ARE UNPRODUCTIVE.

THEY'RE ALWAYS EXERCISING OR EATING FRUIT WHEN THEY SHOULD BE WORKING.

WE PREFER EMPLOYEES WHO WORK HARD AND DIE BEFORE THEIR PENSIONS START PAYING OUT.

SUDDENLY I FEEL SICK.

RIGHT ON SCHEDULE!
Preventing Burnout: Balancing Demand and Control
Urban Meyer desires balance between football and family

At his introductory press conference Monday, Meyer pulled out a folded-up pink piece of paper from his suit pocket.

"This is a contract that my kids made me sign before I was allowed to sign a real contract," Meyer said. "It's tougher than any other contract I've signed in my life."
Urban Meyer’s Contract

1. My family will always come first.
2. I will take care of myself and maintain good health.
3. I will go on a trip once a year with Nicki-MINIMUM.
4. I will not go more than nine hours a day at the office.
5. I will sleep with my cellphone on silent.
6. I will continue to communicate daily with my kids.
7. I will trust God’s plan and not be overanxious.
8. I will keep the lake house.
9. I will find a way to watch Nicki and Gigi play volleyball.
10. I will eat three meals a day.
Contract upheld

“He’s taking care of himself, he’s not sick, he’s not having the chest pains.”
– Shelley Meyer, wife of OSU coach Urban Meyer
Burnout in Health Sciences Faculty
Is There a Happy Ending?

1. Burnout must be acknowledged
2. The risks for burnout increase as control in the work environment decreases
3. The risks for burnout increase as support in the work environment decreases
4. Burnout is characterized by high emotional exhaustion, high depersonalization, and low personal accomplishment
Burnout in Health Sciences Faculty
Is There a Happy Ending?

5. The symptoms of burnout include fatigue, insomnia, headaches, and deterioration in relationships with family and friends.

6. The medical consequences of burnout include hypertension, myocardial infarction, depression and colitis.

7. The social consequences of burnout include increased job turnover, alcoholism and drug abuse, and divorce.
8. The medical practice consequences of burnout include reduced quality of care, patient satisfaction and safety; increased medical errors; greater likelihood to leave practice.

9. Starting a new position increases the risk for burnout
Burnout in Health Sciences Faculty
Is There a Happy Ending?

10. The risk for burnout can be decreased by:
   - Controlling the number of hours worked per week
   - Spending time with spouse/partner and family
   - Having a mentor
   - Utilizing individualized approaches to reduce stress
Mayo Clinic Physician Well-Being Index

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- has your physical health interfered with your ability to do your daily work at home and/or away from home?

Job Satisfaction and Challenges: Health Sciences Faculty

Key Factors

- Relationships: Peers, Division Director, Chair
- Chair Support and Commitment
- Mentors
- Work-Home and Work-Life Balance/Integration
- Stressors
Job Satisfaction and Challenges: Health Sciences Faculty

Key Factors

Gender, Age
Faculty Rank: Promotion and Tenure
Workload /Career Fit
Autonomy: Schedule
Salary, Benefits
How Organizations Can Promote Faculty Well-Being

- Promote Faculty Autonomy
- Provide Adequate Support System
- Cultivate a Collegial Work Environment
- Be Value Oriented
- Minimize Work-Home Interference
- Promote Work-Life Balance
What are WE Doing at the Wexner Medical Center to Reduce Physician Burnout?

- Physician Faculty Engagement Committee
- OSU Health Plan and Buckeye Wellness
  - Health and Wellness program
- Center for Integrative Health and Wellness
  - On-Line Mid Body Skills Training Program
  - [https://mind-bodyhealth.osu.edu](https://mind-bodyhealth.osu.edu)
What are WE Doing at the Wexner Medical Center to Reduce Physician Burnout?

- Increased awareness of the problem and of available resources
- STAR (Stress, Trauma, and Resilience) program
- FAME (Faculty Advancement, Mentoring, and Engagement) program
Burnout Antidotes

- What can you do to increase your resilience and avoid burnout? Our work in this area strongly suggests that it is not the number of hours worked but the failure to manage emotions and relationships that most affects the burnout syndrome.

- Source: Sotile Center for Resilience/Center for Physician Resilience, August 13, 2014
Burnout Antidotes

- Balance hassles with uplifts.
- Don’t let self-care wait.
- Diversify.
- Check your attitude.
- Practice catching yourself doing things right.
- Protect your relationships.

Source: Sotile Center for Resilience/Center for Physician Resilience, August 13, 2014
“Stress is inevitable. Struggling is optional.”

Wayne and Mary Sotile
Letting Go of What’s Holding You Back
Stewart, Tabori, and Chang, 2007
Thank You

Questions?