

Provider Well Being;
It's Time to Talk About Burnout

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Burn Out

"While burnout manifests in individuals, it originates in systems. Burnout is not the result of a deficiency in resiliency among physicians, rather it is due to the systems in which physicians work."

—Christine Sinsky, MD, AMA vice president of professional satisfaction

Provider burnout is a long term stress reaction

AMA cites that nearly 45% of medical care providers are experiencing weekly symptoms of burnout

Last year when the data was presented the rates of burnout we're actually 63% (2021)- the highest ever recorded

Data that the National Academies of Medicine collected in 2019 demonstrated that burnout had reached crisis levels

Nearly 60% of physicians, medical students residents reported these levels

Lead to an increase diagnosis of anxiety, depression and post traumatic stress disorder

Burn Out Cont.

By 2036 the U.S. will face a physician shortage of at least 86,000

Recent survey reports that 60% of Nurse Practitioners and Physician Assistant's experienced ongoing burnout throughout their careers

- An increased reliance on advanced practice provider's has been invaluable and bridged a multitude of patient care gaps
- However this has resulted in a redistribution of burnout instead of an elimination of it
- Responsibilities for advanced practice provider's are rapidly expanding

Symptoms of Burnout/Warning Signs

"Before you heal someone ask him if he is willing to give up the things that make him sick" - Hippocrates

Warning Signs and Symptoms

Emotional exhaustion

Depersonalization

Lower self esteem

Irritability

Anxiety

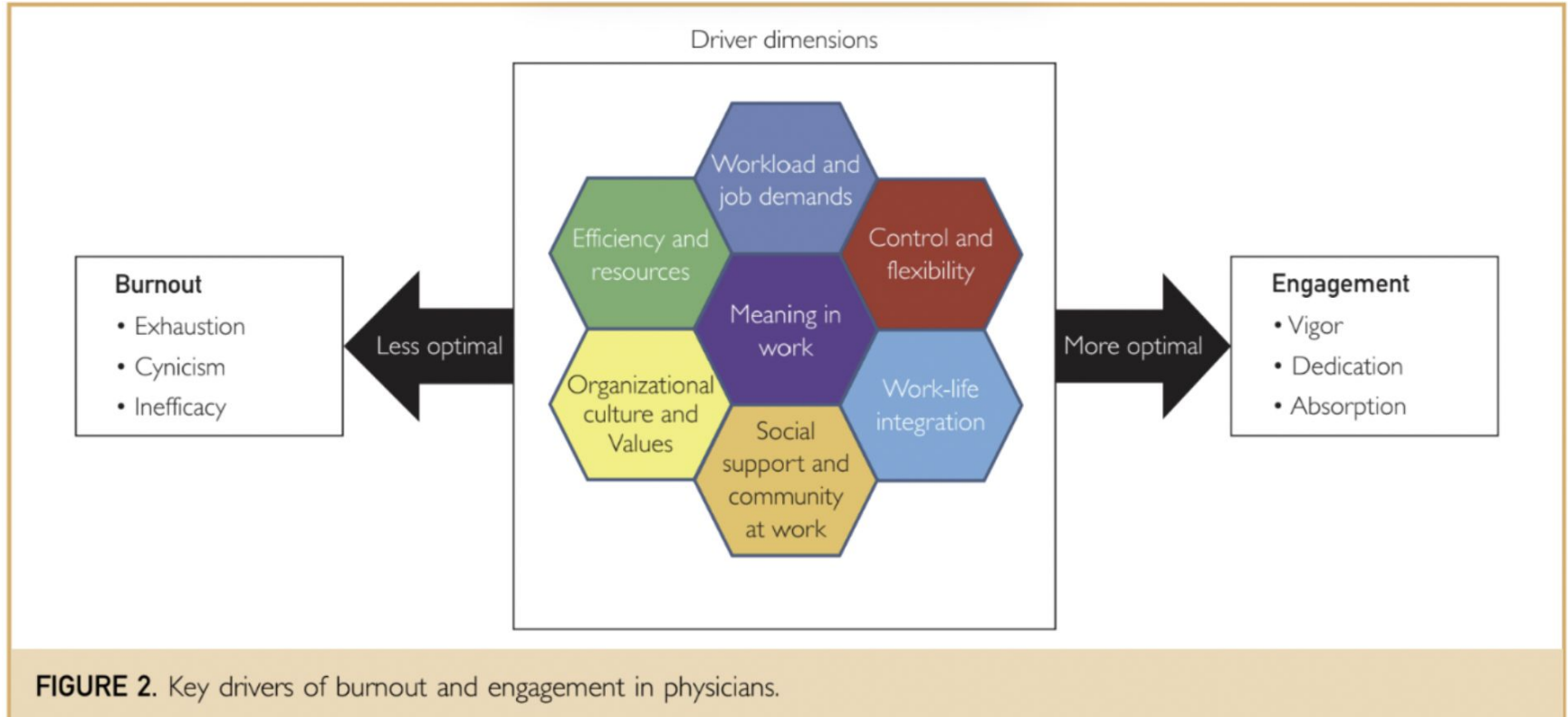
Inefficiency in interdisciplinary spaces

Contributes to a lack of empathy for patients and or colleagues

Contributes to a negative attitude towards patients and or colleagues

Withdrawing from relationships

Drivers of Burnout and Engagement



A 2022 survey of over 1,500 U.S. physicians found that 61% feel they have little to no time and ability to effectively address their patients' social determinants of health, and 83% believe that addressing patients' social determinants of health contributes to physician burnout rates; and 87% want greater time and ability to do so in the future.



Impact of Burnout

Most commonly cited reasons for burnout are not correlated with patient care

Administrative burdens are the etiology

Paperwork

Staffing issues

Hard hit specialties include

Emergency Medicine

Internal Medicine

Primary Care

High patient volume

Complex cases

Impact of Burnout Cont.

High personal cost

Moral distress

Moral injury

Social Cost

Isolation

Family and relationship conflict

Emotional toll on family members

Partners

Children

Friendships

Economic Cost

Financial implications studied showed turnover rate being the biggest burden on the healthcare system averaging anywhere from 2-6 billion dollars for physicians.

Occupational Injury

Career Regret

Suboptimal professional development

Barrier to professionalism

Barrier to ethical compliance

Reduction in high quality care

Decreased time spent between patient and provider

Increased medical errors

Staffing shortages

Cost of broken relationships

Turnover is costly

In the USA alone there is an average of 1 billion dollars in excess healthcare expenditures a year due to disruption in relationships between patients and their PCP

Increasing number of physicians working less than full time

Burnout

Dissatisfaction with work-life balance

Dissatisfaction with the EHR

Poor values alignment

Low work control

Poor teamwork

Chaotic workplace

High patient complexity and reduced financial support

Mismatch between job demands and job resources

“Acting alone” model bring the norm in the USA

Impact Cont.

Physical health risk factors include

Increased risk for heart disease

Type 2 Diabetes

Fertility issues

Sleep disruptions

Anxiety

Depression

PTSD

Substance abuse and misuse

- Nearly two-thirds of physicians (63%) would not want their children to pursue a career in medicine, according to a poll of 7,590 physicians on Doximity.
- 52% of physicians 70 and older would want their children to pursue medicine
- 28% of physicians aged 30-39 would want their children to pursue medicine
- 34% of physicians aged 40-49 would want their children to pursue a career in the field

Factors that are influencing these decisions include

Rising cost of medical school

Quality of life

Personal safety

Patients finding personal information on the internet

70% PM&R physicians polled did not want their children to go to medical school

96% of them cited this was due to personal safety

Due to nature of work in making critical decisions about patients access to pain medications such as opioids

Compensation

Rising inflation impacting “real” income

Primary Care specialties were the leading voices in the poll

Family med/pediatrics

Internal Medicine

Special Risk Assessment

There is a subset of healthcare workers who are disproportionately impacted

Provider's of color

Immigrant providers

Female providers

Provider's in Rural communities

Provider's in Tribal communities

Female doctor's

In 2023 alone female identifying physicians earned nearly \$102,000 less than male physicians

Even after considering factors such as specialty, location, and years of experience

Data analysis conducted from 2014-2019 estimated that over the course of a career women are earning 2 million dollars less than their male counterparts

Female physicians are also likely to be promoted into leadership pos

Parenthood and Medicine

No good time to have children

Medical training and optimal childbearing ages often conflict

The cultural delay starts early and persists throughout postgraduate training

Childbearing during medical training and into a women's career is still viewed as an inconvenience

Due to stigma and systematic barriers women are having children later than non physician counterparts

Increased risk of miscarriage, fertility, medical complications

As many as 1 to 4 female physicians experience fertility challenges

Encouragement to choose "family-friendly" specialties

– Women are still responsible for success in a system that has only recently acknowledged how crucial their role is overall

- Women routinely report a delay in childbearing due to their career along with facing discrimination in the workplace due to pregnancy and childbearing

Call to action

Provision of parental leave policies

Increased financial support

Parameters for overnight call during pregnancy for postgraduate trainees

Ensuring availability of lactation resources

Increase reproductive health training for all physicians

Increase funding for residency positions

Adequate number of residents to cover call

Leaderships direct involvement in this process

The cost of ignoring provider burnout

Dr. Joseph V. Davis, III of Rancho Cucamonga, a general surgeon and program director of the General Surgery Residency Program at Arrowhead Regional Medical Center, recently was selected as the winner of the American Osteopathic Association's 2013 Mentor of the Year award.

Established in 2005, the Mentor of the Year award honors those who help shape the future of the osteopathic medical professions through their involvement with students and young osteopathic physicians

Since 2000, when he was appointed as the director of ARMC's General Surgery Residency Program, Dr. Davis has spent countless hours mentoring osteopathic medical students and DOs.

"Dr. Davis not only is a great surgeon, he is a wonderful teacher, as this award exemplifies," said Dr. Dev GnanaDev, chairman of the Department of Surgery at ARMC and president of Arrowhead Community Surgical Medical Group, Inc. "His terrific work with young doctors will have a lasting impact."

Trickle Down Triage

Historically physicians have relied on their own internal team to alleviate one another

Emotional cost is as follows

Emergency arises for a team member

Team member is weighing emotional cost/benefit analysis that would occur if they were to take necessary time off

Concern over further contributing to colleagues own burn out

Finding someone to take call/clinical case load etc

“I can’t take off”

So what now?

Burnout needs to be addressed early on in training

Special stressors need to be addressed

Stakeholders need to have a more direct role in addressing burnout

Their decisions can directly result in increased burden which contributes to burnout

Involve doctors and other practitioners in admin decisions

Systemic issues

Reducing patient load

Fair compensation

Eliminate punitive policies for seeking mental health and substance use care

The onus falls on the individual hospital to implement change from within and make it their priority to do right by th

Interventions Cont.

Promoting work-life balance

Scheduling changes to reduce hours overall

Protected time off

Improve work environment

Collaborative team based approach amongst various staff

Appropriate work culture- being mindful of conversations being had in public spaces that could really hurt a colleague from a social emotional perspective

Assessing the role technology plays in burnout

Is it too outdated, user friendliness, efficiency, patient communication technology

Add administrative support

Optimize EHR systems

Consider AI integration

Mindfulness

Breathwork

Body scanning

Yoga

Social emotional support cannot come from an impacted person

Psychology Today

Resilience Training

Wellness Programs

Organizational change

Burnout awareness for leadership

Leadership must advocate for wellness programs, fair conditions

Implement regular assessments to understand burnout levels such as the Maslach Burnout Inventory (MBI) or well-being index

Adjust interventions based on data

No Disclosures