



A SYSTEMATIC APPROACH TO MEDICALLY
UNEXPLAINED SYMPTOMS

PHYSICIAN WELL-BEING: FROM BURNOUT TO THRIVING IN MODERN MEDICINE

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DISCLOSURES

Relevant Financial Relationships

- None

Off-Label and/or Investigational Uses

- None

LEARNING OBJECTIVES

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

WHAT IS BURNOUT?

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

EMOTIONAL EXHAUSTION

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

DEPERSONALIZATION

“I’ve become more callous toward people since I took this job.”

MATRICULATING MEDICAL STUDENTS HAVE LOWER DISTRESS THAN AGE- SIMILAR COLLEGE GRADUATES

- Med: Burnout 27%, depressive sx 25%
- Non-med: Burnout 37%, depressive sx 42%

2012, 7 U.S. medical schools & population sample

Brazeau et al. Acad Med. 2014;89:1520-5

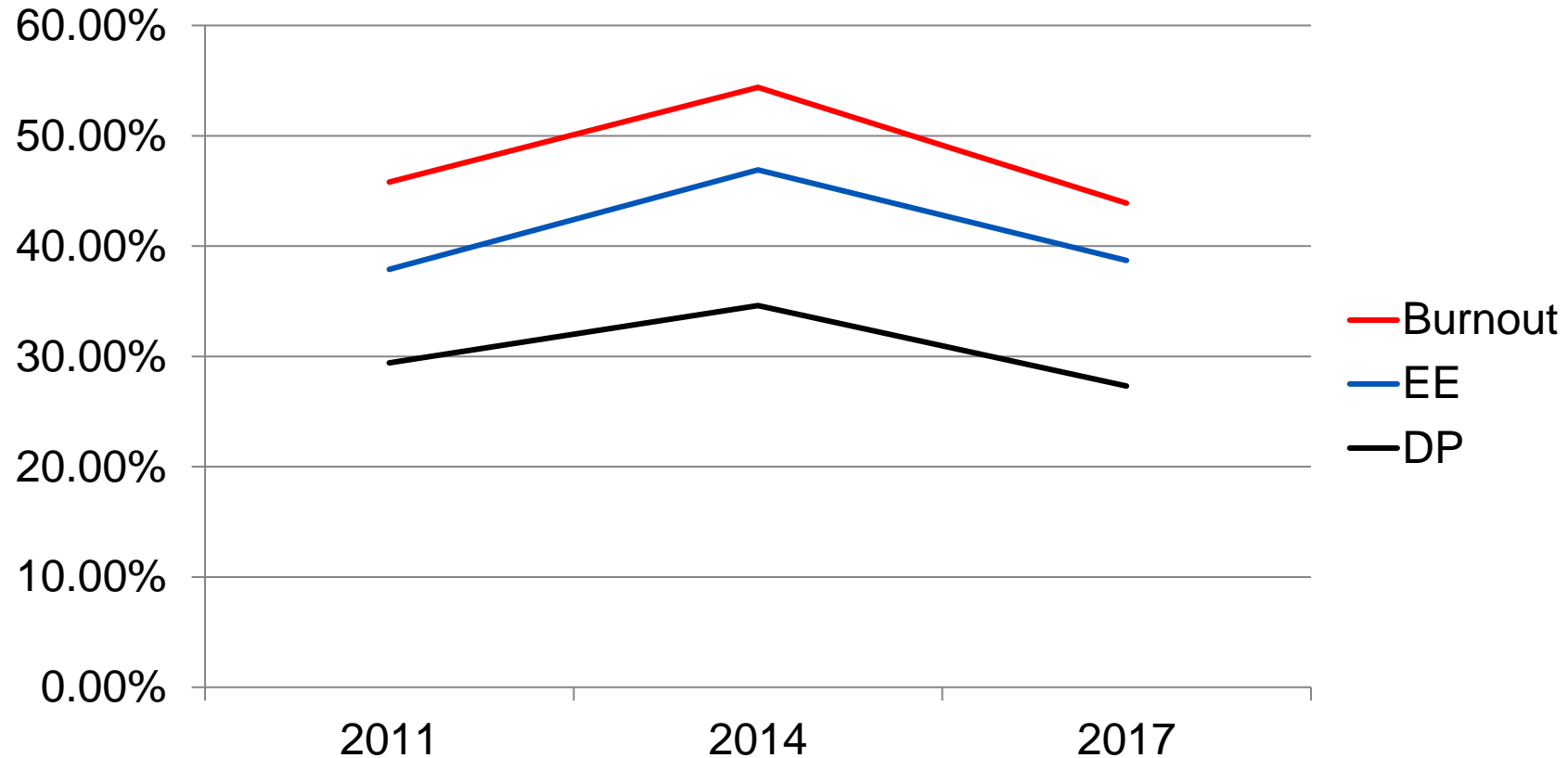
WHAT HAPPENS TO DISTRESS RELATIVE TO POPULATION AFTER BEGINNING MEDICAL SCHOOL?

- Med: Burnout 49%, depressive sx 58%
- Non-med: Burnout 36%, depressive sx 46%

2012, 7 U.S. medical schools & population sample

Brazeau et al. Acad Med. 2014;89:1520-5

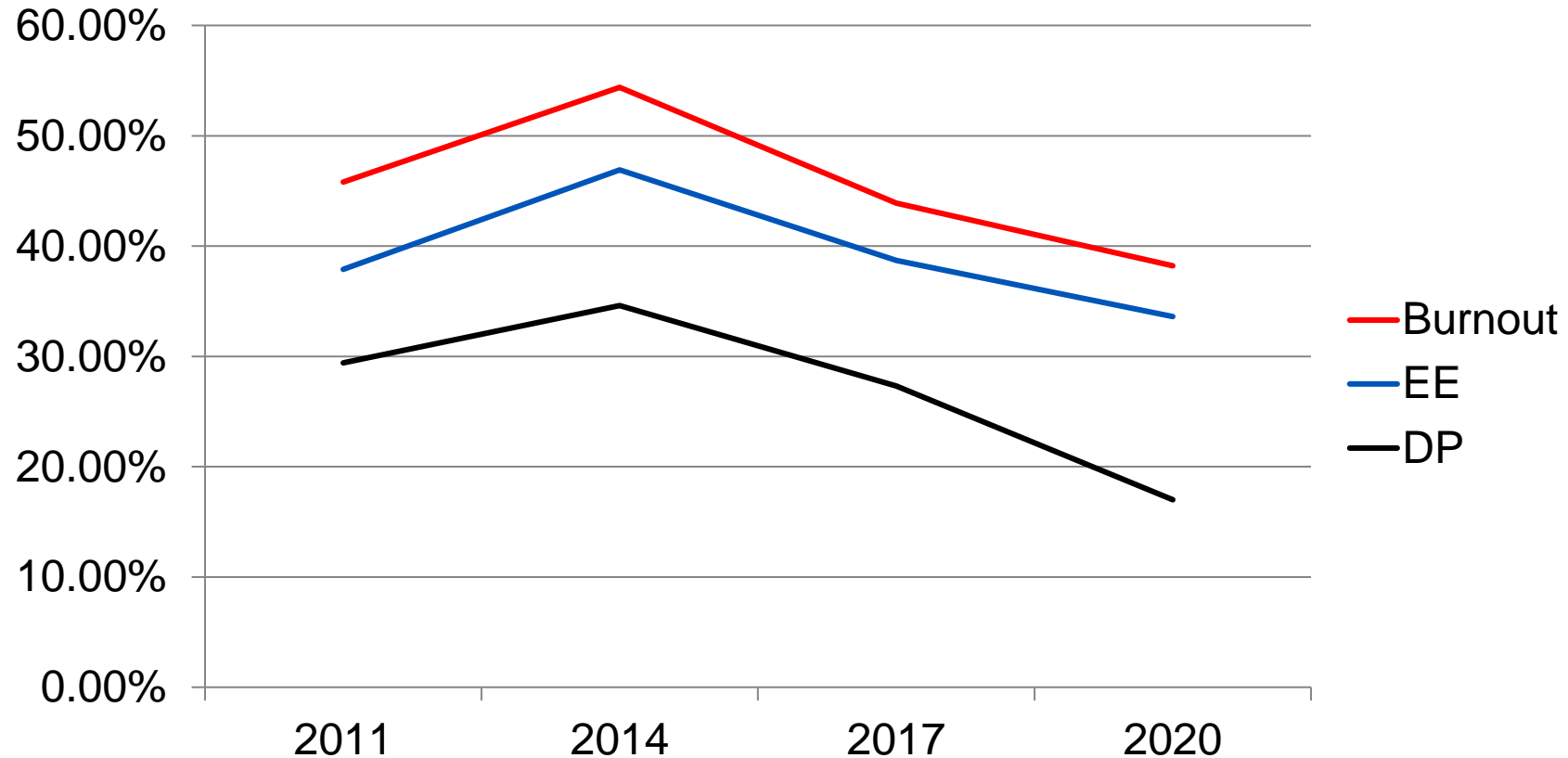
BURNOUT AMONG PRACTICING PHYSICIANS



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

WHAT ABOUT COVID-19?

BURNOUT AMONG PRACTICING PHYSICIANS



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

BURNOUT AMONG PRACTICING PHYSICIANS

	2011	2014	2017	2020
Dissatisfied with WLB:	36.9%	44.5%	40.7%	36.4%
+ depression screen:	38.2%	39.8%	41.7%	--

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

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

CONSEQUENCES OF PHYSICIAN BURNOUT

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

A PUBLIC HEALTH CRISIS!

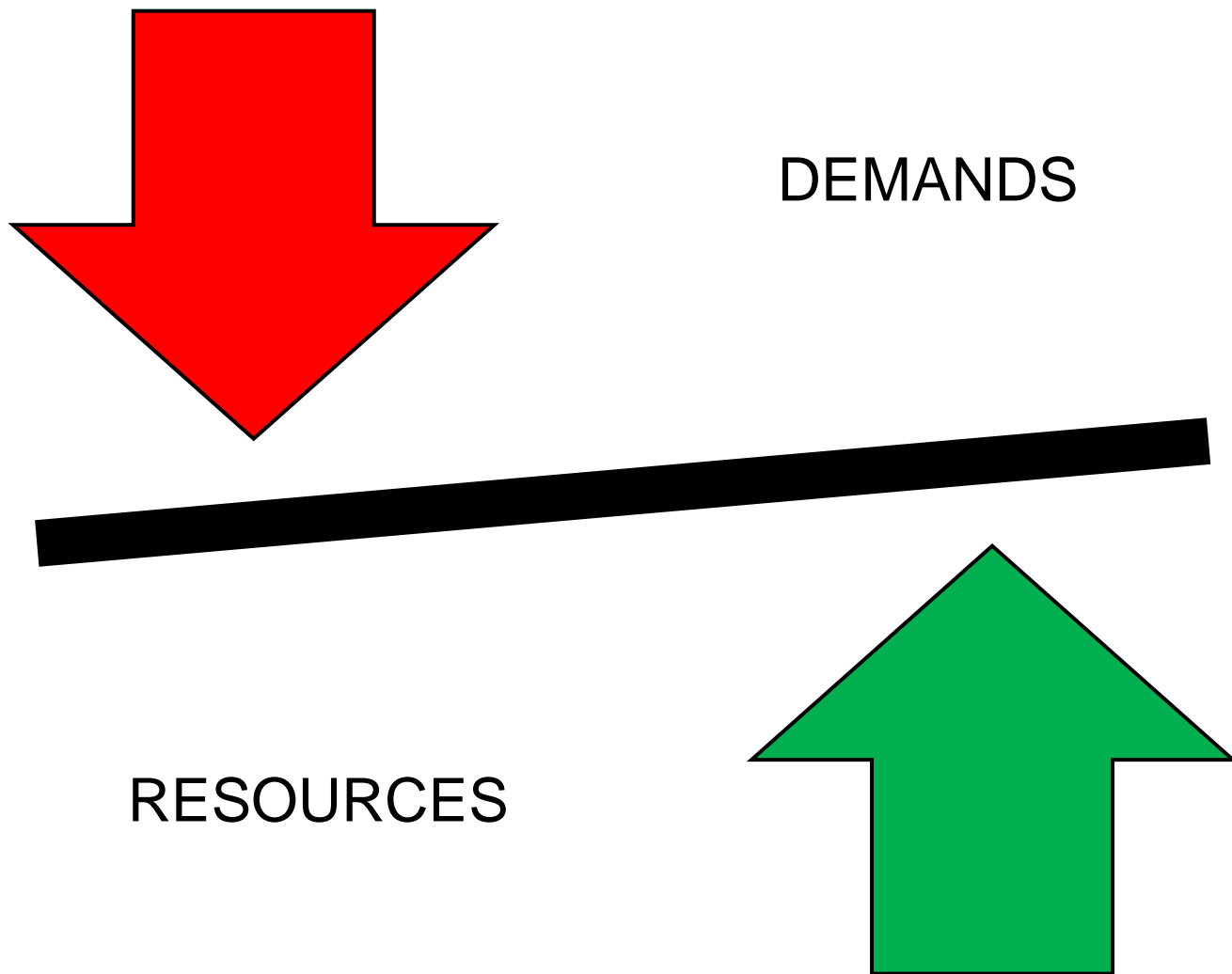
Burnout in U.S. alone:	
>40,000	Medical Students
>60,000	Residents and Fellows
>490,000	Physicians

Plus other health care and biomedical science professionals

Individual or system problem?

**“EVERY SYSTEM IS PERFECTLY DESIGNED TO
GET THE RESULTS IT GETS”**

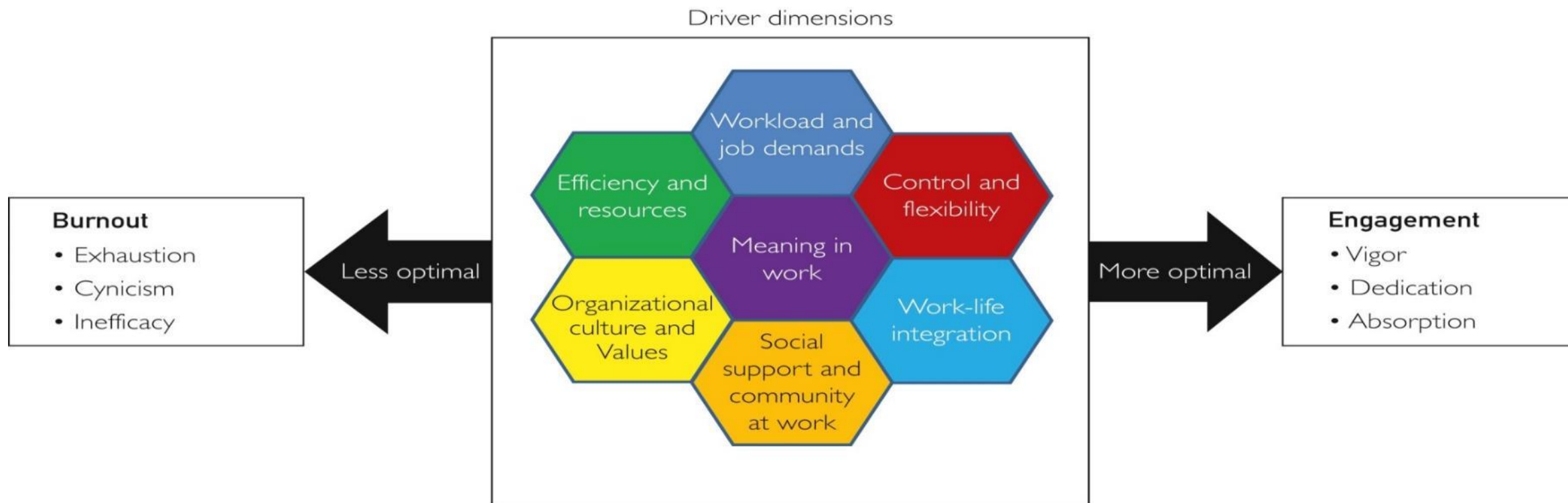
- DR. PAUL BATALDEN



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

PERFORMANCE

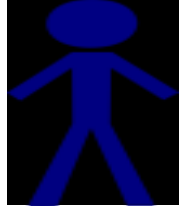
- Yerkes-Dodson Law
- Human Performance Curve
- To optimize performance, we need to shift our place on the human performance curve.



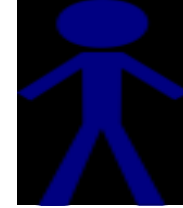
Shanafelt TD, Noseworthy JH.
Mayo Clin Proc. 2017;92:129-46.

DOCUMENTATION REGULATIONS: LENGTH OF US NOTES VS OTHER COUNTRIES

- US: Average 4000-4400 characters
- Non-US: Average 1200-1400 characters
- The US clinic with the shortest average note still had longer notes than the non-US clinic with the longest average notes!



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
 - 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)

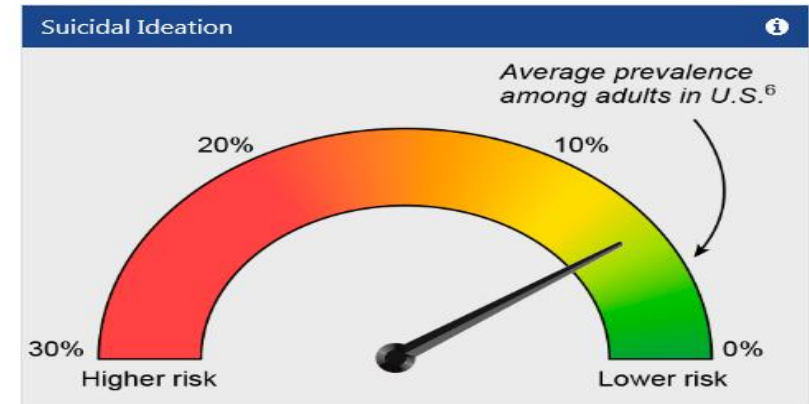
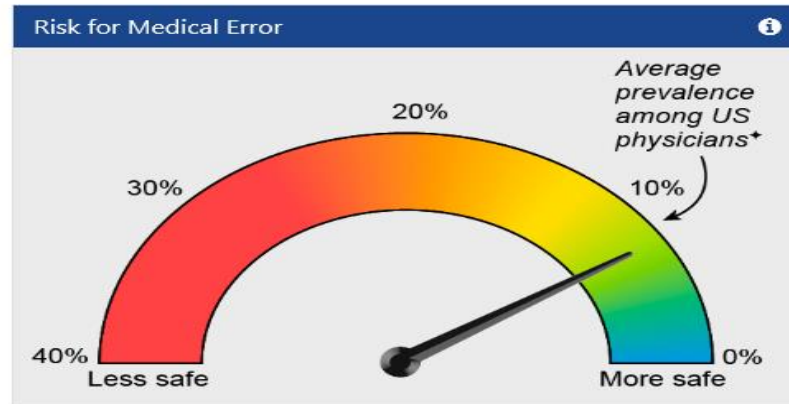
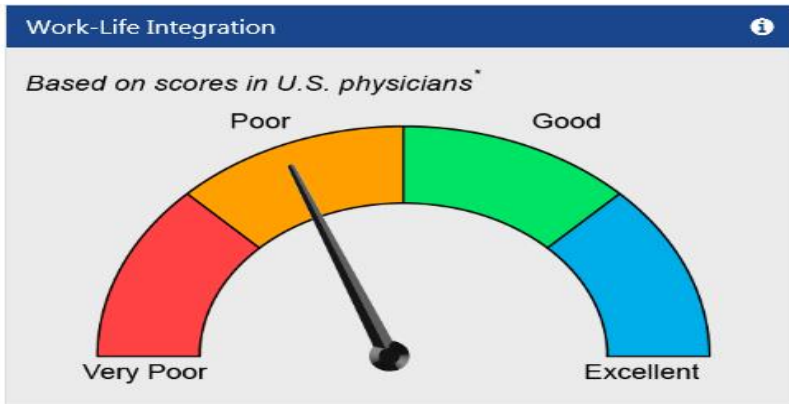
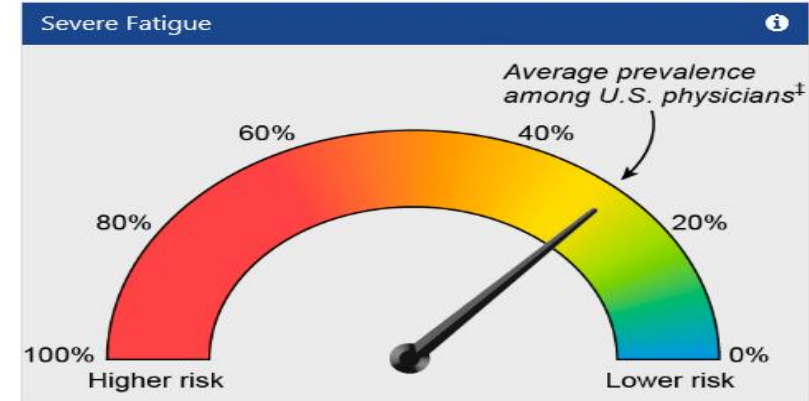
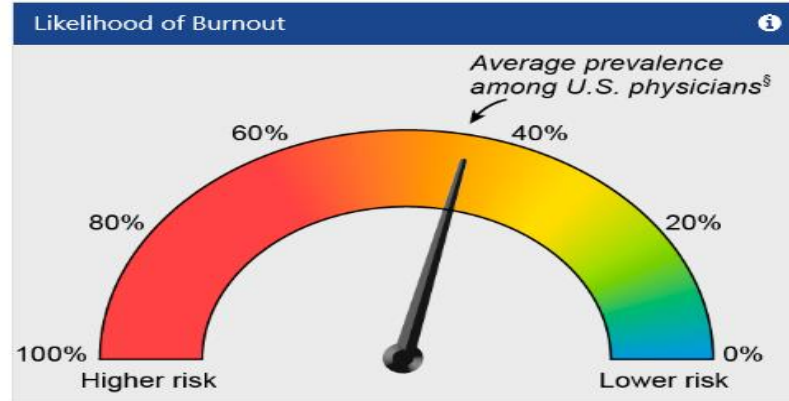
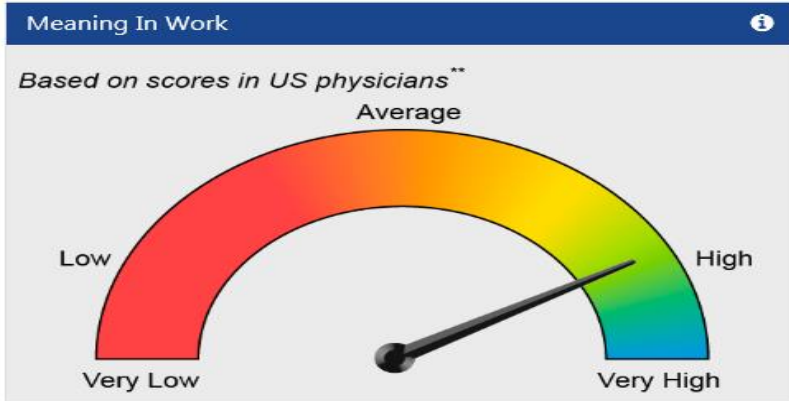
INDIVIDUAL STRATEGIES

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

PHYSICIAN WELL-BEING INDEX

[HTTPS://WWW.MEDEDWEBS.COM/WELL-BEING-INDEX](https://www.mededwebs.com/well-being-index)



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?

From: **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

- Physician mean: 6.49 (0-8)
- Population mean: 6.25 (0-8), $p < .001$

PHYSICIAN RESILIENCE

- Physician do NOT have a resilience deficit overall!
 - COVID-19 has proven this if there was any doubt
- Burnout rates are lower at higher levels of resilience
 - But even at the highest possible resilience score, the burnout rate was 30%

PHYSICIAN RESILIENCE

- What does this mean?
 - Resilience IS important, and physicians are pretty strong here already – we need to maintain and even strengthen our resilience where we can.

PHYSICIAN RESILIENCE

- What does this mean?
 - Resilience IS important, and physicians are pretty strong here already – we need to maintain and even strengthen our resilience where we can.
 - Individual-focused solutions such as resilience training **CANNOT** be the mainstays to promote wellbeing, because even the most resilient among us are at substantial risk of burnout.
 - Organizational approaches to improve the working and learning environment are mandatory.



WHAT CAN ORGANIZATIONS/PROGRAMS DO?



- 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
 - Flexibility, input, sense control
- Promote work-home integration
- Promote meaning in work

Organizational Strategies

-  Acknowledge and assess the problem
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions^a
-  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.












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PHYSICIAN WELL-BEING: APPROACH SUMMARY

	Individual	Organizational
Workload		
Work Efficiency/ Support		
Work-Home 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	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

Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
	<ul style="list-style-type: none"> • Specialty • Practice location • Decision to increase work to increase income 	<ul style="list-style-type: none"> • Productivity expectations • Team structure • Efficiency • Use of allied health professionals 	<ul style="list-style-type: none"> • Productivity targets • Method of compensation <ul style="list-style-type: none"> - Salary - Productivity based • Payer mix 	<ul style="list-style-type: none"> • Structure reimbursement <ul style="list-style-type: none"> - Medicare/Medicaid - Bundled payments - Documentation requirements
	<ul style="list-style-type: none"> • Experience • Ability to prioritize • Personal efficiency • Organizational skills • Willingness to delegate • Ability to say "no" 	<ul style="list-style-type: none"> • Availability of support staff and their experience • Patient check-in efficiency/process • Use of scribes • Team huddles • Use of allied health professionals 	<ul style="list-style-type: none"> • Integration of care • Use of patient portal • Institutional efficiency: <ul style="list-style-type: none"> - EHR - Appointment system - Ordering systems • How regulations interpreted and applied 	<ul style="list-style-type: none"> • Integration of care • Requirements for: <ul style="list-style-type: none"> - Electronic prescribing - Medication reconciliation - Meaningful use of EHR • Certification agency facility regulations (JCAHO) • Precertifications for tests/treatments
	<ul style="list-style-type: none"> • Self-awareness of most personally meaningful aspect of work • Ability to shape career to focus on interests • Doctor-patient relationships • Personal recognition of positive events at work 	<ul style="list-style-type: none"> • Match of work to talents and interests of individuals • Opportunities for involvement <ul style="list-style-type: none"> - Education - Research - Leadership 	<ul style="list-style-type: none"> • Organizational culture • Practice environment • Opportunities for professional development 	<ul style="list-style-type: none"> • Evolving supervisory role of physicians (potentially less direct patient contact) • Reduced funding <ul style="list-style-type: none"> - Research - Education • Regulations that increase clerical work
	<ul style="list-style-type: none"> • Personal values • Professional values • Level of altruism • Moral compass/ethics • Commitment to organization 	<ul style="list-style-type: none"> • Behavior of work unit leader • Work unit norms and expectations • Equity/fairness 	<ul style="list-style-type: none"> • Organization's mission <ul style="list-style-type: none"> - Service/quality vs profit • Organization's values • Behavior of senior leaders • Communication/messaging • Organizational norms and expectations • Just culture 	<ul style="list-style-type: none"> • System of coverage for uninsured • Structure reimbursement <ul style="list-style-type: none"> - What is rewarded • Regulations
	<ul style="list-style-type: none"> • Personality • Assertiveness • Intentionality 	<ul style="list-style-type: none"> • Degree of flexibility: <ul style="list-style-type: none"> - Control of physician calendars - Clinic start/end times - Vacation scheduling - Call schedule 	<ul style="list-style-type: none"> • Scheduling system • Policies • Affiliations that restrict referrals • Rigid application practice guidelines 	<ul style="list-style-type: none"> • Precertifications for tests/treatments • Insurance networks that restrict referrals • Practice guidelines
	<ul style="list-style-type: none"> • Personality traits • Length of service • Relationship-building skills 	<ul style="list-style-type: none"> • Collegiality in practice environment • Physical configuration of work unit space • Social gatherings to promote community • Team structure 	<ul style="list-style-type: none"> • Collegiality across the organization • Physician lounge • Strategies to build community • Social gatherings 	<ul style="list-style-type: none"> • Support and community created by Medical/specialty societies
	<ul style="list-style-type: none"> • Priorities and values • Personal characteristics <ul style="list-style-type: none"> - Spouse/partner - Children/dependents - Health issues 	<ul style="list-style-type: none"> • Call schedule • Structure night/weekend coverage • Cross-coverage for time away • Expectations/role models 	<ul style="list-style-type: none"> • Vacation policies • Sick/medical leave • Policies <ul style="list-style-type: none"> - Part-time work - Flexible scheduling • Expectations/role models 	<ul style="list-style-type: none"> • Requirements for: <ul style="list-style-type: none"> - Maintenance certification - Licensing • Regulations that increase clerical work

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

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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/>

ELEMENTS OF “ENLIGHTENED LEADERSHIP”

Align outcome assessment with Quadruple Aim

- Triple Aim:
 - Improve health of populations
 - Enhance patient experience of care
 - Reduce per capita cost of health care

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Align outcome assessment with Quadruple Aim

- Triple Aim:
 - Improve health of populations
 - Enhance patient experience of care
 - Reduce per capita cost of health care
- Quadruple Aim:
 - Improve work life of health care professionals
- Physician well-being as a quality marker
- Evaluate impact of policies on **all** aims
 - How do we define success?

CHARTER ON PHYSICIAN WELL-BEING

- Guiding Principles
 - 1. Effective patient care promotes and requires physician well-being
 - 2. Physician well-being is related with the well-being of all members of the health care team
 - 3. Physician well-being is a quality marker
 - 4. Physician well-being is a shared responsibility

**JAMA. 2018;319:1541-2.
Thomas, Ripp, West**

CHARTER ON PHYSICIAN WELL-BEING

- Key Commitments
 - 1. Foster a trustworthy and supportive culture in medicine
 - 2. Advocate for policies that enhance well-being
 - 3. Build supportive systems
 - 4. Develop engaged leadership
 - 5. Optimize highly functioning interprofessional teams
 - 6. Anticipate and respond to inherent emotional challenges of physician work
 - 7. Prioritize mental health care
 - 8. Practice and promote self-care

**JAMA. 2018;319:1541-2.
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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

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.

RECOMMENDATIONS

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- We have a professional obligation to act.
 - Physician distress is a threat to our profession
 - It is unprofessional to allow this to continue
 - Evolve definition of professionalism? (West 2007)
 - **SHARED RESPONSIBILITY**

RECOMMENDATIONS

- We have a professional obligation to act.
 - Physician distress is a threat to our profession
 - It is unprofessional to allow this to continue
 - Evolve definition of professionalism? (West 2007)
 - **SHARED RESPONSIBILITY**
- We must assess distress
 - Metric of institutional performance
 - Part of the “dashboard”
 - Can be both anonymous/confidential and actionable

RECOMMENDATIONS

- The toolkit for these issues will contain many different tools.

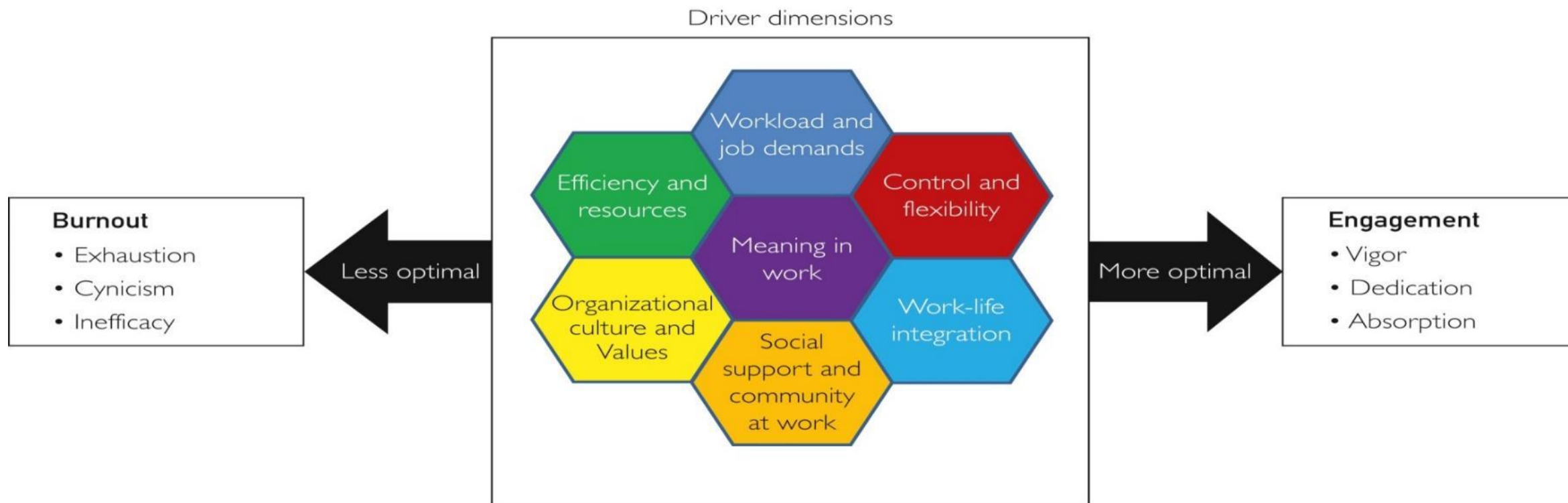
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- There is no one solution ...

RECOMMENDATIONS

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

- Prioritize the “MVPs of Well-Being” and you can’t go wrong!



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QUESTIONS & ANSWERS



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