Clinic Burnout – The Silent Epidemic

Ian Nisonson, M.D., FACS
Conference Director
President of Baptist-South Miami
Medical Staff (1997-1999)
Senior Active Medical Staff, Baptist Hospital of Miami
Adjunct Assistant Professor, Herbert Wertheim College of Medicine,
Florida International University
Miami, Florida

Disclosure

Neither I, nor my spouse, have relevant financial relationships with commercial interest companies.

My presentation will not include discussion of off-label or unapproved product usage.

Objectives

- Recognize the magnitude of healthcare provider burnout.
- Explain the adverse impact of burnout on quality of care, patient safety, patient outcomes, patient satisfaction, and workplace satisfaction.
- Identify common contributors to stress in the changing healthcare environment.
Clinician Burnout – The Silent Epidemic

The National Academy of Medicine (NAM)
Action Collaborative on Clinician Well-Being and Resilience
July 14, 2017, Washington, D.C. first public meeting

Burnout is nearly 2 times as prevalent among physicians as U.S. workers in other fields, after controlling for work hours and other factors. 1


Physicians Facing Adverse Events or Medical Malpractice

Reactions include:
- Sadness
- Shame
- Self-Doubt
- Fear
- Anger
- Isolation
Clinician Burnout – The Silent Epidemic

The main characteristics of Burnout are:
• Emotional exhaustion.
• Depersonalization and cynicism.
• Reduced sense of accomplishment – A negative perception of self-worth.

Other areas that are affected:

PROFESSIONAL
• Poor judgement in patient care
• Poor decision making
• Hostility towards patients
• Medical errors
• Diminished commitment and dedication to productive, safe, and optimal events
• Difficult relationship with coworkers
• Disengagement

Other areas that are affected:

PERSONAL
• Depression
• Anxiety
• Sleep disturbances and fatigue
• Broken relationships
• Alcohol and drug addiction
• Marital dysfunction and divorce
• Early retirement
• SUICIDE
Clinician Burnout – The Silent Epidemic

This can lead to:

• Lower quality of care
• Lower patient satisfaction
• Lower patient compliance
• Increased medical errors
• Poorer outcomes

Clinician Burnout – The Silent Epidemic

Causes of Physician Burnout

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>5.3 Too many bureaucratic tasks</td>
</tr>
<tr>
<td>6</td>
<td>4.7 Spending too many hours at work</td>
</tr>
<tr>
<td>6.6</td>
<td>4.6 Feeling just like a cog in a wheel</td>
</tr>
<tr>
<td>6.5</td>
<td>4.5 Increasing computerization of practice (EHRs)</td>
</tr>
<tr>
<td>6.1</td>
<td>4.1 Income not high enough</td>
</tr>
<tr>
<td>6</td>
<td>4.0 Too many difficult patients</td>
</tr>
<tr>
<td>6</td>
<td>4.0 Maintenance of certification requirements</td>
</tr>
<tr>
<td>4.8</td>
<td>4.0 Insurance issues</td>
</tr>
<tr>
<td>3.9</td>
<td>3.9 Too many patient appointments in a day</td>
</tr>
<tr>
<td>3.9</td>
<td>3.9 Threat of malpractice</td>
</tr>
<tr>
<td>1</td>
<td>3.9 Lack of professional fulfillment</td>
</tr>
</tbody>
</table>

Resiliency - Defined

• The capacity to bounce back.
• Able to withstand hardship.
• Positive adaption in the face of stress or disruptive change.
Clinician Burnout – The Silent Epidemic

What can be done?
1. Recognize this problem.
2. Reach out to the individual clinicians suffering.
3. Note that physicians will ONLY speak to other physicians.
4. Address these situations within “Teams”; e.g., ER team, ICU team.
5. Raise awareness - let them know that they are not alone.
6. Make certain there is NO “shame and blame”.
7. Teach coping mechanisms and techniques for self-care.

Clinician Burnout – The Silent Epidemic

KEY MESSAGES
1. U.S. healthcare professionals report below-average levels of well-being relative to professionals in other industries.
2. Ensuring clinician well-being is a patient safety imperative.
3. If we act proactively, we have a golden opportunity to promote clinician well-being and improve patient care.
4. Clinician well-being is a challenge for every member of the care team.
5. Solutions are needed at the institutional level to support clinician well-being.
6. When clinicians are at their best, everyone wins.

Clinician Burnout – The Silent Epidemic

Acknowledgements / References

National Academy of Medicine, July 14, 2017 Webinar, Establishing Clinician Well-Being as a National Priority: Meeting 1.

• Marc Moss, M.D., Roger S. Mitchell Professor of Medicine in the Division of Pulmonary Sciences and Critical Care Medicine, and Vice Chair of Clinical Research, Department of Medicine, University of Colorado School of Medicine; President, American Thoracic Society 2017-2018
• Cynda H. Rushton, PhD, RN, FAAN, Arnie and George L. Bunting Professor of Clinical Ethics, Berman Institute of Bioethics/School of Nursing; Professor of Nursing and Pediatrics, Johns Hopkins University
• Jo Shapiro, M.D., FACS, Director, Center for Professionalism and Peer Support, Brigham and Women’s Hospital; Associate Professor of Otolaryngology, Harvard Medical School

Enroll Webinar: https://nam.edu/event/making-clinician-well-being-a-national-priority-barriers-research-promising-approaches/
Clinician Burnout – The Silent Epidemic

References

- Medical University of South Carolina Health, Summer 2017 Progress Notes. (August 2, 2017) “Loosening the Grip of Physician Burnout”.

Thank you!