Physician Burnout

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Eastin grew up in Natoma, KS and graduated from Bethany College with a degree in Biology. She graduated from the University of Kansas School of Medicine-Wichita in 2018 and is currently an intern at Wesley Family Medicine Residency.
Learning Objectives

- At the end of this presentation, the learner should be able to:
  - Describe emerging evidence regarding causes, triggers, treatment, and best practices concerning physician burnout.
“Well-being includes being challenged, thriving, and achieving success in various aspects of personal and professional life…”\(^1\)
Signs/Symptoms

- Fatigue
- Insomnia
- Attention/concentration impairment
- Physical: palpitations, GI pain, dizziness
- Decreased immunity
- Anger/depression/anxiety
- Changes in appetite
Outcomes

Patient Care
- Lower care quality
- Medical errors
- Longer recovery times
- Lower patient satisfaction

Health Care System
- Reduced physician productivity
- Increased physician turnover
- Less patient access
- Increased costs

Physician Health
- Substance abuse
- Depression, suicidal ideation
- Poor self care
- Motor vehicle crashes
Manifestations of Burnout

- 43% of American physicians have at least 1 sign/symptom\(^1\)

- Similar rates among residents and medical students
Measurement

- Abbreviated Maslach Burnout Inventory (MBI-9)
  - Aspects:
    - Emotional exhaustion and/or
    - Depersonalization;
    - Personal accomplishment
  - 7 point scale
    - Ranges: never to every day
Results

- 872 invitations to MSSC members
  - 442 opened
  - 197 completions

- 24% respondents were family medicine
  - No statistical difference between specialties

- Burnout: 50%
- Emotional Exhaustion: 46%
- Depersonalization: 27%
Results

- Low Personal Accomplishment: 18%
- Depression: 45%
- Suicidal Ideation: 5%
- High Fatigue: 41%
- Quality of life: 6% poor
Manifestations of Burnout

- 2.13x greater risk of suicidal ideation
- 2.43x greater risk of depression
- 1.89x greater risk of high degree of fatigue
- Other: intention to leave profession, medical errors, substance abuse
Potential Etiology

- **Systems level**
  - Liability
  - Work environment
  - Institutional demands
  - Culture of medicine
  - Inefficient EHR/excessive documentation
  - Administerial duties

- **Individual level**
  - Stress of patient care
  - Demanding patients
  - Isolation
Solutions...

- Systems ultimately need to change

- Individual level
  - Exercise
  - Mindful activities
  - Healthy diet
  - Connecting with others
Resiliency

- Individual: positive coping, affect, thinking, realism, behavioral control, physical fitness, altruism

- Family factors: emotional ties, communication, support, closeness, nurturing, adaptability

- Organizational Factors: positive command climate, teamwork, cohesion

- Community factors: belongingness, cohesion, collective efficacy
Social Determinants of Health

- Gender
- Familial and social support
- Sexual identification
- Spiritual/religious values
The Real Reality

- A system failure

- What can systems do?
  - Scribes
  - EMR
  - Etc....
References

Questions?
Thank you.