Professional Burnout

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Outline of Presentation

- Brief History & Definitions
- Professional Burnout in Medical Professionals
- Consequences of Professional Burnout
- Suicide-Related Thoughts and Behaviors
- Recommendations for Prevention & Self-Care
Adam Smith (1723-1790)

- Scottish Economist

- “The Wealth of Nations” (1776)

- Boss’ responsibility was “rather to moderate, than to animate” workers
Brief History

- George Combe (1788-1858)
  - British Philosopher
  - “Constitution of Man” (1828)
  - Work should not be too long or too hard, then it could not be enjoyed and the only happiness would result from retirement.
Brief History

Herbert Freudenberger (1927-1999)
- American Psychoanalyst
- Observed that colleagues, over time, turned into depressive cynics who treated patients coldly & dismissively
- “Burnout: The High Cost of High Achievement” (1974)
- **Coined the Term, “Burnout Syndrome”**
  - State of **mental and physical exhaustion** caused by one’s professional life.
Professional Burnout Defined

- **Three** Key Dimensions
  1. An Overwhelming Exhaustion
  2. Feelings of Cynicism
     - Cognitive Distancing or Depersonalization
  3. A Sense of Ineffectiveness
     - Detachment from the Job

Christina Maslach (1982)
Burnout Cycle (Stages 1 – 6)

- **A Compulsion to Prove Oneself**
  - Excessive Ambition & Determination

- **Working Harder**
  - High Personal Expectations

- **Neglecting Needs**
  - Sacrifices Viewed as Heroic Performance

- **Displacement of Conflicts**
  - Source of Problem Not Recognized
  - 1st Physical Symptoms Appear

- **Revision of Values**
  - Isolation, Conflict Avoidance, & Denial of Basic Needs

- **Denial of Emerging Problems**
  - Intolerance, Cynicism, & Aggression
**Burnout Cycle**  (Stages 7 – 12)

- **Withdrawal**
  - Reduce Social Contact & Attempt to Numb the Pain

- **Obvious Behavioral Changes**
  - Fearful, Shy, Apathetic

- **Depersonalization**
  - Mechanical Life, Lose Contact with Self & Others

- **Inner Emptiness**
  - “Gratified” by Excessive Behaviors

- **Depression**
  - Indifferent, Hopeless, Exhausted

- **BURNOUT SYNDROME**
  - Physical & Mental Collapse
Risk Factors for Job Dissatisfaction

Lack of Perceived Control

Long Work Hours

Little or No Recognition
**Professional Dissatisfaction**
- Obstacles to High-Quality Care
- Electronic Health Record Usability
- Lower Physician Autonomy
- Lack of Control
- Poor Alignment of Values
- Lack of Collegiality, Fairness, Respect
- Worries - Practice Unsustainability
- Higher Support Staff Turnover
Physician Burnout

- Estimated as **30-65%** Across Specialties
- Journal of General Internal Medicine (2014)
<table>
<thead>
<tr>
<th>Variable</th>
<th>Value (n = 7288)</th>
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<tbody>
<tr>
<td><strong>Burnout Indexes</strong></td>
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</tr>
<tr>
<td>Emotional exhaustion</td>
<td></td>
</tr>
<tr>
<td>Median score</td>
<td>21.0</td>
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<tr>
<td>Score level, No. (%)</td>
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<tr>
<td>Low</td>
<td>3041 (42.2)</td>
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<tr>
<td>Intermediate</td>
<td>1433 (19.9)</td>
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<tr>
<td>High</td>
<td>2734 (37.9)</td>
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<tr>
<td>Depersonalization</td>
<td></td>
</tr>
<tr>
<td>Median score</td>
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<tr>
<td>Score level, No. (%)</td>
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<tr>
<td>Low</td>
<td>3601 (50.1)</td>
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<tr>
<td>Intermediate</td>
<td>1476 (20.5)</td>
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<tr>
<td>High</td>
<td>2116 (29.4)</td>
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<tr>
<td>Personal accomplishment</td>
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<tr>
<td>Median score</td>
<td>42.0</td>
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<tr>
<td>Score level, No. (%)</td>
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</tr>
<tr>
<td>High</td>
<td>4758 (66.6)</td>
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<tr>
<td>Intermediate</td>
<td>1495 (20.9)</td>
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<tr>
<td>Low</td>
<td>887 (12.4)</td>
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<tr>
<td>Burned out, No. (%)</td>
<td>3310 (45.4)</td>
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<tr>
<td><strong>Depression</strong></td>
<td></td>
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<tr>
<td>Screen positive for depression, No. (%)</td>
<td>2753 (37.8)</td>
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<tr>
<td><strong>Suicidal Ideation</strong></td>
<td></td>
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<tr>
<td>Suicidal ideation in the past 12 mo, No. (%)</td>
<td>466 (6.4)</td>
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</table>
Predictors for Burnout

- Young Age
- Early Career
- No Life-Partner
- External Locus of Control
- Passive & Avoidant
- **Vicarious Trauma**
- Poor Self-Esteem
- Neuroticism
Vicarious Traumatization

- A stress reaction in professionals exposed to traumatic images & materials by patients

- Exposure results in enduring changes in the manner in which one views self, others, and the world (McCann & Pearlman, 1990)
Consequences of Burnout

- Anxiety
- **Depression & Hopelessness**
- Sleep & Eating Disturbances
- Somatic Problems
- Negative Cognitions about Self-Worth
- Imposter Phenomenon
- **Substance Use Disorders**
- Anger
- **Poor Marital & Familial Functioning**
- **SUICIDE IDEATION/BEHAVIOR**
Depression in Medical Trainees

Survey at 6 Sites (Goebert et al., 2009)

- 21.2% Reported Depression
  - 8-15% in General Graduate Students/Young Adults
- 1 in 16 Reported Suicide Ideation
- 4th Year Med Students > Other Med Students
- Medical Students > Residents
  - Depression & Suicide Ideation
- Ethnicity a Predictor
  - African Americans
  - Native Americans
Distress & Burnout in Internal Medicine Program Directors

Survey of 377 Program Directors (West et al., 2013)

- 27% reported emotional exhaustion
- 10% reported depersonalization
- 28% reported overall burnout

Distress most notable among younger program directors, women, and those reporting greater weekly work hours.
Substance Use in Physicians

At any given time, as many as 7% of practicing physicians – roughly 1 out of every 14 – are active substance abusers.

Substance use disorder is a major risk factor for medical malpractice and negligence lawsuits; yet the problem often remains undetected or unreported by colleagues for several years.

(Cicala, 2003; Gastfriend, 2005)
Poor Marital & Familial Functioning

Positive Correlation - *Excessive Work Hours & Marital Tension*

- Displacement of Emotions
- Inability or Unwillingness to Share Troublesome Experiences
- Perception of Family as Another Source of Demand

Three Strategies Used by Physicians to **AVOID** Spouse or Family

1. **“Physician Dawdler”**
   - Spends excessive time socializing around and therefore has to stay late to get all work done.

2. **“Electronic Physician”**
   - Arranges to be available for patients 24 hours a day, 7 day a week.

3. **“Out-of-Town Academician”**
   - Must accept every invitation that comes along.

Brent & Brent (1991)
Why Should You Care?

“Preferring high income and occupational success and prestige rather than close friends and a good marriage is strongly associated with being unhappy.”

Taking Burnout Seriously!

“If you own a car, you have it inspected each year and you check the oil regularly. Burnout-syndrome patients never bring their ‘cars’ in for inspection. They drive thousands of miles at full speed and then are shocked when the motor suddenly fails. They have been neglecting routine maintenance.”

Juergen Staedt, Psychiatrist
World’s Fastest & Most Expensive Car
Lamborghini Veneno ($4,500,000)
Cost of Burnout for You!

- Loss of Idealism & Commitment
- Loss of Compassion & Caring
- A Feeling of Being Diminished
- Feelings of Guilt & Unworthiness
- Impact on Training Experience
- Impact on Career Satisfaction
- Impact on Patient Care
- Loss of Life!
Suicide in Physicians

- U.S. Rates of 1 Each Day – 300 to 400 Each Year
  - 3% of All Male Physician Deaths
  - 6.5% of All Female Physician Deaths

- In Comparison to General Population
  - Lower Mortality Risk for Heart Disease & Cancer
  - Yet Higher Suicide Rates
    - 40-70% Male Physicians
    - 250-400% Female Physicians

- Gap reported to begin as early as medical school

- Physicians are much more likely than non-physicians to die by suicide due to their medical knowledge.

(Hampton, JAMA 2005 Article; AFSP, 2016)
“...during the last four generations, doctoring has changed from being a risky and life-threatening business to an activity with lower mortality than in the general population—for all common causes but one: suicide. Why?”

- Mental State (Psychiatric Diagnosis)
- Social Situation (Job Problem)
- Access to Lethal Means
Trigger for Suicide in Physicians

- **Role Strain**
  - Three Challenges
    - Inordinate Time & Work Demands
    - Huge Sense of Responsibility for Human Life & Death
    - Inadequate & Inconsistent Psychological Supports
“I was a competent and respected junior doctor... I was doing one in three rotations in an acute specialty where there was little chance of much sleep. I felt overworked, undervalued and unappreciated. I spent all my time caring for others, but no one cared for me... One day feeling shattered and distressed, I couldn’t hide the tears any longer. I was found by a colleague from a different specialty, who contacted the occupational health department. I was given an appointment for that day with the doctor. He was sympathetic, but I was shocked to find myself being told that I was depressed and too unwell to work. I felt guilty about not going on calls, but was forcefully told that I was not in a fit state to be at work.”

BMJ 2001; 323:1011 (27 October)
“I’m in my first year of practice outside of residency and I can’t begin to tell you how often I think of death. Not because I hate my life — I have a wonderful husband and family. But the pressures of daily life as a doctor are overwhelming. I work constantly! Even on my days off, I’m working. When I take a day off, I pay for it later by double the amount of work waiting for me. I have patients yelling at me when all I wanted to do was help... I want to build a relationship and do what’s right for my patients — but the company pushes me to see more and more patients in less and less time. I cry at work, I cry myself to sleep sometimes. I don’t feel depressed, and I know my life has value, but sometimes the thought of suicide is just to escape the pressure of the profession. It’s not like I can realistically give up the job, my calling. I’m neck deep in debt and will never be able to pay it back if I leave the profession. - Michelle.”

KevinMD.com (2014)
Possible Barriers to Seeking Care

- Fear of Documentation on Academic Record
- Lack of Time
- Confidentiality Concerns
- Stigma
- Cost
- Discrimination in Medical Licensing/Malpractice Insurance
- Hospital Privileges
- Professional Advancement

- 35% of Physicians = No Regular Source of Health Care
  Gross et al., 2000
Physicians have **an ethical obligation to report impaired, incompetent, and/or unethical colleagues** in accordance with the legal requirements in each state and assisted by guidelines provided by the American Medical Association.
Helping a Troubled Colleague

- **CONSULT** with a mentor or trusted colleague.
- **EDUCATE** yourself about the options & reporting guidelines.
- Approach your colleague & state the **FACTS** that have led to your concern.
- Describe the **OBSERVED BEHAVIORS** that have led to your concern.
- Begin with a **MONOLOGUE**. This is not a debate. After you have finished, you will be happy to listen and engage in discussion.
- Provide your colleague with **REFERRALS**.
- Consider a **PHYSICIAN WELLNESS PROGRAM**.
- Insist on a **REPORT** back and follow-up.
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Make clinician satisfaction and wellbeing quality indicators.</td>
</tr>
<tr>
<td>2</td>
<td>Incorporate mindfulness and teamwork into practice.</td>
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<tr>
<td>3</td>
<td>Decrease stress from electronic health records.</td>
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<tr>
<td>4</td>
<td>Allocate needed resources to primary care clinics to reduce healthcare disparities.</td>
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<tr>
<td>5</td>
<td>Hire physician floats to cover predictable life events.</td>
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<td>6</td>
<td>Promote physician control of the work environment.</td>
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<tr>
<td>7</td>
<td>Maintain manageable primary care practice sizes and enhanced staffing ratios.</td>
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<tr>
<td>8</td>
<td>Preserve physician “career fit” with protected time for meaningful activities.</td>
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<tr>
<td>9</td>
<td>Promote part-time careers and job sharing.</td>
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<tr>
<td>10</td>
<td>Make self-care a part of medical professionalism.</td>
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Prevention & Self-Care

1. Conduct an Honest Appraisal of Your Personal Values & Choices

- What are the five most important values or factors in my life today?

- If I only had a few years to live, what would I want to accomplish?

- If I could make one change in my life today, what would it be?
Prevention & Self-Care

2. Budget Your Physical Resources

- Eat Nutritious & Healthy Food at Mealtimes
- Get Regular Exercise
- Get Enough Sleep
Prevention & Self-Care

3. Seek Social Support

- Spend Time with Family, Friends, and Colleagues
- Form a Peer Consultation Group
Prevention & Self-Care

4. Cultivate a Hobby & Engage in Pleasurable Activity

- Set Aside Time
- Stick to the Plan
Prevention & Self-Care

5. Learn & Practice Relaxation and Stress Management Techniques

- Meditation, Yoga, Mindfulness
- Breathing Techniques (e.g., Progressive Muscle Relaxation)
Prevention & Self-Care

6. Seek Assistance As Needed

- Participate in Individual, Marital/Family, or Group Psychotherapy
- Take Psychiatric Medication(s) as Prescribed
- Consider Spiritual Counseling
Prevention & Self-Care

7. Set Clear Boundaries

- Be Honest with Yourself about Work Load & Limits
- PRACTICE SAYING NO!
- Report Harassment
Prevention & Self-Care

8. Learn from Others’ Hardiness

- Seek a Professional Mentor
Finding a Mentor

- Contact the Dean’s Office & Inquire about Formal Mentoring Mechanism
- Seek Out Information Opportunities to Meet Physicians & Other Faculty
- **Choose the Right Mentor**
- Keep in Mind that Circumstances May Lead to Acquiring More than One Mentor
  - Consider a Mentor in Your Specialty Area (Residency)
Mentors - Typology

- **Cementor**
  - Makes it all stick together

- **Pavementor**
  - Helps pave the way to other key people

- **Sacramentor**
  - Cares about the soul of your work

- **Testamentor**
  - Writes a great letter of recommendation

- **Regimentor**
  - Helps you maintain discipline in your military career
ANTIMentors - Typology

- **Figmentor**
  - One who is hard to get a hold of

- **Dementor**
  - One who drives you crazy

- **Tormentor**
  - One who tortures you

- **Detrimentor**
  - Undermines your success

- **Fragmentor**
  - Does not help you focus, focus, focus
Mentoring Resources Online

- American Academy of Family Physicians
  http://www.aafp.org/medical-school-residency/medical-school/mentoring.html

- American College of Physicians
  https://www.acponline.org/residents_fellows/mentors/
Summary

- All Susceptible to Burnout
- Increase Your Awareness
- Focus on Prevention
- Focus on **EARLY** Intervention
  - There is help and it works!
- **SELF** Care = **PATIENT** Care
QUESTIONS?

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