



# Physician Well Being

## *A Reason For Being*

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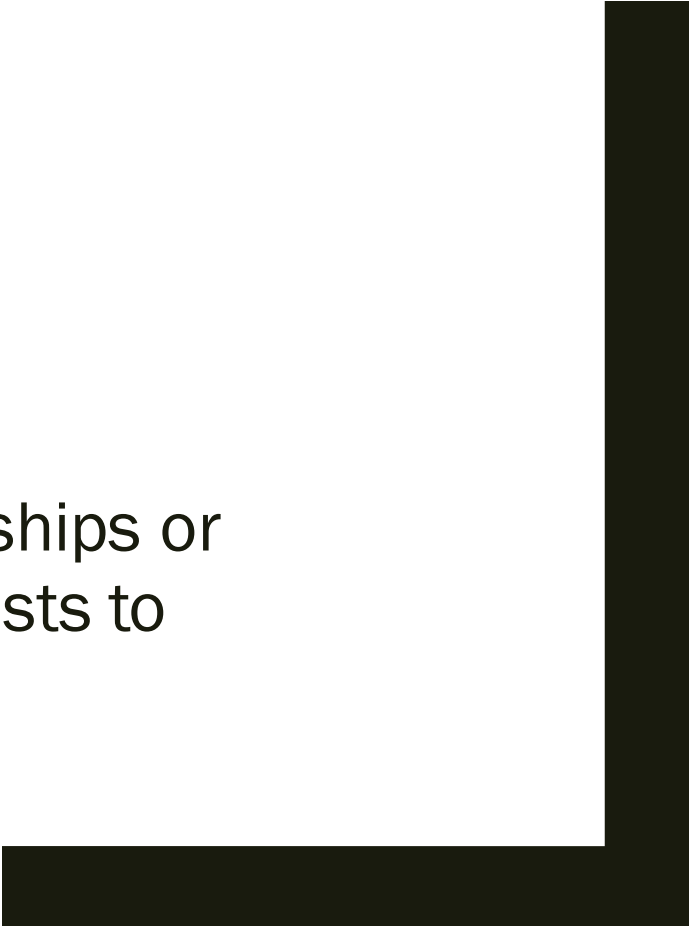
Oklahoma State University Center for Health Sciences





# Disclosure

I have no relevant financial relationships or affiliations with commercial interests to disclose.



# Learning Objectives

- Understand the Prevalence and impact of burnout
- Understand the prevalence of depression and suicide among physicians at different points in the careers
- Reflect on personal “reason for being” and approach to integration of work and life



**54%**  
of doctors  
say they are  
burned out.<sup>1</sup>



**88%**  
of doctors  
are moderately  
to severely stressed.<sup>2</sup>



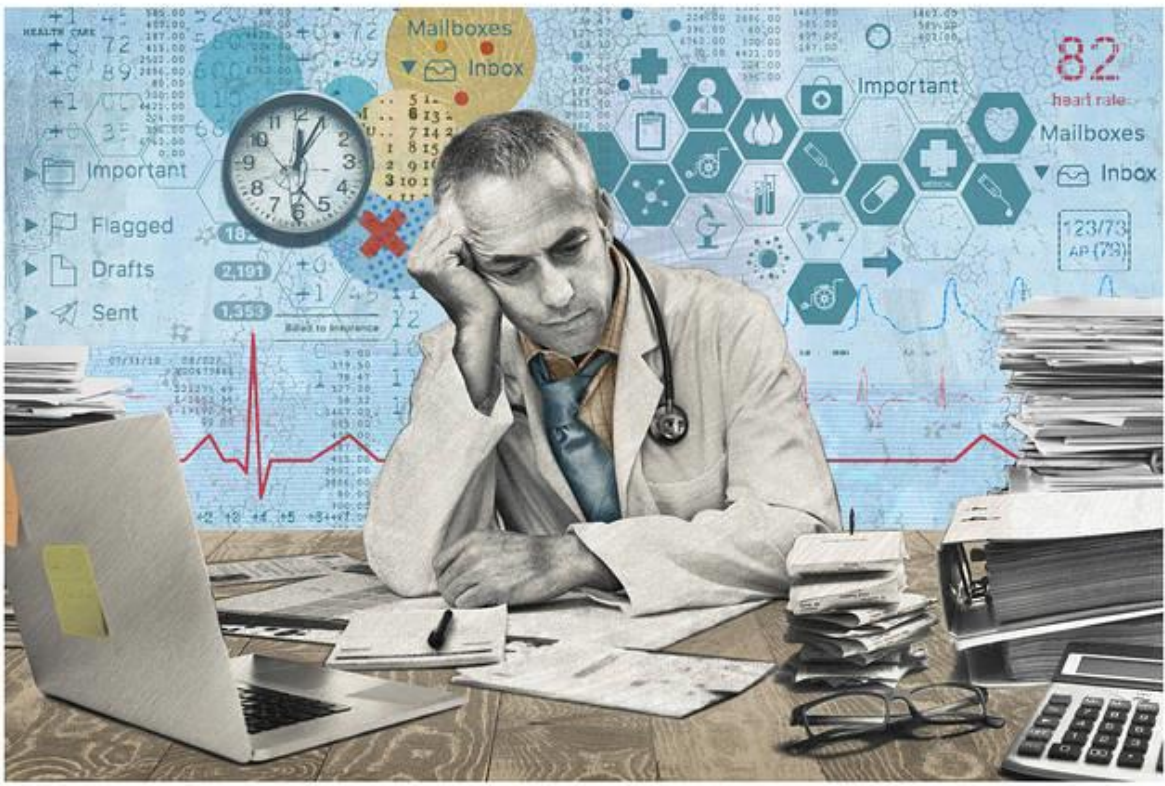
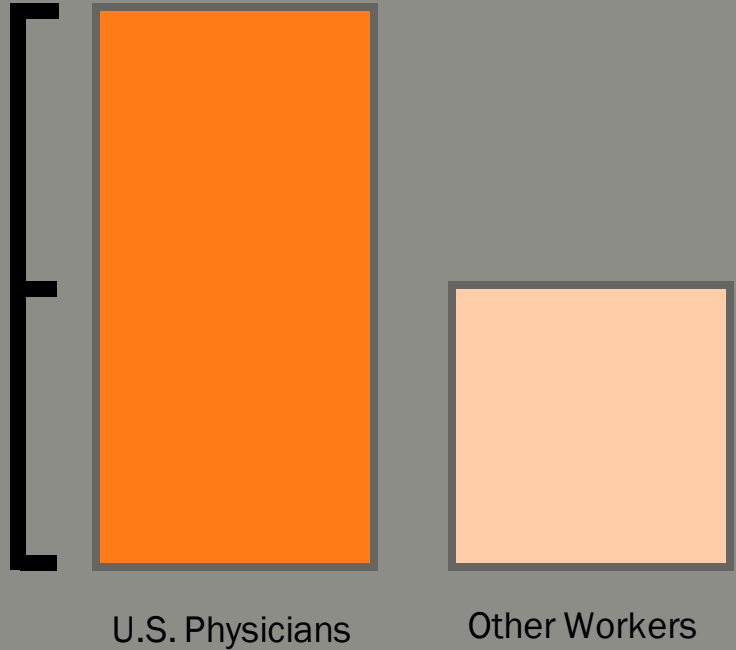
**59%**  
of doctors  
wouldn't recommend  
a career in medicine  
to their children.<sup>3</sup>

1. Mayo Clinic 2014.

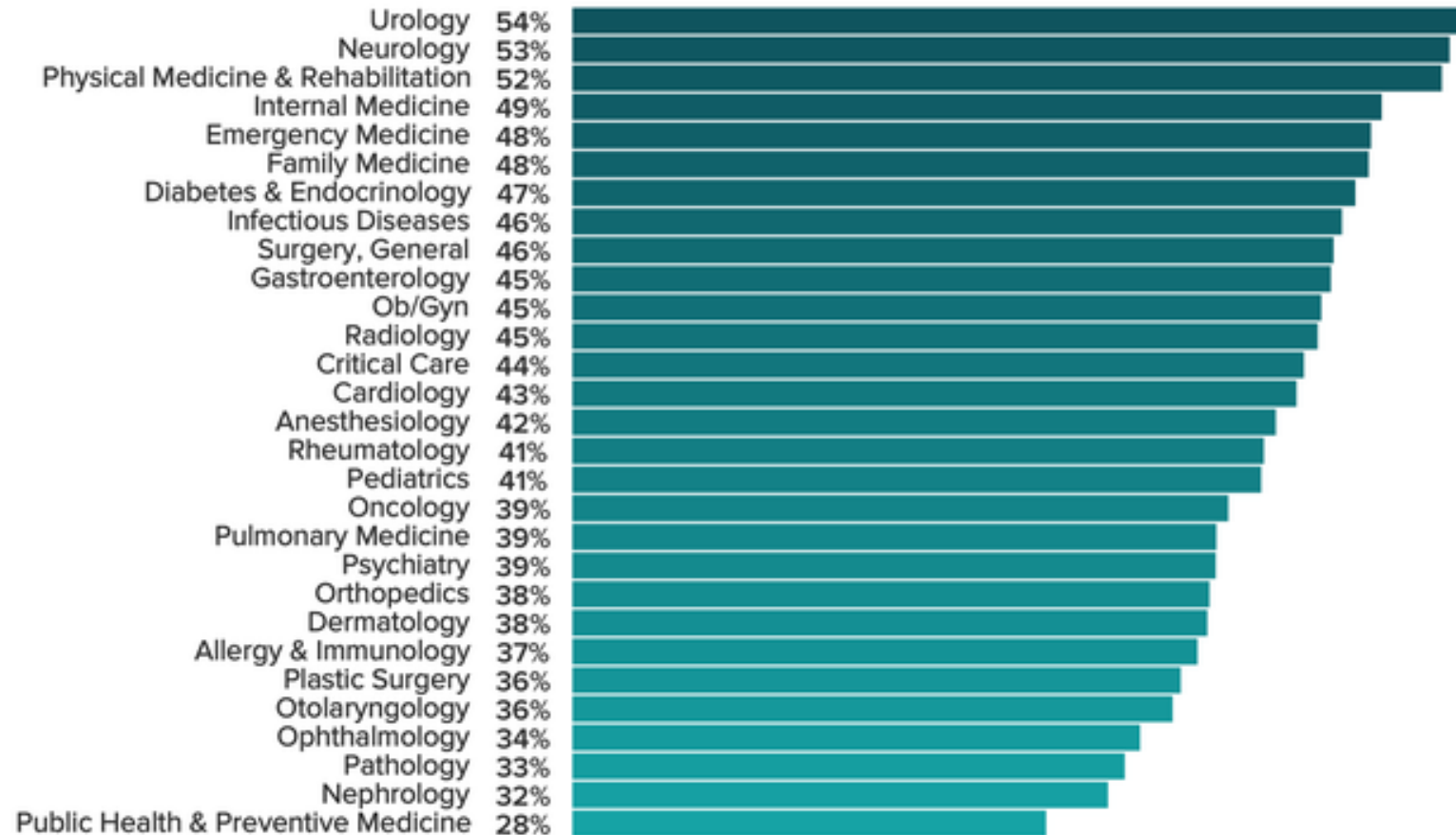
2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.

3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

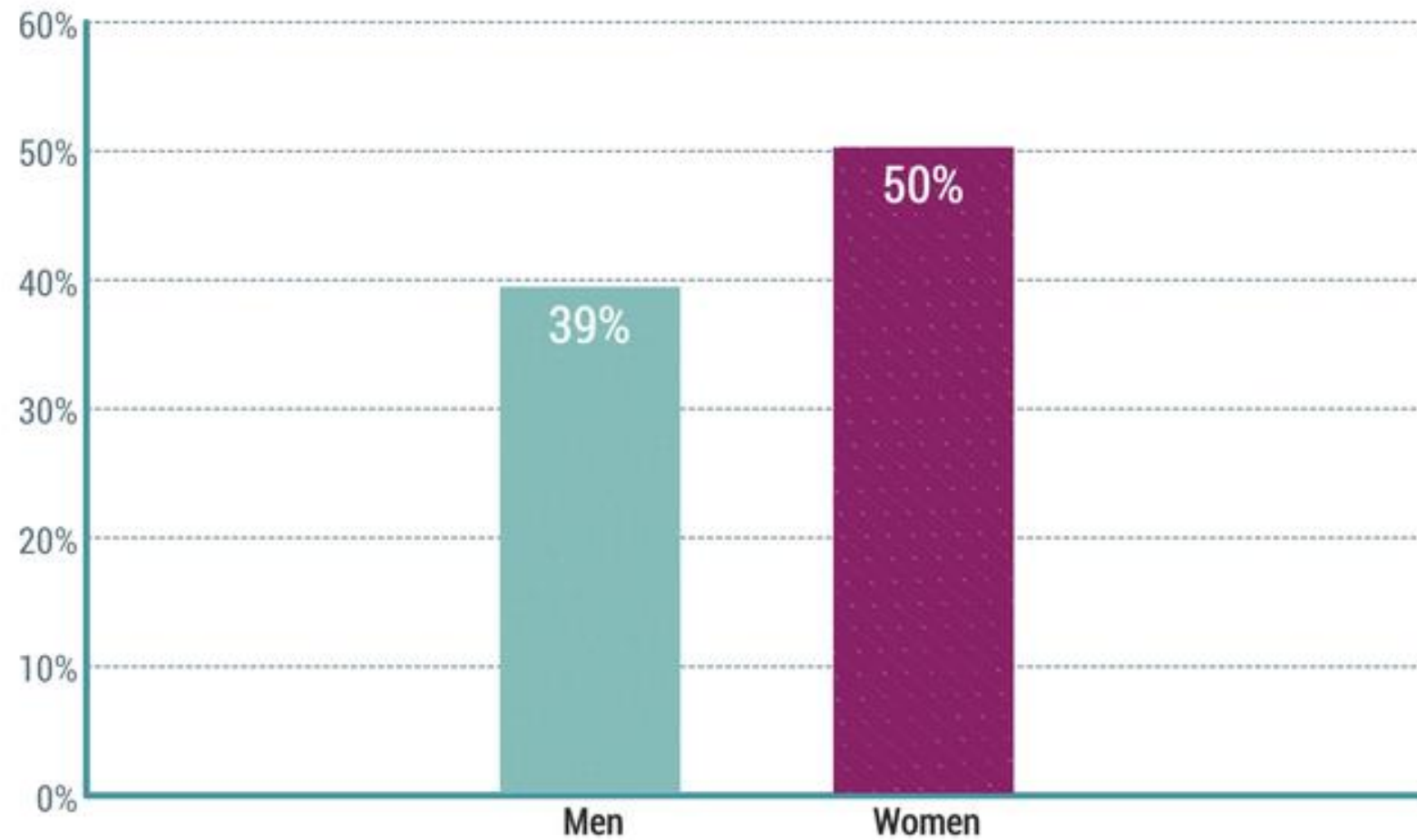
**Burnout** is nearly **2x**  
as prevalent among **U.S.**  
**physicians** than among  
workers in other fields.



## Which Physicians Are Most Burned Out?



## Are Male or Female Physicians More Burned Out?



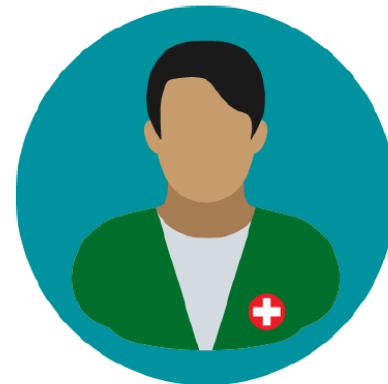
# National Academy of Medicine

400

physicians commit  
suicide each year,  
a rate more than

2X

that of the general  
population



23-31%

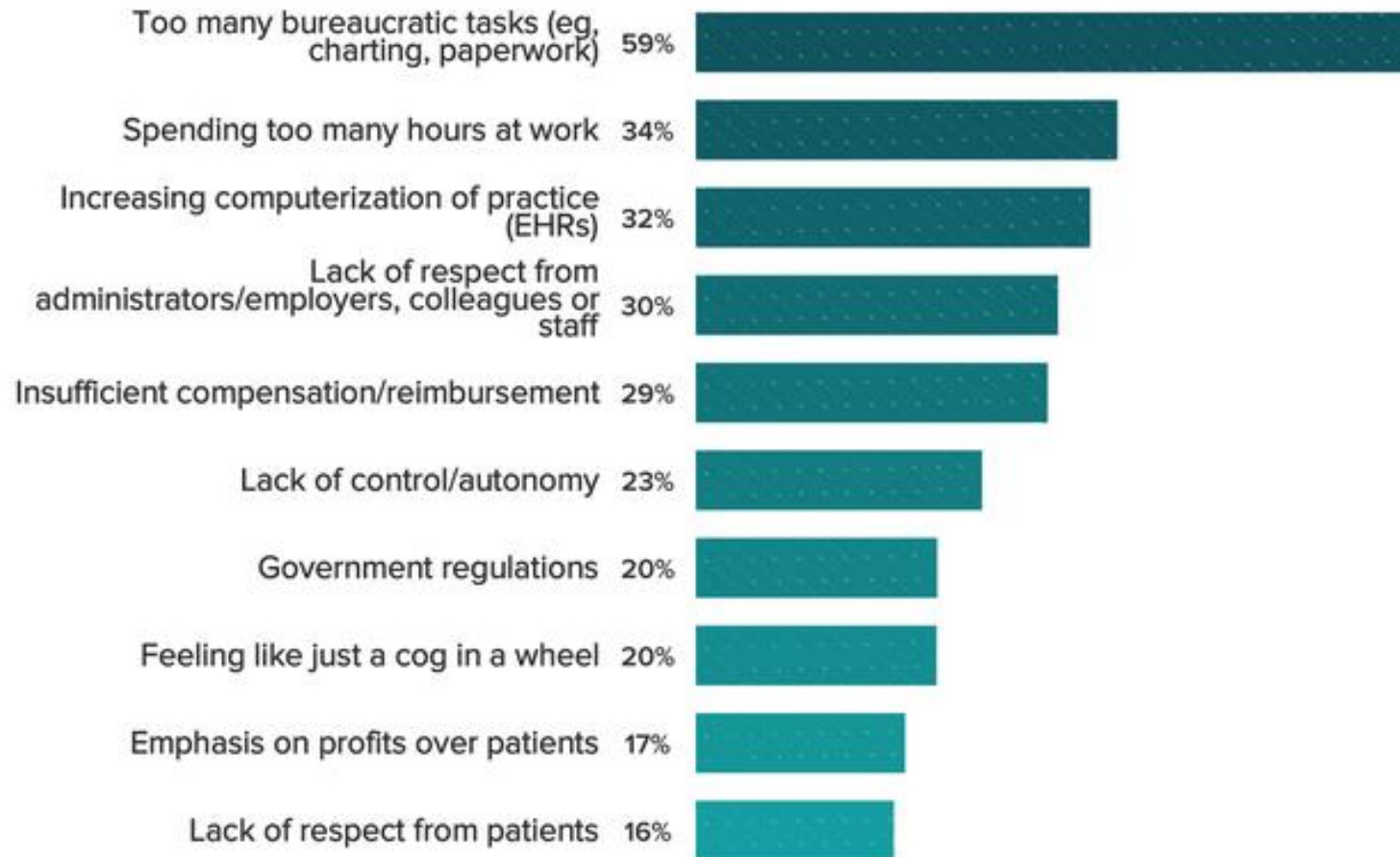
Prevalence of  
emotional  
exhaustion among  
primary nurses

Learn more at [nam.edu/ClinicalWellBeing](https://nam.edu/ClinicalWellBeing)

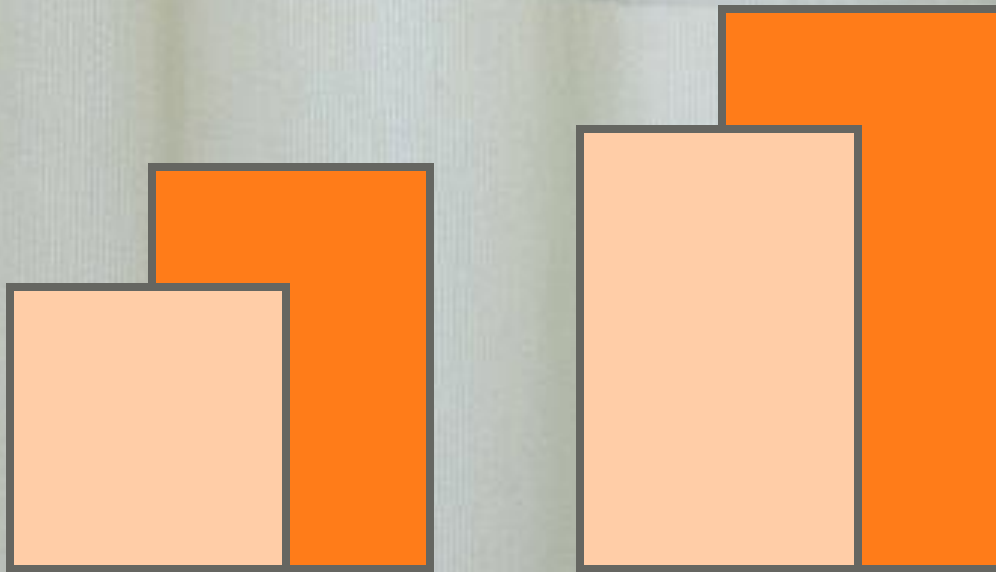


# Causes of Burnout

## What Contributes Most to Your Burnout?



Medical trainees experience higher rates of  
**DEPRESSION** and **BURNOUT**  
than those of age-similar individuals  
pursuing different careers.



Depression

Burnout



# Burnout Among Trainees

- High prevalence among medical students, residents and physicians
- Residents
  - *Studies show burnout rates of 41-90% among residents*
  - *Levels increase quickly within the first few months*
  - *ACGME work hour changes do not appear to have improved sleep, burnout, depression symptoms, or errors*
  - *Resident distress (e.g. burnout and depression) associated with medical errors and poorer patient care*



Washington Post, 2015

- 29% of physicians-in-training had depression or depressive symptoms
- Increase in symptoms over time

# Nearly a third of new doctors high risk for depression

By **Lena H. Sun** December 8, 2015 [Email the author](#)



Even in the general population, people often don't want to talk about depression, which is one of the

Mata DA. JAMA. 2015 Dec 8; 314(22): 2373-83.

# Boston Globe; January 17, 2019

## Physician burnout now essentially a public health crisis



LANE TURNER/GLOBE STAFF

Dr. Alain Chaoui co-authored a new report on physician burnout.

By [Priyanka Dayal McCluskey](#) | GLOBE STAFF JANUARY 17, 2019

- In a national survey of doctors published last year, **10.5%** reported a major medical error in the prior 3 months. Those who reported errors were more likely to experience burnout, fatigue, and suicidal thoughts.
- Doctors typically spend 2 hours on computer work for every hour they spend with patients.
- Medicine has become more regulated and complex over the past several years, generating what doctors often consider to be meaningless busy work detached from direct patient care.
- When doctors are less engaged, patients are less satisfied. Burned-out physicians are more likely to make mistakes.
- To tackle the problem, the report says, physicians need access to mental health care without stigma or fear of losing their right to practice. The authors argue that state licensing boards should not ask probing questions about a physician's mental health but focus instead on his or her ability to practice medicine safely.

# I Felt Alone but I Wasn't:

## Depression is Rampant Among Doctors in Training

Nearly  
**1** in **3**  
physicians in  
training is clinically  
depressed  
Mata, et. al., 2015



"Suicide is the threat that **lingers around us in training and beyond**; it calls attention to mental health disorders in residency that often **go ignored.**"

Rates of physician suicide are much higher than in the general population:  
AFSP, 2016

**2X**   
as high for men  
**4X**   
as high for women

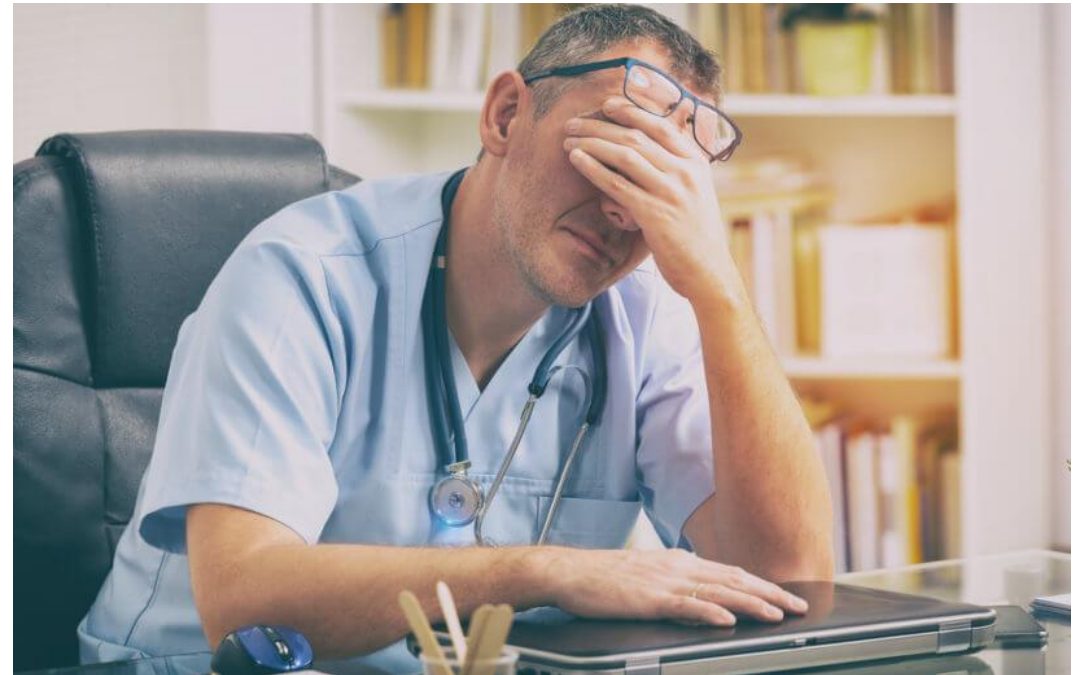
### A National Academy of Medicine Discussion Paper

"Supporting physicians to be healthy will make it possible for them to be there physically and emotionally for us when we need them the most."

- Dr. Elisabeth Poorman

# ACGME Clinical Learning Environment Reviews (CLER)

- 88.8% of trainees observed signs of burnout among faculty members and program directors.



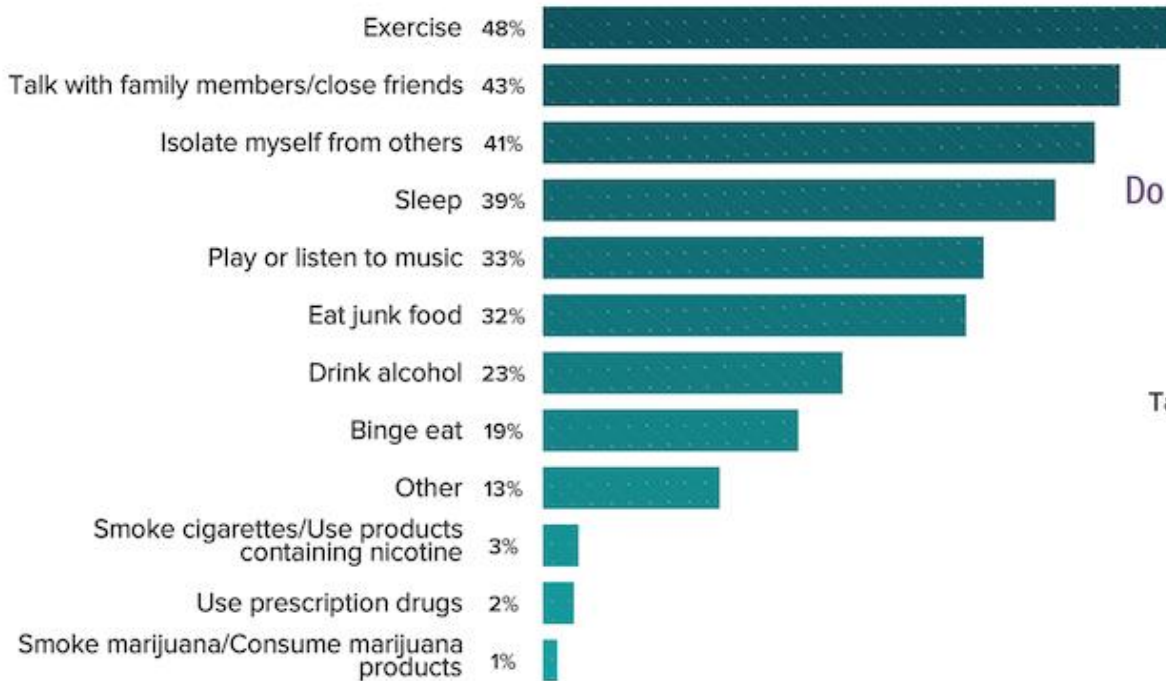
# To Care is Human – Collectively Confronting the Clinical-Burnout Crisis

- >50% of US physicians report significant symptoms of burnout
- Medical students and residents have higher rates of burnout and depression than their peers in nonmedical careers
- Clinicians are human; delivering the best care takes a personal toll on them
- Patient safety is at risk
- Burn-out may be associated with increased rates of medical errors, malpractice suits, and health care-associated infections
- .....”we have an urgent, shared professional responsibility to respond and to develop solutions.”

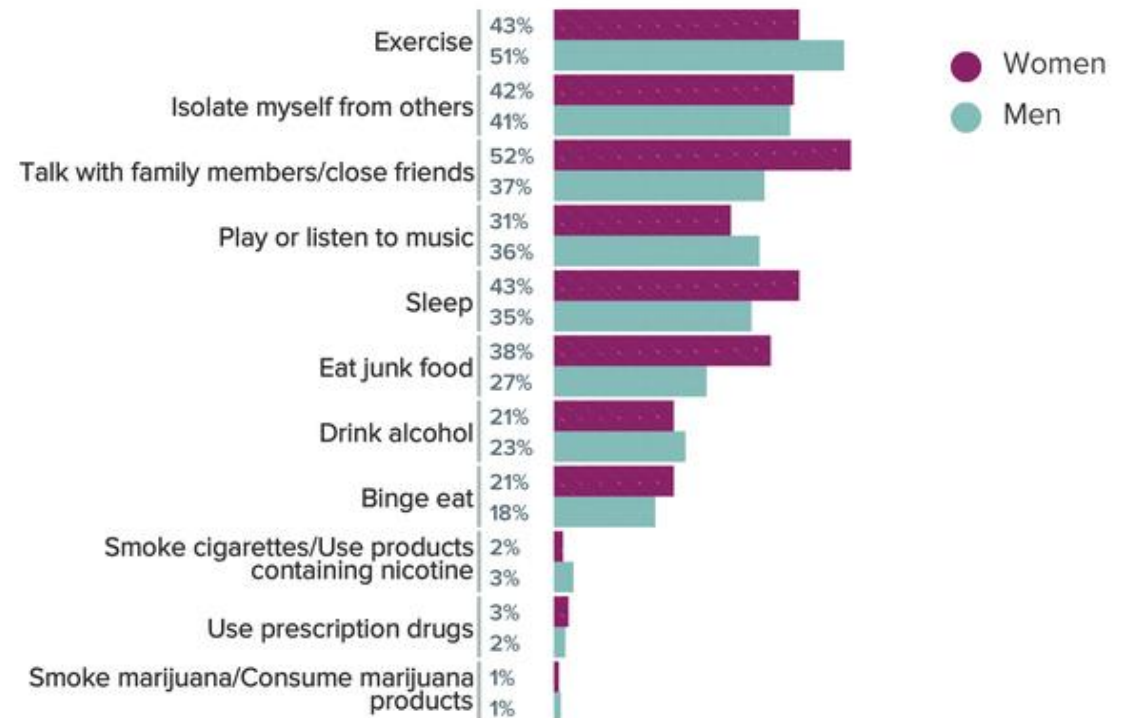


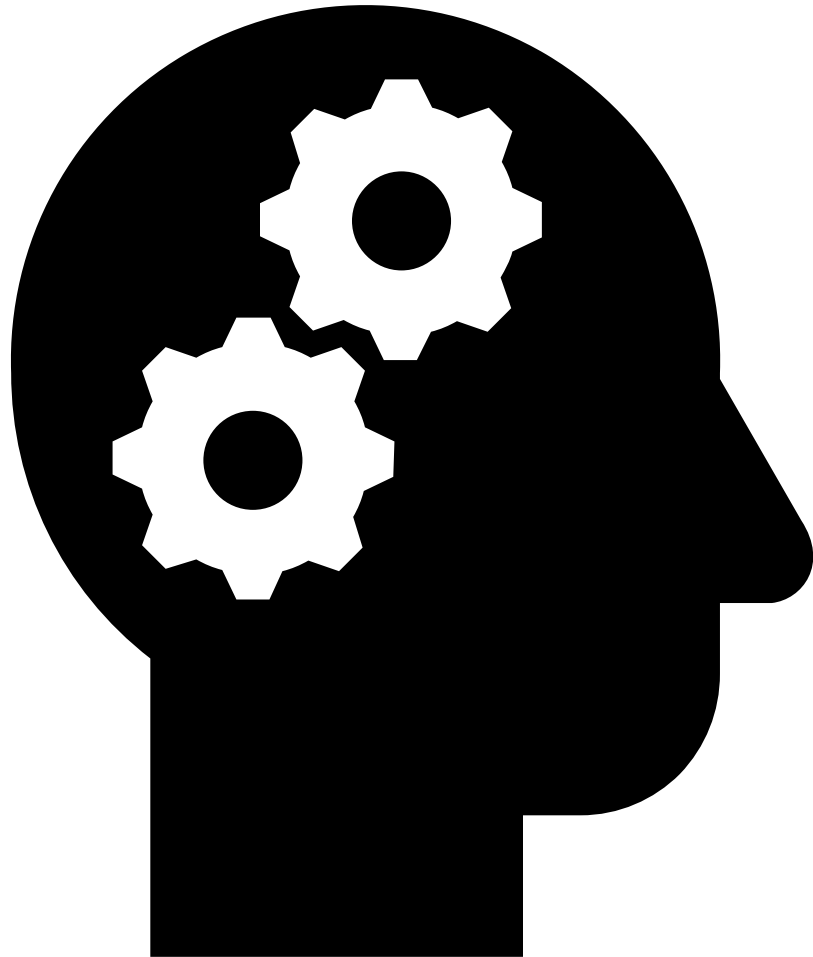
# Coping with Burnout

## How Do Physicians Cope With Burnout?




## Do Male and Female Physicians Cope With Burnout Differently?





QUESTION 1 - WHAT IS  
YOUR DEFINITION OF  
WORK?

QUESTION 2 - WHAT IS  
YOUR DEFINITION OF  
LIFE?


$$24 \times 7 = 168$$

$$24 \times 7 = 168$$

Work 60 hours  
Sleep 56 hours

$$\begin{array}{r} -116 \\ \hline \end{array}$$

52

# Exercise

## 150 Min/Week

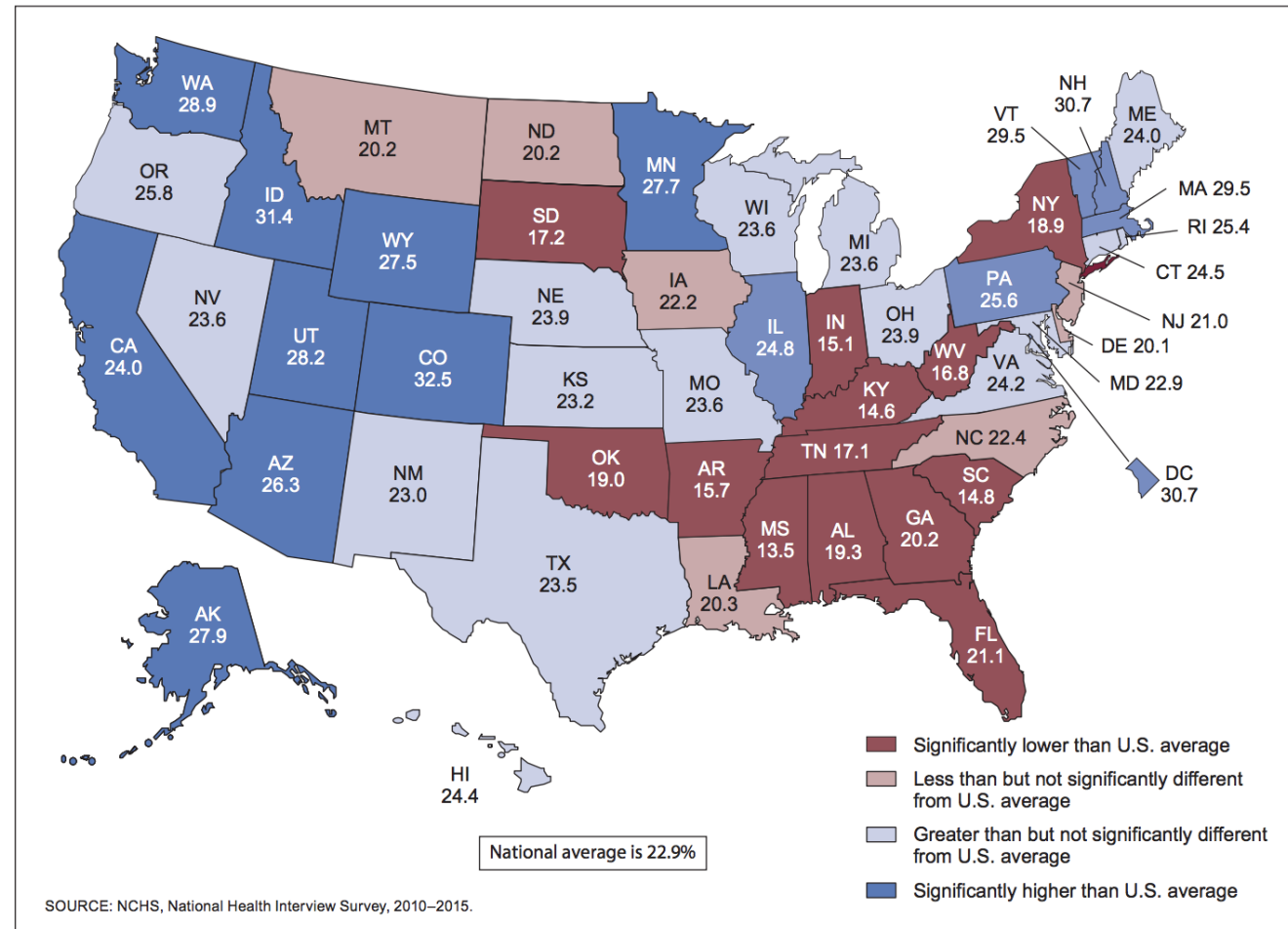


Figure 1. Age-adjusted percentages of adults aged 18–64 who met both aerobic and muscle-strengthening federal guidelines through leisure-time physical activity, by state: United States, 2010–2015

## Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations

**RESULTS:** Clinicians spent 355 minutes (5.9 hours) of an 11.4-hour workday in the EHR per weekday per 1.0 clinical full-time equivalent: **269 minutes (4.5 hours) during clinic hours** and **86 minutes (1.4 hours) after clinic hours**. Clerical and administrative tasks including documentation, order entry, billing and coding, and system security accounted for nearly one-half of the total EHR time (157 minutes, 44.2%). Inbox management accounted for another 85 minutes (23.7%).

## Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

### Results:

- During the office day:
  - 27.0% of total time was spent on direct clinical face time with patients
  - 49.2% of time was spent on EHR and desk work
- While in the examination room with patients:
  - 52.9% of the physician's time was spent on direct clinical face time
  - 37.0% on EHR and desk work.
- After Hours:
  - 1-2 hours of after-hours work each night, devoted mostly to EHR tasks

$$24 \times 7 = 168$$

Work 60 hours  
Sleep 56 hours

$$\begin{array}{r} -116 \\ \hline \end{array}$$

52

After Hours EMR 7 hours

$$\begin{array}{r} -7 \\ \hline \end{array}$$

45



A scenic view of a beach at sunset. The sun is low on the horizon, casting a golden glow over the water and sky. The beach is sandy and has some rocks scattered along the shore. In the background, there are mountains or hills. The overall mood is peaceful and contemplative.

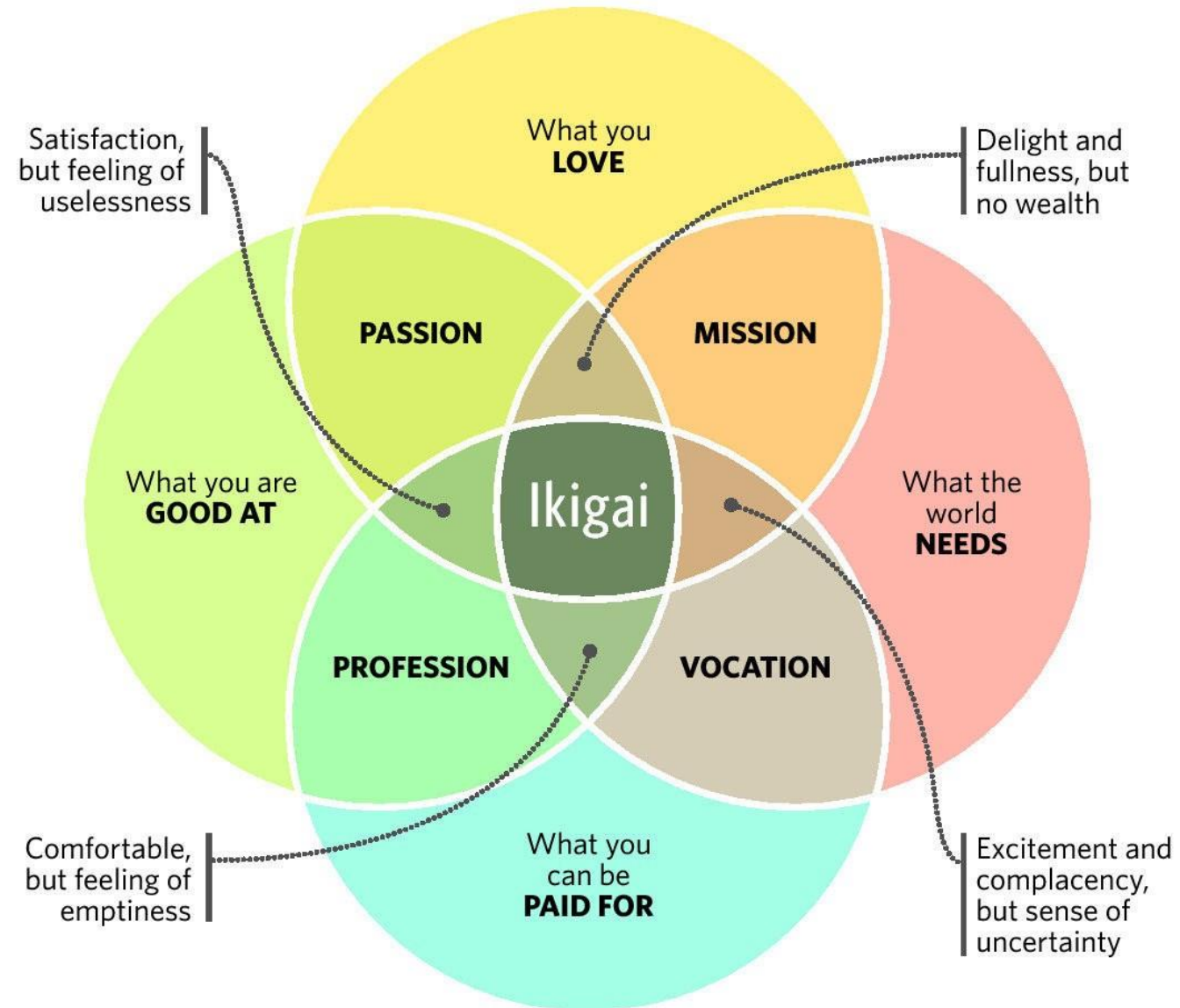
# WORK IS PART OF LIFE...

Imagine what your ideal life would look like?

*This world is but a canvas to our imagination.* ~ Henry David Thoreau

# Ikigai

A JAPANESE CONCEPT MEANING "A REASON FOR BEING"



Step 1

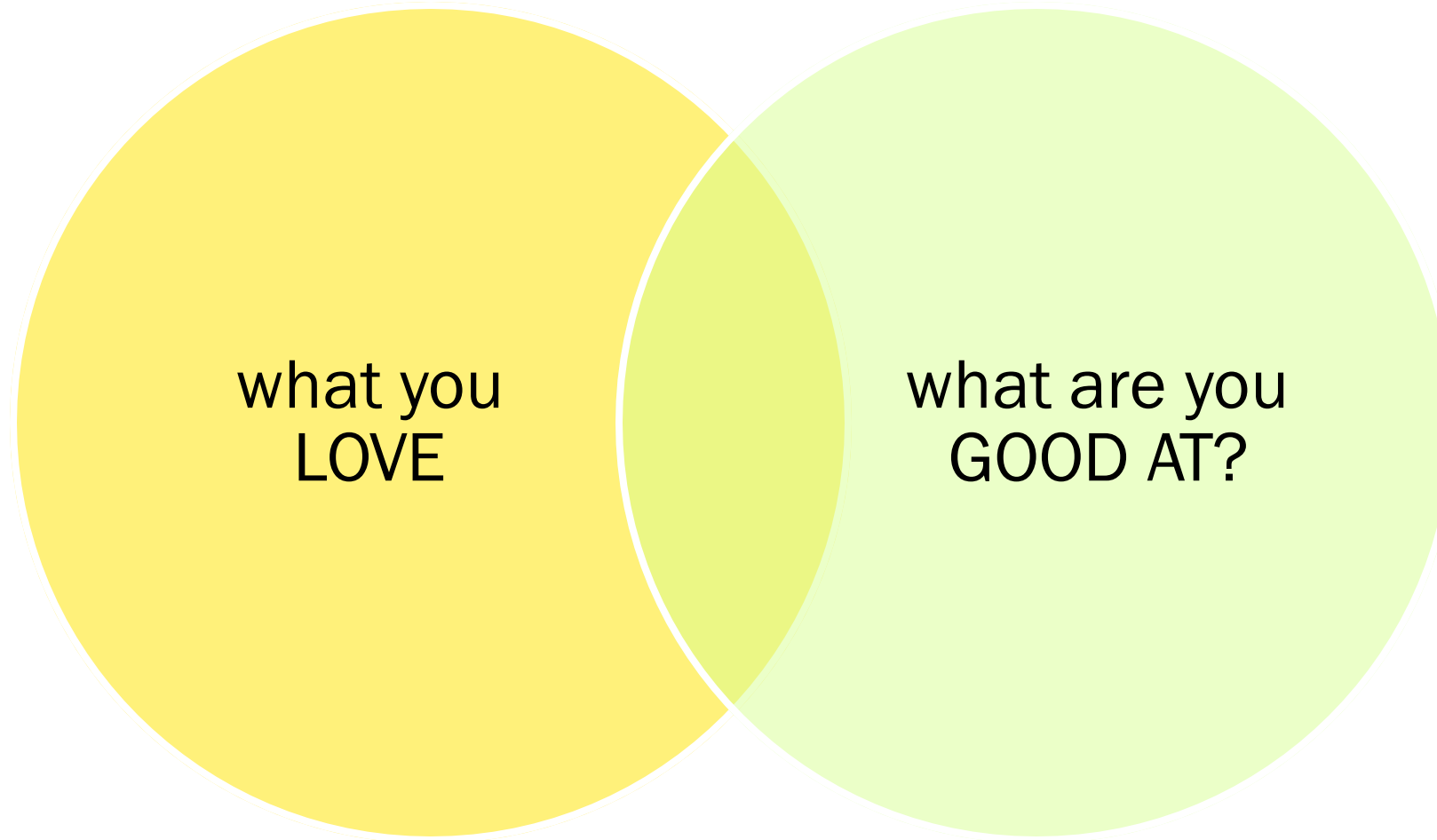


what you  
**LOVE**

## Step 2

what are you  
**GOOD AT?**

# Passion

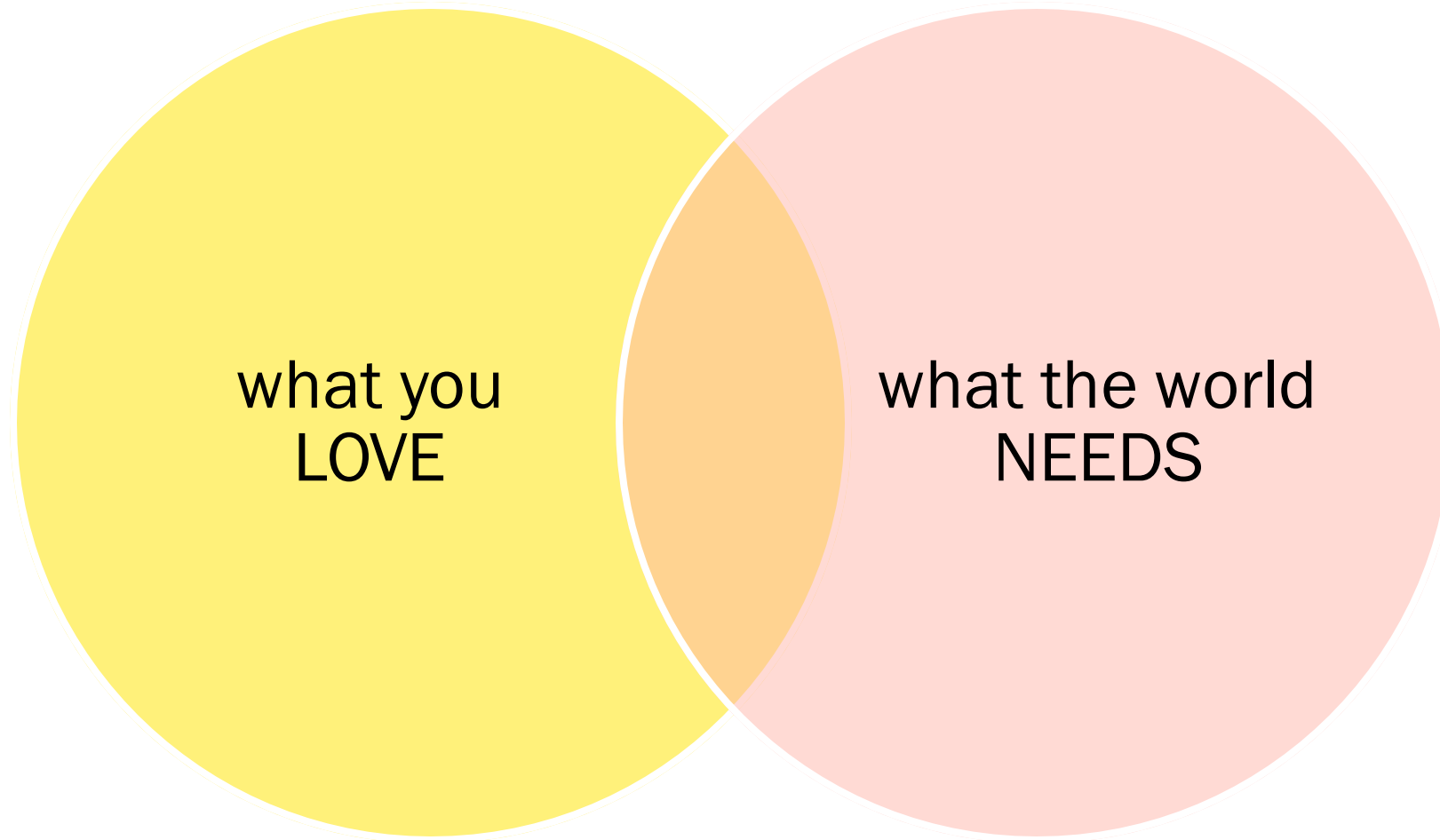


# Step 3



what the world  
**NEEDS**

# Mission



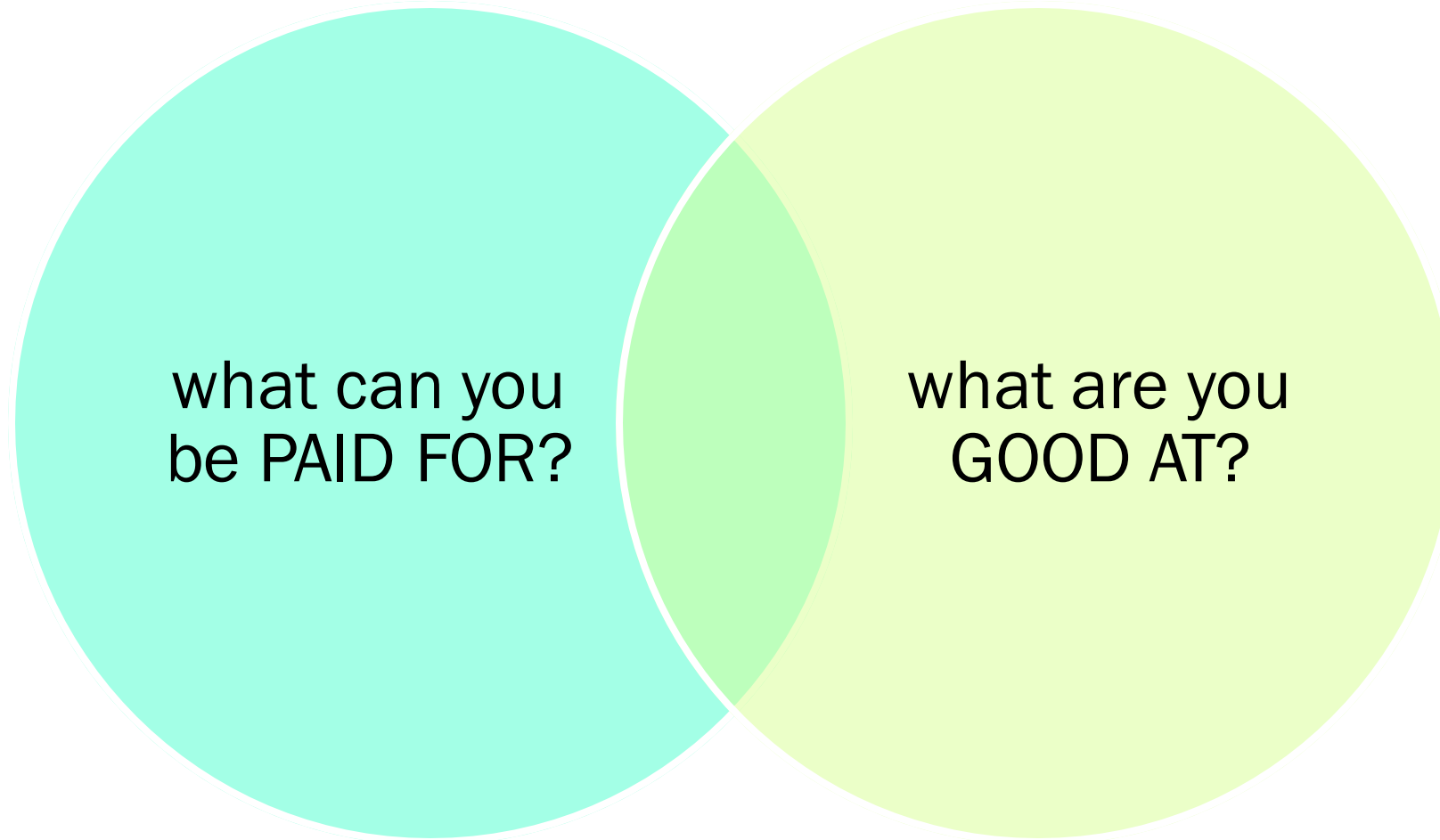
## Step 2



what can you  
be **PAID FOR?**

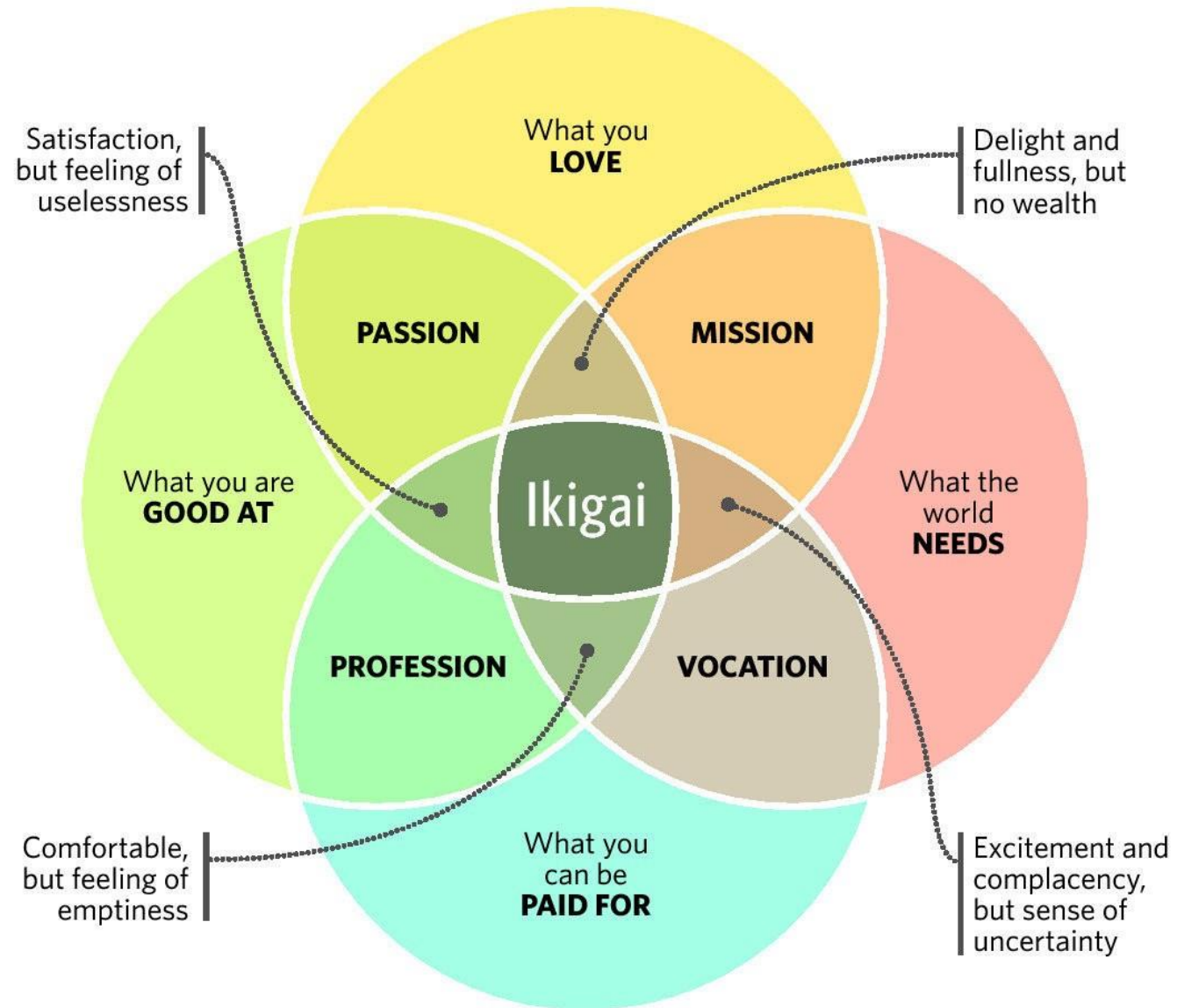


# Profession



# Ikigai

A JAPANESE CONCEPT MEANING "A REASON FOR BEING"



# OTHER RESOURCES



# National Resources

What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings and Educational Activities	Data Collection Systems	Specialties
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Home > What We Do > Initiatives > Physician Well-Being > Tools and Resources

## Tools and Resources

### ACGME Tools and Resources for Resident and Faculty Member Well-Being

The ACGME's Task Force on Physician Well-Being Tools and Resources Subcommittee created this compendium of materials and other references for residents and faculty members as a resource for well-being, wellness, and related tools. It is the Task Force's hope that these resources will support the elements in

 Section VI of the ACGME's Common Program Requirements. The requirements emphasize that *psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.*

If you are in crisis, please call the National Suicide Prevention Lifeline at **1.800.273.TALK (8255)**, or contact the Crisis Text Line by texting TALK to **741741**



### Identifying and Addressing Burnout

Tools and resources in this content area provide suggestions that may help in identifying and addressing burnout in residents, fellows, and faculty members. Information on program- and institution-level interventions to reduce burnout and increase engagement can also be found in the section on "Improving the Learning and Working Environment."

### Promoting Well-Being

Section VI of the ACGME's Common Program Requirements states, "*Self-care is an important component of professionalism, [and] a skill that must be learned and nurtured in the context of other aspects of residency training.*" These items may be useful as part of the process to assess and enhance physician physical, psychological, and emotional well-being.

### Assessing and Addressing Emotional and Psychological Distress/Depression/Suicide

This section is designed to provide select resources to help identify, assess, and assist individuals with emotional and/or psychological distress, and to provide education to reduce the stigma of seeking mental health care. Screening tools for depression and suicidal ideation should not be used for self-screening, but can be part of a comprehensive effort to link such tools to mental health resources at a local level. For example, the American Foundation for Suicide Prevention's Interactive Screening Program links individuals with a health care provider who screens results. It is also important to note that only a qualified health care professional can diagnose or treat depression or other forms of mental illness.

Section VI of the ACGME's Common Program Requirements mandates access to confidential, affordable mental health assessment, counseling, and treatment, including urgent and emergent care.

### Improving the Learning and Working Environment

The ACGME Common Program Requirements state, "*The creation of a learning and working environment with a culture of respect and accountability for physician well-being is crucial to physicians' ability to deliver the safest, best possible care to patients.*" Tools and resources in this content area offer guidance to programs and institutions on ways to enhance the focus on well-being in their unique learning and working environment.

### Coping with Tragedy

Tools and resources in this section are designed to assist individuals, as well as programs and communities, in coping with a tragedy or disaster. Resources focus on communication, crisis response, and mitigating the psychological and psychosocial consequences of the event.

### Other Institutional/Partner Sites and Resources

This selection of additional resources shared by leaders in health care may be useful for GME programs and institutions.

Academic Life in Emergency Medicine – Wellness Think Tank (*Collection of Resources*)

Academy of Communication in Healthcare – Communication Rx: Transforming Healthcare Through Relationship-Centered Communication (*Collection of Resources*)

ACGME –  CLER Pathways to Excellence Version 1.1 (*Collection of Resources*)

Alliance for Academic Internal Medicine – Collaborative for Healing and Renewal in Medicine (CHARM) (*Collection of Resources, Annotated Bibliography*)

Alliance of Independent Academic Medical Centers (AIAMC) – 2017 Annual Meeting focusing on resiliency and well-being

American Association of Colleges of Osteopathic Medicine (AACOM) – Mental Health Awareness in Osteopathic Medical Education

American College of Emergency Physicians – Wellness Wheel (*Categorization of Dimensions of Physician Wellness*)

American Hospital Association (AHA) – The Impact of Emotional Intelligence and Resiliency on Health Care Performance

American Hospital Association (AHA) – Forum Focus – Recognizing and Addressing Physician Stress and Burnout to Improve Satisfaction and Patient Care

American Osteopathic Association (AOA) – Watch: Medical students discuss mental illness

American Psychiatric Association Well-being and Burnout Resources (*Collection of Resources*)

Association of American Medical Colleges – Well-Being in Academic Medicine (*Collection of Resources*)

Brandeis University – C-Change Program (*Screening/Survey Instrument, Proprietary*)

National Academy of Medicine – Action Collaborative on Clinician Well-Being and Resilience (*Collection of Resources*)

National Collegiate Athletic Association – Mental Health (*Educational Resources, Research Related to Mental Health for Collegiate Athletes*)

The Schwartz Center – Schwartz Rounds (*Instructions for Creating a Physician Support Group, Process Description*)

University of Michigan – The Sen Lab (*Bibliography*)

University of Pennsylvania – Positive Psychology Center (*Collection of Resources*)

# National Resources



Wellness  
**THINK TANK**  
Emergency Medicine

Improving physician wellness and resiliency in Emergency Medicine, from the ground up

# National Resources



## Psychiatrists

### Education

### Practice

[Practice Management](#)

[Professional Interests](#)

[DSM](#)

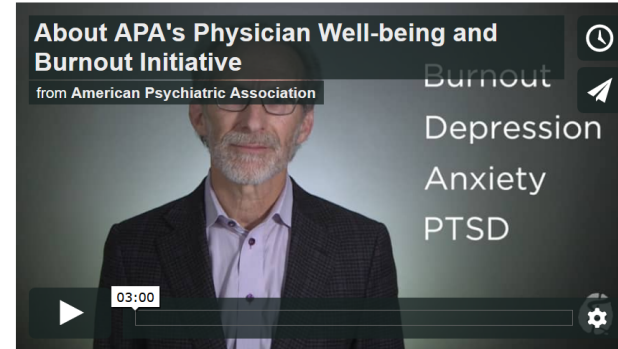
[Telepsychiatry](#)

[Risk Management](#)

[Clinical Practice Guidelines](#)

[Ethics](#)

## Well-being Resources



## Assess Yourself

[Start Your Assessment](#)

Welcome to the APA well-being self-assessment tool. We're glad you're visiting.

The buzzword these days is "burnout." It is not a DSM-5 category, nor a treatable illness, but it is reflective of the challenges and frustrations of the times. The APA is increasingly aware of how weary some of us are becoming and has asked experts working in wellness to create this resource for you.

The portal includes an assessment tool and resource listing to help you adapt and thrive in the current environment and think about what kinds of changes – in workplace culture and structure, or individual lifestyle – might be helpful for you.

### Well-being and Burnout

Take charge of your well-being.

[Assess Yourself](#)

[Well-being Resources](#)

[About APA's Efforts](#)

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[About APA's Efforts](#)

[Psychiatric News Series on](#)



Clinician Well-Being  
Knowledge Hub

[About](#)

[Causes](#)

[Effects](#)

[Solutions](#)

[Resource Center](#)

[Conceptual Model](#)

# Sharing Knowledge to Combat Clinician Burnout

Find articles, research studies, and other resources

[Search Resources](#)

