Helping Residents Identify and Overcome Burnout

Coaches Faculty Development, April 2015
Alyssa Bogetz, M.S.W.
Objectives

- Define burnout and recognize its distinguishing characteristics
- Identify the risk and protective factors for burnout
- Describe 3 strategies to address burnout and prevent its occurrence
- Apply 1 strategy to coaching
Questions for Self-Reflection

1. What do you find most meaningful about your work?
2. How do you achieve balance between your personal and professional lives?
3. What qualities or attributes do you value most? Do these values align with your work? If not, how could they?
What is Burnout?

- Prolonged response to chronic emotional and interpersonal stressors
- Maslach & Jackson (1981)
  - Maslach Burnout Inventory
- Psychological syndrome
  - Emotional exhaustion
  - Depersonalization
  - Decreased feelings of accomplishment
<table>
<thead>
<tr>
<th>Maslach Burnout Inventory</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>“I feel like I’m at the end of my rope.”</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>“I feel I treat some recipients as if they were impersonal objects.”</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>“I feel I’m positively influencing other people’s lives through my work.”</td>
</tr>
</tbody>
</table>
Burnout During Residency

- **27-76%** of residents meet criteria depending on specialty
  - Dyrbye et al, 2014: **60.3%** meet criteria
- **74%** of pediatrics residents
- Risk is greatest during first 3-6 months of PGY1
Burnout During Residency

<table>
<thead>
<tr>
<th>Stage of Training</th>
<th>% Burnout (High EE and DP)</th>
<th>% Burnout (High EE or DP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of Residency</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Mid-PGY1</td>
<td>24</td>
<td>46</td>
</tr>
<tr>
<td>End-PGY1</td>
<td>29</td>
<td>44</td>
</tr>
<tr>
<td>Mid-PGY2</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>End-PGY2</td>
<td>13</td>
<td>37</td>
</tr>
<tr>
<td>Mid-PGY3</td>
<td>14</td>
<td>42</td>
</tr>
</tbody>
</table>

Burnout Post Residency

- A “pervasive problem”
- 1 in 3 physicians currently experience symptoms of burnout
- Among all physicians:
  - 1 physician dies by suicide each day
  - Men = 1.41x more likely to die by suicide than general population
  - Women = 2.27x more likely to die by suicide

Effects of Burnout on Physicians

- Psychosomatic – insomnia
- Emotional - anxiety and depression
- Attitudinal - apathy, distrust, hostility
- Behavioral - isolation, aggressiveness, substance abuse, suicidal ideation/suicide

Thomas et al. 2004. JAMA
Effects of Burnout on Patient Care

- Patient-physician relationship
- Quality of care
- Referral practices
- Medical errors
- Adherence
- Patient satisfaction

Neumann et al, 2011, Academic Medicine
West et al, 2009, JAMA
Sen et al, 2010, Arch Gen Psychiatry
Burnout is a Pathologic Effect of Stress

• Burnout arises when **expectations** and **demands** exceed the **resources** available
  • Selfless
  • All-knowing
  • “Healthy” and problem-free

• Identification, prevention and intervention requires that we:
  • Address **internal** and **external** factors
  • Recognize the risk and protective factors
## Risk Factors

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Job Demands</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age</td>
<td>• Workload</td>
</tr>
<tr>
<td>• Gender</td>
<td>• Control over work</td>
</tr>
<tr>
<td>• Marital status</td>
<td>• Work setting (ICU, ED)</td>
</tr>
<tr>
<td>• Personality type</td>
<td>• Lack of feedback</td>
</tr>
<tr>
<td></td>
<td>• Debt</td>
</tr>
</tbody>
</table>

Dyrbye et al, 2014, Academic Medicine

Thomas, 2004, JAMA
## Protective Factors

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feedback on performance</td>
<td>• Deliberate self-care</td>
</tr>
<tr>
<td>• Autonomy</td>
<td>• Boundary setting</td>
</tr>
<tr>
<td>• Chances for professional development</td>
<td>• Coping techniques</td>
</tr>
<tr>
<td>• Support from supervisors, peers, family</td>
<td></td>
</tr>
</tbody>
</table>

How Coaches Can Help: 6 Strategies

Do you guys validate life decisions here?
How Coaches Can Help

1. Recognize that you are already a part of the solution!
Coping Reserve

Negative Input
- Stress
- Internal conflict
- Time and energy demands

Positive Input
- Psychosocial support
- Social/healthy activities
- Mentorship
- Intellectual stimulation

Coping Reserve
- Personality and temperament factors

Outcomes
- Burnout
- Resilience

Ann Ming
Caroline
Carrie L.
Carrie R.
David
Debbie
Hayley
Jen
Katie
Lucy

Dunn et al, 2008, Academic Psychiatry
How Coaches Can Help

1. Recognize that you are already a part of the solution!
2. Embrace self-care as a core competency

"You’ve got a rare condition called ‘good health’. Frankly, we’re not sure how to treat it."
How Coaches Can Help

1. Recognize that you are already a part of the solution!
2. Embrace self-care as a core competency
   - PROF4: Self-awareness of emotional limitations
   - PROF6: Capacity to accept ambiguity
   - ICS2: Insight and understanding human response to emotion that allows for management of interactions
How Coaches Can Help

1. Recognize that you are already a part of the solution!
2. Embrace self-care as a core competency
3. Complete a life review
   - Meaning
   - Balance
   - Value
How Coaches Can Help

1. Recognize that you are already a part of the solution!
2. Embrace self-care as a core competency
3. Complete a life review
4. Meet fundamental needs
   - Affiliation/Belonging
   - Affection/Nurturance
   - Self-efficacy

Stanford Medicine

Stanford Children’s Health
Lucile Packard Children’s Hospital Stanford
How Coaches Can Help

1. Recognize that you are already a part of the solution!
2. Embrace self-care as a core competency
3. Complete a life review
4. Meet fundamental needs
5. Meet personal needs
   - Up-regulating
   - Down-regulating
How Coaches Can Help

1. Recognize that you are already a part of the solution!
2. Embrace self-care as a core competency
3. Complete a life review
4. Meet fundamental needs
   • Up-regulating
   • Down-regulating
5. Meet personal needs
6. Expand “coping toolkit”
Expand “Coping Toolkit”
# Three Coping Orientations

<table>
<thead>
<tr>
<th>Type</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task-oriented</strong></td>
<td>• Problem-solving&lt;br&gt;• Prioritizing tasks&lt;br&gt;• Learning from mistakes&lt;br&gt;• Seeking emotional support&lt;br&gt;• Practicing acceptance (mindfulness)&lt;br&gt;• Cognitive restructuring</td>
</tr>
<tr>
<td><strong>Emotion-oriented</strong></td>
<td>• Self-blame/responsibility&lt;br&gt;• Preoccupation or rumination&lt;br&gt;• Denial&lt;br&gt;• Wishful thinking&lt;br&gt;• Acting out&lt;br&gt;• Displacement</td>
</tr>
<tr>
<td><strong>Avoidance-oriented</strong></td>
<td>• Daydreaming&lt;br&gt;• Watching TV&lt;br&gt;• Seeking company&lt;br&gt;• Being with others</td>
</tr>
</tbody>
</table>
# Three Coping Orientations

<table>
<thead>
<tr>
<th>Task-oriented</th>
<th>Emotion-oriented</th>
<th>Avoidance-oriented</th>
</tr>
</thead>
</table>
| • Problem-solving  
• Prioritizing tasks  
• Learning from mistakes  
• Seeking emotional support  
• Practicing acceptance (mindfulness)  
• Cognitive restructuring | • Self-blame/responsibility  
• Preoccupation or rumination  
• Denial  
• Wishful thinking  
• Acting out  
• Displacement | • Daydreaming  
• Watching TV  
• Seeking company  
• Being with others |
Task-Oriented Coping Strategies

- Cognitive restructuring
- Mindfulness
- Breathing Exercises
Cognitive Restructuring

1. Identify the mood triggering event
2. Describe what happened
3. Identify **automatic thoughts** and **cognitive distortions**
   - “I’m a horrible doctor”
   - “I fail at everything”
4. Look for evidence
5. Identify fair and balanced thoughts
   - “I may have messed up this one time, but I’ve done well other times”
6. Evaluate the resulting mood/affect
Mindfulness

• Paying attention, on purpose, in the present moment, **non-judgmentally**
• Focus on being, not doing
• Lowers reactivity to challenging experiences
• Changes relationship to emotions
  • “Is my awareness of my sadness sad?”
• Expands repertoire for experiencing oneself
  • “I am not my thoughts”
  • “I feel it but it’s not necessarily true”
  • Generosity and compassion

Kabat-Zinn, 2012
Mindfulness

• Krasner et al, JAMA, 2009
• 70 PCPs, 8 wk course (2.5 hrs/wk)
  – Didactics
  – Mindfulness meditation
  – Narrative and appreciative inquiry
• Pre/post test MBI, Jefferson Empathy Scale, Physician Belief Scale, Profile Mood States
• Significant reductions in burnout, fatigue, depression and anger
• Improvements in empathy
• Changes remained 12 and 15 mths post-intervention
Mindfulness

- Fortney et al, 2013, Annals Family Medicine
- 26 PCPs, 18 hour course
  - Mindfulness training (sitting, movement, compassion)
  - Practice 10-20 min/day
- Pre/post MBI, Depression Anxiety Stress Scale, Resilience Scale, Brief Compassion Scale
- Significant reduction in burnout, anxiety, stress, and depression
Breathing Exercises

• Key component of mindfulness training programs
• Easy, simple and powerful
  – Lowers physiological arousal
• Can be done anytime, anywhere
• Many different types (see handout)
When do we intervene?
When do we intervene?

<table>
<thead>
<tr>
<th>Lower Risk Behaviors</th>
<th>Higher Risk Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Abrupt with patients and/or colleagues</td>
<td>• Missing meetings/tardiness</td>
</tr>
<tr>
<td>• Irritable</td>
<td>• Labile mood/affect</td>
</tr>
<tr>
<td>• Poor eye contact</td>
<td>• Anger</td>
</tr>
<tr>
<td>• Hygiene changes</td>
<td>• Defensiveness</td>
</tr>
<tr>
<td></td>
<td>• Eating changes</td>
</tr>
<tr>
<td></td>
<td>• Attention deficits</td>
</tr>
<tr>
<td></td>
<td>• Relationship problems</td>
</tr>
<tr>
<td></td>
<td>• Substance use/abuse</td>
</tr>
<tr>
<td></td>
<td>• Suicidal comments</td>
</tr>
</tbody>
</table>

Stanford Children’s Health

Lucile Packard Children’s Hospital

Stanford
When do we intervene?

• Address **immediately** with residents exhibiting **higher risk** behaviors
• Be on alert with lower risk; discuss before it gets worse
• Discuss with resident first, ask for permission to pull in additional support (exception: self-harm)
• Encourage utilization of resources (see **purple** handout)
• Inform Becky and Carrie R.
• Seek support for yourself
Questions?
Objectives

• Define burnout and recognize its distinguishing characteristics
• Identify the risk and protective factors for burnout
• Describe 3 strategies to address burnout and prevent its occurrence
• Apply 1 strategy to coaching
Cognitive Restructuring

1. Identify the mood triggering event
2. Describe what happened
3. Identify automatic thoughts and cognitive distortions
   • “I’m a horrible doctor”
   • “I fail at everything”
4. Look for evidence
5. Identify fair and balanced thoughts
   • “I may have messed up this one time, but I’ve done well other times”
6. Evaluate the resulting mood/affect
Goal – Build Resilient Physicians

• Resilience is built through:
  • Task-oriented coping strategies (cognitive restructuring)
  • Emotional regulation
  • Strong support networks
    • Affiliation/Belonging
    • Affection/Nurturance
  • Engagement in non-destructive self-care activities
References


References


Ripp et al. The impact of duty hour restrictions on job burnout in internal medicine residents: A three institution comparison. Academic Medicine, 2015.


