Doctors in Distress: Burnout in Urology

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Introduction

- Practicing medicine is stressful
  - ✓ High level of responsibility / incomplete control
  - ✓ Around people in crisis – boundaries are hard
  - ✓ Things get stale – is this all there is?
  - ✓ Shifting organizational structure – who is the boss?
  - ✓ Shifting landscape – what will be in our profession?

Healthcare Reform

Consolidations

ACOs

Quality Metrics

Total Cost of Care

Onerous MOC

Population Health

Bundled Payments

Patient Satisfaction

Volume to Value

Consumerism

Knowledge Explosion

Biometric Data

1,500 Drugs

108,000 Medical Researchers

Genomics

Super Computing

Algorithms

5,600 Journals

79,000 Clinical Trials

Burdens of Practice

EHRs

Millions of Clicks

Administrative / clerical responsibilities

Alert Fatigue

165,000 Health Apps

Patient Messages

Email Overload

Inefficient practice environments

EHRs

Unlike many industries In which advances in technology have improved efficiency, EHRs have increased clerical burden for physicians and can distract from meaningful interactions with patients

1 hour

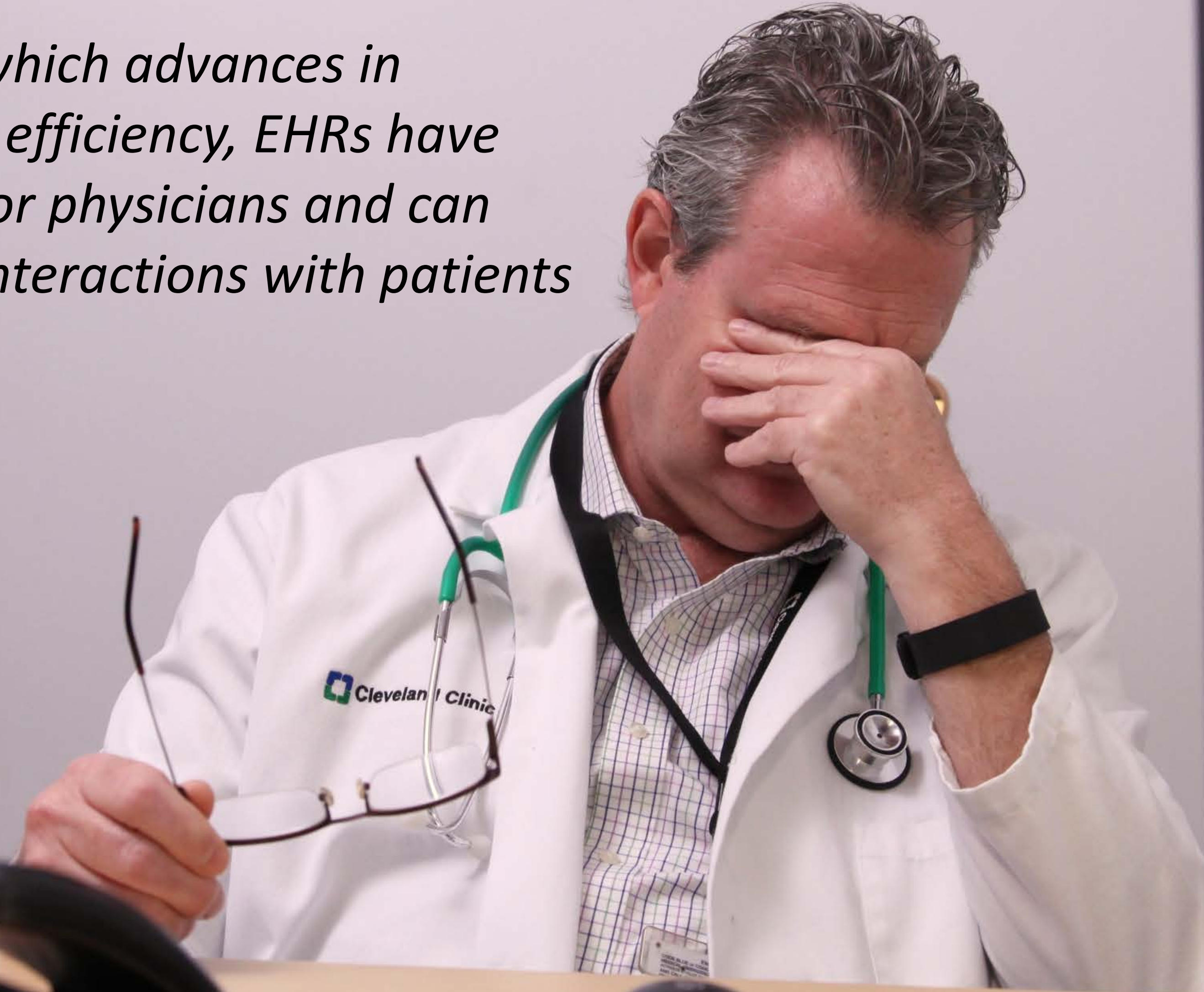
Clinical face-time

2 hours

EMR & administrative

2 hours

AFTER WORK



Burnout

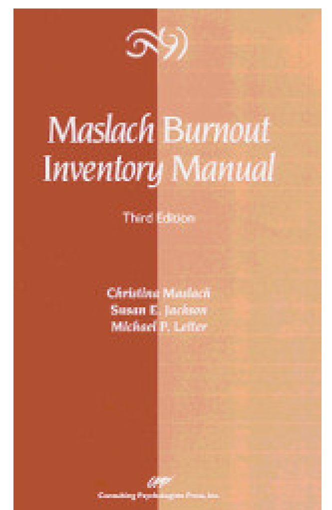
- **National, Complex** and **Systemic** issue
- First described in 1974
- Affects those with constant demands and intense interactions with high physical and/or emotional needs.
- Health care providers (MDs, RNs), teachers, police officers, social workers
- First large scale study in MDs in 2011 on 7288 physicians.
  - Lack of prior data makes difficult to give historical context
  - Appears to be rising

Shanafelt TD et al (2012)

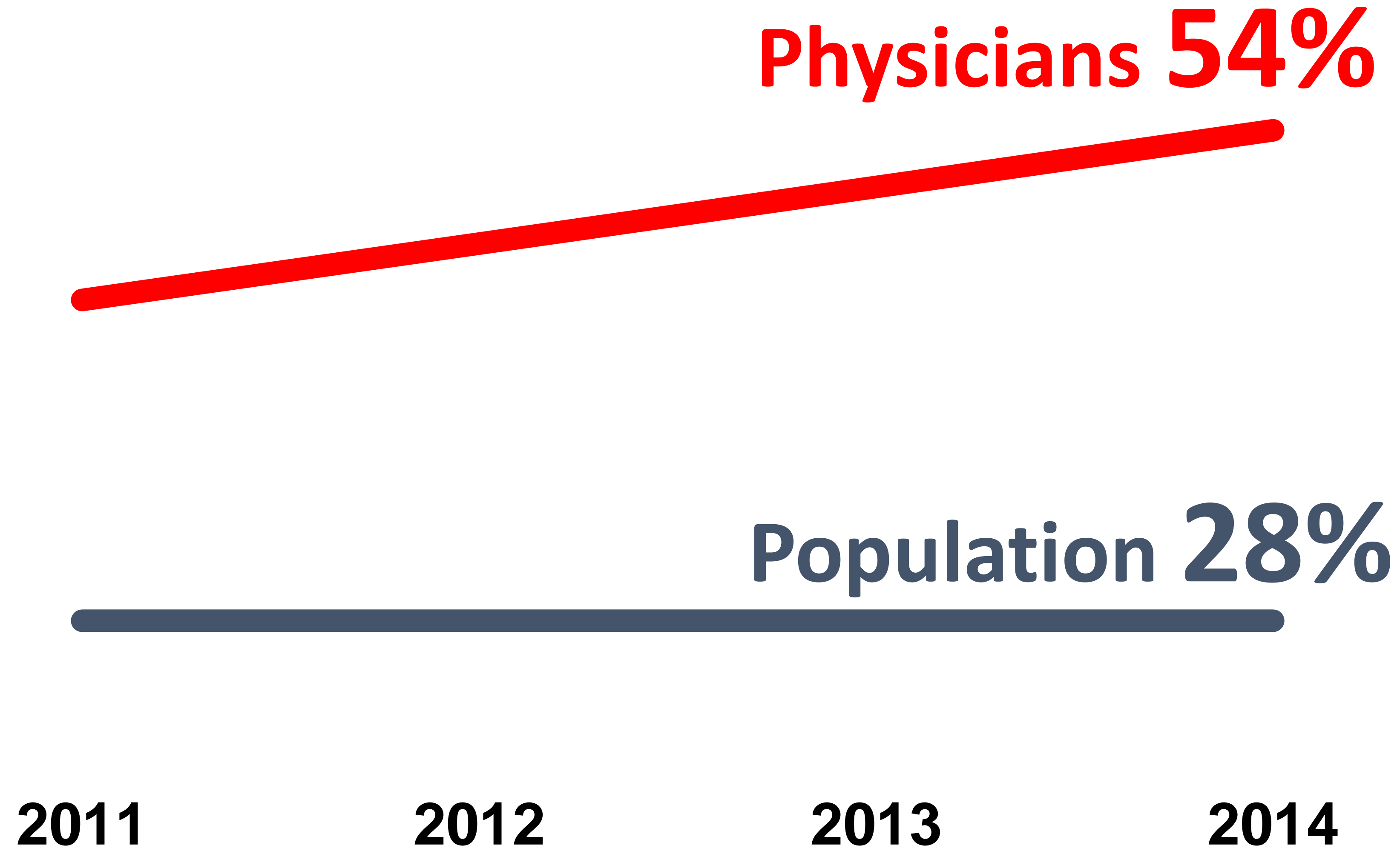
Burnout: What is it?

- Maslach Burnout Inventory – Burnout is a form of personal distress characterized by:
  - **Emotional exhaustion**
  - **Depersonalization** - treating others as objects rather than people
  - **Decreased sense of personal accomplishment**

- Other symptoms of burnout
  - physical exhaustion, poor judgment, cynicism, guilt, feelings of ineffectiveness.

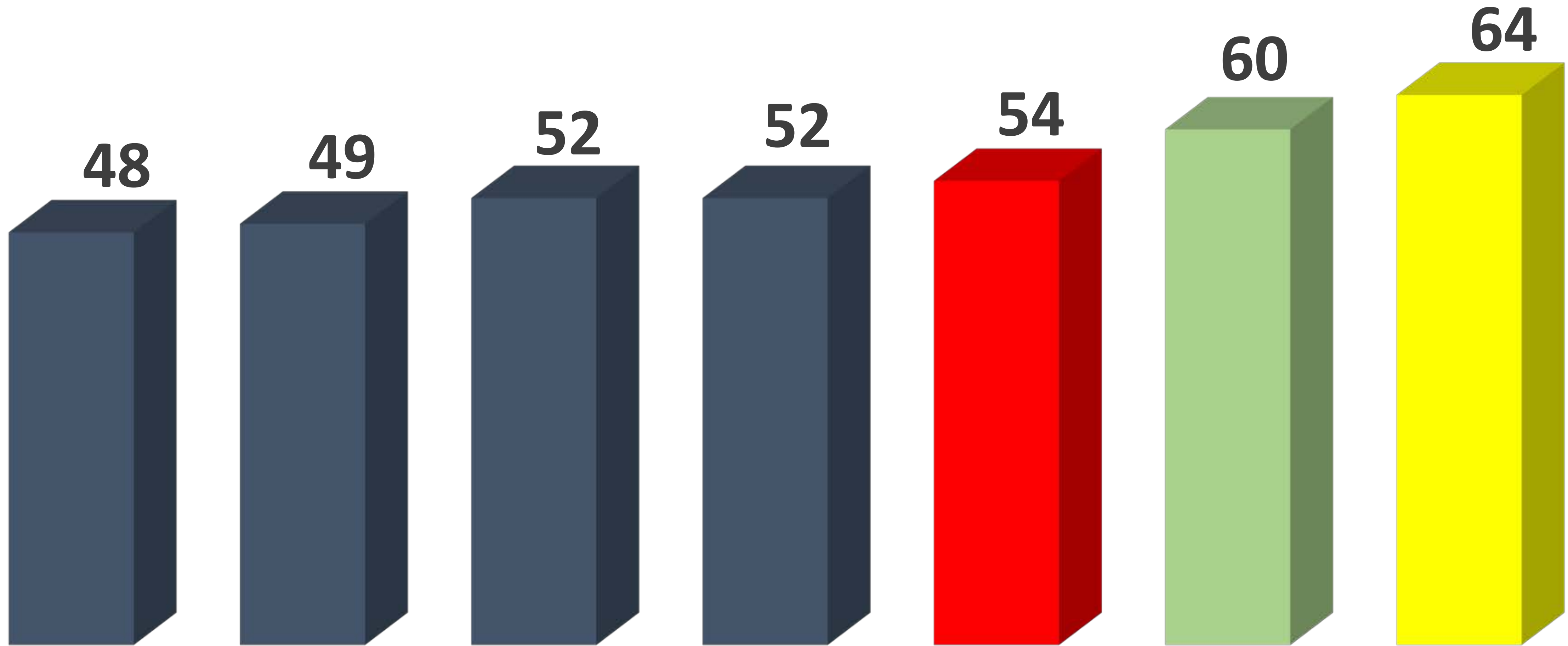


Burnout



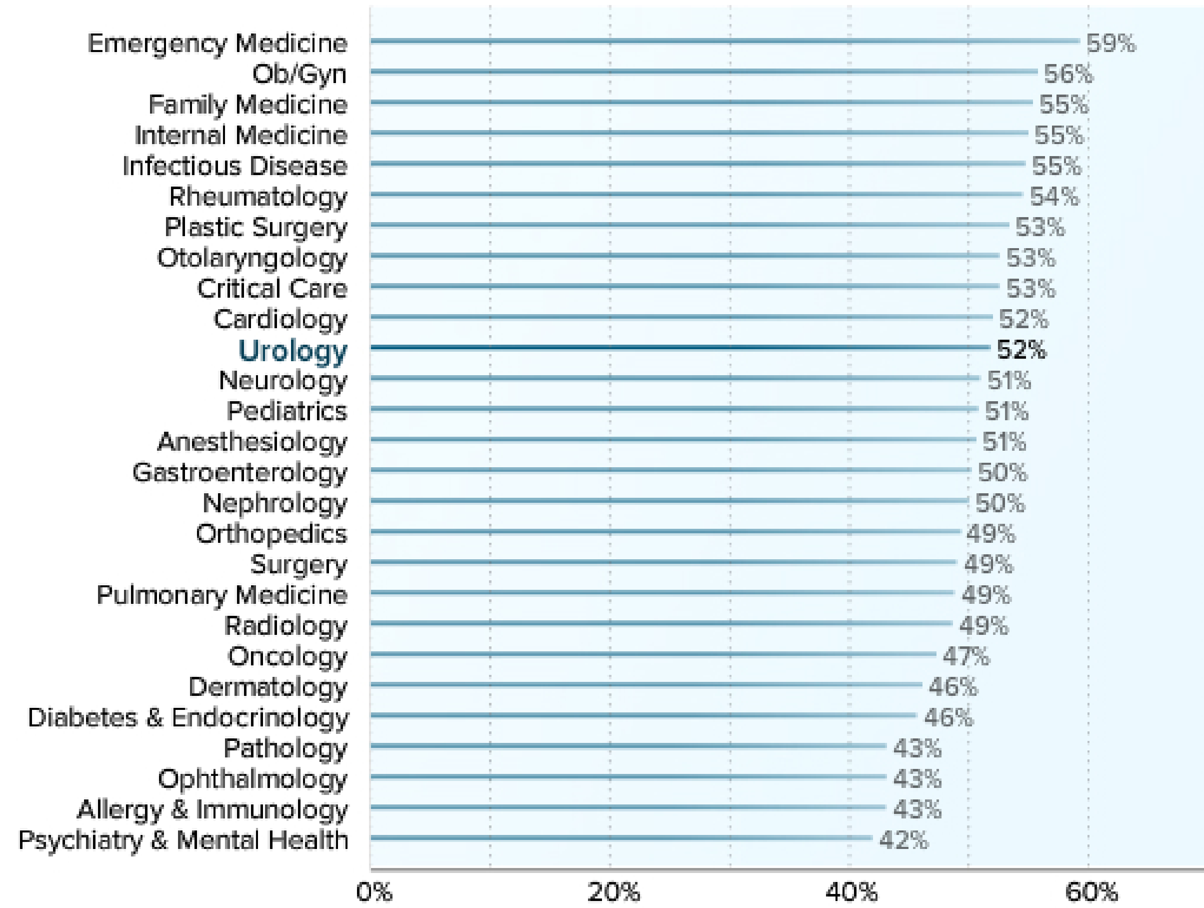
Shanafelt TD et al (2016)

Percent Burnout by Specialty



Shanafelt TD et al (2014)

Which Specialty Most Burned Out?



2017 Report

Burnout in Urology – AUA Census

How AUA Census Results Are Compared to Other Studies

	Mayo Study 2011 (Age 29-65)			Mayo Study 2014 (Age 29-65)			AUA 2016 (65 or Under)
	Population	Physicians	Urologists	Population	Physicians	Urologists	Urologists
Sample Size	3,442	6,179	136	5,392	5,313	119	1,102 Validated Samples to Represent 12,186 Practicing Urologists in the U.S.
Burnout Rate (2 Factors*)	28.8%	45.5%	41.2%	28.4%	54.4%	63.6%	40.4%

(Data source: AUA Department of Data Management and Statistical Analysis. Weighted samples from the 2016 AUA Annual Census)

* High score in either the emotional exhaustion (score≥27) or depersonalization (score≥10) categories

Burnout Rates by Primary Practice Setting

Practice Setting	Burnout rate	Lower bound	Upper bound
Total	36.2%	32.9%	39.4%
Solo	36.6%	26.6%	46.5%
Single Urology Group	39.8%	34.1%	45.4%
Multi-specialty Group	48.9%	40.6%	57.1%
Academic Centers	29.5%	23.6%	35.3%
Others	29.7%	22.1%	37.3%

Percent (y-axis: 0%–60%); Practice Setting (x-axis)

(Data source: AUA Department of Data Management and Statistical Analysis. Weighted samples from the 2016 AUA Annual Census)

Burnout Rates by Age

Percent

50%
40%
30%
20%
10%
0%

39.4%
36.2%
32.9%

43.5%
37.9%
32.2%

49.3%
43.4%
37.5%

46.2%
40.6%
34.9%

43.7%
40.4%
37.0%

31.4%
24.0%
16.5%

Total
< 45
45-54
55-65
≤ 65
>65

Age

(Data source: AUA Department of Data Management and Statistical Analysis. Weighted samples from the 2016 AUA Annual Census)

Job Satisfaction - Age

Sukhu (2017)

U-Curve of Happiness

7.2
7
6.8
6.4
6

Level

18 30 40 50 60 70 80

Age

Causes of Burnout

- **Traits** that define a good surgeon heighten risk for burnout: idealist, perfectionist, tendency for work immersion
- And **environmental stressors**: lack of autonomy, personal/professional imbalance, excessive administrative tasks, high patient volume

The “Surgical” Personality

- **Job description**:
  - ➢Skiing, sailing, living in a lake house 15 minutes from work – a **good life** and a **good living,** with the **time** to enjoy it all!

The “Surgical” Personality

- **Job description**:
    - Work long hours!
    - Deal with life-and-death situations!
    - Make personal sacrifices for career!

- Such an **environment** attracts individuals of a particular character
- Self-perpetuating **culture**:
    - coming in early and staying late; working nights and weekends
    - performing high volumes of procedures
    - meeting multiple simultaneous deadlines
    - never complaining
    - keeping emotions or personal problems from “interfering”

The Dilemma

- A fine line separates dedication from overwork
  - Overwork is counterproductive, unhealthy, even destructive for self and family
  - Overwork **may affect patient care**

Causes of Burnout

- We learn poor coping habits: long hours and lack of control during training may result in **habits** that are **counterproductive** to achieving a balanced and full life after training.
- A strategy that puts personal life on hold during training fosters a habit of **delayed gratification** that some perpetuate in practice.
- Many physicians decide they **cannot** have a fulfilling personal and professional life, so they put their **personal life on hold** until retirement.

Causes of Burnout

Work Hours?

- Most urologists/surgeons > 60 hours per week (AUA Census = 57)
- The average US workweek = 34 hours (US Bureau of Labor)
- Hours worked – varying impact as predictor of burnout
  - No control group – difficult to truly evaluate the relationship between work hours and burnout.
  - Independent predictor in survey of AUA members

Provider Characteristic	Bivariate Analysis p-value	Multivariate Analysis p-value
Gender	0.6361	0.3772
Annual salary	***0.0469***	***0.0385***
Hours worked per week	0.1113	***0.0602***
Call days per month	***0.0062***	0.3360
Fellowship	***0.0062***	0.4011
Employment type (Ref=Self-empl)		
- Academic	***0.0020***	***0.0108***
- Employed	0.3954	0.3366
Practice location (Ref=Urban)		
- Suburban	0.3792	0.3885
- Rural	0.2510	0.8629
Use of APP	***0.0257***	0.1084

Pruthi (2016)

Burnout Rates by Number of Work Hours/Week

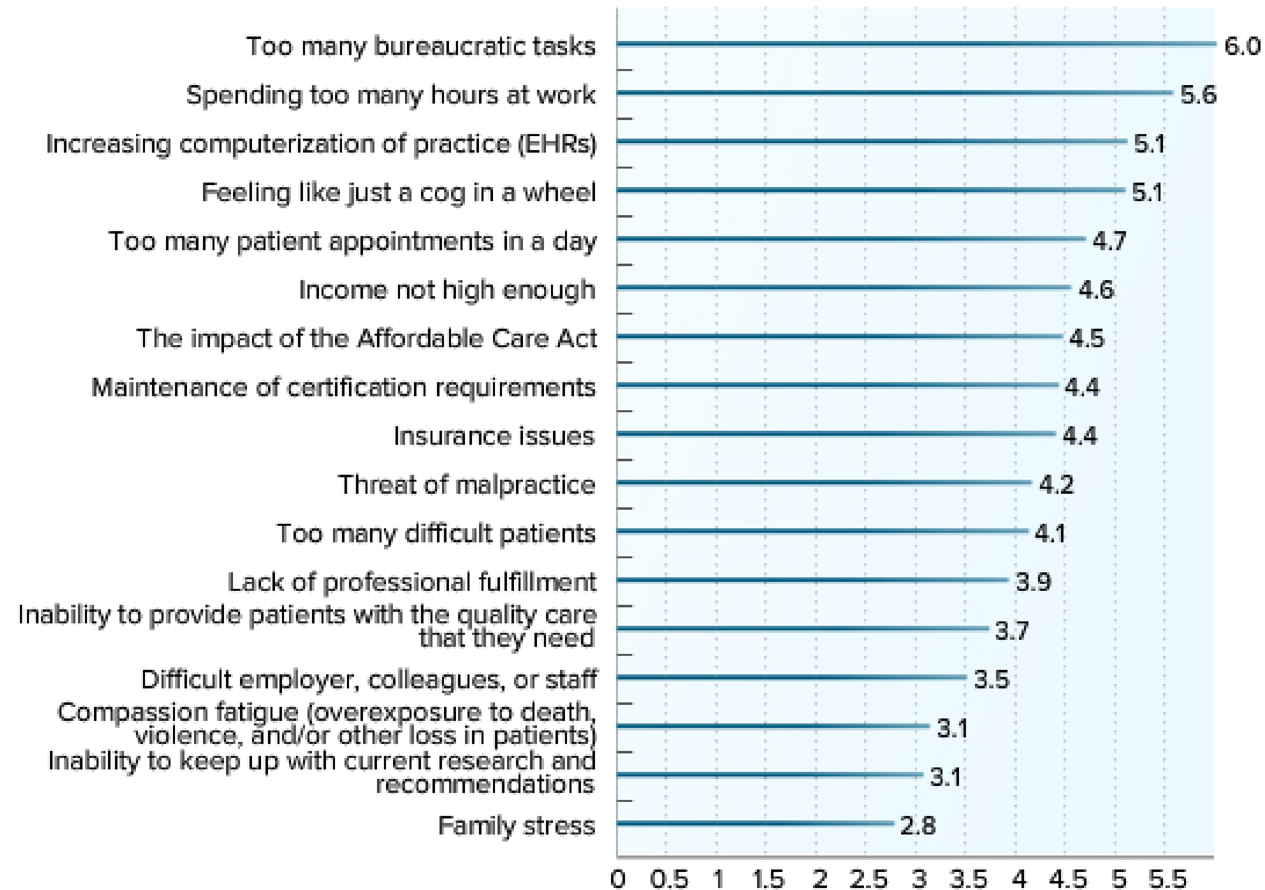
Percent

Number of Work Hours per Week	Total	≤ 40	41-50	51-60	> 60
Upper	39.4%	35.3%	37.7%	49.2%	43.6%
Rate	36.2%	27.6%	30.3%	43.6%	38.3%
Lower	32.9%	19.8%	22.9%	37.9%	33.0%

50%
40%
30%
20%
10%
0%

(Data source: AUA Department of Data Management and Statistical Analysis. Weighted samples from the 2016 AUA Annual Census)

Causes of Burnout?



2017 Report

Consequences of Surgeon Burnout

- Physicians
- Patients
- Organizations / Systems

Consequence of Surgeon Burnout

For physicians…

- Burnout can affect **work satisfaction**
- Burnout can spill into personal life and contribute to **broken relationships, substance abuse**, other distress.
- Burnout is associated with **poor health**, including headaches, sleep disturbances, hypertension, anxiety, alcoholism, and myocardial infarction, depression, suicide.

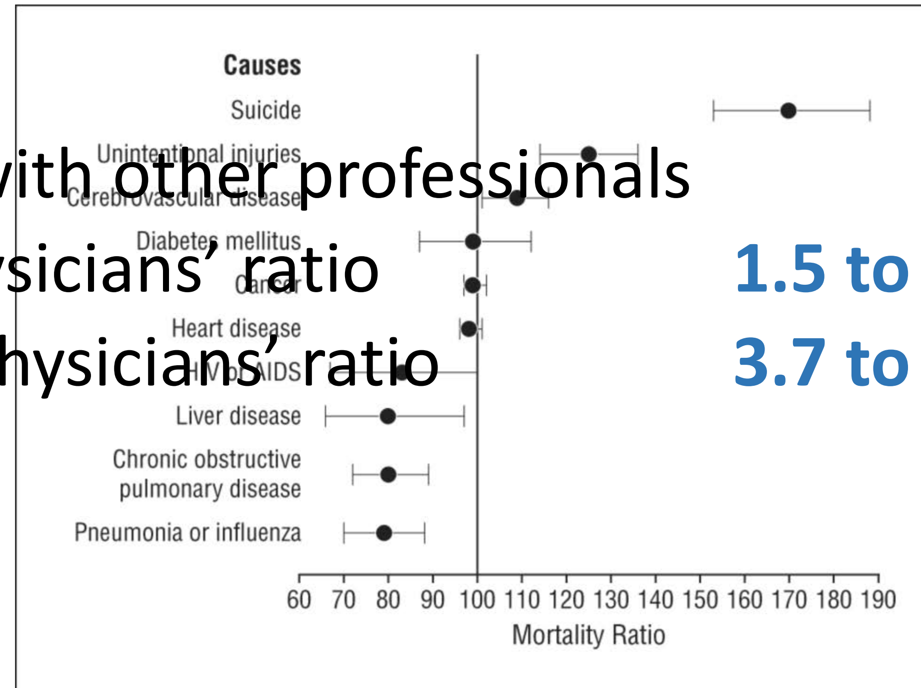
Depression and Suicidal Ideation

- Academic / basic science faculty survey (N=2000)
  - 20% had significant depressive symptoms
  - higher levels in younger faculty
- ACS study (N=7905)
  - 38% had depression symptoms
  - 1 in 16 (6%) reported suicidal ideation in prior 12 months
  - Only 26% of these sought help
  - Correlation with burnout domains (emotional exhaustion, depersonalization, low personal accomplishment) & depression

Schindler (2006)
Shanafelt (2011)

Depression and Suicidal Ideation

- Among surgeons, **suicide** is a **disproportionately high** cause of mortality



- Compared with other professionals
  - **male** physicians' ratio **1.5 to 3.8**-fold higher
  - **female** physicians' ratio **3.7 to 4.5**-fold higher

Arch Surg. 2009;144(4):371-376. doi:10.1001/archsurg.2008.575

Depression and Suicidal Ideation

- Medical culture puts **low priority on physician mental health** despite the evidence of untreated mood disorders
- Depression is **often unrecognized or untreated** until one's personal distress compromises patient care.
- Physicians seeking help may suffer **discrimination** in medical licensing, hospital privileges, or professional advancement.
- These regulatory and workplace **barriers dissuade many** from seeking help.

Consequence of Surgeon Burnout

For patients…

- Burnout can affect **quality of care**
- Burnout can contribute to **medical errors**
- Dose-response relationship between burnout and measures of suboptimal patient care
- ACS Board of Governors Survey (N=7905)
  - **8.9%** reported a major medical error in last 3 months
  - Burnout and depression associated with major medical error.
  - (Frequency of call, practice setting, compensation, hours worked did *not*.)

Consequence of Surgeon Burnout

For organizations…

- Dissatisfied workers - **less productive**, more likely to change practice or early retirement (> $1M per MD; 3-6% operating budget at AHC)- $$$
- Medical errors/patient dissatisfaction increase **malpractice litigation** - $$$
- *Cost of burnout should be of interest to physician leaders and practice administrators*

How to Address Burnout?

- **Individual**
- **Organizational**
- **National problem (crisis)**

- ***Solutions need to be multi-pronged at many levels***

National / State Level

- Alleviate current **burdens of documentation**
  - Billing, quality, and justification/authorization
  - Reduced and streamlined
- Clarification and use of **non-physicians** for such tasks
- Future **regulations** on documentation, EHR, workflow needs to include **physician stakeholders**
- NIH support of **research** evaluating the implications of clinician well-being and determining how to **improve the work-life** of health care professionals.

Others

- Insurers
  - Limitations on unnecessary requirements and justifications
  - **Simplification** of billing and coding
  - More efficient pre-approval processes
- ABMS and Licensing Boards
  - **Simplification of MOC** requirements – integrated with CME and clinical practice/EHR
  - **State licensing disclosure** of mental health conditions – may prevent MDs from seeking help

Healthcare Systems

- Routine assessment of engagement and well-being
- **Institutional performance metrics** should include well-being (along with costs, operating income, payer mix, volumes, RVUs, quality, patient satisfaction, etc)
- **Allocate resources** to those areas / units that are in need

THE LANCET

Physician wellness: a missing quality indicator

Jean E Wallace, Jane B Lemaire, William A Ghali

When physicians are unwell, the performance of health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to health-care systems. We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

Adoption of the Quadruple Aim

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD[1]

Christine Sinsky, MD[2,3]

[1]Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California

[2]Medical Associates Clinic and Health Plan, Dubuque, Iowa

[3]American Medical Association, Chicago, Illinois

ABSTRACT

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.

The Missing Aim

Healthcare Systems

- Avoid cost-cutting measures that reduce MD support (documentation, clinical)
- Employ **new practice models** that maximize MD efficiency and efficacy
- Reduce clinical and non-clinical **burdens** (e.g. scribes, APPs, team-based care)

HEALTH & MEDICINE JANUARY 1, 2016 3:30 PM

Medical scribes help relieve doctors' digital record keeping

Provider Satisfaction Scores

Mean Satisfaction Score

6.00
5.00
4.00
3.00
2.00
1.00
0.00

1 2 3 4 5 6 7 Note Time

Survey Questions

- Pre-Scribe
- 4 Weeks Post-Scribe
- 3 Months Post-Sribe

1. My patients seemed satisfied with the time I spent with them as part of each encounter.
2. I was able to spend time with my patients without feeling rushed.
3. Overall, I was able to complete each patient encounter and note in a satisfactorily timely manner.
4. Overall, my personal effort/workload was satisfactory.
5. I was able to provide appropriate documentation/coding for each patient encounter.
6. The number of patient encounters today was manageable.
7. I left clinic feeling satisfied with my work.

- Note time (4 = <15 mins; 3=15-30 min; 2=30-60min; 1=>60 min)

1=strongly disagree; 2= disagree; 3=neutral; 4=agree; 5= strongly agree

Healthcare Systems

- Embrace **process improvement** techniques (Lean, Six Sigma, etc) to improve workflow and efficiency for MDs (not just increasing productivity)
- Allocate **dedicated time** for admin work, CME, MOC, education, research
- Role of supervisors
  - Need for **participatory** management
  - Listen and facilitate improvements in work units (“gemba”)
  - Actively recognize and support MD accomplishments and development
  - **Physician leaders** in operational decisions

Luke 4:23

Stigma

What stops us from healing the healers?

Doctors perceive that many of their colleagues hold stigmatizing views about depression and mental health

Stigma reduces help-seeking behavior

Stigma as Defined by Physicians

• Letting colleagues down	73%
• Confidentiality	53%
• Letting patients down	52 %
• Career progression	16%

Adams et al, 2013

Achieving Wellness

- Recovery from burnout is possible, but **prevention** is better
- Physicians who nurture **personal & professional well-being** on all levels (physical, emotional, psychological) are more likely to limit burnout

- Promotion of wellness is necessary from medical school to retirement
- This is a task for physicians and organizations
- *This is a task for academic faculty*

PRACTICE MANAGEMENT

7 steps to prevent burnout in your practice

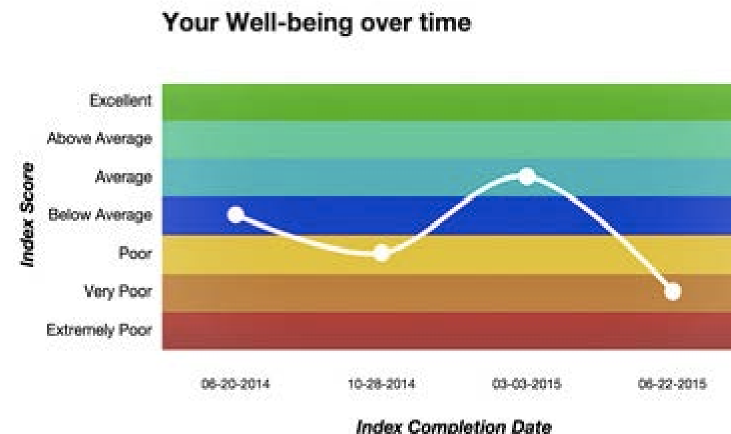
AUG 11, 2015

1. Establish wellness as a quality indicator for your practice
2. Start a wellness committee and/or choose a wellness champion
3. Distribute an annual wellness survey
4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
5. Initiate selected interventions
6. Repeat survey within the year to re-evaluate wellness
7. Seek answers within the data, refine the interventions, and continue to make improvements

Well-Being Index Tracking Tool

- For individual and organizational assessment Mayo-designed online well-being self-assessment indexes
- 100% anonymous
- Brief Web-based tool evaluating multiple dimensions of distress:
  - Fatigue, depression, burnout, anxiety/stress, mental/physical quality of life
  - Personalized feedback
  - Metrics for leadership

- Extensively studied and validated



Interventions

Career Fit and Burnout Among Academic Faculty

FREE

Tait D. Shanafelt, MD; Colin P. West, MD, PhD; Jeff A. Sloan, PhD; Paul J. Novotny, MS; Greg A. Poland, MD; Ron Menaker, EdD; Teresa A. Rummans, MD; Lotte N. Dyrbye, MD

Arch Intern Med. 2009;169(10):990-995. doi:10.1001/archinternmed.2009.70.

- Spending <20% effort in most meaningful activity strongly associated with burnout (53.8% vs 29.9%; $p<0.001$)
- No correlation above 20%

- *Conclusions: The extent to which faculty are able to focus on the aspect of work that is most meaningful to them has a strong inverse relationship to their risk of burnout. Efforts to optimize career fit may promote physician satisfaction and help reduce attrition among academic faculty physicians*

What is your 20%?

Achieving Wellness Outside of Work

- Strategies may include:
  - participating in educational activities outside of work
  - paying attention to important personal relationships & spirituality
  - cultivating personal interests outside work
  - creating a balance between personal and professional life

Interventions

Physician Burnout: Coaching a Way Out

Gail Gazelle, MD, Jane M. Liebschutz, MD, MPH, and

Helen Riess, MD

Physician Burnout: Coaching a Way Out

J Gen Intern Med. 2015 Apr; 30(4): 508–513.

Coaching Addresses Burnout

- Coaching provides a results-oriented and stigma-free method to address burnout
  - Increases one's internal locus of control
  - Enhances self-awareness & draws on individual strengths
  - Questions self-defeating thoughts and beliefs
  - Examines new perspectives
  - Aligns personal values with professional duties

- ***GOAL: To increase sense of accomplishment, purpose, and engagement***

Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism

A Randomized Clinical Trial

Colin P. West, MD, PhD[1,2]; Liselotte N. Dyrbye, MD, MHPE[3]; Jeff T. Rabatin, MD, MSc[4]; Tim G. Call, MD[5]; John H. Davidson, MD[1]; Adamarie Multari, MD[6]; Susan A. Romanski, MD[1]; Joan M. Henriksen Hellyer, RN, PhD[7]; Jeff A. Sloan, PhD[2]; Tait D. Shanafelt, MD[5]

JAMA Intern Med. 2014;174(4):527-533. doi:10.1001/jamainternmed.2013.14387.

Conclusions: An intervention for physicians based on a facilitated small-group curriculum improved meaning and engagement in work and reduced depersonalization with sustained results at 12 months.

Achieving Wellness - Conclusions

Personal

- Acceptance
  - Be well for self and others
- Habits
  - Personal renewal
  - Emotional self-awareness
  - Connection with colleagues and support systems
- Culture change
  - Set an example of good health
  - Mentor learners in wellness

Organizational

- Awareness
  - Programs on wellness
- Recovery
  - Programs to support those with burnout or depression
- Prevention
  - Avoid systems that pit employees against one another
  - Ensure systems are fair to leave no one at risk