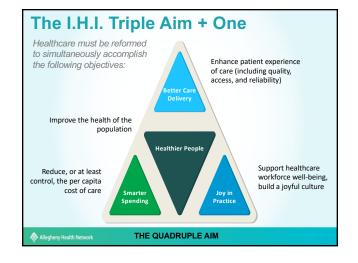
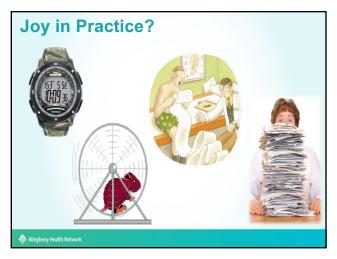
## Clinician Wellness 2020 Clinical Update in Geriatric Medicine March 5, 2020 Thomas P. Campbell, MD, MPH Chairman Emergency Medicine and Chief Wellness Officer Allegheny Health Network

## **Today's Goal:**

- Is there a problem? Is Burnout a new and real problem?
- What does Burnout mean?
- Is there any good research?
- Contributors to Burnout?
- Consequences of Burnout
- How to address Burnout personally, in work areas and professionally
- No conflict of interest to report

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## **BURNOUT: Much Attention in Healthcare Recently**

Medical Economics - Six ways healthcare leaders can reduce burnout (November 5,

Managed Healthcare Executive – How Health Execs Can Take Charge of Provider Burnout (October 27, 2019)

Health Leaders – National Academy of Medicine Tackles Healthcare Worker Burnout 'Crisis' (October 25, 2019)

out prevalent in healthcare community, consensus report Healthcare Finance – B confirms (October 25, 2019)

Becker's Hospital Review – Half of nurses, physicians are burned out, study finds

Business Insider – Half of all US nurses and doctors are burned out — and they say the healthcare system is to blame (October 24, 2019)

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Health Data Management – Health IT improvements needed to reduce clinician burnout (October 24, 2019)

WUWM – Medical Personnel Burnout Could Mean Problems For Patients,

Wisconsin Researcher Finds (October 24, 2019)

Fierce Healthcare – The National Academy of Medicine says healthcare must make

transformative changes to address burnout (October 24, 2019)

JAMA – Improving the System to Support Clinician Well-being and Provide Better

Patient Care (October 23, 2019)

Johns Hopkins Nursing – Q&A with Cynda Rushton, committee member of the National Academy of Medicine Study on Clinician Burnout (October 23, 2019)

Medpage Today - Doc Burnout: A Complex, but Solvable, Problem (October 23,

Medscape - NAM Panel Lays Out 6-Point Plan for Reducing Clinician Burnout (October 23, 2019)

Washington Post – Health-care system causing rampant burnout among doctors, nurses (October 23, 2019)

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"Burnout comes from loss of connection to our patients, to ourselves, and to those we love. Too often in health care today we focus on tasks - on doing the appropriate tests and making the right diagnosis, when what our patients want and what we truly crave is to feel connected."

(She Knows You Are Coming, Jay Kaplan)

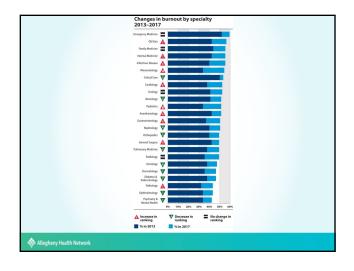
## **What is Clinician Burnout?**

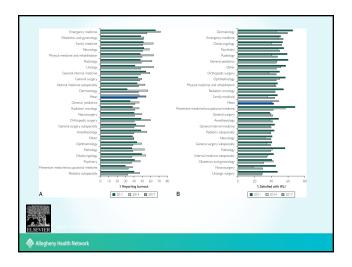
- The World Health Organization defines burnout as a problem associated chronic workplace stress; it is not an individual mental health diagnosis, nor the same as depression
- Burnout: emotional exhaustion, depersonalization, and low sense of professional efficacy
- A chronic **imbalance** of high **job demands** and inadequate job resources can lead to burnout

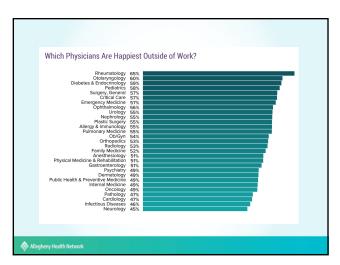
Sources: Maslach, C., W. 8. Schaufeli, and M. P. Leiter, 2001. Job Burnout. Annu Rev Psychol. 52: 397- 422; World Health Organization 2019. QDBS: Burn-out. https://di.whb.int/icd/enthv/170180781

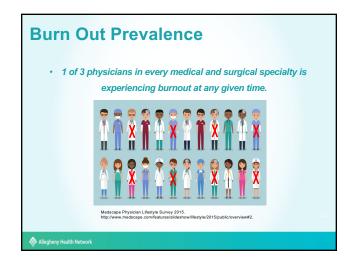
## **3 Cardinal Symptoms of Burn-out**

- Exhaustion Your physical and emotional energy levels are extremely low & in a downward spiral.
- Depersonalization Cynicism, sarcasm, and the need to vent about your patients or your job.
   "Compassion Fatigue" - no longer emotionally available for your patients.
- Lack of efficacy Doubt the meaning and quality of your work.

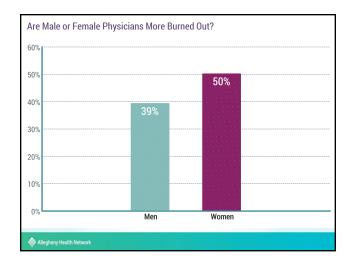


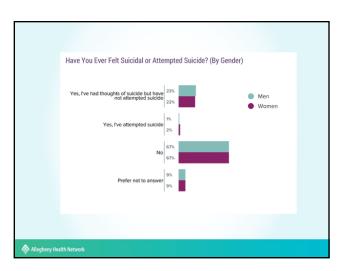


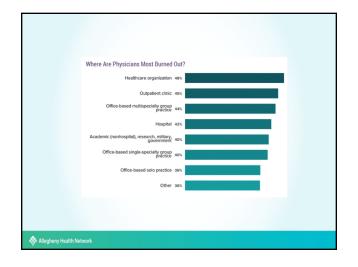


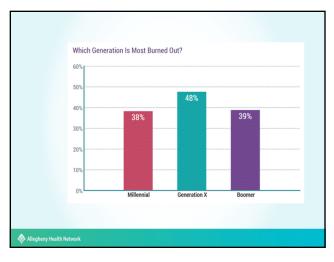


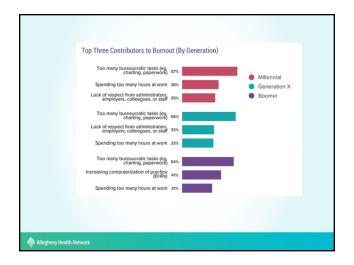


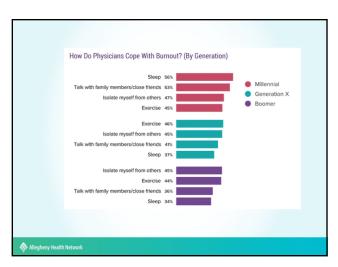


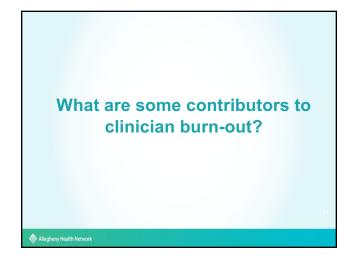


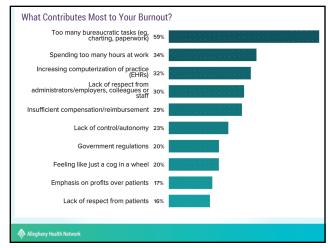


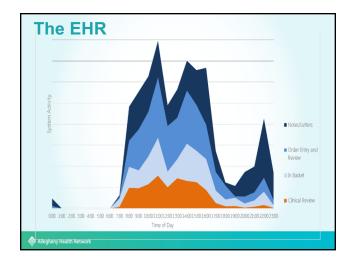






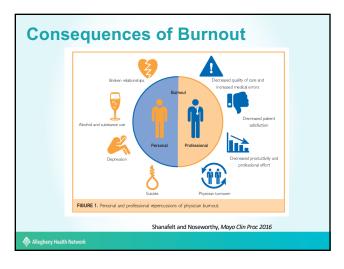






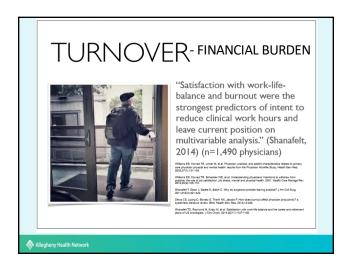


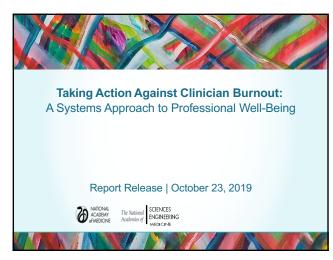


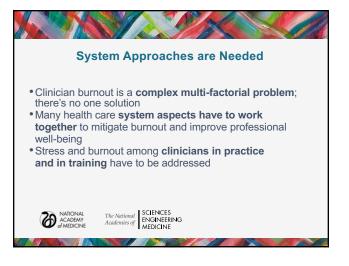


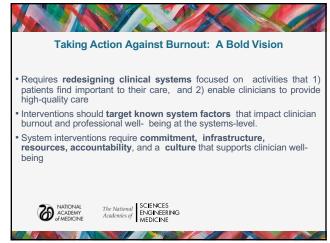










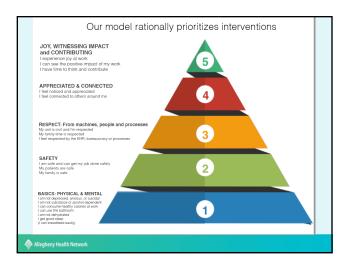


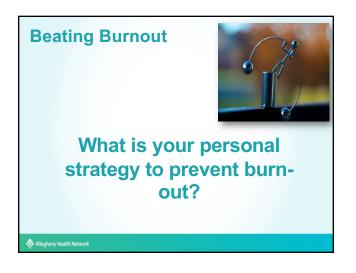
# Six Goals to Reduce Burnout and Foster Professional Well-Being Goal 1: Create Positive Work Environments Goal 2: Create Positive Learning Environments Goal 3: Reduce Administrative Burden Goal 4: Enable Technology Solutions Goal 5: Provide support to Clinicians & Learners Goal 6: Invest in Research

"It seems like the never-ending paperwork, the hours, the stress, the expected perfectionism, and superhero-like outlook people have of [clinicians] is not changing for the better."

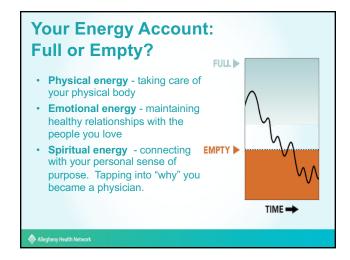
(Bridging the Gap, Zohal Ghulam-Jelani)













## **Create a Work-Life Boundary Ritual**

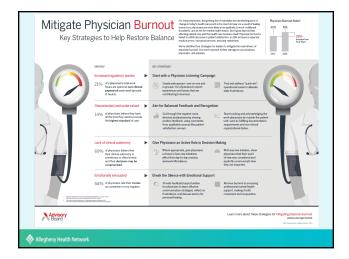
- Create a clean, solid, boundary between work and home
- The most effective rituals involve:
- An intention to let go of work,
- A releasing breath,
- An action
- You will find yourself more relaxed at home and thinking less about work.

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"There is hope that we can change this culture and not drive [clinicians] to extremes in which they cause harm to themselves or inadvertently cause harm to patients as a result of a system that is making it harder for them to do what drove them to medicine in the first place — to heal".

(Bridging the Gap, Zohal Ghulam-Jelani

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- Health-care organizations should create executive-level chief wellness officers to monitor and protect clinicians' well-being and develop IT programs to reduce repetitive and redundant paperwork.
- Medical and nursing schools should train students to deal with burnout. Federal and state regulators should identify and eliminate overlapping regulations.
- Medical licensure agencies should find ways for doctors to seek help without having it used against them, such as in malpractice litigation.
- Federal officials should develop a coordinated research agenda to understand the problem and how to alleviate it.

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## Is It Moral Injury?

- We must begin to change our culture. To start:
- Value health care professionals. When clinic or hospital policies and insurance constraints force health care professionals to deliver suboptimal care to their patients, providers feel powerless. Administrators must recognize their clinicians' expertise, earned by years of grueling training, and seek their input before implementing policies that could affect patient care.
- Privilege the patient-clinician relationship. Clinicians are stationed on the front lines of health care and are solely responsible for tailoring treatment plans to meet the needs of each patient. Insurers and health systems must allow clinicians the latitude to treat patients according to their specific needs without constraining the tests they can order, the drugs they can prescribe, or the referrals they can make without incurring undue burdens.
- Re-establish a sense of community. The hypercompetitive, perfectionistic, resourcescarce health care environment has eroded a sense of community among health care professionals. Each of us instinctively guards our own territory, fearing the encroachment of others as a threat to our already scarce resources and to our professional survival.

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## Asks:

### www.youtube.com/watch?v=UQZc2NJtlEo

- Participate in survey and committees
- Speak UP! suggestions, advice, ask for help
- · Look out for each other
- Reach out for assistance when needed and support ways that are easy, confidential, and non-punitive for clinicians

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