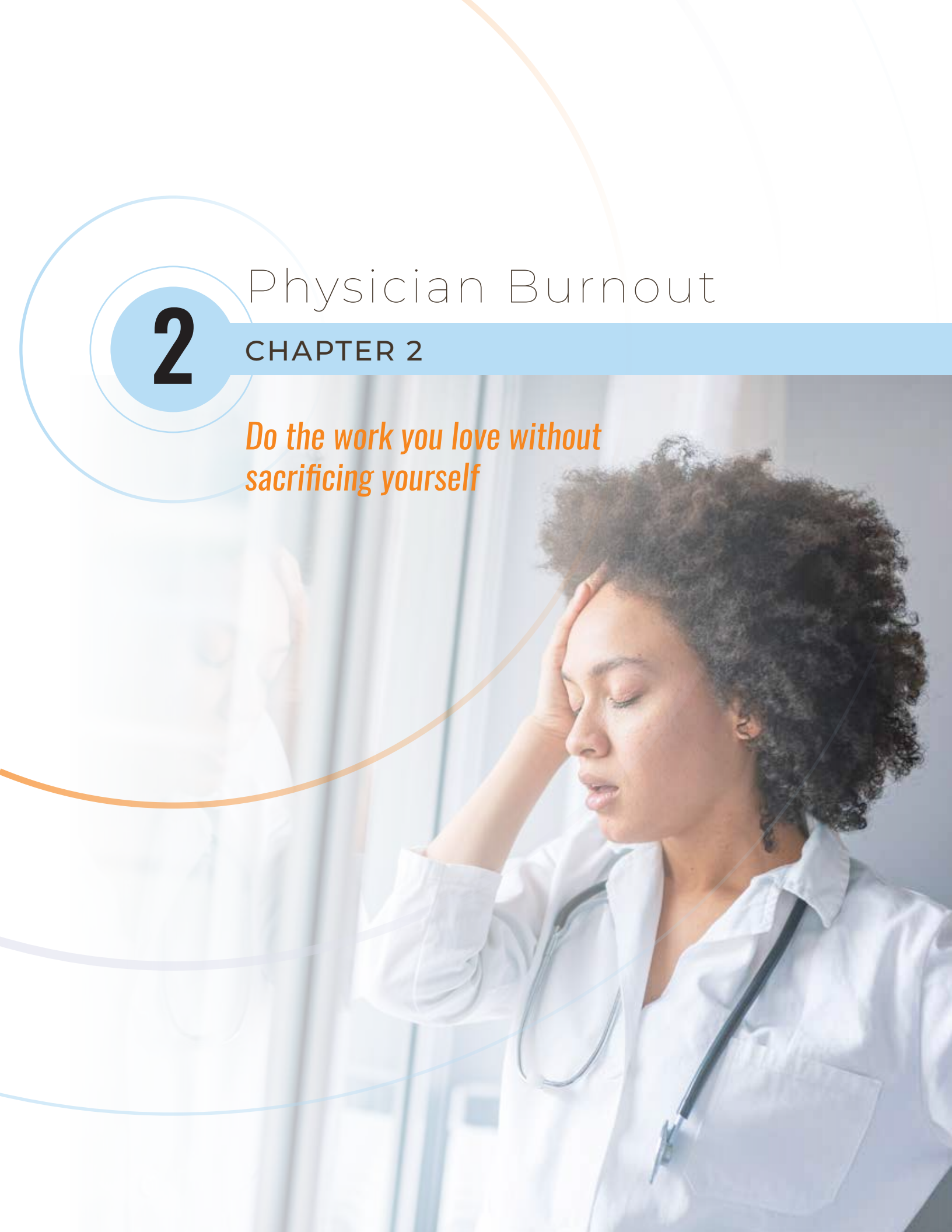


2

Physician Burnout

CHAPTER 2

*Do the work you love without
sacrificing yourself*





Shawn C. Jones, MD

President, Kentucky Foundation for Medical Care, Past-President, Kentucky Medical Association (KMA).

Dr. Jones serves on KMA's AMA delegation. He is a passionate public health advocate. Dr. Jones shared his personal journey with burnout in his book, *Finding Heart in Art: A Surgeon's Renaissance Approach to Healing Modern Medical Burnout*. He speaks on burnout to medical students, residents, physicians, hospital groups and systems. He has served on medical mission trips to Romania, Honduras and Kenya. Dr. Jones is an avid reader enjoying biographies, history, and books on spirituality. Website: drshawncjones.com Twitter: @ShawnCJonesMD

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Ms. Selah served as co-chair of the Association for Advancing Physician and Provider Recruitment (AAPPR) Chapter and Regional Relations Committee as well as president and ex-officio of MAPRA, the mid-Atlantic regional chapter of AAPPR.

Ms. Selah developed "Assessing Practice Opportunities in the Marketplace" for final year residents to develop the tools and skills required when initiating a successful practice opportunity search. Recognizing that medical training is rigorous and extensive, it often neglects to provide practical training for life after residency. Ms. Selah believes these skills just as important as medical training. Physicians who are well adjusted in their professional and personal lives are better equipped to provide the best patient care possible.



In This Chapter

Burnout is surprisingly prevalent among physicians in training, far exceeding the estimates of program directors. In a 2014 survey of 504 medical residents at University of North Carolina, 70% met criteria for burnout based on the Maslach Burnout Inventory, a common tool used to assess burnout.

Over half of all physicians suffer from burnout, which is characterized by depersonalization, loss of enthusiasm for the profession, and cynicism. This devastating emotional disease adversely impacts physicians' personal and professional lives, with potentially catastrophic consequences for the patients in their care.

Fortunately, there is hope for breaking this cycle. Shawn Jones, MD, practicing physician and author of *"Finding Heart in Art – A Surgeon's Renaissance Approach to Healing Modern Medical Burnout"* and Sharee Saleh, Director of Physician Recruitment at Tower Health have teamed up to teach you how to prevent burnout while bringing joy back to medicine.

OUTLINE

1. An insider's perspective
2. Burnout by the numbers
3. Primary drivers of physician burnout
4. You know it when you see it: identifying symptoms of burnout in training and beyond
5. Consequences of burnout
6. Factors that mitigate burnout
7. Identify prospective employers who support physician wellness and have strong burnout prevention programs
8. Restore joy to the practice of medicine: finding meaning and purpose in your work

GOALS

- Identify the symptoms of burnout, including its effects and complications during residency and beyond.
- Identify proven burnout prevention techniques for residents at all levels.
- Identify prospective employers who emphasize physician wellness and have established physician burnout prevention programs in place.
- Determine whether you are currently experiencing physician burnout via an online assessment.
- Create boundaries – saying no with grace and power.
- Identify resource communities who support physician burnout.

LET'S GET STARTED



**READ:**

An Insider's Perspective: My Burnout and Road to Recovery

I was shaving one morning getting ready for surgery. I became rather acutely aware, as I gazed into the mirror, that I was not "feeling" anything. I didn't cut myself with a razor. It wasn't that I couldn't feel my face. I could. But, I recognized with a sense of abject intellectual terror that I felt absolutely no emotion. Horrified, I then took swift and immediate action like any good, highly-functional, competent, intelligent physician would and I ignored it. I hoped it would go away. Then I thought, I'll pretend it hasn't happened. However, the problem persisted. Over the ensuing days to weeks a somber cloud of emotional numbness enveloped me. I told no one. Were it not for my wife, Evelyn, things would certainly have turned out very differently.

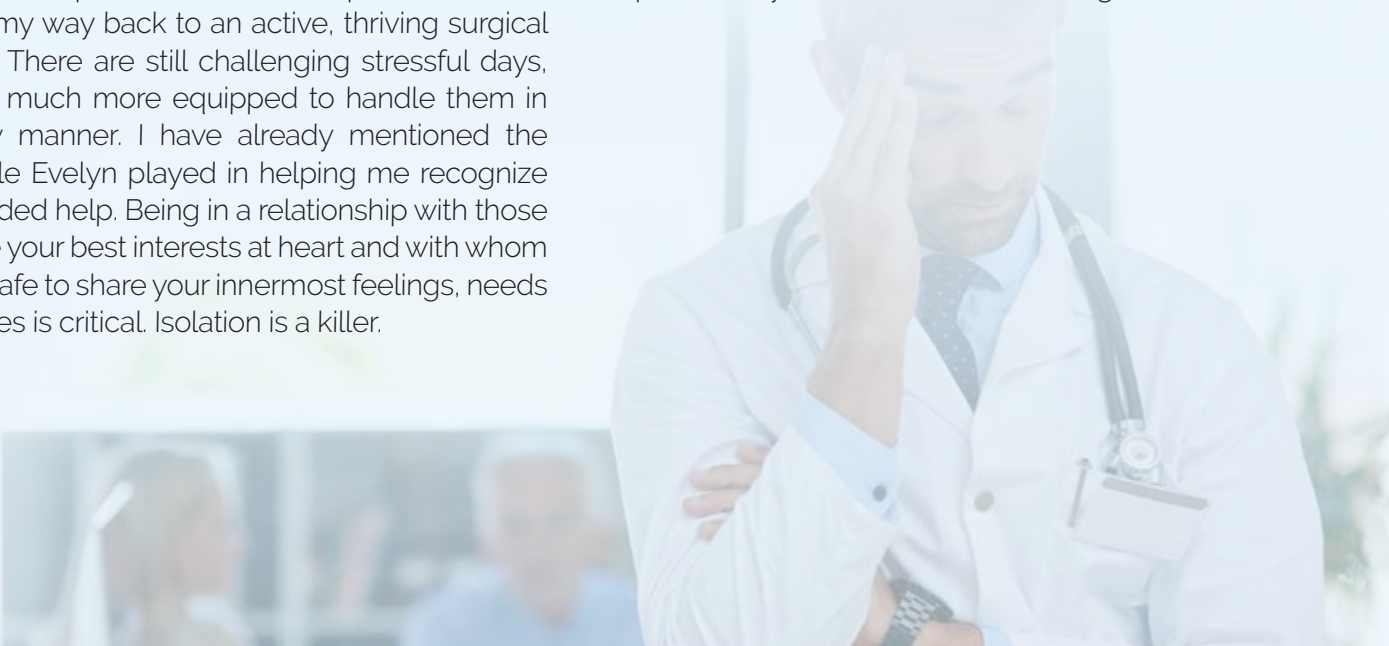
It became apparent that I needed to lay aside my scalpel and work on myself as a human being. I sought professional help and was subsequently diagnosed with PTSD-related depression. I underwent six weeks of intensive outpatient psychotherapy at a facility in Nashville, TN. I had succumbed to physician burnout.

There are multiple factors which helped me to heal and find my way back to an active, thriving surgical practice. There are still challenging stressful days, but I feel much more equipped to handle them in a healthy manner. I have already mentioned the crucial role Evelyn played in helping me recognize that I needed help. Being in a relationship with those who have your best interests at heart and with whom you feel safe to share your innermost feelings, needs and desires is critical. Isolation is a killer.

There is a small group of physicians in recovery who meet at my house for just an hour every several weeks. Sometimes four or five of us meet. Often there are just two of us. However, we are together enough that if any one of us has an issue at the hospital we all know there is someone on whom we can call that will listen and help us with perspective, as well as provide compassion and understanding.

I began a meditative, mindfulness practice¹. It was a little slow going to begin, but extremely helpful in ways I don't even completely understand. The research, however, is clear that these practices improve resilience and help in the mitigation of burnout.

Finding beauty in art, creative enterprises and everyday life also helped me to begin to cultivate a healthy emotional life. I found my heart's voice in art from the Renaissance. The word Renaissance is derived from a French word, which means "rebirth." Art became an avenue to my feelings that centered on the story in the paintings, which resonated with a part of my own life story. In the book from which this is pulled... my heart was moved to sing.





You may discover your heart in origami, hiking, playing guitar, painting, travel, sculpting, meditating, reading, mountain climbing, or a combination of these, but the heart must be found or born again. The soul in search of itself must have the head firmly rooted in the heart; chronicling that search can be a helpful adjunct in your journey out of burnout.

Writing for me has been restorative, therapeutic, illuminating, informative—and painful. Yet those

words seem like trifles in describing what the process of writing has meant to me in my soul. There is an inner life we all possess. Reflection and creativity imbued with a sense of mystery flow out and onto the page in writing. In that process the writer and the reader discover things together. It is intimate. In the process of finding our way through that dark night of the soul, to which St. John of the Cross refers in his medieval classic, we discover meaning. Writing is revelatory as much to ourselves as it is to others.



Reflection + Activity

Reflect on 3 activities in your life where you find joy. How can you begin to incorporate them into your everyday routine to bolster your immunity against the disease of burnout?

- In the last 6 months, when did you feel most alive?
- What were you doing at the time?
- What would you like to change about yourself?
- Would you like your life to be different? If so, how?

**READ:*****Burnout by the Numbers***

In spite of increased awareness, burnout amongst physicians has reached epidemic proportions. Multiple national studies suggest that 50% or more of physicians in the U.S. are experiencing symptoms related to burnout. In 2015, a Medscape survey of more than 20,000 physicians across 26 specialties in the U.S. revealed that burnout was reported in nearly 46% of the survey participants, up from 39.8% in 2013.²

Between 2011 and 2014, the percentage of physicians reporting at least one burnout symptom increased from 45.5 to 54.4%,³ with some specialties being hit harder than others. Additional surveys have noted rises in burnout rates amongst surgeons, emergency room physicians, critical care physicians, urologists, and pediatricians.⁵ Even

physician specialties which tend to have lower rates of burnout are still significantly higher in prevalence than professionals in other industries.

Data indicates that when students enter medical school, they are more well-adjusted than their age-matched peers. However, a national survey published in *Academic Medicine* found that burnout “appears common among U.S. medical students and may increase by year of schooling.” In addition to work-related stress, the study found that “personal life events also demonstrated a strong relationship to professional burnout.” Compared to college graduates of the same age, students in medical school reported higher rates of burnout in the study.⁶

“If healthcare providers aren’t well, it’s hard to heal the people for whom they are caring.”
 – Dr. Vivek Murthy, former Surgeon General of the United States

In a related survey, medical students, residents, fellows, and early career physicians were all more likely to exhibit traits of burnout compared to college graduates pursuing other careers. Additionally, medical students and residents were more likely to exhibit symptoms of depression compared to the control group.⁷ In a survey published in 2017 from a single institution, 69% of 504 resident respondents met criteria for burnout.

This disease does not discriminate, as rates were similar across age, gender, ethnicity, and marital status. Like their attending counterparts, rates of burnout vary by specialty during residency.

General surgery residents have the highest burnout rates, followed by residents in radiology, surgical subspecialties, anesthesiology, and internal medicine. On at least one subscale of the Maslach Burnout Inventory—a validated tool considered to be the leading measure of burnout—69% of residents in general surgery met the criteria for burnout.⁸

Despite the overwhelming evidence that burnout is rampant amongst residency programs, program directors often underestimate just how many of their residents are affected.

FIELD NOTES

As physicians we owe our patients two things– only two things– our time and our skill. We do not owe our patients our lives.

Doctors must take some time off from their daily work to get some rest, to travel, to participate in their family affairs, be an active member of their community, etc.

To excessively devote our lives to the practice of medicine while we neglect other aspects of living may be tantamount to never having lived at all.

– **Joseph D. Wassersug, MD**

Posted on www.thehappy.md.com; Physician Burnout Quote of the Week



When given a survey to estimate the percentage of their residents exhibiting burnout, 92% of directors estimated that burnout rates in their programs were 49% or less. Only one program director predicted a burnout rate of 50–74%. Of note, 25% of the residents responding in the same study thought that burnout was a condition that was reportable to the state medical board.¹⁰

In the September 2018 issue of *JAMA*, Rotenstein, Mata and colleagues published a retrospective review of 182 international studies conducted from 1991 and 2018 to attempt to define the methods used to assess burnout and to estimate an overall prevalence of physician burnout. Ranges for overall burnout prevalence as well as estimates for the subset dimensions of emotional exhaustion, depersonalization and low personal accomplishment were so substantially varied that a definitive conclusion regarding burnout prevalence were precluded.¹¹



**READ:**

What Are the Primary Drivers of Physician Burnout?

The drivers of burnout are not unlike caring for a complex patient: insidious, often difficult-to-define symptoms overwhelm the basic needs not being met. They are frequently listed in different formats but generally include the following:

Work overload

- Intensity
- Time
- Working Capacity

Lack of control

- Loss of autonomy
- Micromanagement

Insufficient rewards

- Getting less for more effort
- Loss of joy

Breakdown in the medical community

- Undermining teamwork
- Working harder not smarter

Absence of fairness

Conflicting values

Christina Maslach and Michael P. Leiter,
*The Truth about Burnout: How Organizations
Cause Personal Stress and What to Do about It*
(San Francisco: Jossey-Bass, Inc., 1997)

Business of medicine

- Electronic health record
- Meaningful use
- Coding/documentation requirements
- wRVU targets/patient volume
- Non-value-added work
- Industry consolidation

Human factor: impact on relationships

- Professional: physician colleagues/admin
- Personal: life partners, aging parents, children

Finances

- Educational debt
- Declining reimbursements
- Increasing personal and professional expenses

Health

Of the aforementioned factors, the easiest to blame and most commonly recognized ones are those that involve tangible elements: finances, work hours, and the overall “business” of medicine. Significant financial challenges in healthcare organizations have resulted in declining reimbursements.

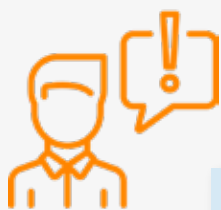
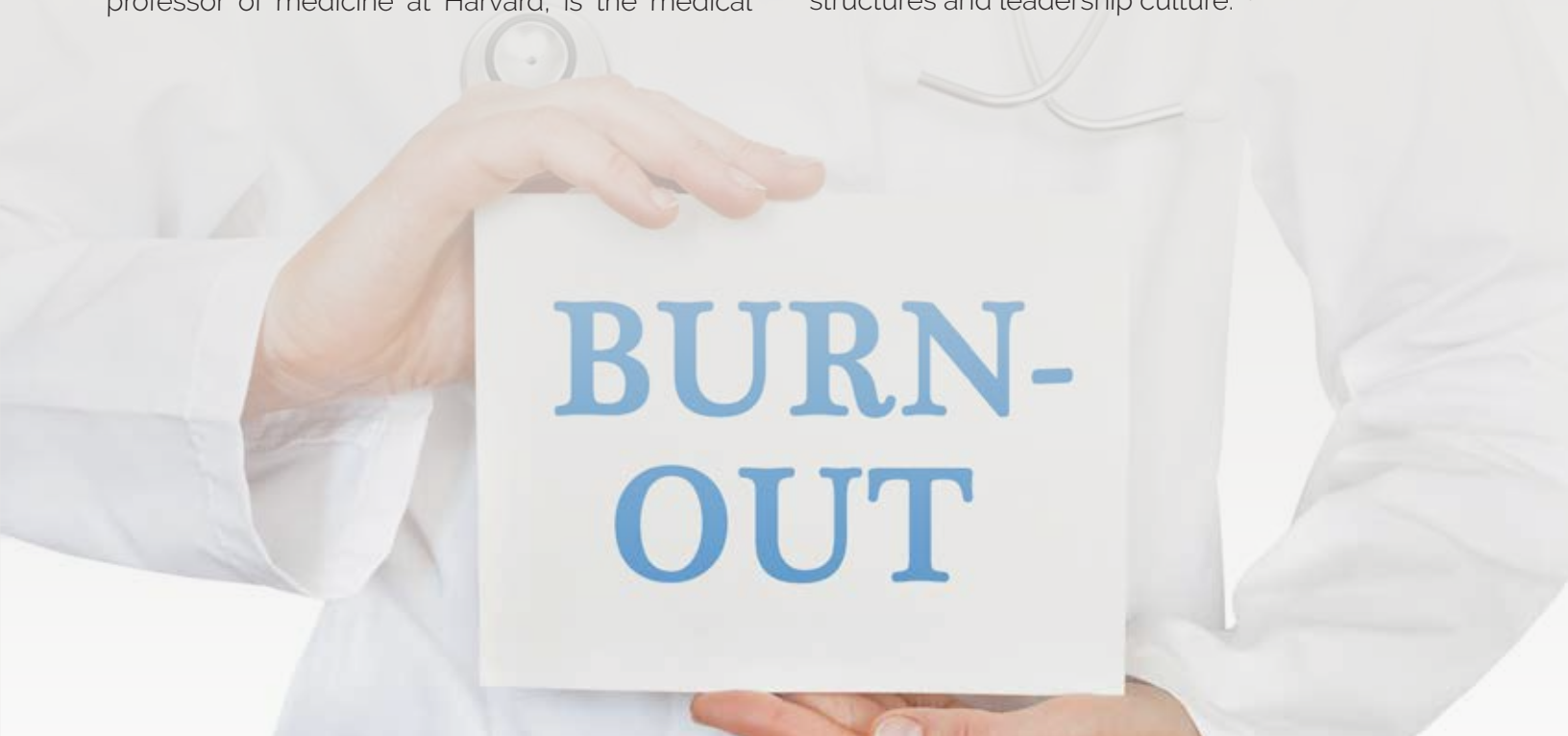
These challenges include price competition, an increasing percentage of patients with Medicaid and Medicare, as well as a narrowing of insurance networks. Simultaneously, requirements for the adoption of electronic health records (EHR) have not only stressed organizations financially as a result of necessary capital expenditures but added a significant clerical burden for staff.

Part of organizational responses has been an increase in performance and productivity requirements for physicians in an attempt to improve efficiency. Quality measures, patient satisfaction surveys, staffing reductions and public reporting have added additional strain to affected institutions and physicians in varying degrees; all have certainly contributed to the burnout paradigm.

Again, like the complex patient, the factors that are more worrisome are those that are less easy to define. The declining morale, increased cynicism, and acceptance of weariness as the norm shows the slow erosion of our basic foundations of wellness within the medical community. The fact that these symptoms are more subtle, yet once taken root, equally devastating to a physician (or an organization) is alarming at best. Compassion is the recognition of suffering in another coupled with a desire to alleviate it. Dr. Beth Lown, an associate professor of medicine at Harvard, is the medical

director of the Schwartz Center for Compassionate Healthcare in Boston. She argues that compassion is a universal human response to suffering that organizations can extinguish very effectively.¹⁷

"Drivers of this epidemic are largely rooted within healthcare organizations and systems and include excessive workloads, inefficient work processes, clerical burdens, work-home conflicts, lack of input or control for physicians with respect to issues affecting their work lives, organizational support structures and leadership culture."¹⁸



Reflection + Activity

- What factors in your training have helped you to remain fully present and engaged?
- What factors or processes during your training have hindered your ability to be mindful and/or fully present?

 **READ:**

You Know It When You See It: Identifying Symptoms of Burnout In Residency and Beyond

The opportunity to practice medicine is a profound privilege that is inherently instilled with a deep sense of fundamental meaning and purpose. Physicians are frequently present at intimate moments when their patients are navigating some of the most intense life-changing experiences human beings have. The relationship between the physician and the patient, which may be forged over a lifetime or in just a few moments, can provide vast benefit for the patient as well as immense intrinsic gratification for the doctor.

However, the potential for great reward comes with great responsibility. The counterbalance to the tremendous innate fulfillment of being a physician is the risk of suffering as a result. Awareness of the risk associated with being a physician coupled with an intentional commitment to mitigate against that risk is critical in order to remain a compassionate skilled practitioner who still feels the joy of practicing medicine. There are multiple strategies which can help you avoid burnout and also give you a good shot at being a decent human being.



Occupational burnout, which is thought to be the result of work-related stress related to job satisfaction, was first characterized by Herbert Freudenberger in 1974.¹⁹ He borrowed the term from the drug culture where it was used to describe the effects of chronic drug abuse on individuals. He applied the term to volunteers working at a free clinic whose emotional reservoir had been expended and who subsequently lost motivation and commitment to continue their work.

Independently and somewhat simultaneously, the social psychologist Christina Maslach ran across the term burnout while interviewing human services workers in California. She learned through her work that the emotional exhaustion these workers felt resulted in negative feelings about the individuals they were trying to help. These workers went on to experience a crisis in professional competence as a consequence of the emotional turmoil that was created.

Burnout, as defined by Maslach, is **a psychological syndrome that develops secondary to work-related stress**. It is experienced by the individual through the dimensions of emotional exhaustion, depersonalization and a sense of reduced personal accomplishment.²⁰ The Maslach Burnout Inventory (MBI) is a validated 22 item introspective instrument that has been designed to measure an individual's experience of burnout using these three dimensions. Since its publication in 1981 several versions have been developed for different populations. All of them have been validated. In short, the MBI is the gold standard for the evaluation of burnout and is the most commonly used survey instrument. While there may be other valid ways to identify burnout in yourself or others, the MBI is a valuable tool that reliably identifies those at high risk for or experiencing symptoms of burnout.

According to The Maslach Burnout Inventory (MBI), burnout is experienced through the dimensions of:

- Emotional exhaustion
- Depersonalization
- Sense of reduced personal accomplishment



Reflection + Activity

Take this simple quiz to determine where you currently land on the burnout spectrum and receive simple tips for combatting the negative effects this all-too-common issue has on your health and wellbeing. In order for you to heal others, you must first care for yourself.

<https://drshawncjones.com/assessment/>



READ:

CONSEQUENCES OF BURNOUT:

Personal consequences. The consequences of burnout can be staggering for the individual physician both professionally and personally. There is an ethical argument that burnout needs to be addressed at a system level simply because of the human cost. It is, according to this argument, a moral imperative.

The costs of burnout are also significant for a health care system. Because of its pervasive nature, burnout impacts patient safety, quality of care and patient satisfaction as well as the cost of delivering care.

Work-related distress among doctors has been linked to the following:

- Increased physician turnover
- Decrease in physician engagement
- Poor communication and teamwork
- An increase in medical errors*
- An increase in malpractice suits
- A decrease in patient compliance rates
- Physician prescribing habits
- Physician test ordering

**One study demonstrated mortality to be predicted by emotional exhaustion among the nurses and physicians of an ICU. The implication is that the risks associated with burnout are profound and have significant far reaching consequences.*

The cost of physician burnout to healthcare organizations seems steep. Fortunately, as you'll see later on, the ROI for wellness interventions lends substantial financial incentive to pursue these initiatives aggressively.²

In a meta-analysis published in *The Lancet*, West, Dyrbye, Erwin and Shanafelt identified 2,617 articles of which 52 met inclusion criteria. Their results indicated that meaningful reductions in physician burnout could be achieved through both individual-focused and organizational strategies.²²



FIELD NOTES

"In my work with thousands of burned-out doctors, the most common cause of burnout is the way most doctors choose their first job. Here is the most common mistake: You focus on getting them to choose you ... just like we did in medical school and residency. When you are looking for your first job it is important to turn the tables. It is not about whether they will choose you. This time it is about whether this job is a good match for your ideal practice."

– **Dike Drummond, MD**

www.thehappy.md.com



PERSONAL CONSEQUENCES TO BURNOUT

- Broken relationship
- Alcohol/drug addiction
- Depression
- Anxiety
- Sleep disturbance and fatigue
- Early retirement/career change
- Marital dysfunction/divorce
- Suicide

There is a general tendency to overestimate the contribution of individual factors. As previously noted and defined by Maslach, burnout is primarily organizational in origin and should be addressed as such.

Job dissatisfaction relates to a loss of meaning in the work being performed. The converse is that a loss of meaning in the work one is doing leads to job dissatisfaction. It is a truly vicious cycle that, once established, can be difficult to break. While Frankl thought that a feeling of meaninglessness was part of the human experience, he also felt it could be pathogenic and lead to depression, aggression and addiction. These essentially came secondary to what he referred to as an 'existential vacuum'. Maslach and Leiter referred to this phenomenon

as an “erosion of the soul.”³² Burnout results from the mismatch between who people are and the work they are asked to do. It is an assault on the spirit, values, dignity and will which attack the very essence of a physician's identity. Talbot and Dean called this “moral injury.”³³

Physicians commit suicide more frequently than the general population—400 deaths per year—despite similar rates of depression and other associated mental illnesses. Rates of burnout are higher among female physicians, as are rates of suicide. For male physicians, the rate ratio for suicide is 1:4 versus the general population, and for female doctors it is 2:3.

The physician suicide rate was 28-40/100,000 in the general population. The overall rate was 12.3/100,000.¹²

These are sobering statistics. They highlight that while there may be questions regarding the prevalence of burnout, and how the dimensions through which physicians experience it are associated with professional dysfunction, physician wellbeing is being adversely affected. There are many avenues to explore: The association of burnout with major depressive disorder as well as other psychiatric disorders, standardization of the definition of burnout, standardization of the measurement tools, evidence-based interventions etc.

Practically, then, how does one cognitively set out to find meaning? Dr. Frankl treated some of his depressed and suicidal patients by having them volunteer. The interjection of this meaning and purpose in their lives from this type of service was restorative. If volunteering helped interject meaning and purpose back into the lives of Dr. Frankl's depressed patients, it would seem to follow that physicians would be resistant to a loss of meaning in work and desensitized to the consequences of meaninglessness. Practicing medicine, as previously stated, is so steeped in deep fundamental meaning, it is problematic to figure out how one would set out to lose a sense of meaning while laboring as a doctor.

As noted above, a result of their groundbreaking research, Maslach and Leiter argue that burnout is not primarily a problem related to individuals. They contend it is a problem with the social environment and the relationship of people to their work. When the human side of work is not recognized and or does not match the one who is tasked with doing the work, then there is a concomitant increase in the risk of burnout which comes with potentially staggering consequences.

The prevalence of burnout in physicians speaks much more about the current state of health care and the conditions under which doctors practice than it does about the physicians themselves. The data is relatively consistent in viewing burnout as an organizational issue that needs to be addressed on that level.³⁴ As you'll note below, being able to identify those organizations that recognize burnout and have strategies to prevent is a crucial skill for physicians to develop.

There is no single magic bullet. Instead, organizations should reinforce individual clinicians' ability to find meaning in their work, reduce clinicians' work that is external to patient care, and define an organizational culture with values that make clinicians proud.²³



Factors that mitigate physician burnout²⁴:

- Ability to spend 20% of professional time on the aspect of work most meaningful to the individual²⁵
- Lean as a workplace solution done correctly to lessen workplace inefficiencies and chaos²⁶
- EHR solutions; scribes/engagement/processes/flow
- Rewards and incentives
- Values alignment
- Self-care; sleep, nutrition, exercise, vacation, boundaries
- Be present and live fully
- Feel your feelings, tell the truth and trust the process.²⁷
- Live in community²⁸ (Isolation/Loneliness is dangerous)
- Develop a mindfulness practice-MBSR²⁹
- Become a champion in your organization/practice
- The Alcoholics Anonymous principle of 'paying it forward'
- Connect with beauty and/or creativity³⁰



There appears to be some encouraging news. A study recently published in "Mayo Clinic Proceedings" reported a drop in the U.S. physician burnout rate from 54.4% in 2014 to 43.9% in 2017. Despite this, the rate of depression in physicians has increased steadily, from 38.2% in 2011 to 41.87% in 2017.¹³ However, the relationship of burnout to depression and other DSM disorders is not well understood.¹⁴ Even the definition of burnout has been called into question¹⁵ by some, as well as the suggestion that other terms may more accurately describe this phenomenon physicians are experiencing.¹⁶

Like treating that complex patient, progress in battling the disease of burnout is often one step

forward, two steps back. Clearly there is more to discover regarding this complex phenomenon.

The take-home message, however is clear. If you are a practicing physician you are at high risk for burnout, which is accompanied by a host of problematic consequences. The prudent course on this journey is to familiarize yourself with the most common scenarios and risks that lead to burnout. It is also wise to observe what level of knowledge those around you have about burnout and what they are doing to mitigate circumstances that lead to burnout. This is an often-overlooked but crucial step to include in your decision-making paradigm as you search for a job.



Reflection + Activity

Using the tools discussed, construct a list of three questions you would ask of a future employer about the culture of wellness amongst their physicians.

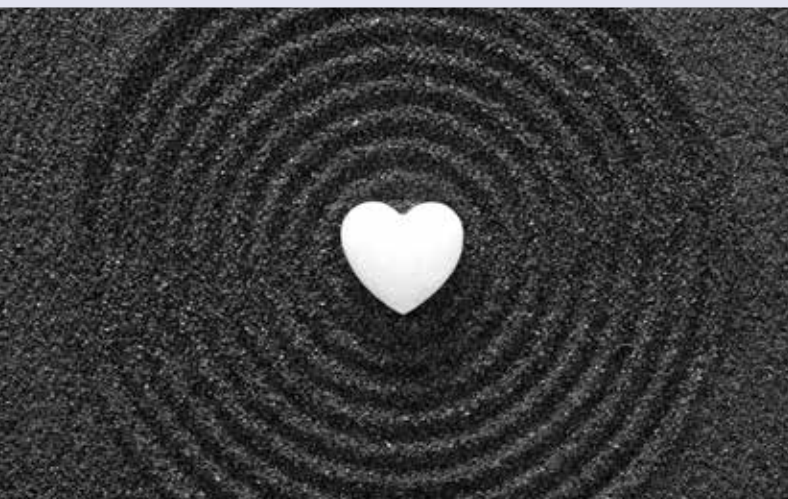


READ:

Identify Prospect Employers Who Support Physician Wellness and Physician Burnout Prevention

One of the most anxiety provoking experiences for a developing physician is learning how to "know" when something isn't "right." The early clinical years are spent learning the very basic "sick vs. not sick" amongst dozens of patients first seen on the wards. As you progress through your clinical training, you become much more efficient in those skills. By residency graduation, you can walk into almost any

patient encounter and make that decision in what seems, in retrospect, like light speed. Being able to determine if an employer is cultivating a culture of burnout prevention and wellness may also seem to be a daunting task. Fortunately, just like there are "tells" that you learn for clinical medicine, the same can be true for evaluating future employers in this capacity. Here are a few of our favorites:



1. Make wellness a priority. If wellness isn't a priority for you (or if you are not well!) it will be difficult for you to assess if it's present
2. Ask for a list of resources (and be specific!). Is there an administrator who is tasked with this effort? What does their website look like? Do they have a mission statement reflecting this culture and what do they do to role model that?
3. Look at retention rate. How long has the office staff been together? Do they interact outside of work? How many physicians have left the practice in the last year; five years?
4. Use your "phone a friend" option. Reach out to colleagues who have worked for the organization for longer than 18 months. Ask why have they stayed? If colleagues have left, why did they leave?

Widespread burnout among physicians has been recognized nationwide as a national epidemic.

Extensive evidence indicates that physician burnout has important personal as well as professional consequences. A lack of awareness regarding the economic costs of physician burnout and uncertainty regarding what organizations can do to address the problem have been barriers to many organizations taking action. Although there is a strong moral and ethical case for organizations to address physician burnout, financial principles (e.g., return on investment) can also be applied to determine the economic cost of burnout including costs associated with turnover, lost revenue associated with decreased productivity, and financial risk to the organization's long-term viability due to the relationship between burnout and lower quality of care, decreased patient satisfaction, and problems with patient safety.

An example of an organization that is addressing the burnout epidemic head-on can be seen at University of Maryland Medical System (UMMS). Physician leadership there has recognized that in order for their organization to provide quality healthcare, their physicians have to be well. This has led to the creation of the Provider Wellness Program (PWP) at UMMS to address physician burnout.

The goal of the PWP is to cultivate engagement, leverage resilience, create joy in the workplace and help physicians thrive in what continues as an extremely fast-paced health environment.

As noted above, one of your goals during your "investigation" of a potential employer is to identify

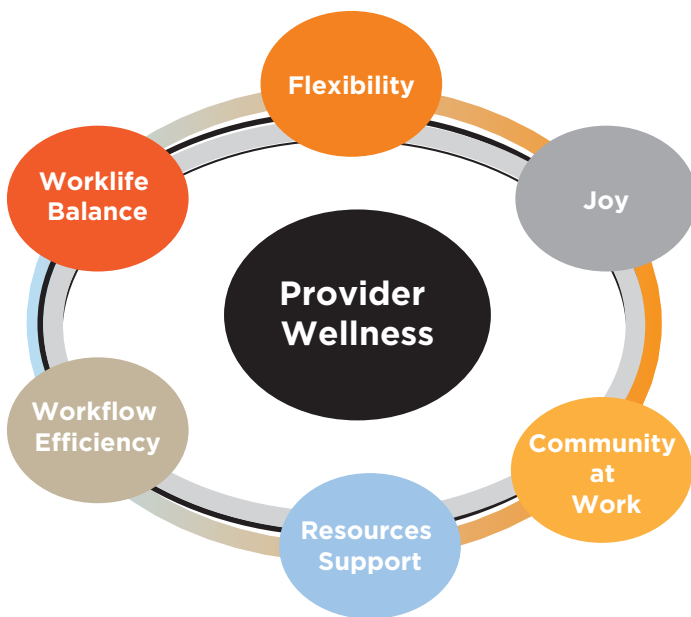
FIELD NOTES

"Physicians go where they are welcomed, remain where they are respected, and grow where they are nurtured"

– *Bill Leaver, CEO Iowa Health System*



a system where burnout is addressed head-on. Ideally, these employers will have a foundation to address these issues already intact. The diagram and outline noted below, provided by University of Maryland Medical System, is an excellent example of what this type of infrastructure should look like:



A burnout prevention program, such as the one at UMMS, should incorporate the following:

- Creating a safe environment for physicians to address burnout and to seek help when necessary
- Maintaining confidentiality of information
- Assessing the current state of physician wellness by using validated tools, informal discussions and focus groups
- Reviewing data from assessment tools to identify opportunities for improving physician wellness
- Advocating by acting as a liaison between frontline physicians and executive teams
- Making recommendations to the physician networks regarding wellness improvement strategies
- Facilitating educational offerings
- Being accountable for metrics related to wellness, quality, safety, service and physician retention.



**READ:**

Restoring Joy to the Practice of Medicine: Finding Meaning and Purpose in Your Work

Donald Berwick and colleagues in 2008 developed a framework for the redesign of healthcare that highlighted a desire to transition to population health. The so-called Triple Aim emphasized the goals of reducing per capita health care costs, improving the patient care experience, as well as improving the health of populations.³⁵ In order to accomplish these goals, it is necessary to have a highly-efficient, effective healthcare organization. This will not happen without an engaged and productive workforce, which the Triple Aim did not explicitly acknowledge. Sikka, Morath and Leape proposed a modification of the Tripe Aim to include the experience of physicians and others in providing care to patients.³⁶ This so-called Quadruple Aim acknowledges the importance of physicians-indeed all employees-in finding both joy and meaning in the work they perform.

The Institute for Healthcare Improvement argues that caring and healing are naturally joyful activities. The joy which is the natural consequence of these activities needs to be leveraged to mitigate against burnout. This strategy has an advantage in that it changes the focus in an organization away from avoiding burnout to pursuing joy and engagement as a process-related goal. Moreover, it is important to recognize and embrace the reality that joy in medicine is possible.

“We have chosen a calling that invites people who are worried and suffering to share their stories and allow us to help. If any work ought to give spiritual satisfaction to the workers, this is it. “Joy,” not “burnout,” ought to rule the day.”³⁷



Effective organizations are efficient at identifying and removing the existent barriers, which impede the ability of the physician to experience the joy which should be inherent in this work. It is imperative that the physician pursue that work with compassion and gratitude, aware of the deeply personal intrinsic meaning and purpose immanent to it. A disciplined program of self-care will help to maintain an equanimity of spirit needed to remain healthy in a demanding, stressful but incredibly rewarding profession. As you'll see in the following chapter, just as we work to provide preventative care for many of life's often devastating diseases, the ounce of prevention is more than worth the pound of cure. Learning to be well, embracing the idea that self-care is a priority, and cultivating a toolkit of resources for wellness is indeed the “vaccine” that helps prevent the disease of burnout



Chapter Tool Box

The **CHAPTER TOOL BOX** consists of **RECOMMENDED TOOLS** featured throughout the chapter, along with additional resources and recommended links.

These tools will help you gain valuable insight about **Physician Burnout**.

Compassion Training FREE E-Book

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APPS

- Headspace
- Calm
- 10% Happier
- Stop, Breathe and Think



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