Clinician Burnout and Resilience

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What will we cover?

- Burnout overview?
- How does resilience and burnout relate to the triple aim and health care reform?
- How to prevent burnout by cultivating resilience
- Discussion
  - How is this unique to community health centers and underserved medicine?
- Self-Assessment

What is Burnout?

- Loss of emotional, mental and physical energy due to job-related stress
- Can occur in variety of demanding and high-stress occupations
  - Usually associated with occupations that emphasis the care or well-being of others
    - i.e. teachers, caregivers, health care professionals
- Can produce feelings of exhaustion, decreased job satisfaction, higher psychological and physical distress, and work-related errors
  - High rates of depression and suicidal ideation
  - Substance abuse
Contributing Dimensions of Burnout

- 3 dimensions of burnout:
  - Exhaustion
    - Central component to burnout, leads to cognitive distancing in work environment as a coping mechanism
  - Depersonalization
    - Objectification of patients and coworkers, could contribute to a cynical perspective to deal with work overload
  - Low personal accomplishment
    - Exhaustion and depersonalization thought to prevent feelings of personal accomplishment

Burnout within the Medical Setting

- About 1/3 of practitioners experience burnout at some point within their career
  - Can present symptoms as early as medical school and residency
  - Leads to detrimental results if not addressed:
    - Higher medical mistakes
    - Lower adherence to practice standards
    - Decreased provider well-being and patient care
    - Increased rate of clinicians leaving practice
    - Change jobs, do more administrative work, change specialties, leave medicine
    - Suicidal ideation

Risk Factors of Burnout

- Individual (Self)
- Community
- Situational
- Organizational
- System-level
- Societal
Risk Factors for Burnout

Individual Factors:
- Age: younger practitioners have higher rates than those over age 40
- Gender: Female physicians 60% more likely to report burnout
- Marital status: unmarried, especially within the single population
- Clinician personalities
  - Coping style, decreased hardiness and self-esteem, external locus of control, neuroticism, perfectionism
- Attitude towards job: Idealistic or unrealistic expectations
- History of anxiety and/or depression
- Lack of Self-Care
- Professional/social isolation

Community
- Isolation within work place
- Lack of social support

Risk Factors for Burnout

Situational factors:
- Specific job characteristics (work overload, time pressure)
- Lack of resources, support and mentorship
- Lack of control
  - Financial worries, debt, malpractice suits
  - Feeling like “cog in wheel,” part of large health system
- Patient-population
- Emotional stressors of working and caring for other people
  - Suppressing emotions, constant emotional empathy
  - Compassion fatigue

Risk Factors for Burnout

Organizational factors:
- Values of the organization
- Organizational structure and hierarchy
- Organization’s cultural, social, and economic influences
  - Culture of clinical training and practice
  - Perceived violation of the social contract between employer and employee
- Organizational leadership style
- Change fatigue

System qualities
- Health care reform
- New patient overload
- Quality metrics requirements
- Patient-satisfaction

Societal
- Public opinions regarding clinicians (we don’t need self care)
- High expectations
Potential Outcomes of Burnout

- Decreased job satisfaction and performance
- Absenteeism, job turnover, decreased productivity
  - Higher risk and rate of medical errors
  - Lower empathy
  - "Contagious" burnout from impacted coworkers
- Decreased physical and mental health
  - Similar physical symptoms found in prolonged stress
    - Insomnia, irritability, fatigue, hypertension, heart disease, diabetes
  - Substance abuse or addiction
  - May lead to mental dysfunction or other negative factors
    - Low self-esteem, anxiety, depression, lowered attention and concentration
  - Decreased quality of life and overall well-being
  - Suicide
- Decreased quality of care

Burnout and the Triple Aim

- Health care reform and the triple aim
- Patient-centered (experience of care), population health, cost of care
  - Cost, Quality, Access
- Clinician (and other clinical workforce) well-being not addressed
- Without this focus, achieving triple aim impossible
- Linking burnout to triple aim can lead to increased focus on the issue

Burnout and Quality in Primary Care

- Primary care founded on concept of continuity
- Clinician turnover affects continuity and clinical outcomes
- Decreased ability to focus, depression
  - Ability to generate differential diagnoses
  - Ability to catch errors before they occur
  - Duplication of services
  - Misdiagnosis
- Experience of care and patient satisfaction
  - Compassion fatigue
**Burnout and Access in Primary Care**
- Primary care access already an issue
  - Attempts to improve with increasing medical school and residency slots, loan repayment etc.
  - Medical home development and team-based care thought to help
- Current Access Crisis
  - New patient overload
  - If clinicians choose to change jobs/leave medicine because of burnout, greatly affects access to care

**Burnout and Cost in Primary Care**
- Following cost-effective evidence based guidelines can be difficult - need institutional support
- Duplicate testing/services because of:
  - Lack of continuity/ established medical home
  - Decreased energy to reconcile medical records
- Expensive to recruit and on-board a clinician
- Focusing on retention may be better strategy
  - Will need institutional/higher level changes

**How Can We Reduce Burnout?**
- Multiple access points for burnout prevention and intervention in providers and health care workers
  - Clinical guidelines
  - Mindfulness- and Resilience-based interventions
  - Psychosocial influences
  - Organizational and health systems changes
  - Culture change
Clinical guidelines and standard processes

- Can be used to implement evidence-base interventions
- Decrease time investment on the part of individual clinician
- Shown to:
  - Decrease clinical variation
  - Increase coordination and communication through improved teamwork
    - Increased perceptions of social and management support, coordination, competence, and conflict management
  - Decreased scores on emotional exhaustion and increased scores on competence

Resilience

- "Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost." (Epstein)
- Resilient individuals “bounce back” after challenges while growing stronger (Epstein)
- Resilience dependent on related influences such as Mindfulness
  - Self-monitoring
  - Social support
  - Institutional support

Mindfulness

- Mindfulness is the state of active, open attention on the present
- Mindfulness is one of the first steps to creating a foundation for resilience
  - Provides non-judgmental awareness of the individual’s current levels of coping, stress, and surrounding environment
  - Important in maintaining and enhancing resilience
Mindfulness-Based Stress Reduction

- Mindfulness-based Stress Reduction (MBSR) (Irving)
- Developed by Kabat-Zinn as psychoeducational program
  - 8 week program with 2.5 hr sessions
  - Application of meditation practices (body scan, sitting and walking meditation)
- Key elements:
  - Group format; emphasis on non-goal orientation; sense of active engagement; variation of meditation practices; didactic material; finite duration with long-term perspective
- Abbreviated versions
  - Show positive benefit
  - May be more realistic in busy lives of primary care providers

Mindfulness-Based Stress Reduction

- Evidence in improving individual physician and patient outcomes
  - Reduced stress, ruminations, and negative affect
  - Improved physical and mental self-care, quality of life, self-compassion, and patient care
  - Evidence of sustained effects in long-term follow-ups
  - Improved patient-centered care and empathy scores

Acceptance and Commitment Therapy

- Utilizes various mindfulness and acceptance processes in the service of enhancing people’s ability to pursue personally valued life goals and actions.
- Message: Values
  - What is important to you in how you live your life?
- Tool:
  - Primary Care provider stress checklist
  - Primary care Provider acceptance and action questionnaire
Psychosocial Interventions

- Cognitive-Behavioral Therapy (CBT)
- Acceptance and commitment therapy (ACT)
- Exercise
  - Exercise within the work environment associated in reduced anxiety, stress, and exhaustion levels and improvement in mental and physical health
- Spending time on self-care
  - i.e. Being with friends and family, spiritual activities, setting work and personal boundaries, rediscovering meaning and outlook of their job, increasing autonomy

Organizational Interventions

- Health Care Organizations
  - Equal emphasis on provider well-being and quality of care
  - Employee-satisfaction as important as patient satisfaction
  - Medical Home and team-based care?
  - Involving providers in organizational decisions to increase autonomy
  - Providing enough vacation time, and developing standard coverage plans to encourage clinicians to take time away from work
- Examples of other organizational initiatives:
  - Implementation of a clinician health committee, a mentor program between senior and junior providers, confidential support groups, availability to gym memberships, well-being retreats and CMEs, flexible scheduling
  - Shift away from all responsibility of wellness to be on individual clinician

Health System Interventions

- Health systems
  - Patient-Centered Primary Care Home
  - Alternative Payment Method → shift away from productivity-based model
  - Elevating well-being metrics to the same level of importance as financial, quality and patient satisfaction metrics
  - Designing system and care processes that take into account provider and staff well-being
  - State-wide initiative to assess this issue from larger (CCO) level
Health Care/Clinician Culture Change

- Integrate teaching regarding burnout in medical and other health professional schools
- Integrate methods to build resilience into schooling and work
- "Mindful practice seminars" in medical school and residency (UR)
- Shift away from a culture of caring for others at the expense of self
- "We must take care of ourselves in order to take care of others"

Discussion

- How is burnout and resilience unique to clinicians in community health centers?
- Personal stories
- Ideas for next steps for OPCA?

Let's Measure Ourselves

- Primary Care Provider-Stress Checklist (PCP-SC)
- Primary Care Provider Acceptance and Action Questionnaire (PCP-AAQ)
Local Programs

- Physician retreat: “Mindful Medicine”
  - Hosted by: Providence Health & Services
  - 3 day retreat at the Heart of Wisdom Zen Temple
  - May 16-18th, 2014
  - Workshops led by Dr. Dan Rubin, PsyD for healthcare workers
  - danrubinpsyd@gmail.com

- Mindfulness-Based Stress Reduction
  - Hosted by: The Stress Reduction Clinic and Yoga Hillsboro AND many others
  - 8 week program Introduction to Mindfulness Meditation
  - Hosted by: Portland Mindfulness Therapy
  - 4 week class, offered in April, May, and June

- Online Mindfulness-Based Stress Reduction
  - Hosted by: Steve Flowers at UCSD Center for Mindfulness
  - 8 Monday or Wednesday sessions for 2 hours

- Foundation For Medical Excellence - Physician Well-Being Conference - October 2014
- OPCA summer resilience retreat

Thank You for Coming!

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