

# Pediatrician Well-Being: Promoting Wellness and Combating Burnout

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## Objectives

- Define physician burnout and understand the scope of the problem
- Discuss the consequences of burnout
- Review some of the evidence- based methods to reduce burnout and promote physician wellness

## Why are we talking about this?

- Physician well-being has become an important topic of discussion over the past decade as physicians report an increasingly high level of stress and decreasing job satisfaction.
- Physician burnout occurs at all stages of training and affects all subspecialties (including pediatrics).
- We are starting to see quality research on the successfully combat burnout and promote resiliency in pediatric practice.

# What is Burnout?

Maslach defines burnout as a “pathologic condition that develops in response to prolonged occupational stress.”

Maslach describes burnout in terms of three demensions:

- Emotional Exhaustion (EE)
- Depersonalization (DP)
- Sense of Decreased Accomplishment (DA)

Maslach created a 22 item inventory (MBI) that evaluates the above.

Thomas, JAMA 2004



## Emotional Exhaustion

- Energy level begins to spiral downward
- Unable to recharge batteries even after time off
- Fatigue is interfering with patient care or judgment
  
- Emotional exhaustion is often a result of being overextended and not focusing on self-care

## Depersonalization

- May blame patients for stress
- See patients as a problem in general (cynicism)
- Don't talk about patients as people (detached)
- Limited patience for co-workers and others
  
- Depersonalization arises when one begins to assign blame for work stress.

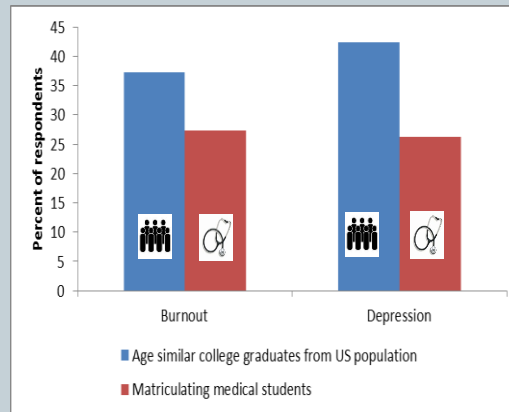
## Decreased Accomplishment

- Self-criticism
- Doubt the quality of practice
- Doubt the difference your work makes in patients' lives
- Feel like a fraud/impostor
  
- This symptom results from unfair self-evaluation and negative perceptions.

## When Does Burnout Start?

- Research shows that premed students graduate college with a BETTER sense of wellbeing than their age-matched peers.
- This reverses early in medical school and persists throughout medical school, residency, and into practice.

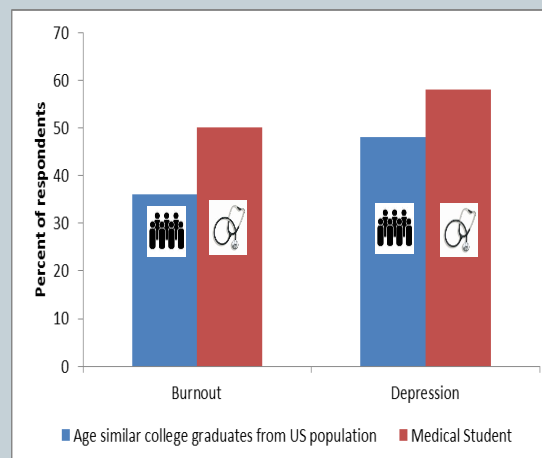
## Matriculating medical students have lower distress than age-similar college graduates



2012, 7 U.S. medical schools & population sample (slide from Dyrbye)

Brazeau et al. Acad Med. 2014;89:1520-5

## What happens to distress relative to population after beginning medical school?



## Burnout in Training

In residency, burnout levels rise quickly in the first few months of training and remain high.

The ACGME work hour changes do not appear to have significantly improved resident sleep, burnout, depression, or medical errors.

## Burnout in Pediatric Residents

Examined the prevalence of burnout in pediatric residents before and during training.

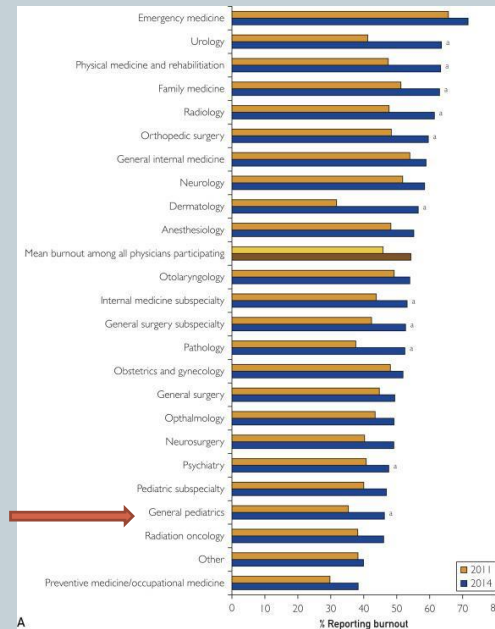
- ~80 pediatric residents were given the MBI 6 times over a 2 year period.

Results:

- **Significant jump in burnout scores between the beginning of residency and mid intern year (17% to 46%).** Significant changes were not found between any other consecutive times throughout residency.
- Mid senior year showed a significant improvement in EE
- Study was also able to compare before and after duty hour restriction implementation. NO difference in burnout was found after the change in duty hours.

Pantaleoni et al. Academic Pediatrics 2015

## Burnout by Specialty (National)



Shanafelt et al.  
Mayo Clin Proc 2015

## Demographics of Burnout

Burnout is more common for:

- Women– particularly the emotional exhaustion
- Younger physicians
- “Front line” specialties
- Greater hours per week
- Incentive-based salary structure
- Private practice



## Beliefs That Lead to Burnout

- Limited knowledge is a personal failure
- Physicians bare all of the responsibility for a patient's outcome
- Ignoring self- care for the sake of hard work is desirable
- It is unprofessional to discuss emotions or uncertainties

## Key Drivers of Physician Stress

### **Individual**

- Problems with work-life balance
- Loss of values and meaning in work
- Heavy sense of responsibility

### **Organizational**

- Excessive workload
- Inefficient work environment, inadequate support
- Loss of autonomy/flexibility/control

## Consequences of Physician Burnout

- Medical errors
  - Impaired professionalism
  - Reduced patient satisfaction
  - Staff turnover and reduced hours
  - Depression and suicidal ideation
  - MVAs and near misses (beyond the effects of fatigue alone)
- } affects patients!

## Evidence For Helpful Intervention

Systematic review on interventions for physician burnout, commissioned by the Arnold P Gold Foundation Research Institute (West Lancet 2016):

- Identified over 2,600+ articles on interventions
- Meta-analysis included >50 studies on intervention
  - studies included residents and private practice physicians
  - individual-focused > organizational
  - randomized trials and cohort studies
- Outcome measures included overall burnout, emotional exhaustion (EE) score, and depersonalization (DP) score

West C et al. The Lancet 2016

## Strategies for Promoting Wellness: Individual-Focused Interventions

- Mindfulness/Meditation techniques
- Stress management training
- Self-care workshops, exercise programs
- Small group discussion

## Mindfulness

1. the quality or state of being conscious or aware of something.  
"their mindfulness of the wider cinematic tradition"
  2. a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.
- Evidence suggests that these techniques can lower stress, focus ones mind, reduce brain chatter, and help individuals deal with physical pain
  - Can be quick and simple

## Strategies for Promoting Wellness: Organizational Interventions

- Changes in scheduling (shorter shifts)
- Locally developed modifications to clinical work processes (physician led changes)

## Outcome

- Emotional Exhaustion score (EE):
  - Rate of high EE - **14%** (47%-33%) in absolute risk reduction ( $p < 0.001$ )
  - Mindfulness and stress management interventions appear most effective
- Depersonalization (DP):
  - Rate of high DP - **4%** (38%-34%) in absolute risk reduction ( $p = 0.04$ )
- Overall burnout improved from 54% to 44%
- We can reduce, but not eliminate burnout
- No difference between resident and practicing physicians
- Both individual and organizational interventions are useful and needed

## Areas of Further Research

- Studies that combining interventions
- Certain subgroups may benefit from specific interventions more than others
- Sustainability of interventions (only 9 of the studies included did follow up analysis)

## Resilience

- The capacity to bounce back, withstand hardship, and to repair yourself
- Positive adaptation in the face of stress or disruptive change

Based on:

- Internal attributes (genetics, self compassion, optimism)
- External (modeling, social connections, trauma)
- Skills (problem solving, finding purpose)

## Resilience

“Healthy resilience can be learned, and it can be taught to others. It is typically characterized by specific traits that include: a strong sense of purpose; an internal locus of control; ability to accept current reality, tempered with a sense of optimism; realistic goal setting; emotional awareness; strong social connections; openness to challenges; flexibility; strong problem solving skills; identification as a survivor rather than victim; the ability to ask for help; consistent self-care; and the ability to keep stressful events in perspective. Building resilience is a critical life skill.”

*The Well Physician 2016*  
Hilary McClafferty, MD, FAAP

## AAP Resources

Section on Integrative Medicine  
--Physician Health and Wellness SIG

Section on Hospice and Palliative Medicine  
--Resilience Curriculum

Pediatric Resident Burnout-Resilience Study  
Consortium (58 programs)

## Resources

- [www.mindful.org/meditation/mindfulness-getting-started](http://www.mindful.org/meditation/mindfulness-getting-started)
- Shanafelt, TD, Boone, S., Tan, L et al. "Burnout and Satisfaction with Work-Life Balance Among US Physicians Relative to the General US Population." Archives of Internal Medicine. 172 (18). October 8, 2012. 1377-1385.
- Shanafelt, TD, Gorringer G, Menaker R, Storz K, Reeves D, et al. "Impact of organizational leadership of Physician Burnout and Satisfaction." Mayo Clinic Proc. 2015. 90(4):432-440.
- Pantaleoni, J, et al. "Burnout in Pediatric Residents Over a 2- Year Period: A Longitudinal Study." Academic Pediatrics 2014. 14: 167-172.
- West, C, et al. "Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis." The Lancet 2016. 388: 2272-81.
- "Physician Burnout and Distress: Causes, Consequences, and a Structure For Solutions." Presenter Colin P. West, MD, PhD. Mayo Clinic, January 5, 2017.
- [pedsresresilience.com](http://pedsresresilience.com)
- [www.aap.org](http://www.aap.org)
  - AAP Section Integrative Medicine: Physician Health and Wellbeing
  - AAP Section on Hospice and Palliative Care: Resilience Curriculum
- Thomas NK. Resident Burnout. JAMA. 2004 Dec 15;292(23):2880-9.