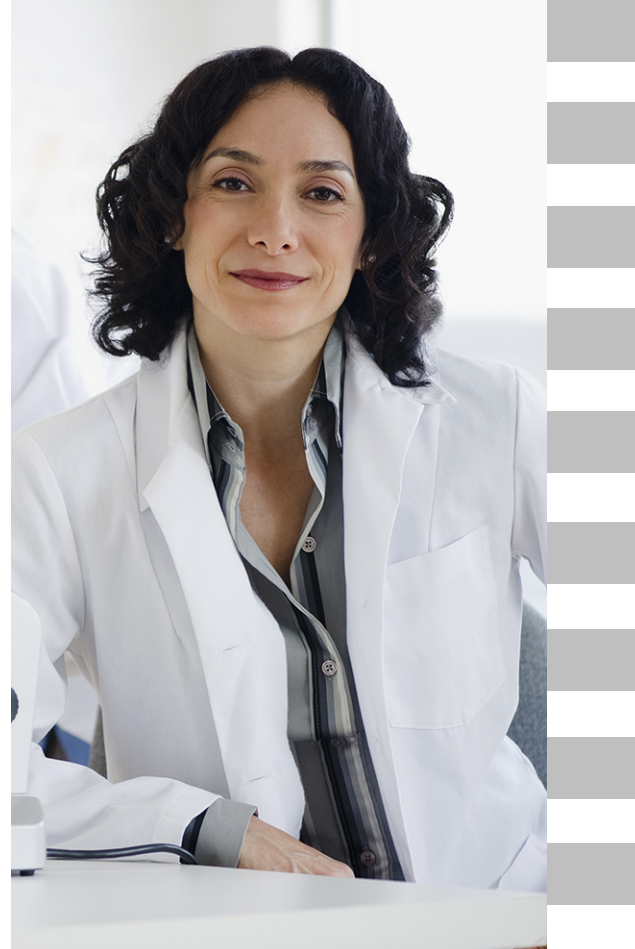


# Healthcare Provider Burnout: **How Do You Cope?**

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# Some Case Studies in Provider Burnout



## Meet Sam

- Sam is a RN/CDE who has been practicing for 18 years in an urban hospital setting
- He loves working with patients, but the administrative demands of his job have become overly burdensome
- He is exhausted and overwhelmed with the demands of his job, which is affecting his patient care and his personal life



## Meet Ashley

- Ashley is a 2nd year resident in a pediatric residency program
- Her mother was recently diagnosed with breast cancer
- Over the past several months, she has experienced depressed mood, low energy, and feels detached from other people
- She is hesitant to tell anyone about how she is feeling for fear of being seen as weak

# Healthcare Provider Burnout Overview

*Physicians are caught in a quagmire between the demands of the healthcare system and their deeply held desire for meaningful relationship with their patients based on compassion, trust and mutual respect.*

~Health Affairs Blog

# What is Burnout?

Exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration

<https://www.merriam-webster.com/dictionary/burnout>





# Symptoms of Provider Burnout

- **Emotional Exhaustion:** Feeling overstretched by responsibility and having no reserve left
- **Depersonalization:** Feeling detached from others
- **Lack of Accomplishment:** Deriving no personal joy or meaning from work

<https://psnet.ahrq.gov/perspectives/perspective/190/burnout-among-health-professionals-and-its-effect-on-patient-safety>



# Healthcare Provider Burnout

is Becoming More Common

**According to a study conducted by the Mayo Clinic:**

- 54% of physicians reported at least one symptom of burnout in 2014 compared to 45% in 2011
- Satisfaction with work-life balance also declined from 48.5% (2014) to 40.9% (2014)

[http://www.mayoclinicproceedings.org/article/S0025-6196\(15\)00716-8/abstract](http://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/abstract)



# Why Provider Burnout Needs to be Addressed



- **Patient Safety:** Providers who experience burnout are more likely to deliver substandard care and make mistakes
- **Provider Retention:** Clinicians report emotional health (62.5 percent), and work/life balance (71.5 percent) as 'extremely important' to the desire to stay in their current job

<https://psnet.ahrq.gov/perspectives/perspective/190/burnout-among-health-professionals-and-its-effect-on-patient-safety>

<https://www.cejkasearch.com/docs/wellness-survey-summary.pdf>

# Why Provider Burnout Needs to be Addressed



- **Quality of Life:** Burnout impacts job satisfaction, relationships and non-work related interests and activities
- **Health Outcomes:** Provider burnout has been shown to have an impact on patient health outcomes, both empirically and anecdotally

<https://psnet.ahrq.gov/perspectives/perspective/190/burnout-among-health-professionals-and-its-effect-on-patient-safety>

Halbesleben, J. R., & Rathert, C. (2008). Linking physician burnout and patient outcomes: exploring the dyadic relationship between physicians and patients. *Health care management review*, 33(1), 29-39.

<https://www.cejkasearch.com/docs/wellness-survey-summary.pdf>



## Key Takeaways

- **Provider burnout is common** and is becoming more prevalent
- **Burnout has wide-ranging impact** on patient care and provider quality of life

# Polling Question

A study by NEJM Catalyst found what percentage of executives, clinical leaders, and clinicians believe that provider burnout is a serious or moderate problem?

A) 12%

B) 45%

C) 74%

D) 96%

<http://catalyst.nejm.org/physician-burnout-endemic-healthcare-respond/>

# Factors Contributing to Provider Burnout



# Clerical and Administrative

- **Electronic Medical Records (EHR):** EHRs disrupt the workflow that many physicians have established over years in their practices, forcing them to carry their workload into off-hours
- **Increased productivity requirements and expectations:** Healthcare providers are asked to do more work, oftentimes with fewer resources

<http://catalyst.nejm.org/physician-burnout-endemic-healthcare-respond/>



# Patient Care

- **Patients have complex needs:** Pressure to manage increasingly medically complex patients in less time, for less money, with better outcomes
- **Inadequate staffing:** Providers become overextended, depleting the emotional and physical resources they have to care for patients

Loeb, D. F., Bayliss, E. A., Candrian, C., & Binswanger, I. A. (2016). Primary care providers' experiences caring for complex patients in primary care: a qualitative study. *BMC family practice*, 17(1), 34.

McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, 30(2), 202-210.





# Cultural

- **Institutional and professional expectations:** Real or perceived expectations on healthcare providers increase pressure and contribute to burnout
- **Not wanting to appear ‘weak’:** Many healthcare providers are reluctant to talk about feeling burned out because of what their colleagues might think

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. *The Annals of Family Medicine*, 12(6), 573-576.

<https://nam.edu/wp-content/uploads/2017/07/Burnout-Among-Health-Care-Professionals-A-Call-to-Explore-and-Address-This-Underrecognized-Threat.pdf>



# Key Takeaways

**There are multiple factors that contribute to provider burnout, including but not limited to:**

- Clerical and Administrative
- Patient Care
- Cultural

# Polling Question

In a recent survey, two-thirds (65%) of providers say burnout is a serious problem across health care. What percentage of these providers rate it likewise in their own organization?

- A) 20%
- B) 35%
- C) 56%
- D) 87%

<http://catalyst.nejm.org/physician-burnout-endemic-healthcare-respond/>

# Addressing Provider Burnout

# Institutional Strategies

- In September of 2016, the CEOs of the 10 leading healthcare delivery organizations in the US held a summit at the American Medical Association (AMA) headquarters in Chicago
- There was clear consensus among all attendees that addressing the issue of provider burnout is a matter of absolute urgency
- The group committed to take action to address the problem of healthcare provider burnout

<http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/>

# Institutional Strategies (cont.)

- Regularly measure the well-being of the workforce using one of several standardized, benchmarked instruments
- Include measures of well-being in institutional performance dashboards along with financial and other performance metrics
- Evaluate and track the costs of turnover, early retirement, and reductions in clinical effort
- Emphasize the importance of leadership skill development for providers and managers throughout organizations
- Address the clerical burden and inappropriate allocation of work contributing to burnout

<http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/>

# Institutional Strategies (cont.)

- Support collaborative, team-based models of care where provider expertise is maximally utilized for patient benefit
- Encourage government/regulators to address the increasing regulatory burden that is driving inefficiency, redundancy, and waste in healthcare
- Encourage national organizations to work with regulators and technology vendors to align technology and policy with advanced models of team-based care and to reduce the burden of the EHR on all users
- Continue to educate stakeholders in the healthcare ecosystem about the importance of reducing burnout among healthcare professionals

<http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/>

# Institutional Strategies (cont.)

- Encourage national organizations to develop initiatives to make progress by compiling and sharing best practices from institutions that have successfully begun to address burnout, profiling case studies of effective well-being programs, efficient and satisfying changes in task distribution, and outlining a set of principles for achieving the well-being of health professionals
- Determine the most effective policies and interventions to improve professional well-being among our physicians and other healthcare professionals

<http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/>



# Provider Self-Care

- **Follow a healthy lifestyle:** Eat healthy foods and exercise regularly. Practice good sleep habits and make time for rest and relaxation on a regular basis
- **Make wellness part of everyday life:** Prioritize emotional health to improve resilience and manage stress. This may include things such as exercise, spending time by yourself, or mindfulness exercises.
- **Schedule annual checkups:** Take care of your body so you can face adversity and to help manage stress

Richardson, A., Adner, N., & Nordström, G. (2001). Persons with insulin-dependent diabetes mellitus: acceptance and coping ability. *Journal of advanced nursing*, 33(6), 758-763.

# Provider Self-Care (cont.)

- **Connect with friends and family:** Supportive relationships are important to everyone's well-being. Connect with a supportive colleague or workplace mentor to think through helpful strategies for managing stress at work.
- **Seek support from a support group or mental health professional:** If stress affects your mood, behavior, or physical health, it may be helpful to talk with a mental health professional to talk through coping strategies

Richardson, A., Adner, N., & Nordström, G. (2001). Persons with insulin-dependent diabetes mellitus: acceptance and coping ability. *Journal of advanced nursing*, 33(6), 758-763.



## Key Takeaways

- Healthcare leaders are aware of the problem and have committed to taking action to address it
- Healthcare providers need to be empowered to talk openly about any burnout they are experiencing
- Providers can and should engage in self-care behaviors
- There is still a lot of work to be done!

# Polling Question

In a survey of surgeons, what percentage of the respondents (n=7905) reported suicidal ideation during the previous 12 months?

- A) 0.3%
- B) 1.4%
- C) 6.3%
- D) 16.8%

Shanafelt TD, Balch CM, Dyrbye L, Bechamps G, Russell T, Satele D, Rummans T, Swartz K, Novotny PJ, Sloan J, Oreskovich MR. Special Report Suicidal Ideation Among American Surgeons. Arch Surg. 2011;146(1):54–62. doi:10.1001/archsurg.2010.292



## An Update on Sam

- Sam became so overwhelmed by the non-clinical aspects of his job that he approached his supervisor and threatened to quit
- The supervisor said she was committed to working with Sam to reduce the administrative burdens in his role
- She also asked him to join a hospital committee to address provider burnout
- Sam still struggles at times, but is feeling hopeful that things will get better soon



## An Update on Ashley

- Ashley has recently been more open with her colleagues and mentors about her feelings of burnout and the stress in her personal life
- Her co-workers have also started talking about similar challenges they are experiencing
- She was surprised by the support she has received from her colleagues
- Ashley took 10 days off to decompress and spend time with her family

*Self-care is not selfish. You cannot serve from an empty vessel.*

~Eleanor Brown

Questions?



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