



Burnout : Acknowledging, Addressing and Overcoming



**Practicing Medicine Shouldn't Be
Miserable**

The Whole Physicians

got burnout?

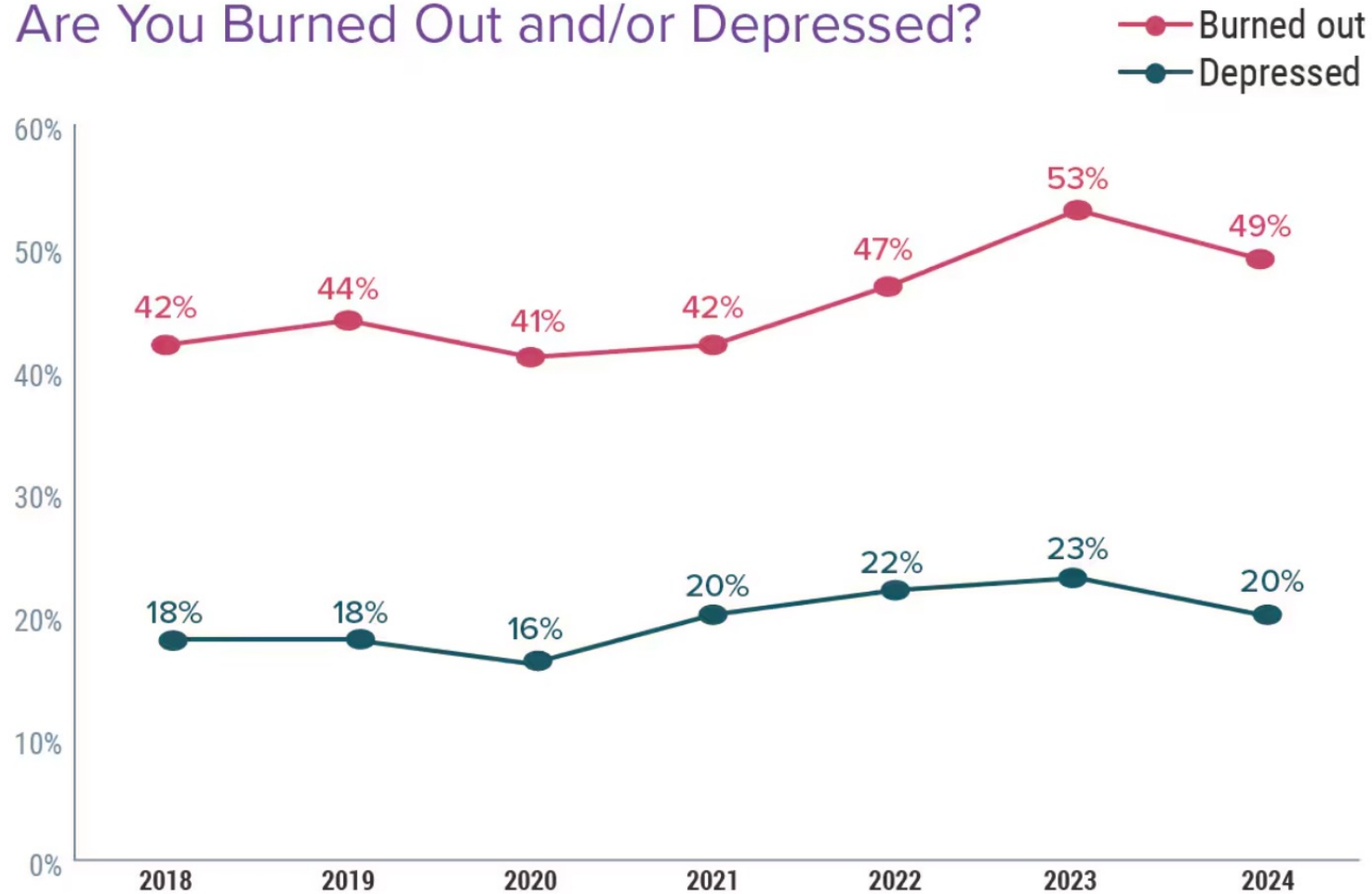
- emotional exhaustion
- depersonalization and cynicism
- low sense of personal accomplishment



Shanafelt TD, Boone S, Tan L, et al. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. *Arch Intern Med.* 2012;172(18):1377–1385.

Burnout and What COVID revealed

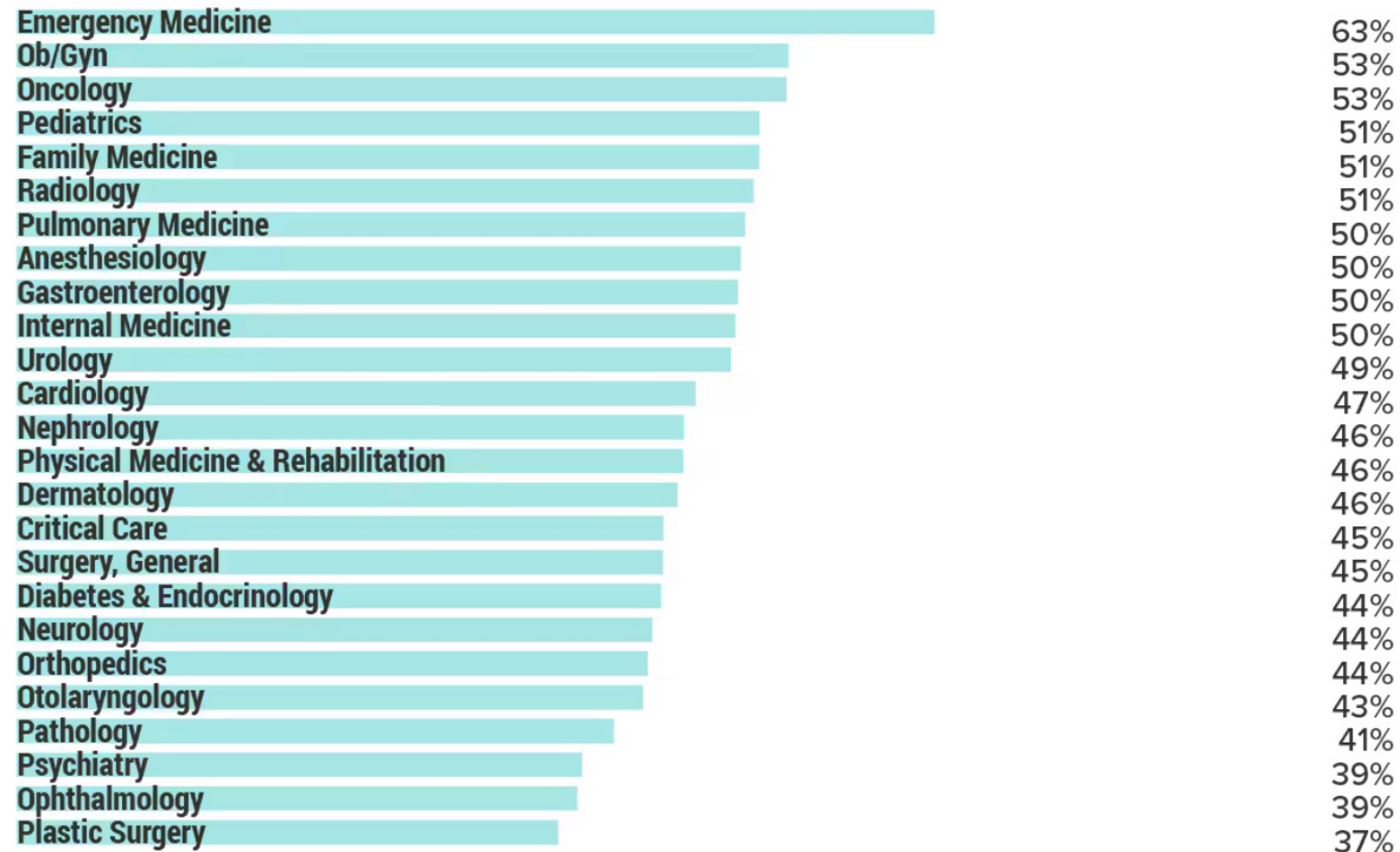
Are You Burned Out and/or Depressed?



Years shown refer to years report was published. Some respondents said they were both burned out and depressed.

Burnout and What COVID revealed

Which Specialties Have the Greatest Burnout Rates?



Not all specialties are shown.

Why Should We Care About Burnout?

- Medical Errors
- Impaired Professionalism
- Reduced patient satisfaction
- Racial Bias
- Blunted growth of medical knowledge
- Depression and Suicidal Ideation
- Vehicle Motor Crashes and near-misses

Estimated that **~\$4.6 BILLION** is lost **ANNUALLY** due to physician turnover and lost clinical hours in the setting of burnout

got burnout?

***Medscape physician satisfaction, updated data

2017 AMA Study:

Burnout

40% Physicians

28% Employed Population

Work-Life Integration

Dissatisfaction

43% Physicians

21% Employed Population



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Burnout: What COVID revealed...



Do We Need To Toughen Up?

July 2, 2020

Resilience and Burnout Among Physicians and the General US Working Population

Colin P. West, MD, PhD^{1,2}; Liselotte N. Dyrbye, MD, MHPE³; Christine Sinsky, MD⁴; et al

Conclusions and Relevance The findings of this national survey study suggest that physicians exhibited higher levels of resilience than the general working population in the US. Resilience was inversely associated with burnout symptoms, but burnout rates were substantial even among the most resilient physicians.

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**“While burnout manifests in individuals,
it originates in institutions”
- Christine Sinsky**

Vice president of Professional Satisfaction, American
Medical Association

We can't yoga ourselves out of this one...

EHR Patient Satisfaction Numbing Scheduling Complications

Substance Abuse Perfectionism Buffering

Compassion Fatigue

Decision Fatigue Imposter Syndrome Moral Injury

Resiliency Toxic Positivity

Patient Satisfaction Meditate Futility

Coaching

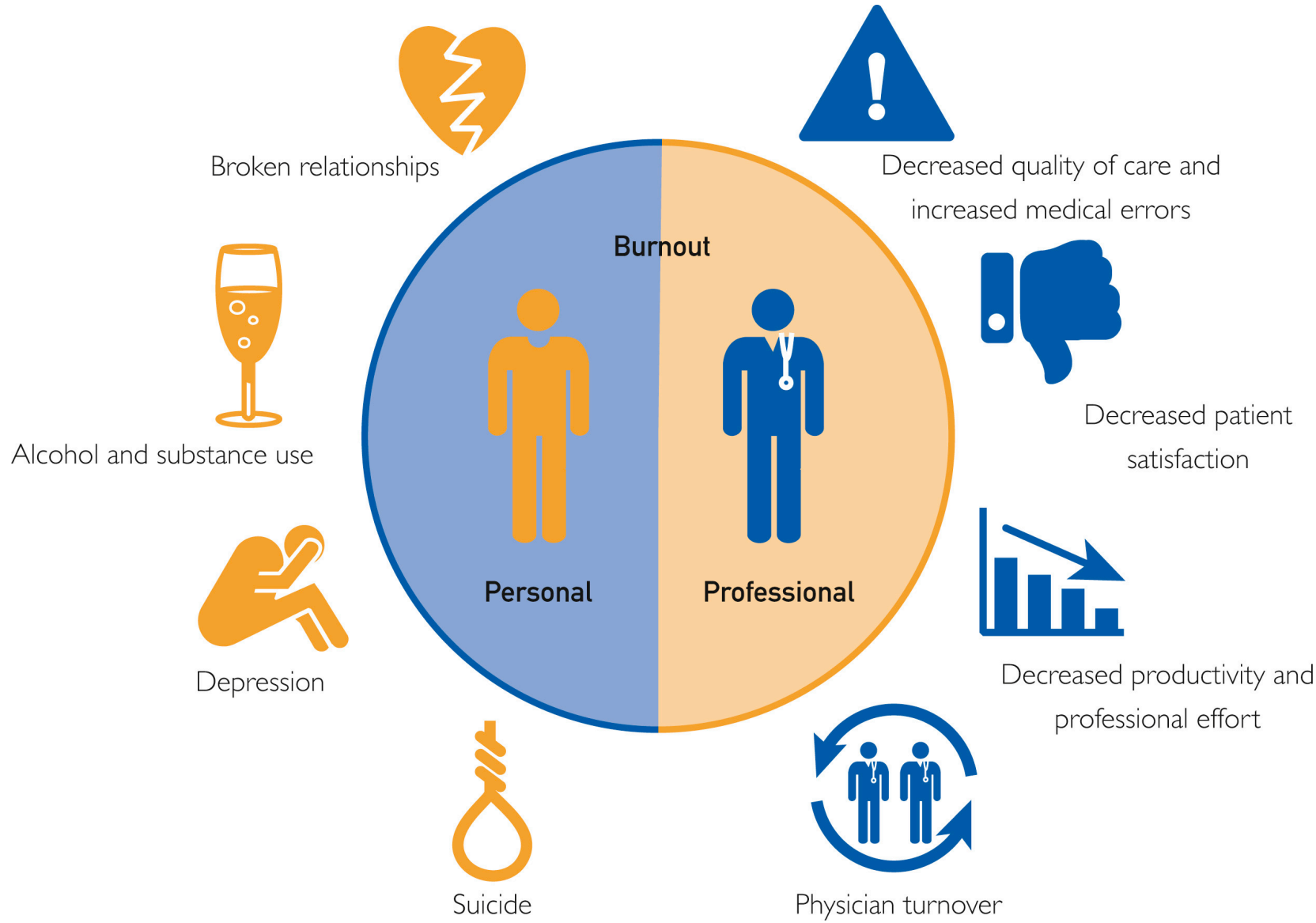
External Validation Self-Compassion

Chief Wellness Officer

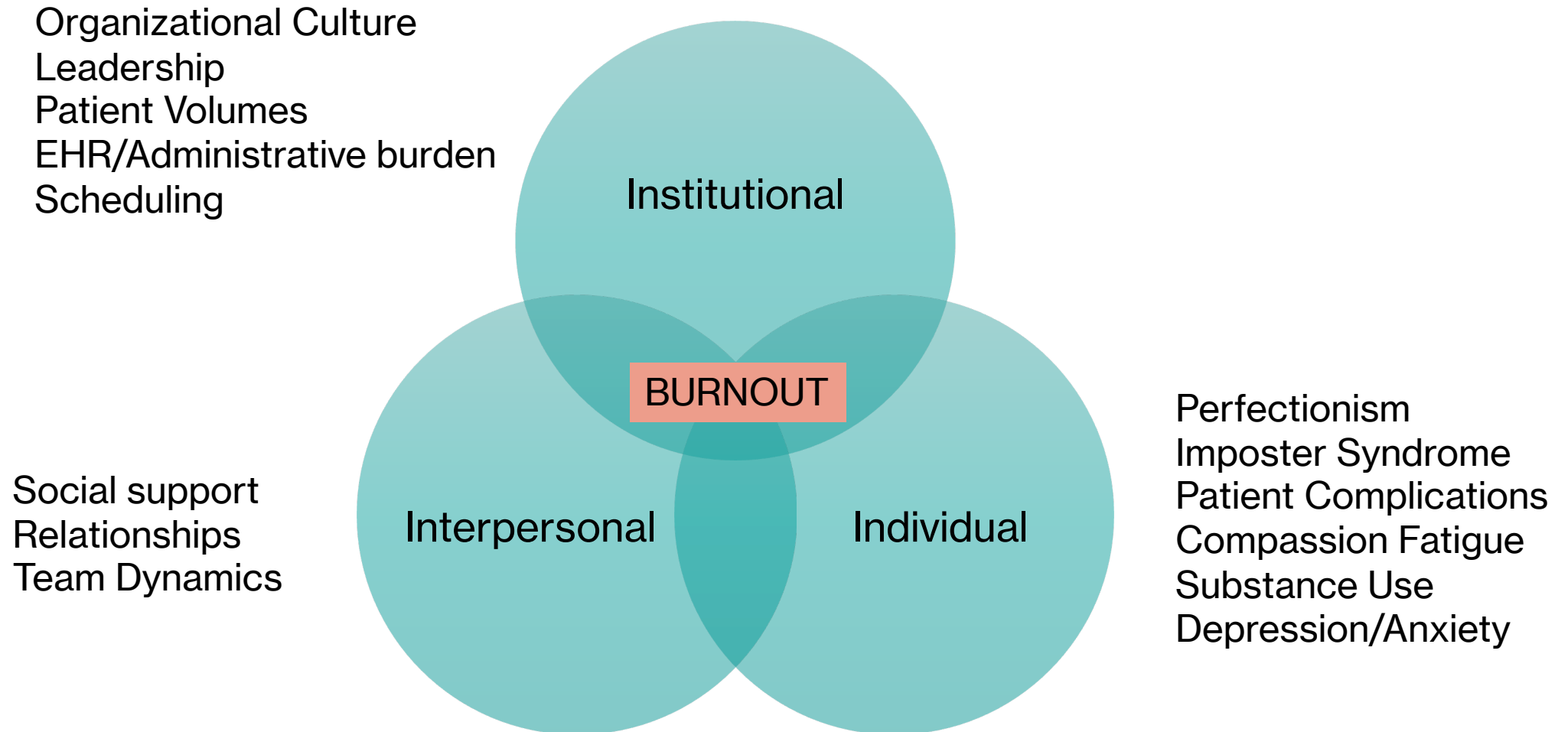
Signs & Symptoms of Burnout

**“While burnout manifests in individuals, it originates in institutions”
- Christine Sinsky**

Vice president of Professional Satisfaction,
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Burnout is *multifactorial*...



Case 1: 38yo Female ER physician, high achieving workaholic, that “loves” her job... but in truth she thinks it’s a fluke that she has made it this far and she is waiting for the moment she is “found out”.

Imposter Syndrome

Imposter Syndrome

A sense of feeling like you don't belong, like you aren't good enough to be where you are

Traits : perfectionism

people pleasing

a FIXED MINDSET that these are the skills/intelligence that you have, if you don't have them naturally then you cannot acquire them

25-30% of high achievers have Imposter Syndrome

THE 5 TYPES OF IMPOSTORS

People who feel like impostors hold themselves to unrealistic, unsustainable standards of competence. In Dr. Valerie Young's research with hundreds of thousands of people from a wide range of occupations and at all phases of their careers, five different types emerged — each with its own unique focus:



THE PERFECTIONIST

- Primary focus on “how” something is done, how the work is conducted and how it turns out.
- One minor flaw in an otherwise stellar performance or 99 out of 100 equals failure, shame.



THE EXPERT

- The knowledge version of the Perfectionist, the primary concern is on “what” and “how much” you know or can do.
- Because you expect to know everything, even a minor lack of knowledge brings failure and shame.



THE SOLOIST

- Cares mostly about “who” completes the task.
- Because you think you should be able to do it all on your own, needing help, tutoring, or coaching is a sign of failure that evokes shame.



THE NATURAL GENIUS

- The Natural Genius also cares about “how” and “when” accomplishments happen. But for you, competence is measured in terms of ease and speed.
- The fact that you have to struggle to master a subject or skill or that you're not able to bang out your masterpiece on the first try equals failure which evokes shame.



THE SUPERHUMAN

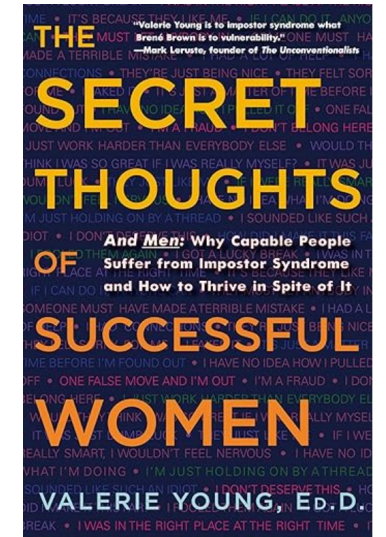
- The SuperHuman measures competence based on “how many” roles you can both juggle and excel in.
- Falling short in any role — as a parent, partner, on the home-front, friend, volunteer — all evoke shame because you feel you should be able to handle it all — perfectly and easily.

Imposter Syndrome: Tactics to Overcome

1. NORMALIZE these feelings : everyone has them, they become problematic when we decide these feelings are telling you the truth
2. Chose CONFIDENCE with these three tactics :
 - A. Never chose self doubt
 - B. Do not rely on external validation
 - C. Do not fear failure



Rebel Physician, Dr. Kristin Yates



Dr. Valerie Young
www.impostersyndrome.com

Do not fear failure : Fixed vs Growth Mindset

Fear vs confidence cycles

Fixed vs growth chart

Case 2: 45yo Male ER physician comes home from his shift at a busy ER. After every shift treats himself to one glass of whisky, followed by 2 more, so he can unwind. He falls asleep only to wake up feeling groggy and drained.

Numbing

Numbing & Buffering

Using something to FEEL different.

The thing may not be inherently bad or good



but it's a problem if you are suffering NET NEGATIVE effects from it



Numbing & Buffering

Food

Alcohol

Scrolling Social Media

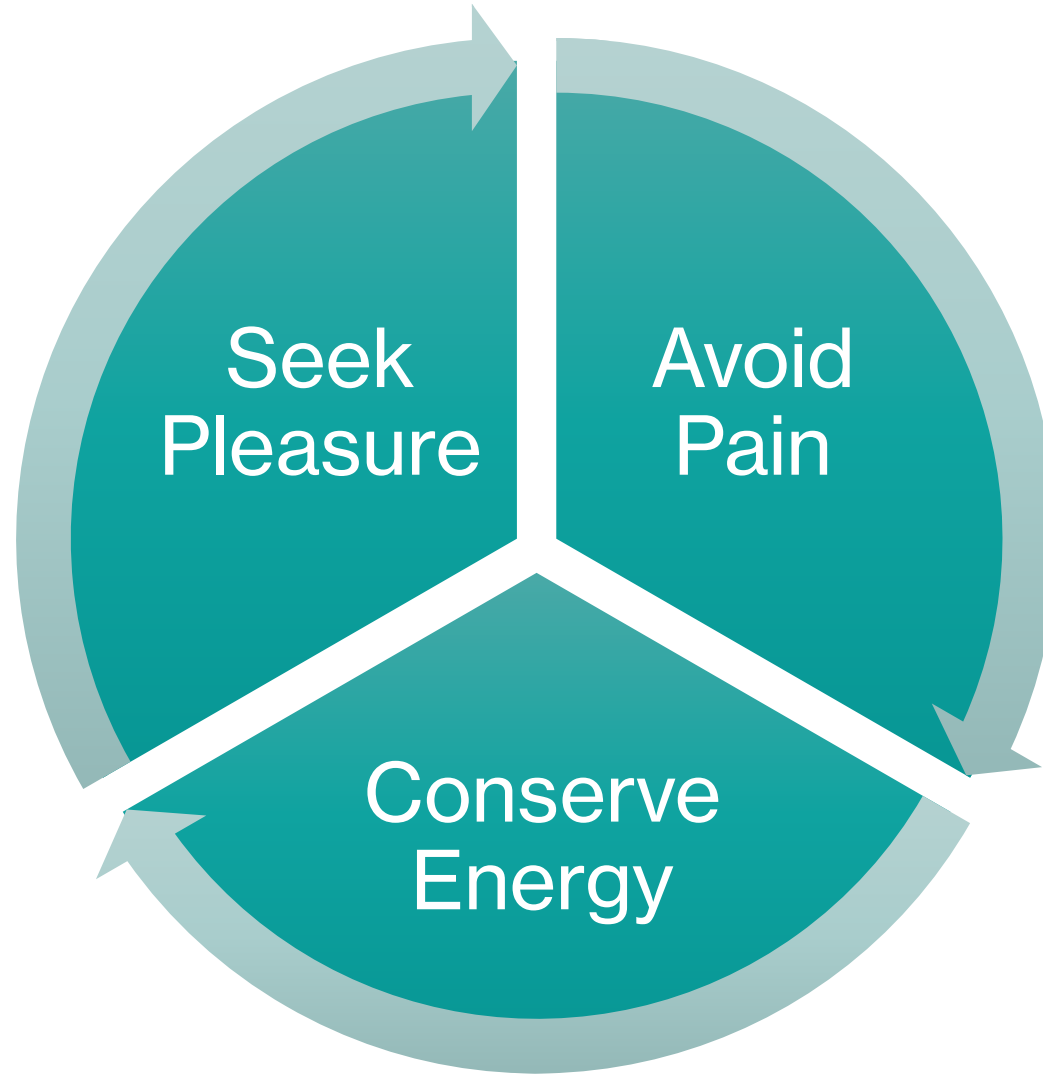
Online Shopping

Netflix

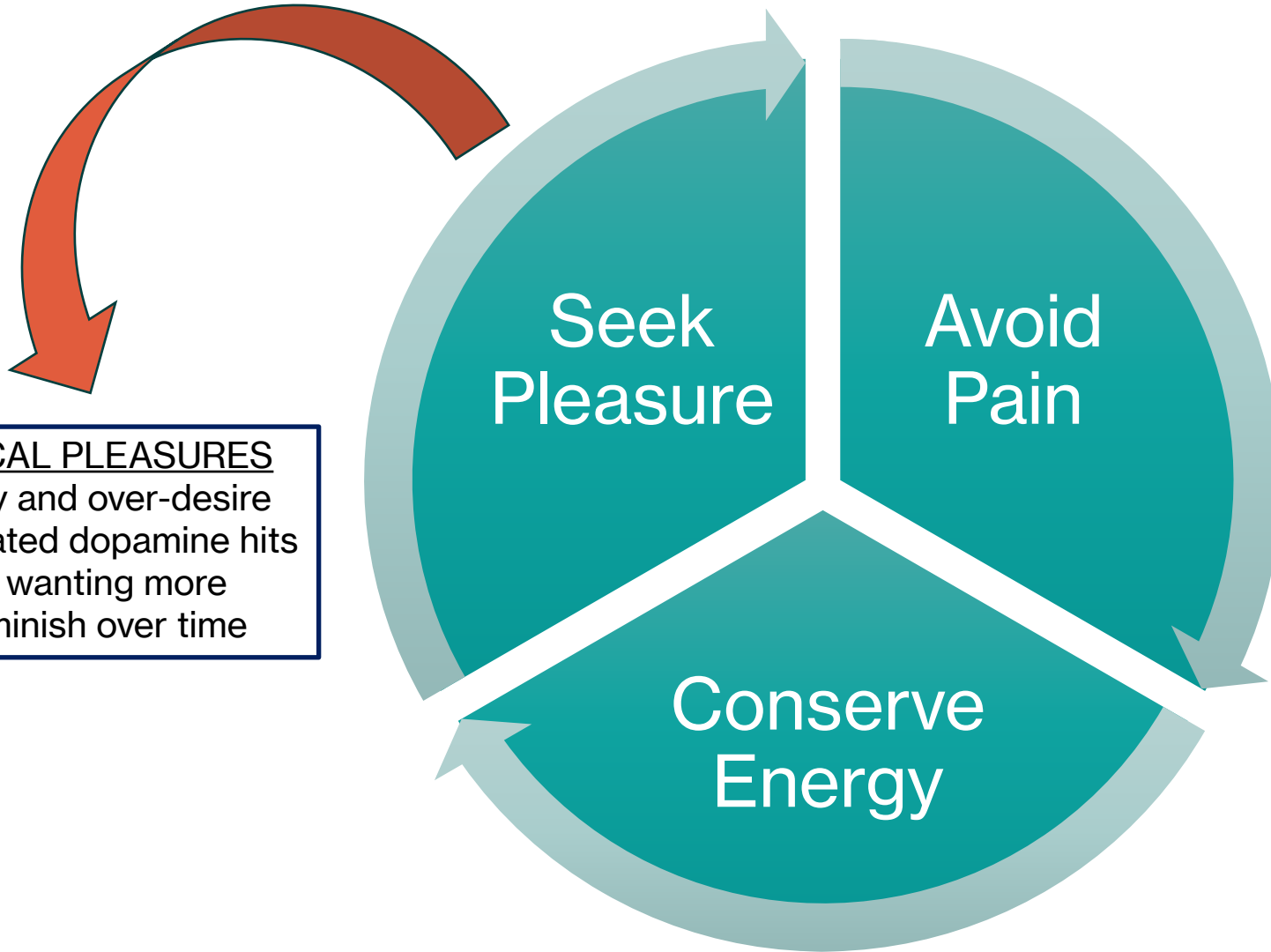
Gambling

Porn

Motivational Triad: Why we Numb Out



Motivational Triad

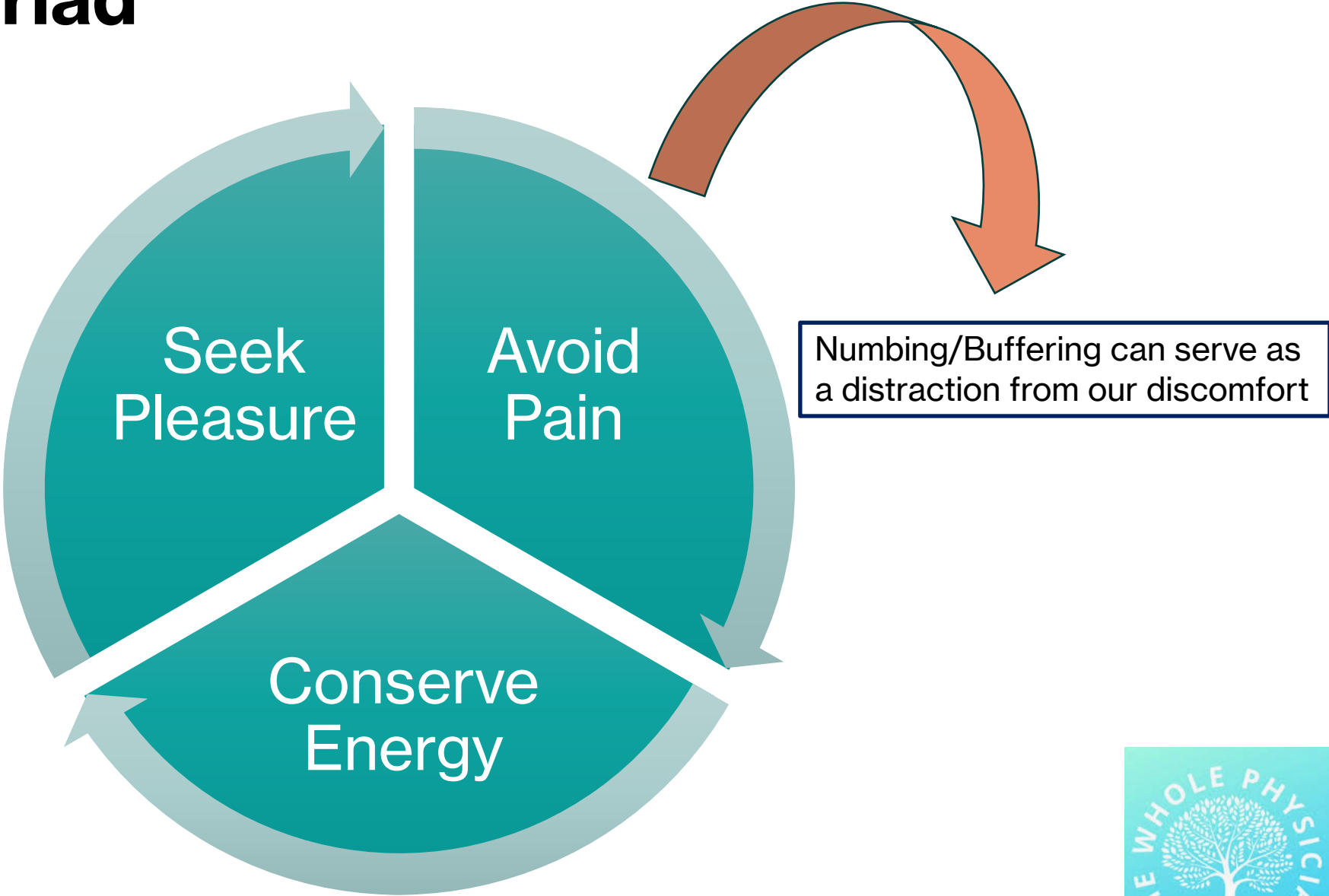


FALSE / ARTIFICIAL PLEASURES

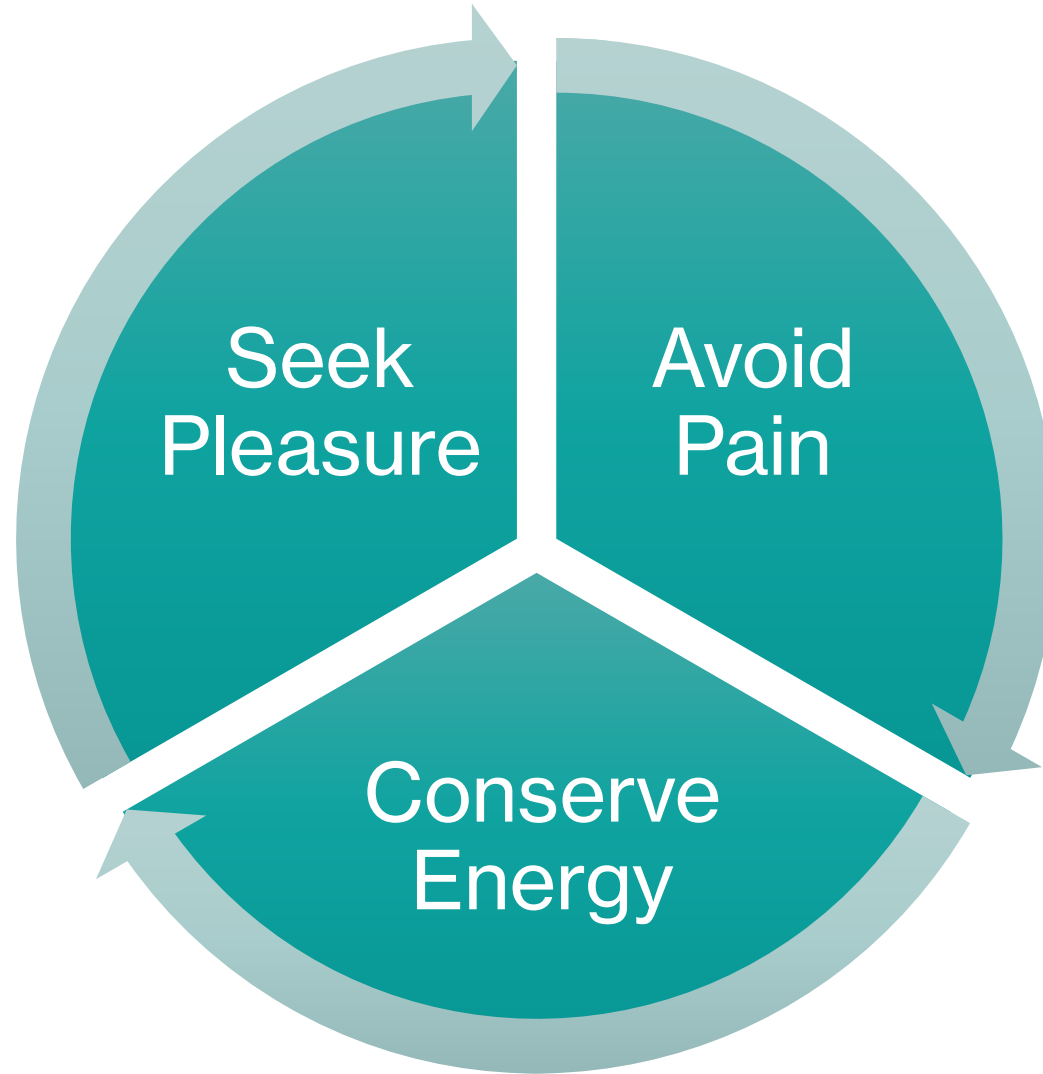
- Create urgency and over-desire
- Over-concentrated dopamine hits
 - Constantly wanting more
 - Rewards diminish over time



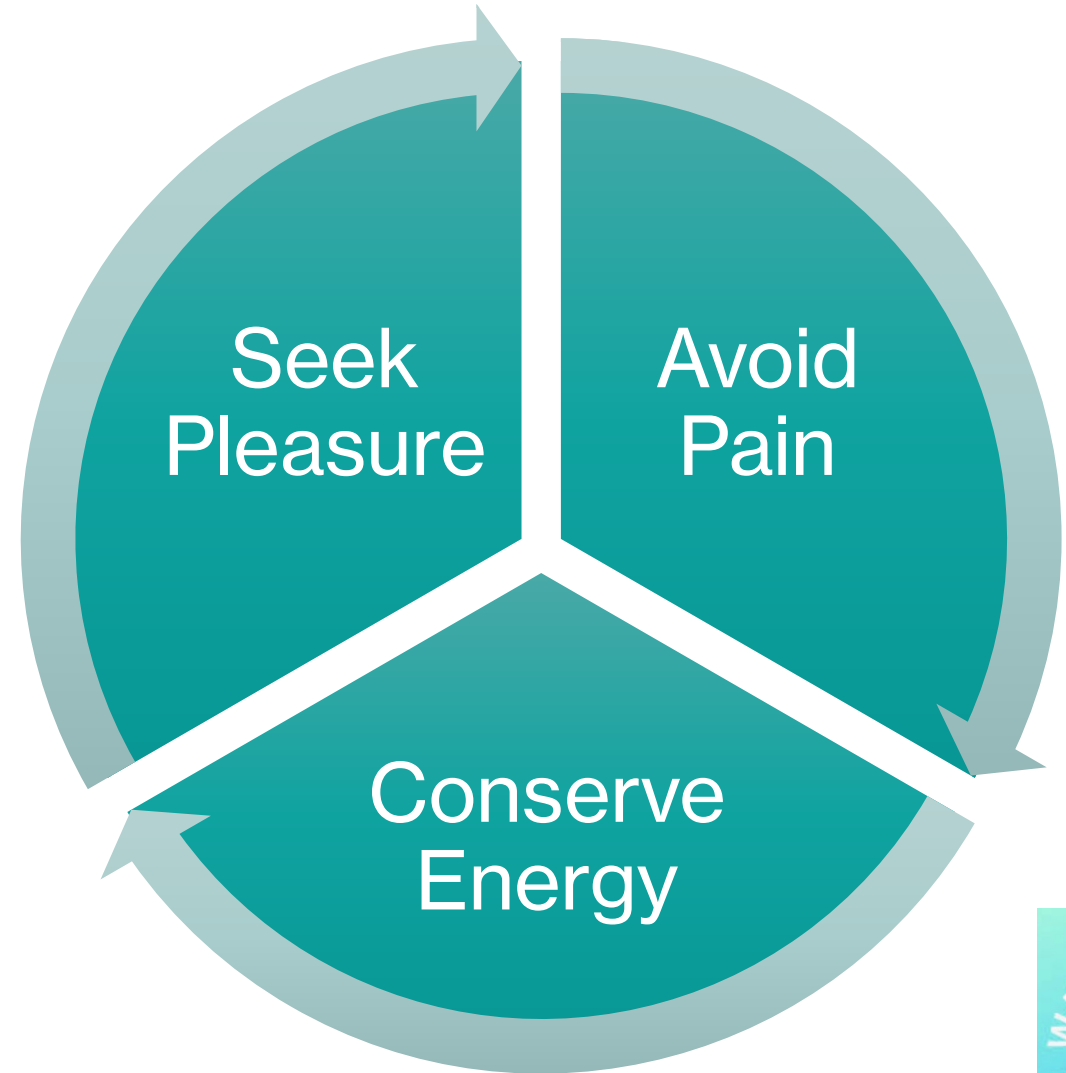
Motivational Triad



Motivational Triad



Motivational Triad



Case 3: 50yo Female ER Physician, prides herself on being a good doctor, discharges a patient that presented with low risk chest pain one morning. Patient returns at the end of her shift via EMS, CPR in progress and time of death is called by her colleague.

She goes home consumed by guilt and shame. She can't sleep all night wondering how she will ever be able to go back to work.

Navigating Complications

Navigating Complications

Complications: inevitable and hard to get over

“The only doctor that doesn’t have a complications is the one who doesn’t practice”

Navigating Complications

Complications: inevitable and hard to get over

In the moment : overwhelm, confusion, irrational thinking
In the aftermath : embarrassed, shame spiral, fearful

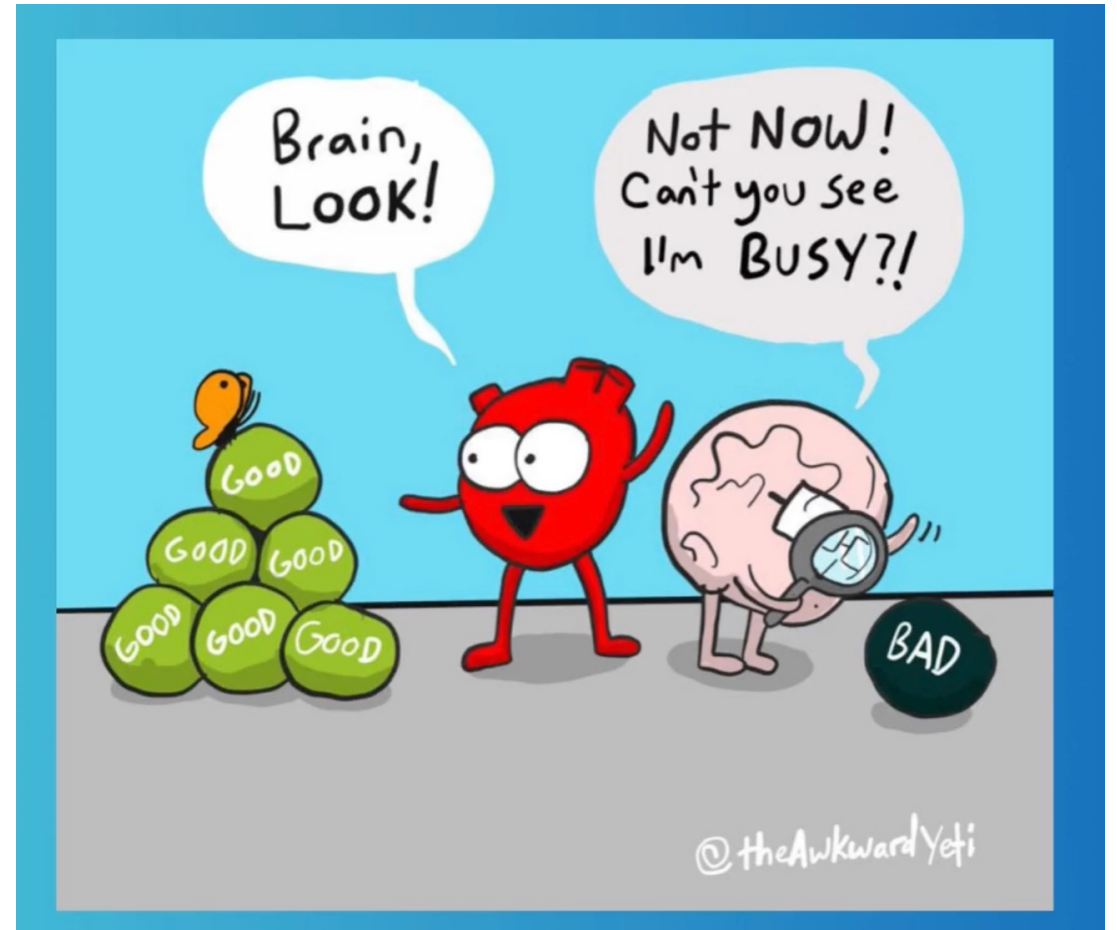
Dealing with complications is all about accepting imperfection



Navigating Complications

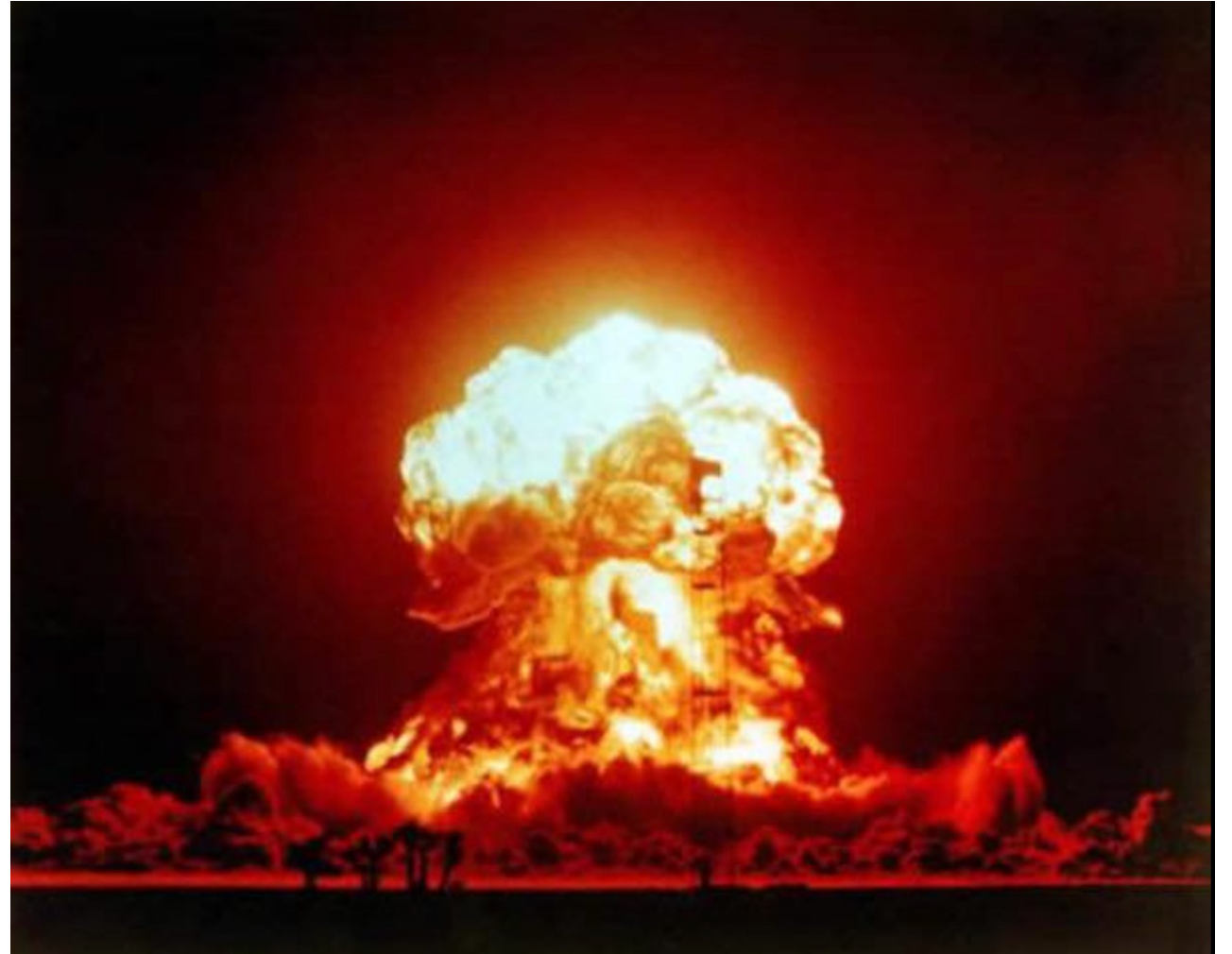
Traits of the Perfectionist:

- Focus on results
- Unrealistically high standards
 - Highly critical
 - Rumination
 - Fear of Failure
- All or Nothing thinking



Navigating Complications

The perfectionist brain after
a complication:



What to do when a complication happens...

What Patients Need to Hear:

IMPORTANT POST-COMPLICATION CARE

Dr. Amy Vertrees' Podcast: BOSS (Business of Surgery Series)

- 1. We did our best**
- 2. What happened to my body**
- 3. We will see you through this**
- 4. This was not for nothing, we will learn from this**



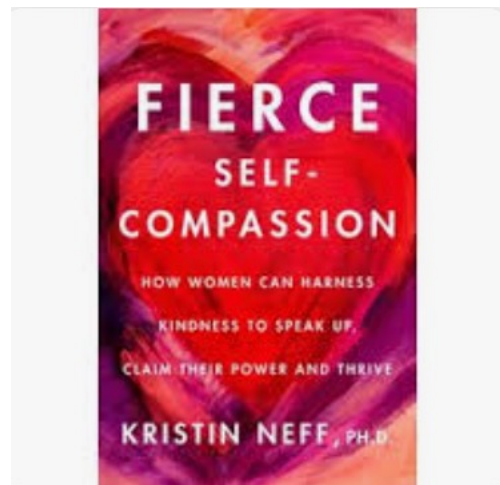
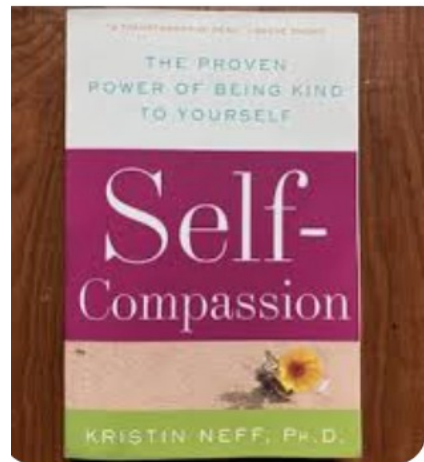
What to do when a complication happens

- 1. Self Compassion**
- 2. Talk to a trusted colleague**
- 3. Compartmentalize**



What to do when a complication happens

1. Self Compassion



Dr. Kristin Neff principles:

1. **Self-kindness** over self-judgement
2. **Common humanity** over Isolation
3. **Mindfulness** vs Over-Identification

What to do when a complication happens

2. Talk to a trusted colleague : shame can only survive in the dark

We desperately don't want to experience shame, and we're not willing to talk about it. Yet the only way to resolve shame is to talk about it.

- BRENE BROWN

Shame loves secrecy. The most dangerous thing to do after a shaming experience is hide or bury our story, the shame metastasizes.

-BRENE BROWN

What to do when a complication happens

3. Compartmentalize

- Honor the experience
- Analyze
- Compartmentalize to move forward



Case 4: 36yo male ER physician on a busy shift sees that they have just roomed one of their frequent flyers, a 58yo female with years of abdominal pain. She has had 3 CT scans in the last 6 months and saw GI for a scope 6 weeks ago. He is frustrated that she is back and slightly rude to her during his history & physical.

Compassion Fatigue

The Goal...



But sometimes...



Managing Expectations

Expectations are those seeds we plant in the mind of how things “should” be in the past, present or future.

Unfulfilled expectations cause suffering

Need to manage both the **PATIENT’S** expectations and **YOUR OWN**



Unnecessary Suffering

Pain x Resistance = Suffering

- Kristin Neff, PhD

Resisting reality can negatively affect how you're showing up in human interactions.

It's never the circumstance that is the problem. It's what we think about the circumstance that creates the results for our lives

Extra attention should be given when you catch yourself saying "it should be," or "I wish that," or "if only."

Having "prescriptions" for how other adults should act is disempowering. But that's different from having healthy boundaries.



Recognize, Inquire, Set the Stage

Recognize : triggering scenarios

Frequent flyer patients, bounce backs, demanding patients or family members, the worried well

Inquire : What can I do for you today? What are you worried about?

Set the Stage :

- “I probably won’t solve this today but...”
- The value of reassurance
- Sit down and talk

****These tactics can hopefully restore compassion as opposed to drain compassion****



Case 4: 36yo female ER physician comes on shift one night and receives signout on a 25yo suicidal male. He has been here twice before with suicidal ideation and is now awaiting transfer to a psychiatric facility again. With little mental health resources close to home, the physician feels hopeless that this patient will get any meaningful help for his depression and this cycle will only repeat itself.

Feelings of Futility

10 Ways to Fight Futility

Realize there is a difference between the world not changing fast enough and you being useless

Instead of focusing on how bad the opposition is, focus on how amazing your allies are

Realize that anger and fear will burn you out

Take care of yourself

Count our blessings

Create boundaries

Accept that it is appropriate to feel sad and frustrated

Build your optimism muscle

Realize how lucky you are to be in the position to try at all

Be grateful for your enlightenment

COLIN BEAVAN, PhD
EXECUTIVE COACH | AUTHOR

Case 5: 36yo female, ER physician and Medical Director of her ER. Depressed and overwhelmed during the COVID-19 pandemic. Despite seeking help she dies by suicide in the face of these stressors

Physician Suicide

- removing mental health stigma from credentialing**

Resources for Health Care Worker Well-Being: 6 Essential Elements

Institutional Changes - Wellness Programs and CWOs

