Academic Burnout
Identifying Causes and Creating a Plan for Vitality

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Cincinnati Children’s Hospital
February 16, 2018
Learning Objectives

1. Describe the components and adverse consequences of burnout in academic settings
2. Describe the individual, divisional, and institutional drivers of burnout identified in the literature
3. Identify your own personal drivers of vitality and burnout
4. Create your personal plan for vitality
Commentary: Surviving scientist burnout

Luigi Delle Site

Preventing Physician Burnout
Curing the Chaos and Returning Joy to the Practice of Medicine

The Epidemic of Physician Burnout
More than 54% markers of burnout
Exhaustion

Physician Suicide Letters
To others who have been good friends, I love you too.

Physician Burnout
An Emotionally Malignant Disease

Nature
International weekly journal of science

Home | News & Comment | Research | Careers & Jobs | Current Issue | Archive | Audio & Video | For

Archive > Volume 545 > Issue 7654 > Careers > Features > Article

Work-life balance: Break or burn out

Kendall Powell

Nature 545, 375-377 (18 May 2017) doi:10.1038/nj7654-375a
Published online 17 May 2017
First Known Reference to Burnout: Exodus 18: 17-18

17 נאמר למשה אלי לא תוסך חביר אשה עשה:  
But Moses’ father-in-law said to him, “The thing you are doing is not right;

18 נבל חפל אמסתיה וסמחה כי אם אשה עשהrepid ממק ערב לא תוחל:  
you will surely wear yourself out, and these people as well. For the task is too heavy for you; you cannot do it alone.
73% frequently/constantly torn between work and personal life
83% stressed due to balancing work and life
55% have to choose between successful career and spending time with family
4% strongly agree division supports work/life needs
What is Burnout?

An experience in response to chronic job stressors leading to

• Emotional exhaustion – *stress response*
  ✓ Emotionally overextended, exhausted by work

• Depersonalization/cynicism – *negative response to job/others*
  ✓ Unfeeling or impersonal response toward recipients of one’s service, care treatment, or instruction

• Low personal accomplishment – *negative response to self*
  ✓ Decreased sense of competence, success and achievement in one’s work

Adapted from Christina Maslach, November 2017
Measurement

- Multiple measures, though Maslach Burnout Inventory most commonly used
- Measures may not be comparable, may not have been validated
- Measurement error may be due to concerns about confidentiality or stigma
- Often measured as a yes/no but occurs along a continuum

Adapted from Christina Maslach, November 2017
What is the Opposite of Burnout?

• Wellness
  ✓ A state of complete physical, mental, and social well-being

• Engagement
  ✓ Involved in, enthusiastic about and committed to work and workplace

• Vitality
  ✓ Professional fulfillment, motivation, and commitment to ongoing intellectual and personal growth, full professional engagement, enthusiasm and positive feelings of aliveness, energy, and excitement

Forbes.com 2012; Pololi, 2015; Shah, Acad Med 2017
Personal and Professional Consequences of Burnout

- Broken relationships
- Substance abuse
- Depression
- Suicide
- Absenteeism, turnover
- Decreased quality of care
- Increased medical errors
- Decreased patient/family satisfaction
- Decreased productivity and professional effort

Adapted from Shanafelt, Mayo Clin Proc 2016
Personal and Professional Consequences of Burnout

Broken relationships
Substance abuse
Depression
Suicide

Absenteeism, turnover
Decreased productivity and professional effort
Decreased quality of care
Increased medical errors
Decreased patient/family satisfaction

Researchers
Productivity
Creativity
Vibrant lab culture

Adapted from Shanafelt, Mayo Clin Proc 2016
Burnout Starts During Medical Training

- Matriculating medical students have better mental health than peers
  - Lower burnout scores
  - Less depression
  - Higher quality of life
- This pattern is reversed by second year of medical school

## Burnout, Depression Vary By Training/Early Career Stage

National survey of medical students, residents/fellows, early career physicians, 2011-2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medical students (n=4,402)</th>
<th>Residents/fellows (n=1,701)</th>
<th>Early career physicians (n=880)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout (%)</td>
<td>56</td>
<td>60</td>
<td>51</td>
<td>.0001</td>
</tr>
<tr>
<td>Emotional exhaustion - high (%)</td>
<td>45</td>
<td>44</td>
<td>40</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Depersonalization - high (%)</td>
<td>38</td>
<td>51</td>
<td>38</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Personal accomplishment - low (%)</td>
<td>36</td>
<td>22</td>
<td>18</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Depression screen + (%)</td>
<td>58</td>
<td>51</td>
<td>40</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Suicidal ideation past 12 mo.</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>.0058</td>
</tr>
</tbody>
</table>

Trainees experience significantly higher burnout, depression than age-matched peers

Dyrbye Acad Med 2014
### Burnout Varies Across Career Stage
National survey of U.S. physicians from all specialty disciplines, 2011

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Early career: ≤ 10 years (n=1,583)</th>
<th>Mid-career: 11-20 years (n=1,634)</th>
<th>Late career: &gt; 20 years (n=3,906)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burned out (%)</td>
<td>51</td>
<td>54</td>
<td>40</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>High emotional exhaustion (%)</td>
<td>40</td>
<td>47</td>
<td>33</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>High depersonalization (%)</td>
<td>36</td>
<td>34</td>
<td>24</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Not satisfied with work-life balance (%)</td>
<td>56</td>
<td>61</td>
<td>46</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Moderate/high likelihood of leaving current practice within 2 yrs (%)</td>
<td>34</td>
<td>25</td>
<td>40</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Dyrbye Mayo Clin Proc 2013
# Burnout and Depression Increasing Over Time

National survey of U.S. physicians (>20% academic)/age-matched controls, 2011 and 2014

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2011 (n=1,583)</th>
<th>2014 (n=1,634)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burned out (%)</td>
<td>46</td>
<td>54</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>High emotional exhaustion (%)</td>
<td>38</td>
<td>47</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>High depersonalization (%)</td>
<td>29</td>
<td>35</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Low personal accomplishment (%)</td>
<td>12</td>
<td>16</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Depression (% positive screen)</td>
<td>38</td>
<td>40</td>
<td>.04</td>
</tr>
<tr>
<td>Suicidal ideation (%)</td>
<td>6</td>
<td>6</td>
<td>.98</td>
</tr>
<tr>
<td>Dissatisfaction with work-life balance (%)*</td>
<td>38</td>
<td>45</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

*disagree that schedule leaves time for personal life

Burnout - Public Health Crisis in the U.S.

<table>
<thead>
<tr>
<th>Level</th>
<th>Estimated number burned out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students</td>
<td>&gt; 40,000</td>
</tr>
<tr>
<td>Residents and fellows</td>
<td>&gt; 60,000</td>
</tr>
<tr>
<td>Physicians</td>
<td>&gt; 490,000</td>
</tr>
</tbody>
</table>

Levels of stress and burnout high among other health professionals
• Nurses
• Pharmacists
• Allied health professionals

Balogun, 2002; Deary, 2003; Dyrbye, 2010; Lloyd, 2002; Shanafelt, 2012; table adapted from Colin West
What about Researcher Burnout?
Few Data
Study of chairs (n=19) of basic/population/quantitative science departments at MD Anderson

• Morale worsening over time
Major Stressors Identified

• **Funding and productivity pressures**
  - Fear of not maintaining sufficient funding to keep position and sustain career
  - NIH funding decreasing while institutions requiring higher % grant funding
  - Relentless pressure for ever-increasing productivity – continuous increase in funding, higher-quality publications, higher standards for academic excellence (teaching, collaboration), innovation, commercialization – constantly raising the bar for already high-functioning faculty members intensifies levels of comparison and competition and a risk for burnout

• **Bureaucracy**
  - Frustration over administrative duties: reports, personnel evaluations, grant procedures, training requirements, meetings, emails – distracts from research; saps energy, creativity and productivity

• **Faculty-administration conflict**
  - Distrust due to increasingly adversarial relationship with leadership
  - Shift from academic culture to more corporate culture, with explicit productivity targets, commercialization, top-down decision making

Addressing Burnout in Academic Settings

- Moral and ethical imperative
- Professional and business imperative

“Faculty vitality, as defined by the institution, has a critical role in ensuring future institutional successes and the capacity for faculty to thrive in a complex health care economy”

– D. Shah
Drivers of Burnout Occur at Several Levels

- Individual factors
- Work unit factors
- Organization factors
- National factors

Key Drivers of Burnout and Vitality

Adapted from Shanafelt, Mayo Clin Proc 2016
# Key Drivers Across Levels

<table>
<thead>
<tr>
<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work unit factors</th>
<th>Organization factors</th>
<th>National factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency and resources</td>
<td>• Experience</td>
<td>• Availability of support staff and their experience</td>
<td>• Integration of care</td>
<td>• Integration of care</td>
</tr>
<tr>
<td></td>
<td>• Ability to prioritize</td>
<td>• Patient check-in efficiency/process</td>
<td>• Use of patient portal</td>
<td>• Requirements for:</td>
</tr>
<tr>
<td></td>
<td>• Personal efficiency</td>
<td>• Use of scribes</td>
<td></td>
<td>- Electronic prescribing</td>
</tr>
<tr>
<td></td>
<td><strong>Organizational skills</strong></td>
<td>• Team huddles</td>
<td></td>
<td>- Medication reconciliation</td>
</tr>
<tr>
<td></td>
<td>• Willingness to delegate</td>
<td>• Use of allied health professionals</td>
<td></td>
<td>- Meaningful use of EHR</td>
</tr>
<tr>
<td></td>
<td>• Ability to say “no”</td>
<td></td>
<td>• Institutional efficiency:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- EHR</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Appointment system</td>
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<td></td>
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<td></td>
<td>- Ordering systems</td>
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<td></td>
<td></td>
<td></td>
<td>• How regulations interpreted and applied</td>
<td></td>
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<td></td>
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<td></td>
<td>• Certification agency facility regulations (JCAHO)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Precertifications for tests/treatments</td>
<td></td>
</tr>
</tbody>
</table>

Key Drivers of Burnout and Vitality: Individual

- Workload and job demands
- Control and flexibility
- Meaning in work
- Work-life integration
- Social support and community at work
- Efficiency and resources
- Organizational culture and Values
Handout: Start a Personal Plan for Vitality

<table>
<thead>
<tr>
<th>Drivers</th>
<th>My personal drivers of burnout – what I am moving away from</th>
<th>My personal drivers of vitality – what I am moving towards</th>
<th>What change I will make in the next month to promote vitality in this area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning in work</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Culture and values</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Control and flexibility</td>
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<td></td>
<td></td>
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<tr>
<td>Social support and community</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Workload and job demands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficiency and resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-life integration and personal wellness</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Drivers

• Self-awareness of most personally meaningful aspect of work
• Ability to shape career to focus on interests
• Personal recognition of positive events at work
Meaning in Work

- Consider most meaningful aspects of work
- Define your purpose

Tell me, what is it you plan to do with your one wild and precious life?

Mary Oliver

The two most important days in your life are the day you are born, and the day you find out why

Mark Twain
Find Your Own Purpose

Intrinsic motivations
Extrinsic motivations

Motivations

Capabilities

Strengths
Expertise, Skills

Sweet Spot

Meaning in Work

Adapted from Discover your True North, Bill George
Is your Purpose Aligned with your Work?

- Physicians who spend at least 20% of their professional effort focused on the dimension of work they find most meaningful are at dramatically lower risk for burnout.
- Create a mission statement based on your purpose:
  To encourage, inspire and support family, friends, colleagues and mentees to find their purpose and soar.
- How much of your work is aligned with that mission statement? How can your work better align?

Shanafelt, Arch Int Med 2009
Drivers

• Personal values, institutional values, and alignment between them
• Professional values
• Level of altruism
• Moral compass/ethics
• Commitment to organization
The Role of Values Alignment/Misalignment

<table>
<thead>
<tr>
<th>Physicians motivated by these values</th>
<th>Messages, metrics and incentives imply institutional values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulfilling patient needs</td>
<td>RVUs</td>
</tr>
<tr>
<td>Developing patient-physician</td>
<td>Volume</td>
</tr>
<tr>
<td>Community health</td>
<td>% commercial pay</td>
</tr>
<tr>
<td>Equity in health care delivery and</td>
<td>Net operating income</td>
</tr>
<tr>
<td>outcomes</td>
<td></td>
</tr>
<tr>
<td>Altruism</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td></td>
</tr>
<tr>
<td>Teaching and mentoring</td>
<td></td>
</tr>
<tr>
<td>Developing the next generation of</td>
<td></td>
</tr>
<tr>
<td>physicians</td>
<td></td>
</tr>
</tbody>
</table>
The Role of Values Alignment/Misalignment

<table>
<thead>
<tr>
<th>Researchers motivated by these values</th>
<th>Metrics, messages, incentives imply institutional values</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discovery that will transform health</td>
<td>• R01s</td>
</tr>
<tr>
<td>• Team-based research</td>
<td>• Number of publications</td>
</tr>
<tr>
<td>• Mastery of techniques, field</td>
<td>• H factor</td>
</tr>
<tr>
<td>• Teaching and mentoring</td>
<td></td>
</tr>
<tr>
<td>• Developing the next generation of researchers</td>
<td></td>
</tr>
</tbody>
</table>
Value Misalignment Linked to Burnout

<table>
<thead>
<tr>
<th></th>
<th>Emotional exhaustion</th>
<th>Depersonalization</th>
<th>Personal accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work overload</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values misalignment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Workload and value congruence independently contribute to burnout
- Values congruence especially important to female physicians

Leiter, Can Fam Physician 2009; table adapted from Tait Shanafelt
Drivers

• Personality traits
• Assertiveness
• Intentionality
Physician Identification with Personalities Linked to Burnout, Job Satisfaction and Anxiety

<table>
<thead>
<tr>
<th>Personality</th>
<th>Believe improves performance (%)</th>
<th>Emotional exhaustion</th>
<th>Job Satisfaction</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workaholic</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type A</td>
<td>72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Freak</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lemaire, BMC Health Services Research, 2014
The Role of the “Triad of Compulsiveness” in Physicians

### Adaptive and Maladaptive Consequences

**Adaptive**
- Diagnostic rigor
- Thoroughness
- Commitment to patients
- Desire to stay current
- Recognition of responsibility for patients’ trust

**Maladaptive**
- Difficulty relaxing
- Reluctance to take vacations
- Problems in allocating time to family
- Inappropriate/excessive sense of responsibility of things beyond one’s control
- Chronic feelings of “not doing enough”
- Difficulty setting limits
- Guilt - interferes with healthy pursuit of pleasure
- Confusion of selfishness with healthy self-interest

Gabbard, JAMA 1985
The Role of the “Triad of Compulsiveness” in Physicians

None of us would question the importance of thoroughness in the physician’s diagnostic and therapeutic practice, and we would all probably choose a compulsive physician if we were seriously ill. Herein lies the grand paradox: compulsiveness and excessive conscientiousness are character traits that are socially valuable, but personally expensive. Society’s meat is the physician’s poison.

Glen Gabbard, M.D.
“You must unlearn what you have learned”

- Don’t take responsibility for things beyond your control
- Set limits
- Don’t let guilt interfere with healthy pursuit of pleasure
- Don’t confuse selfishness with healthy self-interest
- Know that you are enough!
Social Support and Community

Drivers

• Length of service
• Relationship-building skills
• Support systems
Social Support and Community

Develop Professional and Personal Support Networks

“... when we have a community of people we can count on – spouse, family, friends, colleagues – we multiply our emotional, intellectual, and physical resources. We bounce back from setbacks faster, accomplish more, and feel a greater sense of purpose ... the effect on our happiness is both immediate and long-lasting.”

- Shawn Achor, *The Happiness Advantage*
Impact of Core Leadership Program on Social Support

Qualitative analysis demonstrated positive impact of the program on development of peer networks, improved communication, and engagement.

- “Getting to know other Cincinnati Children’s faculty that I would not have had the opportunity to know otherwise; sharing our journeys, struggles, and successes with each other …”
- “Learning about the leadership journeys of my peers and sharing our paths with one another in a nonjudgmental setting”
- “The people and sharing stories - I feel like I have a support network around the hospital”

Hackworth et al., J Peds, in press
Surround Yourself with Support

• Friends, family, colleagues
• Take advantage of leadership and career development programs
• Network at meetings
• Create a community of mentors
• Assemble a personal board of directors
Drivers

• Size of lab
• Administrative and leadership responsibilities
• Teaching responsibilities
Workload and Job Demands

• Can administrative and grant-related work be delegated/streamlined?
• Do you need fewer hours/more flexibility?
  ✓ Part-time work, flexible hours, working from home
  ✓ Reorganization of roles and responsibilities, shared leadership responsibilities
• Can you pare down?
  ✓ What do you absolutely have to do? What can you let go of?
Drivers

- Experience
- Ability to prioritize
- Personal efficiency
- Organizational skills
- Willingness to delegate
- Ability to say “no”
Time Management and Organizational Skills

- **Urgent/important**
  - Do these (what will you get fired for if it doesn’t happen?) – is time aligned with getting done?

- **Not urgent/important**
  - Decide how to schedule into calendar, block time/cluster meetings

- **Urgent/not important**
  - Delegate or manage effectively (e.g. emails)
Time Management and Organizational Skills

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- **Urgent/not important**
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- **Not urgent/not important**
Delegation

- Delegation to staff, trainees, junior faculty facilitates
  - Learning of new skills, empowerment, trust, development opportunities
- Ensure adequate administrative support
  - Partner effectively
  - Delegate calendar, editing, grant submissions, spreadsheets, meeting minutes, PowerPoints
  - Train if skills are needed (Excel, ePAS, etc.)
Take advantage of resources

• Programs and policies
  ✓ Family leave, adoption assistance, emergency childcare
  ✓ Extension of time to tenure if part-time or leave of absence

• Outsourcing
  ✓ Laundry, housecleaning, meal preparation, gift-buying, etc.
  ✓ Concierge service

• Be aware of unconscious barriers to using resources
  ✓ Faculty may be reluctant to use existing policies to avoid “signaling low commitment” and the resulting adverse career consequences

Leslie, Acad Management J, 2009; Magali, Acad Med, in press
Take Control of Your Time

• Be a master of your schedule, not a victim!
• Learn how you work best: early am, late evening, in spurts, limit time on weekends spent on work/computer
• Consciously prioritize what you want to devote energy to
• Take ALL your vacation days!
• Block off random days for rejuvenation
The key is not to prioritize what's on your schedule, but to schedule your priorities.

Stephen Covey
Saying Yes and Saying No: The 24-Hour Rule

• What is the time commitment?
• Is it aligned with your purpose, priorities and goals?
• What is the value added to professional goals?
• What is the cost to your personal goals?
• Will similar opportunities be available in the future if you decline?
• How will a “no” impact your reputation or your colleagues?
• What will you give up?
“No, Thursday’s out. How about never—is never good for you?”
Work-Life Integration and Personal Wellness

Drivers

• Priorities and values
• Personal and family characteristics
• Self-care practices
• Health issues
The main thing is to keep the main thing the main thing.

Stephen Covey
“If you don't design your life, someone else will design it for you, and you may just not like their idea of balance.”

Nigel Marsh
Self-Care: Put on Your Own O2 Mask First

• What are the things you most love to do? What recharges you? What gives you perspective? A sense of purpose?
  — Stress management, diet, sleep, exercise, recreation, relaxation practice
• What activities and obligations steal your time? Get in the way of the life you want to lead?
• How can you prioritize what recharges and energizes you, and reorganize your time to better align with those priorities?

Kenison, 2000
Mindfulness

- Awareness of present experience without mental commentary
- “Acceptance of the reality of the experience, without layering on unnecessary meaning or distraction ... a full appreciation for what is happening, seeing it clearly for what it is and is not” - Michael Wiederman
Work-Life Integration and Personal Wellness

Mindfulness

• Awareness of present experience without mental commentary
• “Acceptance of the reality of the experience, without layering on unnecessary meaning or distraction ... a full appreciation for what is happening, seeing it clearly for what it is and is not” - Michael Wiederman
• **Negative stimulus** → [Mindfulness] → **Stress response**
  o Trains us to be present in the moment, focus attention, intercede between stimulus and response
  o Leads to structural changes in amygdala, hippocampus
Mindfulness Benefits

• Improves overall health and well-being
• Improves cognitive functioning and productivity
• Lowers stress and burnout
• Increases experience of gratitude and joy
Easy Mindfulness Practices

• 3-minute breathing space
  – Awareness: check-in with thoughts, feelings, bodily sensations
  – Gathering: focusing on the breath in the abdomen
  – Expanding: expanding to wider awareness of bodily experience

• STOP sign
  – Stop what you’re doing, step out of auto-pilot
  – Take a breath
  – Observe what’s happening
  – Proceed with awareness and kindness

• Practice awareness
  – Notice that you are walking, standing, sitting, breathing – throughout day

Carl Fulwiler, MD, PhD
Mindfulness Resources

Apps
• Insight Timer: https://www.insighttimer.com
• Headspace: https://www.headspace.com/
• Calm: https://www.calm.com/
• The Mindfulness App: http://www.mindapps.se/?lang=en
• Meditation for fidgety skeptics: http://www.10percenthappier.com/
• Mental Workout: http://www.mentalworkout.com/store/programs/mindfulness-meditation/

Other resources
• Center for Mindfulness in Medicine, Health Care, and Society www.cfmHome.org
Physician Well-Being Index
https://www.mywellbeingindex.org/login

- Assesses wellness
- Provides resources
- Tracks progress
Building Resilience Prevents Burnout

**Resilience**: the ability to effectively cope with stress, bounce back from adversity, and ward off the accumulation of toxic residue from frustrating experiences

**Foundations of resilience**
1. Mindfulness practices
2. Self-awareness
3. Self-management and lifestyle
4. Purpose and perspective
5. Interpersonal relationship management

Wiederman, GHS Proc, 2017
Your Personal Plan for Vitality

• Handout from today
• For more in-depth planning:

Organizational Drivers of Burnout and Engagement

- Workload and job demands
- Control and flexibility
- Meaning in work
- Organizational culture and Values
- Social support and community at work
- Efficiency and resources

Quadruple Aim
- Patient Experience
- Population Health
- Care Team Well-Being
- Reducing Costs
Physician Burnout: Stop Blaming the Individual

Event Talk · June 30, 2016
Tait Shanafelt, MD
Mayo Clinic

"We tell physicians to get more sleep, eat more granola, do yoga, and take better care of yourself. These efforts are well intentioned. The message to physicians, however, is that you are the problem."

What Are We Doing at CCHMC?

Dr. Jamilah Hackworth
OAACD

Dr. Derek Wheeler
Chief of Staff

Dr. Christy White
Associate Chief of Staff

Drs. Sue Poynter and Ndidi Unaka
Pediatric Residency Program

Drs. Tom DeWitt and
Javier Gonzalez del Rey
GME

Dr. Paul Samuels
Professional Health Committee

Dr. Anne Boat
Patient and Family Experience Officer

Dr. Tom Boat
Director, CF WELL

Scott Steel
Talent

Terri Thrasher
Senior Director HR

Rachael Grile
HR Consultant - Benefits
OAACD Faculty Wellness Initiative

- Burnout/wellness sessions in multiple programs
  - Leadership, acculturation, monthly seminars
- Wellness pilots in Divisions/Departments
- Wellness resources on intranet site
- Wellness corner in monthly Faculty Flash newsletter
- 2017 Wellness Symposium, with support from CCTST, Medical Staff Office
- Mindfulness meditation sessions for faculty
- Programs to promote faculty engagement: leadership, mentorship, networking, diversity, awards, newsletters, internal grants
- Collaborating with other institutions to assess burnout among researchers
- One-on-one consultation
Professional Health Committee

- Provides support and referral to medical staff with substance use and mental health concerns
- Established a relationship with the Lindner Center City of Hope to provide psychiatric and mental health counseling services to Medical Staff, residents, and fellows
  - Physician-led assistance within 24 hours of contact
  - Immediate and private access to a psychiatrist or psychologist
  - 513-536-0311
- Leading role in promoting similar programs across Cincinnati
- Peer support program being planned

For further information, contact Dr. Paul Samuels 513-636-7339
Medical Staff Office

• Burnout assessment
  • Medical staff burnout survey
  • Focus groups of medical staff, residents starting soon
  • Results will be used to create a plan to address medical staff wellness

• Medical staff onboarding with peer mentors
Office of Graduate Medical Education

• Mental health and counseling services
• Collaboration with Pediatric Resident Resilience Burnout Consortium: http://pedsresresilience.com/
  • Participation in multicenter study: “Can a mindfulness curriculum prevent burnout during pediatric internship?”
Human Resources

• Employee Assistance Program
  • Assistance with marital and family stresses, depression, grief, and other issues
  • Up to 8 free visits with an on-site counselor: 800-EAP-CALL
• MyHealthPath
  • Cincinnati Children's incentive-based wellbeing program: provides inspiration, motivation, and resources to achieve your ideal level of wellbeing
  • Coaching webinars on mindfulness and resilience, one-on-one coaching, guided meditation, relaxation yoga, support around compassion fatigue
• Concierge service
MyHealthPath
Cincinnati Children’s is committed to creating an environment in which every employee is capable of being resilient, mindful, safe and focused on taking care of themselves, each other and the patients and families we serve. MyHealthPath is Cincinnati Children’s incentive-based wellbeing program that provides you with inspiration, motivation, and resources to achieve your ideal level of wellbeing.

Wellbeing Dimensions

- Physical
- Emotional
- Professional
- Financial

MyHealthPath News

QuickLinks

- MyHealthPath Login
- Register For Events
- Lunch and Learn Videos
- Wellbeing Ambassador
- Weight Mng Calendar
- Fitness Calendar
- Mobile Mammography
- Pregnancy Toolkit
- Tobacco Cessation Toolkit
- Less Stress Toolkit
- Program Info and FAQs
UC College of Medicine
Task Force for Integrative Health and Wellness

• Representatives from the UC Colleges of Medicine, Allied Health Sciences, Nursing, and Pharmacy, CCHMC, VA

• Purpose – to synergistically increase and develop robust inter-professional integrative health and wellness initiatives and programs

• Current initiatives
  ✓ Wellness Inventory
  ✓ Integrative Health and Wellness Presentations
  ✓ Farmer’s Market on UC’s East Campus
  ✓ Collaborating with UC HR on Be Well - UC Employee Wellness Program
  ✓ Collaborating with UC Health on Wellness Matters
  ✓ Mind-body Skills Program and Mindfulness Drop-in Sessions
Next Steps

1. Align efforts of those working on burnout, wellness and engagement
2. Examine key drivers of researcher burnout
3. Define what faculty vitality means at CCHMC and UC
4. Pull together evidence
   • Data on key drivers of burnout from Divisional and Departmental pilots, focus groups of medical staff, assessment of researchers
   • Review literature on interventions
5. Create and implement a comprehensive, evidence-based plan to address burnout and promote vitality among faculty
Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Lancet 2016; 388: 2272–81

• 15 RCT’s, 37 non-RCT’s
• Effects similar for RCT and non-RCT, for individual vs. structural interventions
• Results
  — High emotional exhaustion - 14% p<0.001
  — High depersonalization - 4% p=0.04
  — Overall burnout - 10% p<0.001
Other Resources to Guide Work

• ACGME
  http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being

• NEJM Catalyst
  https://catalyst.nejm.org/

• National Academy of Medicine
  https://nam.edu/ClinicianWellBeing

• American Medical Association
  https://www.stepsforward.org/

• AAMC
  https://www.aamc.org/initiatives/462280/well-being-academic-medicine.html

• IHI
  http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx
A Possible Approach

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO
Strategies

1. Acknowledge and assess the problem
2. Harness the power of leadership
3. Develop and implement targeted work unit interventions
4. Cultivate community at work
5. Use rewards and incentives wisely
6. Align values and strengthen culture
7. Promote flexibility and work-life integration
8. Provide resources to promote resilience and self-care
9. Facilitate and fund organizational science
Objective:
Create a Healthy Workplace that Promotes Faculty Vitality

- Clear values and meaningful work
- Supportive work community
- Fairness, respect, and social justice
- Sustainable workload
- Choice and control
- Recognition and reward

Adapted from Christina Maslach, November 2017
Learning Objectives

1. Describe the components and adverse consequences of burnout in academic settings
2. Describe the individual, divisional, and institutional drivers of burnout identified in the literature
3. Identify your own personal drivers of vitality and burnout
4. Create your personal plan for vitality
With our pitchers we attempt sometimes to water a field, not a garden

-Anne Morrow Lindbergh