

Burnout in Physical Therapy: Clinical Implications and Strategies for Reduction

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1

Objectives

1. Recognize the components of occupational burnout
2. Identify the warning signs and implications of burnout among PTs and PTAs
3. Correlate current research on burnout to the contemporary healthcare environment
4. Discuss potential strategies to decrease burnout among PTs and PTAs

2


What is Burnout?

- Physical or emotional exhaustion due to overwhelming workplace demands
 - Usually as a result of prolonged stress or frustration (Felton, 1998)
- First systematic empirical studies were published in the late 1970's and early 1980's
 - Burnout concept was more clearly conceptualized & defined

3

General Adaptation/Stress Syndrome Hans Selye, 1936


- "The absence of stress is death"
- Response of the body to excess stress
- Increases chance of certain diseases
 - HTN
 - Ulcers
 - Arthritis



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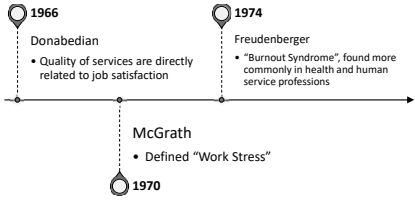
Stress & Coping Theory Lazarus, 1966

- Stress is a relationship between the person and the environment
- Appraised as personally significant and as taxing or exceeding resources for coping



5

History of Burnout Research



6

History of Burnout Research

- Interviews with health care, education, and legal professionals showed similar emotional stress from "people work"
 - Maslach & Jackson, 1984
- Occurs primarily in individuals who work in human service occupations
 - Maslach & Johnson, 1981

7

Burnout

- Condition characterized by
 - Emotional exhaustion
 - Depersonalization
 - Loss of a sense of personal accomplishment

Maslach C et al. Maslach Burnout Inventory. CPP; 1996

8

Theoretical Models of Burnout

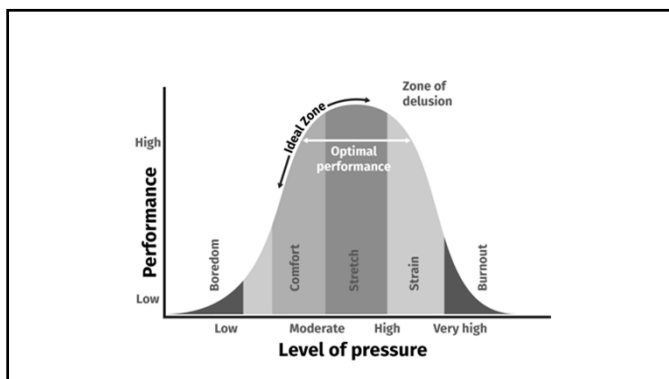
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Job-Demand Control Model Karesek (1979)

Learning and motivation to develop new behavioral patterns

Risk for psychological stress and physical distress

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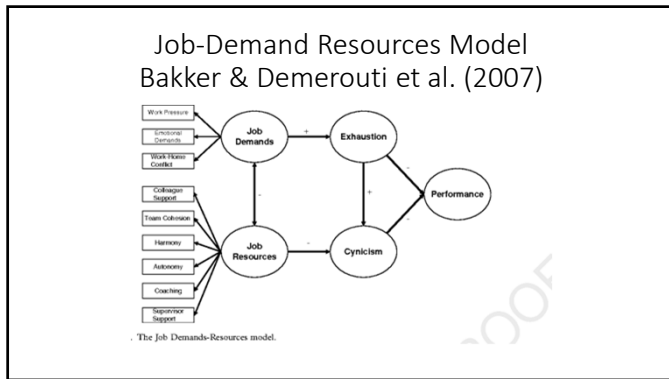


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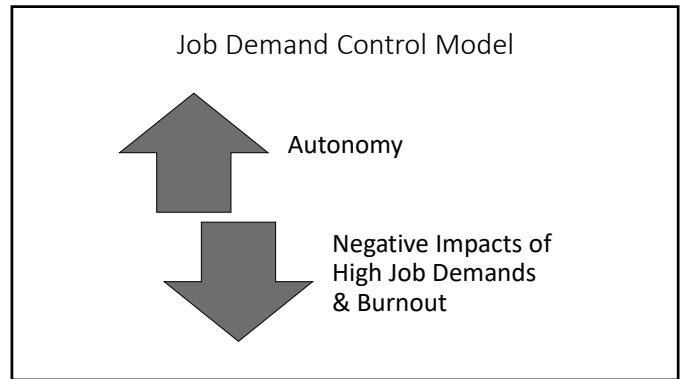
Stress vs. Burnout	
Stress	Burnout
Characterized by overengagement	Characterized by disengagement
Emotions are overreactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional
May kill you prematurely	May make life seem not worth living

Source: Stress and Burnout in Ministry

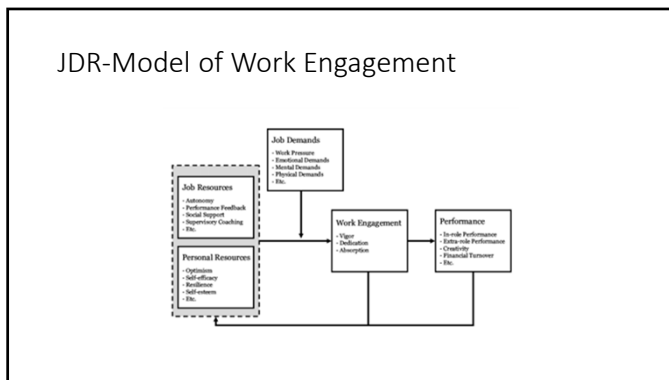
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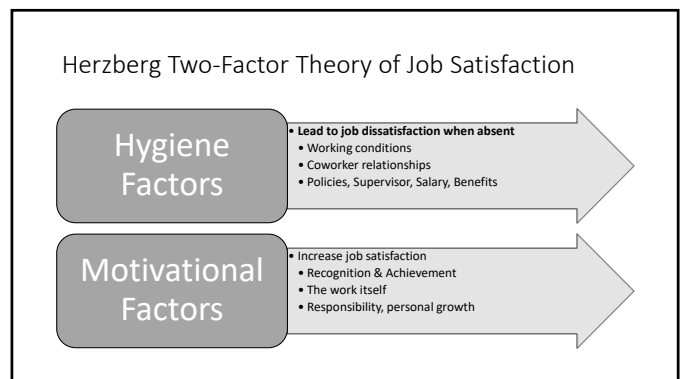
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- ### Job-Person-Fit Model of Burnout Development
1. Demanding workload
 2. Lack of autonomy
 3. Perceived deficiency in rewards
 4. Absence of workplace community
 5. Perceived unfairness re: job conditions
 6. Feeling compelled to act unethically
- (Maslach & Leiter, 1997)

16

- ### PTAs and Potential Work-Life Domain Issues
- Decreased salary compared to PT
 - Higher productivity requirements
 - Less student loan debt
 - Potentially small professional community of PTAs within institutions


17



18

Workplace Effects of Burnout

- Decreased employee productivity
- Greater employee turnover
 - Cordes & Dougherty, 1993; Northwestern National Life, 1991
- Loss of concern for patients
 - Schuster et al., 1984; Maslach & Pines, 1977
- Avoidance of patient contact
 - Balogun et al., 2002

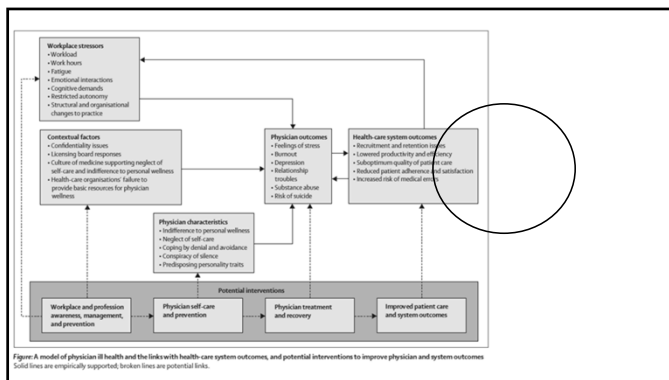


19

Workplace Effects of Burnout

- Significant correlation between degree of depersonalization and...
 - **Patient satisfaction**
 - Halbeslen, 2008
 - **Patient adherence to advice**
 - Dimattio, 1993
- Burnout is a predictor of medical errors and medical malpractice suits
 - Shanafelt et al., 2010; Balch et al, 2011

20



21

Behavioral Effects of Burnout

Increased absenteeism

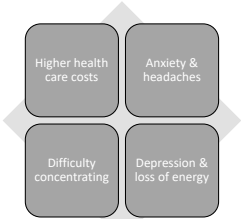
- Possible increase in smoking, drug, and alcohol use
- Maslach & Jackson, 1985)

Unstudied areas:

- Is there increased fraudulent billing and/or under-treatment to avoid patient contact?
- Is documentation up to date and accurate?
- Is treatment quality and patient outcomes effected?

22

Health Effects of Burnout



Maslach & Jackson, 1976; 1979; Felton 1997

23

Identifying Burnout

24

When my job is going great, I ...

- Write down 5 things to complete this sentence
 - Remember why you went into your field.
 - Use positive ideas
 - Think about patient population, workplace culture

25

When my job is not going great, I...

- Write down 5 things to complete this sentence

26

Burnout signs & symptoms

- Dread of returning to work each day
- Detached and cynical about coworkers and patients
 - Non-patient first/abstract language
 - "the hip in the room 2"
- Withdrawal from work
 - Longer breaks or prolonged conversations with co-workers

27

Burnout Signs & Symptoms

- Chronic fatigue
- Insomnia
- Impaired concentration
- Increased illnesses
- Increased irritability
- Lack of productivity or poor performance



28

Maslach Burnout Inventory (MBI)

- Consists of 22 statements in 3 areas
 - Emotional exhaustion
 - Depersonalization
 - Personal accomplishment
- Statements describe the feelings an individual may have as a result of being burned out

29

MBI Scoring

- **Emotional Exhaustion**
 - High: 27 or over
 - Moderate: 17-26
 - Low: 0-16
 - **Depersonalization**
 - High: 13 or over
 - Moderate: 7-12
 - Low: 0-6
 - **Personal Accomplishment**
 - Low: 0-31
 - Medium: 32-38
 - High: 39 or over
- <https://www.menti.com/dc7f21>



30

Burnout vs. Personal/Institutional Characteristics

31

Gender

- Women tend to have higher rates of emotional exhaustion across professions
- Men tend to have higher rates of depersonalization across professions
- Incidence of burnout was higher in female physicians (79%) than male physicians (62%)
 - Marschall et al., 1998

32

Age

- Younger individuals consistently report higher levels of burnout
 - Maslach & Jackson, 1981
- Older employees may have shifted their expectations to fit reality based on their experiences
 - Cordes & Dougherty, 1993

33

Career Advancement

- Individuals who have had greater upward career movement may experience less burnout
 - Repeated promotion may decrease patient contact
- Promotions may signify one is making a positive contribution, increasing perceptions of personal accomplishment
 - Maslach, 1982

34

Burnout in Health Care: Canadian Community Health Survey

- 45% of health care professionals reported that most days on the job were "quite" or "extremely" stressful
 - Compared to 31% of other employed people
 - Most stressful occupations:
 - Nursing supervisors, lab technician, MD
 - Least stressful occupations
 - Physiotherapist, dental hygienist
- (Wilkins, 2007)

35

Burnout in OT

- 99 OTs in the SE USA
 - Moderate levels of emotional exhaustion
 - Low levels of depersonalization
 - Moderate levels of Personal Accomplishment
- Negative correlation between age and depersonalization & personal accomplishment
- Positive correlation between depersonalization and career longevity
 - (Rogers & Dodson, 1988)



36

Burnout in PT: The 90's

- **Donahoe et al, 1993**
 - PT's in MA Rehab Hospitals (n = 129)
 - 46% scored high for emotional exhaustion burnout
 - 20% scored high for depersonalization
 - Burnout not significantly associated with years of practice, years in current position, or caseload
- **Wandling & Smith, 1997**
 - APTA Orthopedic PTS (n = 387)
 - Burnout levels were low to moderate
 - Years of practice, caseload, & age showed no significant correlations with burnout

37

Burnout in PT & OT Schlenz et al. (1995)

- 40 OTs and PTs in head injury rehab
 - High levels of emotional exhaustion
 - Low levels of Depersonalization
- Professional development activities most strongly associated with feelings of personal accomplishment



38

Burnout in PT: Balogun et al., (2002)

- PTs & OTs employed in NYC (n = 307)
- High mean level of emotional exhaustion
 - 58% in the high category
- High mean level of depersonalization
 - 97% in the high category
- Low levels of personal accomplishment
 - 97% in the low category

39

Burnout in PT: Berry & Hosford, 2015

- 61.2% of surveyed rural health CEO's reporting a PT shortage within their facility
 - MacDowell et al., 2010
- PTs in rural areas may be at increased burnout risk due to:
 - Small/absent professional communities
 - High workload
 - Decreased professional development activities
 - Recruitment and retention difficulties

40

Burnout Among PTs in Wisconsin

Berry JW, presented at APTA CSM 2019

- n = 297 (Response rate of 11.7%)
- Subjects had:
 - High levels of **emotional exhaustion**
 - Moderate levels of **depersonalization**,
 - High levels of **personal accomplishment**
- Subjects with 10+ years of experience had significantly higher levels of **depersonalization** (p = .002).



41

Burnout Among PTAs

- 255 PTAs in WA, ND, and SD
 - Moderate levels of emotional exhaustion
 - Low levels of depersonalization
 - High levels of personal accomplishment
- Subjects with over 10 years of experience had significantly higher levels of depersonalization (p = .033)
- Berry et al., presented at APTA CSM 2017

42

Job-Person-Fit Model of Burnout Development

1. Demanding workload
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- (Maslach & Leiter, 1997)

43

Burnout Contributors

- Personality Types
- Professional isolation
- Working with a difficult patient population
- Ambiguous success
- Unreciprocated giving
- Failure to live up to one's own expectations

44

Work-Related Contributors

- Workload
- Work-process inefficiencies
- Administrative burden
- Organizational climate
- No social support
- Moral Distress
- Lack of Autonomy
 - Drybye et al (2017)



45

Workload

- Unrealistic caseloads
- Balancing clinical vs nonclinical duties
- Forced overtime and weekends
- Time constraints
- Spillover of work into nonwork time
- Struggle of healthcare organizations to maintain profitability may cause conflict between employer and employee values

46

Social Support

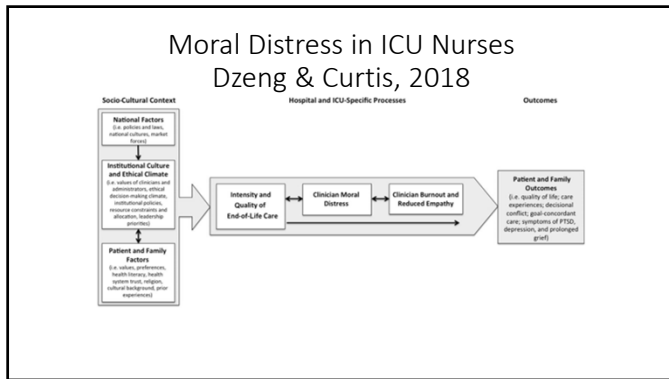
- Acts as a buffer between job-related stress and the pathological influence of stress
 - Greater perceived support from co-workers or supervisors is associated with lower levels of burnout
 - Professional support is positively correlated with higher levels of perceived personal accomplishment and lower levels of emotional exhaustion
 - (Cordes & Dougherty, 1993)

47

Moral Distress

- Occurs when an individual knows the right thing to do in a situation, but institutional constraints make it almost impossible
 - Can contribute to burnout
 - (Pendry, 2007; Schluter et al, 2008)
- Associated with:
 - Feelings of incompetence, compromised integrity, frustration, anger, and powerlessness
 - (Schluter, et al, 2008)

48



49

Moral Distress Tammany et al. (2019)

- Survey of 3,446 PTs and PTAs in Texas
- 73.9% had a productivity requirements
- As productivity requirements increased, so did the rate of observed unethical behavior
 - PTs and PTAs in SNF were **4 times** more likely to report having observed unethical behavior
- 38.9% stated their culture emphasized ethical practice (business average is 66%)

50

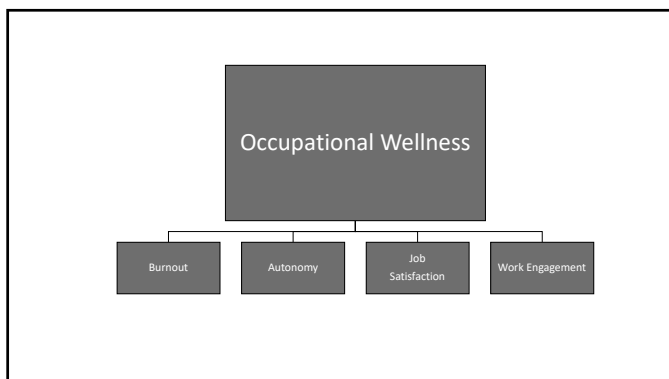
Tammany, et al. (2019)

- Employees whose organizations emphasized productivity over EBP and ethical practice were, respectively, 6X times and 3.4X more likely to have observed unethical behavior
- “Contributing factor to unethical care is a payment system that results in patients and clinicians being disconnected from negative consequences of overutilization.”

51

- Identify 3 stressors at work you would like to reduce/eliminate
- Identify what you can change about these situations and what you can not
- List 2 methods of dealing with these stressors


52



53

Autonomy

- Has a negative correlation to burnout
 - Jonge & Schaufeli, 1998
- Has a positive correlation to job satisfaction
 - Thompson & Protas, 2005



54

Work Autonomy Scale

- Common instrument for assessing autonomy
- Composed of 9 questions; 3 in each construct:
 1. Work Method Autonomy
 2. Work Scheduling Autonomy
 3. Work Criteria Autonomy

CAUSE OF BURNOUT

Cause of Burnout	Percentage
Too many bureaucratic tasks (eg. charting, paperwork)	16%
Spending too many hours at work	14%
Lack of respect from administrators/employers, colleagues or patients	13%
Increasing computerization of practice	12%
Insufficient compensation	11%
Lack of control/autonomy	10%
Feeling like just a cog in a wheel	9%
Lack of respect from patients	8%
Government regulations	7%
Decreasing reimbursements	6%
Emphasis on profits over patients	5%
Maintenance of Certification requirements	4%

Citation: (3) Medscape National Physician Burnout and Depression Report 2018

55

Autonomy & PTAs

- Subjects had
 - High levels of method autonomy and schedule autonomy
 - Low levels of criteria autonomy
- CIs had significantly higher method and schedule autonomy
- Significant negative correlation between age and method autonomy
- n = 149 PTAs in WA, ND & SD
 - Presented by Berry et al. APTA's CSM 2019

56

Autonomy and PTs

- 310 PTs licensed in North Dakota
- Subjects with a productivity standard had significantly lower levels of method autonomy, scheduling autonomy, and criteria autonomy (p < .01)
- Subjects who were APTA members had significantly higher levels of criteria autonomy (p < .01)
- Clinical instructors had significantly higher levels of criteria autonomy (p < .05)
 - Berry et al. Presented at APTA CSM 2019

57

Job Satisfaction

- Inversely correlated to burnout
 - Federici & Skalalvik, 2012
- Inversely related with emotional exhaustion & depersonalization
 - Maslach & Schaufeli, 1993

58

Job Satisfaction Survey

- Assesses 9 areas of Job Satisfaction
 - Pay
 - Promotion
 - Supervision
 - Fringe Benefits
 - Contingent Rewards
 - Operating Conditions
 - Coworkers
 - Nature of Work
 - Communication

59

ASHA 2015 Work Life Survey of Audiologists and SLP's

- What are the most important factors for accepting or staying on at a job? (n = 1,173 SLPs)
 1. Flexibility to balance life/work
 2. Pay/Compensation
 3. Meaningfulness of job
 4. Benefits

60

Job Satisfaction of PTs & PTAs

- 245 PTs and PTAs from Washington State
- Similar levels of job satisfaction among PTs and PTAs
- PTAs had significantly higher level of job satisfaction regarding working conditions
 - Berry, 2022

	Participants M (SD)	Norms ^a M (SD)
Pay	139 (5.37)	105 (5.1)
Promotion	124 (4.77)	112 (5.1)
Supervision	199 (4.53)	199 (4.6)
Benefits	153 (5.25)	131 (5.0)
Contingent rewards	156 (5.16)	134 (5.1)
Operating conditions	139 (4.59)	125 (4.6)
Coworkers	205 (3.41)	188 (3.7)
Nature of work	204 (3.88)	192 (4.4)
Communication	172 (4.50)	140 (5.0)
Total job satisfaction	149.2 (30.0)	133.1 (27.9)

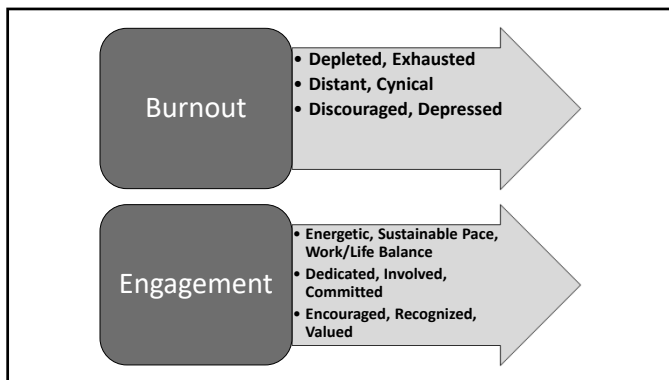
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Work Engagement

“A positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption.”

(Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002)

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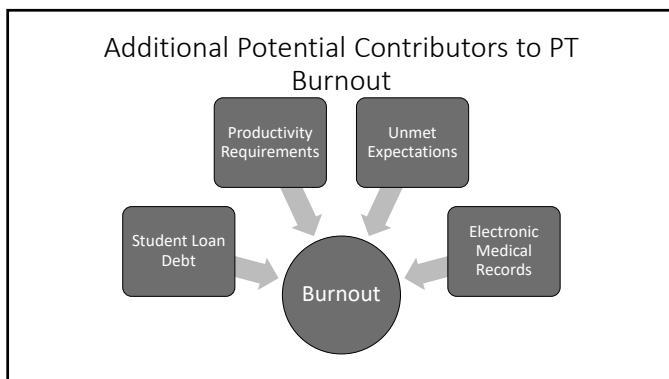


63

Burnout vs. Work Engagement

<ul style="list-style-type: none"> • Depleted • Exhausted • Distant • Cynical • Discouraged, Depressed 	vs.	<ul style="list-style-type: none"> • Energetic • Sustainable Pace • Work/Life Balance • Dedicated, Involved, Committed • Encouraged, Recognized, Valued
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64



65

PT Student Loan Debt


- High levels of student loan debt can delay buying a home, starting a family, or saving for retirement (Jette, 2016)
- High student loan debt can influence decisions about where to work (APTA, 2011)
- Negative association between cumulative student loan amounts and psychological well-being (Walseman et al., 2015)

66

PT Student Loan Debt

- From 2004-2005 to 2014-2015, the mean cost of PT programs increased:
 - Nearly 100% at private institutions
 - \$99,797
 - Nearly 50% at public institutions
 - \$55,997

(Jette, 2016)



67

PT Student Loan Debt

- Average DPT student loan debt:
 - Public Institutions: \$103,482
 - Private Institutions: \$138,261
- 81% of subjects stated they were concerns with their ability to repay student loans
- 75.1% would not qualify for a 10 year repayment period
 - Berry, 2021 (JOPE)

68

PT Student Loan Debt

Monthly payments for average loan balances for participants with student loan debt (n = 667)

Repayment Plan	Public PT Program \$103,488	Private DPT Program \$138,361
Standard 120-month	\$1154	\$1543
Fixed 300-month	\$673	\$900
Graduated 300-month	First Payment: \$526 Last Payment: \$1006	First Payment: \$703 Last Payment: \$1,345

69

Productivity & Burnout

- N = 297 PTs in Wisconsin
- **Subjects with a productivity requirement had significantly:**
 - Higher levels of emotional exhaustion (p < .001)
 - Higher levels of depersonalization (p = .030)
 - Lower levels of personal accomplishment (p = .002)
- Berry JW, presented at APTA CSM 2019

70

Productivity:

Job Satisfaction

- 245 PTs & PTAs in WA
- Those with a productivity requirement had:
 - lower total job satisfaction
 - lower satisfaction for rewards, operating conditions, nature of work, and communication
- Negative correlation between productivity standard & total job satisfaction, pay, supervision, benefits, and rewards
 - Berry et al. (2022)

Work Engagement

- 975 PTs and PTAs in TX
- Subjects with a productivity requirement had significantly lower levels of work engagement, dedication, vigor, and absorption (p < .01)
- Subjects who were CI had significantly higher levels of work engagement, vigor, dedication, and absorption (p < .01)
 - Arends, et al (2022) Presented at CSM 2022

71

Productivity & PTAs

- n = 144 PTAs in WA
- 70.1% had a productivity requirement
 - Mean requirement of 81.8%
- 56.9% of subjects reported a productivity requirement over 85%
 - Berry et al. presented at CSM 2019


- n = 255; PTAs in WA, SD, and ND
- PTAs who had a productivity requirement had significantly higher levels of emotional exhaustion (p < .001)
 - Berry et al. presented at APTA CSM 2017

72


Unmet expectations

- Unmet expectations about one's profession, and organization can contribute to burnout
 - (Cordes & Dougherty, 1993; Maslach & Jackson, 1984)
- Can also lead to greater employee turnover

Expectations



Reality




73


New Graduate Expectations

- New graduates may be prone to burnout due to unrealistic expectations
 - They may envision a workplace with high autonomy; stimulating work, and supportive coworkers
 - Cherniss, 1980

EXPECTATION




REALITY



74

Job-Person-Fit Model & Electronic Medical Records


- Increases workload
- May decrease autonomy
- May results in insufficient rewards
 - Unpaid overtime
- May decrease professional community
- May be perceived as unfair
 - Mundane data entry



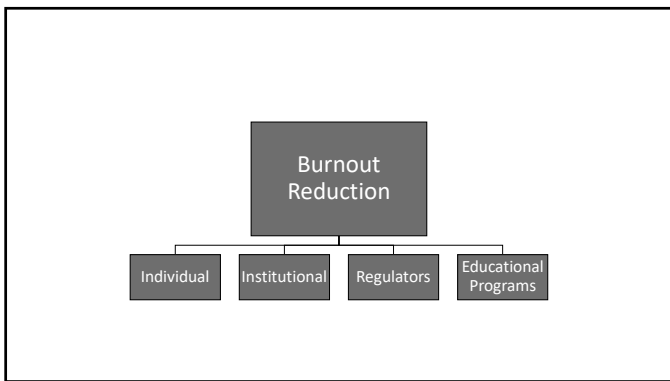
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Job-Person-Fit Model & Electronic Medical Records

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76

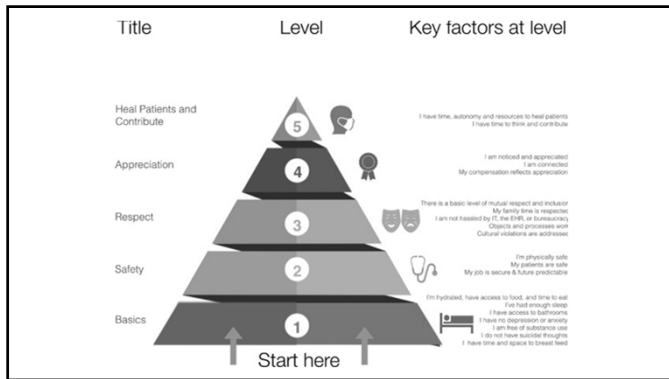


77

Problem-Solving Strategies

1. Define the problem
2. Set attainable objectives
 - Be specific, positive, and practical
3. Take Action
 - Do what one can done individually
 - Discuss with those in power to make change
4. Track progress
 - Track progress and acknowledge change
 - Hamilton, 2015

78



79

Strategies for burnout: Individuals

- Focus on work engagement
- Exercise, improve diet, and sleep
- Be more sociable with coworkers
- Humor
- Mindfulness, yoga, medication
- Play, Interests & Flow State
- Unplug

80

Checking in with yourself

HEALTHY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> Normal fluctuations in mood Normal sleep patterns Physically well, full of energy Consistent performance Socially active 	<ul style="list-style-type: none"> Nervousness, irritability, sadness Trouble sleeping Tiredness, aches, muscle twinges, headaches Procrastination Decreased social activity 	<ul style="list-style-type: none"> Anxiety, anger, pervasive sadness, hopelessness Restless or disturbed sleep Fatigue, aches and pains Decreased performance, presenteeism Social avoidance or withdrawal 	<ul style="list-style-type: none"> Depressed, hopeless, loss of interest in life Unable to get any sleep Exhaustion, physical illness Loss of interest in life Thoughts of suicidal ideation or withdrawal
ACTIONS TO TAKE AT EACH PHASE OF THE CONTINUUM			
<ul style="list-style-type: none"> Focus on task at hand Break problems into manageable chunks Identify and nurture support systems Maintain healthy lifestyle 	<ul style="list-style-type: none"> Recognize limits Get adequate rest, food, and exercise Engage in healthy coping strategies Identify and minimize stressors 	<ul style="list-style-type: none"> Identify and understand own signs of distress Talk with someone Seek help Seek social support instead of withdrawing 	<ul style="list-style-type: none"> Seek professional or peer support Follow healthy coping strategies Engage in healthy coping strategies Seek social support and medical help

81

Sleep loss & burnout

- 45% of health care professionals get less than 7 hours of sleep a night
- Insufficient sleep predicts burnout
 - < 6 hours of sleep was a main risk factor
 - Soderstrom et al., 2012

Sleep Time (hours)	% Burnout	% Severe Burnout
<5	~45	~35
5-6	~35	~25
7-8	~25	~15
>8	~15	~10

82

Exercise & Burnout

- Less exercise associated with increased emotional exhaustion ($p = 0.02$)
- Mean of 3.3 hours of exercise per week

Mean: 3.366
SD: 2.201
N: 101


83

What charges your battery? What depletes your battery?

Depleting Energy	Charging Energy

84

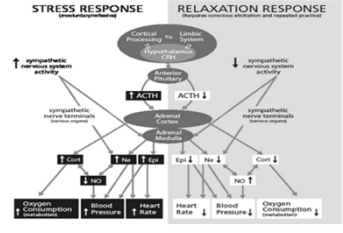
What charges your battery?
What depletes your battery?



Depleting Energy	Charging Energy
<ul style="list-style-type: none"> - Taking on too many work and personal commitments 	<ul style="list-style-type: none"> - Taking a mindful lunch break: going for a walk outside

85

Mindfulness and The Relaxation Response

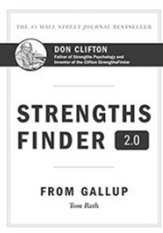


Duck, J., Benson, H. 2009

86

Team and community energy

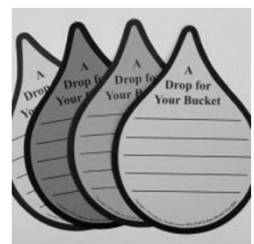
- Burnout can be a social group phenomenon and can be contagious
- People want to be seen, heard, and understood
- Acknowledge people's strengths and preferences



87

4A's of Social Belonging

- Acknowledge
- Appreciation
- Acceptance
- Accommodation




88

Humor & Burnout

Talbot & Lumden, 2000

- Humor can be an effective coping mechanism for burnout
- High users of humor had decreased levels of burnout



89

The Resilient Clinician

- "It is not whether stress will appear and take its toll, it is to what extent professionals take the essential steps to appreciate, limit, and learn from the very stress to continue – and even deepen – their person lives and roles as helpers and healers"
- Robert Wicks (2008)

90

How to Build Resilience

- Build social connections
- Avoid seeing crises as insurmountable
- Develop realistic goals
- Nurture a positive world view of yourself
- Keep things in perspective
- Take Care of yourself

▪ American Psychological Association

91

Resiliency Training

- Ohio State STREAM Program for Health Professionals
 - Skills Training for Resilience, Effectiveness, and Mindfulness
 - <https://mind-bodyhealth.osu.edu/>
- 12 one-hour sessions



92

Unplug

- Psychological detachment from work is a large component of work stressor recovery
 - Cooper & Quick, 2017



93

Be open to opportunities

- Consider becoming more involved in your...
 - Institution
 - Profession
 - Professional Association
 - Community



94

The 20% Rule

- Spending at least 20% of professional time in an activity that has the most meaning to you dramatically lowers burnout of
 - Ceiling effect: 50% has same effect as 20%
 - (Shanafelt, 2009)

▪ **What is your 20%**

95



SPECIAL ARTICLE


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

96

-  Acknowledge and assess the problem
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions^a
-  Cultivate community at work
-  Use rewards and incentives wisely
-  Align values and strengthen culture
-  Promote flexibility and work-life integration
-  Provide resources to promote resilience and self-care
-  Facilitate and fund organizational science

97

Executive Leadership and Physician Well-being: —
 Nine Organizational Strategies to Promote
 Engagement and Reduce Burnout
Tat D. Swank, MD, and John H. Newberry, MD, CDO

- **1. Acknowledge & assess the problem**
 - Demonstrates that the organization cares about employee well-being
 - Assess burnout as a routine institutional performance metric
- **2. Harness the Power of Leadership**
 - Identify leaders with the ability to listen to, engage, develop, and lead.
 - Leader performance should be assessed annually by those they lead
 - Leaders need to recognize unique talents of those on their team

98

3. Develop & Implement Targeted Interventions

- Utilize assessment data to determine high burnout groups
- Convene focus groups for high burnout departments
 - Spend most of the time on specific, local challenges and potential solutions
 - “What changes could be made to address this problem rapidly if your leaders make it a priority?”

99

4. Cultivate Community


- A 2012 RCT of Mayo MDs found that providing 1 hour of protected time every other week to meet with a small group and discuss topics improved meaning in work and reduced burnout

100

Creating Community

- **Journal Club:**
 - Assigning an article to one person to outline for the group
- Invite a speaker from another department or discipline
- Work on interprofessional communication
- Involve students
- Professional Development
- Large and small events

101

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- **5. Use Rewards and Incentives Wisely**
 - Include patient satisfaction and quality measures into assessment, not just productivity
 - Professional Development
- **6. Align values and strengthen culture**
 - Ask employees to evaluate how well the organization is achieving values and mission

102

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- 7. Promote flexibility and work-life balance
 - Flexibility in work schedules
 - Includes examining vacation benefits; and coverage for weekends, holidays, & life events
- 8. Provide Resources to Promote Resilience and Self-Care
 - Training: resiliency, mindfulness, & mindfulness
 - Health promotion
 - Personal Financial Health

103

Executive Leadership and Physician Well-being ①
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- 9. Facilitate & fund organizational science
 - Developing new metrics for the institution
 - Close the Loop



104

Strategies for burnout: Institutions

- Improve PT autonomy & scheduling
- Look at productivity requirements
- Encourage collegiality & community
- Provide adequate continuing education funding
- Encourage fairness in scheduling
- PT input on improving EMR templates

105

Ethical Climate & Productivity Tammany et. al (2019)

- Promote an ethical climate
- Avoid the use of productivity standards based on billable units
- Involve clinicians in developing productivity goals



106

Ethical Climate & Productivity Tammany et. al (2019)

- Promote an ethical climate
- Avoid the use of productivity standards based on billable units
- Involve clinicians in developing productivity goals



107

Discussion Questions

1. What are some personal strategies you can utilize to decrease burnout development?
2. What is one professional opportunity you would be interested in pursuing?
3. What is one way to improve the community within your workplace?

108

Discussion: Institutions

- What resources or changes would improve efficiency and workflow within your department?
 - May include: Processes, Autonomy, Staffing, Equipment, Technology, etc.
- Identify what you can change about these situations and what you can not

109

Role of Educational Institutions and Regulators

110

Potential Role of Boards

- Provide burnout information on website
 - Signs & symptoms
 - Assessment links
 - Resource links
- Partner with state professional associations
 - CEU
 - Resources

111

Comments on board role regarding burnout education

- Provide educational resources X 20
 - Brochure, pamphlet, webinar, course, links
 - Signs and symptoms checklist
 - Recommend self assessment
- "I agree that boards could provide information...but we should not require individuals to "out" themselves"
- Should be professional association, not board X 3

112

Other Actions

- **Tri-Regulatory Collaborative Position Statement**
- Position Statement on Provider Wellness
 - "Expresses its commitment to identifying and preventing practitioner burnout
 - "More needs to be done to provide practitioners with the wellness strategies and assistance they need to deal"
 - September 2017
- **Canadian Medical Association: Physician Health & Wellness**
 - Focuses on improving physical health, mental health & social health of physicians

113

Other Actions

- **NH Professionals Health Professions Program**
- Provides resources for health professionals in need of assistance with substance abuse and addiction, psychiatric and mental health concerns, stress, burnout, work-related conflict or other life/family issues
- **AMA:** In March 2017, AMA partnered with health industry CEO's to declare physician burnout to be a public health crisis
 - Policy calls to involve state medical boards
 - Focus on researching and identifying risk factors

114

NC Medical Board Change

- Following a physician suicide due to burnout the state medical board looked at their policies
 - Specifically due the physician's fear of seeking assistance due to possible negative repercussions
- At the time of the MD's suicide, the license renewal application asked the applicant if he/she "was aware of any medical condition that impairs or limits your ability to practice medicine safely?"
 - Medical conditions included "...psychological conditions or disorders"

115

NC Medical Board

- Advocates then worked with the state medical board to remove any barriers for physicians needing and voluntarily seeking assistance
- The NC Medical Board's language now recognizes and accepts that physicians may seek help for burnout or mental health without having to report it to the board

116

NC Medical Board: Revised Language

"Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance abuse disorders, just like their patients and other health care providers do.

The board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner"

117

Is there a role for state licensure boards to assess occupational burnout in licensees?

Response	Percentage
Yes	25%
No	75%

- Recommendations from "Yes"
 - "Recommend to participate in mental health counseling with compliance monitoring"
 - "Screenings for characteristics of burnout"
 - "Questionnaire on the year recertification"
 - "Series of questions and then maybe flag someone who marks high"

118

Is there a role for state licensure boards to educate licensees about the signs and symptoms of burnout?

Q8 Is there a role for state licensure boards to educate licensees about the signs and symptoms of burnout?

Response	Percentage
Yes	55%
No	45%

119

Comments on board role regarding burnout education

Provide educational resources X 20

Brochure, pamphlet, webinar, course, links	Signs and symptoms checklist	Recommend self assessment
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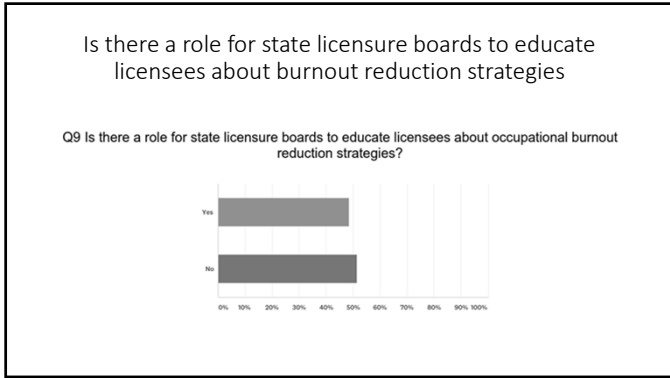
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"I agree that boards could provide information...but we should not require individuals to "out" themselves"

↓

Should be state chapter, not board X 3

120



121

Board role about burnout reduction strategies:
Comments

Provide educational resources X 12

Partner with or encourage state chapter to hold related continuing education workshop X 3

122

Potential Role of Boards

Provide burnout information on website

- Signs & symptoms
- Assessment links
- Resource links

Partner with state professional associations

- CEU
- Resources

123

Potential role of PT Programs

- Educate students about the issue
- UNM School of Medicine's Program for Physician Wellbeing
 - Equips Medical students with a wellness toolkit, which includes a curriculum on work-life balance and establishing boundaries with patients

124

NH Professionals Health Program

- Provides resources for some health professionals in need of assistance with substance abuse and addiction, psychiatric and mental health concerns, stress, burnout, work-related conflict or other life/family issues

125

Tri-Regulatory Collaborative: Position Statement

FSMB, NABP, & NCSBN

Position Statement on Provider Wellness

- “Expresses its commitment to identifying and preventing practitioner burnout
- “More needs to be done to provide practitioners with the wellness strategies and assistance they need to deal”
- September 2017

126

Potential role of Educational Programs

- Educate students about the issue
 - Also about productivity requirements
- UNM School of Medicine's Program for Physician Wellbeing
 - Equips Medical students with a wellness toolkit, which includes a curriculum on work-life balance and establishing boundaries with patients

127

Discussion #1

- What are some strategies to improve the sense of community within your department and institution?

128

Discussion #2

- What resources would improve efficiency and workflow within your department?
 - May include: Processes, Autonomy, Staffing, Equipment, Technology, etc.

129