

All Stressed Out

Preventing Burnout/Promoting Resilience



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“ER”



Upfront Questions for You

- ▼ Do you feel connected to your purpose in your work?
- ▼ How often do you feel joy in your work?
- ▼ Do you feel that you are delivering the excellence that you have come to expect of yourself?
- ▼ How much of your day do you spend doing work that gives you a positive charge?
- ▼ Are you looking at the way your relationships at work and your perception of what you do create meaning for others?

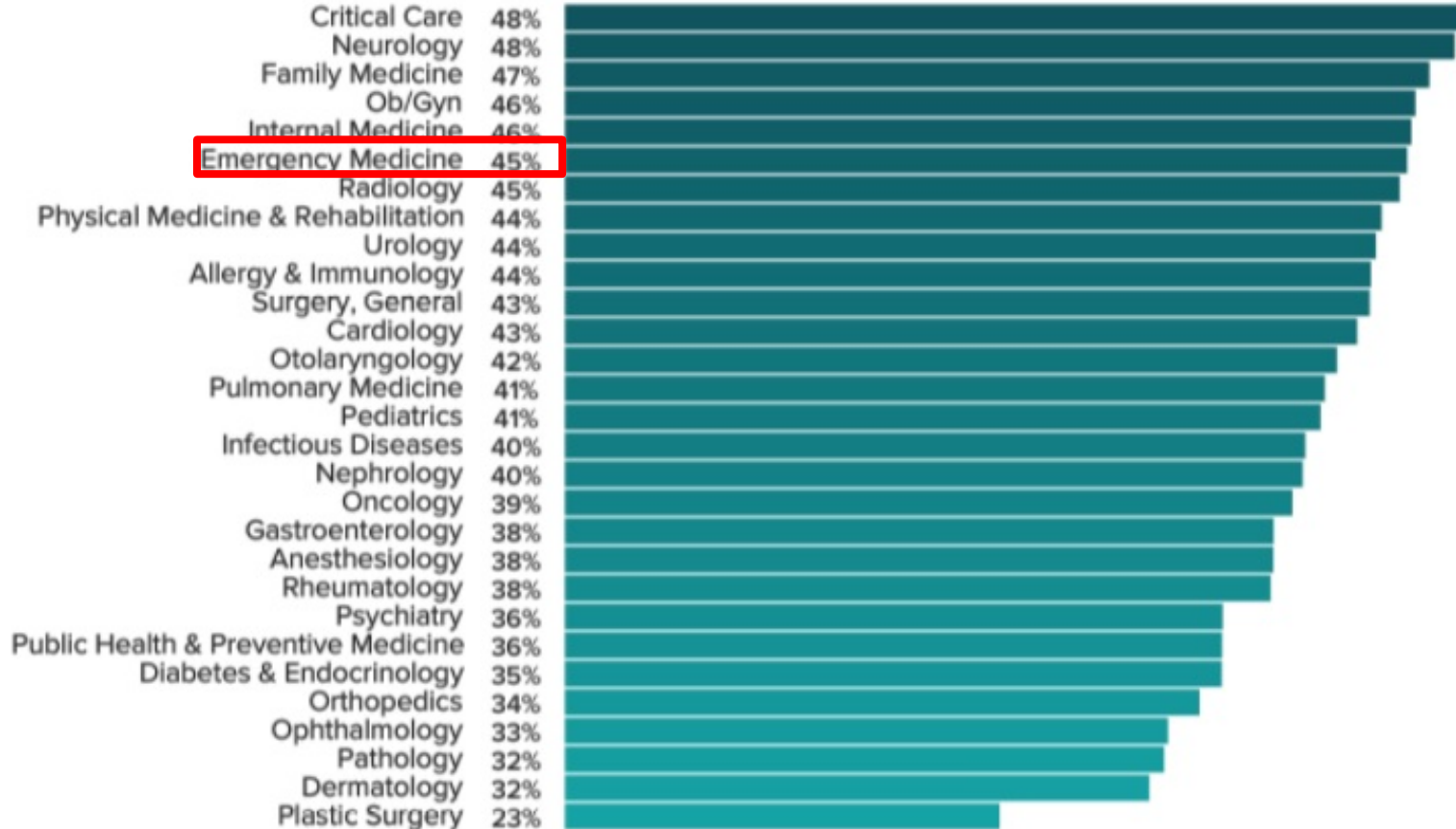
Burnout
is not
a new
issue.



June 2005

**Medscape
Survey
2018**

Which Physicians Are Most Burned Out?



Association of Clinical Specialty With Symptoms of Burnout and Career Choice Regret Among US Resident Physicians

JAMA
2018;320(11):1114-1130

Table 2. Association of Resident Specialty and Characteristics With Symptoms of Burnout

Specialty ^c	Burnout Status		Burnout Prevalence, %
	No. With Burnout ^a	No. Without Burnout	
Internal medicine	346	466	42.6
Dermatology	21	50	29.6
Radiology	70	128	35.4
Emergency medicine	161	138	53.8
Family medicine	113	191	37.2
Anesthesiology	107	145	42.5
Neurology	53	33	61.6
Obstetrics and gynecology	114	119	48.9
Pathology	17	32	34.7
Pediatrics	178	234	43.2
Physical medicine and rehabilitation	15	15	50.0
Psychiatry	65	83	43.9
Surgery (general)	107	92	53.8
Other surgery	27	29	48.2
Ophthalmology	53	42	55.8
Orthopedic surgery	76	77	49.7
Otolaryngology	30	37	44.8
Plastic surgery	12	15	44.4
Neurological surgery	13	12	52.0
Urology	37	21	63.8

Table 3. Association of Resident Specialty and Characteristics With Career Choice Regret

Specialty ^c	Career Choice Regret Status		Career Choice Regret Prevalence, %
	No. With Career Choice Regret ^a	No. Without Career Choice Regret	
Internal medicine	99	713	12.2
Dermatology	11	60	15.5
Radiology	33	165	16.7
Emergency medicine	34	264	11.4
Family medicine	27	275	8.9
Anesthesiology	52	200	20.6
Neurology	15	71	17.4
Obstetrics and gynecology	28	205	12.0
Pathology	16	33	32.7
Pediatrics	56	356	13.6
Physical medicine and rehabilitation	5	25	16.7
Psychiatry	25	123	16.9
Surgery (general)	38	161	19.1
Other surgery	8	48	14.3
Ophthalmology	15	80	15.8
Orthopedic surgery	19	134	12.4
Otolaryngology	6	61	9.0
Plastic surgery	2	25	7.4
Neurological surgery	4	21	16.0
Urology	9	49	15.5
Symptoms of burnout ^{c,d}			
No	130	1827	6.6
Yes	372	1242	23.0

Nursing Morale Survey 2017

- ▼ Work is physically and mentally demanding 98%
- ▼ Their nursing jobs make them fatigued 85%
- ▼ Nurse burnout 63%
- ▼ Worry their patient care will suffer because they are so tired 44%
- ▼ Have considered changing hospitals during the past year due to burnout 41%

And With Health Care Reform . . .

- ▼ The prospect of declining reimbursement
- ▼ Pressure to increase productivity
- ▼ Increased workforce shortage
- ▼ Increased “meaningful” use

Where are you on the “pain scale”?

What number (1-10) would you give yourself?

Real-Time Professional Sources of Stress

- ▼ Work at all hours of the day and night
- ▼ Malpractice litigation
- ▼ Risk of infectious disease exposure
- ▼ Risk of violence
- ▼ Illness/impairment

Stress (Day to Day)

- ▼ Unpredictability of each day
- ▼ Constant pressure for perfection
 - ▼ Diagnosis (risk of malpractice complaint)
 - ▼ Service (risk of patient complaint)



More Specifically . . .

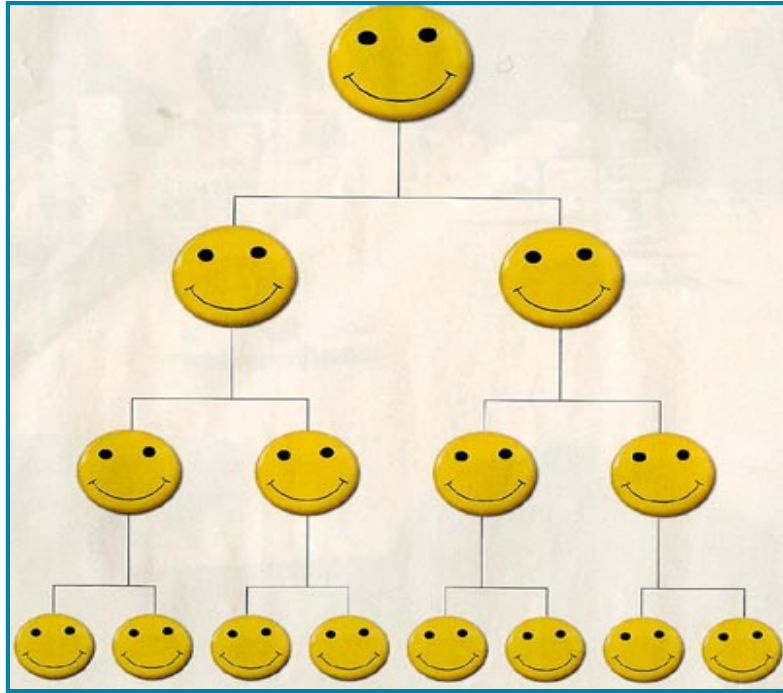
- ▼ Critically ill patients
- ▼ “Difficult” Patients (Intoxicated, Angry, Entitled, Learned, Drug-Seeking)
- ▼ Staffing shortages
- ▼ EHR/Computer anything
- ▼ Limited resources of facility
- ▼ Drug shortages

Add to all that, Living in the real world . . .

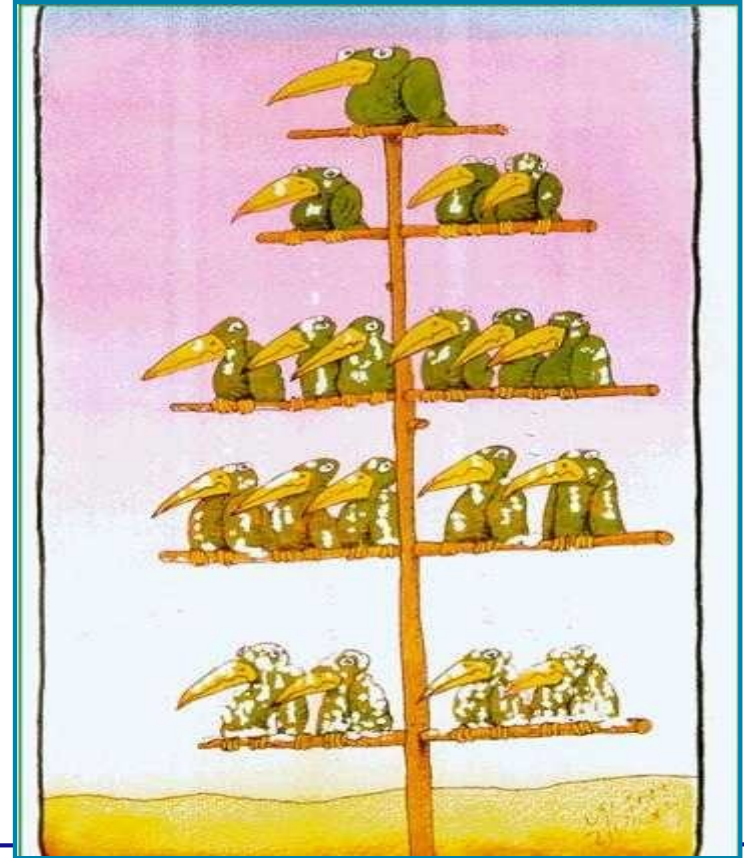


**How Quickly
It Does Burn**

What Does Your “Org Chart” Look Like?



or



Burnout Defined

- ▼ Loss of work fulfillment
- ▼ Emotional exhaustion
- ▼ Depersonalization (negativity/cynicism)
- ▼ Disempowerment (loss of autonomy)
- ▼ Loss of connection to purpose
- ▼ Loss of joy in practice



“Well-Being”

- ▼ Involvement and Engagement
- ▼ Patience and Compassion
- ▼ Feeling of Fit and being a part of a greater whole



“Burnout”

- ▼ Exhaustion, Cynicism, Indifference
- ▼ Anger, Bitterness, Frustration
- ▼ Alienation and Isolation

Burnout Further Defined

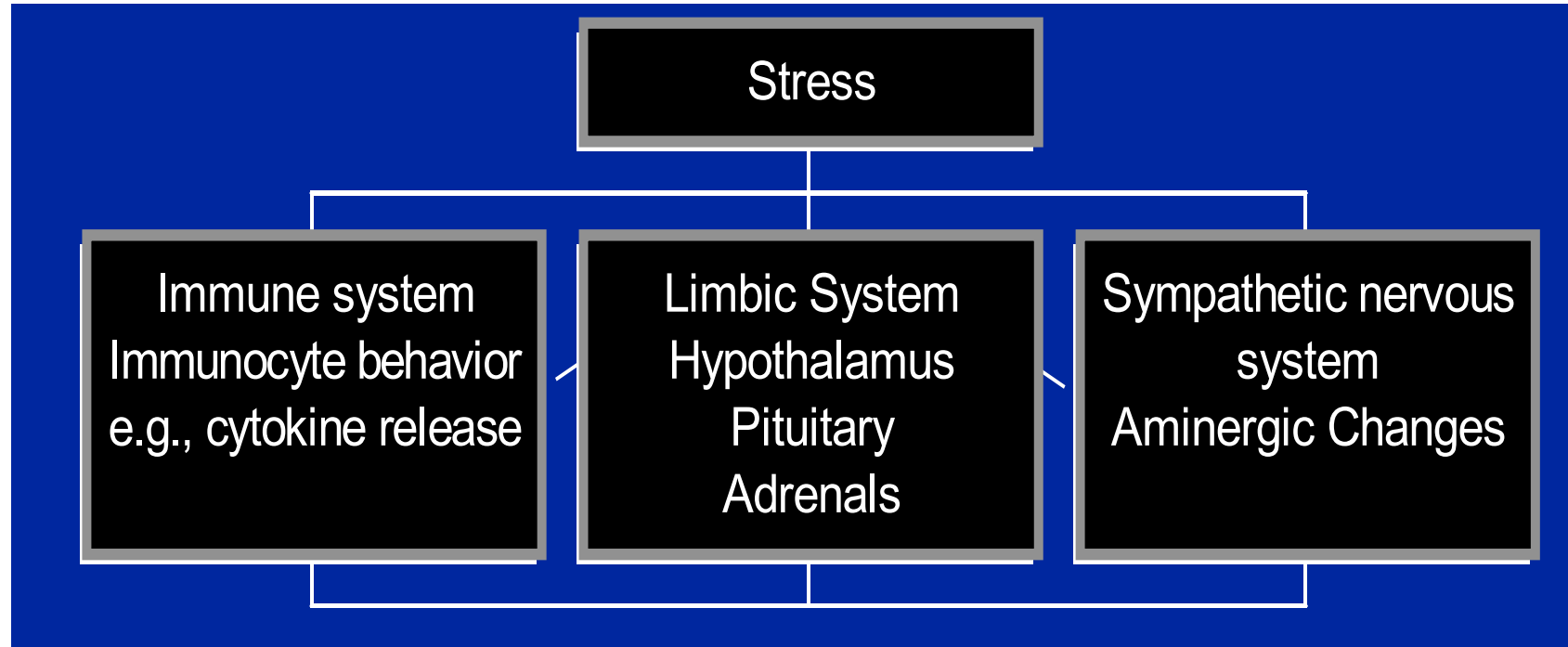
- ▶ “Burnout is the chronic condition of perceived demands outweighing perceived resources.”
- Gentry & Baranowsky 1998
- ▶ “Compassion fatigue is burnout + secondary traumatization.”
- Figley 1995



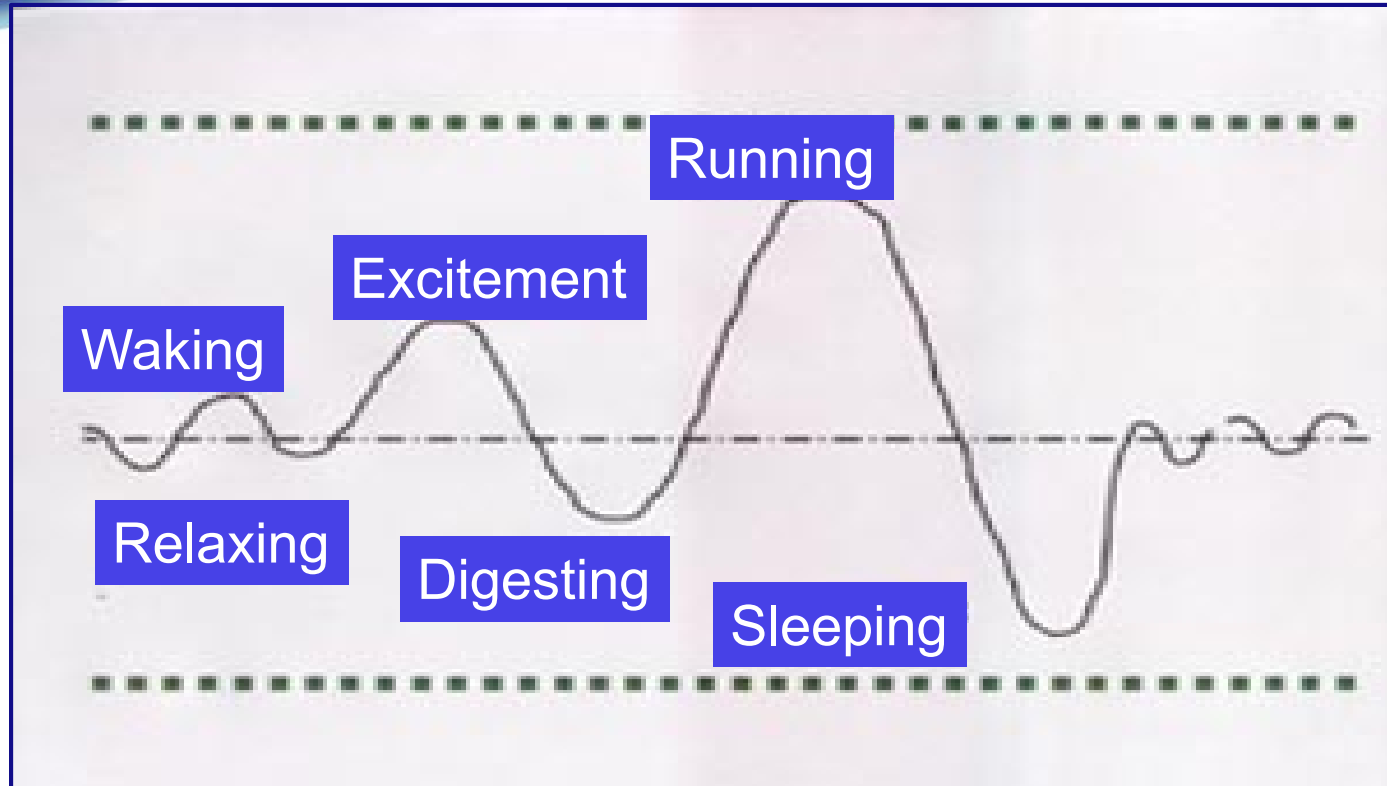
Stress - Cannon & Selye

- ▼ Homeostasis - the body's balancing act
- ▼ General Adaptation Syndrome (3 stages)
 - 1) Alarm
 - Shock phase
 - Countershock phase
 - 2) Resistance
 - 3) Exhaustion/Renewal

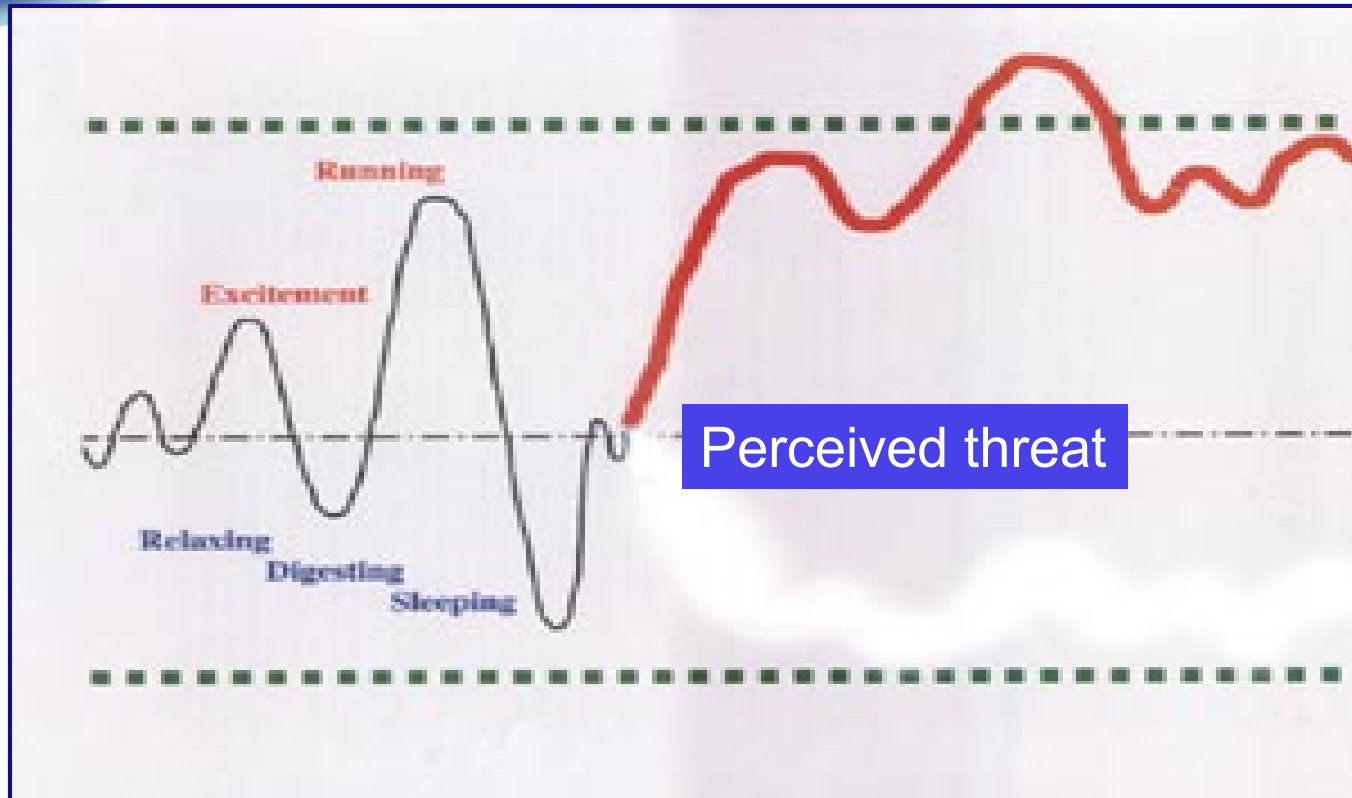
Neuroendocrine-Neuroimmune Stress Response System



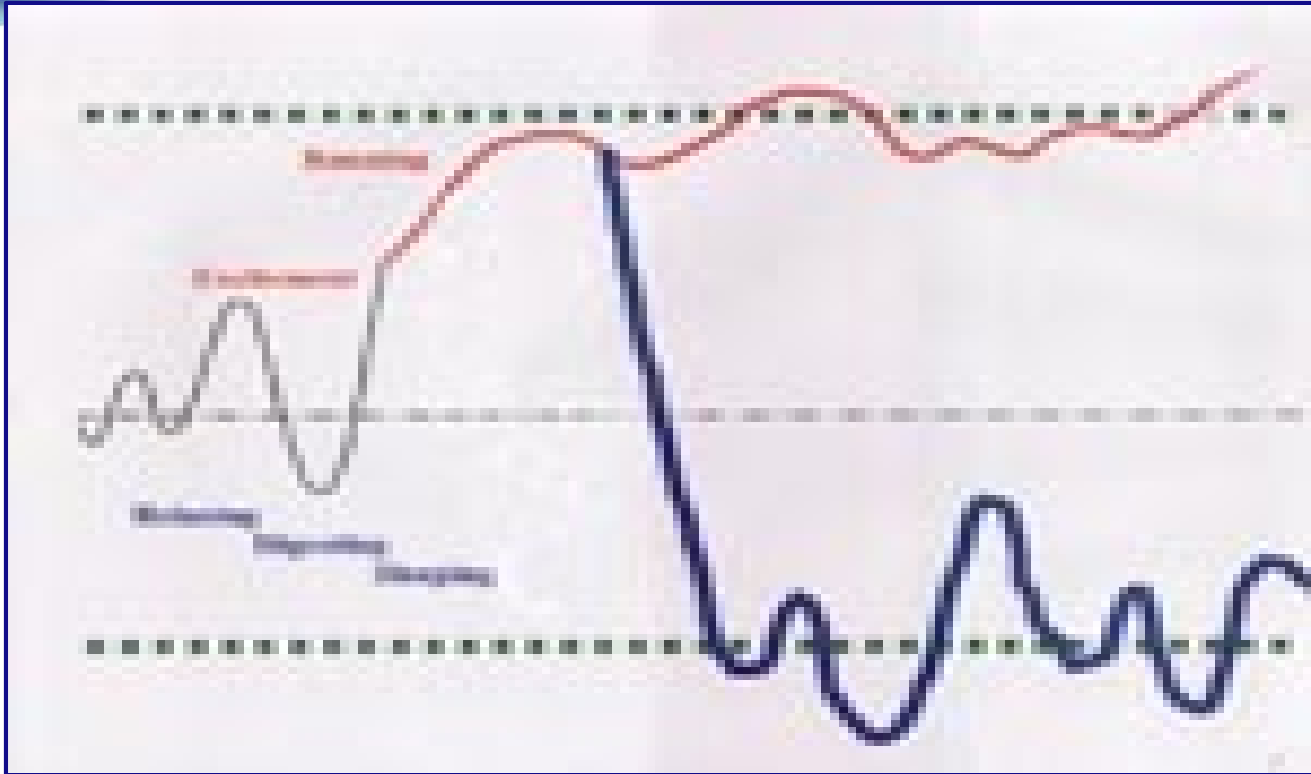
Homeostasis



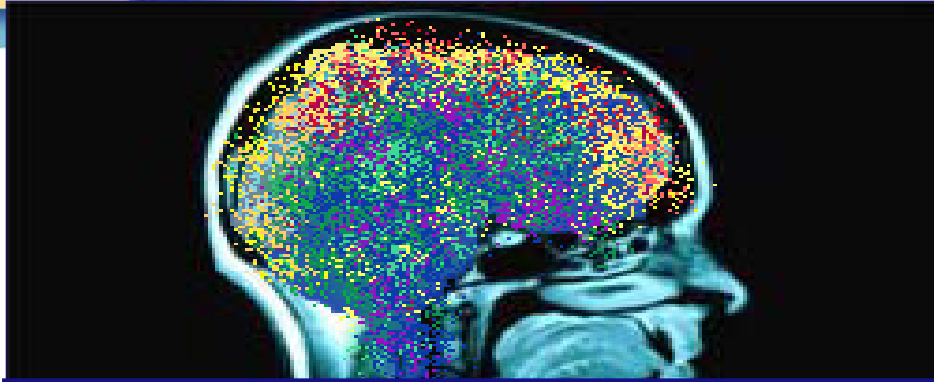
Perceived Threat → Sympathetic Outflow



Parasympathetic Outflow → Renewal

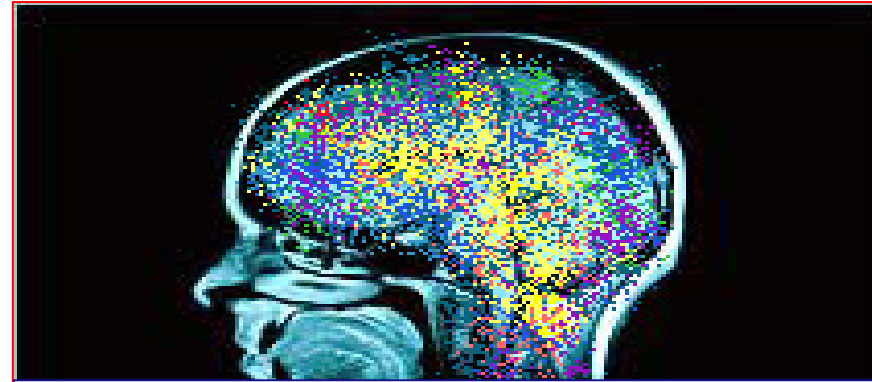


Parasympathetic v. Sympathetic



Parasympathetic Dominance

- Maximal Cognitive & Motor Functioning
- Intentional
- Creative Problem Solving
- Transformative Leader



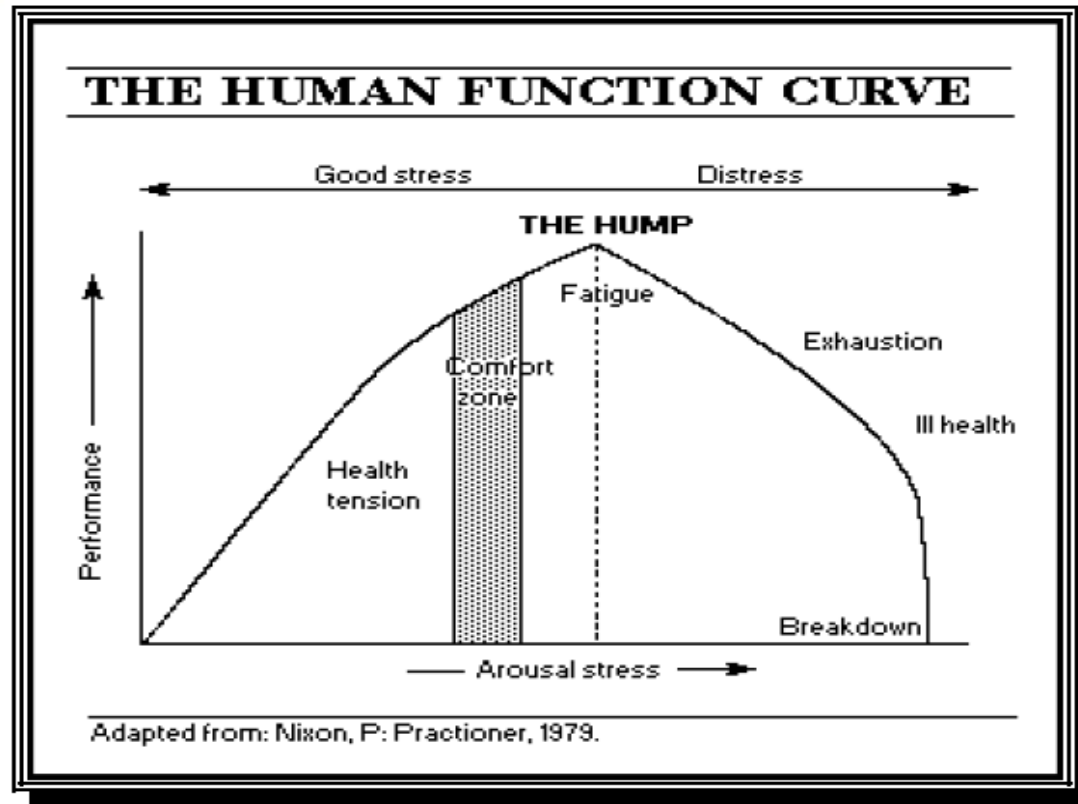
Sympathetic Dominance

- Compromised Cognitive and Motor Functioning
- Reactive
- Repeating Same Mistakes
- Coercive or Hesitant Leader

Perceived Threat → Sympathetic Outflow

Physiological	Brain Mechanics	Other Effects
▲ Heart Rate	▲ Basal Ganglia & Thalamic Fx	▲ Obsession
▲ Breathing Rate	▼ Neo-cortical Fx	▲ Compulsion
▼ Breathing Volume	▼ Frontal Lobe activity <ul style="list-style-type: none"> ▼ Executive Fx ▼ Fine motor control ▼ Emotional regulation 	▼ Speed & Agility
Centralized Circulation		
▲ Muscle Tension	▼ Temporal Lobe Activity <ul style="list-style-type: none"> ▼ Language (Wernicke's) ▼ Speech (Broca's) 	▼ Strength
▲ Energy	▼ Anterior Cingulate	Constricted thoughts & behaviors
▲ DIS-EASE		Fatigue

Optimal Performance:



Issues

- PA's/NP's/Docs are high performers who are not accustomed to not being the best.
- Our coping skills to deal with failure are meager.
- There are many environmental factors over which we seem to have little/no control.
- We are not good at recognizing burnout in ourselves. We are so busy we often don't recognize it in our colleagues.
- Isolation is pervasive – we have lost the sense of camaraderie and connection to each other.

What Can We Do?

- ▶ We need to normalize the conversation – we practice tough medicine with great stressors. Not having it all together and handling it needs to be okay. We must share our stories of “failure”.
- ▶ We are experts at pattern recognition in our patients. If something doesn't fit, we pursue the alternate diagnosis.
- ▶ “If you see something, say something.”

YOU KNOW YOUR WORLD. AND YOU KNOW WHEN SOMETHING'S NOT RIGHT WITH IT.

IF YOU SEE SOMETHING, SAY SOMETHING.



CALL 911
(EMERGENCY)



CALL
1.866.HLS.TIPS



TELL AN
AUTHORITY

What is Resilience?

1. the ability to become strong, healthy, or successful again after something bad happens
2. the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc.
3. the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress (medical definition)

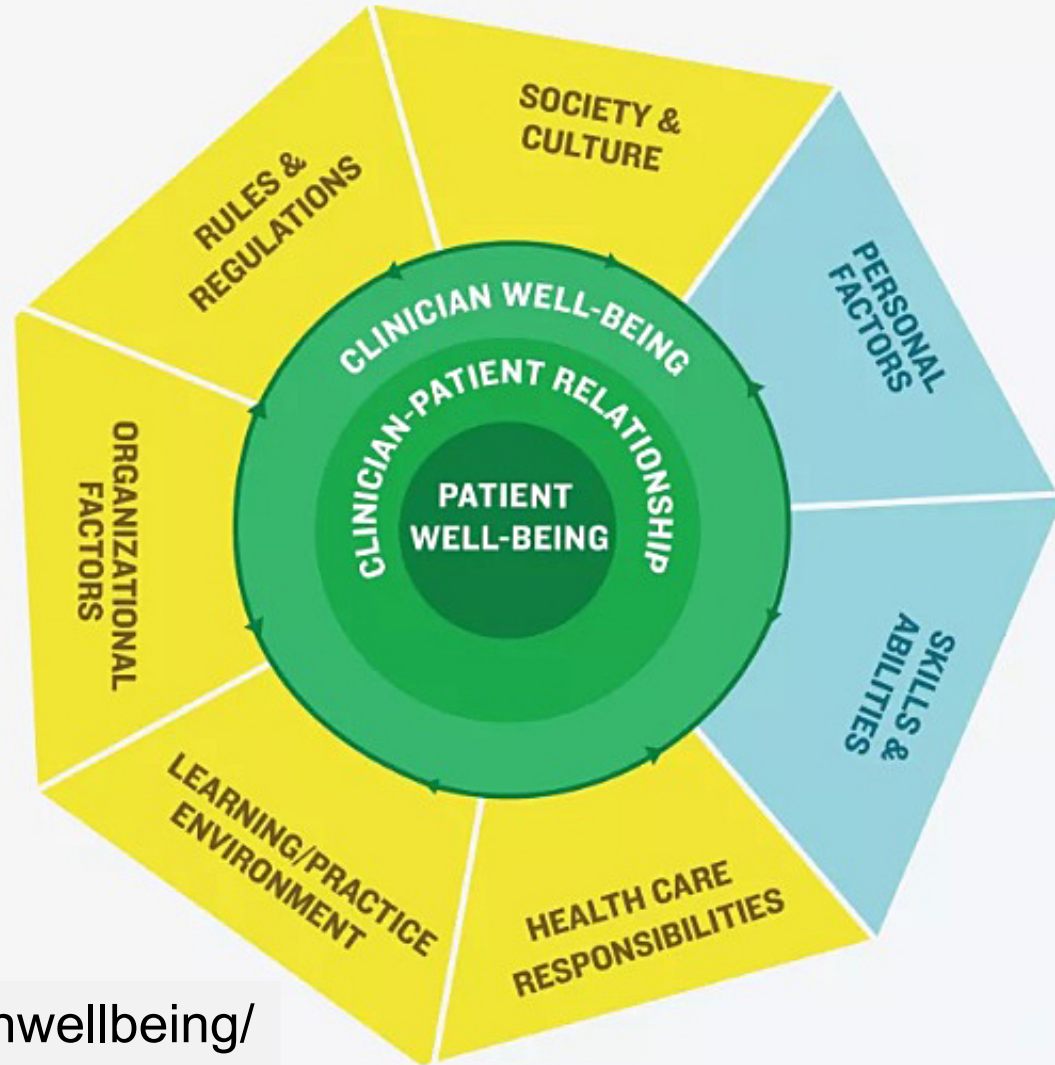
Merriam Webster

Early Conceptual Model of Clinician Well-Being



Newer Conceptual Model

National
Academy
of
Medicine



<https://nam.edu/clinicianwellbeing/>

EXTERNAL FACTORS

SOCIETY & CULTURE

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

RULES & REGULATIONS

- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

HEALTH CARE RESPONSIBILITIES

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- Harassment and discrimination
- Level of support for all healthcare team members
- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

INDIVIDUAL FACTORS

PERSONAL FACTORS

- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS & ABILITIES

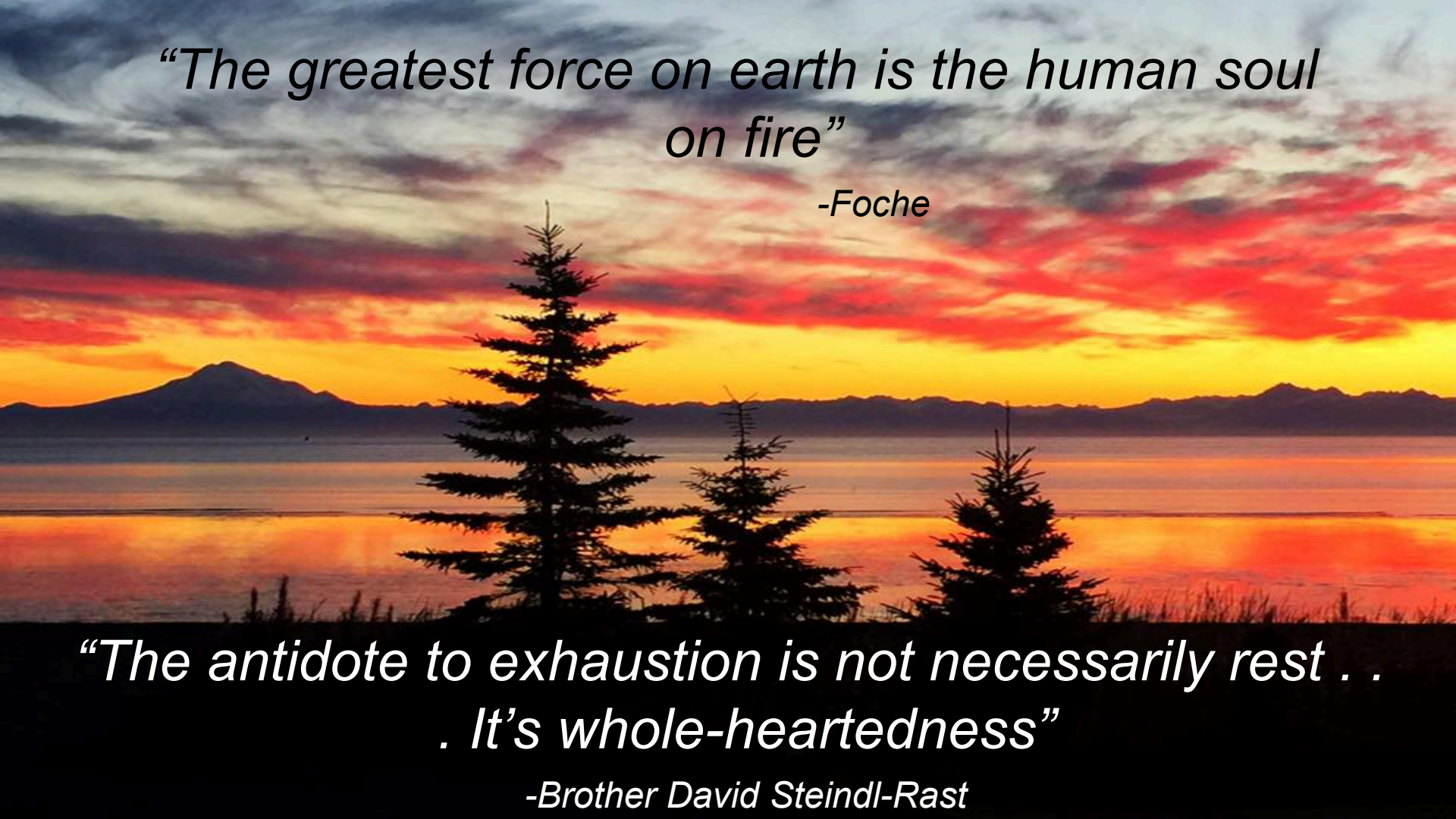
- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing work flow
- Organizational skills
- Resilience skills/practices
- Teamwork skills

Tactics for Avoiding Burnout

1. Be clear about what you want – write a personal mission statement.
2. Join a group/find a practice where you fit and where you are treated as a person and feel appreciated.
3. Make sure you create a R.I.P.
4. Exercise regularly, Eat right, Sleep more.

Tactics for Avoiding Burnout

5. Be more than just a shift worker.
6. Help create your team.
7. Take time away from the electronic interface.
8. Take more deep breaths.
9. Stay connected to why you decided to do what you are doing, to others, to your spirit.



*“The greatest force on earth is the human soul
on fire”*

-Foché

*“The antidote to exhaustion is not necessarily rest . .
. It’s whole-heartedness”*

-Brother David Steindl-Rast

Final Questions for You to Ask Yourself

- Do I feel connected to my purpose in my work? How often do I feel joy in my work?
- Do I feel that I am delivering the excellence that I have come to expect of myself?
- How much of my day do I spend doing work that gives me a positive charge?
- Am I looking at the way my relationships at work and my perception of what I do create meaning for others?



Connect back to purpose . . .

**Never under-estimate the difference you
make . . .**

Thank you.

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