

PROVIDER BURNOUT

Introduction

Burnout is typically characterized by a low sense of personal accomplishment, emotional exhaustion, cynicism and depersonalization.

Burnout is an increasingly prevalent problem among Physicians, N.P.'s and P.A.'s. While it appears to be a potential concern across most specialties, it may be especially common among PCP's in busy outpatient clinics. Burnout has been implicated in higher physician turnover, reduced patient satisfaction, and worsened quality and safety.

As mentors, it is likely that potential or actual burnout will be a major concern among your mentee providers.

Factors contributing to burnout

PCPs may be predisposed to burnout due to traits such as compulsiveness, guilt, self-denial, and working in a medical culture that emphasizes perfectionism, denial of personal values, and delayed gratification. Typically, there are also work factors and institutional factors that contribute significantly to burnout.

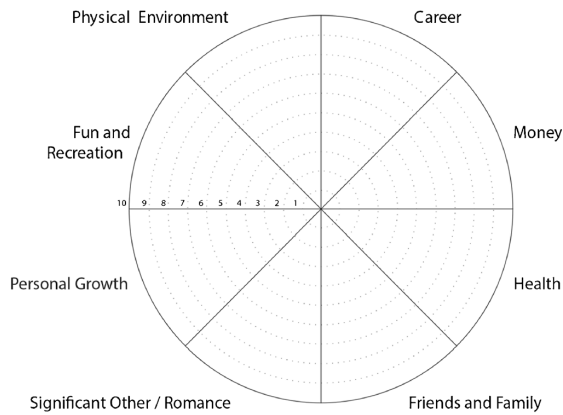
- Personal characteristics - being self-critical, engaging in unhelpful coping strategies, sleep deprivation, overcommitment, perfectionism, idealism, work-life imbalance, and an inadequate support system outside the work environment.
- Work factors - long working hours and excessive work load, inadequate staffing, frequent on-call duties, comprehensive documentation in electronic medical records, time spent at home on work-related issues, and risk of malpractice suits.
- Institutional factors - negative leadership behaviors, work load expectations, insufficient rewards, limited interpersonal collaboration, and limited opportunities for advancement and social support.

Assessing the issues with your mentee

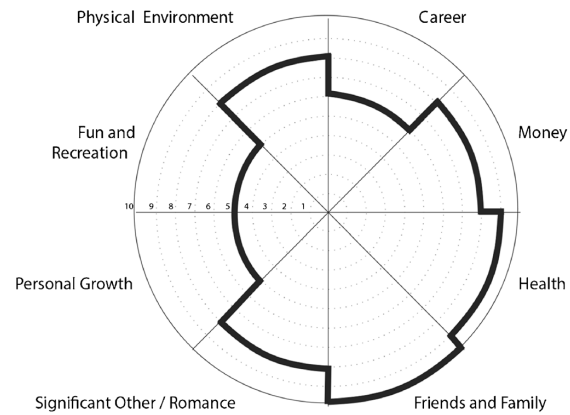
Review the various factors (above) with your mentee and have him/her prioritize those that are most relevant to his/her situation.

- When personal factors are included (which will usually be the case), discuss the "Wheel of Life" and ask your mentee to fill it in (see below)

Instructions: The Wheel of Life is composed of eight domains that, together, represent one way of describing your life. Taking the centre of the blank wheel on the left as 0 and the outer edge as an ideal 10, rank your level of satisfaction with each life area by drawing a curved line to create a new outer edge. The new perimeter, seen on the right, represents your Wheel of Life. Let's look at those areas where you want to improve your level of satisfaction and think about what we might do to accomplish this.



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**Wheel of Life completed
by Dr. Greenley**

- For your next session, ask your mentee to start thinking about and writing down potential things he/she might be able to do to address the issues that have been identified (Personal/Work/Institutional).

Some Coaching suggestions that are often useful:

Mentors can help build motivation by eliciting potential solutions from mentees, thus increasing their personal investment, and making next steps appear feasible. Working together to create action steps is essential.

- Some examples of helpful inquiries:
 - *“What’s another way of looking at this?”*
 - *“How about starting a ‘got-done’ list? Can you write down three things that went well recently?”*
 - *“I’m hearing a ‘not-good enough’ message. How are you experiencing this right now?”*
 - *“If we could wipe the slate clean, what would you do differently going forward?”*
 - *“What gives your work value and meaning?” “What energizes you?”*

Possible interventions

- Personal
 - Regular exercise
 - Good nutrition
 - Spiritual Energy (Mindfulness/Relaxation Techniques)
 - Sleep hygiene
 - Discussing issues with significant other and/or good friend

- Work/Institutional-
 - Staff meetings
 - offload clerical work and delegate other responsibilities if possible
 - team huddles at the beginning of the day
 - Provider meetings
 - share stressful issues at work and how to ameliorate them
 - cultivate community, appreciation and support among peers
 - Address workload issues with supervisor/chief medical officer
 - Explore opportunities for growth within the organization—education, promotion, etc.

References

Daniel E. Shapiro Ph.D. et al. *Beyond Burnout: A Physician Wellness Hierarchy Designed to Prioritize Interventions at the Systems Level*

The American Journal of Medicine (2018), doi: <https://doi.org/10.1016/j.amjmed.2018.11.028>

Rikinkumar S. Patel et al, *Factors Related to Physician Burnout and Its Consequences: A Review*
Behav. Sci. 2018, 8, 98; doi:10.3390/bs8110098

Sharon Karr, *Avoiding physician burnout through physical, emotional, and spiritual energy*
Curr Opin Cardiol 2019, 34:94–97 DOI:10.1097/HCO.0000000000000574

Gail Gazelle, MD et al, *Physician Burnout: Coaching a Way Out*
J Gen Intern Med 30(4):508–13 DOI: 10.1007/s11606-014-3144-y

C. P. West et al, *Physician burnout: contributors, consequences and solutions*
Journal of Internal Medicine, 2018, 283; 516–529

Kabat-Zinn J., *Mindfulness Based Stress Reduction*
Clin Psychol Sci Pract 2003; 10:144–156.)

Colin P West et al, *Interventions to prevent and reduce physician burnout: a systematic review and*



meta-analysis

The Lancet 2016; 388: 2272–81

Tait D. Shanafelt et al, *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*

Mayo Clin Proc. 2017;92(1):129-146