

Provider Burnout: Drivers, Consequences, and Strategies for Change

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09/12/2019



Saint Alphonse

No disclosures



Objectives

1. Discuss moral injury
2. Define burnout and review provider burnout statistics
3. Review causes and consequences of burnout
4. Discuss strategies to help providers
5. Tell a story

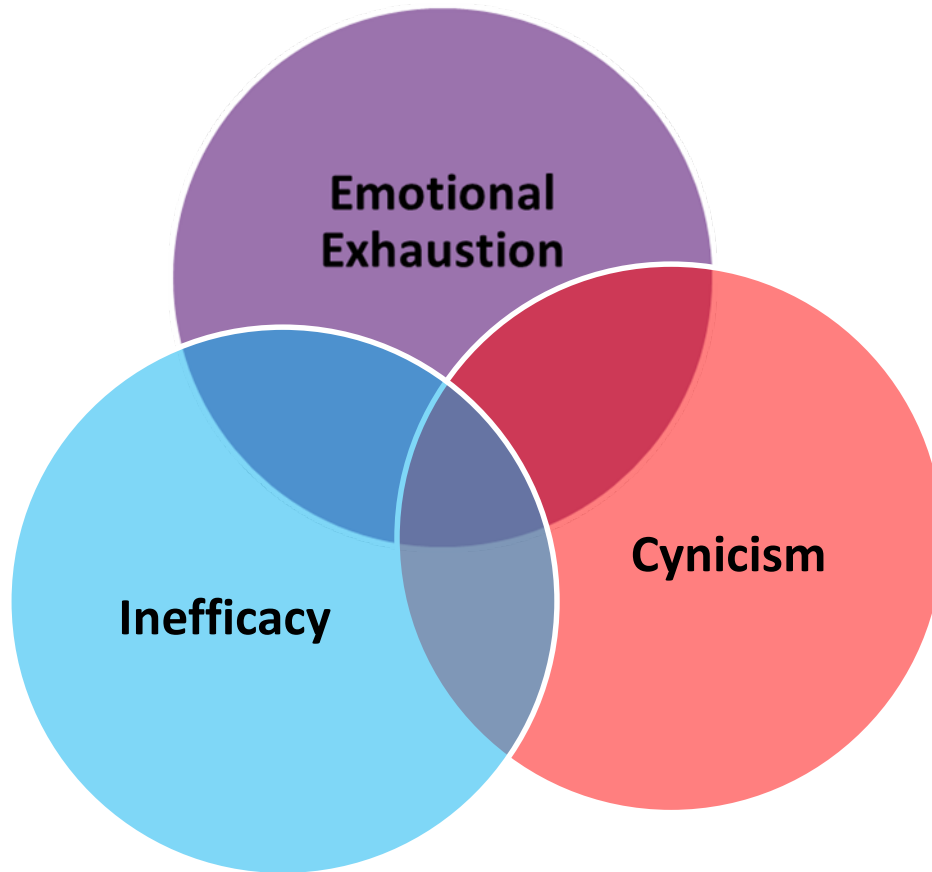


Moral Injury

- Term first described in soldiers responses to their actions in war.
 - In healthcare not due to killing another human as in war, but “being unable to provide high-quality care and healing in the context of health care”.
- Journalist Diane Silver “a deep soul wound that pierces a person’s identity, sense of morality, and relationship to society”.



Burnout- “prolonged response to chronic emotional interpersonal stressors on the job”



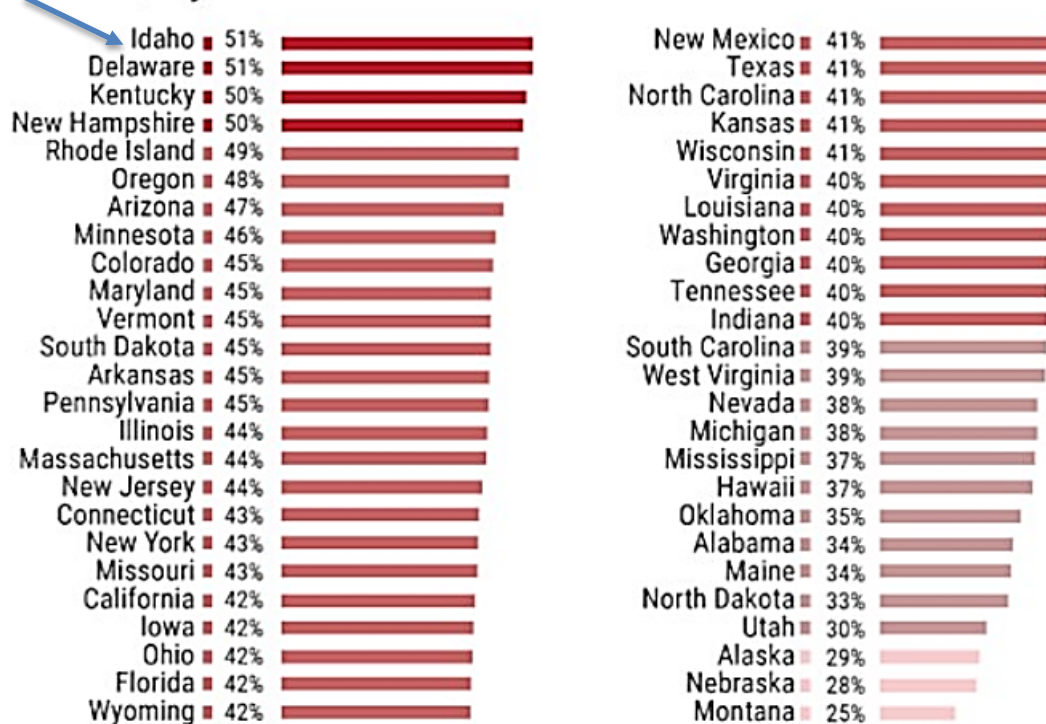
Exhaustion: depleting emotional resources to cope with the work environment. A loss of enthusiasm for work. *Nothing More to Give*

Depersonalization (cynicism): Distancing oneself from patients or the organization. *Self-protective mechanism*

Inefficacy: a sense of low personal accomplishment, or feeling ineffective, at work. *Physicians feel ineffective, but patients value their care*

Idaho is number 1

Burnout, by State



Provider burnout statistics

- Idaho ranks highest among Physician burnout w/ 54% report more than one symptom of burnout
- Physician suicides have increased by 22% (300-400/year). Twice that of active duty military members
- Affects Physicians in all specialties
- Those less than 35 years old at greatest risk for burnout and dissatisfaction with work-life balance (Shanafelt 2015).
- Females higher rates than males

Theories: greater family responsibilities, patients expect more in-depth conversations with females adding to time pressures.

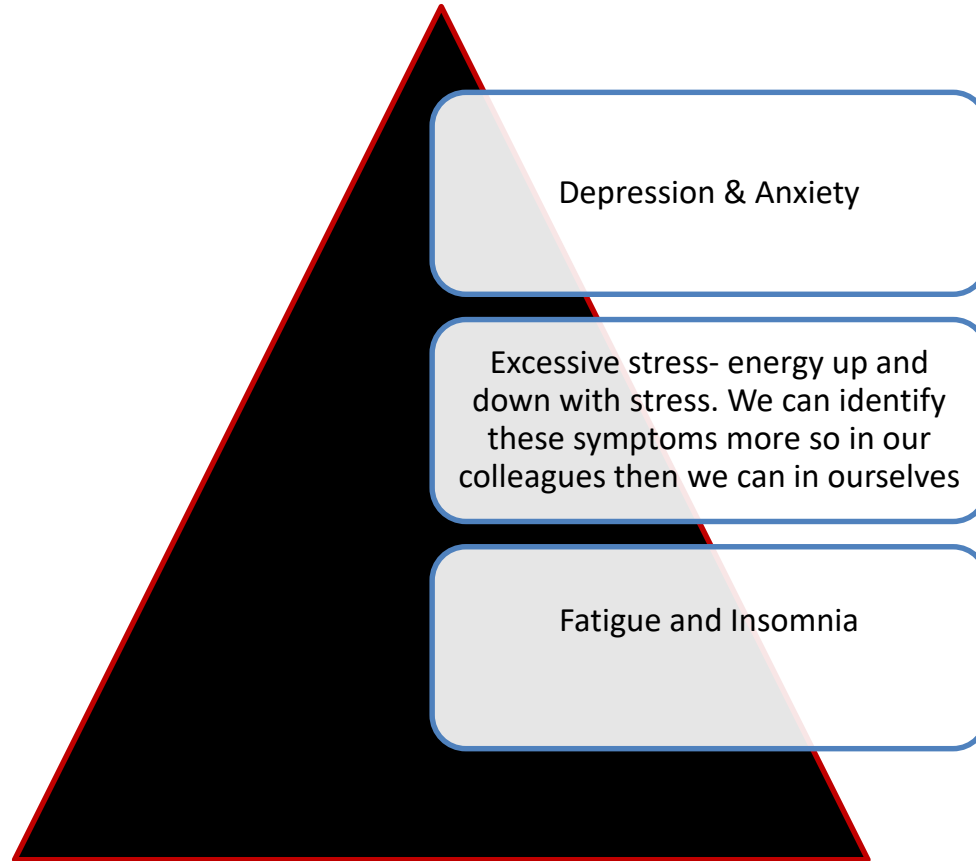


Physician Characteristics

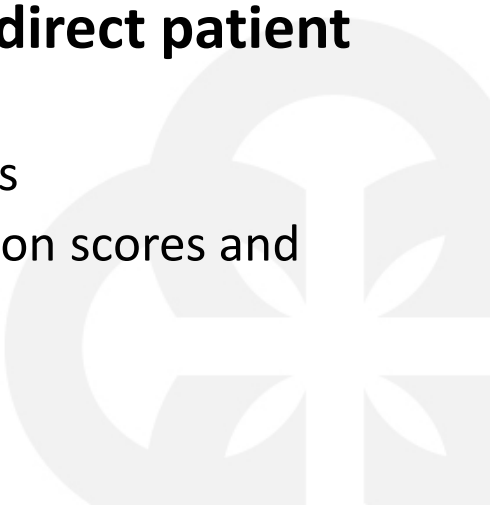
- Compulsive
- Perfectionism
- Difficulty relaxing
- Mistakes are intolerable
- Inability to be vulnerable
- Excessive sense of responsibility for things outside ones control
- Shame “If I am in need, I am a failure”



Burnout Symptoms



Drivers of burnout- root causes

1. Lack of control over work conditions
 2. Time pressure
 3. Chaotic workplaces
 4. Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders
 5. Inability to influence decisions
 6. Lack of mentorship
 7. Penalized for taking time off (productivity only models)
 8. Work-family-hobbies balance
 9. New mandates
 10. Health-care reform changes
 11. Physician resistance to new practice realities and team-based care
 12. EMR- 2 EMR hours per 1 hour of direct patient care and average 1.5 hours of work completing EMR tasks!
 13. **Reduction in direct patient care**
 14. Avoiding lawsuits
 15. Patient satisfaction scores and provider ratings
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Consequences

Loss of productivity

- Self
- Clinic
- Organization

Loss of providers

- Suicide
- Turn-over

Medical

- Substance abuse
- Heart disease
- Obesity
- Diabetes especially in females
- Stroke
- Vulnerability to illness

Benefits of Addressing Burnout

Providers, clinics and organizations more likely to achieve organizational goals

Better recruitment

Higher retention

Better quality of care

Improved patient safety



Local Strategies

Saint Alphonsus

- Peer Support group
 - First in the state
 - Trained peers
- Retreats- connect meaning and purpose. Tools to help along their journey
- Trainings for providers
- Critical incident debrief support
- Pet and massage therapy

Future state: System wide (reach beyond Boise), include RN's, provider mentorship, system tracking on well-being.

• Community Efforts

ACMS- Physician Vitality Program. In 2017 45 members took advantage of 148 appointments. Up to 8 sessions/12 months.

Beers with Peers

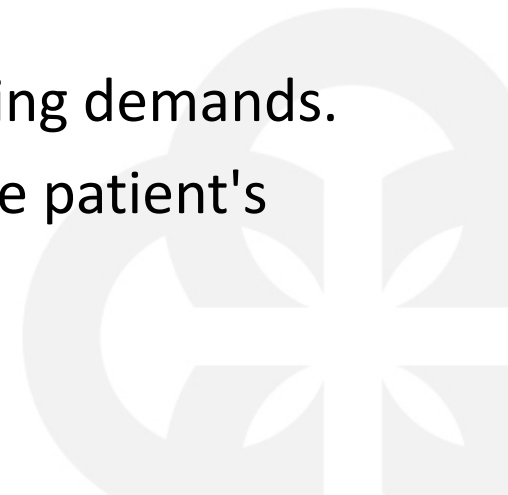
Date night for providers

Mindfulness and Meditation with Dr. Desai and Dr. Deb Roman 2x/month



Strategies for change

- Wellness and resilience programs help **but** will not solve the problem.
- Leadership helping to engage physicians and providers.
~Engaged employees share a strong emotional bond with their organization and more committed to both the organization and the work they do.
- Leadership acknowledging the “human costs and moral injury of multiple competing allegiances”.
- Leadership challenging and minimizing competing demands.
- Programs and care delivery to not only meet the patient's needs, but the providers needs too



Story



Questions



References

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