

# **Burnout: The Contagion & What We Can Do About It**

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# Goals

- Understand that burnout is highly prevalent among providers
- Define burnout and compare it to other related terms
- Understand that burnout is a problem that mandates systems solutions
- Arm you with a roadmap and solutions to consider as you accelerate well-being work at IHANY

# Conflicts & Disclosures

- None.



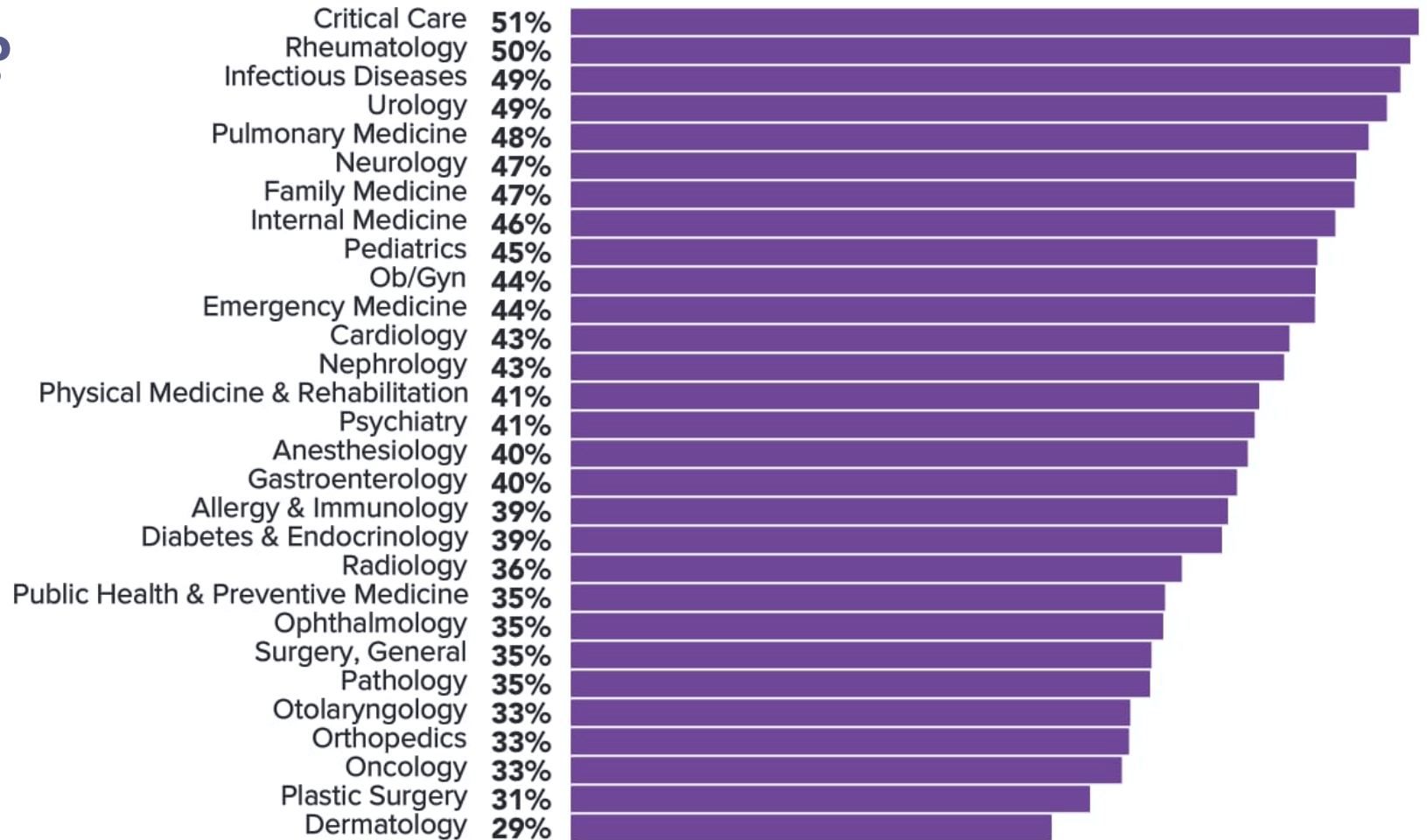
**HIGHLY  
CONTAGIOUS**

**Question: Overall, based on your definition of burnout, how would you rate your level of burnout?**

# Rates of physician burnout are > 2X that of the general population

## Who is at increased risk?

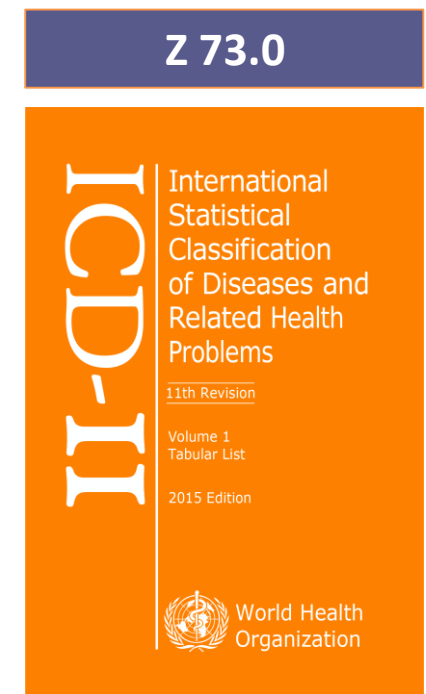
- Female
- Younger
- Minoritized



Drybye et. al. NAM Perspectives 2017  
Medscape Nat'l Physician Burnout and  
Suicide Report 2021

# Burnout is an Occupational Condition

- An occupational condition due to a chronic mismatch between job demands and resources
- Having at least one of the following symptoms:
  - emotional exhaustion
  - Depersonalization
  - lack of personal accomplishment

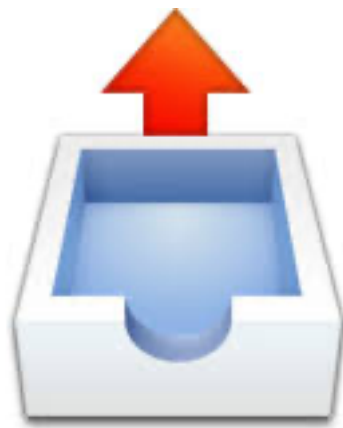


Malach et. al. Maslach Burnout Inventory  
Manual (4<sup>th</sup> Ed)

# Differentiating Burnout

Burnout	A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment occurring from chronic workplace stress. The term burnout should <b>not be applied to describe experiences in other areas of life</b>
Depression	A prolonged episode of at least 2 weeks characterized by depressive mood or anhedonia occurring most of the day, nearly every day. <b>Context-independent</b>
Engagement	A sense of purpose that is evident in their display of dedication, persistence and effort in one's work, or overall attachment to their organization and its mission.
Moral distress	A psychological response to morally challenging situations. This can be a result of a situation in which a healthcare professional is prohibited from taking the morally correct course of action or in a situation where there is moral uncertainty regarding decisions surrounding patient care
Professional Wellness	A function of being satisfied with one's job, having a high-quality working life, and finding professional fulfillment in one's work, as a result of constructive conditions in the workplace
Resilience	Ability of a person, community, or system to withstand, adapt, recover, rebound, or even grow from adversity, stress, or trauma





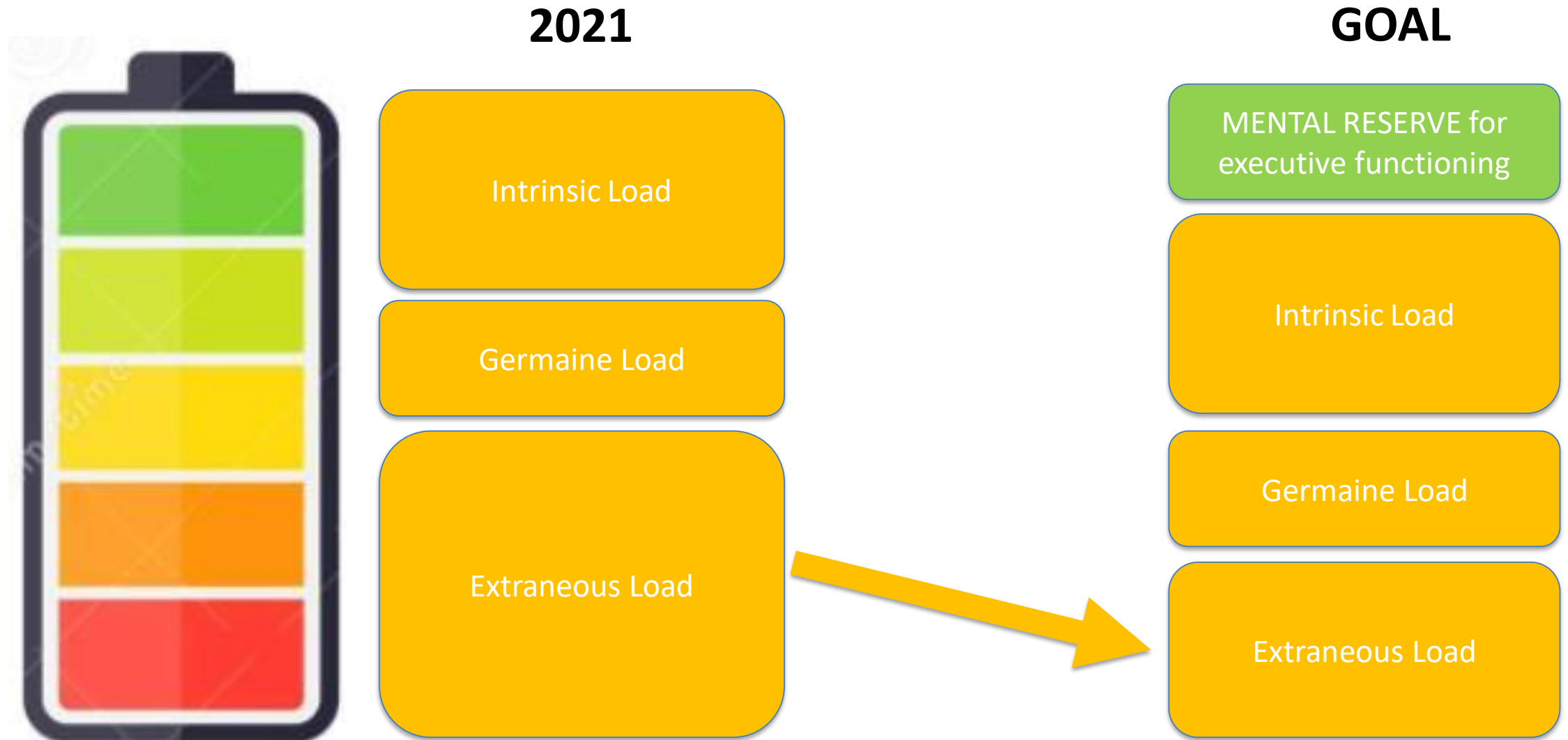
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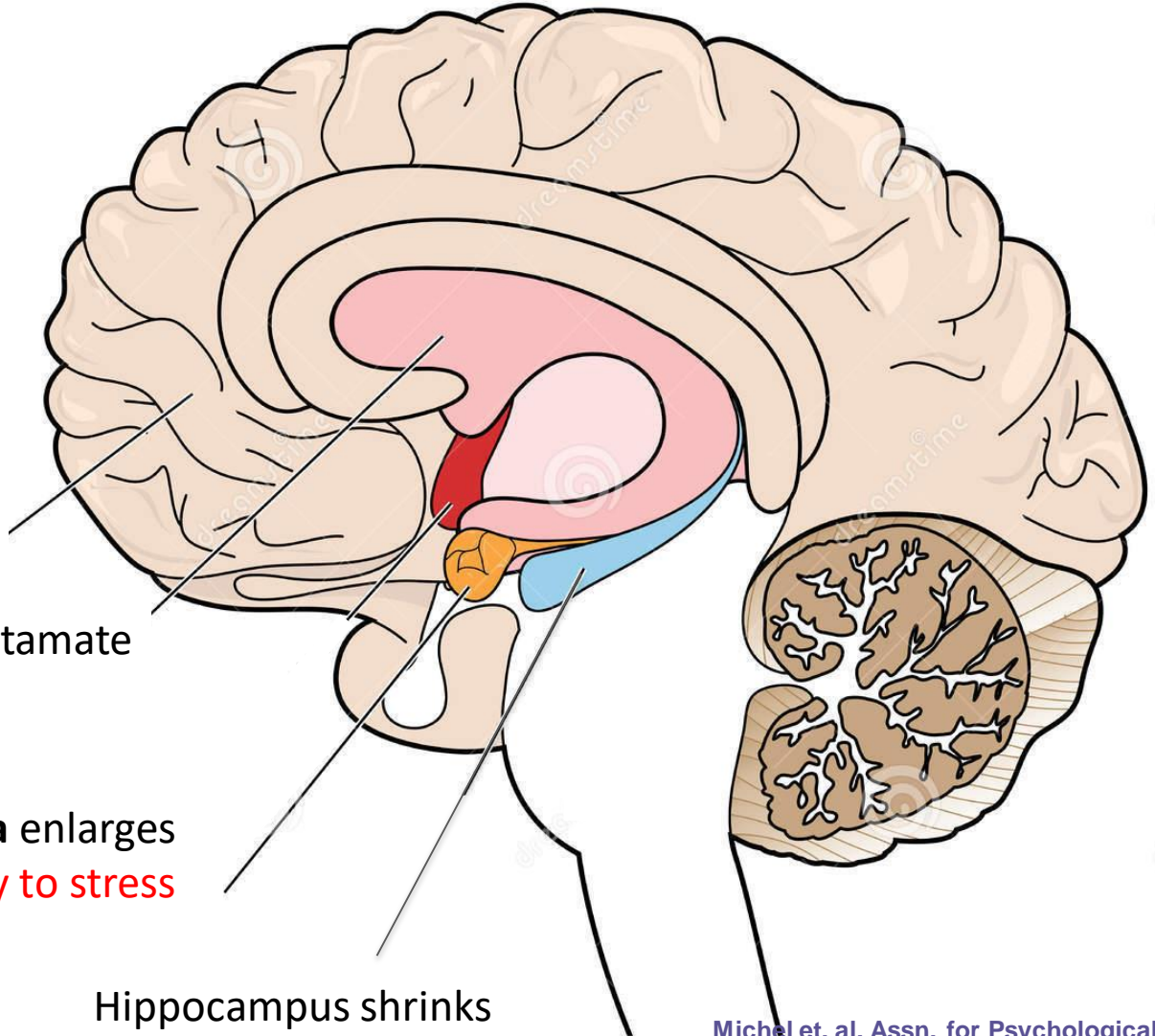
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# Cognitive Load Theory



# Burnout Causes Biologic Changes in the Brain



Thinning of the **Pre-frontal Cortex**

↓ ability to focus, quality of medical decision-making

Decreased grey matter of **Basal Ganglia** from excess glutamate

↓ fine motor control

**Amygdala** enlarges

↑ reactivity to stress

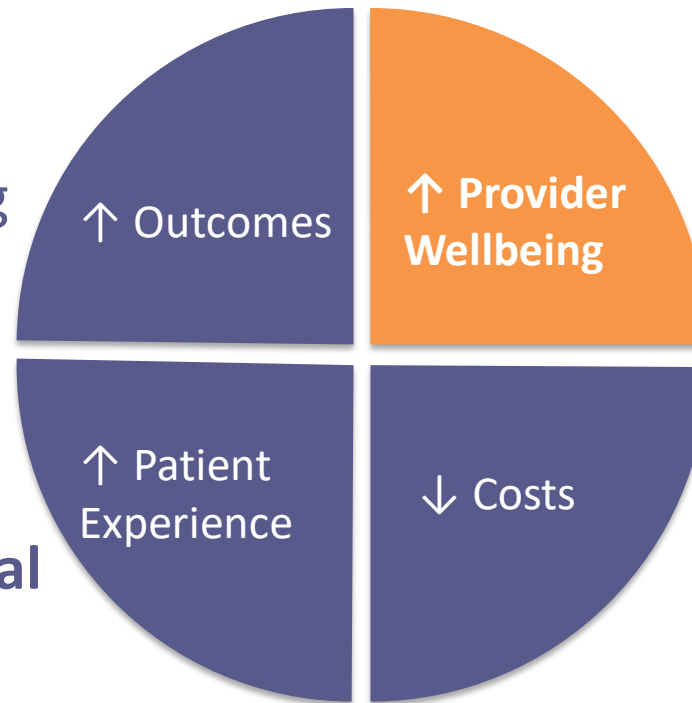
**Hippocampus** shrinks

↓ short-term memory, then long-term memory

Michel et. al. Assn. for Psychological science 2016  
Savic et. al. Cerebral Cortex 2015  
Alkadhi et. al. All ISRN Physiology 2013  
Golkar A et al PLoS ONE 2014

# Provider Wellbeing Affects Every. Single. Aim.

- MD + RN emotional exhaustion linked to increased **patient mortality** in the ICU
- Increased **medical errors** among surgeons
- Decreased **patient satisfaction**
- Greater explicit and implicit **racial biases** among trainees



Institute for Healthcare Improvement  
Quadruple Aim

- Increased **turnover**
- Decreased **productivity**
- More referrals/tests\*

Welp et. al. Front. Psychol 2015  
Shanafelt et. al. Annals of Surgery 2010  
Dyrbye et. al. JAMA open 2019  
Shanafelt et. al. J. Amer Coll. Surgeons 2010  
Bachman et. al. Social Science and Medicine 1999

# Drivers of Burnout



**Question: Which would help most to  
increase your wellbeing?**

# What We Know:

- Providers' Distress costs organizations a lot of money
- Different disciplines and occupations have unique needs
- Evidence and tactics are available to address the problem, and should focus on system-level
- Interventions work

## CARING FOR THE CAREGIVERS

### Physician and Nurse Well-Being: Seven Things Hospital Boards Should Know

*Tait Shanafelt, MD, chief wellness officer and associate dean, Stanford School of Medicine, Stanford University, Stanford, California; Stephen J. Swensen, MD, professor emeritus, Mayo Clinic College of Medicine and senior fellow, Institute for Healthcare Improvement, Heber City, Utah; Jim Woody, MD, PhD, board member, Stanford Lucile Packard Children's Hospital, Palo Alto, California; John Levin, JD, board member, Stanford Health Care, Stanford, California; and John Lillie, board member, Stanford Lucile Packard Children's Hospital*



Shanafelt et. al. ACHE 2018  
Shanafelt et. al. JAMA IM 2019



# Individual Resiliency is NOT the problem

- (n=4705) US physicians compared to workers in other fields (n=5198)
- Physicians had **higher personal resilience**, even after adjusting for age, sex, and hours worked
- Each 1-point increase in resilience was associated with a 36% lower odds of burnout







# Taking Action: A Roadmap for Well-being

## The Stanford WellMD Model



- STEP 1: Engage Senior Leadership
- STEP 2: Track the Business Case for Well-Being
- STEP 3: Resource a Wellness Infrastructure
- STEP 4: Measure Wellness and the Predictors of Burnout Longitudinally
- STEP 5: Strengthen Local Leadership
- STEP 6: Develop and Evaluate Interventions
- STEP 7: Improve Workflow Efficiency and Maximize the Power of Team-Based Care
- STEP 8: Reduce Clerical Burden and Tame the EHR
- STEP 9: Support the Physical and Psychosocial Health of the Workforce

# Foundational During COVID-19: Must Do

1. Peer support Program
2. Robust Mental Health Services
  1. Trauma trained professionals
  2. Training leaders in psychological first aid
3. Measure, track and make well-being a key leadership responsibility
4. Round on your people
5. System approach to address administrative burdens (G.R.O.S.S.)

# Peer Support Programs



COMPASS:  
Dining Groups



Care for the Caregiver

**NYC**  
**HEALTH+**  
**HOSPITALS**  
Helping Healers Heal

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# Measure, track & make well-being a key leadership responsibility



## Measuring Well-being:

- Mini-Z
- Maslach Burnout Inventory
- Stanford Well-being Index
- NASA Task Load Index

The **National Academy of Medicine's well-being hub** has side-by-side comparisons of tools

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# G.R.O.S.S. Getting Rid of Stupid Stuff

- Led by the Chief of Quality to fix meaningless EHR documentation:
  - Never meant to occur
  - Needed but inefficient
  - Required but not understood
- Impact:
  - Provider direct input in workplace
  - Reduction in low value tasks/getting time back

**HAWAII  
PACIFIC  
HEALTH**

KAPI'OLANI  
PALI MOMI  
STRAUB  
WILCOX

AMA  | *STEPSforward*

**Getting Rid of  
Stupid Stuff**

Reduce the Unnecessary Daily Burdens for Clinicians





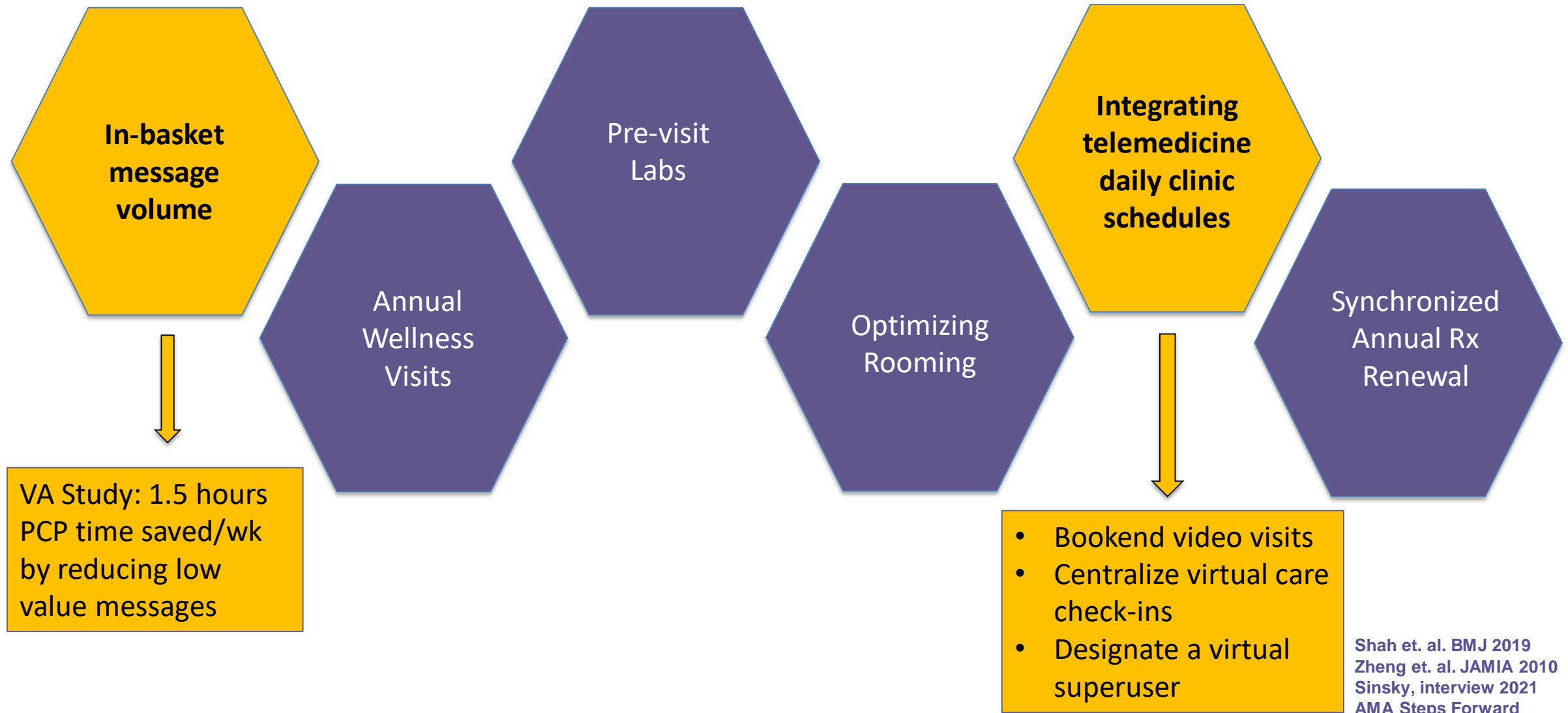
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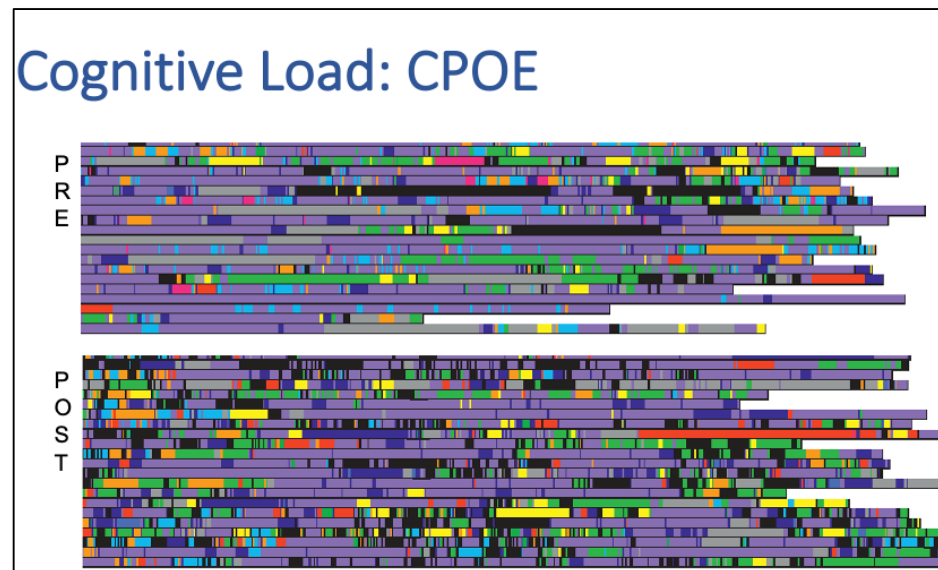
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# STEP 7: Improve Workflow Efficiency and Maximize the Power of Team-Based Care



# STEP 8: Reduce Clerical Burden and Tame the EHR

- 2021 E/M coding guidelines update impact on note length/time
- Allow computerized order entry (CPOE) to be performed by clerical and clinical staff
- Allow clerical and clinical staff to receive verbal orders (meds by clinical staff only)







# Thank you!

## Additional Resources:

- [AMA Steps Forward Modules](#)
- [National Academy of Medicine Clinician Well-being Knowledge Hub](#)

# Q & A

# CME Credit

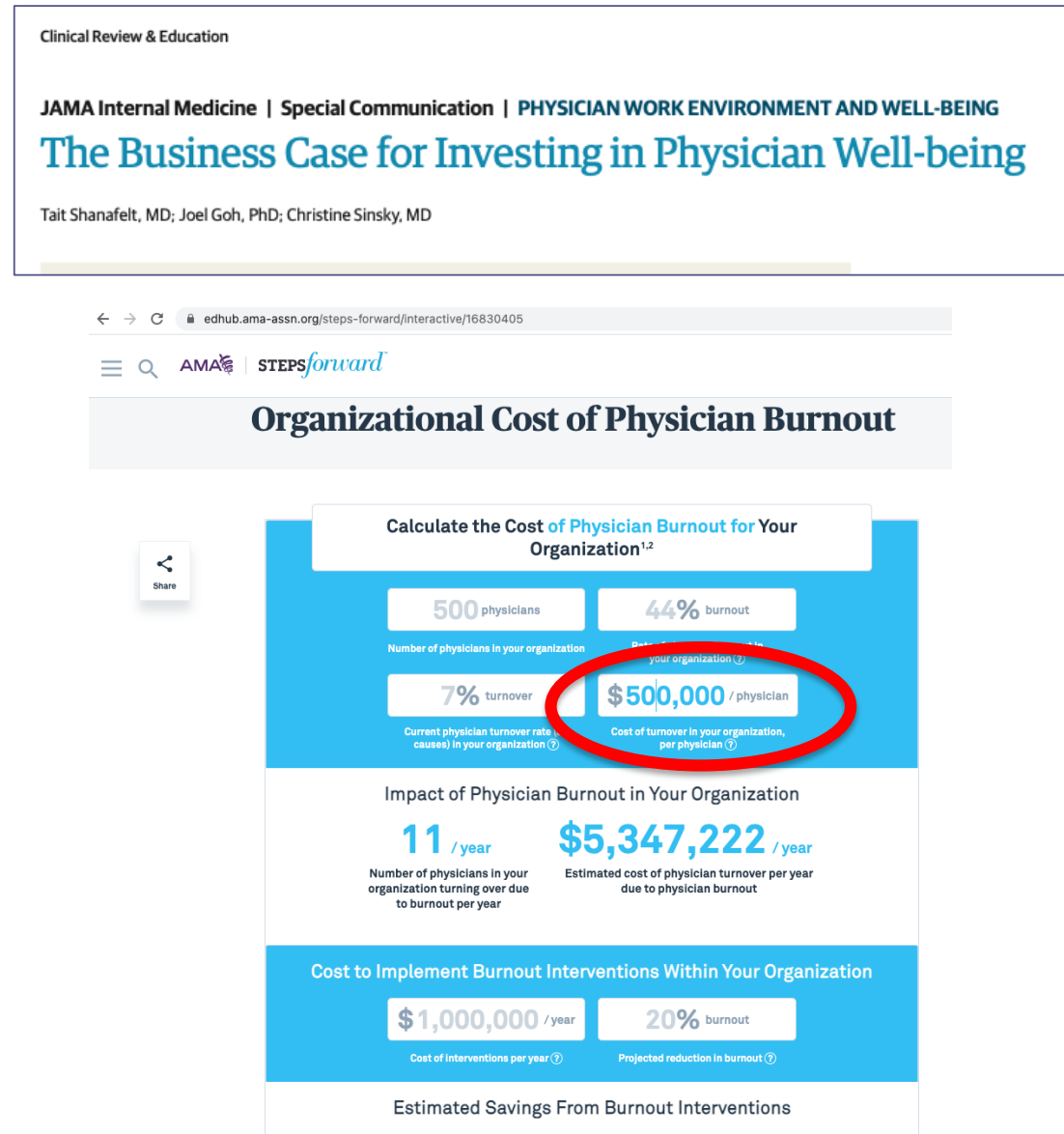
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# Supplemental Slides



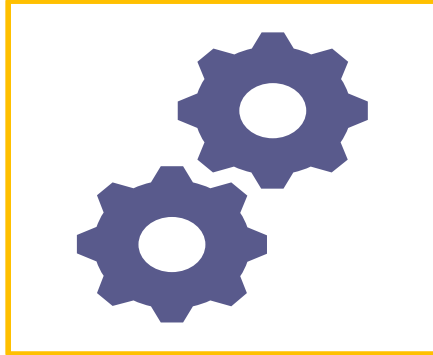
# STEP 2: The Average Cost of Burnout is \$500K/physician



# The Four Drivers of Burnout



**Inability to provide  
quality care**



**Inefficient  
processes**



**Poor  
Recognition**



**Lack of  
Input**