Promoting Wellness & Preventing Burnout

Rachel Jimenez, MD
Massachusetts General Hospital
Burnout Statistics

Physicians

- Physician burnout costs the U.S. $4.6 billion annually.\(^1\)
- Only 42.7% of respondents reported satisfactory work-life integration.\(^2\)
- Suicide rates among physicians are much higher than the general population—40x higher for men and 130x higher for women.\(^3,4\)

Burnout Statistics

Medical Residents

• 50% of residents scored positive for depression and high levels of depersonalization^{11}

• 70% of medical residents reported moderate to high levels of exhaustion and depersonalization^{12}

• Aggregate prevalence of burnout in a meta-analysis was 51%^{14}

• Overall levels of burnout and high levels of exhaustion reported by internal medicine residents were 51.5% and 45.8%, respectively^{17}


### Burnout Statistics

**Radiation Oncology Residents**

- Approximately 44% of US Rad Onc residents reported feelings of burnout\(^9\).
- Almost a third of US Rad Onc residents reported high levels of burnout\(^10\).
- Only 5% of female US Rad Onc residents did not report any symptoms of burnout\(^13\).
- 45% of Canadian Rad Onc residents reported high levels of burnout\(^16\).


**Burnout: Statistics**

*Radiation Oncologists*

- Approximately 50% of Rad Oncs report feelings of burnout\(^5\)
- 38% of Rad Oncs reported feelings of burnout as most common manifestation of distress\(^8\)
- 83% of US Rad Onc program director respondents reported at least moderate burnout\(^6\)
- 75% of US academic Rad Onc chair respondents reported at least moderate burnout\(^7\)


What is Burnout?

“The cessation of operation usually of a jet or rocket engine” – Merriam-Webster Dictionary
What is Burnout?

• For non-rocket engines, specifically physicians of medicine:
  • “A condition that occurs when work coupled with additional life pressures exceed the ability to cope, resulting in physical and mental distress.” – Dr. Herbert Freudenberg

• Three Dimensions of Burnout:
  1. Physical and Emotional Exhaustion
  2. Depersonalization
  3. Lack of Efficacy
What is Burnout?

Physical and Emotional Exhaustion

- “The key component of the syndrome”
- Characterized by chronic fatigue, trouble sleeping, physical problems
- People feel as though “they can’t go on much longer”


What is Burnout?

Depersonalization

• Characterized by lack of empathy towards patients, increased sarcasm and cynicism

• Feel the need to vent about patients

• Increased “mental distance” from the work

What is Burnout?

Lack of Efficacy

• Inability to do the necessary requirements of the job
• Doubt about the meaning and quality of the work
• Sense of purpose is reduced

Long Term Risks of Burnout

- Extreme stress
- Chronic physical illness
- Mental illness, e.g. depression / anxiety
- Substance abuse
- Suicide
Burnout: Where does this come from?

- Misconception: Burnout is like having low batteries
- Humans cannot just replace their batteries!
Think of burnout as an imbalance of your own energy account

We **DEPOSIT** energy to our energy account when we rest and partake in enjoyable activities inside and outside of work

We **WITHDRAW** energy from the account due to various stress-inducing activities, especially work

Burnout = negative account balance over time

Burnout: Where does it come from?

External Factors:
- Loss of Autonomy
- Stressful Work Environment
- Work-Life Balance
Burnout: Where does it come from?

*External Factors - Loss of Autonomy*

- Insane amount of documentation
- Micromanagement of time with and without patients
- Dealing with the “red tape” of insurance authorizations, hospital/department policy, and/or residency policy
Burnout: Where does it come from?

*External Factors - Stressful Work Environment*

- Learning Environment vs. Evaluative Environment
- Sick / distressed patients and families
- Interpersonal conflict with colleagues/attendings
- High workload/Long work hours
- Productivity-based compensation
- Geography of work environment
Burnout: Where does it come from?

*External Factors - Work-Life Balance*

- Perhaps the biggest cause of burnout
- Lack of control over work-life balance as a trainee
- Technology era means we are always “on”
- Stressors at work and home
- Insufficient energy and time
Burnout: What can we do?

• How to combat burnout at the personal and programmatic level
Burnout: What can we do?

*Personal – Self Care*

- Schedule activities that encourage relaxation
- Schedule activities that encourage joy
- Control what can be controlled (e.g. checking email, protecting free time)
Burnout: What can we do?

*Personal- Mindset*

- Power of positive thinking (mindfulness/meditation)
- Recognition of burnout symptoms/negative thinking
- Identify areas you can enact change to feel more positive
Burnout: What can we do?

**Personal-Financial Management**

- Severity of burnout is associated with increasing financial debt\(^\text{17}\)
- 33\% of RO residents carry >$200,000 debt and 75\% report being underprepared to handle future financial decisions\(^\text{18}\)
- Implement the following:
  1. Debt Management Strategies
  2. Behavioral Strategies to manage wealth
  3. The basics of investing
  4. Asset protection (insurance)

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Burnout: What can we do?

*Group – Peer Support*

- Don’t go it alone!
- Communicate with peers, friends, family
- Share with those who have experienced burnout
Burnout: What can we do?

*Group- Wellness Activities*

Take time to enjoy activities with others:

- Organize a happy hour with peers/friends
- Engage in group physical activity (bowling, yoga, etc.)
- Join organizations with people of similar interests
Burnout: What can we do?

At the program level:
- Opportunities dedicated to wellness and communication
- Increase direct patient care
- Greater intellectual engagement
- Respect for residents
- Garner sense of community
Burnout: What can we do?

*Program- Training*

- 58% of Canadian RO residents felt the resiliency and wellness training they received was inadequate\(^{16}\)
- Residents showed significant interest in the following:
  1. Workshops on communication in difficult patient interactions
  2. Meetings with staff/mentor to discuss resiliency strategies
  3. Group meetings with other residents as a sharing forum

Burnout: What can we do?

*Program - Patient Care*

• An internal medicine resident only dedicates 13% of a shift to direct patient care\(^\text{12}\)

• Internal medicine residents spend 2/3 of their day on indirect patient tasks, including clerical work and data entry\(^\text{12}\)

• Programs should encourage more direct patient care and “face time” with residents to increase meaningful interactions and foster personal relationships

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Burnout: What can we do?

Program- Intellectual Engagement

• Residents learn via formal educational settings, yet only 7.3% of inpatient shifts are spent on this. 12

• Ways to improve resident education19:
  1. Regular protected time for an educational curriculum
  2. Attending engagement during core educational forums
  3. Hands on/directly engaging learning approaches

Burnout: What can we do?

Program - Respect

• Disrespect towards residents is prevalent in both academic environments and teaching hospitals\textsuperscript{20}

• Respect allows residents, from diverse backgrounds, to have a sense of dignity and purpose

• Promote respect via the following\textsuperscript{19}:
  1. Badges that clearly identify the resident as an M.D.
  2. A dialogue (formal or informal)/training regarding unconscious biases
  3. A formal and anonymous mechanism to report harassment


Burnout: What can we do?

*Program- Community*

- Residency programs allow the time and space for residents to develop strong, long-lasting connections\(^\text{21}\)
- How to engage the resident community\(^\text{19}\):
  1. Organized social events
  2. Research and elective pathways for those with common goals
  3. Facilitated peer-group discussions


\(^\text{19}\)McKenna KM, Hashimoto DA, Maguire MS, Bynum WE, 4th. The missing link: Connection is the key to resilience in medical education. *Acad Med*. 2016;91(9):1197–1199. doi: 10.1097/ACM.0000000000001311.
Other Potential Burnout Interventions

Psychosocial interventions to combat burnout\textsuperscript{22}:

• Stress management and resiliency training
• Cognitive/behavioral counseling
• Participation in mindfulness workshops/exercises
• Relaxation and attention training

Practical Advice for Meaningful Change

1. Read the room

2. Solve the problem

3. Be gracious
ASCO Podcast: Burnout in Oncology

http://traffic.libsyn.com/auwpod/asco-elearining-comander-jimenez-AM-burnout-episode.mp3
Thank you!

- Harvard Radiation Oncology Program
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- Andrew Johnson, BS

Questions/suggestions?
Email me!: rbjimenez@partners.org