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Physician Burnout – Why it’s Not a Fair Fight

By Dike Drummond MD



Why does having a sense of satisfaction and fulfillment as a modern doctor seem like such a struggle at times? There is an invisible battle going on, day-by-day between our search for a Fulfilling Career in Medicine and the hidden forces of Professional Burnout.

What is Burnout?

We each know what it feels like to be fried, toasted and spent after a long weekend of call or a tough night in the hospital. If you are able to recover your drive and energy before you return to work, great job. I hope your resilience continues.

Burnout begins when you are NOT able to recharge your batteries between call nights or days in the office. You begin a downward spiral with three distinct components.

- Emotional Exhaustion:
 - o You are emotionally drained, depleted and worn out and not able to recover in your time off
- Depersonalization:
 - o You develop a negative, callous and cynical attitude toward patients and their concerns (“my patients are so #%*&!”)
- Reduced Sense of Personal Accomplishment:
 - o You see your work poor quality, without value or meaningless (“what’s the use?”) and see yourself as incompetent.

The standard scale for measuring burnout is called the Maslach Burnout Inventory (MBI). The originators of the MBI describe burnout as:

“... an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will.”

How Common is Burnout?

Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 in 3 physicians is experiencing burnout at any given time. Recent studies show the burnout rate in American physicians is over 50%. Ouch!
(Mayo Clinic Proc, 2015 December 90:12, 1600–1613)

Continued on page 3



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What is the Impact of Burnout?

Physician burnout is directly linked to

- Decreased patient satisfaction and quality of care
- Increased medical errors and malpractice rates
- Increased physician and staff turnover
- Increased rates of physician substance abuse and even suicide

The Burnout - Engagement Continuum

Burnout can be thought of as one extreme of a continuum with Engagement on its other end.

Burnout < -----> Engagement

Engagement leads to feelings of fulfillment and satisfaction. You feel your work makes a positive difference in people's lives and your career has true meaning. Engagement is the emotional gold standard for career success.

It's a Battle Out There - and it's Not a Fair Fight

In the day-to-day practice of medicine, the forces of burnout and engagement are in constant conflict with each other. This is not a fair fight because much of the battle lies outside of our normal awareness.

While we focus on our patients and their issues, our practice environment is filled with invisible stresses that feed burnout and block us from engagement.

Here is a partial list of daily stresses working on burnout's team. Note that they all exist above and beyond everything you do to keep up to date in your clinical skills!

Being a Doctor is Stressful ... Period

The "most stressful" professions are characterized as having a high level of responsibility and little control over the outcome. We are not selling widgets here. This is a tough job that saps our energy every single day.

We work with sick people all day long (duh!)

Our days are filled with intense encounters with sick, scared or hurting people ... with all the emotional needs that come with an illness. In the absence of training on creating boundaries, our energy can be severely tapped by these emotional needs alone.

Balance, What Balance?

Medicine has a powerful tendency to become the "career that ate my brain", pushing all other life priorities to the side. As we get older, with more family responsibilities, the tension between work and our larger life is a major stressor for many. Training on healthy boundaries would help here too and is rarely available.

A Leadership Role You are Not Trained For

You graduate into the position as leader of a healthcare delivery team without receiving any formal leadership skills training. By default we learn a dysfunctional "Top Down" leadership style. Feeling like we must have all the answers and ordering our patients and staff around only adds additional stress.

The Doctor as the Bottleneck

The team can only go as fast as we can - and we are often behind schedule. Pressure mounts to perform at full steam all day long. We frequently end up being the person who slows everyone else down.

Who's Paying for This?

The financial incentives are confusing at best. The patient is often not the one paying for our services and many of them receive their care with no personal investment on their part. You may have to deal with over a dozen health plans with different formularies and referral and authorization procedures ... of which the patient is blissfully unaware.

A Lawsuit Waiting to Happen

The hostile legal environment causes many of us to see each patient as a potential lawsuit. This fear factor adds to the stress of all the points above.

Politics and "Reform"

Political debate drives uncertainty about what your career will look and feel like in the future. All the pundits share the same complete lack of understanding about our day to day experience as providers in the trenches of patient care. There is no track record of common sense. We simply don't know what to expect. (burnout LOVES that !)

Things Eventually Get Stale

The ten year threshold when your practice suddenly seems to become much more of a "mindless routine", losing its ability to stimulate your creative juices each week. All of a sudden it seems as if medicine is "no fun any more".

Continued on page 4

That's an impressive list (and I am just getting started).
Which begs the question ...

Wait a Minute ... Who's on Your Team?

What skills and strengths are we bringing to this fight?

- We are extremely intelligent, quick learning, hard working with a drive to do our best. Once we know the tactics to defeat burnout, no one will work harder at putting them into action.
- Our connection to “WHY” we are a doctor - to our Purpose. The quality of this connection varies day-by-day, however it is a source of immense power and endurance when the connection is clear
- We have invested over a decade of our lives in our medical training and are not going to give up easily
- We get paid well enough to be in “the 1%”
- We are a respected member of the community
- Our families love and support us. We can draw strength from them
- It is possible for us to build and maintain a life outside



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LEFT TO RIGHT: Dr. Mohamed Tolba, Dr. Krishnappa Prasad, Dr. Amir M. Qureshi, Dr. Muhammad Arshad, and Dr. David L. Harshfield

medicine where we can recharge and recuperate. You might think of this as “resting between rounds”

Most Importantly:

Just like Rocky Balboa, we can take a huge amount of punishment - take a lickin' and keep on tickin'. Our ability to simply “take it on the chin” and just keep comin' is our tactic of last resort. (read on and I will show you some more skillful ways to put the hurt on burnout)

How can you tip the odds in your favor and Beat Burnout? Recent research shows the efficacy of specific burnout prevention and treatment measures on both the personal and organizational level.

Personal Burnout Prevention Measures

- Self awareness and mindfulness training. Remaining connected to your emotions and energy moment by moment, actively staying present during the work day
- Appreciative Inquiry - doing more of what is working rather than focusing on what is not working
- Narrative Medicine - journaling or peer group processing of your work experience
- Work Life Balance: Creating and maintaining and healthy boundaries between work and non-work life areas
- Lowering stress by
 - o Learning effective leadership skills
 - o Exerting control where possible over your work hours (women physicians are leading the way here)
 - o Creating focus where possible on work activities that provide the most meaning

Organizational Prevention Measures

There is a natural place for burnout prevention at the organizational level. Any decrease in burnout should produce measurable increases in profits for the provider organization. Recent research shows us a number of effective interventions.

- State an organizational intention to value, track and support Physician Wellbeing
- Institute regular monitoring for burnout amongst providers (MBI)
- Create CME programs teaching the Personal Burnout Measures above
- Provide time and funding for physician support meetings (i.e. PCMS Healing the Healer Foundation)
- Provide practical leadership skills training

Continued on page 7



PCMS NEWS

CHI St. Vincent Infirmiry Named to “100 Great Hospitals in America”

CHI St. Vincent Infirmiry has again been named as one of the “100 Great Hospitals in America,” in an annual listing compiled by Becker’s Hospital Review. CHI St. Vincent Infirmiry is the only Arkansas hospital to be listed in 2017.



The hospitals named to the list are selected based on their leadership in medical innovation, superior patient care and high-quality clinical research.

“It’s an honor to be listed among the 100 great hospitals in America, and I believe that recognition is largely due to the service and dedication of the medical professionals who help us carry out our mission,” said Chad Aduddell, CEO of CHI St. Vincent. “At CHI St. Vincent, we are blessed to serve this community and are committed to providing excellent and compassionate care.”

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One of our members, Dr. Chandra Lingisetty, recently completed his MBA (Masters of Business Administration) degree at the University of Arkansas at Little Rock, and has been accepted to the Harvard TH Chan School of Public Health in Boston, MA to pursue the Master of Health Care Management (MHCM). He is anticipated to graduate in May of 2019.

Congratulations to Dr. Lingisetty



On April 27, 2017 Stacia Campbell of the National Labor Relations Board and Karin Smith of Millennium Payroll presented the April Lunch & Learn session on **Employee Handbooks and Social Media Rules, Do you know the laws?**

(Look for a more detailed session on this topic in September.)

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JULY 19, 2017 - LUNCH & LEARN SESSION **Office of the Inspector General (OIG) Compliance Plans** *Anne Pontius, SVMIC*

Medical practices are inundated with laws, rules and regulations with which they must comply. The enforcement arm for the Federal Government for many of these programs is the Office of the Inspector General. This is particularly true for Medicare fraud and abuse issues. The OIG recommends that all medical practices have a compliance plan detail how the practice expects employees to adhere to its policies relating to the rules, laws and regulations. Having and living by a compliance plan will help mitigate penalties if a practice is found to be in violation. The presentation will discuss the need for compliance plans and details the key elements that need to be present in a plan.



AUGUST 30, 2017 - LUNCH & LEARN SESSION **We'd Like to Talk to You** *Tom Stearns, SVMIC*

Most of practice managers will change jobs several times throughout their career. All managers should be prepared to deal with these changes. The presentation has two distinct parts. The first centering the evolution of management in a medical group. This discussion helps the individual identify where they are along their career path within a medical group and see where they are vulnerable. The second part of the presentation discusses what one should do when they lose their job including discussion of resumes, interviews and contracts.



SEPTEMBER 27, 2017 - LUNCH & LEARN SESSION **The Art of Performing Cyber Security Risk Assessments** *Ali Pabrai, MSEE, CISSP (Provided by DataMax)*

This event will step through compliance mandates & standards for risk assessment (e.g. HIPAA, NIST, PCI DSS, ISA 27001), Examine core components for a comprehensive & thorough risk assessment exercise, Walk thru a sample risk assessment report to understand key sections such as Corrective Action Plan (CAP), and Understand how to integrate a technical vulnerability assessment & penetration testing within the scope of a risk assessment.



INTERVIEW WITH DR. BRAD DINER

What motivated you to choose Medicine as a career?

I initially thought I wanted to be a neuropsychologist, as my interests always focused on brain and behavior. However, the more in depth my courses became, I realized that to fully learn the subject, I would need to go to medical school. I had also been around the practice of medicine all my life as my mother was a physician. It seemed like a natural fit.

Why did you choose your specialty?

While in medical school, my interest in the brain only intensified. I began to narrow my choices to neurological fields. Learning the art of psychotherapy intermixed with the science of neurochemistry was best accomplished in psychiatry.

Who were the people who influenced you the most in your professional life and why?

My mother was an accomplished radiologist and my father was a medical illustrator. In retrospect, I believe they had the most influence in my inherent interest in psychiatry. It has been the perfect blend of science and art.



What advice would you give a Medical Student in school right now?

Medicine has changed tremendously since I first started, but one thing remains; If you love taking care of people and medicine constantly challenges you to study and learn more, then nothing will better satisfy you. Learn the science and develop the technical skill, but always remember that you are caring for real people who come to trust and depend on you.

Continued from page 4, Physician Burnout – Why it’s Not a Fair Fight

- Support job sharing and flexibility in work hours
- Create specific programs to support physicians suffering from symptomatic burnout

Burnout is waging a constant, invisible, soul eroding battle with our healthcare providers. Physicians engage this enemy every single day and research shows one third of us end up among the walking wounded. It is time to share the research proven tools to tip the odds in the favor of Engagement, Fulfillment and Career Satisfaction for our men and women “in the trenches” of modern medical practice.

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Dike Drummond MD is a family physician, executive coach, trainer and consultant specializing in burnout prevention and treatment services for physicians. Find over 117 separate ways to prevent burnout at his website, [The Happy MD](http://TheHappyMD.com)

PCMS Healing the Healer Foundation provides free private counseling sessions with a PhD Psychologist to help physicians defeat burnout. Go online at www.pulaskicms.org or call 501-687-0039 for more information.



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