Burnout & Building Resilience in the Emergency Medicine Community

Kimberly Roaten, PhD, CRC
Associate Professor – Department of Psychiatry

No relevant financial relationships to disclose.

Learning Objectives
• Describe potential signs/symptoms of burnout
• Discuss potential consequences of burnout
• Define resilience
• Identify evidence-based strategies to reduce burnout and enhance resilience
Burnout

- ICD 11: “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”

- Emotional exhaustion
- Depersonalization
- Decreased sense of personal accomplishment

Burnout - Stats

- For the general working population: 28.6% (2011), 28.4% (2014), 28.1% (2017)
- Costs to health care organizations of ~$4.6 billion a year: turnover and reduced productivity
**Burnout - Sequelae**

- Increased interpersonal conflict
- Substance use
- Poor quality of life
- Increased medical errors
- Lower rates of patient satisfaction
- Decreased patient adherence
- More likely to reduce clinical schedules, reduce # of patients in practice, or retire
- Shortage of 90,000 physicians by 2025
- $500,000-$1,000,000 to replace
- More likely to reduce clinical schedules, reduce # of patients in practice, or retire
- Shortage of 90,000 physicians by 2025
- $500,000-$1,000,000 to replace

**Burnout - Causes**

- Increasing clerical burden – turns out, not so “meaningful”
  - Documentation time 2x clinical (billable) time
- Loss of autonomy
- Working too many hours
- Taking night or weekend call
- Performing work-related tasks at home
- Work-home conflict
- Certain specialties: emergency medicine, general internal medicine and neurology
- Working in a private practice
- Incentive pay
- Career that does not fit what is personally meaningful
Resilience

- “The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (Masten, Best, & Garmezy, 1990, p. 426)

- “The capacity of individuals to cope successfully with significant change, adversity or risk” (Lee & Cranford, 2008)

- 2 core concepts: 1) Adversity and 2) Adaptation

- Resilience is ordinary, not extraordinary

Individual Solutions

- Capacity to make realistic plans and take steps to carry them out
- Positive view of self and confidence in strengths and abilities.
- Skills in communication and problem solving
- Capacity to manage strong feelings and impulses

- Mindfulness based strategies
  - Attention to experience
- Communication skills training
- Cognitive-behavioral techniques
- Limit setting

#scribesnotcookies

Organizational Solutions

1. Acknowledge and assess the problem
2. Use the power of leadership
   - Develop, prepare, and equip individuals for leadership roles
   - Regularly assess leadership performance – not just organization metrics
3. Develop and implement targeted interventions
   - Transition away from generalities and focus on the specific issue(s) in work units
4. Create a work community
   - Peer support
   - Common physical environments with amenities that matter
5. Use rewards and incentives wisely
   - Incorporate measure in addition to productivity – patient satisfaction, quality measures
   - Consider incentives other than money – increased protected time/flexibility

Organizational Solutions

6. Align values and strengthen culture
   - assess whether or not values and actions are aligned
   - tie changes in strategy/practice back to the mission

7. Promote flexibility and work-life balance
   - allow for adjustments in schedule and work effort
   - examine structure for coverage of life events
   - Stanford model of "time banking"

8. Provide resources to promote resilience and self-care
   - provide objective data allowing for comparison of individual well-being to national averages
   - info about work-life integration, exercise/fitness, sleep, diet, relationships, and preventive care

9. Facilitate and fund organizational science


Our Path Toward Wellness

- Large campus with >2,500 full-time faculty
- 5 hospitals
- Numerous initiatives targeting burnout and wellness with limited cohesion
- Newly created Dean of Faculty Wellness
Take Home Messages

- Burnout is prevalent and has negative consequences for healthcare providers and our patients
- Enhancing resilience is one strategy for reducing burnout
- Efforts to reduce burnout must focus on both the individual and the organization
- Effective organizational interventions must use a multi-faceted approach to identify and solve contributors to burnout

Kimberly.Roaten@UTSouthwestern.edu