Is It Better To Burnout Than To Fade Away?

AAO Convocation
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Rosen Shingle Creek, Orlando
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Somatic Dysfunction and Emotional Well-being: An Osteopathic Approach to Mental Health

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Topics

• Burnout
• Disease Approach vs Pursue/Cultivate Wellness
• ATSU’s Student Wellness Program
  – One example of cultivating a culture of wellness
Burnout

• Work-related mental health impairment

• 3 dimensions
  – Emotional exhaustion
    • state of being depleted of one’s emotional resources (loss of enthusiasm for work)
  – Depersonalization
    • negative, cynical and detached approach to people under one’s care
  – Reduced personal accomplishment
    • sense of low self-efficacy and negative feelings towards one’s self

• Leads to decreased effectiveness at work
Burnout Among US Physicians

• June 2011 Survey
• 89,831 DOs & MDs emailed
• 27,276 Surveyed (opened an email)
• 7288 (26.7%) Responded
• Maslach Burnout Inventory (22 items)

• Compared to 3442 US Working Adults
• 2 single item measures from the full MBI
  – (good correlation with emotional exhaustion and depersonalization)

Burnout Among US Physicians

- Emotional exhaustion (37.9%)
- Depersonalization (29.4%)
- Reduced Personal Accomplishment (12.4%)
- 45.8% experiencing symptom of high emotional exhaustion or depersonalization

Burnout Among US Physicians

- Positive screen for depression 37.8%
- Suicidal ideation in last 12 months 6.4%
- Only 48.2% thought work schedule left enough time for family and personal time
Burnout By Specialty

Burnout Among US Physicians

- Alarmingly high level
- Struggle with work – life integration
- A DO or MD degree increases risk for burnout compared to other professional and advanced degrees
- Burnout among physicians exceeds the larger societal trends
Consequences of Physician Burnout

- Decreased patient satisfaction with care
- Decreased professionalism
- Decreased medical knowledge
- Patient care errors
- Motor vehicle collisions
Personal Consequences of Burnout

- Broken personal relationships
- Substance abuse
- Suicidal ideation

~400 physicians commit suicide each year
1.4-2.3 times the rate of the general population
Key Contributors to Physician Burnout

• Loss of autonomy
• Excessive workload
• Electronic Health Records
• Excessive administrative burdens
• Difficulty with work-life integration
• Diminished meaning derived from work
• Experience with suffering
• Loans
Medical Students and Burnout

• Symptoms of burnout present in roughly 50%
• Similar consequences
  – Professional
  – Personal
Medical Students and Suicide

• Little data
• Schools refuse to participate
  – Concerned that they will be known as the “suicide school”
• Medical school culture focuses on pushing students as much as possible
Taking Steps to Treat Student Mental Illness

• Healer Education Assessment and Referral (HEAR) Program at UCSD
• University of Pittsburgh has a full time psychotherapist available to the med students
• ATSU-KCOM & SOMA has a full time MA LPC at each campus and a part time psychiatrist available for med students and a voluntary wellness program
Cause

• Roughly half of physicians and students have symptoms of burnout
• Cause is not likely due to characteristics of a small percentage of susceptible individuals
• Cause originates in the overall environment of the health care delivery system
Interventions

- Personal
- Organizational
- Societal – Policy makers
Personal Interventions

• “To find health should be the object of the doctor. Anyone can find disease.”

• Disease approach
  – Focus on treating burnout and depression

• Health approach
  – Cultivate happiness and wellness

Happiness

The Constitution only guarantees the American people the right to pursue happiness. You have to catch it yourself.

Benjamin Franklin

From the National Archives
Psychological Definitions of Happiness

- Harmony / balance: 29.13%
- Satisfaction: 16.55%
- Positive Emotions: 13.92%
- Positive States: 7.13%
- Optimism: 5.44%
- Meaning: 5.04%
- No negative feelings: 5.04%
- Awareness: 4.69%
- Autonomy: 3.85%
- Engagement, growth: 2.78%
- Mastery: 2.63%
- Purpose: 2.41%
- Self-actualization: 1.38%

N answers = 3196

Fave AD, 2016
Sustainable Well-being and Happiness as Connectedness

• Inner Harmony
  – Balanced and positive connectedness among various aspects of one’s self

• Relational Connectedness
  – Positive and harmonious family and social relationships

• Kjell, 2011; Kuhl, et al. 2015; Wong 2011
Facilitated Physician Small Group Curriculum (West, et.al. 2014)

• Randomized, controlled clinical trial
• Physicians, Med Dept., Mayo Clinic
• Intervention (n=35)
  – Met biweekly, 19 sessions for 90 minutes (60 minutes protected time)
  – Facilitated discussion groups, 6-8 physicians per group (shared experience, mindfulness, reflection, small group learning)

• Control (n=37)
  – 60 minutes of protected time for administrative tasks
  – Biweekly, 19 sessions
Facilitated Physician Small Group Curriculum (West, et.al. 2014)

• Improved empowerment and engagement at work
• Decreased rates of high depersonalization
• Results sustained 12 months after the intervention
Mindfulness Training

- Ability to pay attention on purpose, in the present moment, and nonjudgmentally
- 70 Primary Care Physicians, Rochester, NY
- Training
  - 2.5 hour weekly x 8 weeks
  - One 7 hour retreat (day long at a retreat center)
  - 2.5 hour monthly x 10 months
- Subscale Outcome Measures at baseline, 2, 12, &15 months
- Krasner MS, et al. Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians. JAMA. 2009;302(12):1284-1293
Mindfulness Training

• Trained in and practiced 4 methods of cultivating self awareness
  – Body Scan
    • Notice bodily sensations and reactions to them
  – Sitting Meditation
  – Walking Meditation
  – Mindful Movement (yoga-like)

• Narrative Writing Exercises
  – Personal experiences in practice, followed a weekly theme
Mindfulness Training Results

• Significant Improvements at 15 months
  – Burnout (Maslach)
  – Empathy (Jefferson Scale of Physician Empathy)
  – Total Mindfulness (Baer mindfulness scale)
  – Total Mood (Profile of Mood States)
  – Personality (Big 5 personality minimarkers)
Resilience Training

• Ability of an individual to withstand adversity
• Stress Management and Resiliency Training (SMART) Program
• Single 90 minute one-on-one training
• At 8 weeks (n=20) vs control (n=12) (waitlist group)
SMART Program Components

- **Attention** – normally focused on threats and imperfections
  - Pay greater attention to novelty of their environment
- **Interpretations** - direct away from fixed prejudices
  - More flexible disposition
  - Cultivate gratitude, compassion, acceptance, forgiveness, and higher meaning
- **Deep diaphragmatic breathing**
  - 5 breaths/min; 5-15 minutes; once or twice daily
SMART Program Results

- Significant Improvement 8 weeks post training
  - Resilience (Conner Davis Resilience Scale)
  - Stress (Perceived Stress Scale)
  - Anxiety (Smith Anxiety Scale)
  - Overall Quality of life (Linear Analog Self Assessment Scale)
Depression
(Plotkin, et.al. 2001)

• Randomized, controlled clinical trial
• Women with depression, age 20-50
• 2 groups
  – Standard care + OMT (n=8)
  – Standard care + placebo control (n=9)
• All received Paxil plus weekly psychotherapy for 8 weeks
• Psychiatrists and psychotherapists blinded to group assignment
Depression

• Placebo Control
  – 30 minute osteopathic structural exam
  – 142 examination points head to toe

• OMT
  – Students under physician supervision
  – Structural exam + 20 minute treatment based on findings
  – Direct, indirect and cranial techniques
Depression Results:
(Plotkin, et al. 2001)

Zung Depression Scale
OMT Post-treatment decreased versus control
(P<.001)

Percent of Patients returning to normal
(score < 50 = normal)
Strategies for Individuals: Personal Wellness

• Self care
  – Exercise, sleep, healthy diet, osteopathic medical care

• Relationships
  – Connect with colleagues, friends, family

• Religious/Spiritual practice

• Mindfulness and Meditation
  – Time for reflection

• Personal Interests
  – hobbies
Strategies for Individuals: values and meaning at work

• Identify what you value
  – False beliefs of delayed gratification
  – What matters to you most

• Optimize meaning in work
  – Choose and focus your practice
How Can Organizations Help?

• Provide adequate resources
• Value orientation
  – Promote values of our profession
  – Congruence between values and expectations
• Promote autonomy
  – Flexibility, receive input, provide sense of control
• Promote meaning in work
  – “Go where you are celebrated—not tolerated. If they can't see
    the real value of you, it's time for a new start.”
• Promote work-life integration
• Build a culture of health and wellness
  – (Kent, et al. 2016)
ATSU’s STILL-WELL Program

• One example of cultivating a culture of wellness on campus
• Program began in the 1980s
• Students, faculty, and staff
• Participation is voluntary
• Generally 50 – 75% of students choose to participate
ATSU’s STILL-WELL Program: The Interdisciplinary Committee

- Project Director
- Faculty
- Student Representatives
- Co-Medical Directors – Physician Involvement
- Director and Assistant Director of Fitness Center
- Campus Counselor, Learning Resource Director
- Basic Science Representatives
- ATSU Kirksville & Mesa Campuses
Developmental Teams

Emotional
Environmental
Intellectual
Physical
Social
Spiritual
Vocational
(Website)
(Newsletter)
(Seminar)
(Research)

*Each team has a leader, members, a primary goal, objectives and activities to achieve the yearly goals.
ATSU’s STILL-WELL Program: Orientation Presentation

On the first day of medical school orientation:
Students gain information about the student wellness program and learn the benefits of being involved in Still-Well.
Hand out forms to create a nutrition profile.
Motivationally ready
ATSU’s STILL-WELL Program

- Nutrition two-day diet analysis
- Holistic Lifestyle Assessment Questionnaire
- Pre-participation physical exam
- Fitness assessment
ATSU’s STILL-WELL Program

Baseline Assessments
Early connections
Cultural values
Emphasis on personal responsibility
Establish healthy lifestyle pattern
Develop a coping resiliency
ATSU’s STILL-WELL Program: LONG TERM GOAL

Develop a healthy lifestyle as a graduate student which continues into future medical practice partnerships between physician & patient.
ATSU’s STILL-WELL Program

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Thank You

• Comments/questions

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References

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