

Addressing the Unique Causes of Burnout on Your Team: Hope for the Exhausted!



Dael Waxman, MD

Owner, Dael Waxman, MD Coaching and Consulting
Professor Emeritus, Family Medicine, Atrium Health
Charlotte, NC

Disclosures

I am the owner of Dael Waxman, MD Coaching and Consulting.

I am a physician coach for MD Coaches and for Pyramid Resource Group

and

I have been a burnt out physician – at least twice!

Overview

What is Burnout?

- Maslach
- Demands/Resources

Addressing Burnout in Your Setting

- Six Core Job Demands/Resources
- Building Resilient Teams

Interactive

Cultivating Well-being



My Goals for You

- Take home 1 – 3 ideas that mitigate burnout and implement them in your office/clinic/setting in the next 2 weeks!
- Take home 1 – 3 ways to enhance your personal well-being.



Take Out Your Cellphone!



Who are you here with?



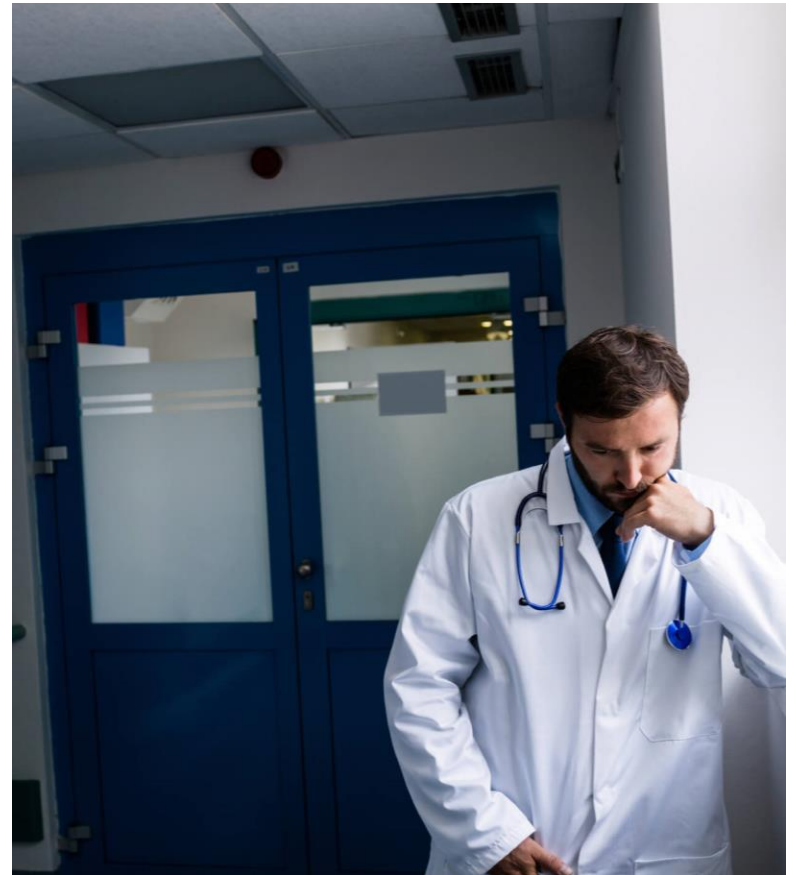
Why Burnout?

2022 Medscape survey

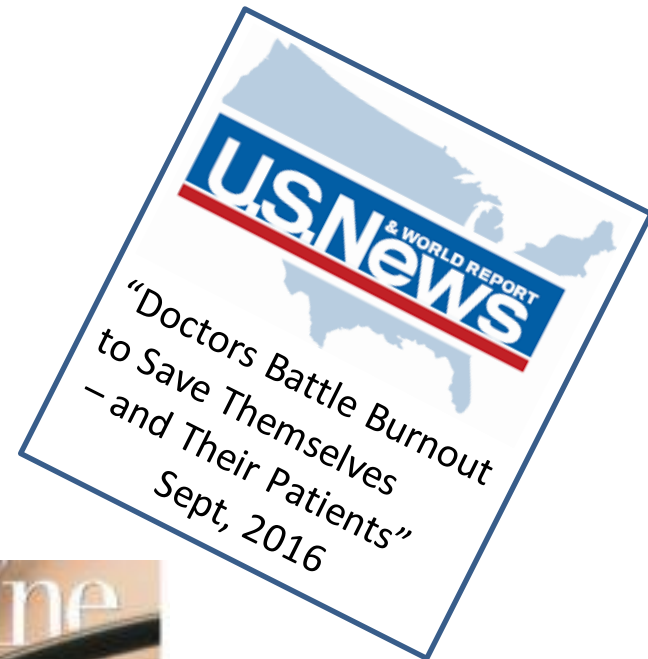
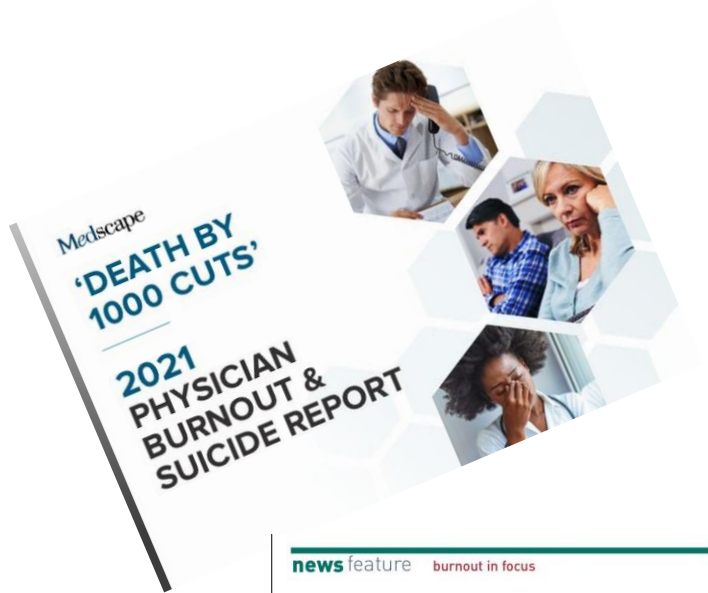
All specialties, 47% *burnout*

By specialty:

1. Emergency medicine — 60 %
2. Critical care — 56 %
3. OB/GYN — 53 %
4. Infectious diseases — 51 %
4. Family medicine — 51 %
7. Pediatrics — 49 %
8. Internal Med — 48%
18. Dermatology — 33%
19. Preventive Med — 26%



Physician Burnout – In the News



news feature burnout in focus

Going, going, gone – examining doctor burnout

Following her recent article on physician suicide, **Priscilla Lynch** examines the issue of extreme burnout in the medical profession, with a particular focus on the hospital system

Burnout in a larger dimension than those seen in the health system. The ongoing struggles of consultants and (P)s, and the pressures on the healthcare services, are clearly taking a toll on the profession. Drury says that the pressures on healthcare workers are not necessarily inflicting only harm from their patients but are being overwhelmed by their workload and limited resources as the system does its work in life.

Up to one-third of Irish hospital doctors have experienced burnout, and up to 30 per cent have reported severe to extremely severe levels of burnout, according to a study published in a recent study (see page 246). The results of this survey are highlighted by a problem highlighted by the Medical Independent (MI) in a recent experience (see page 246).

indicators for quality and safety go down. If you look at the likelihood of engaging in experiential activities, that goes up. If you look at the likelihood of patients not being compliant with prescribed therapies and treatments, that goes up. If you look

'We can't fix it by ourselves — burnout, a health issues problem for the profession'

least cost, it is not the strongest predictor of what causes burnout. What causes burnout traditionally is the lack of control or autonomy that people have, specifically in terms of how they can deploy resources – so people feel frustrated if they can't deliver the

Case study – the burnout experience of an Irish doctor

Lack of control
Prof Cynthia Rose, former President of the American Academy of Ophthalmology, is also giving a sobering report on the impact and reasons for burnout at the 2014 Ophthalmology+AI conference.

Factors leading to burnout include lack of control over working conditions, decision making, workload pressures, insufficient work environment, excessive administrative duties, and conflict. Prof Rose and colleagues interviewed 1,000 ophthalmologists in the United States, representing a wide range of specialties and other ophthalmologist qualifications.

Primary care doctors affected by burnout, Prof Rose said, reported average job dissatisfaction in the US each year of the size of a large

at the amount of people who will quit their jobs or just leave the country because of the war, that goes up. So when you have a manpower curve that is increasing it is increasing at a faster rate.

"When you look at patient load in the hospital, it is increasing, but decreases the resources. That decreases the population of health-care providers: lawyers, doctors, nurses, dentists, etc. The health-care medical system and standardized mortality curves that is evidence of a health-care system that is not up to snuff, medical errors go up, we don't implement standardized mortality, we don't have a standard of care, we don't have a standard of training, we don't have a standard of education, which is the very essence of the profession of health care. So, if you have a health-care system that is not up to snuff, that is, physicians, nurses, dentists, etc., that is not up to snuff, but I think where you are seeing a far greater impact is on the healthcare workforce. This is the healthcare industry and quality and safety. So I think one has to view

healthcare they feel should be delivered.

That importantly and specifically within Ireland is the issue of autonomy and control around their future in healthcare. Currently Irish doctors feel there is very little they can do to change the course and trajectory of their careers, whether they are primary care doctors or specialists, junior as they are looking at their senior colleagues and they are less frustrated they are and see it as almost inevitable that they will



• **Thompson:** *The director who's there when there's a crisis is the one who's most important. I want to go to work!* — *Conan* on TV

• **Wick:** *I don't want to be famous for a while.* — *James Dean*

There are some of the most iconic quotes in American history. Here's how they were said.

• **O'Leary said** he was general manager of the New York Herald Tribune in 1901 after an episode of sick leave. He was quoted as saying, "I don't want to go to work."

• **On O'Leary** had taken this expression to heart, he was quoted as saying, "I don't want to go to work when I'm sick."

• **Wick said** he was a young man who had been working on his own farm in Indiana when he was 17. He was quoted as saying, "I don't want to be famous for a while."

• **James Dean** was a young actor who was famous for his role in the 1955 film *Rebel Without a Cause*. He was quoted as saying, "I don't want to be famous for a while."

• **Conan** is a comedian who has been on TV for many years. He was quoted as saying, "I don't want to go to work!"

But only living, the companies—business, physician malpractice, surety and construction—have been the most numerous producers of quality and safety.

Solutions

But beyond if there were specific solutions to lawsuit, Dr. Barnett said efforts need to go beyond the courtroom to the practice of offering wellness and safety training to employees.

He maintained that the most causes of lawsuit tend to be recognized by the courts as preventable and these are not unified across the world, with distinct problems in different countries, such as negligence and deprivation.

"So there is no silver bullet that can solve all the problems that there are some commonalities," he said. "It's not a simple one-size-fits-all solution for people who are

Dr Paddy Barnett

[illegible]

Medicine

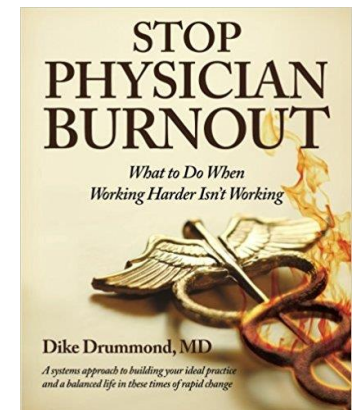
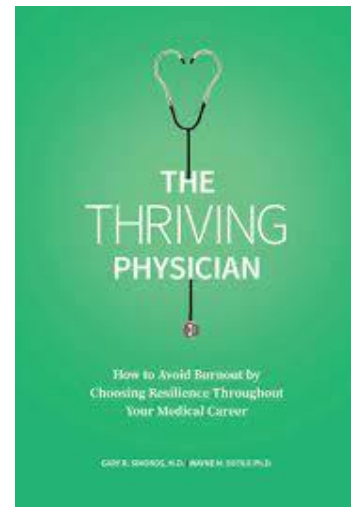
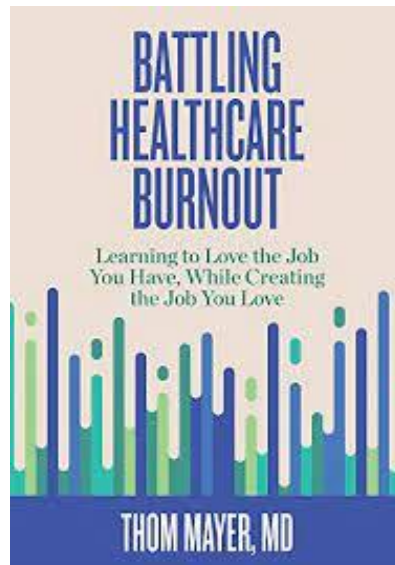
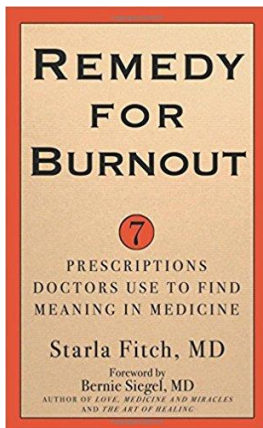
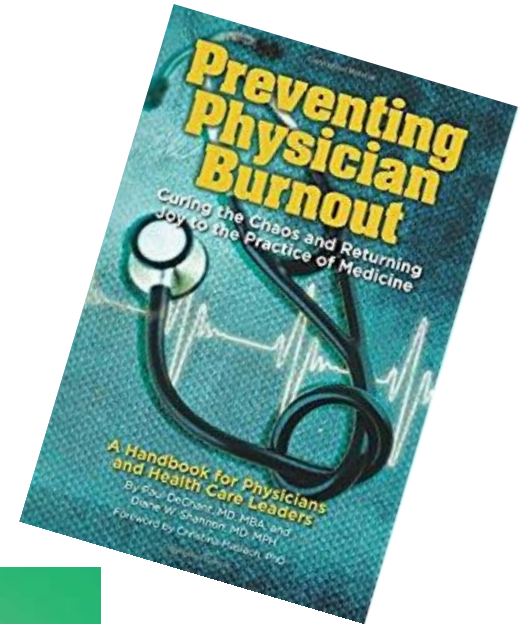
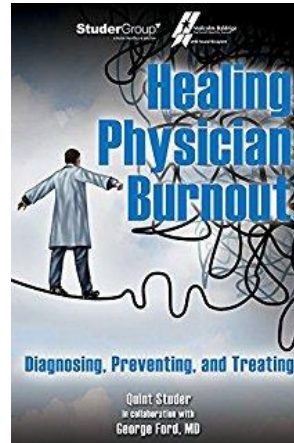
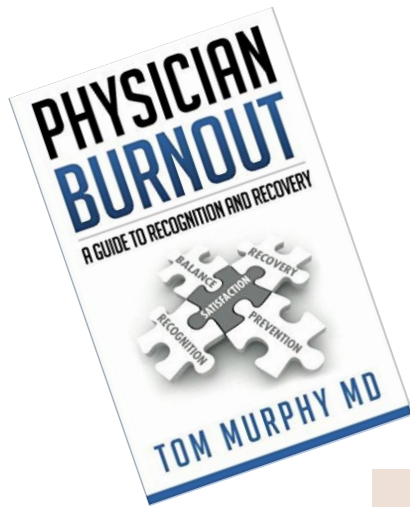
Physician Burnout

- Pharmacists Benefit the Old and the New
- Working Nonprofits: A Model to Address Burnout?

Measuring Medical Office Practice Satisfaction to Promote Participation

Methods to Engage Underserved Youth in Research: The Youth

Physician Burnout - Press





“

Addressing Health Worker Burnout

**Investing in health workers
and safeguarding their well-
being protects their health,
our health, and our entire
health care system.**

”



Office of the
U.S. Surgeon General

What is Burnout?



Emotional Exhaustion

- Emotionally drained from work
- Start most days feeling fatigued
- Strained by having to work with people
- Irritation in response to routine demands of work
- Difficulty bouncing back after time away from work



Depersonalization



- Cynical attitudes towards patients
- Treat patients as objects
- Talk down to peers and staff
- Lack of compassion for patients & colleagues

Lack of personal accomplishment

- Incompetence- feeling uncertain that you make a difference
- Inefficiency- feeling you seldom accomplish anything worthwhile at work
- Inadequacy- loss of passion and motivation for work



Impact of Burnout - Physicians

- Absenteeism
- Turnover
- Lower productivity and effectiveness
- Poor health
- Poor work and home relationships



Identifying burnout

- **Physical symptoms:** fatigue, sleep disruption, headache, GI issues, inflammatory changes, vague somatization
- **Emotional symptoms:** alienation, cynicism, learned helplessness, anxiety, depression
- **Behavioral Symptoms:** impatience, negativity, frustration, irritability
- **Cognitive symptoms:** decreased attention, impaired memory

Impact of Burnout - Patients

- Increased medical error.
- ↓ patient adherence to recommendations.
- Lower trust/confidence in the clinician.
- Decreased patient satisfaction.
- Lower quality patient care.



Maslach Model of Burnout

“Burnout is always more likely when there is a major **mismatch**
between the nature of the job
and
the nature of the person who does the job.”

- Christina Maslach, Ph.D.

A Mismatch

Personal Factors

+

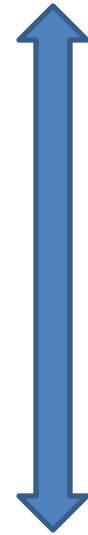
System Factors

=

I am a carpenter and I love to work with wood. My job: wood cabinetry production and maintenance.

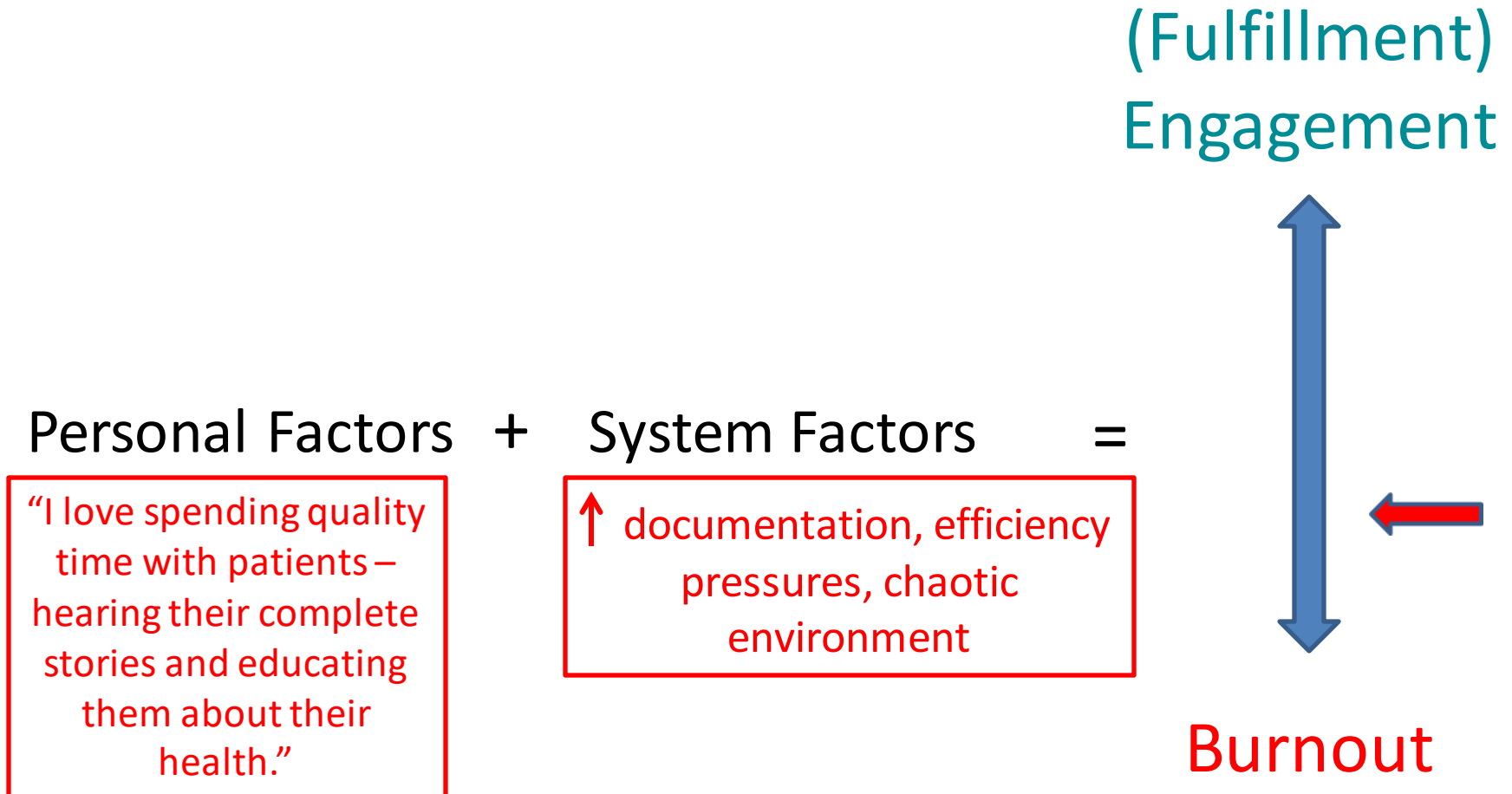
Company change: new cabinets are now made of polyester.

(Fulfillment)
Engagement

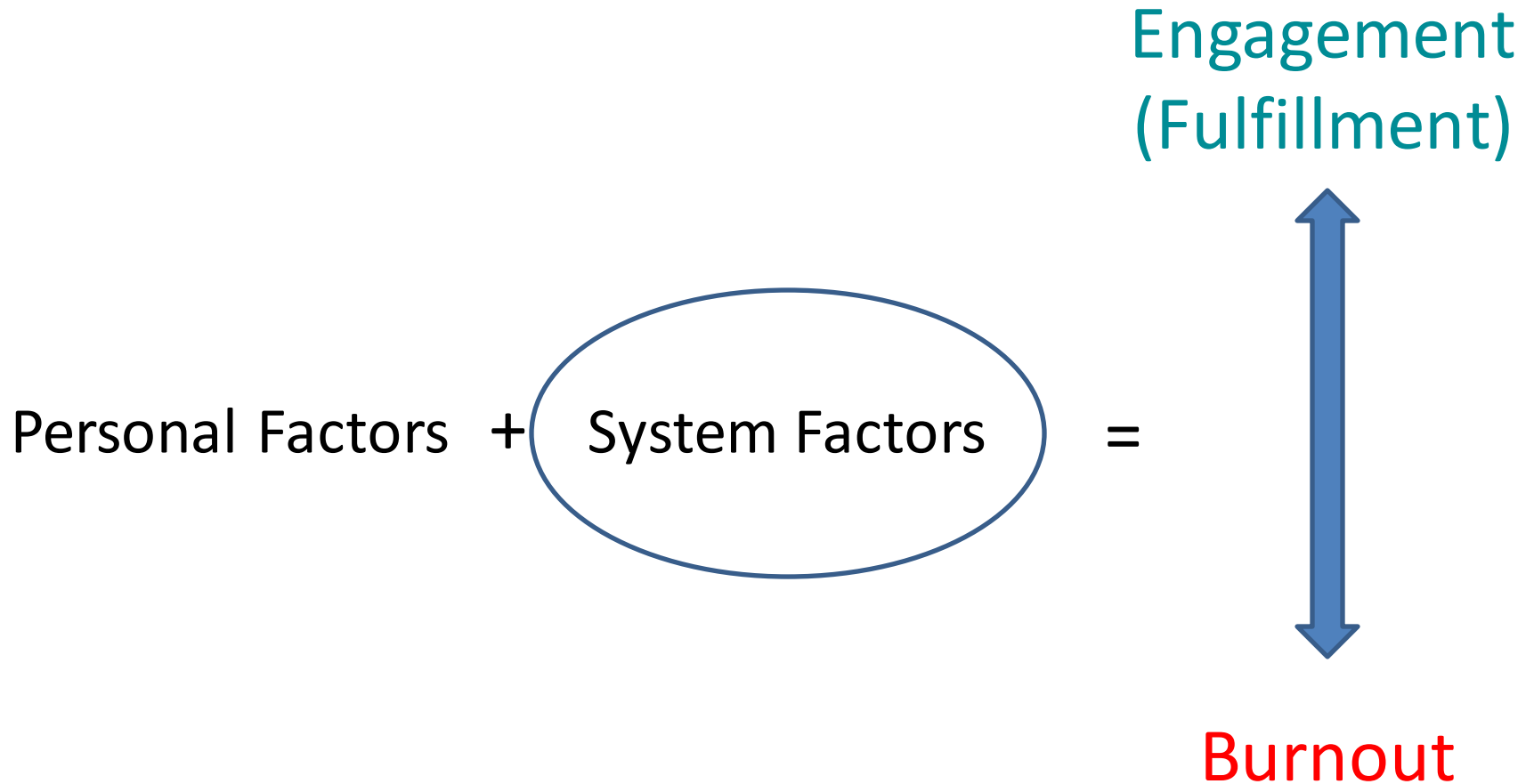


Burnout

A Mismatch – Physicians



A Bit of Burnout Theory



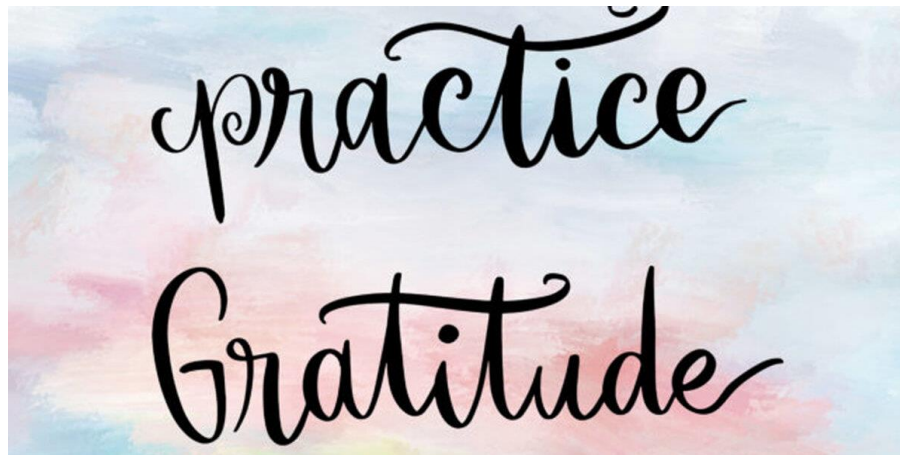
System (Practice) Factors

- Operations
 - what it is designed to do and how well (e.g.schedules, equipment)
- Workplace atmosphere
 - calm vs. chaotic
 - organized vs. disorganized
- Personnel
 - multiple personalities and roles
- External influences : regulations, policies, EHR
- System value of wellness/resilience

Time Out for Well-being: Gratitude

Take a couple of minutes to write about something that has gone well for you today.

And, what was your role in bringing that about?



A Bit of Burnout Theory

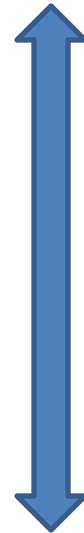
Personal Factors

+

System Factors

=

Engagement
(Fulfillment)



Burnout

Personal Factors

- Career “passion” – what I was meant to do
- Training – what I trained to do
- Personality – what are my personality traits
- Values – personal values and beliefs
- Wellness/Resilience/Hardiness

Personal Factors – Physician Personality



Physicians are:

- Intelligent
- Caring
- Sensitive
- Inquisitive

Personal Factors - Personality

However, physicians also tend to :

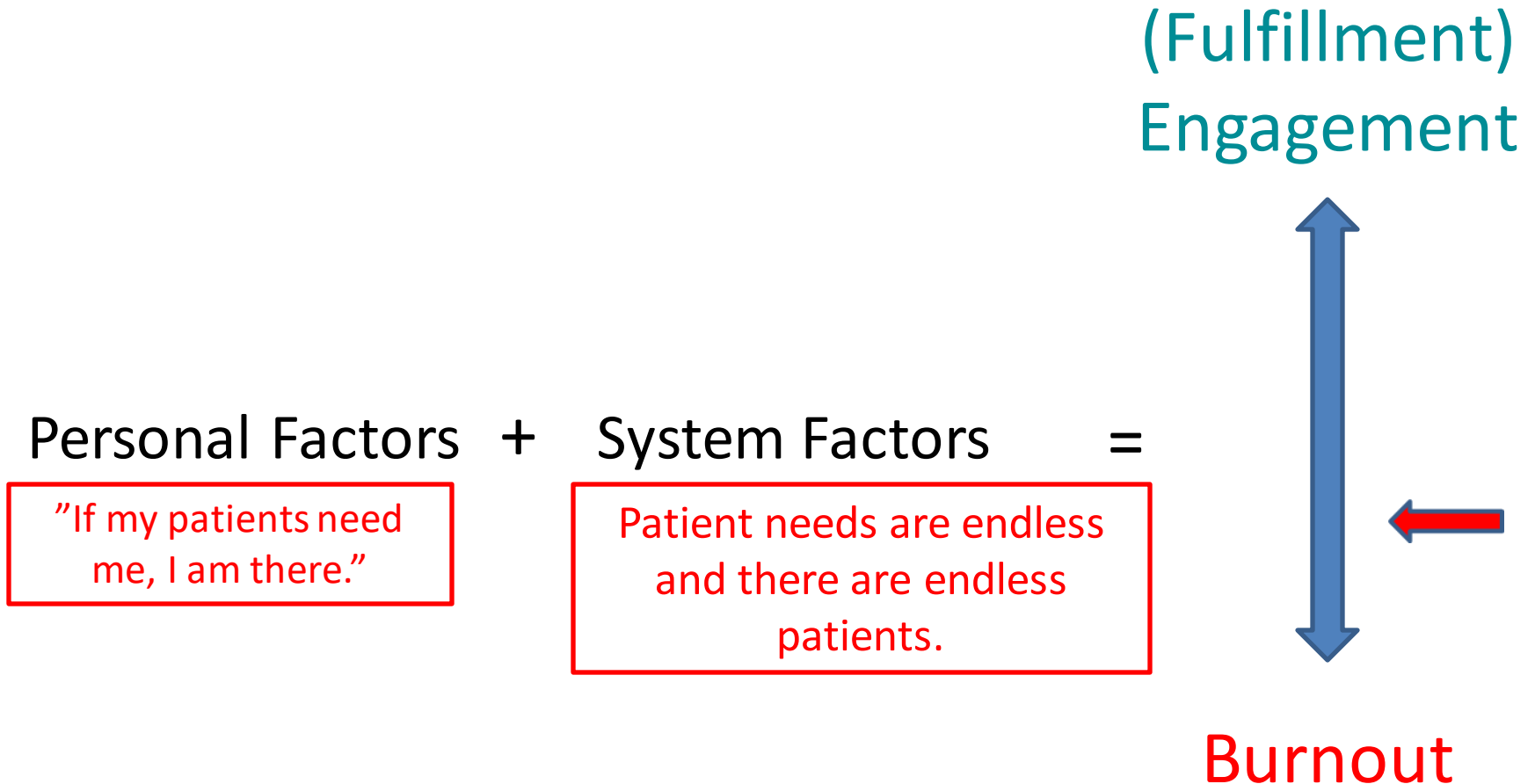
- Be Type A
- Be Competitive
- Be Perfectionistic
- Be Compulsive



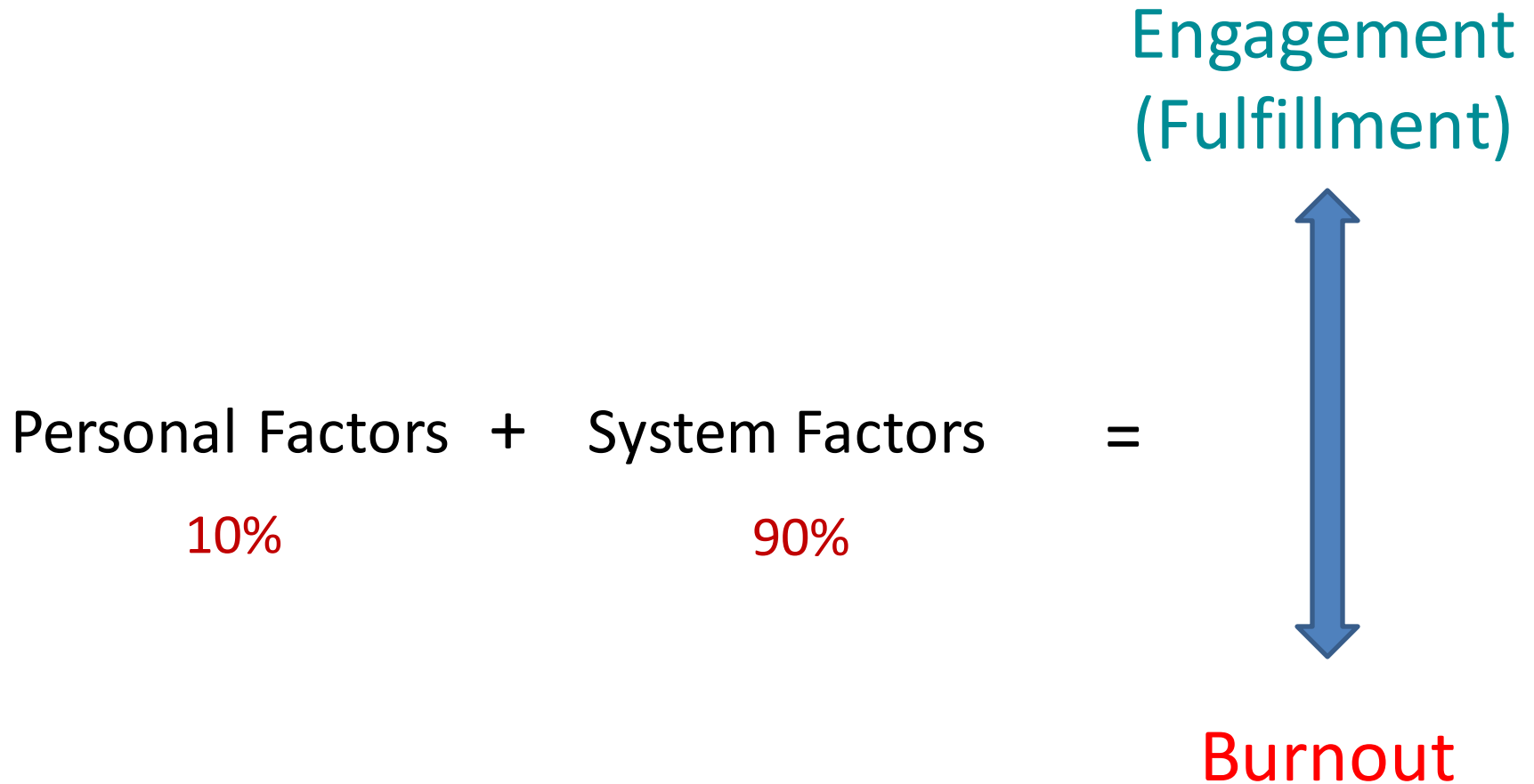
perfectionism

- Put others' needs before their own

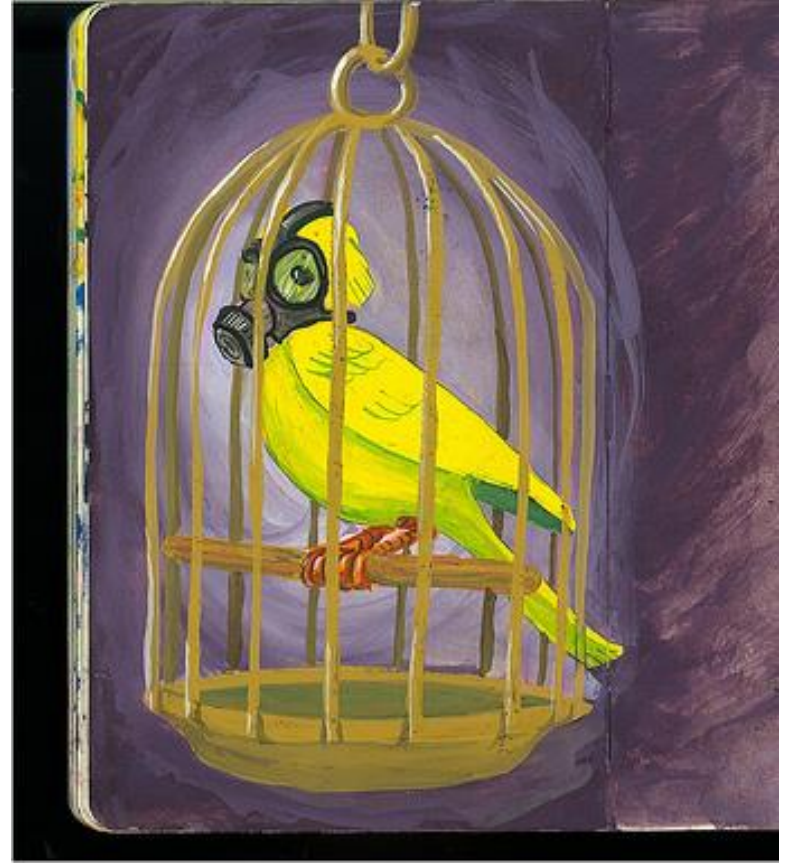
A Mismatch – Physicians



Percentage Contributions



Our Main Error with Burnout:



We believe all burnout is the 10%

Our Common Response to the Systems Issues:

Systems Factors

- Operations
 - what it is designed to do
- Workplace atmosphere
 - calm vs. chaotic
 - organized vs. disorganized
- Personnel
 - multiple personalities and roles
- Regulations, policies, EHR
- System value of wellness/resilience

Learned Helplessness



Addressing (Reducing) Burnout



What We Know: Reducing Burnout

- Evidence:
 - Meta-analysis (2617 articles)
 - 15 RCT + 37 cohort studies (burnout dimensions as outcomes)
 - **Individual focused (mindfulness, stress management, communication) groups**
 - **Organizational or structural (work hours shortened, work flow) improvements**
- Results
 - **Overall burnout reduced from 54% to 44%**
 - Emotional exhaustion and depersonalization score decreased
- Conclusion
 - **Need both organizational and individual focused interventions.**

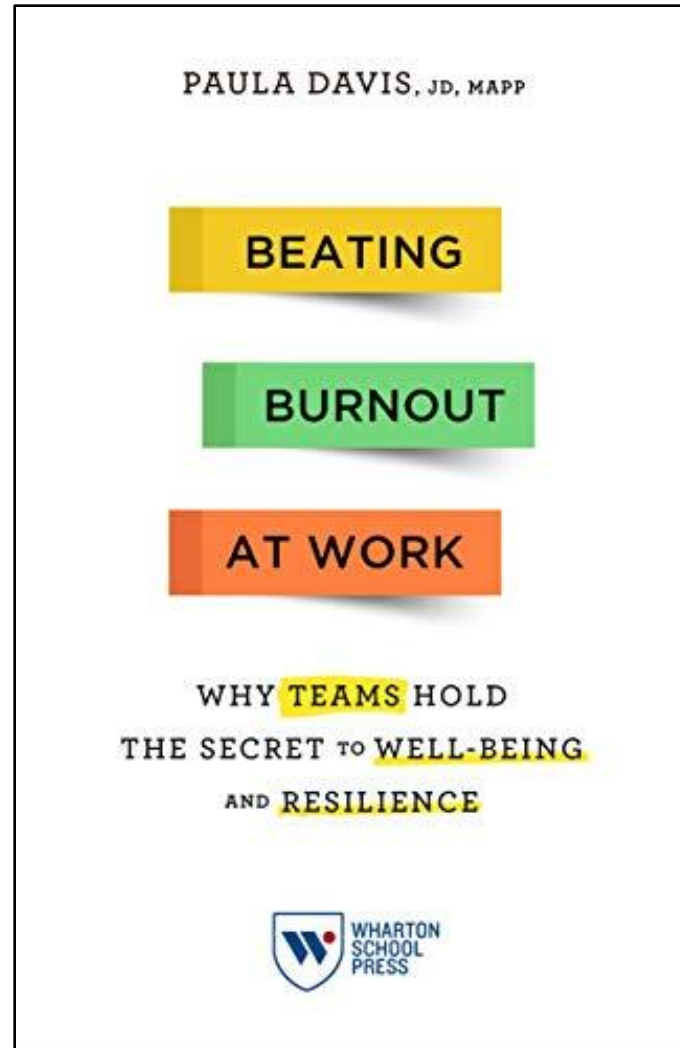
What We Also Know:

When burnout is measured in healthcare organizations, there are groups within the organization with very high burnout and other groups with very low burnout – in the same system!



What's going on?

Deeper Dive into Systems Factors:



Another Model of Burnout: Demands/Resources Theory

Job demands – aspects of work that require sustained effort

Job resources – aspects of work that give motivation and energy,
and stimulate growth, learning and development

Demands > Resources = Burnout

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285

Job Demands that Contribute to Burnout

Job Demands that Contribute to Burnout (Core Six)	Job Resources that Contribute to Well-being
Lack of Autonomy	Empowerment, Flexibility
High Workload	Decision-making ability about work, processes
Lack of Support from leaders/colleagues	Authentic feedback
Unfairness (lack of transparency, arbitrary decision-making)	Autonomy and Job Control Emotionally intelligent leadership
Values Disconnect	Opportunities to Co-create Culture
Lack of Recognition	Role clarity, leader support, meaningful recognition

Davis, Paula. "Beating Burnout at Work", Wharton School Press, March, 2021.

Burnout-inducing Demands and Poor Health*

Job Demands that Contribute to Burnout (Core Six)	Job Resources
Lack of Autonomy	Empowerment, Flexibility
High Workload	Decision-making ability about work, processes
Lack of Support from leaders/colleagues	Authentic feedback
Unfairness (lack of transparency, arbitrary decision-making)	Autonomy and Job Control; Emotionally intelligent leadership
Values Disconnect	Opportunities to Co-create Culture
Lack of Recognition	Role clarity, leader support, meaningful recognition

**Affect longevity, mental health, physical health, morbidity and mortality.*

Core Six Burnout-inducing Demands in Your Setting

- Lack of Autonomy
- High Workload
- Lack of Support from Leaders/colleagues
- Unfairness (lack of transparency, arbitrary decision-making)
- Values Disconnect
- Lack of Recognition

Take a few minutes to write down examples of these demands in your setting.

Core Six Burnout Inducing Demands in Your Setting

- Lack of Autonomy
- High Workload
- Lack of Support from leaders/colleagues
- Unfairness (lack of transparency, arbitrary decision-making)
- Values Disconnect
- Lack of Recognition

Pair - Share

Job Resources that Reduce Burnout*

Job Demands that Contribute to Burnout (Core Six)	Job Resources
Lack of Autonomy	Empowerment, Flexibility
High Workload	Decision-making ability about work, processes
Lack of Support from leaders/colleagues	Authentic feedback
Unfairness (lack of transparency, arbitrary decision-making)	Autonomy and job control; Emotionally intelligent leadership
Values Disconnect	Opportunities to Co-create Culture
Lack of Recognition	Role clarity, leader support, meaningful recognition

**Central Resources for Creating Well-being and Healthy Workplaces*

Resources that Reduce Burnout Already in Your Setting

- Empowerment, Flexibility
- Decision-making ability about work, processes
- Authentic Feedback
- Autonomy and Job Control, Emotional Intelligent Leaders
- Opportunities to Co-Create Culture
- Role Clarity, leader support, meaningful recognition

Take a few minutes to write down examples of what's going well in your setting.

Resources that Reduce Burnout Already in Your Setting

- Empowerment, Flexibility
- Decision-making ability about work, processes
- Authentic Feedback
- Autonomy and Job Control, Emotional Intelligent Leaders
- Opportunities to Co-Create Culture
- Role Clarity, leader support, meaningful recognition

Pair - Share

Well-being Moment

What is one thing that you accomplished in the past week that you are proud of?



Measuring

Appendix A. Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to assess the risk of burnout which was developed by Christina Maslach (1981). The validity and reliability study of this inventory made by Ergin (1993) in Turkey.

Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav.* 1981;2(96-113).

Ergin C. Adaptation and Validity of MBI for Measuring Burnout Among Turkish Physicians and Nurses. 7th National Psychology Congress, Bursaspor E (ed), *Turkish Psychological Association*. Ankara D 1, 1993, 148-154 (in Turkish).

Maslach Burnout Inventory (MBI)

The inventory consists of 22 questions which have five graded Likert-type answers. To determine the risk of burnout, the MBI explores three sub-scales: emotional exhaustion, depersonalization and personal accomplishment.

A high score in the first and third sections and a low score in the second section may indicate burnout.

Questions	Never	Rarely	Sometimes	Frequently	Always
I. Emotional Exhaustion					
I feel emotionally drained from my work	0	1	2	3	4
I feel used up at the end of the workday	0	1	2	3	4
I feel fatigued when I get up in the morning and have to face another day on the job	0	1	2	3	4
Working with people all day is really a strain for me	0	1	2	3	4
I feel burned out from my work	0	1	2	3	4
I feel frustrated by my job	0	1	2	3	4
I feel I'm working too hard on my job	0	1	2	3	4
Working with people directly puts too much stress on me	0	1	2	3	4
I feel like I'm at the end of my rope	0	1	2	3	4
II. Personal Accomplishment					
I can easily understand how my recipients feel about things	0	1	2	3	4
I deal very effectively with the problems of my recipients	0	1	2	3	4
I feel I'm positively influencing other people's lives through my work	0	1	2	3	4
I feel very energetic	0	1	2	3	4
I can easily create a relaxed atmosphere with my recipients	0	1	2	3	4
I feel exhilarated after working closely with my recipients	0	1	2	3	4
I have accomplished many worthwhile things in this job	0	1	2	3	4
In my work, I deal with emotional problems very calmly	0	1	2	3	4
III. Depersonalization					
I feel I must restrain myself as if they were impersonal 'objects'	0	1	2	3	4
I've become more cynical toward people since I took this job	0	1	2	3	4
I worry that this job is hardening me emotionally	0	1	2	3	4
I don't really care what happens to some recipients	0	1	2	3	4
I feel recipients blame me for some of their problems	0	1	2	3	4

Well-being Index (measures mental distress)



Areas of Worklife Survey (measures perceptions of workspace qualities that play a role in burnout)

So...so far:

- Burnout is a problem
 - It is caused when:
 - there is a mismatch between person/system
 - job demands outweigh job resources
 - Treating the symptom (burned out employee) doesn't treat the problem
 - Assessing your work environment for:
 - demands that contribute to
 - resources that mitigate against burnout
- is an effective way to address the problem



Taking this further....



....it's all about Teams

Being a contributing member of an effective, resilient, high-functioning team reduces your chance of developing burnout.



Recall a time when you have been part of a highly functioning team...



What made it function so well?

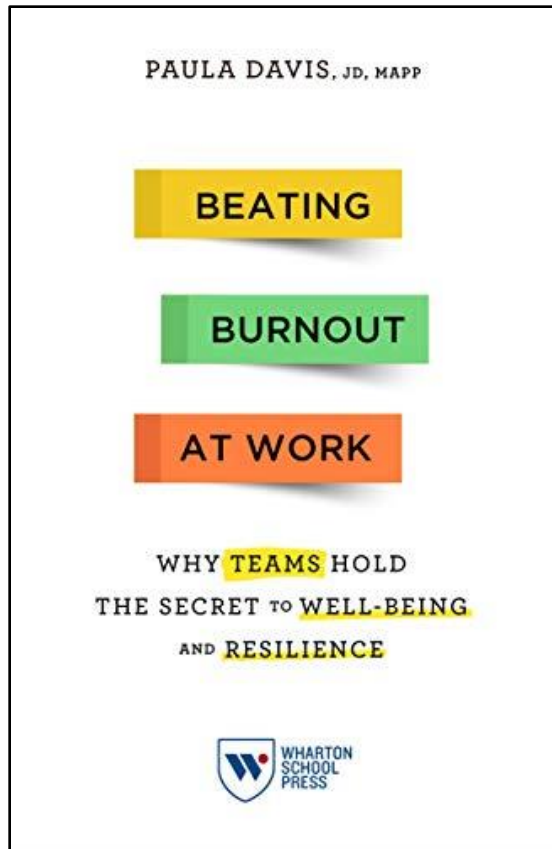
Large Group Share



Large Group Share

A

PRIMED



Psychological Safety

Relationships

Impact

Mental Strength

Energy

Design

PRIMED for Team Success

- Psychological Safety: belonging, inclusion, vulnerability
- Relationships: welcoming, trusting, onboarding
- Impact: recognize that work contributes to something larger
- Mental Strength: collective ability to overcome challenges
- Energy: stress awareness and recognize impact on each other
- Design: create positive change when things aren't going well




What are 1 – 3 ideas that you are taking with you and going to act on in the next 2 weeks?



Summary



A close-up photograph of two hands, palms up, holding a small, rectangular piece of white paper with deckled edges. The paper is held between the fingers and thumbs of both hands. On the paper, the words "Thank You" are written in a black, elegant cursive script. The skin of the hands is light-toned, and the background is a solid, dark color, making the hands and the paper stand out.

Thank You