SURGEON BURNOUT
A Critical Analysis and Necessary Changes

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Surgeon Burnout - Consequences

- Damage relationships
  - Personal
  - Professional
- Marital problems
- Depression
- Substance abuse
- Suicide.


Physician Suicide

1. Physician suicide rate 400/year
2. CDC: 32 states, death by suicide among HC provider -2016
   - Males 23.6/100,000 increase of 23% over 3 years
   - Females 8.5/100,000
3. Contributing factors
   - Stress, burnout
   - Substance abuse and awareness/access to lethal drugs
   - Reluctance to seek help - stigma

Surgeon Burnout - Consequences

- Impatience
- Callousness, less attentive and dedicated to patient care
- Higher rate of adverse events and errors.
- Disengagement and lack of empathy


Impact of Physician Burnout on Quality of Healthcare

Multiple studies (US and international), have shown a correlation between burnout and self-reported medical errors. The odds ratio in one study was as high as 2.2


Burnout

Three Domains
1. Emotional exhaustion
2. Depersonalization
3. Low personal accomplishment

Impact of Physician Burnout on Quality of Healthcare

- Consistent relationship between burnout or at least one dimension of burnout and quality of patient care
  - Depersonalization - lower patient satisfaction
  - Correlation between depersonalization and
    - self-confidence and negative expected outcomes of communication
    - higher probability of negative rapport with patients

Golub et al, Academic Medicine, Vol. 82, No. 6 / June 2007

Table 2

<table>
<thead>
<tr>
<th>Burnout component</th>
<th>Residents in each strata (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>38</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>25</td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>21</td>
</tr>
</tbody>
</table>

Burnout amongst Oto-HNS attendings

Balch et al, Annals of Surgery * Volume 254, Number 4, October 2011

ENT – N = 371

Table 1. Distress Incidence and Career Satisfaction Among 14 Surgical Subspecialties

<table>
<thead>
<tr>
<th>Burnout (%)</th>
<th>Screen + Depression (%)</th>
<th>Low Mental QOL (%)</th>
<th>Would Become a Surgeon Again (% who replied “No”)</th>
<th>Recommend to Their Children to Become MDs (% who replied “No”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma (51.6)</td>
<td>Transplant (37)</td>
<td>Trauma (37)</td>
<td>Vascular (36)</td>
<td>Vascular (54)</td>
</tr>
<tr>
<td>Vascular (44)</td>
<td>Cardiopulmonary (54.5)</td>
<td>Transplant (31)</td>
<td>Plastic (33)</td>
<td>General (53)</td>
</tr>
<tr>
<td>General (41)</td>
<td>General (31)</td>
<td>Cardiopulmonary (29.3)</td>
<td>Cardiopulmonary (29.5)</td>
<td>Plastic (49)</td>
</tr>
<tr>
<td>Lower (40)</td>
<td>Urology (29)</td>
<td>Cardiopulmonary (29.2)</td>
<td>Cardiopulmonary (29.1)</td>
<td>Urology (47.8)</td>
</tr>
<tr>
<td>Colorectal (29.7)</td>
<td>Colonology (28.6)</td>
<td>Vascular (29.3)</td>
<td>Vascular (27.3)</td>
<td>Urology (47)</td>
</tr>
<tr>
<td>Plastic (37)</td>
<td>Plastic (29.4)</td>
<td>Plastic (27)</td>
<td>Plastic (27.3)</td>
<td>Urology (28)</td>
</tr>
<tr>
<td>Urology (36)</td>
<td>Pediatric (26)</td>
<td>Urology (26.3)</td>
<td>Pediatric (27)</td>
<td>Urology (26)</td>
</tr>
<tr>
<td>Orthopedic (32)</td>
<td>Orthopedic (20.8)</td>
<td>ENT (23)</td>
<td>Orthopedic (20)</td>
<td>Orthopedic (44)</td>
</tr>
<tr>
<td>Pediatric (31)</td>
<td>Obstetrics (20.8)</td>
<td>Orthopedic (20)</td>
<td>Pediatric (19.5)</td>
<td>Pediatric (42)</td>
</tr>
</tbody>
</table>

8/5/21

Importance of addressing burnout in specialty

- Otolaryngology is a highly competitive specialty to get into and attracts the brightest and talented medical students.
- It is our responsibility as practicing physicians to help maintain the longevity of these young surgeons so that they continue to maintain the specialty’s legacy.
Causes of Burnout - multifactorial

Lifestyle
• Working too much, not enough time for relaxing
• Lack of close, supportive relationships
• Taking on too many responsibilities, without enough help from others
• Lack of sleep

Personality Traits
• Perfectionistic tendencies; nothing is ever good enough
• The need to be in control; reluctance to delegate to others
• High-achieving, Type A personality
• Pessimism

Golub J & Johns M, Oto-HNS, 2018, 158: 967-968

Causes of Burnout

Years in practice
• EE highest amongst associate professors, lowest in professors
• Higher EE score inversely associated with years in practice

1. Golub et al., Laryngoscope 2008
2. Fletcher et al, Oto-HNS 2012

Approaches to reducing burnout

• Work-Life balance and personal wellness
  • Duty hours
  • Personal time off

Preventing Surgical Resident Burnout

Stanford University initiative
• Physical well-being, such as providing healthy snack options in break rooms and encouraging residents to have an annual physical exam
• Professional well-being, including mentoring programs, leadership opportunities, and selection of class representatives to voice concerns to leadership
• Social well-being, including events hosted by the residency program, and an after-hours guidebook with recommended free-time activities like hiking, movies, restaurants, pubs, and museums
• Psychological well-being, such as group counseling sessions
Preventing Surgeon Burnout

Peer Support for Clinicians: A Programmatic Approach
Brigham and Women’s Hospital, Boston, MA
Center for Professionalism and Peer Support
Jo Shapiro MD & Pamela Galowitz, Academic Medicine, 2016, Vol 91

- Help physicians seek out support from their peers
- Changing the culture to prevent blame and shame
- Managing conflict
- Guide physicians how to maintain professionalism in stressful situations.

How much impact did these interventions make on burnout?

Resident Burnout – Cleveland Clinic study 2018

(N=14)
- 34% moderate and/or high risk in 2 domains
- 7% moderate and/or high risk in all 3 domains


National OtoHNS resident survey

N = 182 (12% response)
Overall 50% burnout rate

PGY1 31%
PGY2 59%
PGY3 57%
PGY4 69%
PGY5 36%

Reed L. 2020, Annals of Otology, Rhinology & Laryngology
Faculty Burnout – Cleveland Clinic Study 2018

N = 25
• 28% moderate and/or high risk in 2 domains
• 24% moderate and/or high risk in all 3 domains


How much impact have these interventions made?

• Overall Burnout Rate 28% - 54%
  • Otolaryngology practicing physicians – 33% in 2021


Current Oto-HNS faculty burnout prevalence


Risk Factors For Burnout – Extrinsic factors

• Work hours
• Poor work/life balance
• Relationship instability
• Lack of sleep

Golub J & Johns M, Oto-HNS, 2018, 158: 967-968
Despite reducing duty hours for residents and providing wellness measures for residents, it has not made a major impact.

Recent study - factors associated with OTO resident burnout**

- Work hours
- Higher # of surgical and nonsurgical procedures
- Time completing paperwork
- Mindfulness training NOT associated with decreased burnout

Experiencing emotional exhaustion and depersonalization is inevitable from time to time. Surgeons cope with these feelings in various ways.

**Reed L. 2020, Annals of Otology, Rhinology & Laryngology

Risk Factors For Burnout – Intrinsic Factors

- Personality traits
  - Internal perception
  - Resilience
  - Capacity

Golub J & Johns M, Oto-HNS, 2018, 158: 967-968

Important Traits Necessary to Prevent Burnout

- Resilience
  - ability to bounce back from adversity or even thrive in the face of it.
  - an innate trait often strengthened in individuals who have repeatedly faced difficult life situations.
  - related to grit and perseverance
  - stress coping ability
- Capacity
  - ability to deal with numerous unavoidable irritants of daily life with relative equanimity.

Building Resilience

- Resilient physicians are better equipped to handle pressure, challenges and adverse events*
- Helps develop ability to withstand difficult and unpleasant experiences as well as bounce back (and perhaps even grow stronger)*
- Resilience is developing a skillset to continuously improve upon (analogous to physical strength training). Need to learn how to bounce back repetitively in order to build capacity

Qualities of Resilience*

- Taking positive actions in negative situations
- Sense of value and purpose
- Perseverance
- Adaptability, flexibility, ability to compromise
- High self esteem and self respect
- Optimism

Adapted from American Psychological Assoc.

Resilience Interventions

- Burnout education,
- Mindfulness practice


Mindfulness

- A state of self-awareness
  - allows the mind to pay attention to thoughts in a nonjudgmental way
- Focus on present rather than fear of the future or resentment of the past.
- Important tool to build both capacity and resilience.
- Be cognizant of the 3 domains of burnout
  - Am I starting to feel emotionally exhausted? Why?
  - Am I becoming emotionally detached from my patient?
  - Have I stopped referring to my patients as just a disease entity (“the guy with the neck abscess” instead of Mr. .....

Building Resilience

- Mental toughness
  - Psychological flexibility
  - Ability to incorporate multiple points of view
  - Ability to accept constructive criticism
- Optimism (1/2 full glass) and gratitude
- Help and support from superiors and peers

The undiagnosed pandemic: Burnout and depression within the surgical community
When does resilience training make sense?

Unavoidable stressors
- Making life/death decisions
- Complications
- Not every disease can be cured
- Patient/family expectations and hostility
- Traumatic events in personal life

When is "resilience training" inappropriate and harmful?

- Poor working conditions and unreasonable expectations are to blame for physician burnout and suicide
- Promoting "resilience training" is a way for those who instituted such working conditions to justify their actions

Oliver D, When "resilience" becomes a dirty word. BMJ. 2017; 358: j3604.

When is resilience training inappropriate and harmful?

Avoidable stressors
- Work overload
- Understaffing
- Hostile work environment
- Lack of resources physicians need to provide safe care

Primary goal in this setting should then be prevention with organizational interventions to reduce burnout – not resilience training

Why is resilience training harmful in "avoidable" stressors?

- It may send the message to affected doctors that they are the problem, that they need to do better at "absorbing negative conditions," and that failure to “tough it out” is a sign of weakness. This is an unethical abdication of duty on the part of health care managers.
- By giving the illusion of a simple solution ("build resilience"), it may preempt the hard work required to address systems failures.

Oliver D. When “resilience” becomes a dirty word. BMJ. 2017; 358
BURNOUT PREVENTION

- Wellness
- Burnout education
- Mindfulness practice
- Peer support
- Addressing clinical work environment


Causes of Surgeon Burnout: Work-related

Top 5 Burnout Drivers in Otolaryngology

Causes of Burnout Today

Medscape Otolaryngologist Lifestyle, Happiness & Burnout Report 2021
Keith L. Martin; Mary Lyn Koval | February 19, 2021

How burdensome is this task?

Physician Burnout and Clinical Burden in Electronic Environment

<table>
<thead>
<tr>
<th>Factor</th>
<th>Burnout (No. [%])</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use EHRs</td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Yes</td>
<td>3056/5340 (57.2)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>434/974 (44.6)</td>
<td></td>
</tr>
<tr>
<td>Use CPOE</td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Clinic only</td>
<td>648/1162 (55.8)</td>
<td></td>
</tr>
<tr>
<td>Hospital only</td>
<td>886/1496 (59.2)</td>
<td></td>
</tr>
<tr>
<td>Both clinical and hospital</td>
<td>1273/2163 (58.9)</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>461/1021 (45.2)</td>
<td></td>
</tr>
</tbody>
</table>

CPOE – computer physician order entry


Impact of Administrative Burden

<table>
<thead>
<tr>
<th>Administrative burden</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorizations</td>
<td>100%</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>90%</td>
</tr>
<tr>
<td>Hospital credentialing</td>
<td>80%</td>
</tr>
<tr>
<td>Electronic chart capture</td>
<td>70%</td>
</tr>
<tr>
<td>Patient test results management</td>
<td>60%</td>
</tr>
<tr>
<td>Patient communication via patient portal</td>
<td>50%</td>
</tr>
<tr>
<td>State licensure/OMI requirements</td>
<td>40%</td>
</tr>
<tr>
<td>Practice redesign</td>
<td>30%</td>
</tr>
<tr>
<td>Academic promotion process</td>
<td>20%</td>
</tr>
<tr>
<td>Expanded EHR functionality</td>
<td>10%</td>
</tr>
<tr>
<td>Ambulatory clinical documentation</td>
<td>0%</td>
</tr>
<tr>
<td>Inpatient clinical documentation</td>
<td>0%</td>
</tr>
<tr>
<td>Board recertification requirements</td>
<td>0%</td>
</tr>
<tr>
<td>Mandatory training requirements</td>
<td>0%</td>
</tr>
<tr>
<td>Communication with members of the care team</td>
<td>0%</td>
</tr>
</tbody>
</table>

MGH study; N = 1774 (96%)


Causes of Burnout Today

- Too many bureaucratic tasks: 64%
- Lack of respect from administration/employers, colleagues, or staff: 64%
- Insufficient compensation/reimbursement: 43%
- Increasing computerization of practice: 33%
- Spending too many hours at work: 30%
- Lack of control/autonomy: 22%
- Lack of respect from patients: 18%
- Government regulations: 15%
- Stress from social distancing/societal issues related to COVID-19: 9%
- Stress from treating COVID-19 patients: 3%
- Other: 11%

Medscape Otolaryngologist Lifestyle, Happiness & Burnout Report 2021

Keith L. Martin, Mary Lyn Koval | February 19, 2021
Addressing Clinical Work Environment

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Missed Social/Family Activities, No. (%)</th>
<th>Checking Work-Related Material after the Workday, No. (%)</th>
<th>Completing Routine Work after the Workday, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>2 (8)</td>
<td>13 (52)</td>
<td>10 (40)</td>
</tr>
<tr>
<td>Physician in training</td>
<td>2 (14)</td>
<td>13 (93)</td>
<td>11 (79)</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>0</td>
<td>2 (40)</td>
<td>0</td>
</tr>
<tr>
<td>A few times per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>3 (12)</td>
<td>9 (36)</td>
<td>6 (24)</td>
</tr>
<tr>
<td>Physician in training</td>
<td>4 (29)</td>
<td>1 (7)</td>
<td>3 (21)</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>1 (20)</td>
<td>1 (20)</td>
<td>3 (60)</td>
</tr>
</tbody>
</table>

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Keith L. Martin, Mary Lyn Koval | February 19, 2021

What can physicians do in the face of frustration?
Prioritize – pick your battles that need to be fought
• Accept and acknowledge anger but don’t dwell
• Understand why some decisions were made
• Figure out what is worth changing or fighting for
• Explain to leadership why the decision negatively impacts patient care – they may not be aware of this
• Propose solutions not only for your benefit but all stakeholders
• Seek leaders who are willing to listen and help change
What can physicians do in the face of work burden and frustration?

Find things that bring joy to work or what you are passionate about
- Research
- Positive patient interaction

Other Stressors

- Litigation
- Ratings and patient satisfaction surveys (PSS)

Impact of PSS on Physician Burnout

Survey of Spine Intervention Society: 107 participants (34% response)

<table>
<thead>
<tr>
<th>Do you believe the collection of patient satisfaction scores contributes to physician burnout?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the focus/utilization on patient satisfaction scores negatively affect your job satisfaction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you feel that your patient satisfaction scores accurately reflect the quality of your patient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you feel pressured to consider/focus/emphasize patient satisfaction scores?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
</tbody>
</table>

Other Stressors

COVID-19
- Fear of the unknown
- Institutional policies that are "one shoe fit all"
  - Does not take into consideration individual situation
  - Policy makers are not in the front line
- Isolation
Interventions to prevent burnout of attendings

- Physician directed
- Institution directed

Interventions to Prevent Burnout

- Should not be a one size fits all approach
- Should not be whatever is easy to implement
- Physician Directed
  - Work-life balance and personal wellness – protected time
  - Mindfulness
  - Educational contents
  - Peer support programs
- Organization Directed
  - Reducing administrative burden
  - Physician empowerment
  - Fulfillment of a deeper sense of purpose

Burnout – questions for thought

1. If we just change extrinsic factors, will our trainees then be well equipped to deal with their extrinsic stressors after they graduate and enter the workforce?
2. Is resilience a necessary component for preventing burnout in practicing physicians?
   How do we help residents build resilience and toughness?
3. How do we effectively make system changes that consume our time and emotions that have little value in patient care?
4. How do we design patient satisfaction surveys that benefit the institution’s health care delivery but at the same time does not contribute to physician burnout?
Essentials to alleviating burnout

- Irradicated the stigma that burnout is a sign of weakness
- Peer support
- Recognize that causes are different for different levels of physicians (trainees vs early career vs late career)
- Interventions should be directed based on root cause – one shoe fits all interventions can be potentially harmful
- Implement interventions to reduce the burden of doing non-meaningful work after hours for all
  - Protected time during work hours
  - Appropriate support staff to reduce workload
  - Institutional commitment and changes

Establishing physician well being is high priority

1. Everyone in the health system need to function at the highest level in order to deliver high quality care.
2. Loss of professionalism will weaken clinician-patient relationships and undermine public’s confidence in us
3. Working in an environment where burnout is prevalent chips away at the clinician’s humanism. “Humanism must be modeled and practiced in the health professions in order for all health professionals to be humanists”. **

**Thibault GE, Joint Commission Journal on Quality and Patient Safety, 2020, vol 46