



# Thriving Vs. Surviving: Physician Burnout Prevention

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# Disclosures



I have no conflicts of interest to disclose

# Learning Objectives



*At the end of this session, participants will be able to:*

- Define burnout and distinguish it from stress/depression.
- Describe the prevalence, causes, and impact of burnout among physicians in general, and radiology faculty and trainees in particular.
- Utilize a tool to assess their personal mental health state on an ongoing basis.
- Apply evidence-based individual and systemic strategies to prevent burnout.

# Burnout



- **Burnout** is a psychological syndrome that arises in the context of excessive and prolonged work-related stress (Nicola et al., 2015).
- **Three core features** (Maslach Burnout Inventory (MBI): Maslach et al., 2001):
  - Emotional Exhaustion
  - Depersonalization
  - Low Personal Accomplishment
- Different from depression, but somewhat overlapping

# Differences between stress and burnout



## STRESS

- Stress is a **normal** aspect of modern life
- Medium levels of stress contribute to motivation and productivity
- One is able to recover from stress with adequate rest and time off
- Energy levels fluctuate

## BURNOUT

- Burnout is **not normal** or healthy in any way
- Burnout decreases productivity and negatively affects performance
- Time off gives the illusion burnout is dealt with
- Energy accounts are constantly below zero



# Prevalence of Burnout in Medicine

	2011	2014	2017	2018
US Physicians	45.8%	54.4%	43.9%	-
Canadian Physicians	-	-	-	30%
Canadian Residents	-	-	-	38%
Quebec Residents	-	-	-	54.8%
US Radiologists	48%	61%	49%	-
US Radiology Residents	-	-	High EE: 37% High DP: 48% *Low PA: 50%	-
Canadian Radiologists & Radiology Residents	-	-	-	High EE: 71.8% High DP: 48.1% Low PA: 17.6%
General Population	28.6%	28.4%	28.1%	-

# Causes / Risk Factors of Burnout



- Excessive workload
  - Long work hours; high number of night calls/overnight shifts
- Lack of professional autonomy
  - Inadequate control over scheduling demands
  - Lack of input in decision-making processes
- Less than 20% of time is spent on the most meaningful aspects of work
- Work-life imbalance



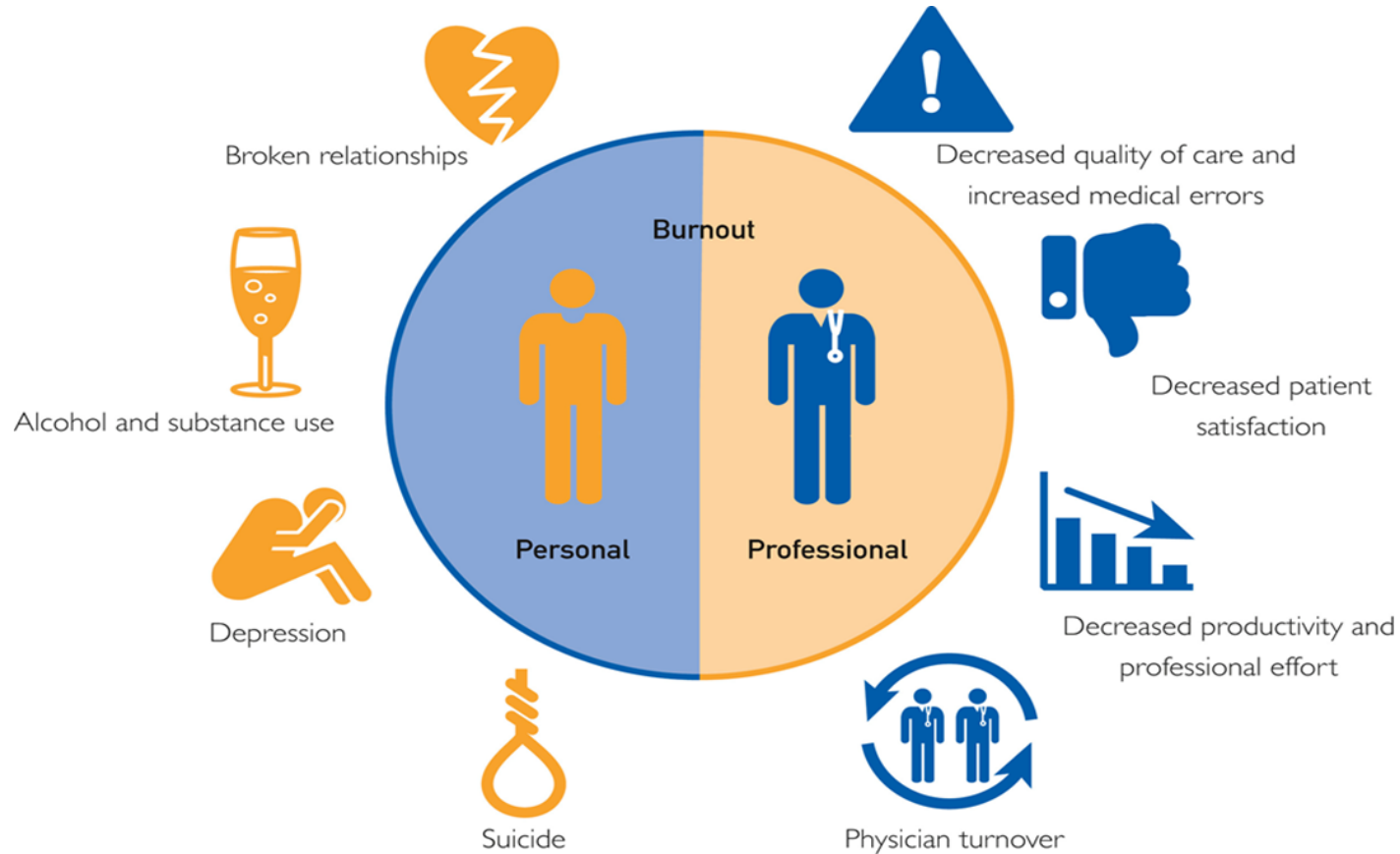
# Causes / Risk Factors of Burnout

- Lack of appreciation and recognition of one's work
- Lack of adequate EMR / PACS support
- Poor communication from leadership
- Isolation of radiologists from other health care professionals
- Sedentary work and working in the dark
- Recent medical error or concern about making an error

Harolds et al., 2016; McNeely et al., 2013; Nicola et al., 2015; Shanafelt et al., 2003; West et al., 2016; Williams et al., 2002



# Impact of Burnout



# Physician “Invincibility”



*“Physicians [tend] to view themselves as invincible caregivers first and foremost who must look after others before looking after themselves [and] who believe they do not need help from others” (Wallace & Lemaire, 2009)*

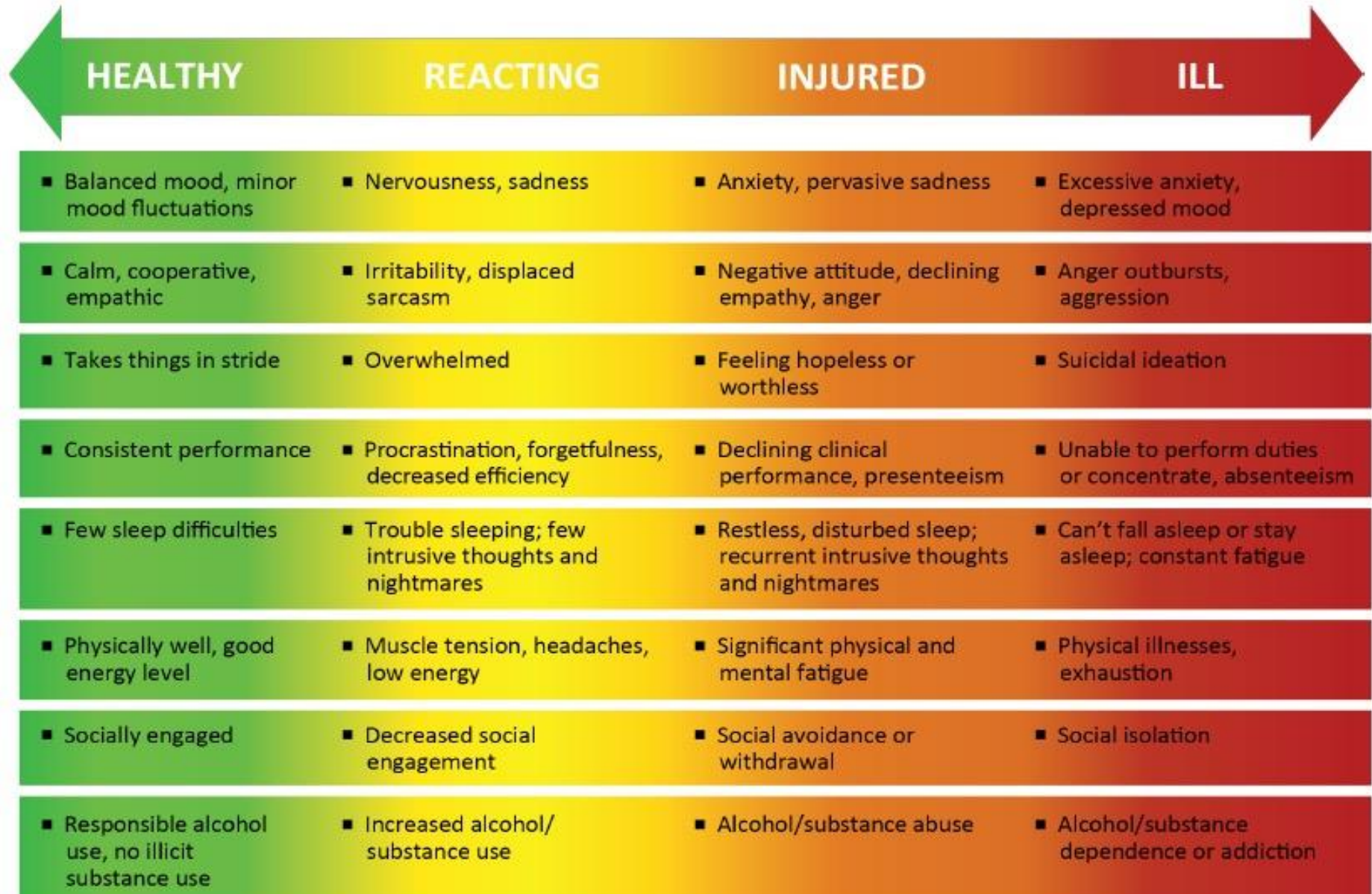
Most cited reasons for not accessing health or mental health services available:

- 1) Believing the situation is not severe enough
- 2) Ashamed to seek help
- 3) Not aware of the range of services available

(CMA Report; 2018)



# Mental Health Continuum Model

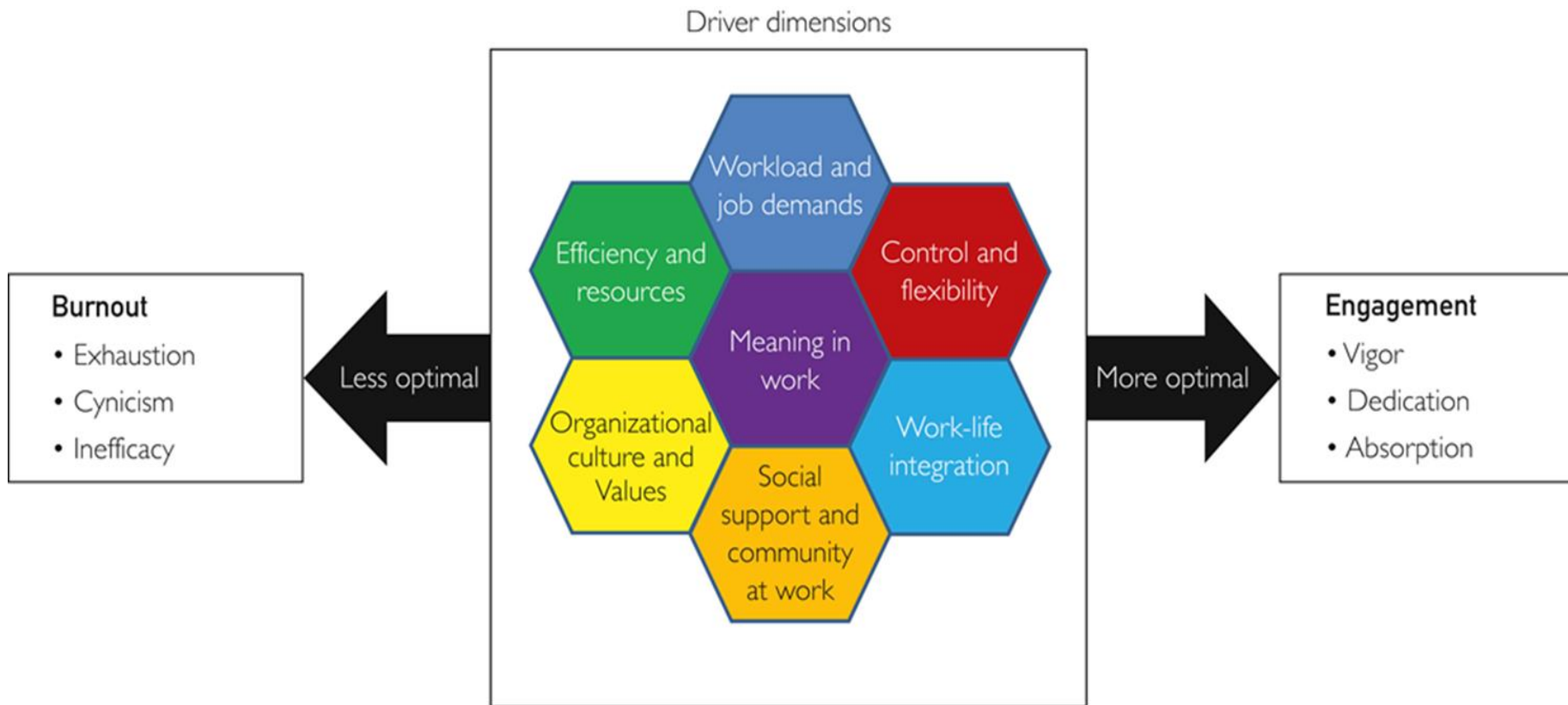


# Abbreviated Maslach Burnout Inventory (MBI) Scoring



	Every day	A few times a week	Once a week	A few times a month	Once a month or less	A few times a year	Never	TOTAL
I deal very effectively with the problems of my patients	6	5	4	3	2	1	0	
I feel I treat some patients as if they were impersonal objects	6	5	4	3	2	1	0	
I feel emotionally drained from my work	6	5	4	3	2	1	0	
I feel fatigued when I get up in the morning and have to face another day on the job	6	5	4	3	2	1	0	
I've become more callous towards people since I took this job	6	5	4	3	2	1	0	
I feel I'm positively influencing other people's lives through my work	6	5	4	3	2	1	0	
Working with people all day is really a strain for me	6	5	4	3	2	1	0	
I don't really care what happens to some patients	6	5	4	3	2	1	0	
I feel exhilarated after working closely with my patients	6	5	4	3	2	1	0	

# A Shared Responsibility





# Physician-directed Interventions

- Staying connected to your purpose
- Protecting/investing in your physical health
- Protecting/investing in your emotional health
- Protecting personal/family time
- Connecting with colleagues and reaching out for support

(Chetlen et al., 2018)



# Staying connected to your purpose

- Vision is about our sense of purpose and goals
- Having clarity to maintain focus
- Congruence: all actions working together towards a larger vision

*Reflection: What do you stand for? Do your actions tend to be consistent with your mission statement?*



# Physical Health

- Healthy nutrition
- Hours and quality of sleep
- Staying active

*Reflection: To what extent do you tend to protect these aspects of your physical well-being?*





# Emotional / Spiritual Health

- Cultivating the ability to regulate emotions
- Mindful medical practice
  - Staying in the “here and now”
  - Focusing on the breath
- Appreciative inquiry and gratitude
- Accessing MH resources

*Reflection: What do you tend to notice more during the day? How “present” do you tend to be? How **intentional** are your words and actions?*



# Work-Life Balance

- Efficient time-management at work
- Setting boundaries / saying “no” when needed
- Leaving work at work
- Reserving time off and time with loved-ones (partner, children, extended family, friends) ahead of time

*Reflection: How do you manage your time? Where does time get “wasted”? What would you like to have more time for?*



# Connection with Colleagues & Support

- Need for connection with others to thrive
  - Avoiding working in isolation as much as possible
  - Celebrating successes
  - Processing and exchanging support during adversities
- Building networks of support
  - Giving self permission to ask for help
  - Recognizing colleagues in need and offering support

*Reflection: How do you feel about asking for help? How much of your time is spent in solitude?*



# Organization-directed Interventions

- Acknowledgment of the problem
- Provide workflow autonomy
- Open communication and transparency from leadership
- Encourage and maintain mentorship opportunities
- EMR and PACS support
- Create a healthy and collegial work environment
- Create an organizational wellness committee
- Measure and address wellness routinely as an organization
- Provide and encourage use of wellness resources to staff and trainees

(Chetlen et al., 2018)



# Conclusions

- The prevalence of burnout is high among radiologists and radiology trainees.
- Burnout can have detrimental effects on physicians' and trainees' physical and emotional health, as well as the quality of care they provide.
- Preventing or mitigating burnout is a shared responsibility, though organizational shifts are most critical if meaningful changes can be made possible.



**QUESTIONS?**

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