Prevention of burnout

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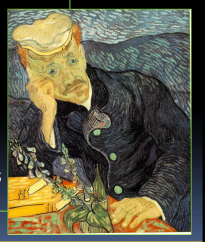
Background

General practitioners (GPs) are involved in a large number of stressful patient-doctor relationships and hence may experience dissatisfaction and high levels of work strain that may adversely impact their mental health.

Why are doctors so unhappy?

- Doctors are
  - overworked
  - undersupported
  - increasing accountability
  - radical changes in Health policies
  - plethoric bureaucracy
  - undervalued, decreasing prestige
  - low salaries
  - too much paperwork
  - having to abide by rules and regulations
  - lack of spare time
  - negative media campaign



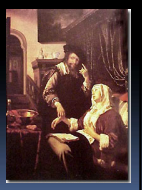
Vincent van Gogh: Portrait of Dr. Gachet

Well-being = absence of disease (distress)

Chronic Stress is Associated with Adverse Impact on Physicians' Well-Being

Physician's distress most frequently manifests itself in

- Burnout
- Depression
- Anxiety
- Substance abuse
- Relationship problems
- Physical illnesses



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Consequences of Physician Burnout

- Medical errors[1-3]
- Impaired professionalism[4-6]
- Reduced patient satisfaction[7]
- Staff turnover and reduced hours[8,12]
- Depression and suicidal tendencies[9,10]
- Motor vehicle crashes and near-misses[11]

[1]JAMA 296:1071, [2]JAMA 304:1173, [3]JAMA 302:1294, [4]Annals IM 136:358, [5]Annals Surg 251:995, [6]JAMA 306:952, [7]Health Psych 12:93, [8]JACS 212:421, [9]Annals IM 149:334, [10]Arch Surg 146:54, [11]Mayo Clin Proc 2012, [12]Mayo Clin Proc 2016

There are actually three types of energy accounts inside each of us

- **Your physical energy account**
  You make energy deposits here by taking care of your physical body with rest, exercise, nutrition
- **Your emotional energy account**
  You make energy deposits here by maintaining healthy relationships with the people you love – your friends and immediate family.
- **Your spiritual energy account.**
  "Oh yeah, that is why I became a doctor."

- As physicians, we each have a moral imperative to keep our energy accounts in a positive balance because of a physical reality I consider to be the first law of physician burnout:

"You can't give what you ain't got."

Chronic Stress may Lead to Burnout Syndrome

Emotional Exhaustion (EE)

Feeling useless, tired, depressed, lack of motivation

Depersonalization (DP)

Treating people as objects

Reduced Personal Accomplishment (PA)

Reduced personal efficacy

Burnout Causes Somatic, Psychological, and Behavioural Symptoms

Somatic symptoms/diseases	Psychological symptoms/diseases	Behavioural symptoms/diseases
Headache	Anxiety	Over-eating
Chest pain	Irritability	Under-eating
Palpitations	Depression	Angry outbursts
High blood pressure	Mood swings	Drug abuse
Shortness of breath	Job dissatisfaction	Excessive drinking
Muscle aches	Feeling of guilt	Increased smoking
Back pain	Inability to concentrate	Social withdrawal
Stomach upset	Seeing only the negatives	Relationship conflicts
Constipation		Decreased productivity
Diarrhoea		
Increased sweating		
Tiredness		
Sleep problems		
Weight gain or loss		
Sexual problems		

Prevalence of burnout among GPs

	EE	DP	RPA
Hungary n = 675	30 %	27 %	56 %
Italy[1] n = 182	32 %	27 %	13 %
Switzerland[2] n = 1784	19 %	22 %	16 %
Spain[3] n = 244	43 %	35 %	38 %
Canada[4] n = 123	48 %	46 %	17 %

1. Grassi, L. & Magnani, K.. Psychiatric morbidity and burnout in the medical profession: an Italian study of general practitioners and hospital physicians. *Psychotherapy and Psychosomatics*, 2000;69, 323–334.
2. Goehring, C., Bouvier Gallacchi, M., Künz, B., & Bovier, P.: Psychosocial and professional characteristics of burnout in Swiss primary care practitioners: a cross-sectional survey. Swiss Med Wkly 2005;135:101–108.
3. Molina Siguero A, Garcia Perez MA, Alonso Gonzalez M, Cecilia Cermeno P. [Prevalence of worker burnout and psychiatric illness in primary care physicians in a health care area in Madrid]. Aten Primaria 2003;31:564-71.
4. Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them: what's the situation among Canadian family physicians? Can Fam Physician. 2008 Feb;54(2):234-5.

Burnout among Practicing Physicians

	2011	2014
Burnout:	45.8%	54.4%
Emotional exhaustion:	37.9%	46.9%
Depersonalization:	29.4%	34.6%
Dissatisfied with work-life balance:	36.9%	44.5%

National Data (Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015)

A Public Health Crisis

Burnout in U.S. alone:	
>40,000	Medical Students
>60,000	Residents and Fellows
>490,000	Physicians

Plus other health care and biomedical science professionals

Individual or system problem?

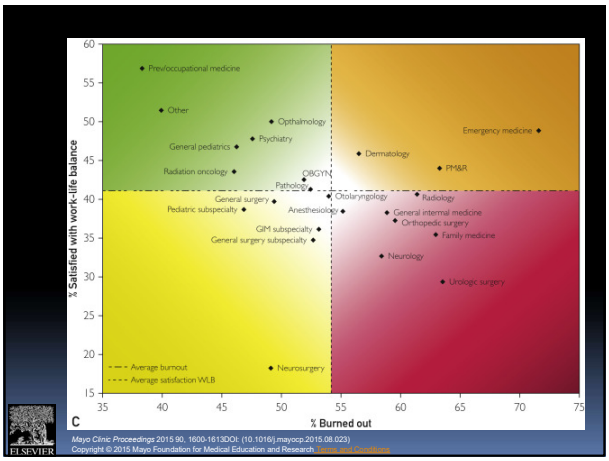
The five main causes of burnout

1. The practice of clinical medicine

High-stress combination of great responsibility and little control.

We are dealing with hurt, sick, scared, dying people, and their families. Our work takes energy even on the best of days.

2. Your specific job



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2. Your specific job

3. Having a private life

We are not taught life balance skills in our medical education.

The five main causes of burnout

4. The conditioning of our medical education

5. The leadership skills of your immediate supervisors/consultants

How can we stop or prevent physician burnout?

- Lower your stress levels and the drain they produce
- Improve your ability to recharge your energy accounts

The Evidence in Total

- Individual-focused interventions:
  - Meditation techniques
  - Stress management training, including MBSR
  - Communication skills training
  - Self-care workshops, exercise program
  - Small group curricula, Balint groups
    - Community, connectedness, meaning

Balint Groups
Dr Michael Balint

- Born in 1896 in Budapest, son of a GP
- Psychoanalytic training in Berlin and Budapest, emigrated to London
- worked at the Tavistock Clinic

Early ideas

- Michael and his 3rd wife, Enid, began the training/research seminars for GPs after WW II to help GPs respond to the societal burden of trauma and its effects on patients and their families
- Realised they were also researching the doctor patient relationship
- 1957 "The Doctor, his Patient and the Illness" published, largely from group notes

Michael and Enid Balint

"At the center of medicine there is always a human relationship between a patient and a doctor."

Balint Group work is not:

- a psychotherapy group
- an encounter group
- a traditional case consultation group
- a topic discussion group
- a place for prescriptive advice or didactic teaching

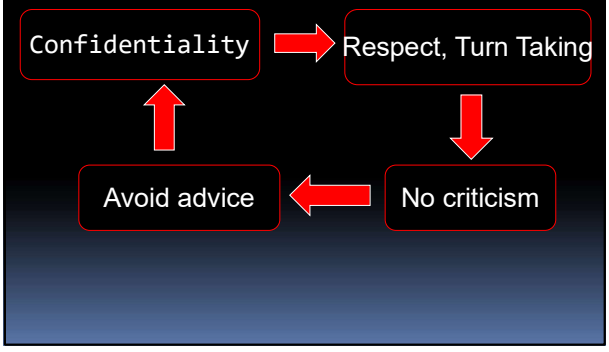
Characteristics of a Balint Group

- Usually fixed membership
- Usually two co-leaders who are paid by the group
- Focuses on the doctor-patient relationship

Characteristics of a Balint group

- The power of the group develops over time
- Members present an ongoing 'case' (patient or client)
- Focus on less obvious or less conscious aspects of relationship

Ground Rules



Cases

Patients we:

- 'Take home' with us
- Lose sleep over
- Feel conflicted over or feel strongly about
- Feel ambivalent about or we don't want to see again for some reason

Cases

Cases that could be our patients/clients:

- leave us feeling unfinished
- 'bubble up' in any moment in our day
- Are 'heartsink' in some way for us.

Presentations are spontaneous

- no clinical notes
- no preparation
- the presenter speaks for around 5 minutes

Functions of Group Members

To:

- explore the doctor-patient relationship
- look inward, be imaginative, creative,
- look for less conscious aspects

Functions of Group Members

- to differentiate their own experience from that of the presenter
- to further the group's empathic understanding

Balint Leaders

- create and maintain a safe space
- structure and hold the group over time
- protect the presenter and group members from intrusion

Benefits for clinicians

- Explore difficult or troubling situations
- Refine crucially important patient-doctor relationship skills
- Hear and learn from others' cases

Benefits for clinicians

- To connect with others
- To experience the power of a group
- To remind ourselves what matters about our work
- To avoid burnout, increase engagement with others and increase resilience

Aims

We explored the Hungarian GPs' health maintenance behaviour, mood disorders, the prevalence of burnout.
Which factors are associated with high levels of burnout?

Samuel Luke Fildes : **The Doctor**

Methods

- Exploratory/descriptive, cross-sectional study with self-administered questionnaires among 675 GPs and 100 trainees.
- Depression and burnout were assessed by the short version of the Beck Depression Inventory (BDI) (n:675) and the Maslach Burnout Inventory (MBI-HSS) (n:135), respectively.
- Socio-demographic information, blood chemistry, vital signs, health maintenance behaviour , and medical history were also collected.
- Descriptive statistics were used and differences in the level or degree of depression or burnout between male and female GPs were examined by independent samples *t*-test and χ^2-tests. Correlates of burnout were assessed by regression analyses.

RESULTS

675 General practitioners

females 412 (61%) males 263 (39%)

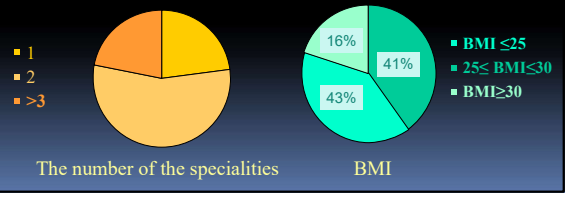
100 trainees

females 73% males 27%

The respondent rate was 74%

Demographic characteristics of the sample of respondents (n=496)

Sex	average ± SD
Age (years)	54 ± 7.2
Number of the specialities	2 ± 0.5
Size of the practice (patient)	1693 ± 340
BMI (kg/m²)	26.4 ± 3.4

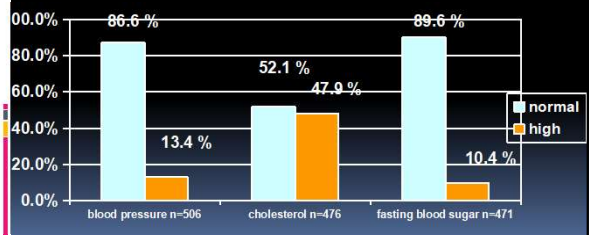


Vital signs, blood chemistry

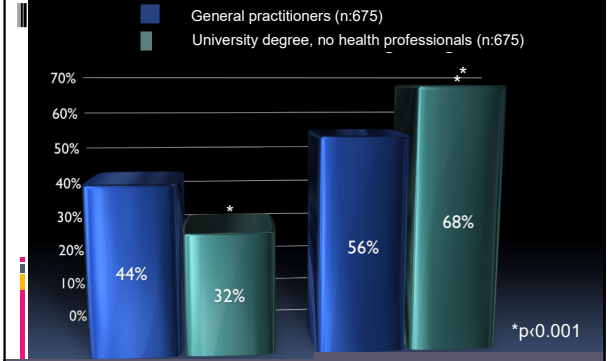
	All GPs n=675	Male n=250	Female n=394
Age (year)	55 ± 10	58.2 ± 10.6	54 ± 10.1
BMI (kg/m²)	26 ± 4.2	**27.5 ± 3.8**	25.1 ± 4.3
$RR_{systole}$ (mmHg)	122.9 ± 12.9	**127.6 ± 10.2**	119.9 ± 13.6*
Pulse (/min)	73.4 ± 9.0	72.1 ± 8.8	74.2 ± 8.9
Blood fasting sugar (mmol/l)	5.1 ± 0.9	**5.3 ± 0.9**	4.9 ± 0.8
Cholesterol level (mmol/l)	5.3 ± 0.9	5.1 ± 1.0	**5.4 ± 0.9**

*p‹0.05

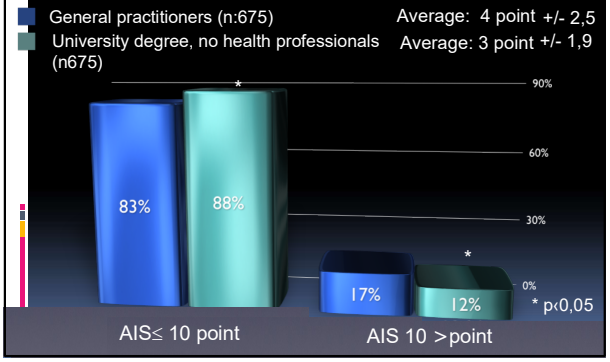
- Systolic blood pressure >140 mmHg: 13.4%
- Cholesterol level > 5.0 mmol/l: 47.9 %
- Blood sugar level > 5.9 mmol/l: 10.4 %



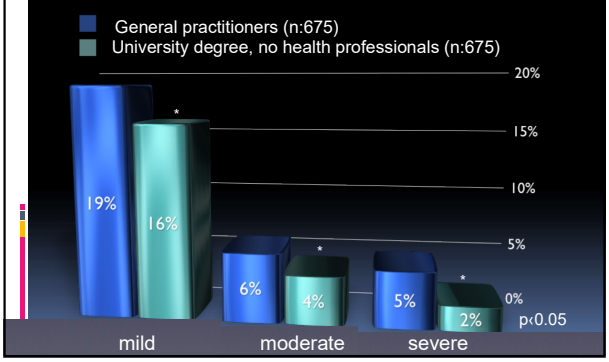
Sleeping hours



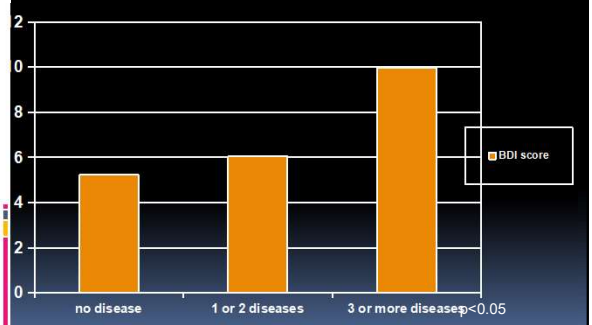
Insomnia among general practitioners (AIS)



Short version of Beck Depression Inventory (BDI)
Symptoms' levels of depression



The number of chronic diseases and BDI score



Maslach Burnout Inventory

	Intermediate burnout level		High burnout level	
	Trainees (n: 100)	GPs (n: 675)	Trainees (n: 100)	GPs (n: 675)
EE	13.5%	13.6%	6.8%	16.7%
DP	14.9%	12.7%	13.5%	14.2%
RPA	31.1%	52.6%	67.6%	33.8%

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Correlation between MBI and BDI

- **Trainees**
- Depression significantly correlated with DP (r=.434; p<.001) and EE (r=.574; p<.001). BDI - EE (r=0,574;p=0,000)
- **GP's**
- Depression significantly correlated with DP (r=.438; p<.001) and EE (r=.543; p<.001). A significant correlation was found between daily work load and EE (r=.225; p=0.01) as well as RPA (r=.325; p<.001). Male gender inversely correlated with RPA (X_2=-2.172, p=.044).

CONCLUSIONS

- The prevalence of burnout is high among Hungarian GPs and trainees.
- There is high prevalence of insomnia and poor sleep quality among physicians with high levels of burnout.
- 11% of GP's have moderate/severe level of depression symptoms.
- This data suggests poor mental and somatic health among Hungarian GPs. High prevalence of burnout and depression that was associated with adverse work place characteristics such as stress and high work load and lack of regular physical exercise. Further research is required to explore further the risk and protective factors of poor mental health in particular the high prevalence of low degree of personal accomplishment among Hungarian GPs.

CONCLUSIONS

It would be necessary to screen them in time and to start applying anti-stress treatment (regular exercise, "life skills" program, cognitive-behavioural therapy, autogen training, Balint group, psychotherapy).