Burnout

Howard M. Leaman, MD

Sttednign Physician, Sleep Medicine; Course Director, Mindful Practice, Intermountain Healthcare; Salt Lake City, Utah

Objectives:
• Define provider burnout and prevalence
• Discuss how to recognize provider burnout in yourself and others
• Describe methods to correct and prevent provider burnout
MINDFUL PRACTICE
A New Era in Addressing Burnout and Creating Resilience

Howard Leaman, MD
Intermountain Medical Group
Sleep Medicine
Occupational Medicine

Trauma Critical Care Conference
September, 2015
DISCLOSURE

The content of this presentation does not relate to any product of a commercial entity; therefore, I have no relationships to report.
Agenda:

- Burnout and Resilience in Healthcare Workers
  - Definition
  - Prevalence
  - Burnout vs. Depression
  - Individual and systemic risk factors and
  - Effects of caregiver burnout on patients

- Systemic and individual approaches
  - Evidence of efficacy

- One approach “Mindful Practice”
  - Evidence of efficacy
Burnout and Resilience in Healthcare Workers

Evolution

• Recognition
  • Descriptive 1970’s
    – Christina Maslach Michael Leiter

• Evaluation
  • Systemic (Late 1970’s-1982)
    – “House of God”; Libby Zion; Maslach Burnout Inventory

• Control “NEW ERA”
  • Treatment/Preventive (2007)
    – Krasner Epstein et al
Encourage your kids to go into Medicine?

Physicians Foundation Survey (Merritt Hawkins):
Accessed August 16, 2015

• Survey of MDs (>10,000)
• Would do it over themselves
  – 71.3% (2014)

Percentage of physicians who would NOT recommend medicine as a career to their children or other young people
  – 50.2% (2014)
Burnout and Resilience in Healthcare Workers
Definition:

• Psychological syndrome: prolonged response to chronic stress on the job.
  – ("Occupational neurasthenia")
• Exhaustion*--(Energy)
  – Overextended and depleted of emotional and physical resources
• Cynicism* (depersonalization)--(Involvement)
  – Interpersonal-negative callous or detached from job
• Inefficacy (reduced accomplishment)--(Efficacy)
  – Self evaluation dimension-incompetence/lack of achievement

*Primary indicators
Burnout and Resilience in Healthcare Workers

Definition:

- Mental distress:
  - Predominance of dysphoric symptoms (emotional exhaustion and fatigue)
  - Mental/behavioral rather than physical
  - Work-related
  - Occurs in previously “Normal” individuals (No premorbid symptoms)
  - Decreased work performance (attitudes and behaviors)
- Distinct from but can predict depression
Burnout and Resilience in Healthcare Workers

Definition:

vs DSM IV TR (Depression)

• **Burnout: Z 73.0 (ICD-10)**
  - “Vital exhaustion”
    - Work related
  - Dysphoric symptoms (emotional exhaustion or fatigue)
  - Predominance of mental/behavioral rather than physical
  - Symptoms are work related
  - No prior psychopathology
  - Decreased work performance from negative attitudes and behaviors

• **Depression: 296.3_ (DSM-V)**
  (5/9), > 2 wks., significant distress or impairment
  - Fatigue
  - Depressed Mood
  - Anhedonia
  - Weight change
  - Insomnia/hypersomnia
  - Psychomotor changes
  - Feelings of Worthlessness or guilt
  - Cognitive difficulties
  - Recurrent thoughts of death
Burnout and Resilience in Healthcare Workers

Prevalence

- By occupational specialty
- By age/career stage
- By gender
Burnout and Resilience in Healthcare Workers
Prevalence: Population case control study

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Reporting Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency medicine</td>
<td></td>
</tr>
<tr>
<td>General internal medicine</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
</tr>
<tr>
<td>Family medicine</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology</td>
<td></td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td></td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Mean burnout among all physicians participating</td>
<td></td>
</tr>
<tr>
<td>General surgery</td>
<td></td>
</tr>
<tr>
<td>Internal medicine subspecialty</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>General surgery subspecialty</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>Pediatric subspecialty</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Radiation oncology</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
</tr>
<tr>
<td>General pediatrics</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Preventive medicine, occupational medicine, or environmental medicine</td>
<td></td>
</tr>
</tbody>
</table>
Burnout and Resilience in Healthcare Workers

Prevalence


• By age/career stage: email survey (n=7,288)
  – Early career (<10y): low satisf. career choice, work home conflict, high depersonalization (all p<.001)
  – Mid Career (11-20y): more hours, more call, lowest satisf. career choice,
    • highest emotional exhaustion/burnout, most likely to leave medicine for reasons other than retirement in next 24 mos. (19% lv. Medicine)
Burnout and Resilience in Healthcare Workers
Prevalence

• By gender
  – Equal or higher in female
    – Work home conflict
• Stress:
  – Work Demands; Low control (decision latitude)
  – Interpersonal Conflict, withdrawal of care (in intensivists)

• Sleep disruption
  – Longer latency (Insomnia)
  – Fragmentation/reduced efficiency
  – Lower Stage III and REM
  – Lower sleep quality
  – Sleepy in day no recovery on weekends
Chain of causation suggested for Burnout

- STRESS
- Preoccupation with thoughts of work*
  - Sustained cognitive activation*
- Sleep disturbance
- HPA activation
- Burnout

*Response to stress or ability to recover predictive trait (stressfulness and symp n.s. hyperactivity)
Burnout and Resilience in Healthcare Workers

Definition:

• Individual risks:
  – Personality-Neuroticism

• Systemic risks:
  – Workload  Control  Reward  Community Fairness*  Job/person incongruity

*Leading indicator: In the presence of exhaustion or cynicism, perception of workplace fairness predicts progression to “Burnout”
Burnout and Resilience in Healthcare Workers
Risk/Preventive factors

• Individual
  – Zwack (characteristics of NON burned out MDs)

• Systemic
  – Physician Leadership
Burnout and Resilience in Healthcare Workers
Risk/Preventive factors


- Interview study of 200 “non-burned out” German physicians

- Three strategies:
  - Job related **gratifications** derived from treatment interactions,
  - **Practices**, such as leisure time activities, self-demarcation [boundary setting], limitation of working hours, and continuous personal development, and
  - **Attitudes**, such as acceptance of professional and personal boundaries, a focus on positive aspects of work and personal reflexivity [reflective practices].
Burnout and Resilience in Healthcare Workers
Systemic influences


• Mayo Clinic Physician leadership Survey study 3896 physicians with 72% response rate-adjusted for age, gender, duration of employment

• Frontline leadership qualities demonstrate a strong association with burnout and satisfaction at the level of individual physicians
## Burnout and Resilience in Healthcare Workers

**Systemic influences**


### TABLE 3. Leadership Qualities of Immediate Supervisors and the Prevalence of Burnout and Satisfaction in the Physicians They Supervise

<table>
<thead>
<tr>
<th>Leadership quality</th>
<th>Burnout (% [95% CI])</th>
<th>Satisfaction (% [95% CI])</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence of</td>
<td>Prevalence of</td>
</tr>
<tr>
<td></td>
<td>those rating</td>
<td>those rating</td>
</tr>
<tr>
<td></td>
<td>leader favorably</td>
<td>leader unfavorably</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$P$ value</td>
</tr>
<tr>
<td>Holds career development conversations with me</td>
<td>36 (34.1-38.4)</td>
<td>51 (47.5-55.2)</td>
</tr>
<tr>
<td>Inspires me to do my best</td>
<td>36 (33.6-37.8)</td>
<td>52 (48.6-56.3)</td>
</tr>
<tr>
<td>Empowers me to do my job</td>
<td>35 (33-37.1)</td>
<td>56 (52.4-60.4)</td>
</tr>
<tr>
<td>Is interested in my opinion</td>
<td>36 (33.7-37.9)</td>
<td>54 (49.6-57.5)</td>
</tr>
<tr>
<td>Encourages employees to suggest ideas for improvement</td>
<td>37 (34.5-38.6)</td>
<td>52 (48-56.4)</td>
</tr>
<tr>
<td>Treats me with respect and dignity</td>
<td>38 (35.6-39.5)</td>
<td>56 (50.7-61.9)</td>
</tr>
<tr>
<td>Provides helpful feedback and coaching on my performance</td>
<td>35 (33.1-37.4)</td>
<td>50 (46.5-53.6)</td>
</tr>
<tr>
<td>Recognizes me for a job well done</td>
<td>36 (33.9-38)</td>
<td>53 (48.6-56.5)</td>
</tr>
<tr>
<td>Keeps me informed about changes taking place at Mayo Clinic</td>
<td>37 (34.5-38.6)</td>
<td>53 (49-57.7)</td>
</tr>
<tr>
<td>Encourages me to develop my talents and skills</td>
<td>35 (33.2-37.3)</td>
<td>54 (50.4-58)</td>
</tr>
<tr>
<td>I would recommend working for your immediate supervisor</td>
<td>36 (34.1-38.2)</td>
<td>53 (49.3-57.6)</td>
</tr>
<tr>
<td>Overall, how satisfied are you with your immediate supervisor</td>
<td>36 (34-38.1)</td>
<td>53 (49-57)</td>
</tr>
</tbody>
</table>
Burnout and Resilience in Healthcare Workers
Systemic influences

- Transformational Leadership Behaviors Associated With Leadership Attributes
- Survey of 314 department of medicine physicians using Multifactor Leadership Questionnaire.
Burnout and Resilience in Healthcare Workers
Systemic influences


• **Transformational Leadership Behaviors**
  
  - Idealized attributes
  - Idealized behaviors
  - Inspirational motivation
  - Intellectual stimulation
  - Individualized consideration
• **Transformational Leadership Behaviors**
• Inspirational motivation
  – Most frequently displayed
  – Least strongly correlated with satisfaction
    – Optimistic about the future
    – Enthusiastic about accomplishments
    – Vision for the future
    – Confidence in goals
• **Transformational Leadership Behaviors**

• Individualized consideration
  - Less often displayed
  - Most strongly associated with satisfaction

  – Spend time teaching and coaching
  – Treat others as individuals
  – Consider each individual’s needs, abilities, and aspirations
  – Help others develop their strengths
• **Transformational Leadership Behaviors**

• Idealized attributes
  - Less often displayed
  - Most strongly associated with physician satisfaction

  – Instill pride
  – Go beyond self-interest
  – Build respect
  – Display power and confidence
Burnout and Resilience in Healthcare Workers

Effects Patient Care:
Garrouste-Orgeas et al. the latroef study: medical errors are associated with symptoms of depression in ICU staff but not burnout or safety culture. Intensive Care Med. 2015 Feb;41(2):273-84.

• Surgeons: Self perceived errors assd w burnout
  – Burned out twice as likely make error (OR 2)
  – Depressed (OR 2.22)

• Anesthesia Residents: Medication Errors

• ICU Physicians (Switzerland)
  • Emotional exhaustion predicted Negative patient safety rating (p<0.001), Standardized Mortality Ratio (p<0.05)
  • Workload predicted length of stay (p<0.001)
• Greatest contributing factor in medical error (self reported)
  – Lapse in judgment 31.8%
  – A system issue 15.1%
  – Degree of stress or burnout 13%
  – Lapse in concentration 13%
  – Degree of fatigue 4.5%
  – Lack of knowledge 4.5%
  – Other 15.7
• Stress and Health- A Sense of Coherence

  – Stimuli from external and internal environment are *structured, predictable and explicable*
  – *Resources are available* to meet the demands posed by those stimuli
  – These demands are *challenges worthy of investment and engagement.*
Burnout and Resilience in Healthcare Workers

Resilience:
Epstein, R., Krasner, M. Physician Resilience: what it means, why it matters, and how to promote it. 2013, Acad. Med. 88(3) p. 301

• “Ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at a minimal psychological and physical cost...resilient individuals not only ‘bounce back’ rapidly after challenges, but also grow stronger in the process.”
Burnout and Resilience in Healthcare Workers
Treatment/Prevention

• **Individual**
  - Empathy Training (Riess et. al.)
  - Coaching
    » (Schneider et.al.) Boundaries/prioritization, self compassion/care, self awareness
    » (Gazelle et. al.) Qualitative

• **Systemic**
  - Clinic organization (Dunn et al)
Burnout and Resilience in Healthcare Workers
Treatment/Prevention

• Mindfulness interventions (groups)
  – Krasner et al.
    » Eight week Mindful Practice Program
  – Forney et al
    » Retreat MBSR course (18hrs) with 2 fu sessions
  – West et al Mayo clinic
    » Unique program (Self, Patient, Balance)
  – Shanafelt et al On line education Surgeons
Meta-analysis of 15 high quality controlled studies using cognitive, behavioral and or mindfulness techniques targeted at stress or burnout.

Divergent techniques psychoeducation, interpersonal communications, and mindfulness meditation.
Burnout and Resilience in Healthcare Workers
Treatment/Prevention


Stress in Physicians

<table>
<thead>
<tr>
<th>Study name</th>
<th>Std diff in means</th>
<th>Standard error</th>
<th>Variance</th>
<th>Lower limit</th>
<th>Upper limit</th>
<th>Z-Value</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justo, 2010</td>
<td>-1.435</td>
<td>0.364</td>
<td>0.132</td>
<td>-2.149</td>
<td>-0.722</td>
<td>-3.945</td>
<td>0.000</td>
</tr>
<tr>
<td>McCue &amp; Sachs, 1991</td>
<td>-0.966</td>
<td>0.280</td>
<td>0.078</td>
<td>-1.514</td>
<td>-0.418</td>
<td>-3.457</td>
<td>0.001</td>
</tr>
<tr>
<td>Saadat et al., 2012</td>
<td>-0.735</td>
<td>0.335</td>
<td>0.112</td>
<td>-1.392</td>
<td>-0.078</td>
<td>-2.191</td>
<td>0.028</td>
</tr>
<tr>
<td>Sood et al., 2011</td>
<td>-1.292</td>
<td>0.399</td>
<td>0.159</td>
<td>-2.074</td>
<td>-0.509</td>
<td>-3.235</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Std diff in means and 95% CI

Meta-Analysis of Controlled Studies
Burnout and Resilience in Healthcare Workers
Treatment/Prevention


---

**Burnout in Physicians**

<table>
<thead>
<tr>
<th>Study name</th>
<th>Std diff in means</th>
<th>Std err</th>
<th>Variance</th>
<th>Lower limit</th>
<th>Upper limit</th>
<th>Z-Value</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodman &amp; Schorling, 2012</td>
<td>-0.490</td>
<td>0.148</td>
<td>0.022</td>
<td>-0.780</td>
<td>-0.199</td>
<td>-3.304</td>
<td>0.001</td>
</tr>
<tr>
<td>Krasner et al., 2009</td>
<td>-0.368</td>
<td>0.123</td>
<td>0.015</td>
<td>-0.610</td>
<td>-0.126</td>
<td>-2.978</td>
<td>0.003</td>
</tr>
<tr>
<td>Ro et al 2010 a</td>
<td>-0.290</td>
<td>0.088</td>
<td>0.008</td>
<td>-0.482</td>
<td>-0.117</td>
<td>-3.296</td>
<td>0.001</td>
</tr>
<tr>
<td>Ro et 2010 b</td>
<td>-0.682</td>
<td>0.206</td>
<td>0.043</td>
<td>-1.086</td>
<td>-0.278</td>
<td>-3.309</td>
<td>0.001</td>
</tr>
<tr>
<td>Martins et al., 2011</td>
<td>-0.318</td>
<td>0.234</td>
<td>0.055</td>
<td>-0.777</td>
<td>0.140</td>
<td>-1.360</td>
<td>0.174</td>
</tr>
<tr>
<td></td>
<td>-0.375</td>
<td>0.059</td>
<td>0.004</td>
<td>-0.491</td>
<td>-0.258</td>
<td>-6.294</td>
<td>0.000</td>
</tr>
</tbody>
</table>

---

**Meta-Analysis of Single Group Design Studies**
Suicide Rates

Suicide Rates Among Physicians: A quantitative and gender assessment (Meta-Analysis)
Schernhammer, E., Colditz, G. Am. J. Psychiatry 161(12) 2004 p. 2295

• Depression rates in physicians comparable to general population 13% men 20% women

• Suicide risks are higher
  – OR Men Pop (1.1-3.4) (1.40)
  – Women Pop (2.5-5.7) (2.27)

• Est 300-400 physicians suicides per year
Suicide Rates

Suicide Rates Among Physicians: A quantitative and gender assessment (Meta-Analysis)
Schernhammer, E., Colditz, G. Am. J. Psychiatry 161(12) 2004 p. 2295

Suicide Rate Ratio for Male Physicians (95% CI) Relative to General Population (exponential scale)

Herner (28)
Hawton et al. (33)
Pitts et al. (3)
Lindeman et al. (29)
Arnetz et al. (21)
Nordentoft (23) and Andersen (24)
Frank et al. (2)
Stefansson and Wicks (27)
Innos et al. (32)
Baemayr and Feuerlein (20)
Carpenter et al. (30)
Juel et al. (34)
Schlicht et al. (25)
Combined

Suicide Rate Ratio for Female Physicians (95% CI) Relative to General Population (exponential scale)
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Kraemer, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy E. Quill, MD

PRIMARY CARE PHYSICIANS REPORT alarmingly high levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to lower quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy. Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported. Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout, and there are strong associations between medical student burnout and suicidal ideation.

For editorial comment see p. 1328.

CME available online at www.jama可以在w.com and questions on p. 1374.

Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (6 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change ± 8.9; 95% confidence interval [CI], 7.0 to 10.8; burnout (emotional exhaustion, 26.8 to 20.0; Δ = 6.8; 95% CI, 3.4 to 10.2; depersonalization, 8.4 to 5.9; Δ = 2.5; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ = 4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.4; Δ = 4.1; 95% CI, 3.1 to 5.1); total mood disturbance (33.2 to 16.1; Δ = 17.1; 95% CI, 11.1 to 23.2); and personality (conscientiousness, 6.5 to 6.8; Δ = 0.3; 95% CI, 0.1 to 0.5 and emotional stability, 6.1 to 6.6; Δ = 0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance (r = 0.39; P < .001), perspective-taking subscale of physician empathy (r = 0.31; P < .001), burnout (emotional exhaustion and personal accomplishments subscales, r = -0.32 and 0.33, respectively; P < .001), and personality factors (conscientiousness and emotional stability, rs = 0.29 and 0.25, respectively; P < .001).

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after design limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.

JAMA. 2009;301(12):1284-1293

www.jama.com

The consequences of burnout among practicing physicians include not only poorer quality of life and lower quality of care but also a decline in the sta...
Mindful practice
Moment-to-moment purposeful attentiveness to one’s own mental processes during every work day with the goal of practicing with clarity and compassion

©Mindful Practice Programs, University of Rochester, 2010

Epstein RM 1999
Mindful Practice-Theory of Mindful Practice
Krasner, M., Epstein, R., Beckman, H., Association of an Educational Program in Mindful Communication with Burnout, Empathy and Attitudes Among Primary Care Physicians, JAMA 23/30 302:12 p 1284, 2009

- Enhancing intra-personal and inter-personal self-awareness can improve well-being and effectiveness in clinical practice.
- More attentive to the presence of stress
- More aware of one’s relationship with the sources of stress
- More attentive to practitioner’s capacity to attenuate stress
Mindlessness: denial, self-deception, and delusion

... “the tendency of the mind to seek premature closure ... That quality of the mind that imposes a definition on things and then mistakes the definition for the actual experience”

©Mindful Practice Programs, University of Rochester, 2010

Epstein M, 1995
Mindful Practice- Participants
Krasner, M., Epstein, R., Beckman, H., Association of an Educational Program in Mindful Communication with Burnout, Empathy and Attitudes Among Primary Care Physicians, JAMA 23/30 302:12 p 1284, 2009

- 70 Primary care physicians
- 54% Male, 46% Female
- 49% Internists, 41% FP, 10% Peds
- 71% suburban, 25% urban
- 15.9 years in practice

Mindful Practice-Intervention

Krasner, M., Epstein, R., Beckman, H., Association of an Educational Program in Mindful Communication with Burnout, Empathy and Attitudes Among Primary Care Physicians, JAMA 23/30 302:12 p 1284, 2009

• Formal mindfulness meditation
  – “Pay attention in a particular way: on purpose, in the present moment and non-judgementally”

• Narrative and appreciative enquiry exercises
– Write and tell brief story on weekly topics
  • Awareness of pleasant or unpleasant sensations, feelings or thoughts
  • Perceptual biases and filters
  • Burnout
  • Meaning in medicine
  • Boundaries or conflict management
  • Attraction in the clinical encounter
  • Self Care
  • Being with suffering or end-of-life care
Mindful Practice-Results Mindfulness and well-being
Krasner, M., Epstein, R., Beckman, H., Association of an Educational Program in Mindful Communication with Burnout, Empathy and Attitudes Among Primary Care Physicians, JAMA 23/30 302:12 p 1284, 2009

• **Burnout:**
  – Emotional Exhaustion 0.62  p<.001
  – Depersonalization 0.45  p<.001
  – Personal Accomplishment 0.44  p<.001

• **Mood:**
  – Total Mood Disturbance 0.69  p<.001
  – Depression 0.55  p<.001
  – Anger 0.76  p<.001
  – Fatigue 0.81  p<.001

©Mindful Practice Programs, University of Rochester, 2010
• Jefferson Scale of Physician Empathy
  – Total Empathy 0.45  p<.001
  – Standing in the patient’s shoes 0.36  p=.003
  – Perspective taking 0.38  p=.001

• Physician Belief Scale 0.37  p=.001

• Personality
  – Conscientiousness 0.29  p<.001
  – Emotional Stability 0.45  p<.001

©Mindful Practice Programs, University of Rochester, 2010
Mindful Practice-Results Correlations with mindfulness

Krasner, M., Epstein, R., Beckman, H., Association of an Educational Program in Mindful Communication with Burnout, Empathy and Attitudes Among Primary Care Physicians, JAMA 23/30 302:12 p 1284, 2009

- **Burnout**
  - Emotional Exhaustion \( r = -.32 \) p<.001
  - Personal Accomplishment \( r = .33 \) p<.001

- **Mood Disturbance:**
  - Total Mood Disturbance \( r = -.39 \) p<.001
  - Tension \( r = -.31 \) p<.001
  - Depression \( r = -.34 \) p<.001
  - Fatigue \( r = -.32 \) p<.001

- **Personality:**
  - Conscientiousness \( r = .29 \) p<.001
  - Emotional Stability \( r = .25 \) p<.001

- **Empathy**
  - Perspective taking \( r = .31 \) p<.001

©Mindful Practice Programs, University of Rochester, 2010
The ideal and the threats

• The ideal
  – To self-monitor during everyday medical practice
  – To practice more effectively, safely and efficiently
  – To realize greater well-being during medical practice.

• The threats
  – Feeling overwhelmed in the face of suffering
  – Premature closure during clinical reasoning
  – Dealing with errors – real and perceived
  – Chronically feeling fatigued and burnout

©Mindful Practice Programs, University of Rochester, 2010
What can one be mindful of?

• **Mindfulness of the body**
  - breath, contact, movements, technical skills
  - bodily sensations as a clue to state of mind

• **Mindfulness of feelings and emotions**
  - unpleasant and pleasant sensations (the “sinking feeling”)
  - sadness, anxiety, heaviness, acceptance (dx of mental disorders)

• **Mindfulness of thoughts, attitudes, beliefs**
  - state of alertness/attentiveness/distractedness
  - “holding on”/“letting go”
  - cognitive processes (decision-making, “reflection”)

©Mindful Practice Programs, University of Rochester, 2010
Closing Summary

• Stress, fatigue, burnout and depression are ubiquitous elements of the current healthcare environment and are the result of a combination of environmental and host factors
  – Sleep disturbance may be both a causal factor and an indicator of burnout.

• Burnout has detrimental effects on physicians, the health care environment and patient outcomes.

• In the last 10 years, many methods for addressing system and individual burnout have been validated.

• Mindful Practice ® is one validated method with many benefits.