

BURNOUT: How We Got Here and How to Get Your Life Back



Disclosures

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 - Cofounders of The Burn Clinic
- Talia Sierra and Heidi Brown
 - AAPA taskforce on burnout members
- Heidi Brown
 - Speaker Bureau Alkermes Pharmaceuticals



OBJECTIVES

- At the conclusion of this session, participants should be able to:
- Discuss factors contributing to PA/NP burnout
- Identify the prevalence of PA/NP burnout
- Discuss the signs and symptoms of PA/NP burnout
- Identify barriers to overcoming burnout
- Apply preventative/treatment tools for burnout



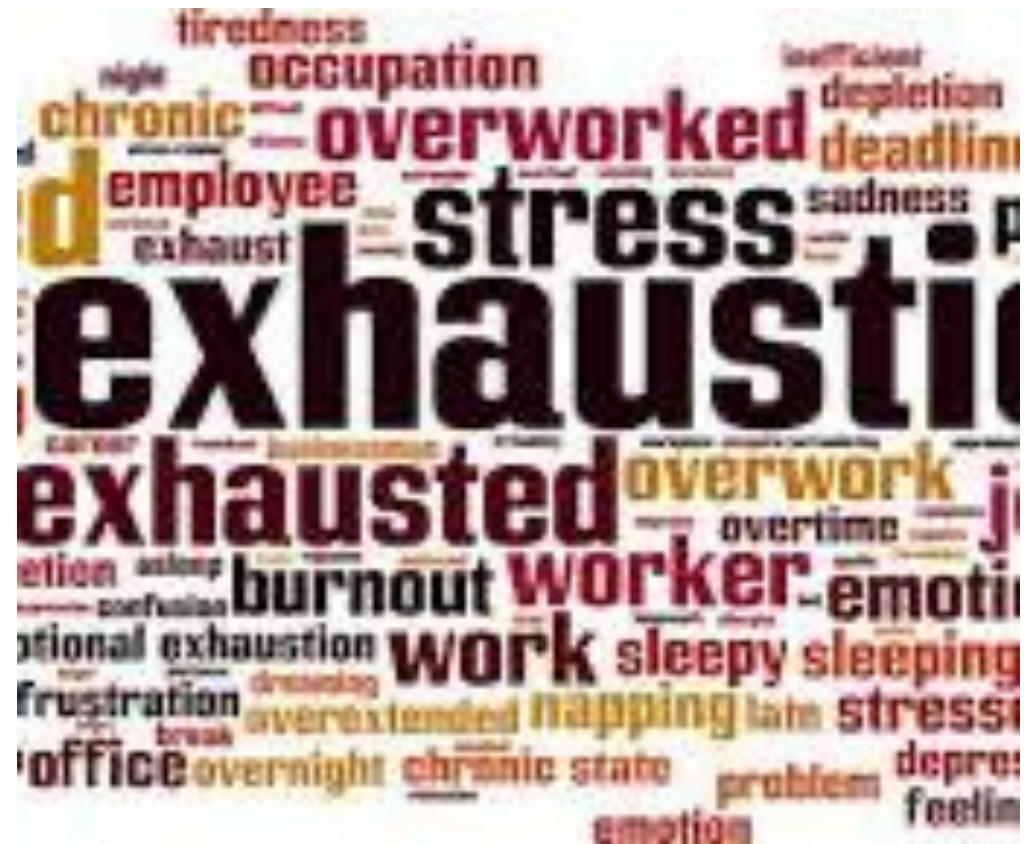
WHAT IS BURNOUT¹

- Emotional Exhaustion
- Depersonalization
- Lack of Personal Accomplishment



EMOTIONAL EXHAUSTION

- Fatigue
- Susceptibility to illness
- Anxiety
- Depression
- Irritability
- Dread



DEPERSONALIZATION

Lack of
empathy

Callous/
jaded

Pessimism

Apathy/ lack
of
enjoyment



LACK OF PERSONAL ACCOMPLISHMENT

- “What’s the point?” attitude
- Questioning competence
- Lack of purpose
- Nobody will ever think I am as good / knowledgeable as a physician



Maslach Burnout Inventory

- Emotional exhaustion
- Depersonalization
- Personal accomplishment
- Cost \$1.75-2.50 per survey – copyrighted

Professional Fulfillment Index

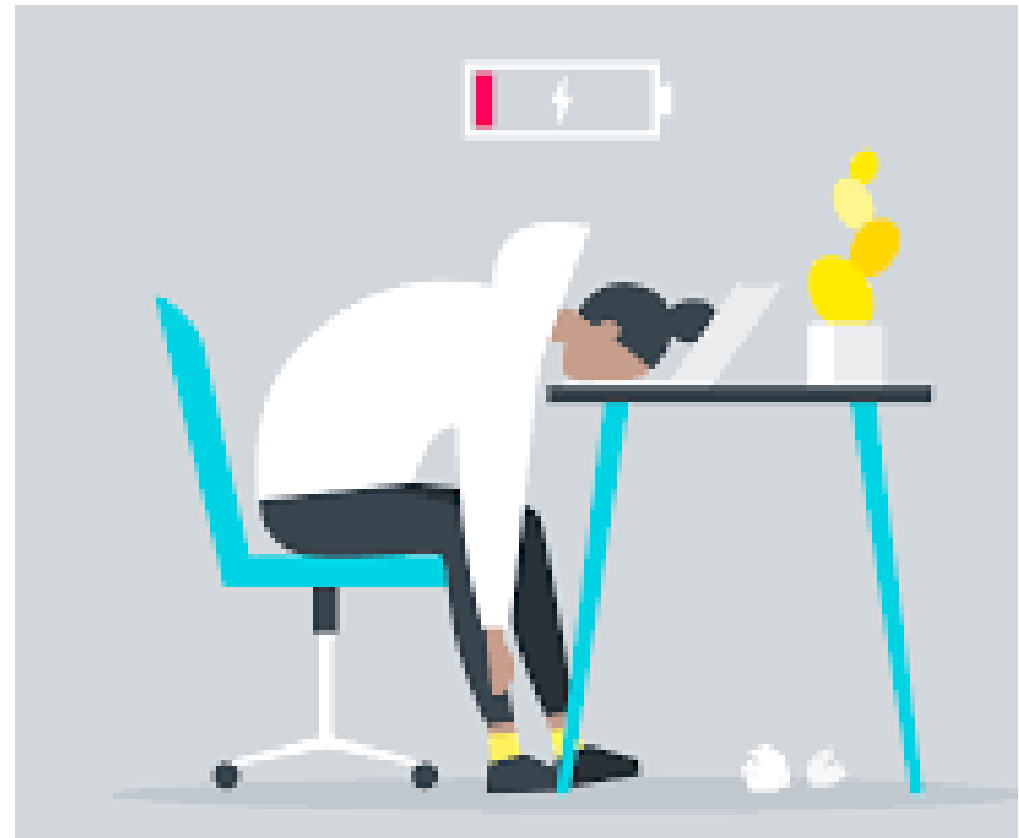
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**HOW IS
BURNOUT
MEASURED**



WHY DO PAS EXPERIENCE BURNOUT

- Position draws personalities predisposed to burnout
 - Training reinforces it
- Increased demand for healthcare
 - Aging baby boomers
 - Must carry heavier workloads
 - Must work at a faster pace
- Business model of medicine
 - “Us vs. Them” (administration vs. providers)



THE BURNOUT STORM



- Storm takes an emotional toll
 - Feeling less empowered in the workplace
 - Don't have a say in what happens
 - Demands may feel unreasonable or even impossible
- Increased expectations placed on you by employing organization



PA ROLE AND BURNOUT

- You make good business sense
 - Hired to “squeeze out” efficiency
 - Increase patient encounters
 - Less expensive
- Physician shortage
 - Impact on supervision/ collegial relationships
 - Difficult to transfer complex patients



HOW COMMON IS BURNOUT?

- Urology – 54%
- Neurology – 53%
- Nephrology – 49%
- Diabetes and endocrinology – 46%
- Family Medicine – 46%
- Radiology – 46%
- OB/GYN – 46%



Physicians

40% reported burnout in 2013 ⁴	46% reported burnout in 2015 ⁵	51% reported burnout in 2017 ⁶	42% reported burnout in 2018 ⁷	44% reported burnout in 2019 ⁸	42% reported burnout in 2020 ⁹
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Physician Assistants¹⁰

50% reported moderate to severe burnout 2018

- 80% reported some degree of burnout 2018

**HOW
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HOW COMMON IS BURNOUT?

- Physician Assistants
 - Burnout is highest in PAs with 5-9 years of practice¹¹
 - 33% considered “burned out”
 - Up to 51% reported high rates of exhaustion
 - Up to 20% interpersonal disengagement



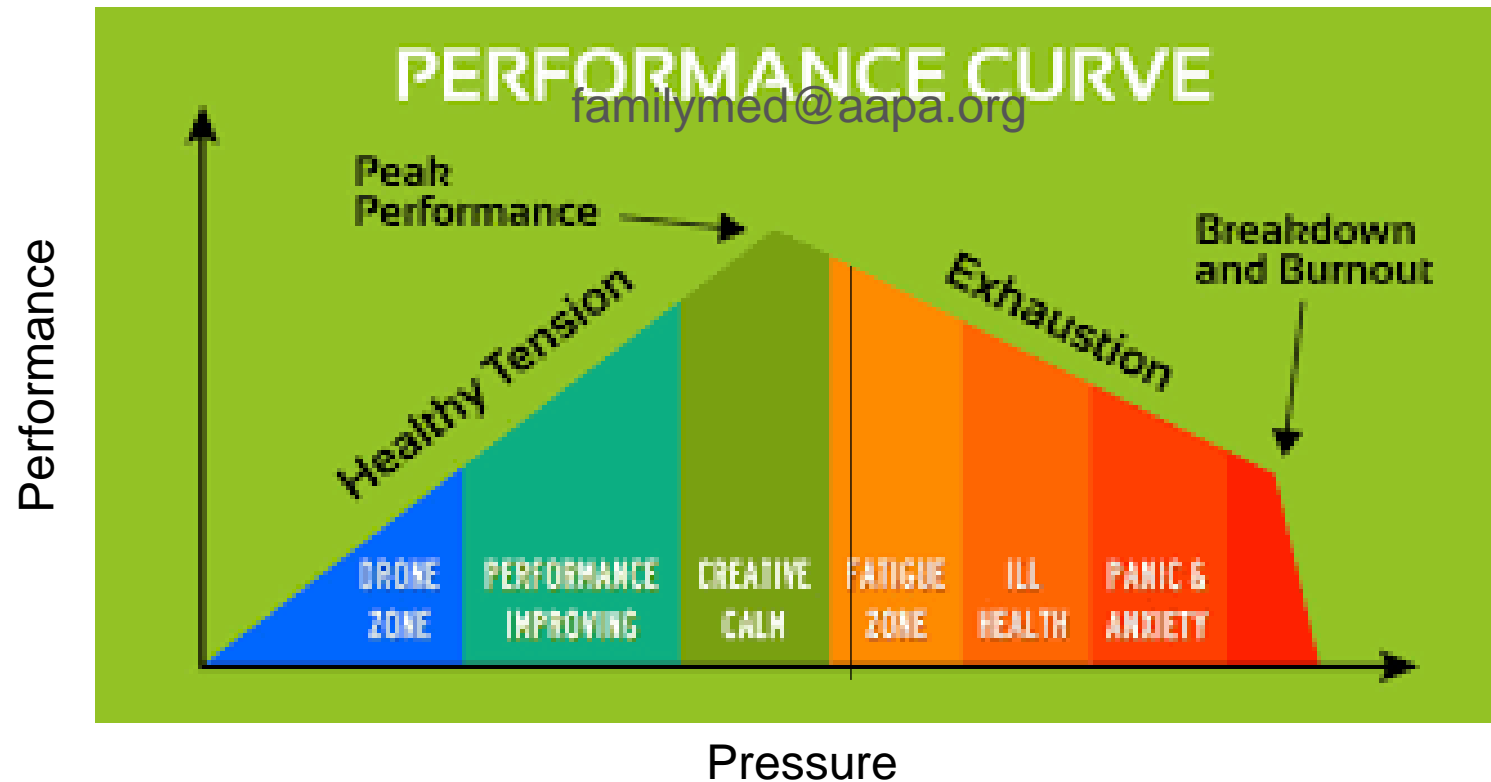
AREN'T PAs SATISFIED??

- YES!!!!
 - 89% PAs stated they were extremely or somewhat satisfied¹⁰
 - 50% of the same group also reported moderate – severe burnout
 - PAs with 5-9 years of experience also report the highest professional fulfillment¹¹
 - Up to 73%



WHY IS BURNOUT IMPORTANT?

Impacts go far past the burned-out provider



BURNOUT AND PATIENT SATISFACTION

- Impact on patient relationship¹²
 - Lower rapport
 - Less likely to ask open ended question
 - Withhold extra advice and info on follow-up
 - Create treatment plans that may not be appropriate for the pt.
 - Not listening to pt preferences
 - Pt. less likely to ask clarifying questions
 - Pt less involved in own care = lower pt. satisfaction



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BURNOUT AND YOUR PATIENT

- Patient recovery times increase¹²
 - When providers self rate burnout
 - When patients rate provider depersonalization



BURNOUT AND POSITIVITY

- Impact on 'positivity effect'
 - Less likely to feel positive on the job
 - Feeling positive has been linked to enhanced decision making and problem solving¹²
 - Less cognitively vigilant = lower quality of care
 - Burned out internal med providers more likely to report suboptimal patient care procedures¹²



BURNOUT MALPRACTICE IMPACT

- ✦ Medico-legal issues
 - ✦ Pilot study showed decreased medical errors¹³
 - ✦ Controlled trial on longitudinal effects of program on malpractice claims¹³
 - ✦ 70% reduction in the next year for participating, 3% reduction in control



Decreased Productivity

- Reduction in physician FTE decreases with each 1 pt increase in exhaustion or 1 pt decrease in satisfaction ¹⁶
- Leading to higher rates of reduction from FTE¹⁶



BURNOUT AND FAMILY

- Increase strain in relationships¹⁴
 - Feeling personal needs are not met
 - Time together is not quality
 - How to turn 'sexy off' - bring work home
- Negative impacts on children¹⁵



COPING MECHANISMS

- 12.9% of male and 21.9% of female physicians abuse alcohol
 - General population 6.2%
- 36% opioid abuse
 - 5x higher than general population



DEPRESSION/ SUICIDE



- Physician suicide rates 70% higher than the general population and for women physicians it is 250-400% higher¹⁷
 - In the general population the suicide rates for men are usually much higher
 - In physicians the rates for male vs female are nearly the same.
 - 68% of PA's identify as female per NCCPA¹⁸



MEN VS. WOMEN

- Women
 - More susceptible to burnout than men¹⁹
 - Higher emotional exhaustion²⁰
 - Experience burnout in the order of the MBI²⁰
 - Emotional exhaustion
 - Depersonalization
 - Lack of accomplishment
- Men
 - Higher in depersonalization²⁰
 - Experience burnout in the following order²⁰
 - Depersonalization
 - Emotional exhaustion
 - ?? Lack of accomplishment



PREVENTION AND TREATMENT

- Creating awareness that we are all at risk
 - APPs have a unique set of risk factors
- System wide approaches can have high yield benefits
- Change what you have control over



PREVENTION AND TREATMENT

- Change your mindset
- Creating a balance in your work environment
- Creating a balance in your personal environment
- Be aware and overcome your barriers



WORK ENVIRONMENT

- Work Environment
 - Autonomy in schedule
 - Seek flexibility
 - Schedule autonomy allows independence
 - Reward for work
 - Find your joy in work
 - Why do you do what you do?
 - Prioritize what we want from life and/or our job
 - Creating boundaries
 - If it doesn't fit with your ideal job, just say no
 - Addressing triggers and responses



WE TEACH OTHER PEOPLE HOW TO TREAT US

- We must set up front expectations with coworkers, admin, staff and patients
- If we constantly say 'yes', only a 'yes' will be expected
- If we do other people's jobs for them, they will expect you to do their job



TEAM HUDDLE



BID with nursing staff



5 min or less can save you wasted time and needless headaches



BATCH PROCESSING



Don't try to squeeze in labs, phone calls, refills between patients



If paper is an option may consider this



Let nursing/front desk know when you have set time so they can give patients realistic expectations



WORK ENVIRONMENT

- EMR Strategies
 - Batch processing
 - Creating templates for “broken record” moments
 - Make patient information handouts
 - Spend time with a superuser
 - 10 min at the end of the day
 - Team documentation
- Team huddles



PERSONAL ENVIRONMENT

- Transition to Home
 - Creating mental boundaries between work and home life - transition ritual
 - Cup of coffee/ tea
 - Yoga/ stretching/ walk
 - Put work in a box and close it
 - Breathing exercises
 - Physical transition point
 - Road/ Bridge/ Door threshold
- Separate place to work from home



PERSONAL ENVIRONMENT

- Personal Environment
 - Be ok with being “just ok”
 - Make a self care plan
 - Practice gratitude
 - Write down 3 good things every day and their causes
 - Stop Multi-tasking



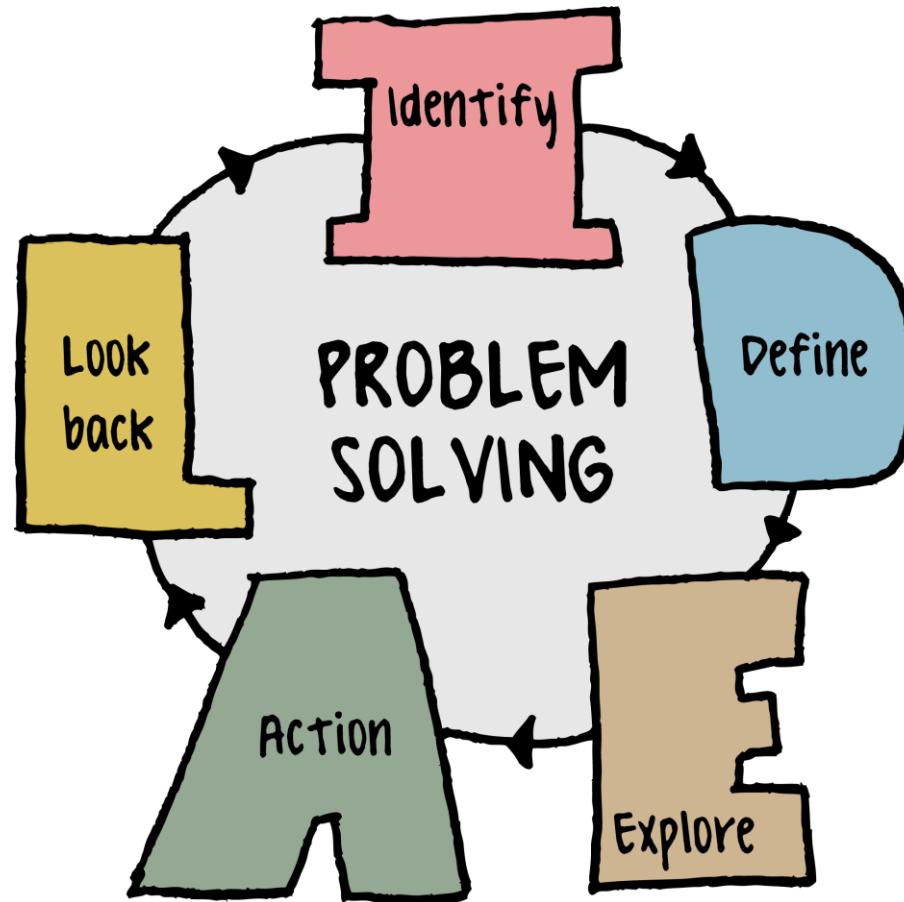


Barriers

- Unaware of the problem
 - Choice or denial
- Fear of failure
- Don't know where to start
- Looking for THE solution



Be A Problem Solver



Resources

- Mindfulness
 - A conscious awareness of how we behave and interact
 - Allowing us to be fully present for our patients
 - Feeling rewarded in knowing you provided good and competent care



Resources

- CBT
 - In conjunction with therapist, workbook or online
 - Identify our triggers
 - Understand why we react
 - How we can change them



Resources

- Mindfulness Apps
 - Calm
 - Headspace Meditation
- Employee Assistance Programs
- AAPA



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MINDFULNESS PRACTICE





Take Home Points

- You are not alone!
- The business/work model we are in predisposes us to burnout.
- Small adjustments can lead to big changes, if you are willing and able.



Have questions or need more help?

- Let us know!
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