

Burnout

BETTER THAN RUST.

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Mayo Clinic
Phoenix, Arizona



NEIL YOUNG & CRAZY HORSE

RUST
NEVER SLEEPS

“It’s better to burn out than it is to rust.”



Disclosure

- Relevant Financial Relationships: None
- Off Label Usage: None
- Hospitalist carries less than \$20 cash.

Objectives

- Differentiate burnout from stress and depression
- Describe the prevalence of and risks for NPPA burnout
- Outline steps workplaces can take to mitigate burnout

REVIEWS

**Burnout in Inpatient-Based Versus Outpatient-Based Physicians:
A Systematic Review and Meta-analysis**

Daniel L. Roberts, MD^{1*}, Keith J. Cannon, MD¹, Kay E. Wellik, MLS, AHIP, FMLA², Qing Wu, ScD³, Adriane I. Budavari, MD¹

¹Division of Hospital Internal Medicine, Mayo Clinic Hospital, Phoenix, Arizona; ²Division of Education Administration, Mayo Clinic, Scottsdale, Arizona; ³Division of Health Sciences Research, Mayo Clinic, Scottsdale, Arizona.

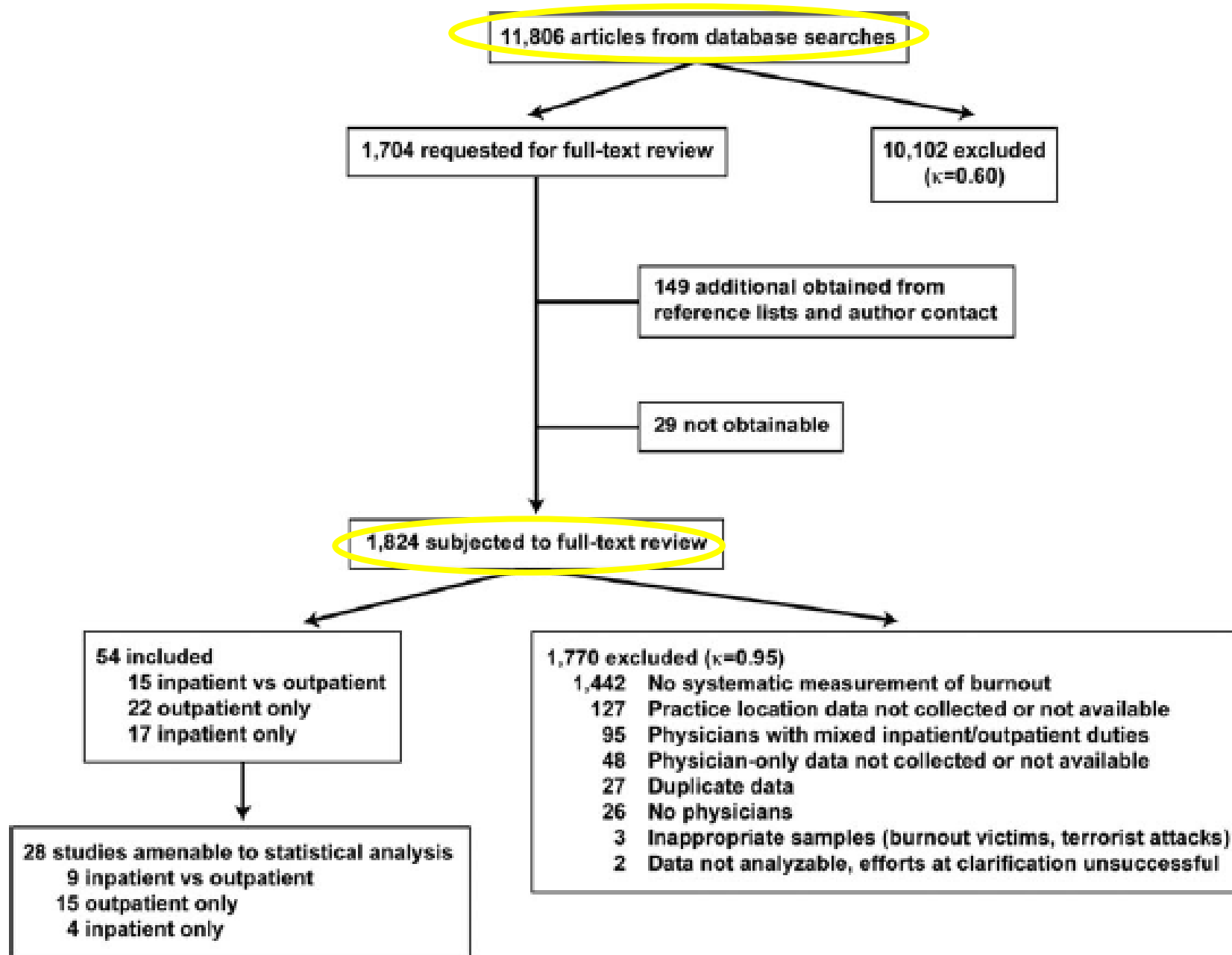
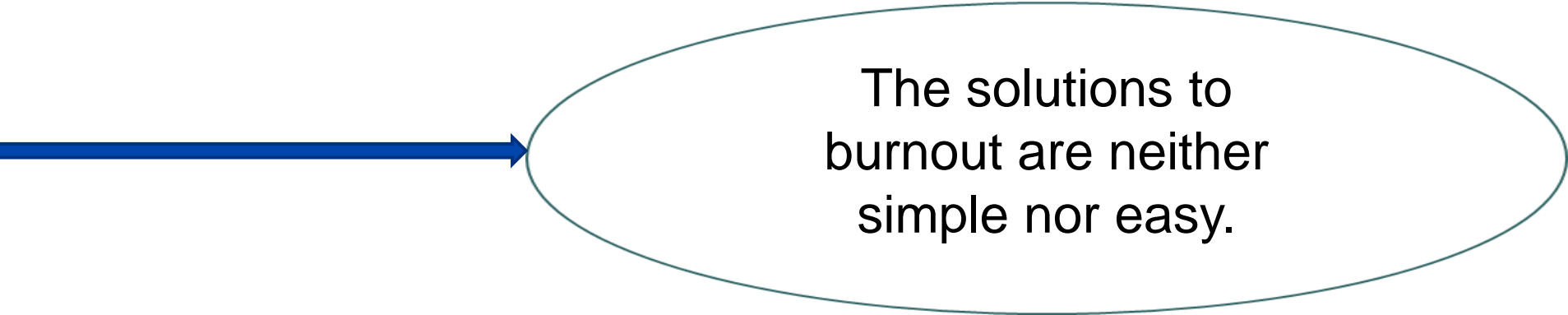


FIG. 1. Flow chart of study selection.

What it is
(and isn't)

A diagram consisting of a central light green oval with a dark green border. Inside the oval, the text "We're just beginning to learn the extent of NPPA burnout." is written in black. A thick blue horizontal line passes through the oval, with an arrowhead pointing to the left on the left side and continuing as a straight line on the right side. A solid blue horizontal bar is located at the bottom of the image.

We're just beginning to learn
the extent of NPPA burnout.



The solutions to
burnout are neither
simple nor easy.

man•splain (*transitive verb* \ 'man-splān\)

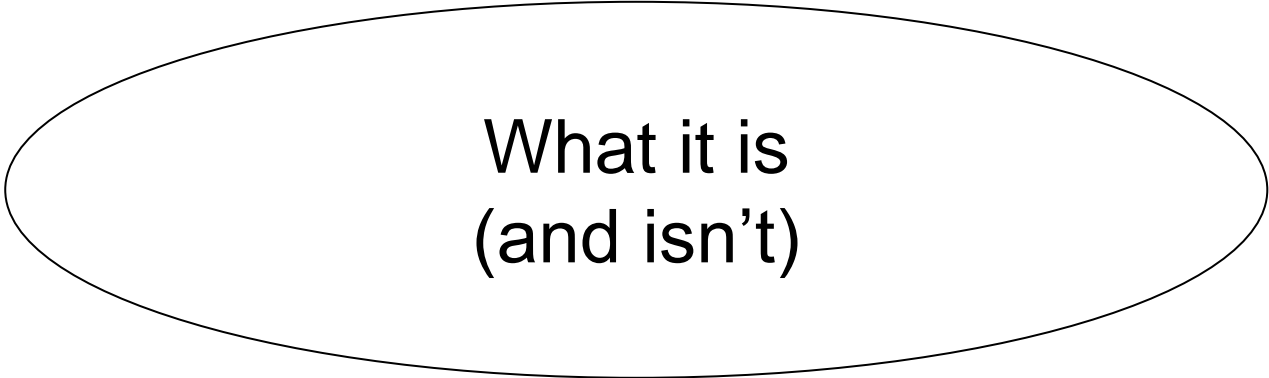
The tendency of some men to mistakenly believe that they automatically know more about any given topic than does a woman and who, consequently, proceed to explain to her- correctly or not- things that she already knows.

Source: Urban Dictionary

doc•splain (*transitive verb* \ 'dok-splān \)

The tendency of some physicians to mistakenly believe that they automatically know more about any given topic than does an NP or PA and who, consequently, proceed to explain to him or her- correctly or not- things that s/he already knows.

Source: Stuff I just made up



What it is
(and isn't)

What is burnout?

Defined by Maslach as “a syndrome of emotional exhaustion and cynicism” among those who work with people.





GRAHAM GREENE

A Burnt-Out Case

Roots of burnout

1960

Roots of burnout

JOURNAL OF SOCIAL ISSUES
VOLUME 30, NUMBER 1, 1974

Staff Burn-Out

Herbert J. Freudenberger

New York, N.Y.

- First applied to health care in 1974
- Free clinic setting adds classic early-'70's vibe.

Roots of burnout

BURNED-OUT

by CHRISTINA MASLACH

Maslach describes it with more specificity (and more expletives) in 1976.

Roots of burnout

JOURNAL OF OCCUPATIONAL BEHAVIOUR, Vol. 2, 99–113 (1981)

The measurement of experienced burnout*

CHRISTINA MASLACH

University of California, Berkeley

and

SUSAN E. JACKSON

University of California, Berkeley

1981: The Maslach Burnout Inventory (MBI)

Emotional exhaustion



- “I feel used up at the end of the workday.”
- “Working with people directly puts too much stress on me.”

Depersonalization

- “I feel I treat some recipients as if they were impersonal ‘objects.’”
- “I don’t really care what happens to some recipients.”



Personal accomplishment

- “I feel I’m positively influencing other people’s lives through my work.”
- “I have accomplished many worthwhile things in this job.”



Roots of burnout

Burnout: Fact or fad?

Mayo Clinic takes on the burnout “fad”:

- “Perhaps there is a specific burnout syndrome, but I suspect that burnout is a catchword of the 1970s and 1980s...”

So what is it then?

A syndrome with etymological roots at the interface of architecture and leprosy...

...and historical roots in free drug clinics and Berkeley social workers...

...that is now one of the hottest topics in health care since penicillin:

Mid-Career Burnout in Generalist
and Specialist Physicians

Síndrome de *burnout*

Burn-out bei Ärzten
Interview mit Dr. Thomas Bergner

The Patient, Burnout, and the Practice of Surgery

Prevalencia del “síndrome
de quemarse por el trabajo”
(burnout) en pediatras de
hospitales generales

Relationship between job
burnout and occupational
stress among doctors in
China

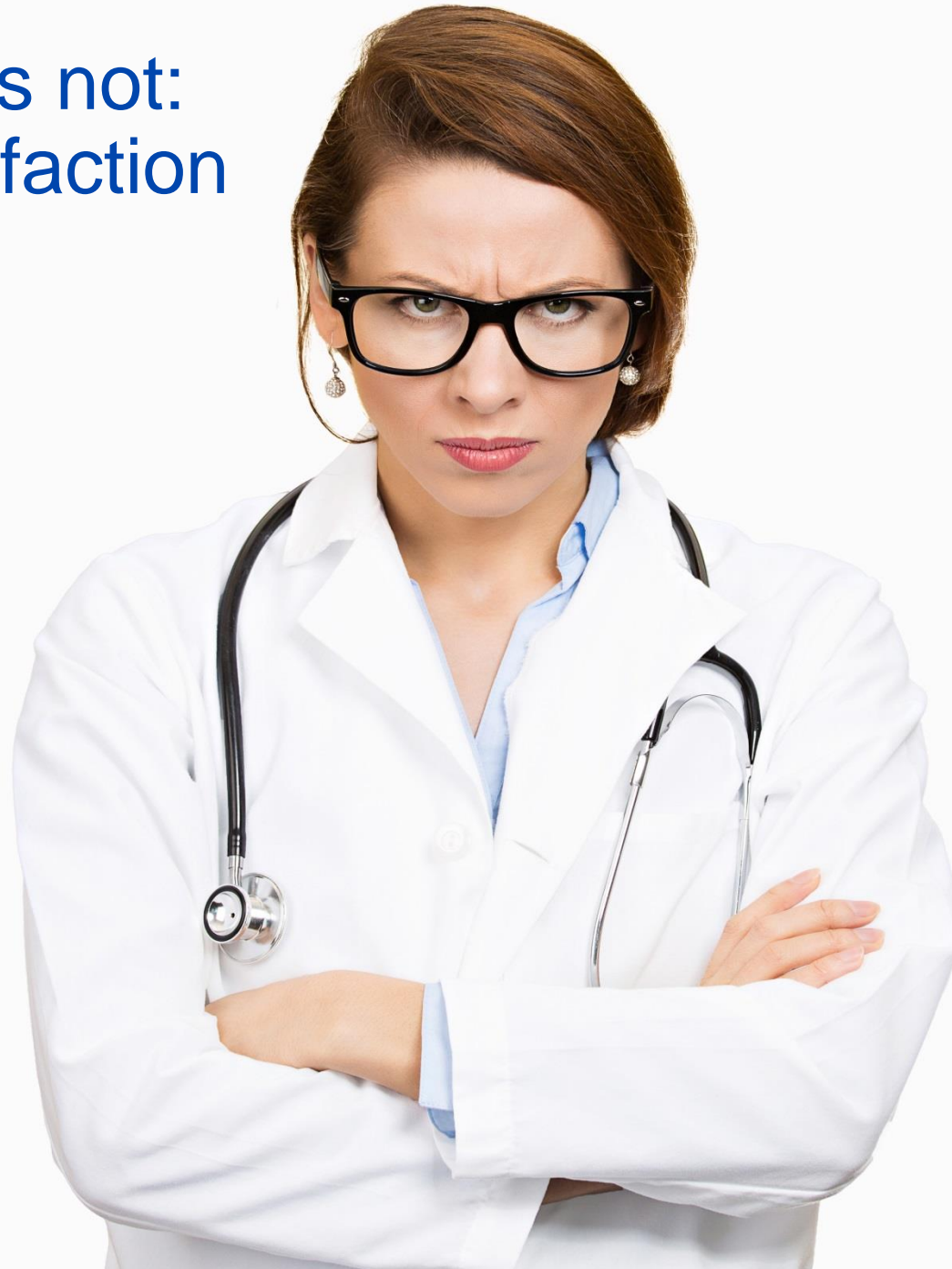
Burnout Among CMHC Psychiatrists and the Struggle to Survive

Burnout in the internist–intensivist

Burnout, psychological distress, and overwork: the case
of Quebec’s ophthalmologists

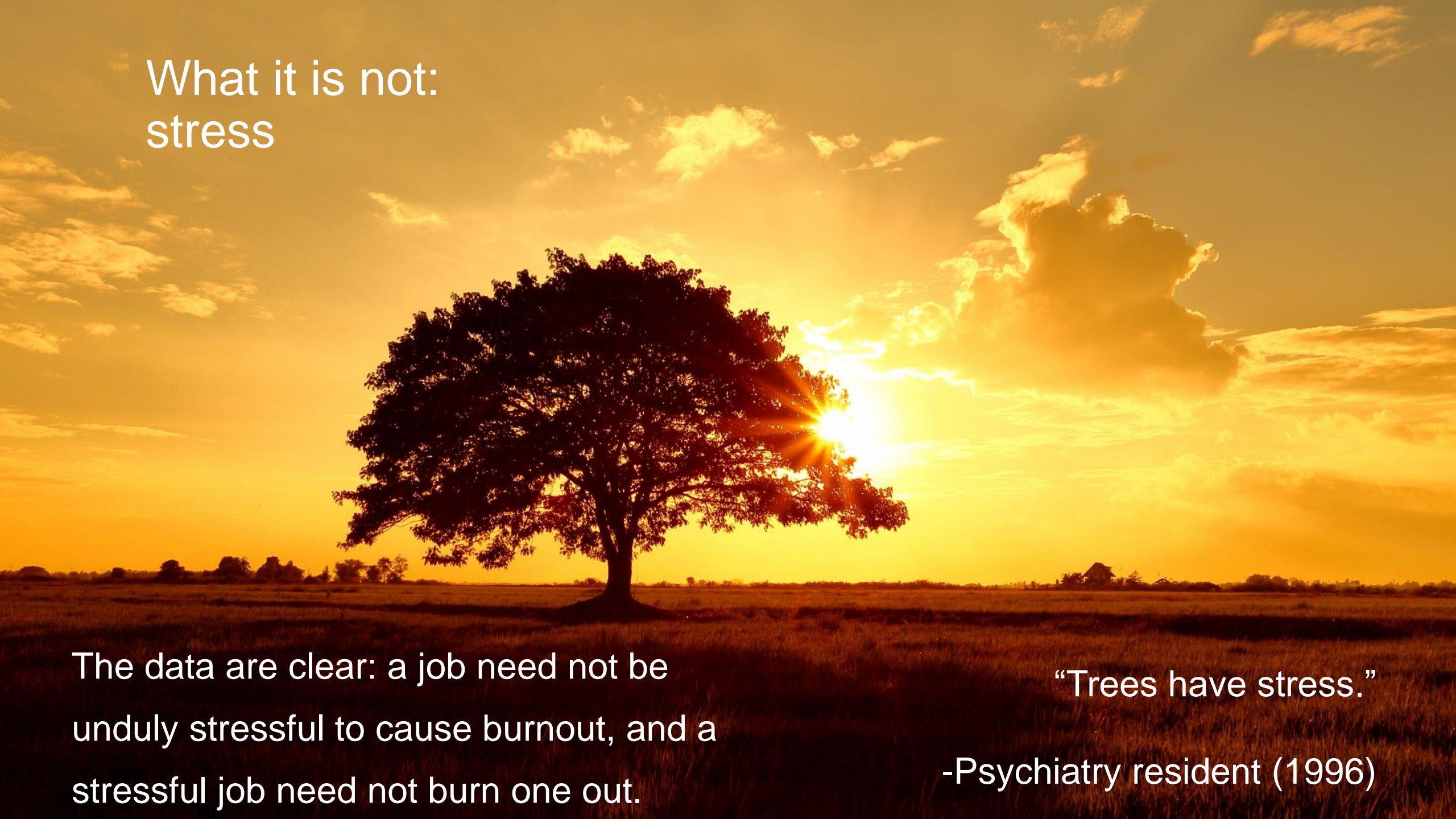
Facteurs associés au burnout chez les
soignants en oncohématologie

What it is not: job satisfaction



- 1993 survey of head and neck surgeons:
- 97% liked their work.
 - 34% self-identified as burned out.

What it is not: stress



The data are clear: a job need not be unduly stressful to cause burnout, and a stressful job need not burn one out.

“Trees have stress.”

-Psychiatry resident (1996)

Why weren't we talking about this until 1974?

- Could there be a generational component?



About the 40/40 Club:
“Hell, if they’d had that when I was
playing, we’d have all done it.”

-Mickey Mantle

Why weren't we talking about this until 1974?

- Could there be a generational component?
- Or is this more like PTSD...always there, but not (until recently) named and studied?

Evidence of the latter:
Sir William Osler



Evidence of the latter: Sir William Osler

“As you may imagine I was not a little disappointed at the blighting of my prospects as an ophthalmic surgeon, but I accept the inevitable with a good grace.”

1872, age 23



Evidence of the latter: Sir William Osler

“Year by year I am
becoming tied & bound
by the chains of my
Profession.”

1878, age 29

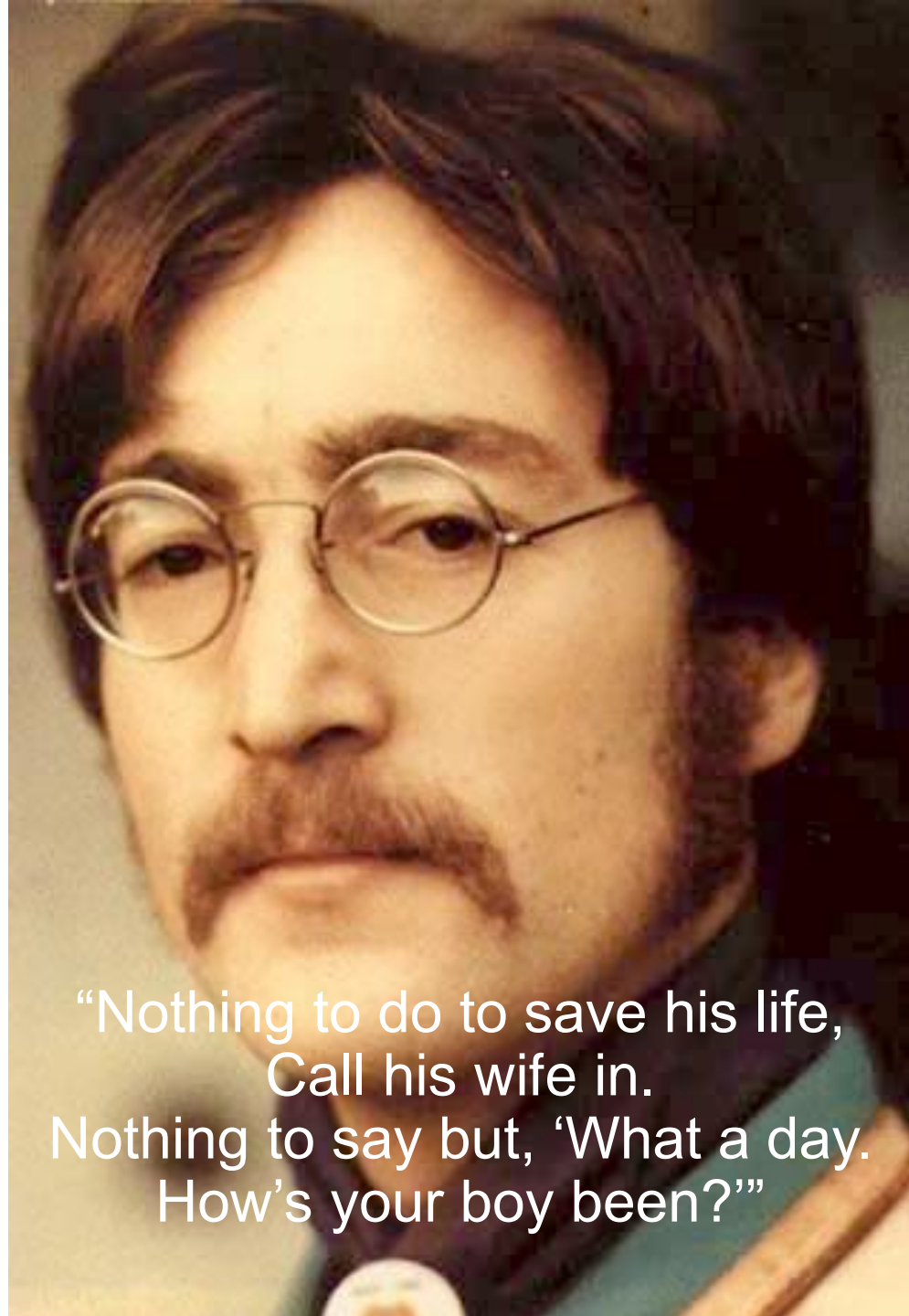


Evidence of the latter: Sir William Osler

“The racket of my present life is too much for me. I am going down hill physically & mentally.”

1904, age 55





“Nothing to do to save his life,
Call his wife in.
Nothing to say but, ‘What a day.
How’s your boy been?’”



We're just beginning to learn
the extent of NPPA burnout.

Groups whose burnout rates I could describe to you in exhaustive detail:

- Nurses
- Oncology nurses
- Oncology nurse managers
- Dentists
- Finnish dentists
- Left-handed Finnish dentists (OK, not that one)
- Occupational therapists
- Clinical geneticists
- Podiatrists
- Athletic trainers
- Veterinarians
- Chiropractors



burnout in phys

burnout in **physicians**

burnout in **physical therapy**

burnout in **physical therapists**

burnout in **physiotherapists**

burnout in **physicians a case for peer-support**

burnout in **emergency** physicians

preventing burnout in physicians

burnout **physical symptoms**

burnout **physical sunscreen**

burnout **physiology**

Google Search

I'm Feeling Lucky



burnout in nurse|

burnout in **nurses**

burnout in **nurses statistics**

burnout in **nurses research**

burnout in **nurses ppt**

burnout in **nurses symptoms**

burnout **syndrome** in **nurses**

preventing burnout in **nurses**

burnout in **emergency** **nurses**

burnout in **hospice** **nurses**

burnout in **icu** **nurses**

Google Search

I'm Feeling Lucky

JAAPA. 2002 Mar;15(3):40-2, 45-8, 51-2 passim.

A first survey. Measuring burnout in emergency medicine physician assistants.

Bell RB, Davison M, Sefcik D.

Midwestern University, Wilson Medical Center, Wilson, NC, USA.

- Administered the MBI to 177 (44.6%) of 397 ED P.A.'s
- 28.1% self-identified as burned out.
- 59% moderate or high emotional exhaustion and 66% moderate or high depersonalization
 - But still lower than their physician colleagues!
- Slightly higher personal accomplishment, too

Factors contributing to burnout

- Insomnia
- Alcohol
- Recreational drugs
- Dissatisfaction with supervising physicians
 - “EMPAs who work for more than one physician find adapting to the work characteristics of each physician stressful.”

Factors preventing burnout

- Autonomy
- Teaching responsibilities
- Administrative responsibilities

Depression and burnout symptoms among Air Force family medicine providers

Derrick F. Varner, PhD, PA-C; Brian K. Foutch, OD, PhD

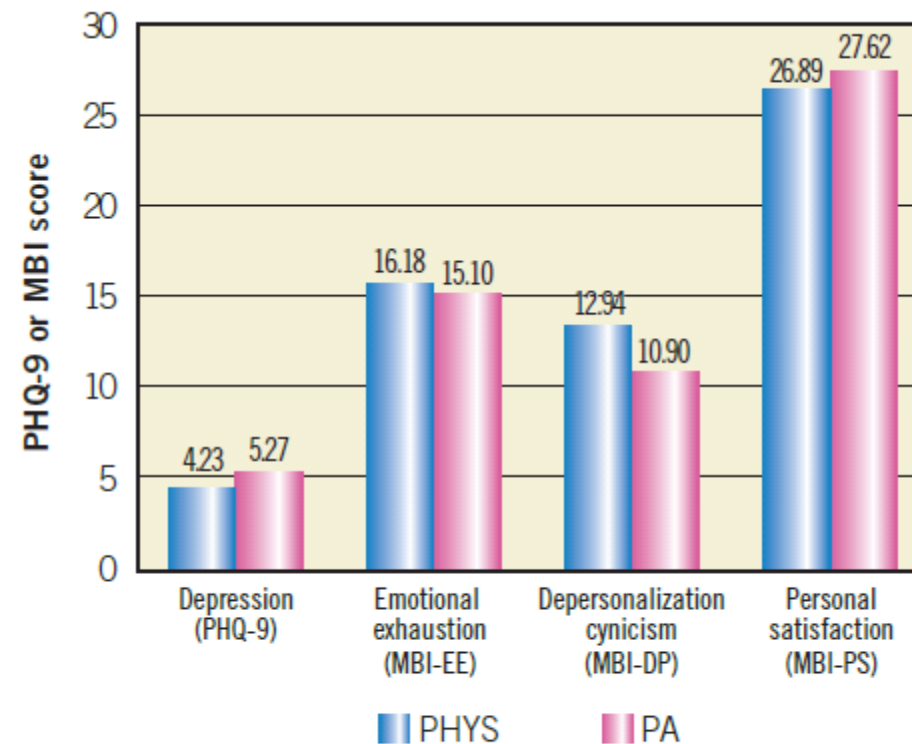


FIGURE 3. Reported symptoms by professional designation

Physician assistant burnout, job satisfaction, and career flexibility in Minnesota

Molly Osborn, PA-C, MPAS; Jessica Satrom, PA-C, MPAS; Alyssa Schlenker, PA-C, MPAS; Megan Hazel, PA-C, MPAS; Meghan Mason, PhD, MPH; Kari Hartwig, DrPH, MPH

TABLE 2. Overall PA burnout, satisfaction, and flexibility

Burnout index	N	%
Emotional exhaustion (median, 21)		
High (≥ 27)	110	35.3
Moderate (17–26)	90	28.8
Low (0–16)	112	35.9
Depersonalization (median, 6)		
High (≥ 13)	59	18.9
Moderate (7–12)	94	25.330
Low (0–6)	159	51
Personal accomplishment (median, 42)		
High (≥ 39)	230	28.5
Moderate (32–38)	61	19.6
Low (0–31)	12	6.7
Career satisfaction		
Satisfied with PA profession	299	95.9
Satisfied with current position	274	87.8

Efficacy of the Well-Being Index to identify distress and stratify well-being in nurse practitioners and physician assistants

Liselotte N. Dyrbye, MD, MHPE¹, Pamela O. Johnson, MS, RN, NEA-BC², LeAnn M. Johnson, MS, RN, NEA-BC³, Michael P. Halasy, PA-C, MS⁴, Andrea A. Gossard, APRN, CNP⁵, Daniel Satele, BA⁶, & Tait Shanafelt, MD⁷

- 976 NPs & 600 PAs
- 50.5% endorsed feeling burnt out.
- 26.4% feel they've been hardened emotionally.

Burnout, job satisfaction, and stress levels of PAs

Bettie Coplan, MPAS, PA-C; Timothy C. McCall, PhD; Noël Smith, MA; Vivienne L. Gellert; Alison C. Essary, DHSc, PA-C

TABLE 3. Factors contributing to stress: PA comparison to physicians¹⁸

Values shown are means on a scale of 0 (not at all important) to 7 (extremely important). All means for PA data based on clinically practicing PAs. The standard deviation (SD) for physicians was not available through the original source material and authors did not respond to a request for these data.

<i>How important are the following stressors to you?</i>	PAs (SD)	Physicians
Feeling just like a cog in the wheel	3.67 (2.01)	3.71
Lack of professional fulfillment	3.72 (2.02)	3.14
Too many bureaucratic tasks	3.94 (1.98)	4.84
Spending too many hours at work	4.63 (1.96)	4.14
Income not high enough	4.44 (1.90)	3.78
Inability to provide patients with quality care they need	3.87 (2.10)	3.29
Too many difficult patients	3.57 (1.77)	3.42
Increasing computerization of practice	3.40 (2.10)	4.02
Difficult colleagues or staff	3.53 (1.95)	2.97
Difficult employer	3.67 (2.10)	2.83

Major Specialty	Burned Out Overall	Professionally Fulfilled	Exhausted at Work	Interpersonally Disengaged
Pediatric subspecialties	20.2	50.6	39.3	6.4
No medical specialty	21.0	65.6	41.7	11.5
Primary care	29.3	66.7	48.4	16.2
All other specialties	29.1	67.2	45.5	17.0
All Specialties	28.5	68.1	46.2	16.2
Internal medicine subspecialties	29.9	68.1	48.0	16.4
Surgical subspecialties	25.2	69.9	43.1	14.3
Emergency medicine	34.5	72.3	50.8	21.5

Source: 2018 AAPA Salary Survey

Assessing and addressing practitioner burnout: Results from an advanced practice registered nurse health and well-being study

April N. Kapu, DNP, APRN, ACNP-BC, FAANP (Associate Chief Nursing Officer)¹, Elizabeth Borg Card, MSN, APRN,

nsultant)², Heather Jackson, MSN, APRN, FNP-BC (Director
AN (Assistant Dean for Clinical Scholarship and
uffy Krauser Lupear, DNP, CRNA, APRN (Director of
MMHC, APRN, CPNP-AC (Director of Advanced Practice)⁷,
l Measurement)⁸, Wendy A. Araya, DNP, APRN, NNP-BC
APRN, ACNP-BC (Nurse Practitioner)¹⁰, Kate Payne, JD, RN,
Ford, PA-C (Physician Assistant)¹², & Marilyn Dubree, MSN,

Table 3. Summary of MBI score categories and SF-20 scores by burnout status (N = 432)

	N (%)	Burnout Status Group ^a			p-Value
		Never n (%)	Former n (%)	Current n (%)	
EE					<.001
Low	133 (30.8)	93 (69.9)	38 (28.6)	2 (1.5)	
Moderate	137 (31.7)	50 (36.5)	67 (48.9)	20 (14.6)	
High	162 (37.5)	32 (19.8)	38 (23.5)	92 (56.8)	
DP					<.001
Low	245 (56.7)	130 (53.1)	79 (32.2)	36 (14.7)	
Moderate	119 (27.5)	32 (26.9)	44 (37.0)	43 (36.1)	
High	68 (15.7)	13 (19.1)	20 (29.4)	35 (51.5)	
PAC					<.001
Low	66 (15.3)	16 (24.2)	21 (31.8)	29 (43.9)	
Moderate	117 (27.1)	26 (22.2)	42 (35.9)	49 (41.9)	
High	249 (57.6)	80 (53.4)	80 (32.1)	36 (14.5)	

Burnout and satisfaction with work-life integration among PAs relative to other workers

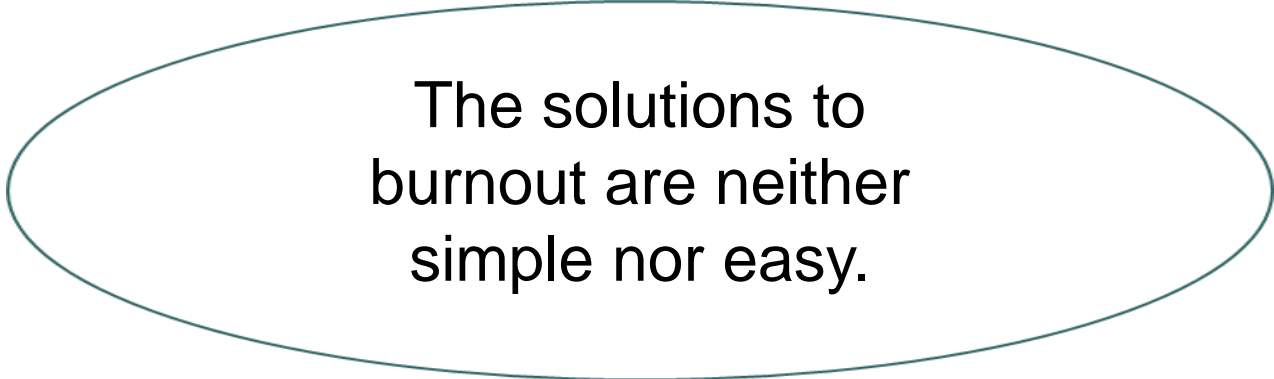
Lotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD;
Michael Halasy, PA-C, MS, DHSc; Danielle J. O’Laughlin,
PA-C, MS; Daniel Satele; Tait Shanafelt, MD

Burnout*	High emotional exhaustion	181 (30.5%)	NPs 32.3%
	High depersonalization	145 (24.5%)	18.0%
	Low personal accomplishment	77 (13%)	9.9%
	Burnout	246 (41.4%)	36.6%

- Highest in Emergency Medicine (OR = 2.73 relative to primary care)
- Non-significant trend towards higher rate in women (OR = 1.21)
- Lower in PAs with children (OR = 0.38)

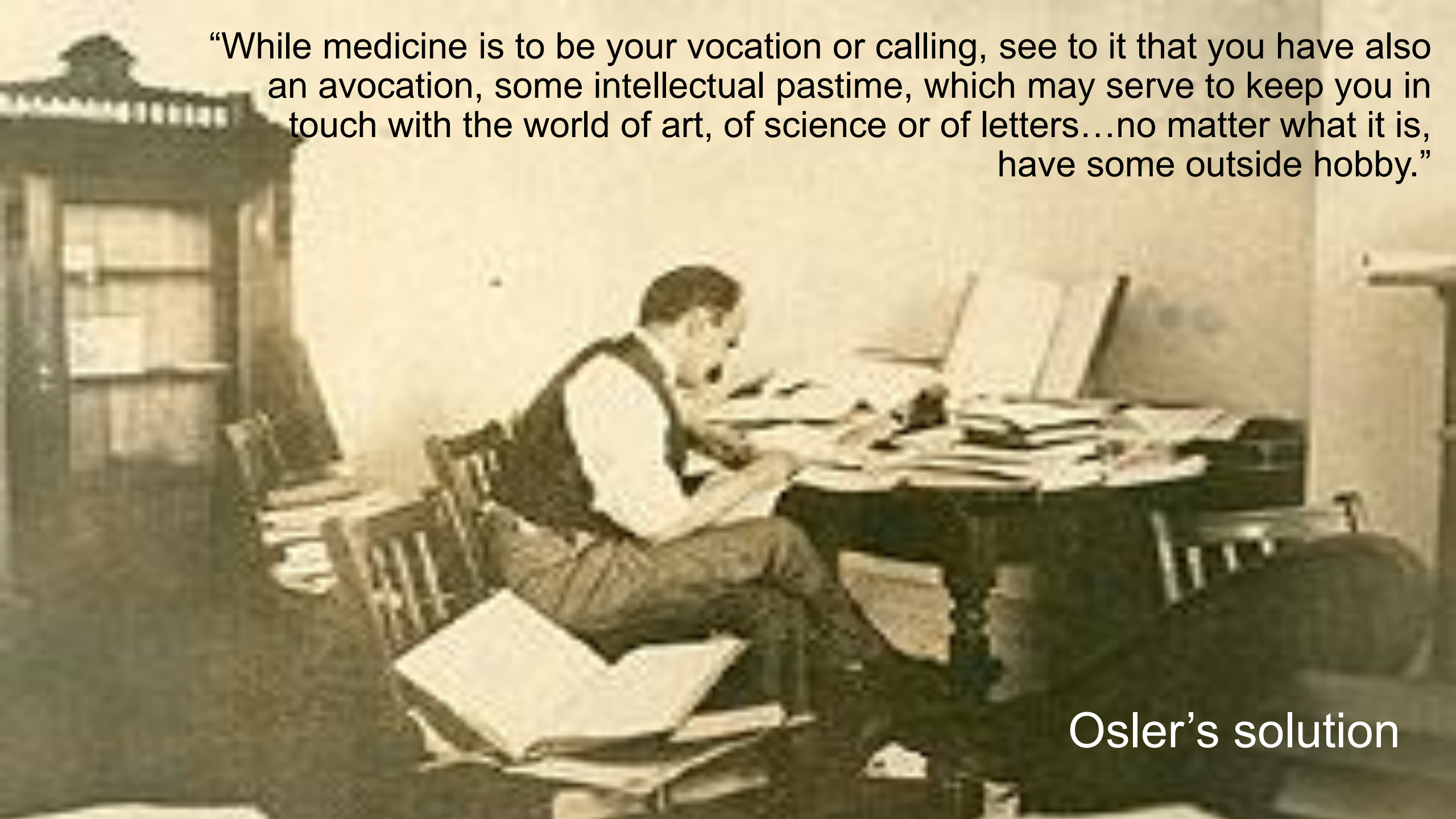
Mayo's NP/PA data

I am proud to work at Mayo Clinic.	93%
I would feel safe being treated at Mayo Clinic as a patient.	89%
I would feel a strong sense of ownership and responsibility for the success of Mayo Clinic.	89%
I feel burned out from my work.	46%
I am satisfied with my involvement in decisions that affect my work.	46%



The solutions to
burnout are neither
simple nor easy.

“While medicine is to be your vocation or calling, see to it that you have also an avocation, some intellectual pastime, which may serve to keep you in touch with the world of art, of science or of letters...no matter what it is, have some outside hobby.”



Osler's solution

10 Tips for Nurse Practitioners to Avoid Burnout

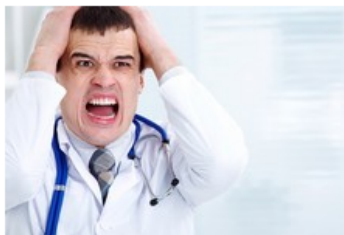


How can taking care of one's self have anything to do with business? As a business owner, you work hard; most likely you work harder than you ever did as an employed person. This is especially true during your first years in business. As such, it's important to take the time to recharge your batteries. Here are some suggestions for you:

1. Vacation. There is no question, getting away is the best way to recharge. While many of us may not be able to get away for 2-3 weeks, consider [several mini-vacations](#) or even a staycation.
2. Read a book that has nothing to do with medicine, nursing, health or business. Totally get away from your everyday work and immerse yourself in something completely unrelated.
3. Consider taking an afternoon to go to the movies, visit a gallery, or [meet your friends](#) for coffee and conversation.
4. Take up a new hobby this summer. Perhaps you've wanted to learn to paint, play an instrument, or kayak.
5. Visit the many Summer Art Fairs and Festivals.
6. Have a picnic under the stars. August is great month for Meteor showers.
7. Like to camp, but short on time? Consider camping in your backyard.
8. Take a morning off and go for an early morning hike. It's a great time to watch the wildlife and can feel decadent while you sip your morning coffee/tea and others are [scurrying off to work](#).
9. Is there something you do just for special occasions? Great! make yourself the special occasion and [treat yourself](#).
10. Attend some summer [CE opportunities](#) in a new location. While work related, it still gets you out of the office and a chance to network with others while allowing time for sightseeing.



10 Tips for Nurse Practitioners to Avoid Burnout



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Meeting the Imperative to Improve Physician Well-being: Assessment of an Innovative Program

*Patrick M. Dunn, MD¹, Bengt B. Arnetz, MD, PhD^{2,3}, John F. Christensen, PhD¹,
and Louis Homer, MD⁴*

- Primary care group in Portland
- 25 physicians and 1 N.P.
- Dissolution of multispecialty group

Interventions based on three themes:

- Control (flexible scheduling, adjusting case mix to provide interest)
 - Order (hospitalist program, EMR)
- Meaning (group meetings more clinical, bereavement pauses)

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Table 3. Maslach Burnout Inventory (MBI) Scores by Year Compared to National Benchmarks

Legacy Clinic						National benchmarks		
MBI subscales	2000	2001	2002	2003	2005	Low (lower third)	Average (middle third)	High (upper third)
Emotional exhaustion*	27	29	29	25	21	≤16	17–26	≥27
Depersonalization	6	6	8	6	6	≤6	7–12	≥13
Personal accomplishment	41	40	41	42	44	≤31	32–38	≥39

The physicians' mean scores on the 3 subscales are compared by year to the mean national benchmarks. Lower scores are desired for emotional exhaustion and depersonalization; higher scores are desired for personal accomplishment.

*Scores not alike for all years by ANOVA. ($F_{df-3,118}=5.2$, $p=0.002$). The decrease in the last 2 years is statistically significant. Year 2002 not included.

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

- 70 primary care physicians in Rochester, NY
- CME course involving “mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material and discussion.”
- 7-hour retreat, then 2½ hours/wk x 8 weeks, then 2½ hours/mo x 10 months!

The thing is...

Table 3. Outcomes Scores at Each Assessment Point With Comparisons to Baseline^a

Subscale	Mean Score (95% CI)					Standardized Mean Difference of Change From Baseline to 15 mo (95% CI)
	Baseline	Preintervention	8 Week	12 Month	15 Month	
Maslach Burnout Scale ^b						
Emotional exhaustion	26.8 (24.1 to 29.6)	27.8 (25.1 to 30.5)	23.7 (21.0 to 26.5) ^c	20.0 (17.2 to 22.8) ^c	20.0 (17.2 to 22.9) ^c	0.62 (0.42 to 0.82)
<i>P</i> value		.34	.003 ^c	<.001 ^c	<.001 ^c	
Depersonalization	8.4 (7.1 to 9.7)	8.6 (7.3 to 9.9)	7.6 (6.3 to 8.9)	5.9 (4.5 to 7.2) ^c	5.9 (4.5 to 7.2) ^c	0.45 (0.24 to 0.66)
<i>P</i> value		.68	.15	<.001 ^c	<.001 ^c	
Personal accomplishment	40.2 (38.9 to 41.6)	41.2 (39.8 to 42.5)	42.0 (40.6 to 43.4) ^{c,d}	42.7 (41.3 to 44.1) ^b	42.6 (41.2 to 44.1) ^c	0.44 (0.19 to 0.68)
<i>P</i> value		.14	.006 ^c	<.001 ^c	<.001 ^c	

- 871 invited, 70 participated
- Hawthorne effect?



Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction

Tait D. Shanafelt, MD; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD;
Omar Hasan, MBBS, MPH; Daniel Satele, MS; Jeff Sloan, PhD;
and Colin P. West, MD, PhD

TABLE 3. Relationship of EHR, CPOE, Patient Portal Use and Method of Documentation With Satisfaction, Clerical Burden and Burnout^a

Factor	Satisfied ^b clerical directly related to patient care (No. [%])	P value	Satisfied ^b clerical indirectly related to patient care (No. [%])	P value	Burnout (No. [%])	P value
Use EHRs		<.001		<.001		<.001
Yes	1880/5329 (35.3)		1308/5312 (24.6)		3056/5340 (57.2)	
No	472/971 (48.6)		306/971 (31.5)		434/974 (44.6)	
Use CPOE		<.001		<.001		<.001
Clinic only	369/1169 (31.6)		257/1158 (22.2)		648/1162 (55.8)	
Hospital only	566/1490 (38.0)		392/1488 (26.3)		886/1496 (59.2)	
Both clinical and hospital	691/2153 (32.1)		440/2147 (20.5)		1273/2163 (58.9)	
Not at all	475/1015 (46.8)		332/1018 (32.6)		461/1021 (45.2)	
Not applicable to my specialty	252/490 (51.4)	NA	193/489 (39.5)	NA	229/488 (46.9)	NA



Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD;
Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD;
and Stephen J. Swensen, MD

- Career development conversations
- Personal empowerment
- Encouraging ideas for improvement
- Recognition

JAMA Internal Medicine | [Original Investigation](#) | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD;
Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

- Organization-directed interventions had more (and longer) effect than individual-directed ones.

JAMA Internal Medicine | [Original Investigation](#) | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians

A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

Organization-directed

- Shorter or different shifts
- Protected time for participation in small-group learning, reflection, shared meals

Individual-directed

- Mindfulness-based stress reduction
- Meditation
- Communication skills training

Caveats about burnout intervention research

- Selection bias
 - Hawthorne effect
 - Correlation \neq causation

Burnout intervention summary

- The magazine approach doesn't help.
- The things that work are intense and long-term, not brief and cosmetic.
- Leadership matters, both in terms of awareness of the problem and creating a culture that makes it safe to talk about.
- *Changing* the work environment seems to matter more than adding new skills to the *same* work environment.

POLITICS

Only Your Boss Can Cure Your Burnout

People refer to various forms of malaise as “burnout,” but it’s technically a work problem. And only your employer can solve it.

OLGA KHAZAN MARCH 12, 2021

Maslach

resists combining burnout and depression into one category precisely because doing so implies that the problem lies with workers—that all they need is a little Lexapro to become okay with whatever their employer throws at them. “The phrase ‘If you can’t take the heat, get out of the kitchen’—it’s sort of saying: The kitchen is what it is, and you’re going to have to figure out how to deal with it,” she told me. “Without ever saying, really, *Does the kitchen have to be that hot?*”

Burnout intervention summary

- The magazine approach doesn't help.
- The things that work are intense and long-term, not brief and cosmetic.
- Leadership matters, both in terms of awareness of the problem and creating a culture that makes it safe to talk about.
- *Changing* the work environment seems to matter more than adding new skills to the *same* work environment.
- Themes emerge...

Balance



Control



Meaning



Ochsner. The History. The Legend.

Shaping the future and rediscovering our past



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historical items that symbolize the hospital's history
exhibit will be open to the public from August 25
through August 31, 2006.

Our
Finest
Hour.

Self-Care Tips to Prevent Burnout

- Take care of you. It will relieve some of your stress and allow you to take better care of others.
- Treat yourself with the same care you give to your patients.
- Allow yourself to say no. Offer alternatives or even avoid situations if you feel unable to say no.
- Develop a routine to help ease the transition from work to home. (Do not use alcohol to unwind.)
- Do not expect all your feelings of self-esteem to come from your profession.
- Develop outside interests that have nothing to do with helping others.
- Avoid over-identification with patients.
- Recognize and accept your own feelings.
- Practice stress-reduction techniques (exercise, relaxation, meditation, distraction).
- Plan for regular breaks, conferences and vacations.
- Know when to say "enough." If necessary, change to another practice environment.

Take home points

- There is no one who takes care of people who is not at risk of burning out.
- Although NPPA burnout has been understudied and underreported relative to every other medical practice, what data do exist are very concerning.
- There are ways to reduce the risk of burnout.



BURNOUT

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

www.despair.com

The final words on burnout...

“When something bad happens to my patient and my first thought is, ‘How could this happen to *me*?’ instead of, ‘How could this happen to my patient?’, I know I’m burning out.”

- -Ken Mishark, M.D.



“People are crazy and times are strange.
I’m locked in tight. I’m out of range.
I used to care, but things have changed.”

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