

Beating Burnout in Anesthesiology & Critical Care

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Dr. Sullivan and Dr. Ing
have no disclosures

Upon completion of this educational session,
participants will be able to:

- ▶ Describe the common features of burnout among clinicians.
- ▶ Critically analyze why clinicians in anesthesia and critical care medicine are at high risk for burnout.
- ▶ Explain how addressing burnout can improve professional satisfaction and patient outcomes.
- ▶ Develop strategies that clinicians can use to mitigate and prevent burnout.

Case Study PJ

PJ is a 34-year-old Critical Care Anesthesiologist.

Spends 100 hours a week at the hospital.

His Chief of Anesthesiology was contacted by the
Head of Cardiac Surgery.

PJ has just had a heated argument with a
surgical colleague in the ICU.

PJ

Residents note that PJ has been very aggressive and
short with them.

PJ has failed to show up for 2 lectures he was supposed to give
this week, and was overheard talking about a dying patient as
"hopeless cause and a waste of resources."

PJ has a 1-year-old son, his wife says he has been sullen at home,
Drinking a lot at night lately, he has financial pressure on house
payments with recent interest hikes.

PJ's chief meets him to discuss the argument

PJ denies any problem, When pressed about the
argument,

He explains he was frustrated and then admits
he has lost a lot of enthusiasm for his work.

He feels worn out and feels he has accomplished
very little these last months.

He is thinking of quitting and going farming.



<https://www.collaboratemd.com/blog>

What Does Burnout Mean ?

How Do we Recognize it ?



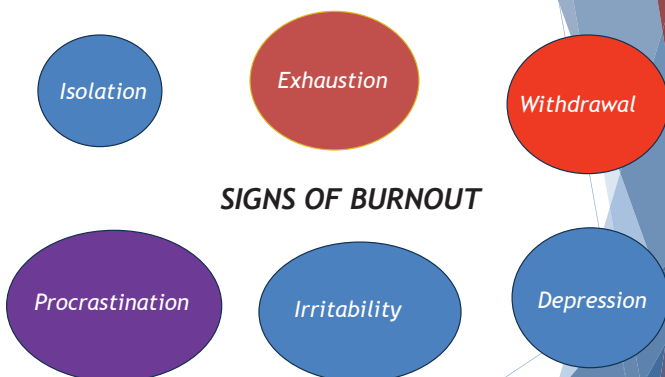
Definition

- ▶ Burnout
 - ▶ A state of chronic physical and emotional exhaustion, often accompanied by feelings of cynicism and detachment from the job
 - ▶ Exhaustion often accompanied by feelings of cynicism and detachment from the job
 - ▶ Prevalence: high stress levels and demanding work in the ICU/Operating room make physicians particularly susceptible
 - ▶ #1 Emergency Medicine
 - ▶ #2 Critical Care
 - ▶ #3 Primary Care



Alarming Statistics

- ▶ Prevalence of Burnout
 - ▶ 50% of physicians JAMA Psychiatry 2018
- ▶ Rates of Suicide
 - ▶ **Estimate 300-400 physicians die of suicide every year (New York: Knopf, 1995)**
 - ▶ Risk of suicide compared to general population (N Engl J Med 352:2473-76, 2005)
 - ▶ Male Physicians 40% higher
 - ▶ Female Physicians 130% higher
 - ▶ Prison inmates 50% higher than general population
- ▶ Risk of reporting/seeking help
 - ▶ In Colorado mandatory questions for license
 - ▶ 1) mental illness 2) physical illness 3) drug or alcohol abuse
 - ▶ Most states in the USA have these as mandatory questions



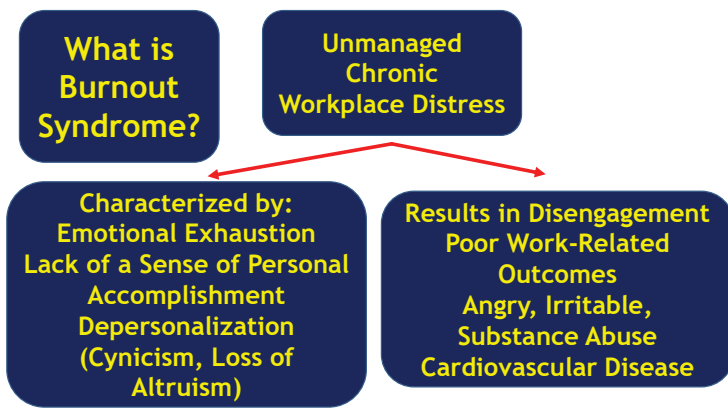
<https://myprivateprofessor.com/how-to-beat-burnout/#post/0>

Burnout definitions

“The reduction of a fuel or substance to nothing through use or combustion”

Symptoms of Burnout
 Withdrawing from responsibilities.
 Isolating from others.
 Procrastinating, taking longer to get things done.
 Using food, drugs, prescription meds or alcohol to cope.

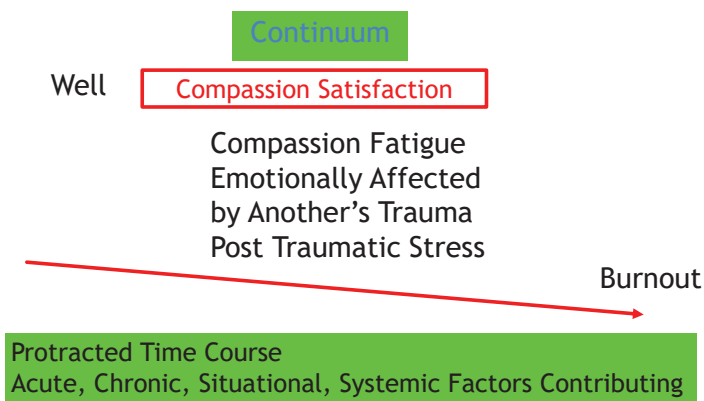




What does Burnout feel like?

Characteristic	Associated Feeling
Emotional Exhaustion	Overextended: stretched too thin”
Depersonalization	Impersonal response to people, unfeeling
Decreased sense of	Decreased competence and achievement Personal accomplishment

Siegel TR, Nagengast AK .Mitigating Burnout Surg Clinics of N America 99 (2019) 1029-1035



Burnout is rarely caused by a single factor

- ▶ Multiple internal physician factors
- ▶ Our life story and journey “ emigration, persecution.”
- ▶ Health related: Nutrition, exercise, habits
- ▶ Financial study debt
- ▶ Family responsibilities, illness, frailty, new baby
- ▶ Work related external factors



Sub Types of Burnout

Frenetic
Under-Challenged
Worn-Out

Frenetic High Work Involvement Overload

Grandiosity
Highly Applied and Committed Individuals
Works to the Point of Exhaustion
Neglecting Own Needs
Increasingly Greater efforts in the Face of Difficulties
High Involvement in Work
Ambition and Need for Achievements
Inability to Acknowledge Failure
Anxiety and Irritability

Farber M. Burnout in Psychotherapists: Incidence , types and trends Psychotherapy Priv Prac 1990: :35-44



Under-challenged Intermediate work Involvement Indifference

Lack of Development
 Indifference and Superficiality in Tasks
 Boredom
 Negatively affected by Monotonous Work
 Absence of overload-induced stress
 Contemplating Another Job
 Lack of Challenges, Motivation or
 Desire for Engagement

Worn-out Low Energy Neglect

Lack of Control
 Lack of Recognition
 Difficulties in Performing Tasks
 Lack of Involvement in Work
 Neglecting Responsibilities
 Depressive Symptoms
 Give up
 Apathetic
 Lack of Enthusiasm

What are The Consequences of Burnout?



Broken Relationships

INDIVIDUAL

Medical Errors
 Poor Care

Alcohol,
 Substance Abuse



Decreased
 Satisfaction

Depression

Decreased
 Productivity



Suicide

Staff Turnover

Swenson & Shanafelt Strategies to Reduce Burnout. Oxford University Press 2020

What is the Extent of Burnout?

50%

Med School

Enthusiasm, Vitality,
 Idealism, Engagement may
 become eroded by
 training



75% Residency



Future
Undergraduate
 Physicians Show
 Excellent
 Emotional and
 Mental Health

Dyrbye LN et al. 2014: PMID 24448053
 De Hert S 2020: PMID 33149664

History of Burnout

Freudenberger HJ. Staff burnout. J Soc Issues 1974; 30 :159-165

Maslach C, Jackson S. The measurement of experienced burnout. J Organiz Behav. 1981 Apr;2(2):99-113.

Pre 2005 "ERA of DISTRESS"

Lack of Awareness
 Deliberate Neglect
 It's the "Individual" not the Organization
 "Uncommitted, Weak"
 "Never let them see you Sweat"

Shanafelt TD. Physician Well-being 2.0: Where are we, Where are we going? Mayo Proc October 2021; 96(10) 2682-2693

2005 -2010 Wellbeing 1.0
 Awareness
 Medical Student Distress
 Residents
 Moral and Ethical Case for Action
 Broad Coalition of Stakeholders
 Economic Costs Healthcare Organizations
 Society Costs
 Medical Gender Parity
 Balance Personal identity and Professional

Shanefelt TD. Physician Well-being 2.0: Where are we, Where are we going?
 Mayo Proc October 2021: 96(10) 2682-2693

2005 -2010 Wellbeing 1.0
 Relative Value Generation
 Visit/ billing targets
 Payer Mix
 Service Lines
 Net operating Income

“Perception of Misalignment between Professional Values of Physicians And the Motives and Priorities of their Organizations”

Shanefelt TD. Physician Well-being 2.0: Where are we, Where are we going?
 Mayo Proc October 2021: 96(10) 2682-2693

2010-2015

Reports Began Identifying Alarming Rates of Physician:

- Burnout
- Depression
- Suicide

This ushered in an era of the “Culture of Wellness”



“Culture of Wellness”

Tended to focus on encouraging the Physician to “Take care of themselves and become more resilient”

Better discussion with Leadership led to a willingness to discuss distress with colleagues.



Led to 2017 : Wellbeing 2.0
 Shifting away from individuals, more towards

- Processes
- Teams
- Systems
- Leaders

Physician Administrator Partnership



What is a Validated Measure of Burnout?

Maslach Burnout Inventory (MBI) 1980

Each statement is rated in 2 dimensions:
 Frequency and Intensity

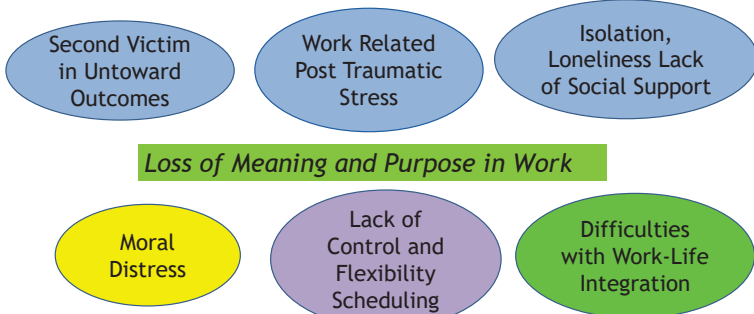
Emotional Exhaustion Scale (9 items)

Depersonalization Scale (5 items)

Personal Accomplishment Scale (8 items)

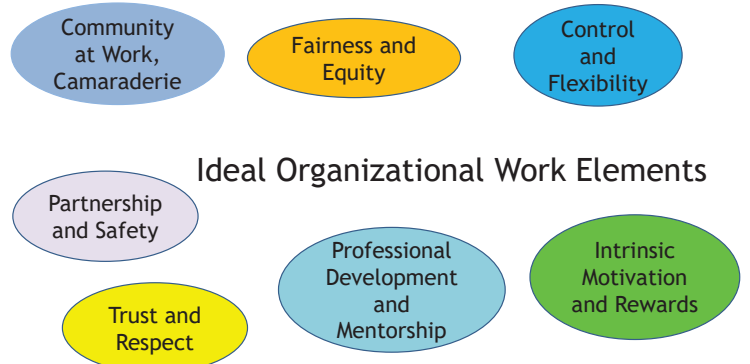
Maslach C, Jackson S. The measurement of experienced burnout. J Organiz Behav. 1981 Apr;2(2):99-113.

Some Drivers of Burnout Anesthesiology



Swenson & Shanafelt Strategies to Reduce Burnout. Oxford University Press 2020

Ideal Organizational Work Elements



Swenson & Shanafelt Strategies to Reduce Burnout. Oxford University Press 2020

What to Aim for in an Organization to Assess Positive wellbeing?

Structural and Functional Sources of Positivity comments should outweigh negative comments at a ratio of at least 3:1

6:1 is highly correlated with superior teams

Losada M et al. Ann Behav Sci 2004;47(6):740-65

Mitigating Burnout

Preventative Practices:

Promote

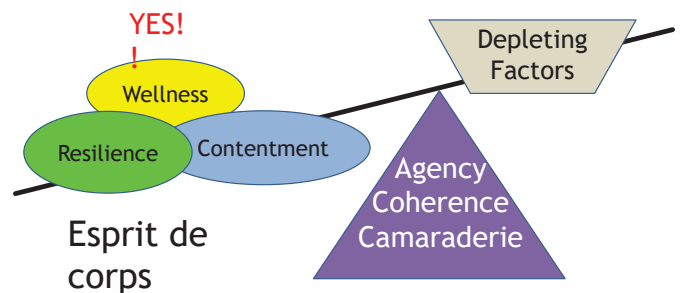
Protect

Maintain Health and Well-being

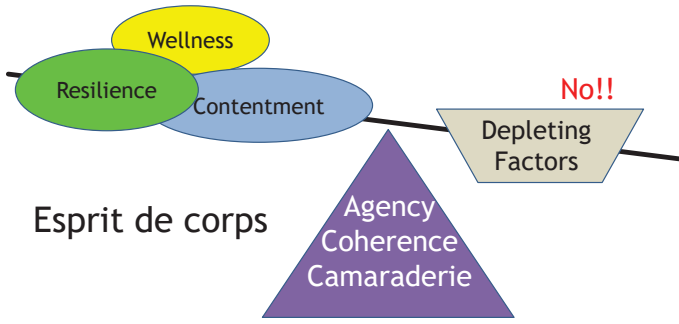
How to Move the Burnout needle to a better place for all? What is Esprit de corps?

“A feeling of pride, fellowship, and common loyalty shared by the members of a particular group”

Swenson & Shanafelt Strategies to Reduce Burnout. Oxford University Press 2020



Swenson & Shanafelt Strategies to Reduce Burnout. Oxford University Press 2020



Swenson & Shanafelt Strategies to Reduce Burnout. Oxford University Press 2020

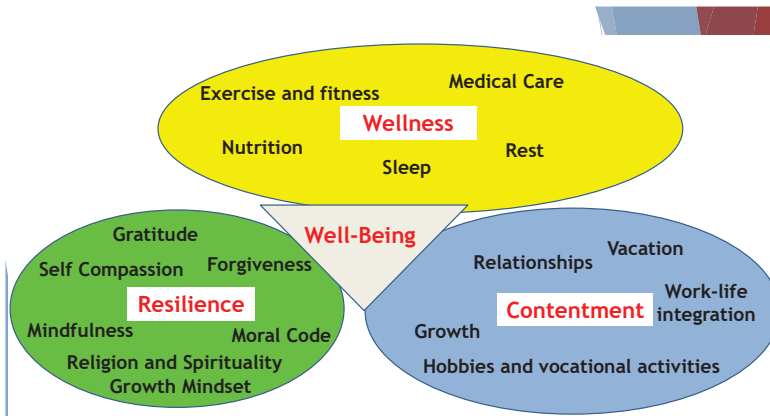
Keys to Wellbeing

Awe
Altruism
Bridging Differences

Forgiveness
Gratitude
Happiness

Compassion
Diversity
Empathy

Intellectual Humility
Mindfulness
Purpose



Engaged Professionals Find Meaning & Purpose at Work

Optimal Balance Health Care System

Workload
Job Demands

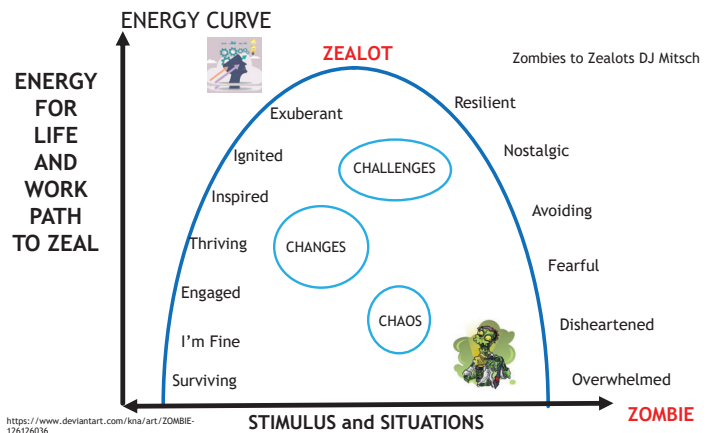
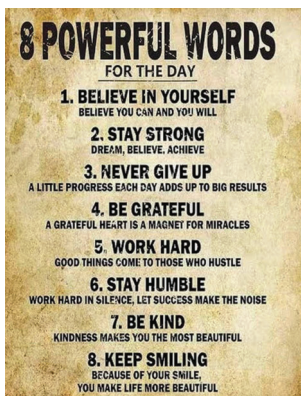
Efficiency &
Resources

Control &
Flexibility

Organizational
Culture & Values

Social Support
Work Community

Work-Life
Integration



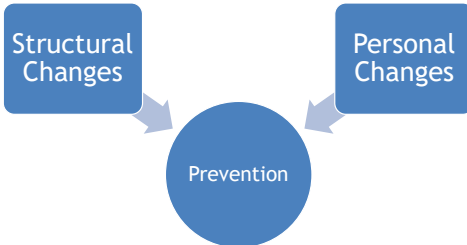
<https://www.deviantart.com/khai/art/ZOMBIE-126126036>

Dr. Brendan Sullivan

PREVENTION AND TREATMENT OF PHYSICIAN BURNOUT

▶ “Intellectuals solve problems, geniuses prevent them.” -Albert Einstien

Evidence Based Approach to Wellness



“ For a man to conquer himself is the first and noblest of all victories ”

Plato (427-347 BCE)

“The only effective answer to organized greed is organized labor.” – Thomas Donahue AFL-CIO treasurer

What if?

- ▶ What if small slights did not bother you?
- ▶ What if you did not go home upset after work?
- ▶ What if you did not dread going to work?
- ▶ Is there a way to train your brain to not get upset?
- ▶ I am not advocating for
 - ▶ Not speaking up
 - ▶ Not advocating for yourself
 - ▶ Not switching jobs/careers

What can we do as individuals?

Individual Care

- ▶ Cognitive Behavioral Therapy
- ▶ Mindfulness Meditation

Group Care

- ▶ Collect Data
- ▶ Advance Alternative work strategies
- ▶ Team building
- ▶ Restricting Work Time

Cognitive Behavioral Therapy

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.
 1. Psychological problems: stress, depression, social anxiety disorder...



Cognitive Behavioral Therapy

- ▶ Incredibly Successful ICU intervention
- ▶ CTICU PATIENTS
 - ▶ Post Code On ECMO
 - ▶ Hearing Alarms
 - ▶ Breathing Exercises
 - ▶ Feeling of transitioning to
 - ▶ Trach Collar
 - ▶ Pressure Support Ventilation
 - ▶ Walking on ECMO



Train your body? Train your brain?

- ▶ Navy Seals/Peak Performing athletes/Musicians/Performers /Bhudist monks
- ▶ Mindfulness Meditation
 - ▶ Two Major Techniques Studied
 - ▶ Mindfulness Based Stress Reduction (MBSR)
 - ▶ Mindfulness Based Cognitive Therapy (MBCT)



Mindful Based Stress Reduction

- ▶ 2,500 years of Buddhist tradition
- ▶ “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” -Jon Kabat-Zinn
- ▶ Basic Curriculum
 - ▶ 8 weekly 2.5 hours sessions
 - ▶ 8 hour daylong retreat
 - ▶ 15-20 min daily exercises
 - ▶ Over 10 months
- ▶ It WORKS
 - ▶ Improves physician and health care provider: burnout, compassion, job satisfaction...
 - ▶ Reduces stress hormones, improves stress response, activates different areas of brain fMRI studies



Mindfulness-Based Cognitive Therapy (MBCT)

- ▶ Combination
 - ▶ Cognitive Behavioral Therapy
 - ▶ Mindfulness Based Stress Reduction
- ▶ Distinct from CBT
 - ▶ Enhances metacognitive awareness
 - ▶ Thoughts are “events” rather than “truths”
 - ▶ Ex: “I am a bad person”
 - ▶ This is a fleeting thought, rather than a fixed reality



Table 1 Comparison of therapeutic stances of MBCT and CBT

MBCT	CBT
Thought process focused	Thought content focused
Promotes new way of <i>being</i> with painful affect and challenging circumstances	Promotes new way of <i>looking at</i> painful affect and challenging circumstances
Distinguishing thoughts as thoughts (versus statements of fact)	Distinguishing dysfunctional and negative thoughts from healthy thoughts
Noticing and allowing thoughts and feelings without fixing, changing, or avoiding	Testing and challenging dysfunctional beliefs and inventing new interpretations
Behavioural interventions focused on developing present moment awareness	Behavioural interventions focused on reinforcing more adaptive responses
Therapist embodies approach	Therapist instructs and coaches



Recognize the signs

- ▶ Exhaustion: physical emotional fatigue
- ▶ Cynicism: negative attitude towards patients and colleagues
- ▶ Reduced efficiency: decline in professional efficacy and job performance



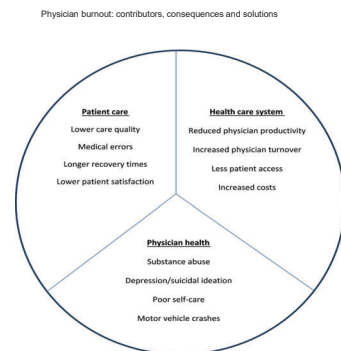
Causes of Burnout

- ▶ Workload: long hours, frequent emergencies
- ▶ Emotional Stress: critical patients and end of life decisions
- ▶ Lack of resources: insufficient staffing, equipment support



Impact of Burnout

- ▶ Decreased patient care:
 - ▶ impaired decision making
 - ▶ reduced quality of care
- ▶ High turnover:
 - ▶ physicians leaving the profession or transferring to less demanding specialties
 - ▶ CRUSHING!
 - ▶ SNOWBALL EFFECT
- ▶ Increased medical errors
 - ▶ higher likelihood of errors



Journal of Internal Medicine, Volume: 263, Issue: 6, Pages: 516-529, First published: 05 March 2018, DOI: 10.1111/joim.12752

Addressing Burnout

- ▶ Promoting work life balance
 - ▶ Organizational Changes
- ▶ Encourage reasonable hours/breaks
- ▶ Implement flexible schedules
- ▶ Provide resources for mental health
 - ▶ RESILIANCY TRAINING
 - ▶ Paid Time to attend counseling/Training
 - ▶ **NO MORE NOON YOGA!**
 - ▶ **NO MORE Websites with external links**

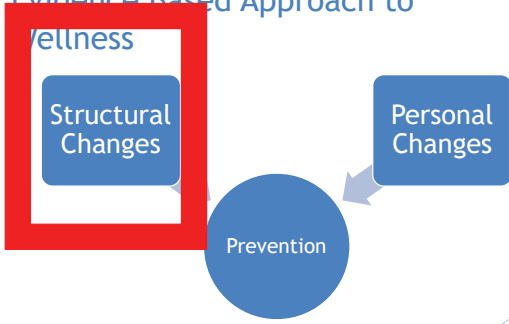


Team Building

- ▶ Foster a positive and collaborative work environment
- ▶ Encourage open communication amongst team members
- ▶ EXAMPLES
 - ▶ NAVY SEALS
 - ▶ ENDURANCE ATHLETES
 - ▶ BUDDHIST MONKS



Evidence Based Approach to Wellness




Burnout is also Indicative of a Health Care System Organizational Dysfunction

Studies have shown initiatives at the **Individual level** are important to tackle the epidemic of Burnout.

But Changes need to be made at an **Organizational Level**

Maslach C, Jackson S. The measurement of experienced burnout. J Organiz Behav. 1981 Apr;2(2):99-113. Williams ES et al. 2002: PMID 11949917

COSTS

- 
- ▶ Replacement
 - ▶ Physician (1,550 CA3's)
 - ▶ APP's (2400 CRNA/300 AA)
 - ▶ Retirement age 60's
 - ▶ Sick leave (back-up plan?)
 - ▶ Disability (maternity/paternity)
 - ▶ Training
 - ▶ Short staffing
 - ▶ Orientation
 - ▶ Stay later/weekends/holidays

"The only effective answer to organized greed is organized labor." – Thomas Donahue AFL-CIO treasurer

- ▶ Resident Duty Hours 2003
- ▶ Most profound impact on physician wellness
 - ▶ Well studied
 - ▶ Decreased patient error
 - ▶ Improved
 - ▶ Wellness/Sleep/Job satisfaction

Organizational changes

- ▶ Expensive Investment
 - ▶ Google/Apple/USAA/Genentech
- ▶ Require advocacy
- ▶ Need to be constantly revisited
- ▶ Absolutely necessary
- ▶ No more noon yoga only

Conclusions