



Mental Health & Burnout: Resources & Responsibilities

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Learning Objectives

- Define burnout and recognize its impact on physicians
- Identify risks for burnout and depression
- Assess high priority well-being interventions
- Develop a database of available well-being resources

I have no relevant disclosures

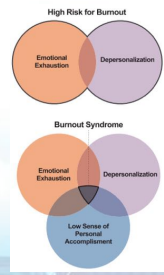
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Impact

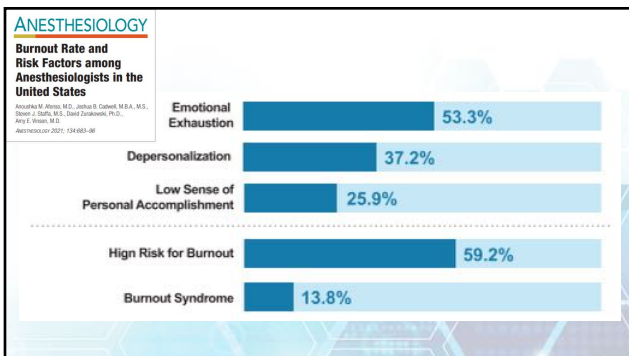
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“Psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with other people”


—Christina Maslach, 1986



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Burnout Rate and Risk Factors among Anesthesiologists in the United States

Allison M. Altom, M.D., Joshua B. Cahani, M.B.A., M.S., Steven J. Zarlin, M.D., David Zuckerman, Ph.D., Amy E. Wilson, M.D.
Anesthesiology 2021; 134:683-98

Variable	High Risk of Burnout		PValue	Burnout Syndrome		PValue
	Yes (n = 2,307)	No (n = 1,591)		Yes (n = 539)	No (n = 3,359)	
Practice environment	625 (26.8%)	569 (35.6%)	< 0.001	212 (39.2%)	1,113 (33.1%)	0.001
Private practice, hospital-based	361 (15.6%)	169 (10.6%)		27 (4.8%)	303 (9.0%)	
Community hospital	661 (28.5%)	441 (27.7%)		149 (27.5%)	843 (25.1%)	
University hospital/academic appointment	596 (25.7%)	420 (26.5%)		136 (25.2%)	896 (26.4%)	
Other	79 (3.4%)	51 (3.2%)		12 (2.2%)	114 (3.4%)	< 0.001
Have a professional mentor	507 (22.0%)	425 (26.7%)	0.001	167 (30.8%)	846 (25.2%)	< 0.001
Any E. Wilson, M.D.	37 (1.6%)	23 (1.5%)		10 (1.8%)	19 (0.6%)	< 0.001
How often do you work per week	2,106 (91.3%)	1,297 (81.5%)	< 0.001	497 (92.0%)	2,303 (68.7%)	< 0.001
Working longer experience	1,912 (83.0%)	997 (62.6%)	< 0.001	311 (57.5%)	1,999 (59.5%)	< 0.001
Working longer time per week	1,949 (84.5%)	949 (59.6%)	< 0.001	304 (56.4%)	1,984 (59.2%)	< 0.001
A weekend amount	614 (26.6%)	606 (38.1%)		193 (35.8%)	1,237 (36.8%)	
A 30k amount/week	116 (5.0%)	137 (8.6%)		19 (3.5%)	108 (32.3%)	
Amount of support at home	504 (21.8%)	180 (11.3%)	< 0.001	16 (3.0%)	597 (17.8%)	< 0.001
# of kids at home	625 (27.1%)	363 (22.8%)		112 (20.8%)	826 (24.6%)	
A 30k amount/week	1,424 (61.7%)	1,446 (90.9%)		184 (34.1%)	1,444 (43.3%)	
Completely available to family talk about concerns at work	352 (15.3%)	845 (53.1%)	< 0.001	80 (14.8%)	1,347 (40.1%)	< 0.001
Sampling: representative						0.04
None	307(2,305) (13.3%)	259(1,585) (16.3%)		84(57) (11.9%)	502(3,353) (15%)	
1 or 2 people	889(2,305) (38.5%)	595(1,585) (37.6%)		223(57) (41.0%)	1,243(3,353) (37.1%)	
> 2 people	1110(2,305) (48.2%)	749(1,585) (47.1%)	0.354	293(53) (48.6%)	1,606(3,353) (47.9%)	0.629
Gender identity						
Female	767(2,307) (33.2%)	519(1,591) (32.7%)		171(32) (31.7%)	1,186(3,359) (35.3%)	
Male	1,470(2,307) (63.7%)	1,045(1,591) (65.7%)		353(64) (64.7%)	2,169(3,359) (64.2%)	
Age, yr	50 (42-58)	54 (45-61)	< 0.001	48 (41-56)	53 (45-60)	< 0.001
Identify as underrepresented on the basis of race	238 (10.3%)	121 (7.6%)	0.204	24 (4.5%)	246 (7.3%)	0.042
Identify as underrepresented on the basis of religion	119 (5.2%)	73 (4.6%)	0.413	19 (3.5%)	159 (4.7%)	0.167
Identify as underrepresented on the basis of sexual orientation, gender identity, and sexual orientation	77 (3.3%)	27 (1.7%)	0.002	19 (3.5%)	95 (2.8%)	0.363
Identify as underrepresented on the basis of English as a second language	124 (5.4%)	112 (7.0%)	0.002	32 (5.9%)	204 (6.1%)	0.302

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The Prevalence of Burnout and Depression and Their Association with Adherence to Safety and Practice Standards: A Survey of United States Anesthesiology Trainees
 Gilman D, de Oliveira J, MS, MSc¹, Rao Chang, BS¹, Paul C, Fagnano, MD², Victoria G, Bravata, MD¹, Louise Brennan, Catherine, MD¹, Norman, Ronald, MD¹, and Robert J. McCarthy, DPharm^{3*}

Table 2. Characteristics of Respondents by Burnout and Depression Risk

	Overall	Low	Burnout risk	P	High	Depression risk	P
Age							
<20	779 (34)	420 (14)	339 (14)	<0.0005	552 (17)	145 (23)	0.23
≥20	666 (44)	422 (40)	222 (34)		409 (40)	123 (29)	
Gender							
Male	850 (37)	501 (23)	288 (37)	<0.0005	446 (46)	118 (16)	<0.0005
Female	441 (14)	331 (31)	149 (14)		421 (72)	178 (29)	
Marital status							
Married	884 (39)	537 (27)	248 (32)	<0.0005	311 (37)	102 (13)	<0.0005
Single	609 (41)	281 (48)	302 (32)		319 (46)	193 (44)	
Postgraduate status							
Yes	452 (20)	238 (22)	131 (13)	<0.0005	305 (48)	49 (12)	<0.0005
No	3244 (70)	1441 (35)	842 (43)		2151 (74)	208 (29)	
Year of training							
First year	713 (31)	405 (46)	321 (44)	<0.0005	538 (77)	163 (23)	<0.0005
Second year	736 (49)	427 (43)	252 (37)	0.008	518 (76)	134 (21)	0.33
Number of residents per site							
1-5	397 (32)	424 (38)	294 (41)	0.2	340 (37)	157 (23)	0.39
6-10	1117 (76)	713 (69)	328 (32)	<0.0005	869 (86)	144 (14)	<0.0005
>10	348 (24)	156 (15)	178 (17)		195 (29)	148 (44)	
Site location							
Urban	648 (44)	425 (37)	181 (30)	<0.0005	511 (96)	91 (14)	<0.0005
Suburban	830 (36)	389 (31)	389 (45)		324 (72)	213 (28)	
US	593 (37)	281 (23)	40 (3)	<0.0005	336 (95)	46 (10)	<0.0005
Foreign							
per year	1097 (72)	693 (66)	319 (32)	<0.0005	823 (84)	150 (16)	<0.0005
per site	491 (28)	389 (39)	244 (24)		257 (25)	136 (13)	


DeOliveira, Anesthesia & Analgesia, 2013

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SAAPM Accreditation Council for Graduate Medical Education

Responsibility to our Fellows

- Efforts to enhance meaning in being a physician
- Attention to scheduling, work intensity and work compression
- Ensuring trainee safety
- Providing opportunities for trainees to attend medical & mental health appointments (including during working hours)
- Educate trainees and faculty on signs of fatigue/sleep deprivation and mitigation strategies
 - Develop policies and procedures for safe patient handoffs in response to trainee fatigue
 - Ensure adequate sleep facilities at work
 - Provide safe transportation options for fatigued trainees
- Develop policies and procedures in the event a trainee is unable to attend work
 - Fatigue
 - Illness
 - Family emergencies
 - Etc.




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SAAPM Accreditation Council for Graduate Medical Education


Responsibility to our Fellows

- Developing policies and programs for trainee and faculty well-being
- Educate trainees and faculty to identify symptoms of burnout, depression and substance abuse
 - Provide means to assist those who experience these conditions
 - Encourage trainees and faculty to alert program director or designee when they are concerned for a fellow trainee or faculty member
 - Provide access for self-screening
 - Provide access to confidential, affordable mental health assessment, counseling and treatment including urgent/emergent care



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Screening for burnout



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SAAPM Accreditation Council for Graduate Medical Education

Screening for burnout

- Maslach Burnout Inventory
- Copenhagen Burnout Inventory
- Stanford Professional Fulfillment Inventory
- Well-Being Index

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SAAPM Accreditation Council for Graduate Medical Education

Single Item Burnout Measure


1. I enjoy my work, I have no symptoms of burnout.
2. Occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
4. The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot.
5. I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.

Dolan. J Gen Intern Med. 2014

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Identifying Resources & Building a Program

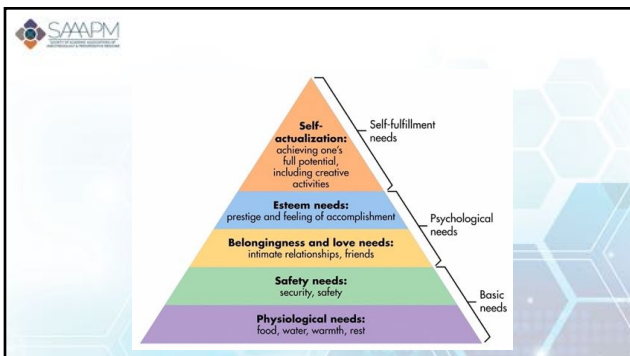
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Building a Well-Being Program

- Creating a culture
 - Admitting that we are not always going to be ok
 - Encourage asking for help
- Program cannot be a narrow, one-size-fits all
 - Assessment of the program – wants and needs of individuals to be served by the program
- Multidimensional
 - Personal
 - Organizational components

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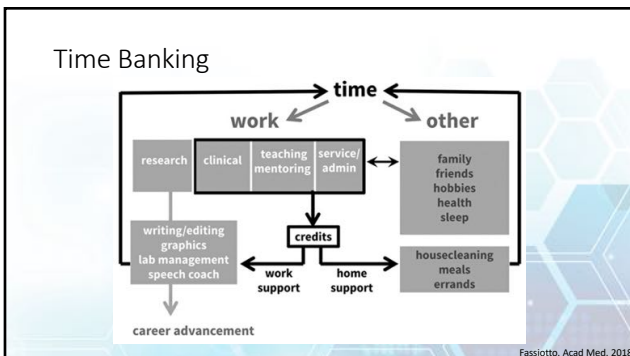


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<https://christianacare.org/documents/medical-dental%20staff/ResidencyWellnessToolkitPrototypeDec17.pdf>

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Time Banking

Impact	Pre, mean (SD)*	Post, mean (SD)*	P value
Control over time and resources	2.64 (0.12)	2.77 (0.11)	.158
Support for a culture of flexibility	2.99 (0.14)	3.23 (0.12)	.020
Support from colleagues for flexibility	3.67 (0.16)	3.61 (0.12)	.699
Wellness	1.89 (0.12)	2.13 (0.13)	.013
Understanding of professional development opportunities	2.98 (0.13)	3.24 (0.13)	.036
Institutional satisfaction	3.05 (0.12)	3.30 (0.10)	.020

Abbreviation: SD indicates standard deviation. *All scales range in value from 1 (low) to 5 (high).

Fassiottto, Acad Med, 2018

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Program Development

“Wellness is defined as a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle”

Eckleberry-Hunt, J GME, 2009

RISK 1: WELLNESS TOOLBOX

1. Designate a faculty who owns wellness and has time to champion it, and then select the help of the chief resident(s). These individuals can develop a plan, based on the program's needs or needs assessment, for the next steps.
2. Define wellness.
3. Administer a burnout tool (eg, Maslach Burnout Inventory) twice a year to faculty and residents. Provide individual and group feedback.
4. Provide lectures on wellness, burnout, writing a mission statement, positive psychology, and cognitive-behavioral counseling techniques.
5. Schedule “softest patient” panels twice a year to discuss, as a group, how to manage difficult situations and interactions.
6. Schedule class meetings every other month with faculty members who make the trainee side of medicine.
7. Develop a list of psychological and primary care providers tailored for residents, but it is not a closed roster.
8. Schedule a day faculty retreat for renewal.
9. Assign “wellness partners” for faculty and residents with emotional, physical, spiritual, and social goals. Send quarterly newsletters.
10. Develop a professional contract for faculty and residents with annual review.
11. Make wellness an agenda item on monthly faculty and resident meetings.
12. Develop a physician support group (use the work of Rachel Shapiro-Rosen, MD).
13. Ask residents to set quarterly wellness goals during advisor meetings.
14. Assign a physician office staff to schedule “fun” social events for the entire office (eg, sporting events).
15. Invite residents to faculty meetings, conferences, etc, to increase sense of control.
16. Schedule a yearly retreat with team-building and self-assessment exercises.
17. Encourage faculty and residents to confront concerns as they see them, both in residents and faculty.
18. Encourage faculty to provide positive feedback.
19. Take time to publicly celebrate accomplishments, even transitions from postgraduate year 1 to 2. Hold and appreciate facts.
20. Change the culture over time. Create an environment that does not focus on pathology.

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Peer Support

Figure 4. The Scott Three-Tiered Interventional Model of support consists of three tiers, with the nature of support escalating from Tier 1 through Tier 3.

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Developing Peer Support

Five STEPS to Build a Peer Support Program

1. Make the Case to Leadership that Peer Support is Essential
2. Decide Which Health Care Team Members Your Program Will Serve
3. Form a Peer Supporter Team with Strong Communication Skills
4. Train Peer Supporters and Launch the Program
5. Activate Peer Support Interventions and Provide Additional Resources

<https://edhub.ama-assn.org/steps-forward/module/2767766>

<https://peecanesthesia.org/wp-content/uploads/2021/03/How-to-Set-Up-a-Peer-Support.pdf>

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Additional Resources from National/International Organizations

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ACGME AWARE Resources for Well-Being

New AWARE podcast available: The Impact of Transition on Resident Well-Being during Pandemic. Listen to the entire Podcast Series on Spotify, RadioPublic, and Apple Podcasts.

Download the Well-Being App from the Apple App Store or Google Play.

View the Cognition and Well-Being Skill Development Video Workshop.

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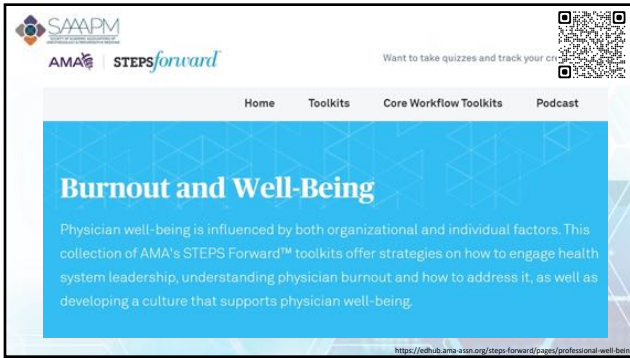
National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

Resources from the Clinician Well-Being Collaborative

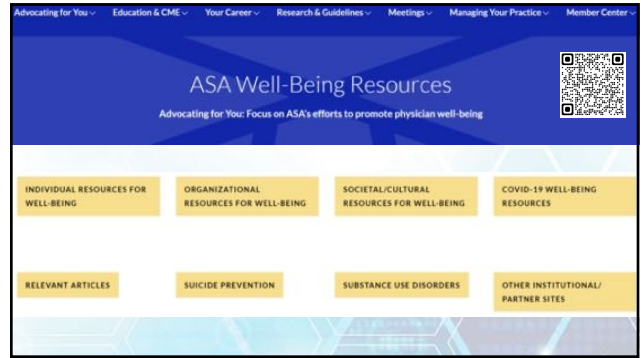
- Clinician Well-Being Knowledge Hub
- Case Studies
- Validated Instruments to Assess Well-Being
- Conceptual Model: Factors Affecting Clinician Well-Being
- Expressions of Clinician Well-Being

More Resources

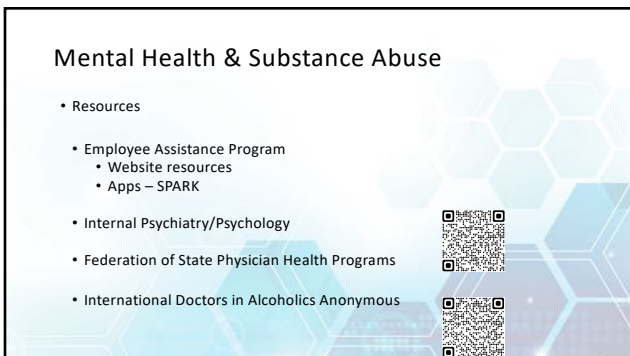
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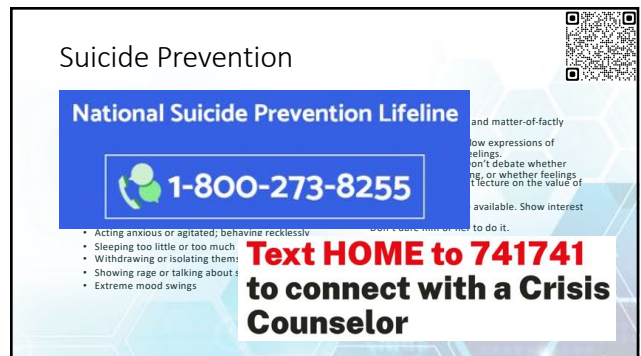
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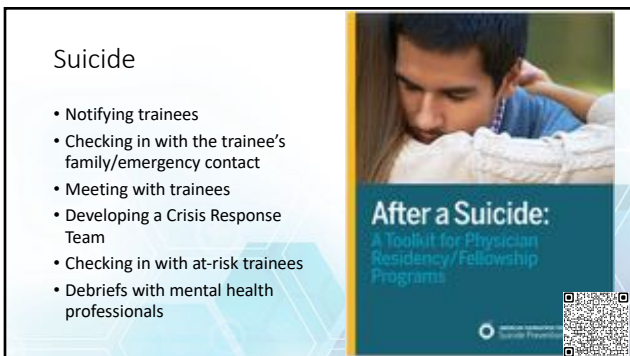
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Additional References

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