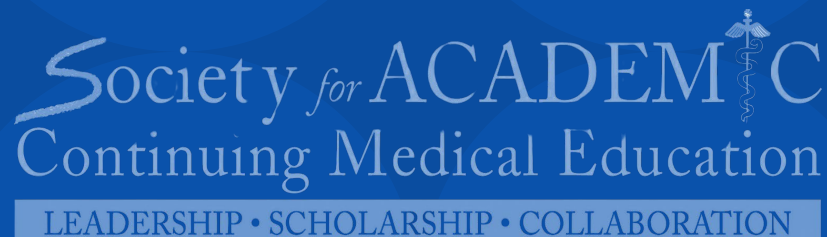


Physician Wellness Pre-, Peri-, and Post-COVID

MIRANDA MCDANIEL, BA
DILLON WELINDT, MS
BETSY WILLIAMS, PHD, MPH, FSACME



CONFLICTS OF INTEREST

- **Miranda McDaniel, BA**—Employee, Professional Renewal Center® Wales Behavioral Assessment
- **Dillon Welindt, MS** – Employee, Wales Behavioral Assessment® Wales Behavioral Assessment
- **Betsy Williams, PhD, MPH, FSACME**—Primary Shareholder, Professional Renewal Center® Wales Behavioral Assessment

PHYSICIAN WELLNESS

- Burnout and lack of well-being were challenges physicians faced prior to COVID-19.
- COVID-19 is associated with increased rates of:
 - Anxiety
 - Depression
 - Stress



THE IMPACT OF COVID-19



- COVID-19 lead to a stressful impact on physician's mental states:
 - Sleeping disturbances
 - Depressive symptoms
 - Anxiety
 - Feelings of hopelessness
- Initial fears were replaced with fatigue and frustration.

UNDERSTANDING PHYSICIAN BURNOUT

- Emotional exhaustion is often primarily associated with burnout.
- However, only focusing on emotional exhaustion ignores other aspects of the burnout.
- External factors, such as COVID-19, significantly impact physician burnout.



OUR GOAL

The goal of the study is to further clarify the impacts of COVID-19 on physician wellness and burnout.

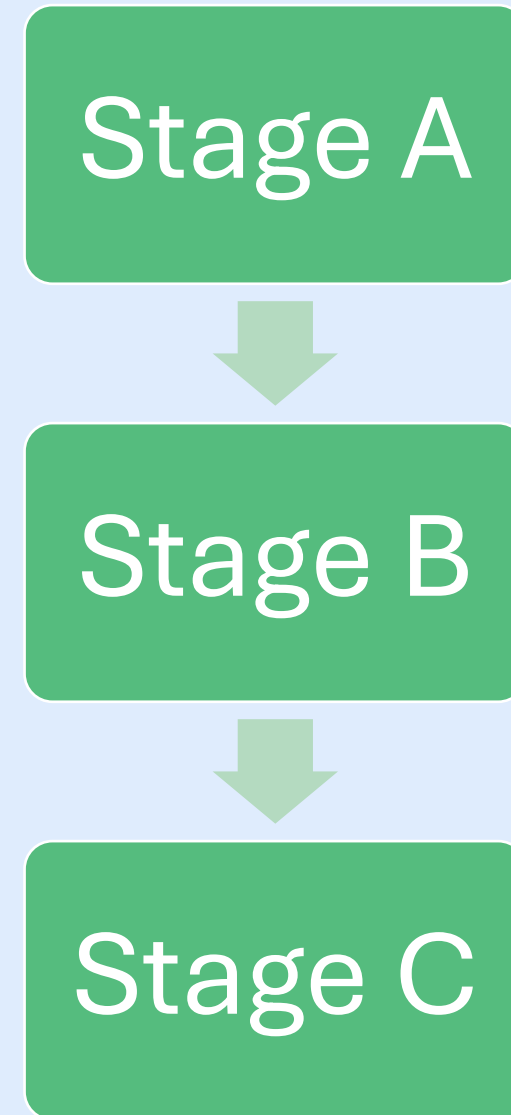


METHODS

- Examine temporal trends of burnout before, during, and following the COVID-19 pandemic.
- Utilizes a sample of physicians undergoing a remedial CME activity.
 - Interpersonal & Communication Skills
 - Professionalism
 - Systems-Based Practice
- Examine factors related to burnout and the moderating effect of the pandemic.

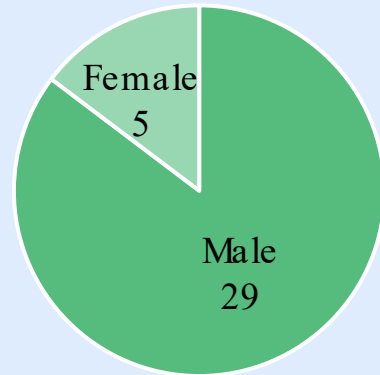
PICME ACTIVITY

- Utilizing data from Stage A.
 - Needs Assessment
- Attitudes regarding burnout prior to the CME activity.



PARTICIPANTS

Pre-COVID
2017 - 2018

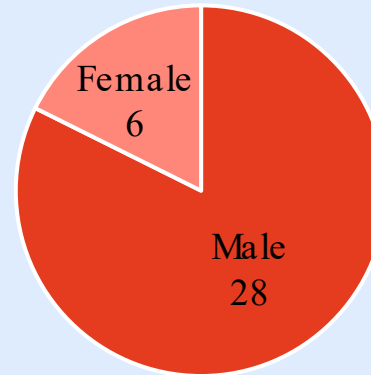


Male Female

n = 34

Mean Age : 51 (SD= 12.8)

Peri-COVID
2019 - 2021

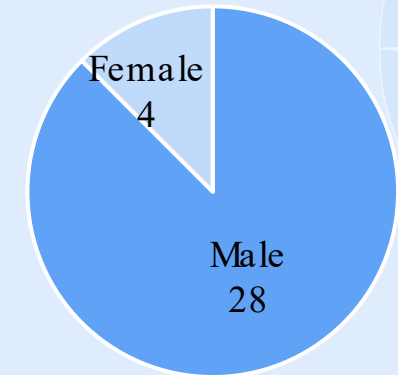


Male Female

n = 34

Mean Age : 51 (SD= 9.9)

Post-COVID
2022 - 2023



Male Female

n = 32

Mean Age : 48 (SD= 10)

MBI – MASLACH BURNOUT INVENTORY

MBI Human Services Survey

- Workers in human services, including nurses, physicians, health aides, social workers, health counselors, therapists, police, correctional officers, clergy, etc.

3 Scales:

- Emotional Exhaustion: feelings of being emotionally overextended and exhausted by work
- Depersonalization: unfeeling and impersonal responses toward recipients of one's services, care, or treatment
- Personal Accomplishment: feelings of competence and successful achievement in one's work

<https://www.mindgarden.com/117-maslach-burnout-inventory-mbi>

MBI – MASLACH BURNOUT INVENTORY

MBI Human Services Survey

The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page there are 22 statements of job-related feelings. Please read each statement carefully and decide if you every feel this way *about your job*. If you have *never* had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below:

Example:

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN

0-6

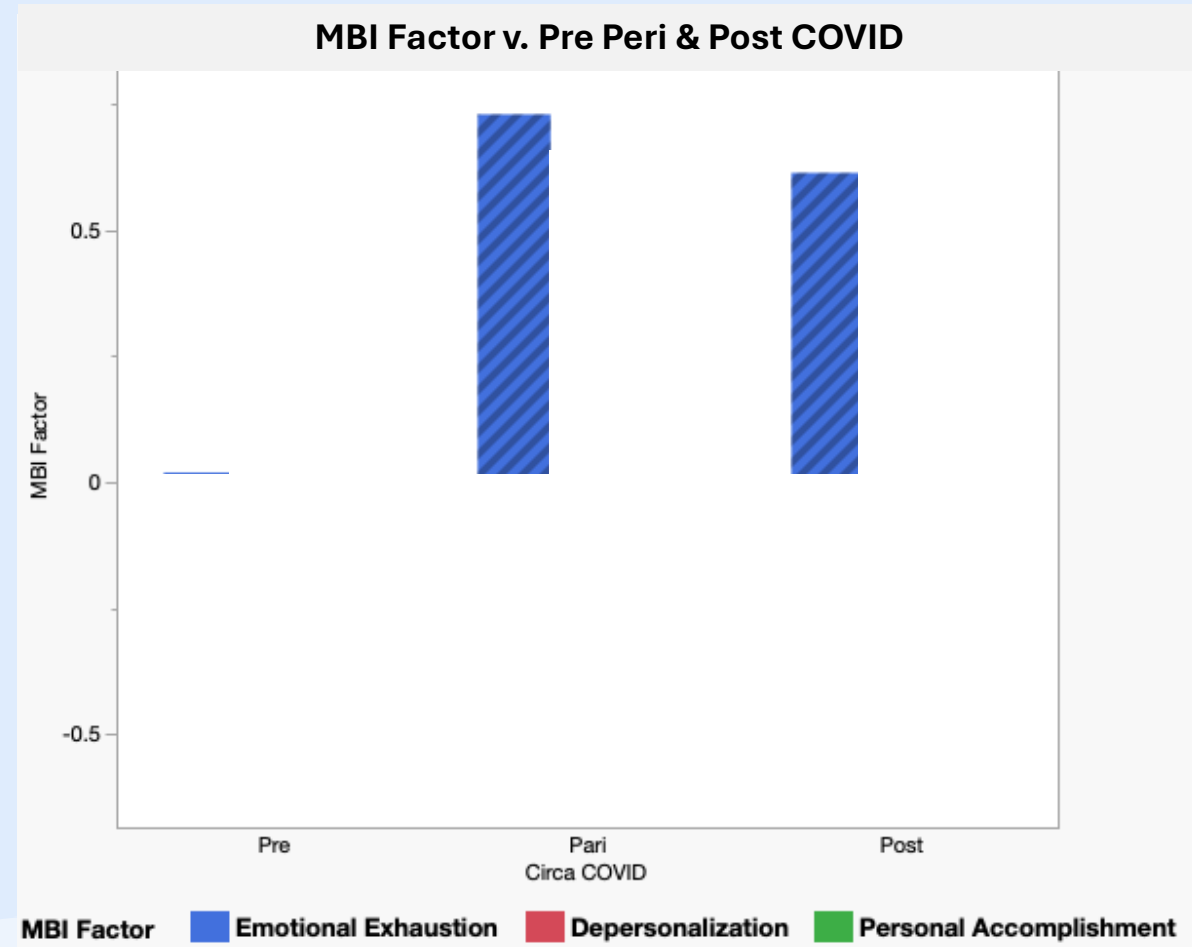
Statement:

_____ I feel depressed at work.

If you *never* feel depressed at work, you would write the number "0" (zero) under the heading "HOW OFTEN." If you *rarely* feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week, but not daily) you would write a "5."

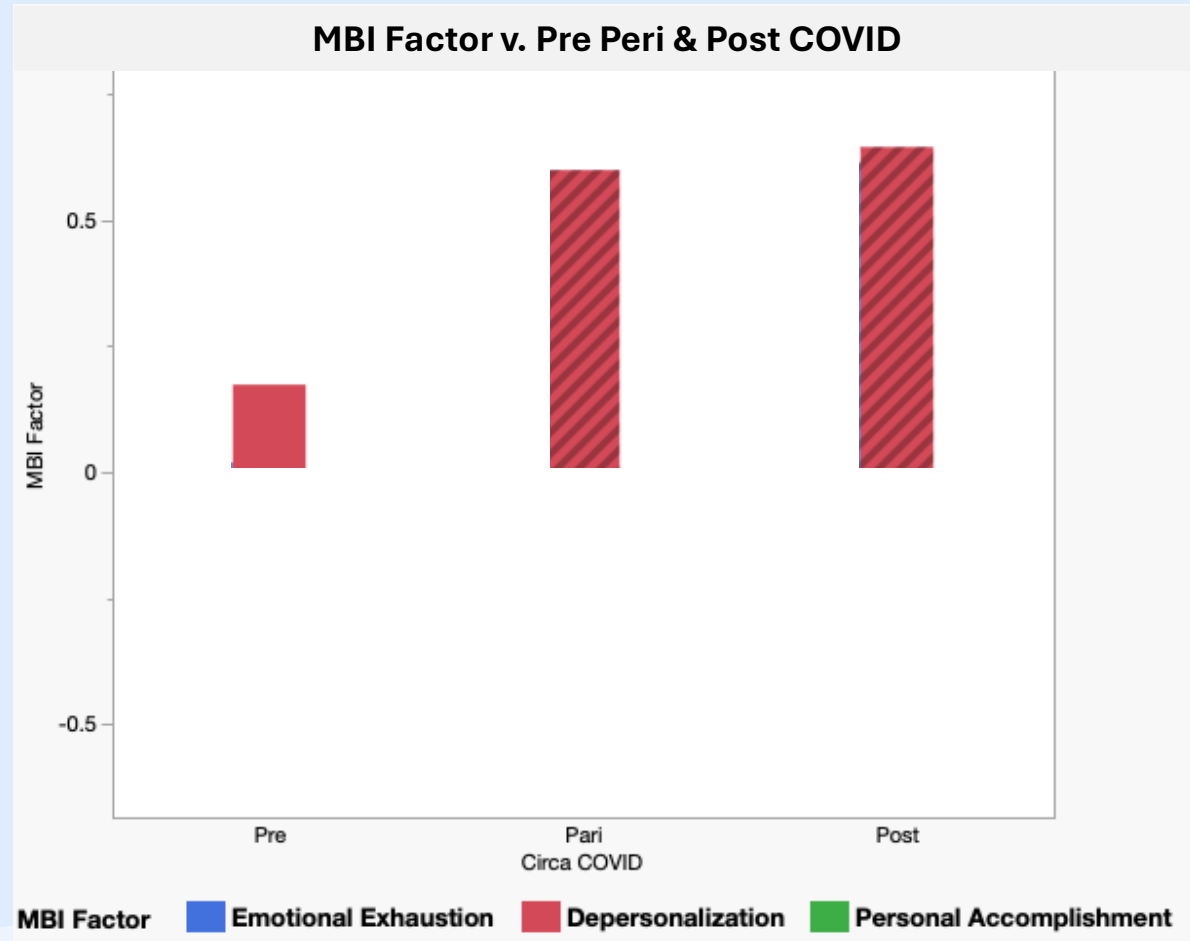
EMOTIONAL EXHAUSTION

- Factor most exacerbated by COVID-19.
- Pre-COVID very low emotional exhaustion.
- Emotional exhaustion significantly increased with COVID-19.



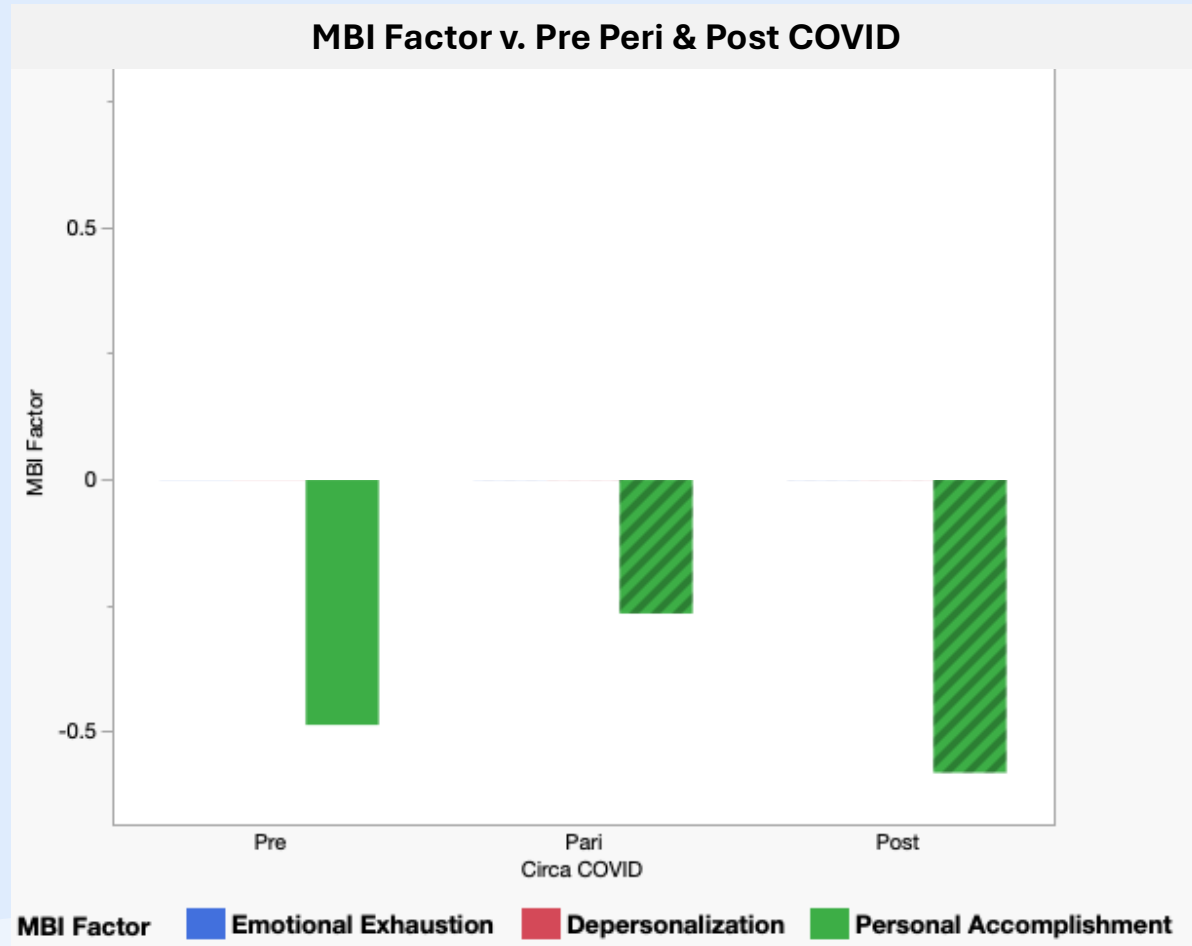
DEPERSONALIZATION

- Pre-COVID some sense of depersonalization.
- Depersonalization significantly increased with the onset of COVID-19.
- This trend continued following the pandemic.



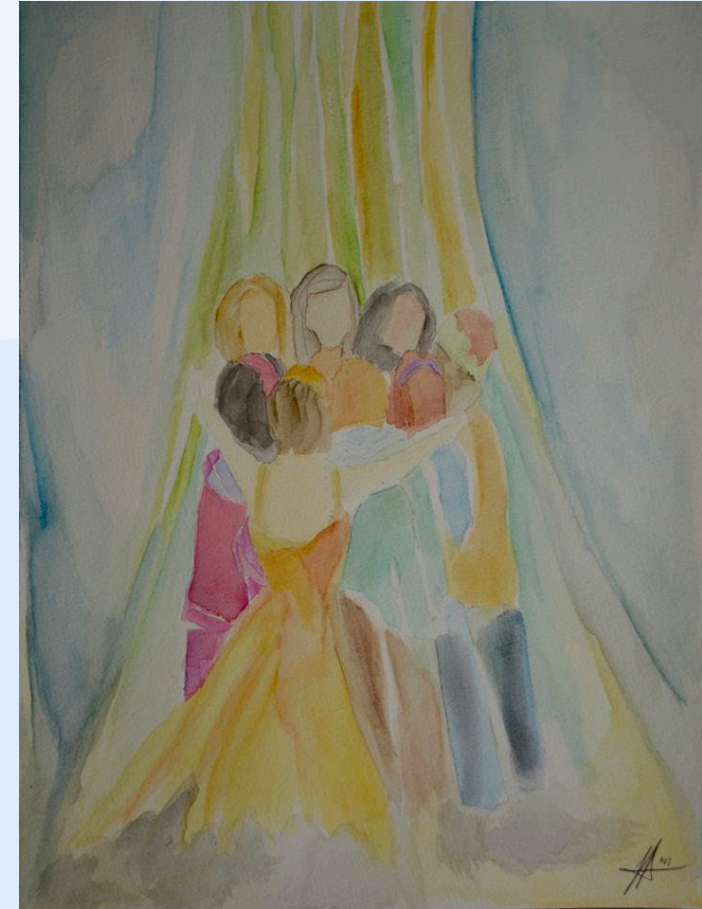
PERSONAL ACCOMPLISHMENT

- Pre-COVID physicians experienced lower rates of feelings of personal accomplishment.
- Feelings of personal accomplishment improved with COVID-19.
- Post-COVID physicians again reported lower rates of feelings of personal accomplishment.



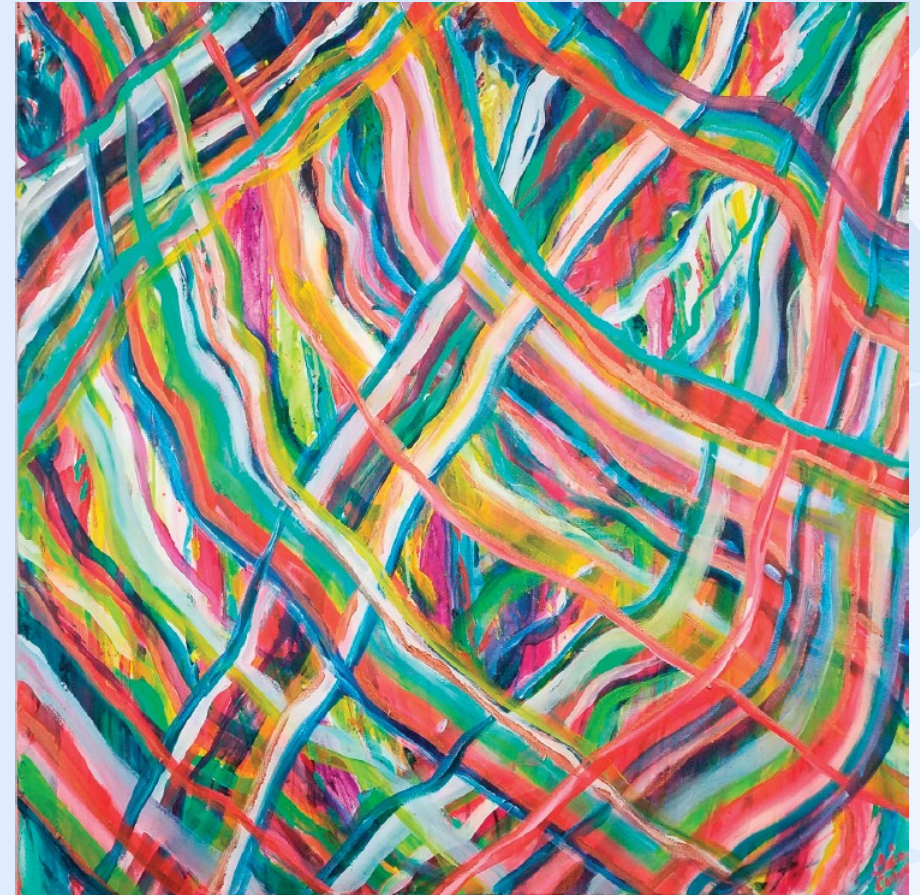
HOW TO IMPROVE PHYSICIAN WELLNESS

- Obstacles to physician wellness often include a lack of education, awareness, and available resources.
- Important to develop strategies to address/manage workplace demands and develop resilience.



IMPACT FOR CME/CPD PROVIDERS

- Effective advocacy requires an understanding of physician's unique needs and risk factors for poor wellbeing.
- To aid in reducing burnout for physicians CME/CPD providers should:
 - Provide systems-based education.
 - Promote an emphasis on acknowledging positive aspects of work i.e. accomplishments.
 - Promote health and well-being as part of professionalism.



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ARTWORK

Artwork from National Academy of Medicine (NAM), Expressions of Clinical Well-Being

<https://nam.edu/expressclinicianwellbeing/#/>

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Thank you

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