WELLNESS AND BURNOUT IN ACADEMIA:

WHAT FACULTY HAVE EXPERIENCED IN ACADEMIC MEDICINE, HOW HAS IT BEEN AFFECTED BY COVID, AND WHAT DO WE DO NOW?

CENTER FOR FACULTY EXCELLENCE
LOYOLA UNIVERSITY CHICAGO
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INTRODUCTIONS

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FOR DISCUSSION

• Provide some framework for understanding the issues of “burnout”.
• Review specific elements and consequences of physician burnout.
• Relate common elements in academic faculty burnout.
• Consider common elements involved in wellness.
• Identify wellness resources available to assist you as needed.
UNDERSTANDING THE ISSUES OF “BURNOUT”

- What are the symptoms?
- How can these symptoms progress?
- What are the consequence of not addressing this issue?
- What have the effects of the last 3 years done to burnout.
UNDERSTANDING THE ISSUE:
STRESS IS NOT BURNOUT

Yerkes-Dodson Human Performance and Stress Curve
BURNOUT IS…

• **Emotional exhaustion**
  o feelings of being emotionally overextended and exhausted by one's work

• **Depersonalization**
  o unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction

• **Decreased feelings of personal accomplishment**
  o lack of feelings of competence and successful achievement in one's work

Maslach, 1997
**PHYSICIAN “BURNOUT” SYMPTOMS:**

**REGULARLY FEELING AS IF YOU ARE...**

<table>
<thead>
<tr>
<th>MASLACH DEFINITIONS</th>
<th>EXAMPLES</th>
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<tbody>
<tr>
<td>• Depersonalization</td>
<td>• treating patients or coworkers as if they were impersonal objects</td>
</tr>
<tr>
<td>• Decreased feelings of personal accomplishment</td>
<td>• feeling emotionally drained from work</td>
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<tr>
<td>• Emotional exhaustion</td>
<td>• feeling dread upon waking knowing you have to face another day</td>
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<td></td>
<td>• being calloused/ insensitive to people</td>
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<td></td>
<td>• not caring what happens to your patients.</td>
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<td></td>
<td>• disliking working with you patients/ coworkers.</td>
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<td>• regretting your decision to enter medicine.</td>
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DEVELOPMENT OF PHYSICIAN BURNOUT

1. The compulsion to prove oneself
2. Working harder
3. Neglecting needs
   • emotional, physical, educational
4. Displacement of conflicts
5. Revision of values
   • “I don’t have the time to deal with these things and they are not a priority.”
6. Denial of emerging problems
   • cynicism and aggression become more apparent

Ulrich, Scientific Mind: 2006
DEVELOPMENT OF PHYSICIAN BURNOUT

7. **Withdrawal**
   - become isolated and walled off
   - substance use

8. **Odd behavioral changes**
   - others in their immediate social circles can no longer overlook their behavioral changes

9. **Depersonalization**
   - life becomes a series of mechanical functions

10. **Inner emptiness**
    - recognition of “failure”

11. **Depression**

12. **Burnout syndrome**

Ulrich, Scientific Mind: 2006
THE DANGER OF MINIMIZING THE WORD “BURNOUT”

REALITY CHECK!
50% OF PHYSICIANS ARE NOT “BURNED OUT”

• But why is this such an issue in medicine?
<table>
<thead>
<tr>
<th>The Person</th>
<th>The Environment</th>
<th>One Outcome</th>
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</thead>
<tbody>
<tr>
<td>driven</td>
<td>productivity driven</td>
<td>frustration</td>
</tr>
<tr>
<td>goal directed</td>
<td>cog in a wheel</td>
<td>antagonism</td>
</tr>
<tr>
<td>perfectionist</td>
<td>24/7 access and demands</td>
<td>anxiety</td>
</tr>
<tr>
<td>not self-forgiving</td>
<td>loss of control</td>
<td>demoralized</td>
</tr>
<tr>
<td>“M.D.” is <em>what we are</em>,</td>
<td>inconsistency of outcomes</td>
<td>overwhelmed</td>
</tr>
<tr>
<td>not <em>what we do</em></td>
<td>high stakes</td>
<td>guilt</td>
</tr>
<tr>
<td>Trained to be</td>
<td>competitive</td>
<td>imposter syndrome</td>
</tr>
<tr>
<td>independent and not</td>
<td></td>
<td></td>
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<tr>
<td>ask for help</td>
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THE EVENTS OF THESE PAST FEW YEARS HAVE NOT HELPED.

- COVID
- Racial injustice
- Political unrest and incivility
- Physician & healthcare mistrust

- Damage to
  - self
  - sense of community
  - trust
  - support infrastructure
  - relationships

- Loss of
  - control
  - autonomy
  - support
ACADEMIC BURNOUT

- Emotional exhaustion (seems to start and dominate the process)
  - Increased work demands
  - Increased scrutiny
  - Increased time of administrative tasks

- Depersonalization
  - Increased productivity & performance scrutiny
  - Increased administrator oversight

- Decreased feelings of personal accomplishment
  - Decreased time allocated to personal academic endeavors
  - Lack of feelings of competence and successful achievement in one's work

COMMON THEMES IN PROFESSIONAL BURNOUT

- Decreased money and time
  - Cuts in tenure / tenured position and funding for academic pursuits
  - Increased productivity (teaching) targets and demands

- Increased responsibilities and decreased autonomy
  - Increased oversight
  - Unclear workflow demands
  - Increased administrative burden
  - Faculty- administrative conflicts
  - Corporate culture

OUTCOMES OF ACADEMIC BURNOUT

- Job attrition
- Decreased work performance
- Decreased work satisfaction
- Isolation
- Depression
- Anxiety
- Personal issues

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HOW CAN WE ADDRESS THESE ISSUES AT AN INSTITUTIONAL AND INDIVIDUAL LEVEL?

- Accept this issue is real.
- Accept being at risk.
- Address some basics in being “well”
- Know who is in your corner and how to reach them.
- Realize your ability to enact changes needed.
  - Personnel level
  - Leadership level
THE ROAD TO PROFESSIONAL FULFILLMENT: CULTURE OF WELLNESS

**General:**
- Needs to take the 1st step
- Organizational goals and values that promote personal and professional growth, compassion
- Regular measurement of wellness, professional satisfaction
- Culture of Appreciation
- Transparency
- Mentors

General:

- Systems that promote effectiveness, safety and work-life balance
- Streamline EMR and IT
- Involve physicians in redesign of clinical processes
- Realistic staffing models
- Schedule control
- Practice specific

THE ROAD TO PROFESSIONAL FULFILLMENT
PERSONAL RESILIENCE

- **General:**
  - No one “size fits all”
  - Some commonalities exist
  - Can be a difficult conversation
- Developing balance takes time and commitment
- It is not a one-time investment
- Time at the top is transient
- You will need to adjust
- You will struggle
- It DOES pay off!!!
THERE IS NO “ONE SIZE FITS ALL” FIX

- Shared responsibility
  - Individual
  - Organization
- Common themes
- Lots of individual variances
- Increasing community, engagement, and mission

DIAGRAM:
- **Social**: Ability to understand ourselves and cope with the challenges life can bring. Ability to establish and maintain positive relationships with family, friends, and co-workers.
- **Emotional**: Ability to get personal fulfillment from our jobs or our chosen careers while maintaining balance in life.
- **Personal Wellness**: Ability to maintain a healthy quality of life that allows us to get through daily tasks without undue fatigue or physical stress.
- **Spiritual**: Ability to establish peace and harmony in our lives.
- **Environmental**: Ability to understand responsibility for the quality of air, water, and land around us.
- **Occupational**: Ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction, and community betterment.
PRACTICE PRINCIPLES OF WELLNESS AND BURNOUT PREVENTION

- Humanism
- Mindfulness
- Reflection
HUMANISM

- Taking time to connect with each person.
  - slowing down, being in the moment (understanding importance of each interaction)
    - Trainees
    - Co-worker
    - Self

- Habits to Sustain Humanism
  - Self-Reflection and Evaluation
    - Man, I was a jerk today… I need to apologize
    - Hey, I did a good job today!
  - Maintaining balance
  - Establishing boundaries
MINDFULNESS

- The practice of paying attention in the present with intention and without judgment.
- Allows awareness of the present
- Helps to orient a person to their triggers
  - focus on positive experiences/energies
  - dismiss negative experiences/energies
REFLECT

• Try to remember the importance of what you do EVERYDAY though it may seem routine.
• Remember the patient/person at the other end of the encounter.
• See Humanity (Divinity) in all you encounter
  • Including yourself
• Illegitimi non carborundum
WELLNESS RESOURCES

Center for Faculty Excellence
Loyola University Chicago
3.16.22
INSTITUTIONAL RESOURCES: TRINITY HEALTH EMPLOYEES

- Carebridge
  - www.myliferesources.com
  - 800-437-0911
- Confidential/ Free
- 24/7 Crisis/ Suicide Prevention Hotline
- Resource for
  - Child Care, Elder Care, Pet Care
  - Finances
  - Stress/ Depression/ Substance abuse
- Individual support
OTHER INSTITUTIONAL RESOURCES

• Program/ departmental resources
• Care for the Caregiver
• Physician resiliency coaches
• Spiritual Care
  o Loyola: 708-216-9056
• Personal physician
Physician Wellness Pitfalls

- This will not happen to me.
- There’s nothing I can do about it.
- Over personalization of daily stress/conflict.
- So, you’re telling me I’m broken and I need to fix myself?
- The wellness “cool-aid” they want me to drink is dumb. (e.g. Yoga is not going to make me well!)
- It’s up to the institution to fix me.
- If I had more (money, perks, titles, recognition, publications…) I would be happy.
- I am too far gone to be helped.
- No one can help me.
WHAT WE SOMETIMES FORGET

• Everyone does go thru this.

• You are valued.

• The tribulations of our lives and work are not (usually) a personal attack against you.

• You are amazingly gifted to help others who need us at the most desperate time of their lives.

• People do want to help you.
DISCUSSION

• What are your responses when someone starts bringing up "wellness"?
• What are some words that describe the last few years?
• What are some tips you use to work on your own wellness?
• How do you hope to feel if you were at your most well?
• Does anyone want to share a tip they have learned to get out of a bad time?
• Given the constraints of medical training how can we improve on physician wellness at Loyola? (i.e. what works and what does not?)
WORKING THRU THE PROBLEM: SUPPORTING ONE ANOTHER

• Watch for the warning signs
  • Isolation
  • Anger
  • Personality changes
  • Tardiness/increased absenteeism

• Don’t be afraid to reach out and ask: “are you ok?”

• Connect with one another

• Use your resources
OUR INSTITUTIONAL AND PROFESSIONAL COMMITMENT TO ONE ANOTHER

• We will
  • utilize our resources to care for and respect our patients and one another.
  • listen to each other.
  • work to support and help one another.
  • use our talents to work thru this and emerge smarter and stronger.

• This is our mission and commitment as physicians.
THANK YOU FOR ATTENDING