# Work Life Balance

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# Special Administrative Consultant TeamHealth

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### STOP PHYSICIAN BURNOUT

What to Do When Working Harder Isn't Working

Dike Drummond, MD

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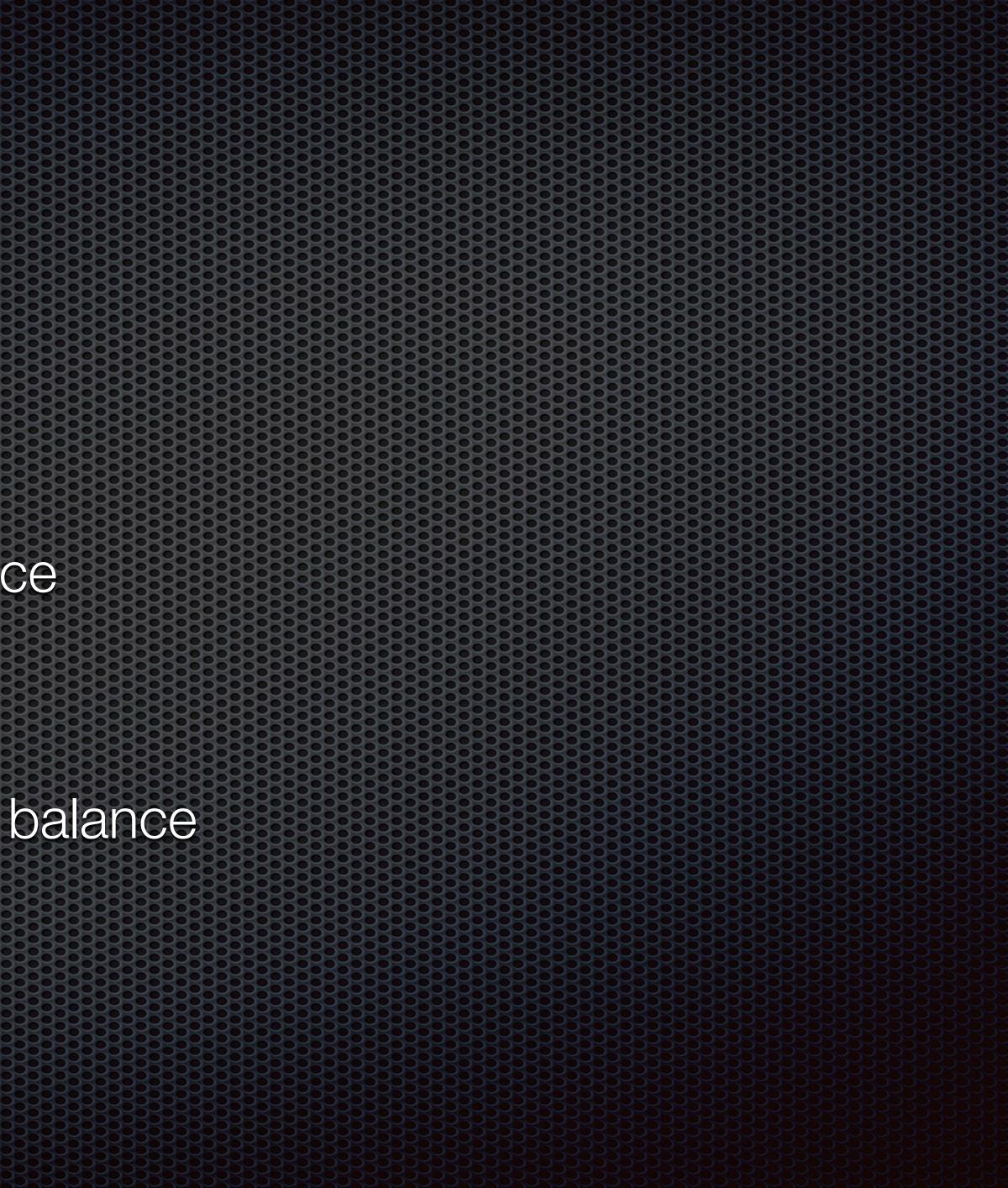
Foreword and Afterword A system approach to building your sdout practic and a balanced life in these times of supid charge Constructions

> REVISED AND UPDATED FOR THE 214" CENTURY NEW YORK TIMES BESTSELLER YOUR YOUR OR YOUR OR YOUR OR YOUR DESTERS TO TRANSFORMING YOUR RELATIONSHIP WITH MONEY AND ACHIEVING FINANCIAL INDEPENDENCE

Vicki Robin & Joe Dominguez with Monique Tilford

# Agenda

# What Is Work Life Balance Why Is this important Getting started towards balance





# What is Work Life Balance

Equilibrium achieved between an employee's primary priorities of their employment position and their private lifestyle

Proper prioritization between work (career/ambition) and lifestyle (health, pleasure, leisure, family and spiritual development)

# My definition

 Being able to achieve and accomplish goals whether it be on the work end or personal end all the while not going too far to the extreme on either for any EXTENDED period of time

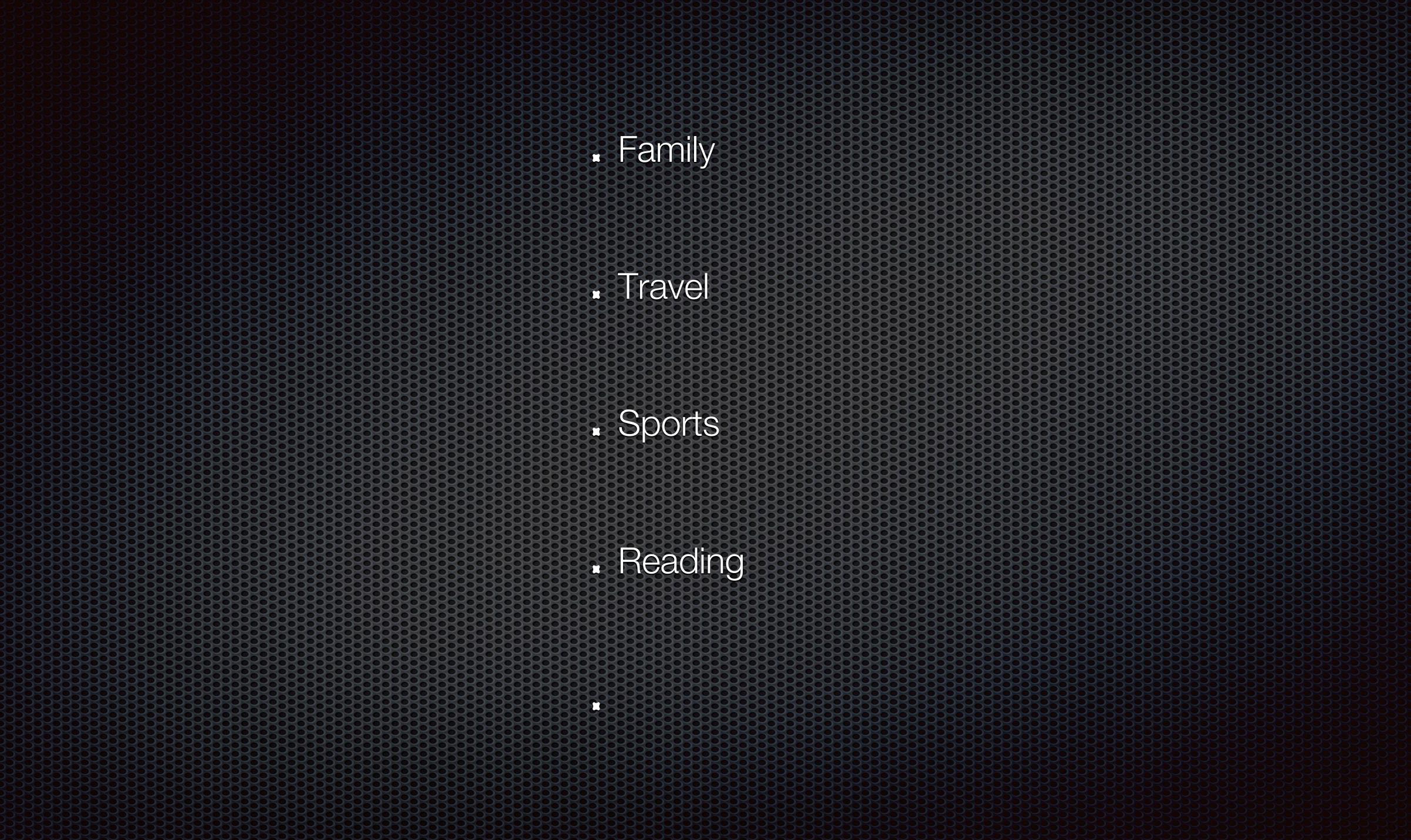


## Simple Exercise

### In the MIDDLE of a sheet of paper, put down 5 equally spaced lines from top to bottom and list out your top 4 priorities

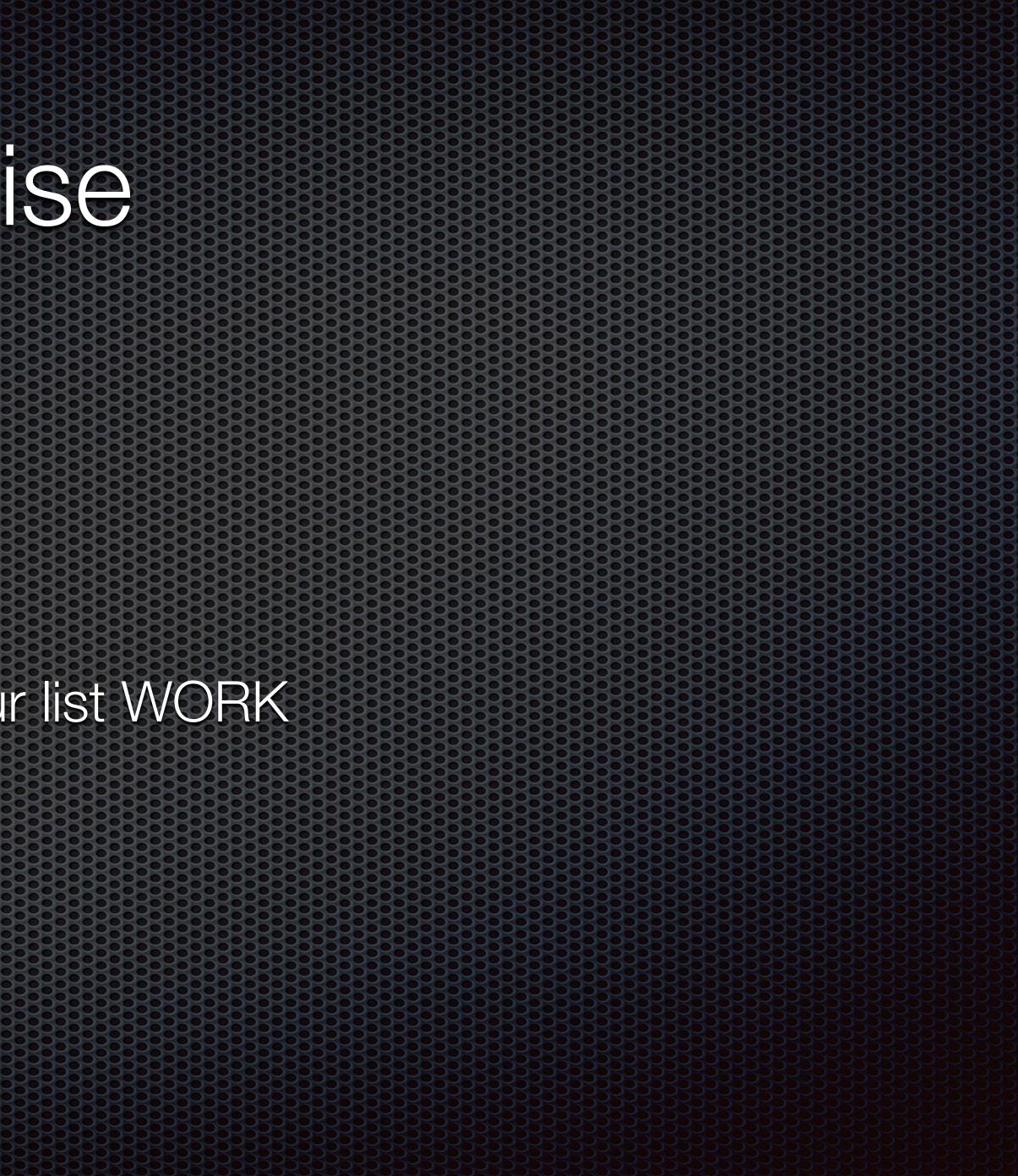
Save an extra spot at the end



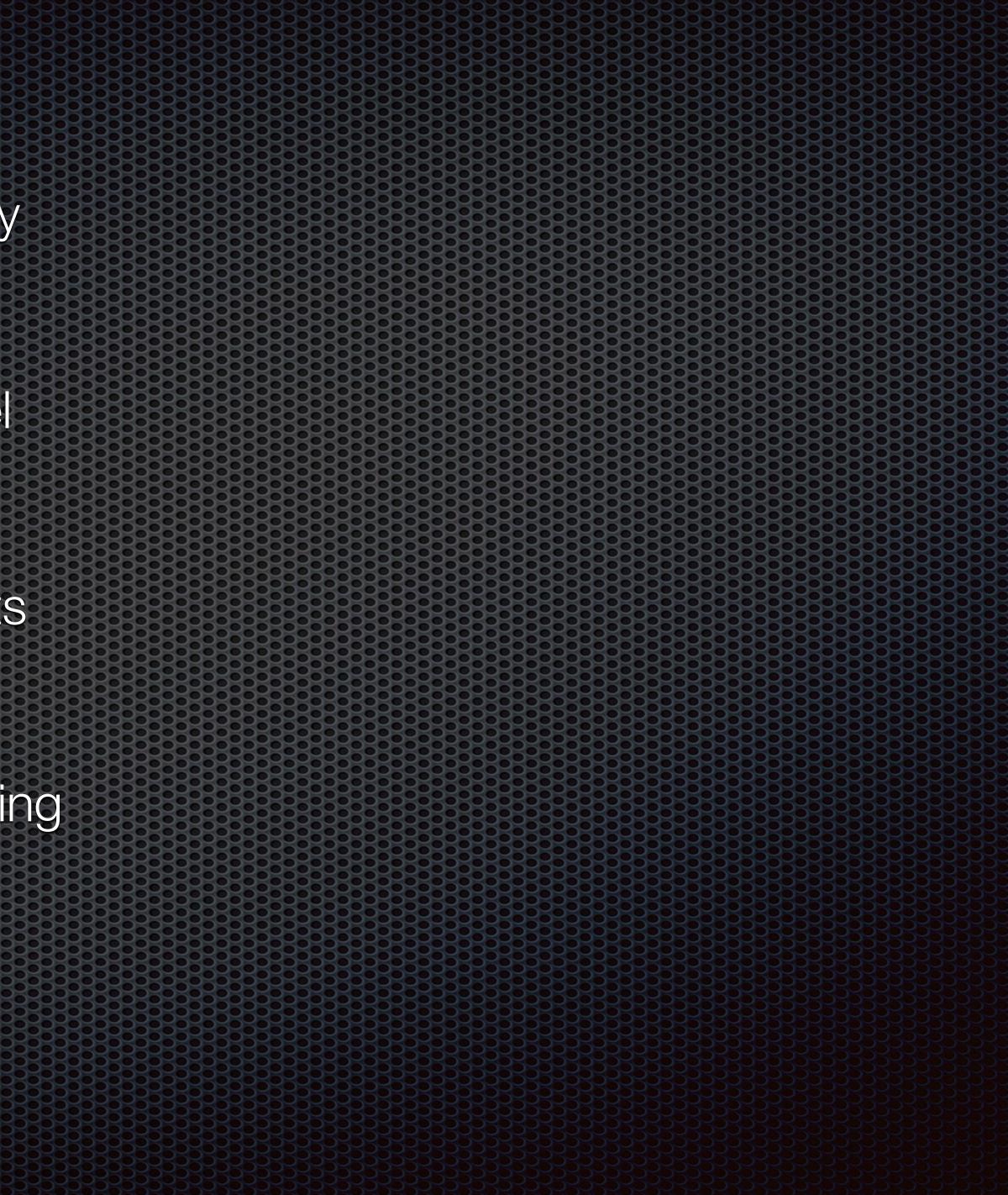


## Simple Exercise

### Put the last thing on your list WORK

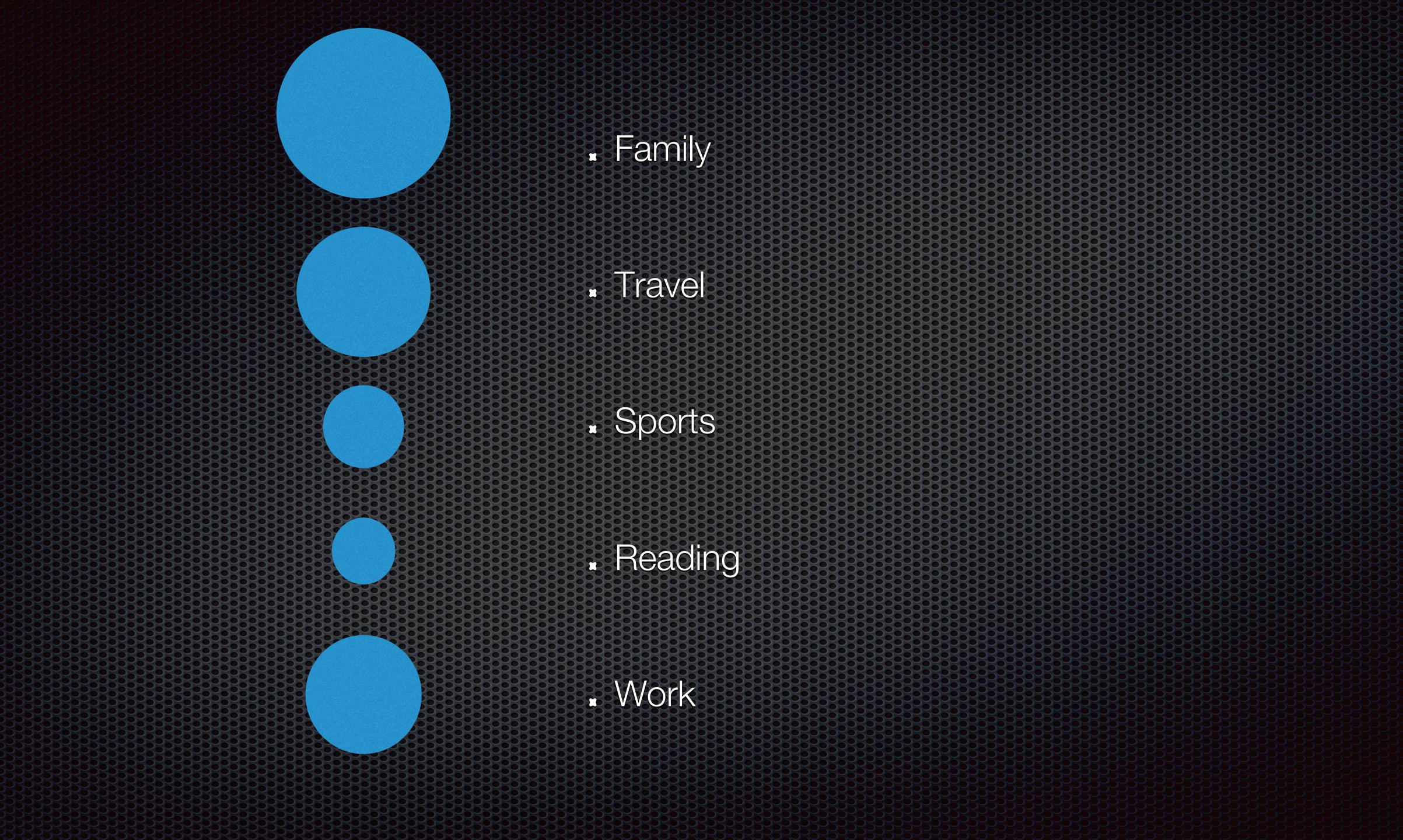


Family Travel Sports Reading • Work



## Simple Exercise

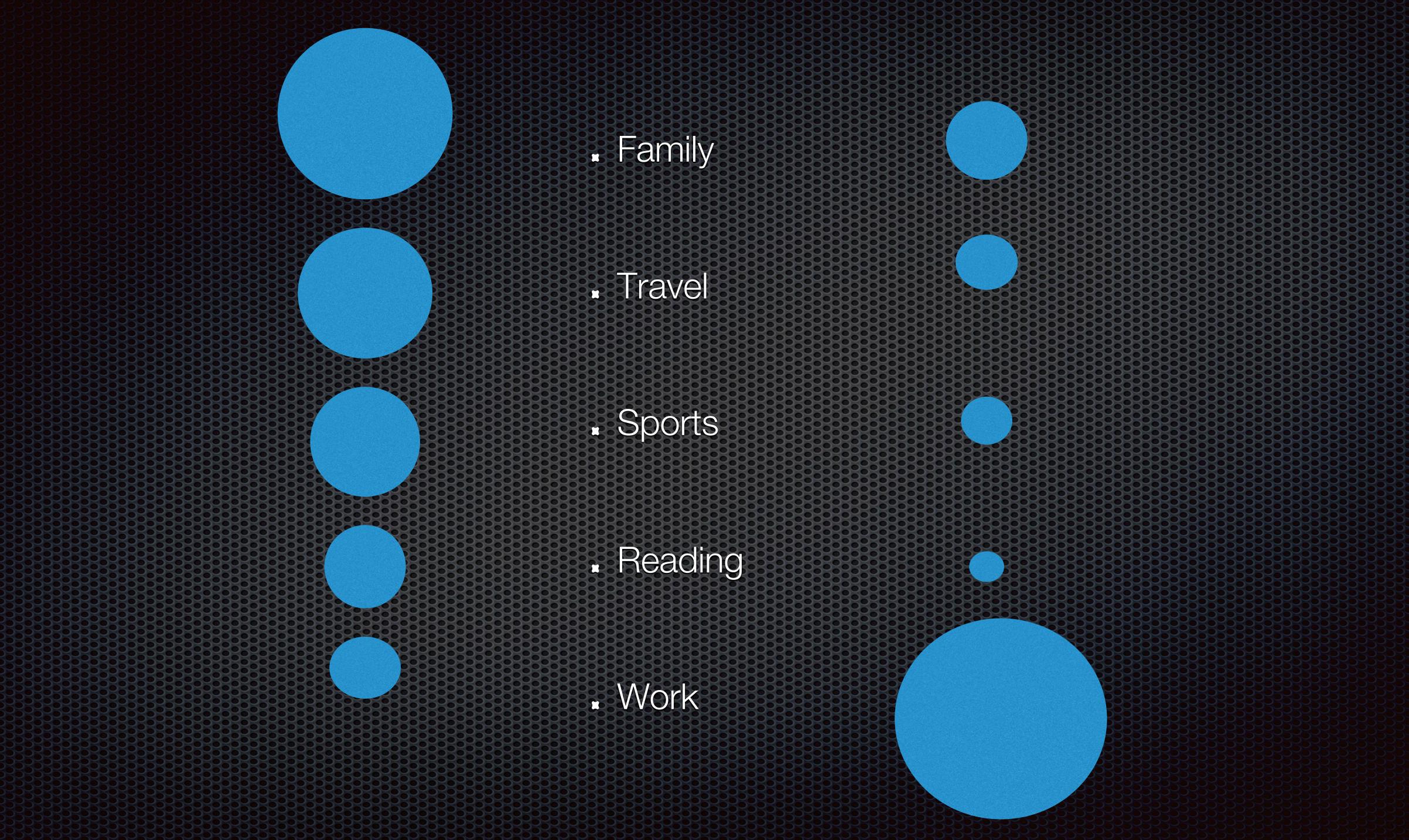
### Now draw a circle on the LEFT of the list in reference to how important the priority is in your life



# Simple Exercise

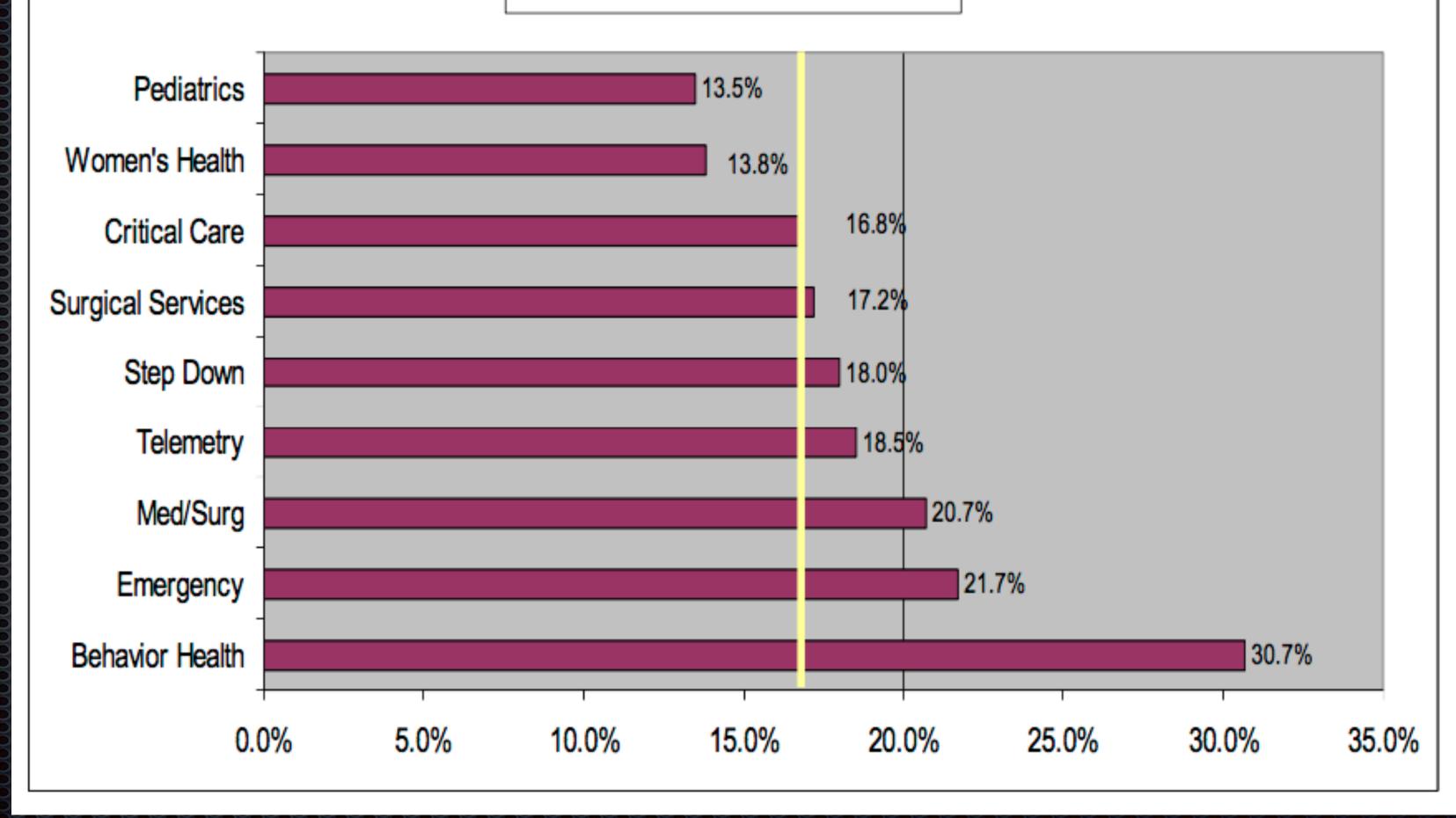
those priorities including work

### Now draw a circle on the RIGHT that reflects the amount of time and resource you spend on each of





# Why is this an important topic?



### RN TURNOVER BY SPECIALTY

# Why is this an important topic?

### Which Physicians Are Most Burned Out?

Emergency Medicine 60% Critical Care 56% Ob/Gyn 53% Infectious Diseases 51% Family Medicine 51% Physical Medicine & Rehabilitation 50% Diabetes & Endocrinology 50% Radiology 49% Pediatrics 49% Pulmonary Medicine 48% Gastroenterology 48% Internal Medicine 48% Urology 48% Anesthesiology 47% Rheumatology 46% Neurology 46% Surgery, General 44% Cardiology 42% Allergy & Immunology 42% Nephrology 40% Plastic Surgery 40% Ophthalmology 40% Psychiatry 38% Otolaryngology 37% Orthopedics 37% Oncology 36% Pathology 35% Dermatology 33% Public Health & Preventive Medicine 26%

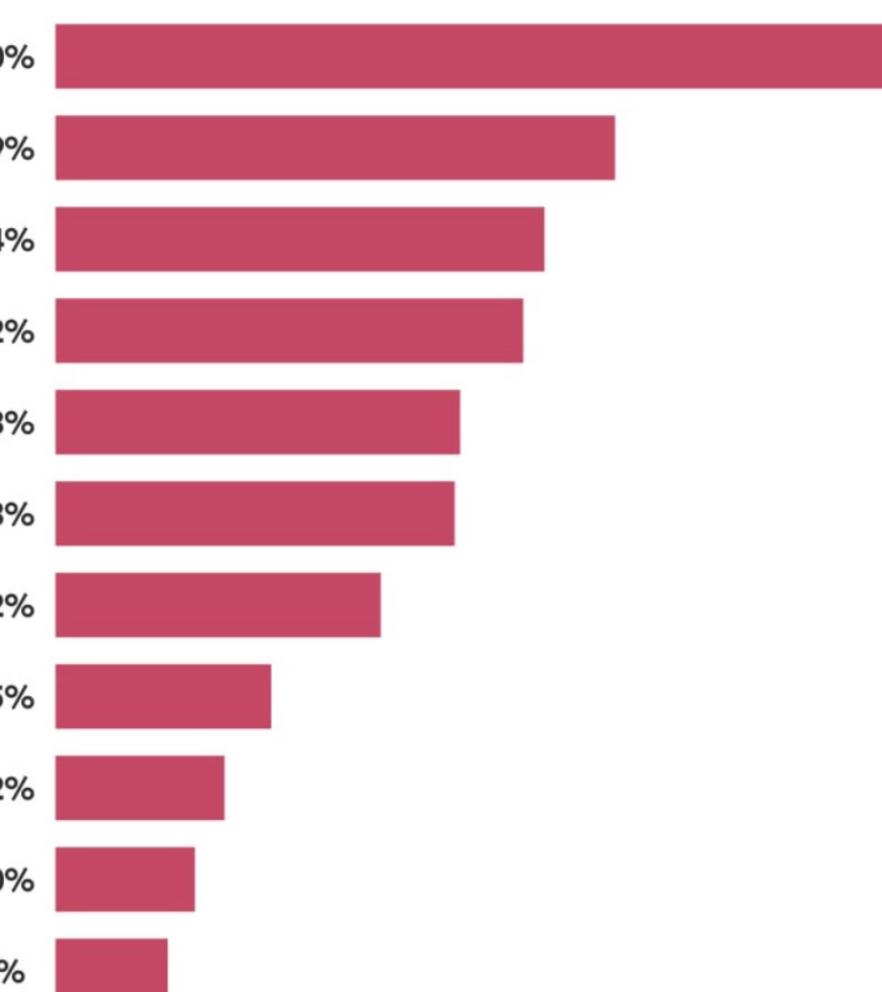


# Why is this an important topic?

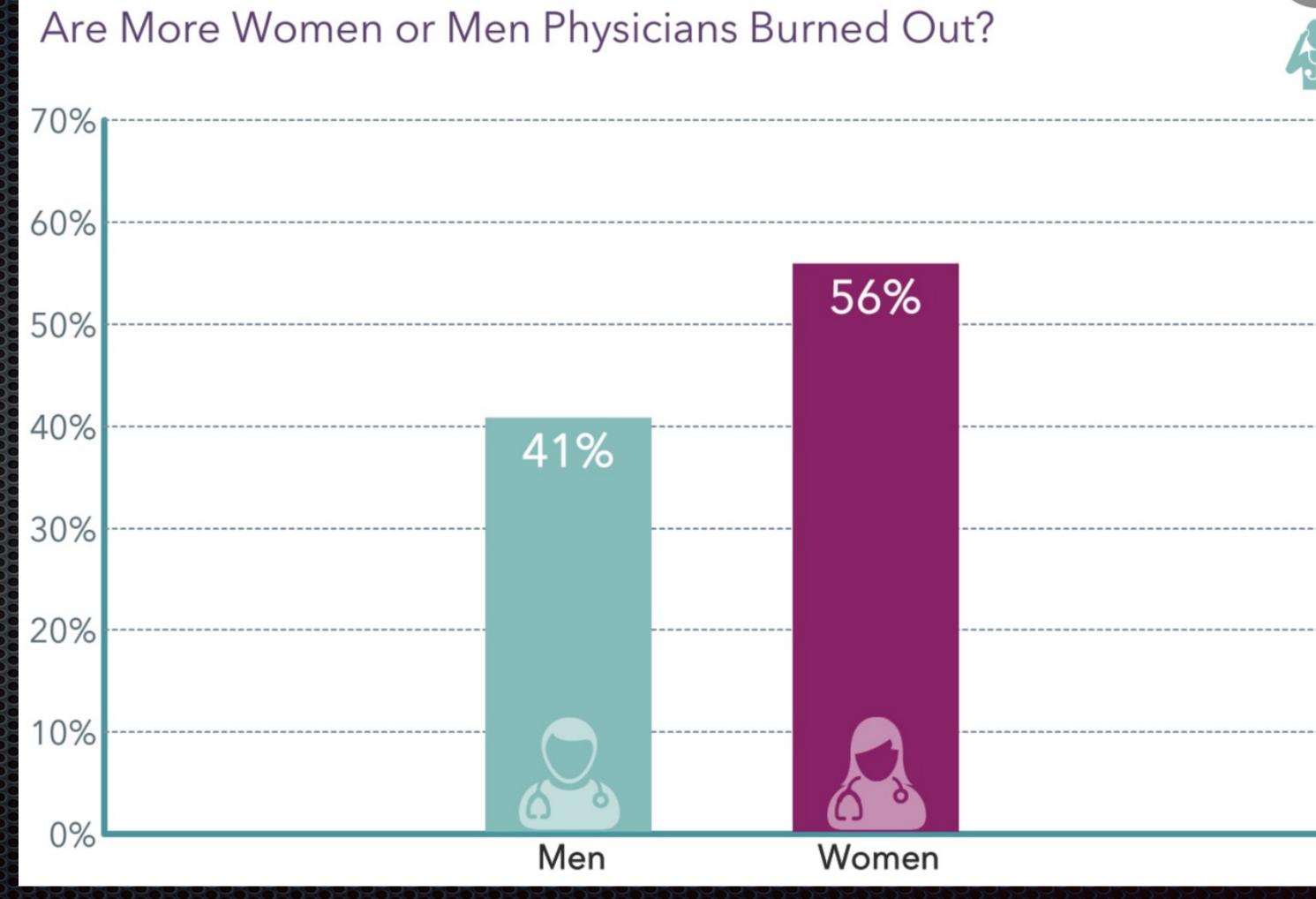
### What Contributes Most to Your Burnout?

- Too many bureaucratic tasks (eg, charting, paperwork) **60**% Lack of respect from
- administrators/employers, colleagues or 39% staff
  - Too many hours at work 34%
  - Lack of control/autonomy over my life 32%
    - Insufficient compensation/salary 28%
  - Increasing computerization of practice (EHRs) **28**%
    - Lack of respect from patients 22%
      - Government regulations 15%
  - Stress from social distancing/societal issues related to COVID-19 12%
  - Stress from treating COVID-19 patients 10%
    - Other 8%



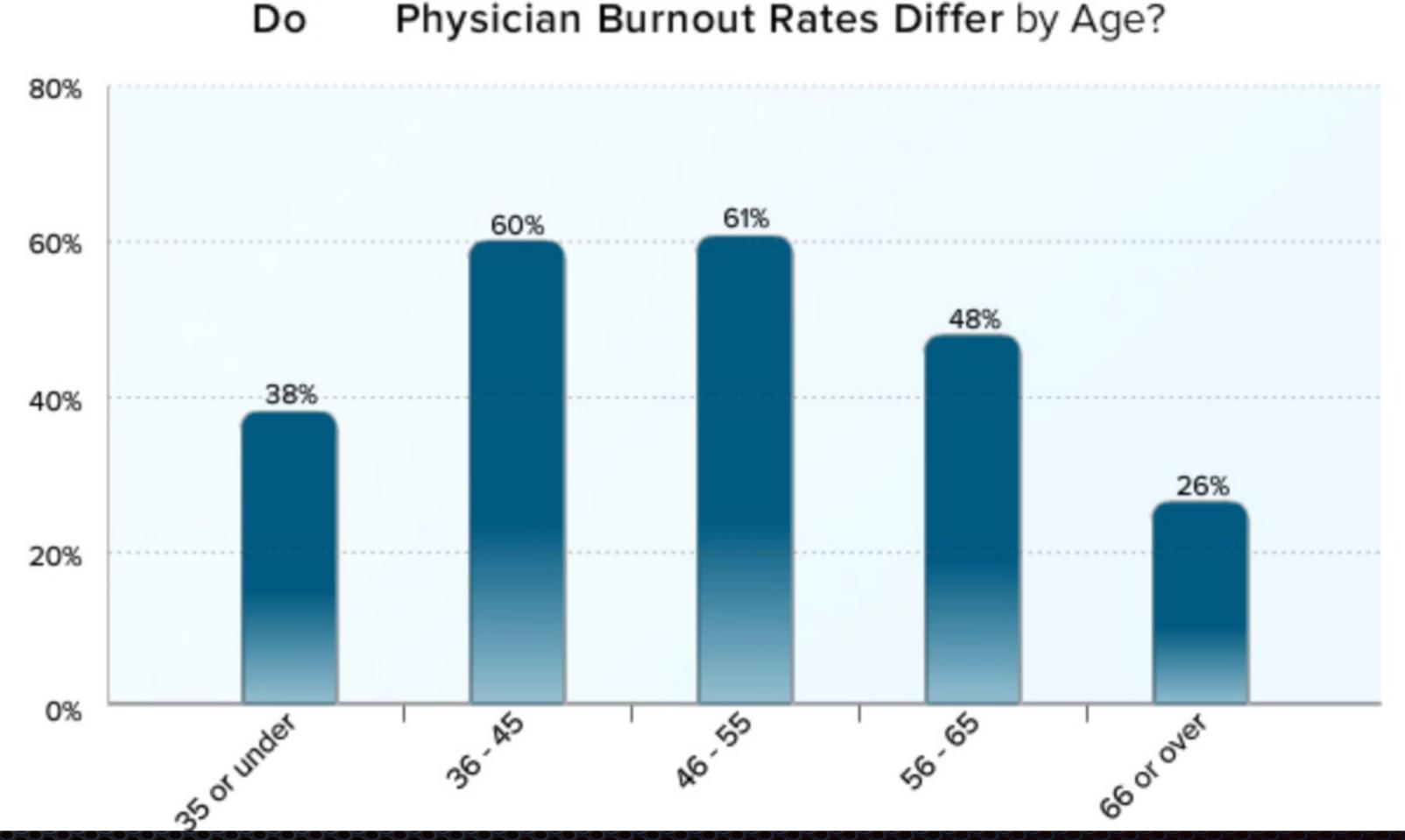


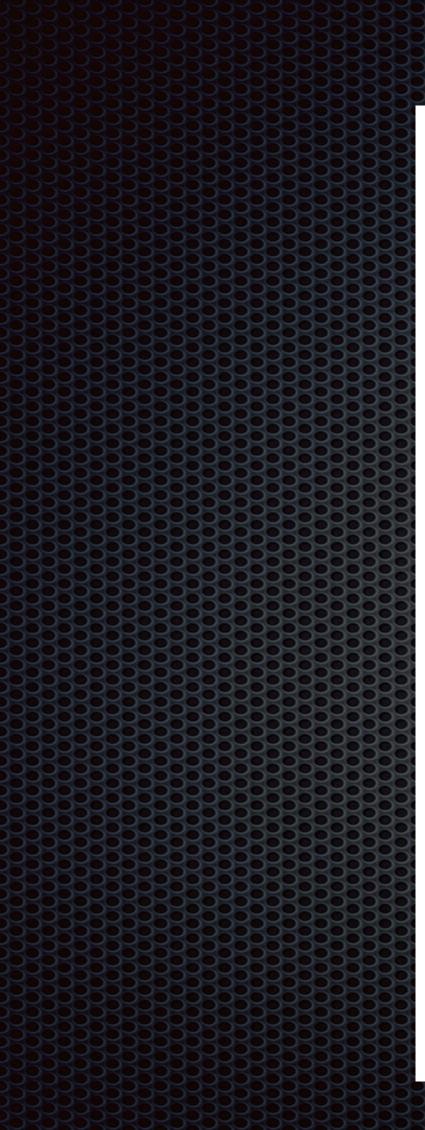
# Why is this an important topic?





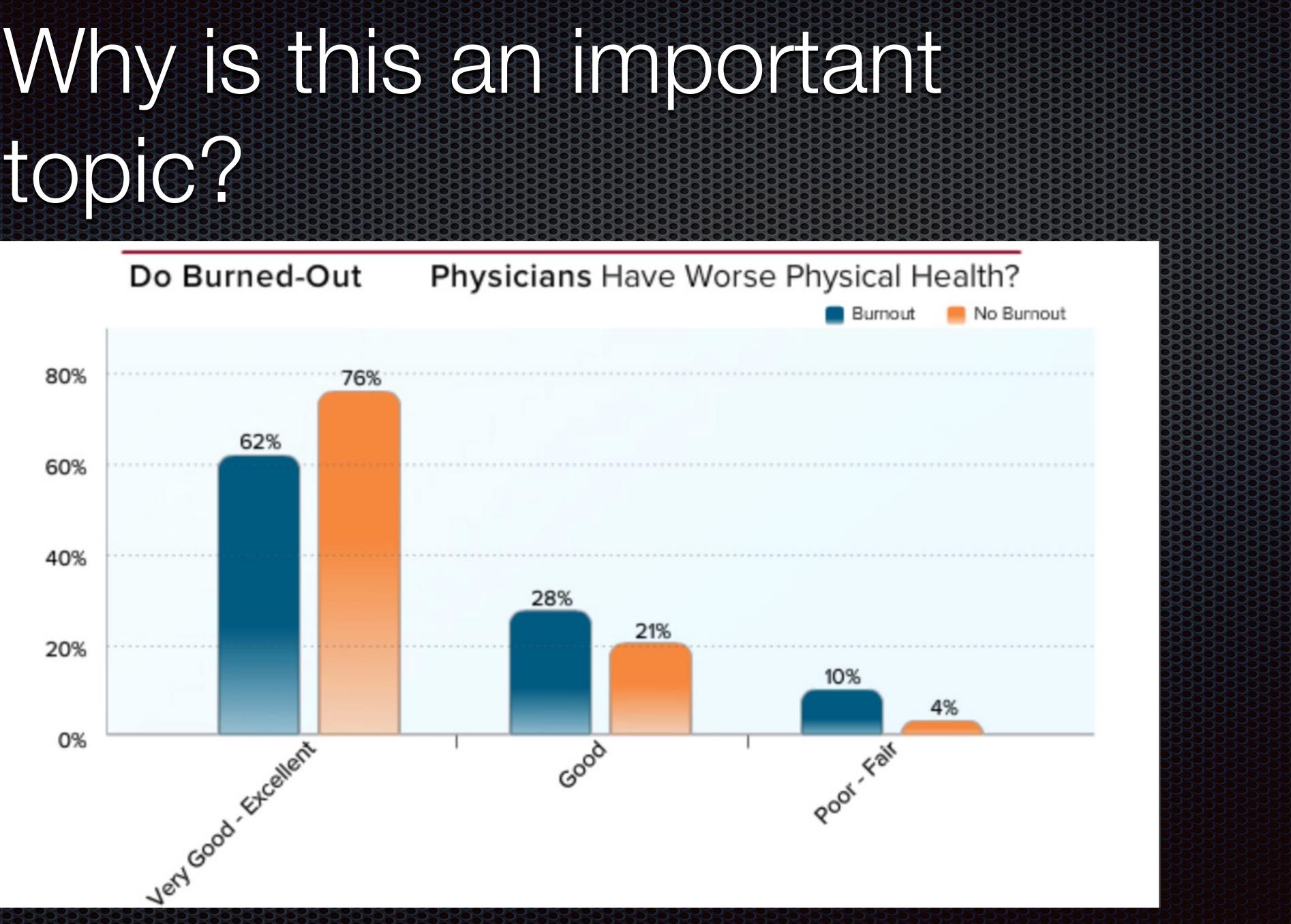
# Why is this an important topic?





### Physician Burnout Rates Differ by Age?

# topic?

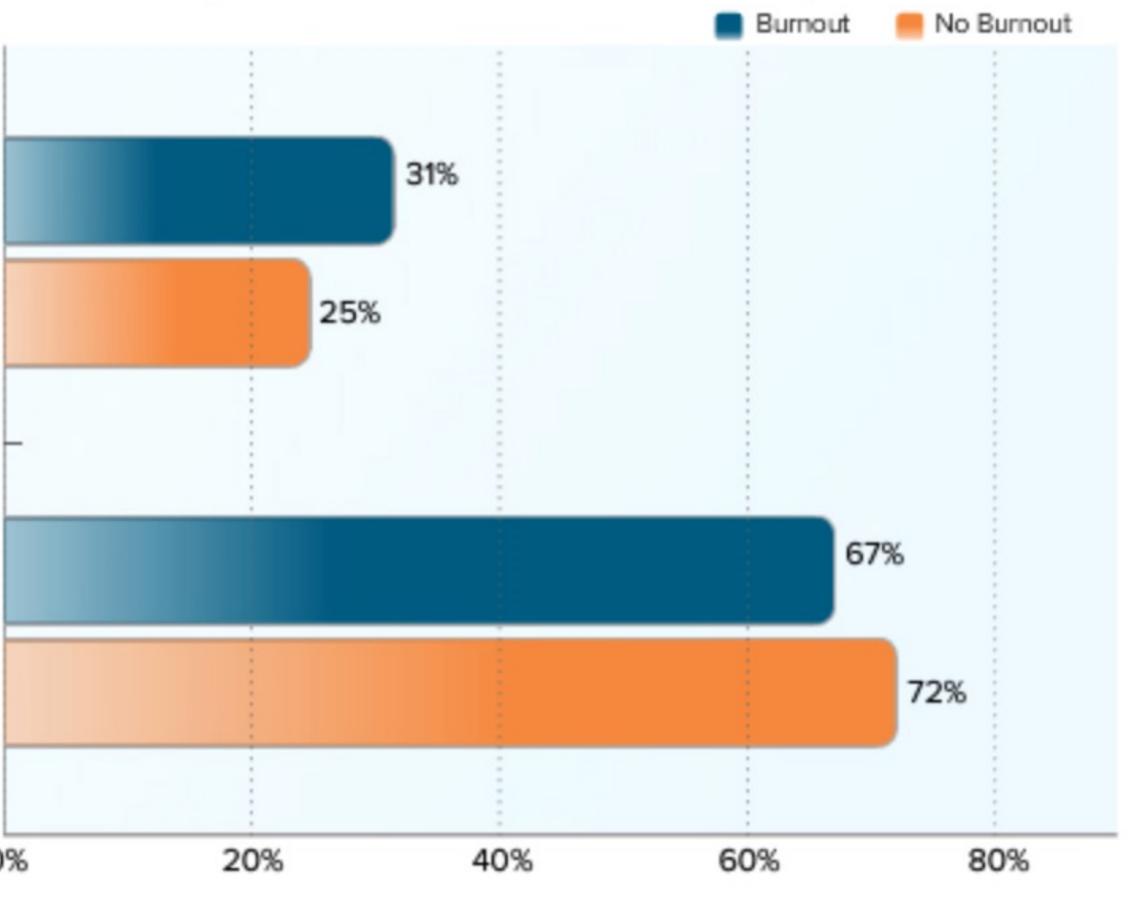


# Why is this an important topic?

#### Do Burned-Out

Minimal savings to unmanageable debt

Adequate and more





### Why is this an important Burnout Nurses Make Poor Patient Care topic? Decisions

#### Physician burnout is an obstacle to patient safety

BOB WACHTER, MD | PHYSICIAN | MARCH 11, 2013

These should be the best of times for the patient safety movement. After all, it was concerns over medical mistakes that launched the transformation of our delivery and payment models, from one focused on volume to one that rewards performance. The new system (currently a work-in-progress) promises to put skin in the patient safety game as never before.

Yet I've never been more worried about the safety movement than I am today. My fear is that we will look back on the years between 2000 and 2012 as the Golden Era of Patient Safety, which would be okay if we'd fixed all the problems. But we have not.

A little history will help illuminate my concerns. The modern patient safety movement began with the December 1999 publication of the IOM report on medical errors, which famously documented 44,000-98,000 deaths per year in the U.S. from medical

mistakes, the equiva Burned-out nurses linked to more infections in we just passed the f accident.) The IOM | **Datients** changes in accredita Monday Jul 30, 2012 5:39 AM promotion of health movements focusec

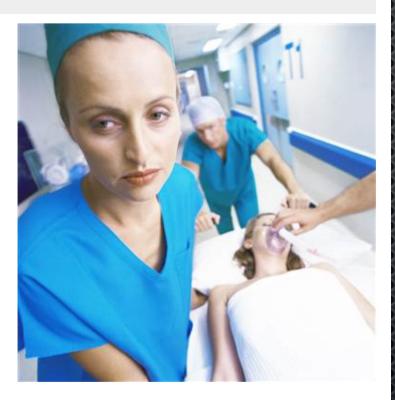
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new focus on impro month using a techr

Heavy patient loads and chronic As I walk around UC burnout have long been among the top complaints of nurses at the nation's hospital bedsides. But a new study shows that those problems affect not only the nurses themselves, but also the number of infections in the people they care for.

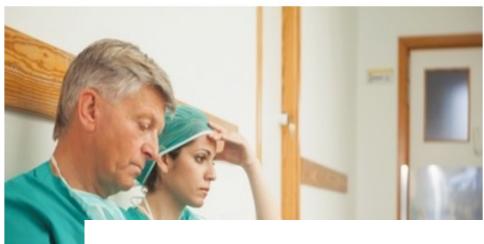
> For every extra patient added to a nurse's workload, there was roughly one additional hospital-acquired infection logged per 1,000 patients, according to researchers from the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.

For each 10 percent jump in the proportion of nurses who logged



Getty Images stock

Adding extra patients to nurses' already heavy loads, or logging more nurses with high levels of By American Sentinel on Mon, Jul 1, 2013



Nearly seven million hospitalized patients each year acquire infections while being treated for other conditions. The culprit, according to a study published in the American

#### **Burnout in doctors and stressed physicians hurt** patients

KEVIN PHO, MD | PHYSICIAN | AUGUST 25, 2010

The following op-ed was published on July 18th, 2010 in USA Today.

A new patient recently said he was referred to me after his last doctor had left medicine. His old doctor always looked unhappy and burned out, he noted.

Burnout affects more than half of doctors, according to researchers at the University of Rochester School of Medicine. Beyond mere job dissatisfaction, these doctors are emotionally exhausted to the point where they lose focus. They tend to be more depressed – perhaps one reason why doctors have a higher suicide rate than the general population.

While burnout can happen in any profession, the performance of stressed-out doctors can hurt someone else: patients.

Studies show these doctors exhibit less empathy, which erodes the doctor-patient relationship. More ominous is how physician burnout can lead to medical mistakes. A Mayo Clinic study released last month found that burnout in surgeons correlated to a higher rate of major medical errors. That corroborated last year's finding in The Journal of the American Medical Association of a similar effect among internal medicine

nurses to normal lo Ph.D., MS Sentinel U changes a washing a

# Why is this an important topic?

Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients

Halbesleben, Jonathon R. B.; Rathert, Cheryl

#### Abstract

Background: Although patient outcomes of hospital stays have been widely explored, particularly patient satisfaction, there is a dearth of research linking health care provider burnout and patient outcomes at a dyadic level. In this article, we develop and test a model to explain the relationship between dimensions of burnout and patient outcomes, including patient satisfaction and recovery time.

Purpose: The purpose of this article is to explore the relationship between physician burnout and patient satisfaction and the time required to regain normal functioning after hospital discharge.

Methods: This study was based upon a survey of 178 matched pairs of patients and physicians. The patients were people who had been hospitalized within the previous year.

Results: We found support for the notion that the depersonalization dimension of physician burnout was associated with patient outcomes of lower satisfaction and longer post discharge recovery time (after controlling for severity of illness and other demographic factors).

Implications for Practice: The findings suggest that physician burnout has an impact on patient outcomes. Although this is a preliminary study, it suggests that organizations that take proactive steps to reduce burnout through system wide intervention programs will see greater benefits in terms of patient satisfaction and recovery.

#### Nurse Burnout and Patient Satisfaction

Doris C. Vahey, PhD, RN,<sup>\*</sup> Linda H. Aiken, PhD, RN,<sup>†‡</sup> Douglas M. Sloane, PhD,<sup>†</sup> Sean P. Clarke, PhD, RN,<sup>†</sup> and Delfino Vargas, PhD<sup>T</sup>

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Abstract

Go to: 🖂

#### Background

Amid a national nurse shortage, there is growing concern that high levels of nurse burnout could adversely affect patient outcomes.

#### **Objectives**

This study examines the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients' satisfaction with their nursing care.

### Physician Well-Being: A Powerful Way to **Improve the Patient Experience**

By Diane Shannon, MD, MPH

#### In this article...

Take a look at the factors that lead to physician burnout and see how managing them could also affect the way patients view their doctors.

physician well-being, improving the care experience for physicians and patients while strengthening the sustainability of their organizations.

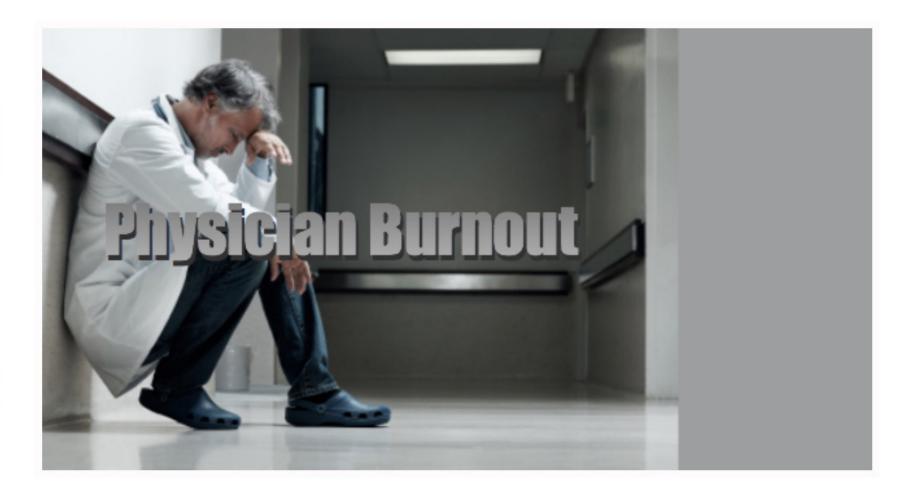
#### **Dissatisfaction and burnout**

Evidence suggests that considerable physician dissatisfaction has existed for several decades, and it is increasing. In 2001, 87 percent of about 2,600 physicians reported that

# Why is this an important topic?

#### Physician Burnout and Medical Liability Risk

August 14th, 2014



[To download a pdf version of this article on Physician Burnout and Medical Liability Risk, click here.]

Burnout among physicians is reaching epidemic proportions.

A major national study conducted by Dr. Tait Shanafelt and published in 2012 found that 45% of physicians report feeling at least one of the three principal

# Why is this an important topic?

Physicians are twice as likely as non physicians to kill themselves

400 doctors commit suicide annually
 Nurses are four times more likely to commit suicide as compared to people working outside of medicine

# Goal

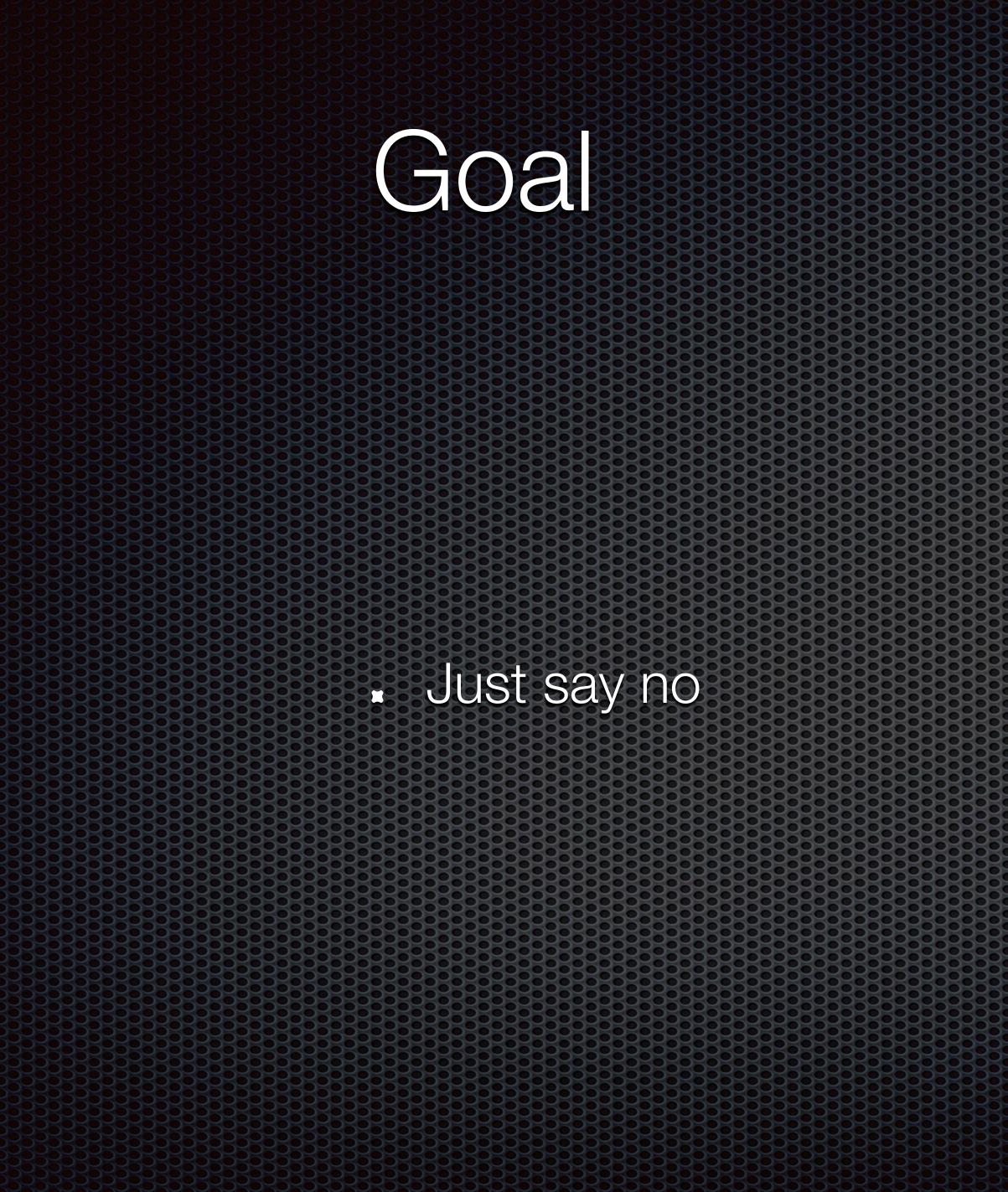
Goal should be to number one of the problem if it affects you
 Recognize and help others

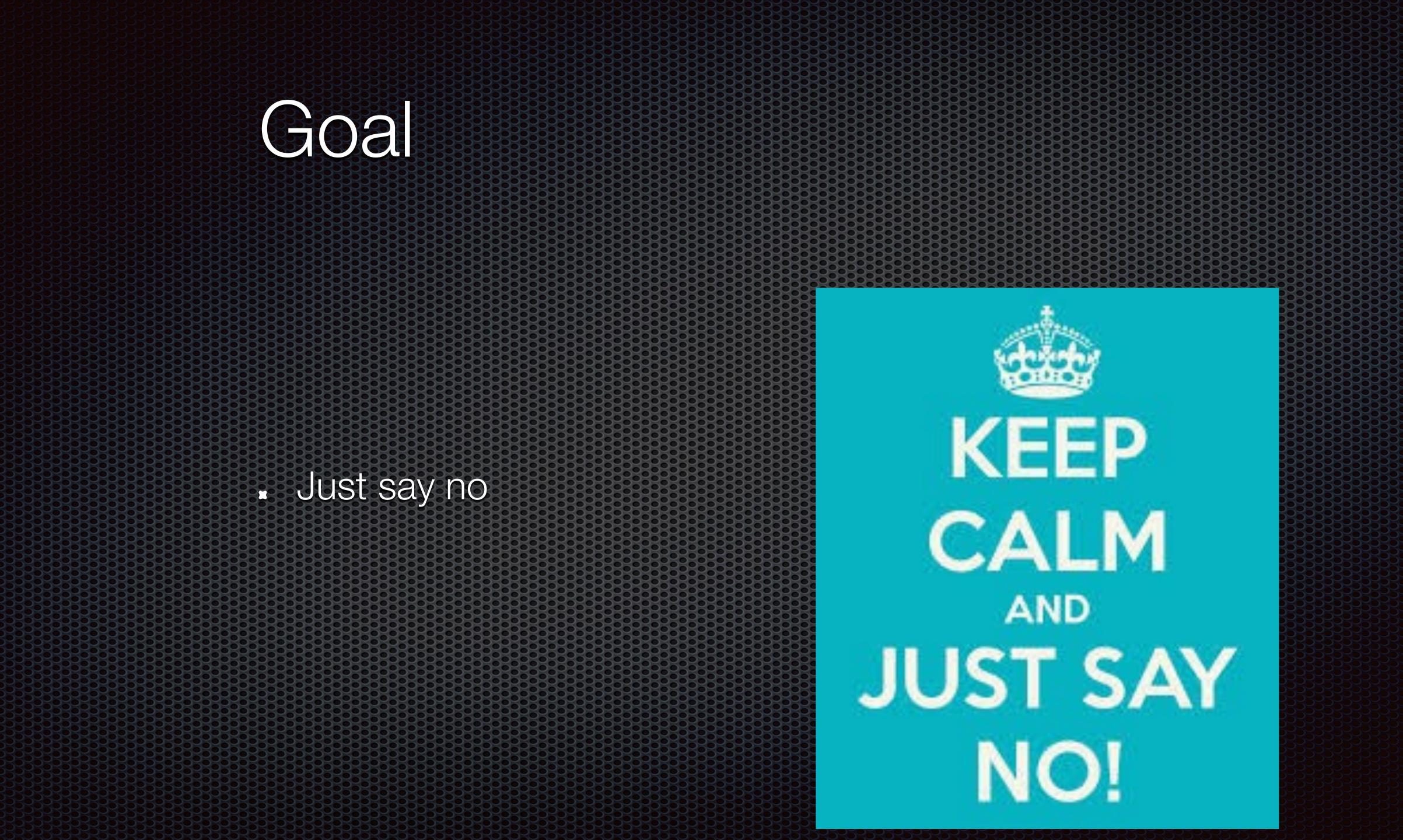


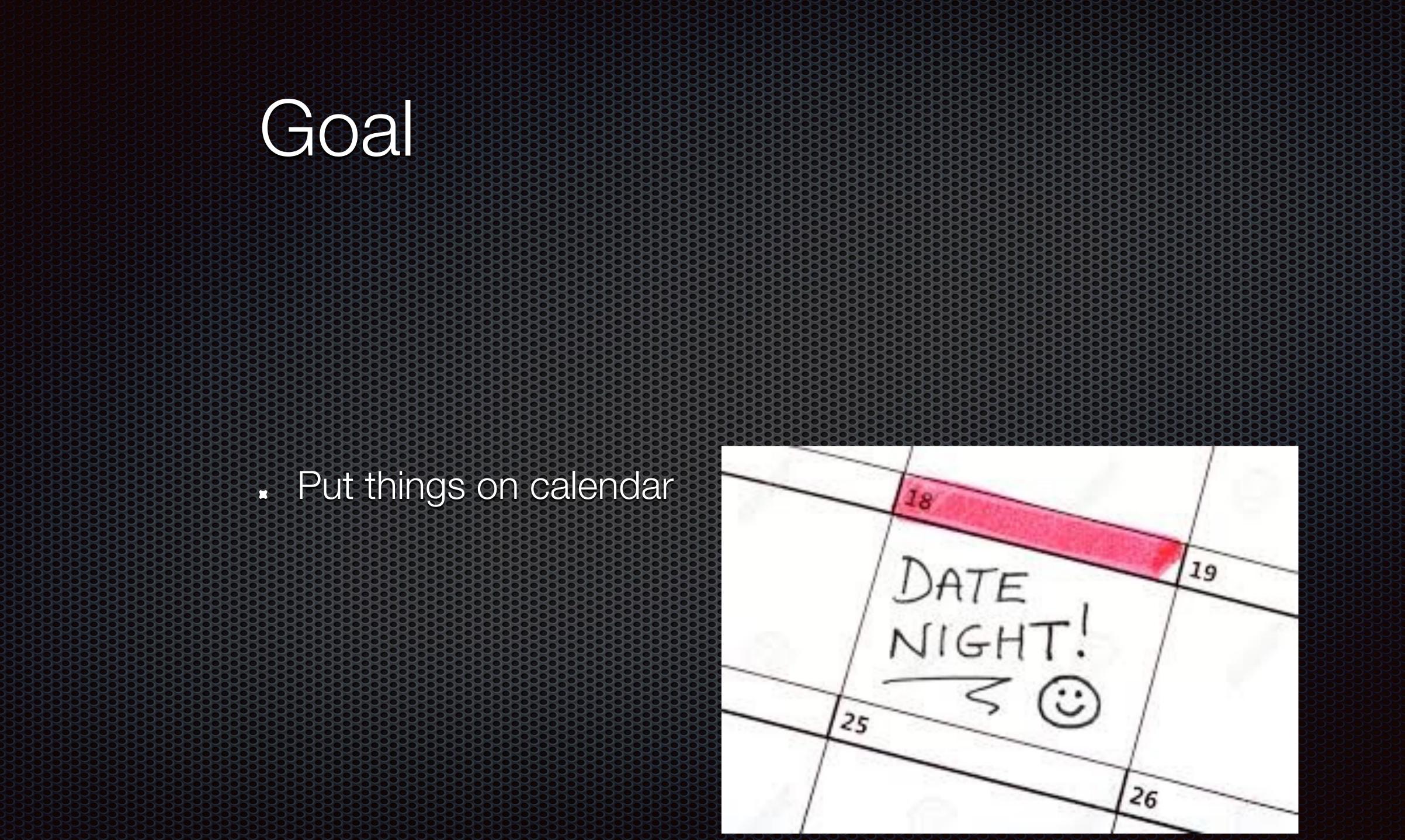
## Goal

### "Just say no"

Put things on calendar
Take vacations



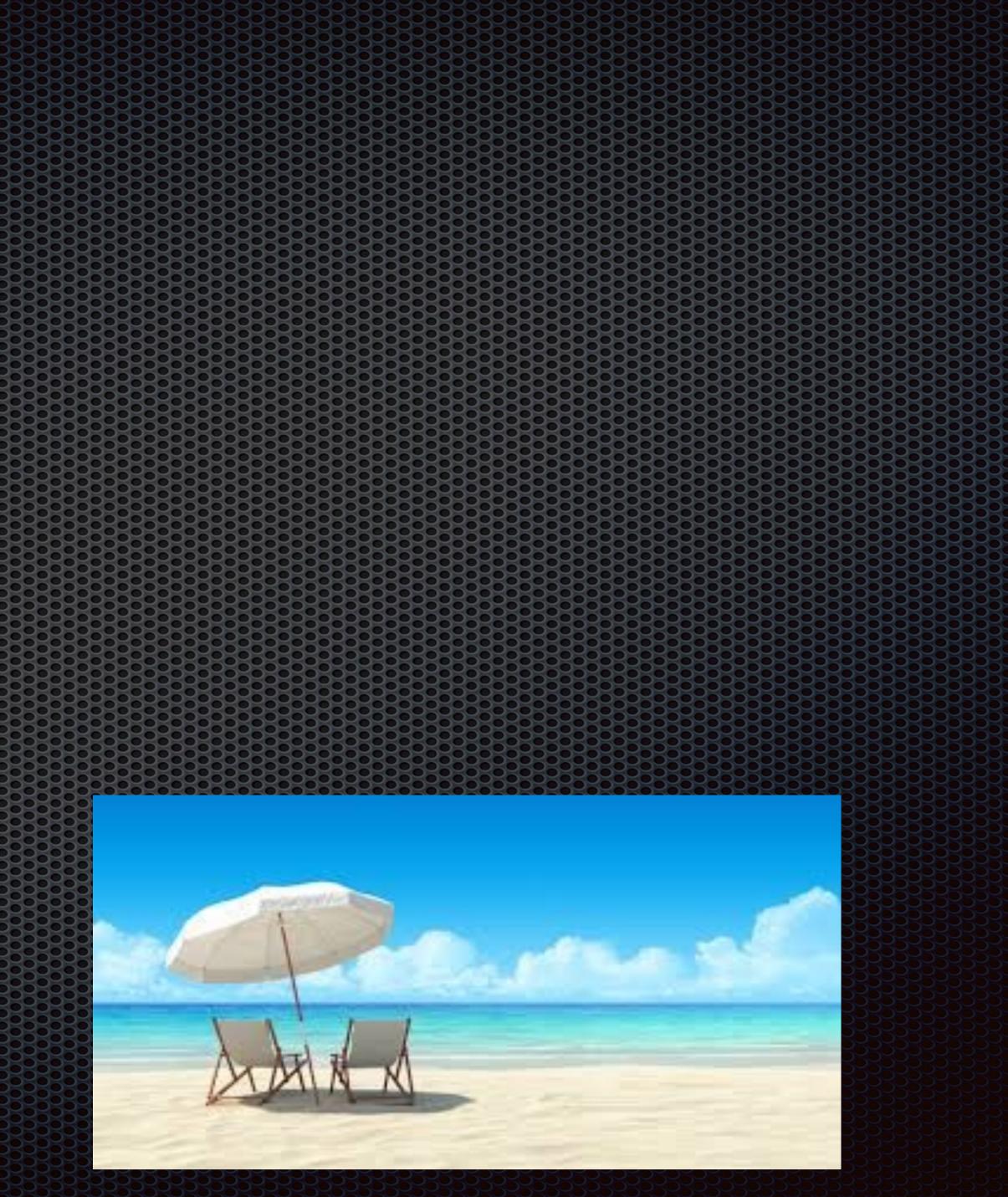




# Goal

### Take vacations

### Mini vacations



# Tools

### What defines you?

## Goals

### What defines you?



### Priorities



## Tools

## What should be your #1 priority?



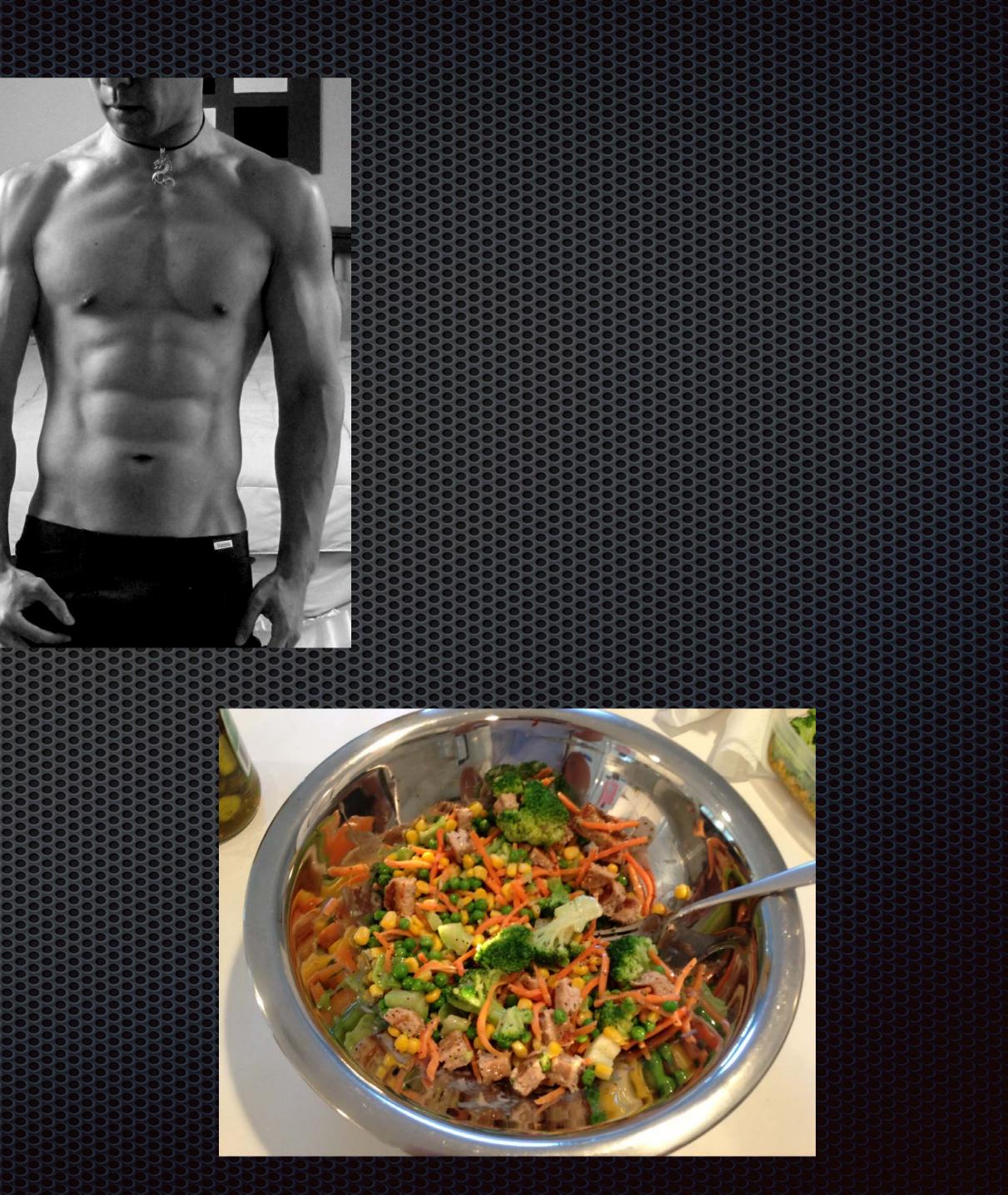




You should be the #1 priority on any list This means taking care of yourself first • Without you, the rest of the priorities are MEANINGLESS • You can ONLY control TWO things in your life • What you do What you eat

## Case study

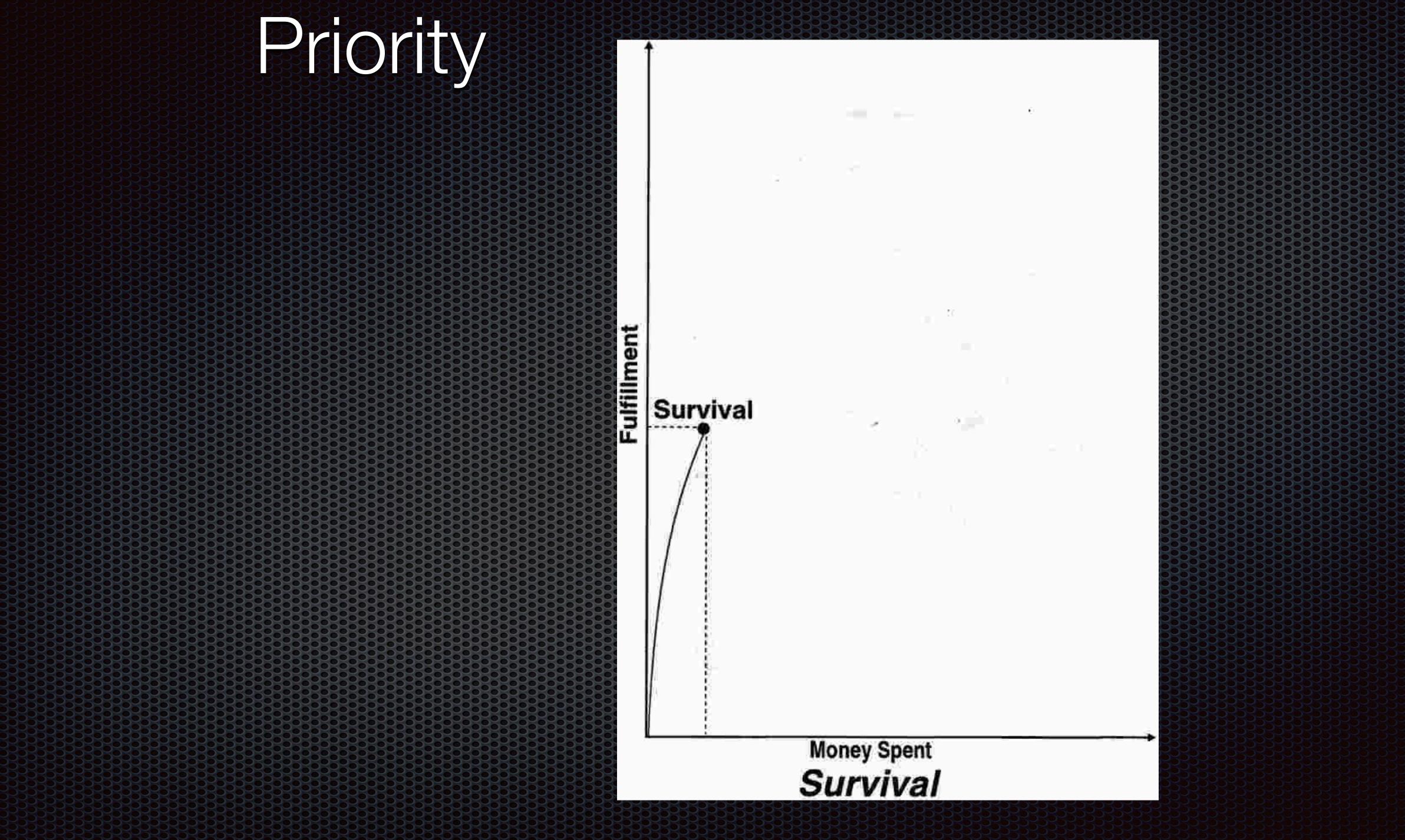
• Me



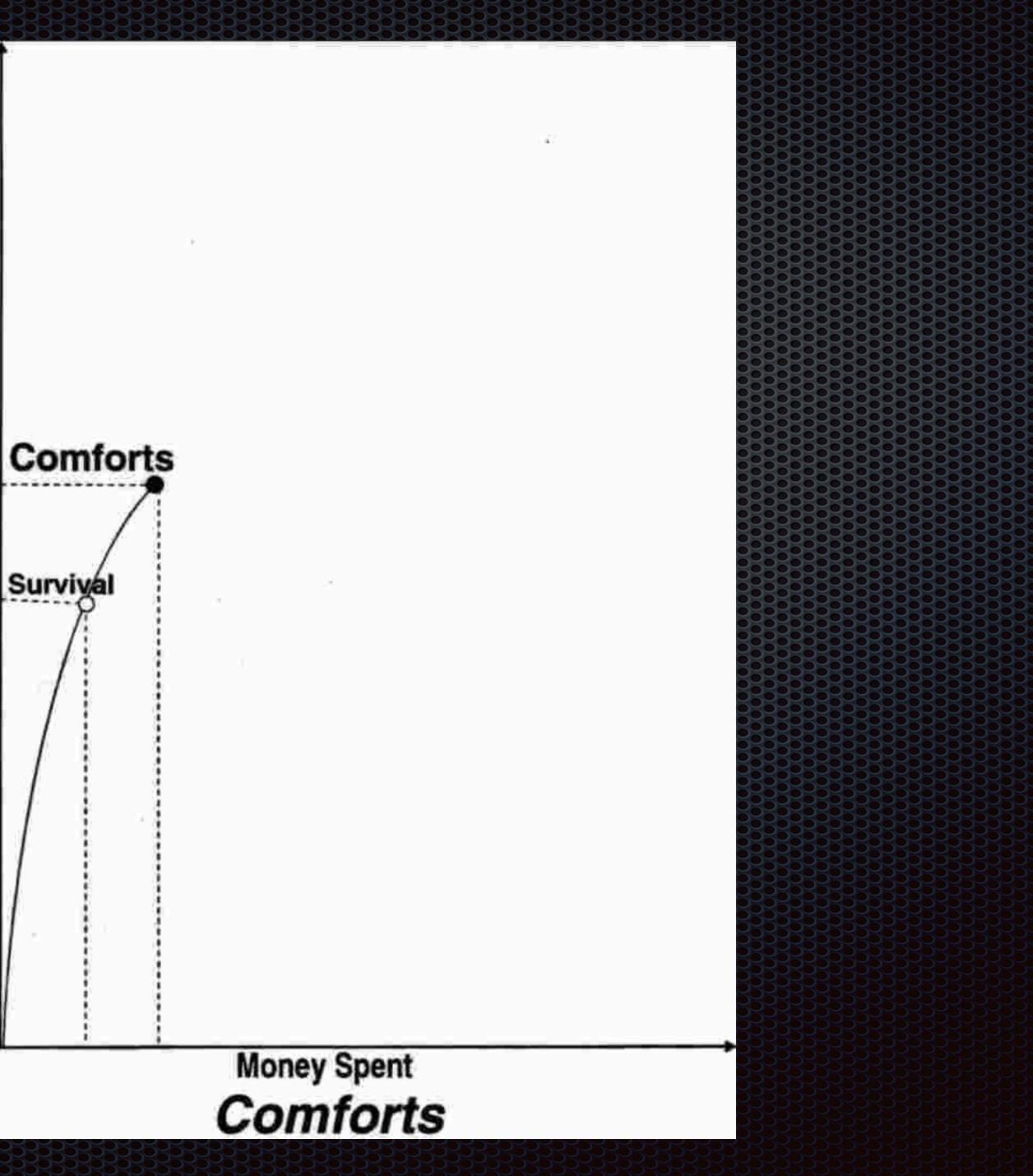
## Choose priorities wisely

Reevaluate your priorities supersede your true priorities

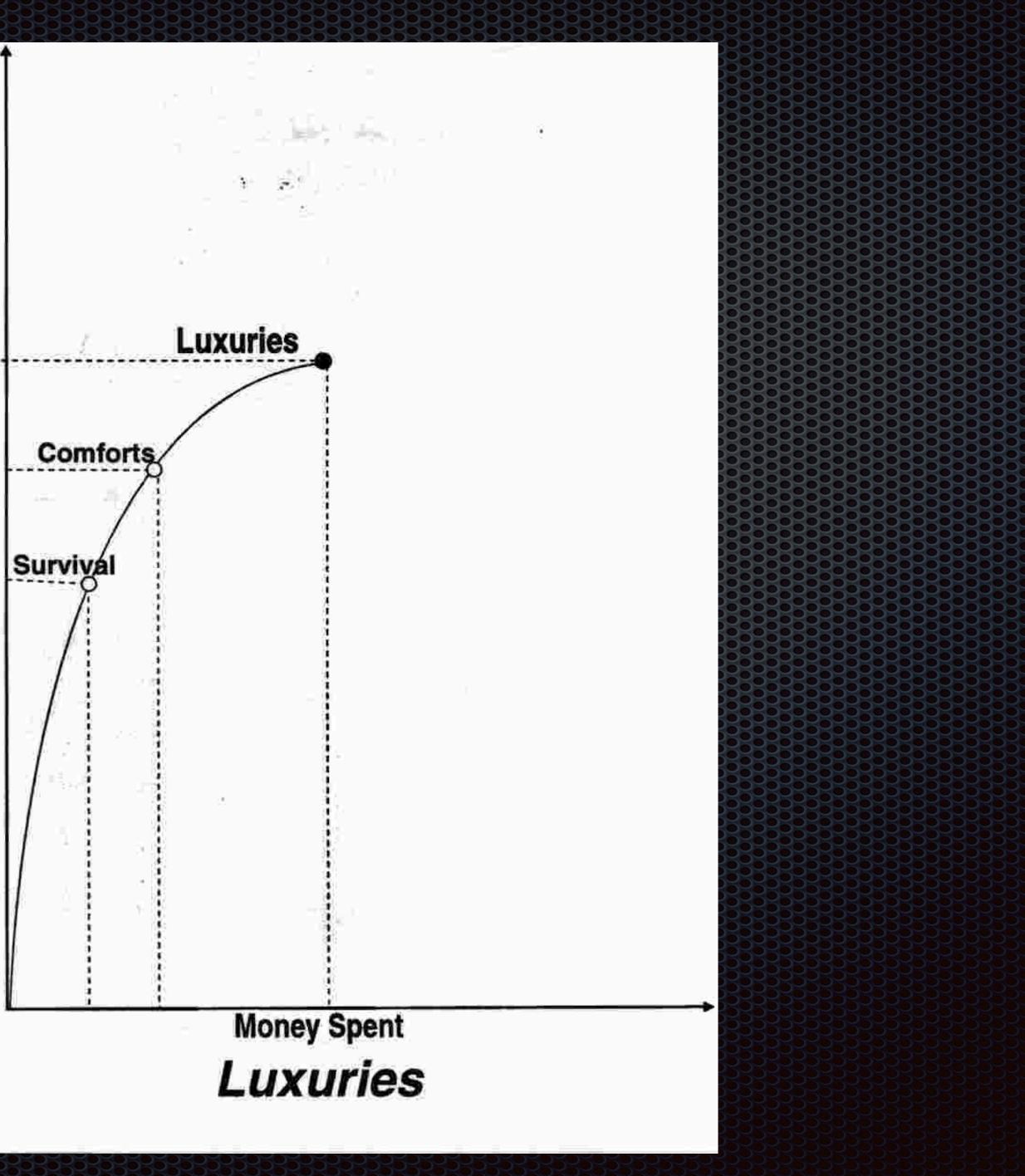
## It is ok to want nice things but just make sure it doesn't



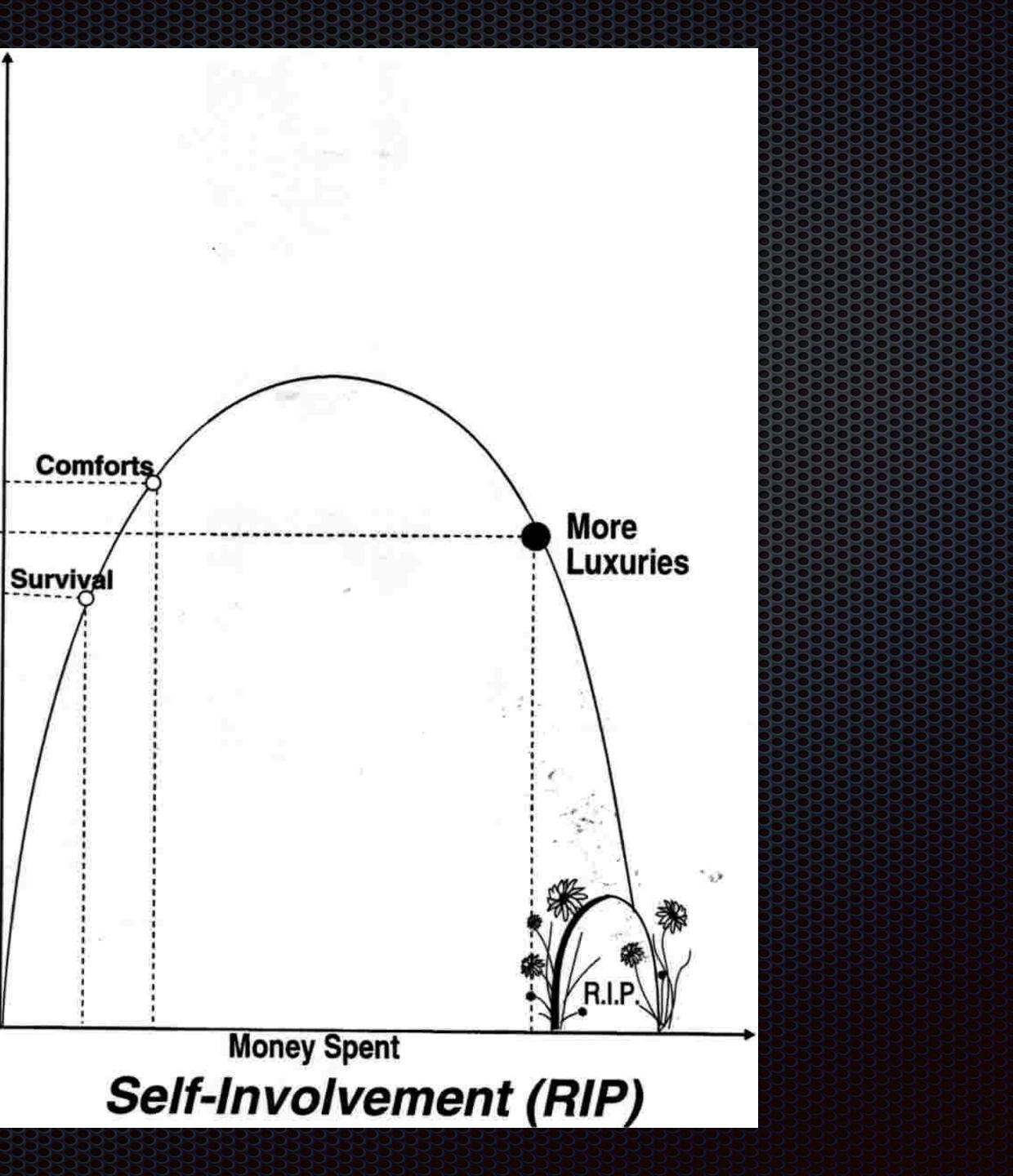
Fulfillment



Fulfillment



Fulfillment



## Burned out provider

Recognize providers who are burning out Mood changes Behavioral changes Working more shifts Getting in late/calling off Staying late after shifts Can talk to them Can get HR involved



## Take Home Points

Ask your significant other to describe an area you can focus on for better balance

Use the self assessment process described in the presentation and define 2 priorities you can change to create balance

List two healthy and/or enjoyable activities frequently put off that you can do more of, and do them!

## Questions?