Burnout and Resilience in the Medical Profession
Chaya Prasad, M.D, MBA
6/22/17
My agenda today

- What has been started at WCOMP
- How has it worked
- How to move forward
- Research
My Personal Story of Burnout and journey to Resilience

Great talk, this is a big issue that is rarely discussed. Thank you
Definition of Burnout

A syndrome/emotional condition characterized by
• Loss of enthusiasm for work (emotional exhaustion)
• Feeling of cynicism (depersonalization)
• Low sense of personal accomplishment.

Burnout is usually regarded as the result of prolonged stress.

http://www.aafp.org/about/policies/all/physician-burnout.html

I really liked this talk. We all go through burn out and we need to have this talk every year as a reminder to take care of ourselves.
A Public Health Crisis! Individual or system problem? AAMC 2015

• Burnout in U.S. alone:
  • >40,000 in Medical Students
  • >60,000 in Residents and Fellows
  • >490,000 Physicians

• FIND REFERENCE

It is very difficult for me to hear the "burn out" excuse for physician depression. It is years of emotional turmoil and sometimes abuse that leads physicians to lose their sense of purpose and self confidence. When you call it burn out it turns the problem into an individual one rather than a systemic one.
Consequences of Burnout

Medical students
- Loss of self esteem
- Sub optimal academic performance
- Drop out from medical school
- Drug and alcohol abuse
- Depression
- Suicidal ideation/suicide
- Continuing behavior in internship/residency

Physicians
- Medical errors
- Impaired professionalism
- Reduced patient satisfaction
- Staff turnover
- Loss of job
- Impaired family dynamics
- Depression and suicidal ideation
- Motor vehicle crashes

If possible, it would be great to hear more stories/experiences/tips from upperclassmen regarding this topic. Overall this was a good presentation!
What are the reasons for burnout?

I think it would be nice if it included a live meditation.
• Overwhelmed by what they do not know.
• Consciousness, compliance, compartmentalization of emotions
• Limited coping skills
• Misconstrued as a weakness or an inability to perform duties.
• Perfectionists
• Until recently this was not an openly discussed or recognized topic.

I believe this topic is very important and should be incorporated into our curriculum more. In particular, it should be added to the ECM curriculum with some guest lecturers.
Surgeon General Vivek Murthy, M.D, MBA on Physician Burnout
4/2016

...... The suicide and burnout rate is very high
...... If we have people burning out, it really goes against our needs
...... How to cultivate emotional well-being for healthcare providers
...... If healthcare providers aren't well, it's hard for them to heal the people for whom they are they caring

http://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/57280

I really appreciate how the school took the time to prepare this presentation for us. I know alot of us are board studying right now, but I felt like this talk was necessary. I personally feel the burnout myself sometimes and I just call my dad and vent to him. But sometimes it can be overwhelming especially in this stressful time, so I feel this talk was very helpful and necessary for us.
I consider myself already very able to not let many things stress me out. This sort of lecture was good for me to reach out to classmates at risk of burnout, but was of little benefit to me personally.
It was a great lecture to understand burnout. Sometimes it is easy to forget to take care of ourselves.
Depression in Interns and Residents

JAMA, 12/8/15. Prevalence of Depression and Depressive Symptoms Among Resident Physicians by Dr. Douglas Mata, M.D, MPH


I think it's great you are trying to help us identify and take steps to prevent burnout. Most of my negative responses to the questions above are because I personally have already been active in identifying burnout in myself and I have already been working ways to distress and deal with those situations. I think this kind of talk is better fit for incoming first years, because for me personally I have learned throughout the course of my first two years how to handle stress, but it would have been nice to hear earlier rather than now when I have already figured this stuff out on my own.
This is a topic that is very relevant to us as future physicians. The lifestyle we live is very stressful and leaves very little time for ourselves and our own personal needs. This presentation showed me how important it is to take time to destress and keep myself mentally and physically healthy.
Depression in the Medical Profession

- Medical students (15 – 30%)
- Interns and residents (30%)
- 9.4% of fourth-year medical students and interns reported having suicidal thoughts in the previous two weeks
- 1 in 16 US physicians had experienced suicidal ideation in the past 12 months, only 26% had sought psychiatric help
- Lifetime rates of depression in women physicians were 39% compared to 30% in age matched women with PhD’s
- Lifetime rates of depression in male physicians (13%) may be similar or slightly elevated in men in the general population


It is great to be able to recognize the early signs of burn out and take measures early on as prevension.
Suicide Rates

AAMC 2015

• Srijan Sen, MD, PhD, University of Michigan Medical School, *Intern Health Study*, a longitudinal study of depression among interns nationwide, estimates “suicide rates among physicians are 40 to 70 percent higher in males and 130 to 300 percent higher in women.”

• Among medical students, suicide is the second most common cause of death, after accidents.

• Academic Medicine, 2/09 reports 13.6 percent of medical students exhibited major depression and 6.6 percent reported suicidal ideation.

Prevention of burnout is the most important thing. I think having lectures like this help students and others recognize the signs and patterns of burnout. Being able to recognize when someone is leading down that pathway is crucial in preventing more devastating issues that may occur.
Burnout Rates by Specialty

- Critical Care: 53%
- Emergency Medicine: 52%
- Family Medicine: 50%
- Internal Medicine: 50%
- General Surgery: 50%
- HIV/Infectious Diseases: 49%
- Radiology: 49%
- Ob/Gyn & Women’s Health: 49%
- Neurology: 49%
- Urology: 48%
- Pulmonary Medicine: 47%
- Cardiology: 46%
- Diabetes & Endocrinology: 46%
- Orthopedics: 45%
- Nephrology: 45%
- Plastic Surgery: 45%
- Pediatrics: 44%
- Oncology: 44%
- Anesthesiology: 44%
- Rheumatology: 43%
- Allergy & Clinical Immunology: 43%
- Ophthalmology: 41%
- Gastroenterology: 41%
- Pathology: 39%
- Psychiatry & Mental Health: 38%
- Dermatology: 37%
What are medical educators promoting?

Are we enriching or impoverishing students?
Are we encouraging courage, compassion, wisdom and resilience?
OR
Are we encouraging envy, fear, and destructive competitiveness?
Are we promoting resilient medical communities?

All physicians should be aware of this topic and I appreciate that it is being introduced early into our medical education.
Accreditation Council for Graduate Medical Education (ACGME) Efforts

• 3 day symposium in 2015

• Topic - Symposium on Physician Well-Being: Summary and Proposal to the ACGME Board of Directors

Dr. Prasad's personal story about how burnout impacted her life helped me relate to the topic and pay attention to her wisdom on a more emotional level. Thank you, Dr. Prasad!
Role of Educational Institutions and Educators

1. Educating student communities and faculty and administrators, about the importance of work-life balance.
2. Advising and mentoring structures as “a safety net” for students.
3. Extracurricular activities to create downtime and a chance to socialize.
4. Educating students and faculty about risk factors and warning signs.
5. Screen for fatigue and burnout throughout the education continuum and during medical practice.

Thanks for taking the time to explain to us how much burnout affects us now and how much it could affect our future. It is certainly an important topic and invaluable for our careers. :)
Study from the Mayo Clinic

Faculty mentors should be more proactive, using their own experiences to try to prevent the stress of a medical education.

I think that this was a good presentation and a good start to this topic. I suggest that we have a completely private room where students can go there and shout or whatever they do to relieve stress. Obviously it needs to be a safe environment and someone needs to monitor the room activity (to prevent self-harming dangerous activity) but I know that in some residency programs they offer wellness options like this. Thanks!
Goals for Faculty and Students Alike

• Recognize burnout syndrome and depression in yourselves and educate medical students to do so as well.
• Identify those physicians/students at high risk.
• Establish regular sources of health care, including preventive measures

We are all very aware of burn-out, we've all experienced it. I think if this content was incorporated into ISSM during first and second year it may be more effective. Half-way through third year a lot of us are very much in the grips of burn-out and didactic weeks are very stressful so I think this was the wrong time for this material. The TED talk was pretty great though.
AAMC Leadership Forum, 2015, Creating a Culture of Wellbeing and Resilience in Academic Medicine

Individual-focused interventions:

- Meditation techniques - Stress management training, including MBSR (mindfulness based stress reduction)
- Communication skills training
- Self-care workshops, exercise program
- Small group curriculum
- Community, connectedness

This presentation was well crafted in that it had information that I had not known before
Other Current Approaches

- Pass/fail curricula
- Learning and peer communities
- Promote culture of well-being and support

Leaders in this are Georgetown University, Stanford, Vanderbilt University, Mayo Clinic

In terms of question 13, I was taken aback at how much I enjoyed the physician who presented. I wish I had been able to be present for this speaker. She was engaging and brought up subjects and statistics that are a must in terms of knowledge of a medical professional. I will definitely be referencing the articles and videos she mentions in her presentation.
What next ...

Students need to:
• Step back
• Take a deep breath
• Start taking better care of your own personal needs
• Create boundaries for a more balanced life

This is a really important topic. It's also a really hard thing to try and incorporate into a third and fourth year curriculum where I think it's needed the most. I spent my first 2 years hearing from everyone around me "it's ok, it's ok, these first two years are the hardest, it gets much easier in third and fourth year". I established a good rhythm in my first two years, did well, and then after step 1 I relaxed. That was a mistake. 3rd year has been harder than anything I've ever done in my life. I didn't feel burned out in my first two years but I do now, and that's why it is so vital to have these courses at this time and not during our first two years when we're sheltered by our school. It's also a huge challenge. To be honest I felt like this course induced burnout when it was first announced as yet another requirement for didactic week, and I know that a lot of my peers felt that way as well. It's an unfortunate paradox in these two final years of medical school but I have to say that if it's between giving us an extra hour to study or relax during didactic week and having us watch this video and fill out a questionnaire, I'd say you should continue to supply these courses and make them mandatory. It's really, really important.
<table>
<thead>
<tr>
<th>Academic Support</th>
<th>Phone Number</th>
<th>Services</th>
</tr>
</thead>
</table>
| LEAD Main         | 909-469-5325 | Tutoring and academic counseling  
                                 http://www.westernu.edu/lead/lead-tutoring/  
                                 http://www.westernu.edu/lead/lead-counseling-appts/ |
| Dagmar Cofer, MS, MAMS | 909-469-5203 | Stress and test anxiety management, study strategies,  
                                      board study planning, motivation, time management,  
                                      emotional intelligence, life & wellness coaching, and  
                                      communication skills |
| Hector Arroyo, EdD, MEd | 909-469-8499 | Writing papers/projects, personal statements,  
                                      group dynamics, TAP coordinator |
| Neil Birt, MS     | 909-706-3827 | Academic editing, online learning, academic skills training, ESL assistance, test taking strategies, assessment, data analysis |
| Martha Ruelas, MHSc | 909-469-5325 | Medical Spanish & basic to advanced Spanish |
Test Accommodations & Support
Sandra Lawler 909-469-5297
Test accommodations and disability support
slawler@westernu.edu

Counseling and Behavioral Health
There is NO charge for your first 5 sessions. All subsequent sessions will be based on insurance co-pay.
Optum Assistance Program 800-234-5465
Stress, anxiety, marital counseling, depression, grief, legal advice, substance abuse, relationship problems, parenting & family issues, living with chronic conditions, child & elder care support etc.
www.liveandworkwell.com

Anna Couch, MA, MFT 909-860-1541
626-932-2515 (pager)
On-campus counselor
Location: Health Sciences Center, Rm 107
Hours: Monday 12-1 pm, Tuesday 1:30 – 7 pm,
Wednesday 11:30 am – 2:45 pm, Thursday 1:30 –
2:45 pm, Friday 12-2 pm

Rosewood Counseling Center 909-981-0270
Location: 288 W. 9th St. Upland, CA 91786
We recommend the following counselors:
Brenda Hopely, Robert Proulx or Susan Hilliard
***Tell them you are a WesternU student***

Office of Academic Affairs (OAA)
https://otrs.westernu.edu/otrs/customer.pl Academic questions or concerns regarding years 1 & 2
https://otrs.westernu.edu/otrs/customer.pl Academic questions or concerns regarding years 3 & 4
Use “Confidential” queue for urgent/personal concerns

Office of Student Affairs (OSA)
https://otrs.westernu.edu/otrs/customer.pl 909-469-5536 COMPStudentAffairs@westernu.edu
# Lebanon Key Student Support Services & Referrals

## Counseling & Accommodations

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
<th>Location</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Sandra Lawler</td>
<td>(909) 469-5297</td>
<td><a href="mailto:slawler@westernu.edu">slawler@westernu.edu</a></td>
<td>Pomona Campus</td>
<td>NW Campus Care Team</td>
</tr>
<tr>
<td>Lonny Bevill, LMFT</td>
<td>(541) 905-5423</td>
<td><a href="mailto:lonnybevilllmft@aol.com">lonnybevilllmft@aol.com</a></td>
<td></td>
<td>National Lifeline Suicide, PTSD, substance abuse</td>
</tr>
<tr>
<td>Optum Assistance Program</td>
<td>(800) 234-5465</td>
<td><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a></td>
<td></td>
<td>Optum Health</td>
</tr>
<tr>
<td>Linn County Mental Health Clinic</td>
<td>(541) 451-5932</td>
<td>1600 S. Main St. Lebanon</td>
<td></td>
<td>Crisis Phone Counseling</td>
</tr>
<tr>
<td>Samaritan Resident’s Clinic for Primary Care</td>
<td>(541) 451-6960</td>
<td>425 N. Santiam Hwy, Lebanon</td>
<td></td>
<td>Crisis Phone Counseling</td>
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## Security

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<tbody>
<tr>
<td>Premier Security Services</td>
<td>(541) 259-0301</td>
</tr>
<tr>
<td>Lebanese Police</td>
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<tr>
<td>Justice Center</td>
<td>(541) 451-1751</td>
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## Sexual Assault & Domestic Violence Crisis Support

<table>
<thead>
<tr>
<th>Employee: Geri Abracosa</th>
<th>Phone</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>(909) 469-5372</td>
<td><a href="mailto:gabracosa@westernu.edu">gabracosa@westernu.edu</a></td>
<td>Administration Building, Room 107, Pomona</td>
</tr>
<tr>
<td>CARDV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Fernandes Paul</td>
<td>(541) 259-0220</td>
<td><a href="mailto:mfernandespaul@westemu.edu">mfernandespaul@westemu.edu</a></td>
<td></td>
</tr>
<tr>
<td>Crisis Phone Counseling</td>
<td>(541) 754-0110</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YOUR NORTHWEST CARE TEAM

will listen in confidence
and guide you to the next step.

Mirabelle Fernandes Paul
(541) 259-0220
mfernandespaul@westernu.edu

Monica Guerrero
(541) 259-0209
mguerrero@westernu.edu

Karen Acquilano
(541) 259-0226
kacquilano@westernu.edu

Edward Junkins
(541) 259-0305
ejunkins@westernu.edu

Lonny Bevill
Licensed Marriage & Family Therapist
Wednesdays 11:00-7:00
(541) 905-5423
lonnybevillmft@aol.com

*M Campus Security*
(541) 259-0301

MAINTAIN YOUR MENTAL HEALTH
If feelings or symptoms of imbalance are affecting your studies, your work, or your life, consider getting help.

MENTAL HEALTH RESOURCES
for WesternU's Northwest members

Updated 1/2017 KA.

All records, including medical information, evaluations, and referrals, are kept strictly confidential in accordance with federal and state laws.

Counseling
Therapy
Crisis Intervention

Stress
Anxiety
Depression
PTSD
Addiction
Substance Abuse
OCD
Grief
ADHD
Eating Disorder...
Definition of Resilience
(American Psychological Association)

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences.

This lecture was very important for because in order to decrease burnout rates in medicine, it starts early on, which is medical school. I think the presentation has made me more aware of different signs of burnout, and I realized that I have experienced similar stress-induced situations to the ones described by the 2nd year medical students in the presentation.
Other programs in place at WCOMP

MEDWELL programs
• Mindful Mondays
• Wellness Wednesdays
• Fitness Fridays
• Nutrition series – Dr. Robyn Delbreibus
• Student Wellness Task Force – Dr. MacIntosh
• Faculty Training Lebanon/Pomona
  - Lebanon completed it last year
  - Pomona soon
• FIRE series – student run
• Treadmills at Pomona and Lebanon
I'd like to see a presentation on how the school can help reduce burnout inducing curriculum. I understand to a certain extent that we have the ability to destress, but saying that identifying stress and destressing is only half the story. School's have been expecting more of medical students recently, and I don't think that component was addressed.
August 2016

- Gave a similar talk to 2020 students support groups – parents, siblings, significant others, grandparents
- Over 150 people attended
- Well appreciated – many questions from support groups

What did I ask them to do?? Talk to your student, listen to them and help them help themselves.

It was a good talk and I appreciate bringing burnout into light. I also appreciated that someone who has had physician burnout was sharing the information because it made it that much more relatable.
Thank you for requiring us to take time to watch this lecture. It was immensely informative and helpful. I highly recommend this lecture to other students, and encourage the issue of physician burnout be incorporated into COMP's teaching curriculum.
2017, 2018, 2019 students

• Online program
• OMS 2 - Part of ISSM
• OMS 3 – Part of ECM didactic week, mandatory
• OMS 4 – Part of ECM didactic week, optional (working on making it mandatory)
• Surveys

I appreciate the concern for burnout in our profession and our school addressing and taking action to improve our emotional resilience
Meditation (Mindfulness)

In place
• Prior to all exams
• 1 min audio – one minute, pause, breathe
• Students have come to expect it and honor it

Coming this fall
• Prior to all classes
• 2 mins audio
• Faculty buy in mandatory

Thank you for requiring us to take time to watch this lecture. It was immensely informative and helpful. I highly recommend this lecture to other students, and encourage the issue of physician burnout be incorporated into COMP's teaching curriculum.
Koru Mindfulness for Students

- Similar to yet different from MBSR
- Completed training
- Working on certification
- Bring it on board
- Free app

I feel that everybody is different in how they stress and handle stress. Not one formula will work for everyone and the institution needs to recognize that and be more compassionate and listen to the students.
Research

Thus far
• Basic surveys and responses – OMS 2, 3, 4
• Evaluate awareness
• Evaluate need
• Evaluate success
• Seek feedback

Next steps - robust well planned study
– Control groups
- Evaluate intervention with performance
- Role of faculty training
I think raising awareness about physician burnout is very important. However, I think the timing of when we receive this information should be considered. It would be beneficial to see this early in our curriculum when we are still being introduced to the profession and gain early exposure to what resources are out there for us when we are beginning to show the signs of burnout. Early recognition and prevention would help students deal with the overwhelming stress that we become increasingly exposed to.
Post Presentation survey questions

• Is your understanding of burnout in the medical profession improved
• Do you think you may be able to recognize the early signs and symptoms of burnout
• Are you taking appropriate steps to destress
• Will you adopt any new measures to destress
• Do you feel you are better prepared to handle stress
• Would you like to see more of this topic incorporated into your curriculum
• Would you recommend this course to other students
• Free text box

we need more breaks in our schedule. I am burned out very badly and there is no break anywhere near sight.
<table>
<thead>
<tr>
<th>Question</th>
<th>OMS 3 (%)</th>
<th>OMS 4 (%)</th>
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<tbody>
<tr>
<td>Prior to the presentation: Had you heard or read about burnout in the medical profession?</td>
<td>95</td>
<td>96</td>
</tr>
<tr>
<td>Prior to the presentation: Did you know what resilience meant?</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Prior to the presentation: Did you know that medical professionals were at this high risk for burnout?</td>
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<td>91</td>
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<tr>
<td>Prior to the presentation: Were you able to recognize features of burnout in yourself or in your friends?</td>
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<td>72</td>
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<tr>
<td>Prior to the presentation: Did you feel you could handle the stress?</td>
<td>84</td>
<td>86</td>
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<tr>
<td>Prior to the presentation: Did you know who to turn to in the event of an imminent burnout?</td>
<td>60</td>
<td>54</td>
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<tr>
<td>After the presentation: Is your understanding of burnout in the medical profession improved?</td>
<td>83</td>
<td>93</td>
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<tr>
<td>After the presentation: Do you think you may be able to recognize the early signs and symptoms of burnout?</td>
<td>94</td>
<td>99</td>
</tr>
<tr>
<td>After the presentation: Are you taking appropriate steps to de-stress?</td>
<td>81</td>
<td>80</td>
</tr>
<tr>
<td>After the presentation: Will you adopt any new measures to de-stress?</td>
<td>79</td>
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<td>After the presentation: Do you feel you are better prepared to handle stress?</td>
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<tr>
<td>After the presentation: Would you like to see more of this topic incorporated into your curriculum?</td>
<td>55</td>
<td>91</td>
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</table>
I disagree with the solution to burn out. As medical students (and physicians), we are already resilient from the fact that we have completed 4 years of undergrad, completing our 4 years of medical school, will be completing 3+ years of residency. We are currently pushed out of our comfort zone every day and we sacrifice time with family and friends and the solution is to meditate and do yoga and take a walk at lunch time... The demands on a rotating student/resident/physician does not allow for lunch time or much free time. Physicians and medical students should not be blamed for being human in an inhuman system. It's not our fault that we work/study 80-100 hours a week and not see family/friends and put all our emotional energy in a career that makes us burned out. How can we take care of ourselves when we often have to choose between studying vs eating vs sleeping for years on end. It's an inhumane system and we are being taken advantage of. "Practicing mindfulness" or "doing yoga" or "making time for family" is not the ultimate solution because we already want to do these things. Don't tell us to take a walk or spend time with family - tell the system to allow us the chance to take care of ourselves.
It was a good presentation and could help a lot of people. I think the important thing to account for is that everyone deals with stress and hardships in their own way. These lectures should always be advertised, but not mandatory. What really helped me during first year when my mother passed away was simply knowing that these resources were available and that I could look into them on my own time, when I was ready.
My life is happy and great now but im not sure what to do when im not at such an easy point in my life how ... prevent what happened last time.
Wounded Healers

• Concept from Jungian psychology

• Chiron, a centaur in Greek mythology who was renowned for his skills as a healer. Chiron was wounded by a poisoned arrow, but his immortal status sustained him despite the incurable wound.

• He was thus condemned to spend eternity roaming the earth in agonizing pain, healing everybody but himself

That was then but does not have to be so today. We can make a change. We are making changes.
I thought it was really great to hear about a physician's own story of burnout, because it takes away the stigma and allows for others to come forth if they need help. I am fortunate that I have a wonderful support system among my friends and family and that I have developed hobbies and interests that help alleviate stress, but I do recognize that others may not have a similar support system or have not had an outlet to discuss their stress, so I think it's important to continue to recognize physician burnout and to incorporate discussions of such in our curriculum so that our colleagues do not feel alone. I think even having a monthly support group for the COMP college would be useful and starting the meetings off with some meditation or quiet reflection could really help. I've found that taking even a few moments for deep breathing really takes the edge off of the anxiety I might feel before a test or important event. I think that would be great to have during a support group session or even before a "burnout" talk, such as this one.
Useful links

• http://www.aafp.org/about/policies/all/physician-burnout.html
• http://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/57280
• http://www.aafp.org/fpm/2015/0900/p42.html
• http://www.ama-assn.org/ama/ama-wire/post/7-steps-prevent-burnout-practice
• http://www.nytimes.com/2010/10/07/health/views/07chen.html
• https://www.aamc.org/download/462612/data/wellbeingpresentations.pdf
The coping strategies during medical education predict style of success in medical career: a 10-year longitudinal study

The Physician Burnout Problem Is Perceived to Be Larger Outside of One’s Organization

To what extent is physician burnout a problem in...

<table>
<thead>
<tr>
<th>The Healthcare Industry</th>
<th>Your Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all a problem</td>
<td>96%</td>
</tr>
<tr>
<td>Minor problem</td>
<td>31%</td>
</tr>
<tr>
<td>Moderate problem</td>
<td>65%</td>
</tr>
<tr>
<td>Serious problem</td>
<td>4%</td>
</tr>
<tr>
<td>Not at all a problem</td>
<td>83%</td>
</tr>
<tr>
<td>Minor problem</td>
<td>13%</td>
</tr>
<tr>
<td>Moderate problem</td>
<td>48%</td>
</tr>
<tr>
<td>Serious problem</td>
<td>35%</td>
</tr>
</tbody>
</table>

More Clinical Leaders than Executives consider it to be a serious problem whereas more Executives than Clinical Leaders rate the problem as moderate.

- Clinical Leaders: Serious 69%, Moderate 25%
- Executives: Serious 60%, Moderate 38%

Council members from the Northeast (46%) rate the industry burnout problem as more serious than their counterparts from the West (32%), Midwest (31%), and South (31%).

Base = 570

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
What are organizations doing about physician burnout??

- https://hbr.org/2017/06/how-one-medical-group-is-decreasing-physician-burnout
Thank you