TIPPING THE BALANCE FROM BURNOUT TO WELLNESS

UCSD HEALTHCARE: A HEAR PRESENTATION AUGUST, 2016
Healthcare Clinician Distress

**Burnout**
- An occupational hazard
- Preventable

**Depression**
- A pervasive, miserable and disabling medical disorder

**Suicide**
- Higher rates than others
- Preventable

Our Goals:
- Engagement
- Wellness
THE COST OF CARING
Christina Maslach, 2015
High Rates

Nurses

Physicians

Pharmacists

Social Workers
Burnout and Work-Force: A Vicious Cycle

Nurse staffing levels nationally are inadequate to provide safe and effective care.

Burnout related to underperformance and attrition

Increased workload for remaining staff

Workload related to job dissatisfaction and burnout

- 40% nurses have burnout levels exceeding the norms for healthcare workers
- Job dissatisfaction among nurses is 4 times greater than the average for all US workers
- 1 in 5 hospital nurses report they intend to leave their current jobs within a year

Aiken et al JAMA 2002
Burnout

A psychological syndrome emerging as a prolonged response to chronic stressors on the job

Feelings of cynicism and detachment

Overwhelming exhaustion

Sense of ineffectiveness and lack of accomplishment

In context of:
- High work load
- Low Autonomy
- Unique vulnerabilities
- Other stressors
- Few supports

The antithesis of burnout: engagement
- High energy
- Strong involvement
- Pride and a sense of efficacy

Maslach WP 2016
Progression of Burnout

The first signs of burnout:
1. You become chronically exhausted
2. You become cynical and detached from your work
3. You feel increasingly ineffectively in your job
4. Leads to: Isolation; Avoidance; Interpersonal conflicts & High turnover

Burnout Outcomes

- **Work Related**
  - Job dissatisfaction
  - Low organizational commitment
  - Negative feelings about patients
  - Poor quality of patient care
  - Medical Errors
  - Absenteeism
  - Intention to leave the job
  - Turnover
  - Contagion

- **Health Related**
  - Headaches, chronic fatigue, gastrointestinal disorders, muscle tension, hypertension, cold/flu episodes, and sleep disturbances
  - Cardiovascular
  - Substance Use
  - Depression
Why do Healthcare Providers Burnout?

A calling

What Happened?

Exhaustion
Cynicism
Ineffectiveness
Why Nurses?

1. Long shifts
2. Putting others first
3. Busy, high stress environment
4. Dealing with sickness and death - 2nd victims
5. Mismatch with expectations, training, values
6. Unending new procedures and documentation
7. And more …
What about Pharmacists?

- In a 2004 survey, almost 70% of pharmacists experienced job stress and role overload*
  - High workload, constant interruptions, angry clients, importance of task (decisions involve human life)
  - Likely increased in last 10 years**
    - Increased volume
    - Growth and dependence on technology
    - Shrinking resources
    - High demands for quality patient care

*Mott et al, J Am Pharm Assoc, 2004; **Varkey, Student Pharmacist 2014
Prevalence of Burnout among Pharmacists and Physicians

Jackson R et al. AJPE. 1993;57:9-17; El-Ibiary & Lee et al. Accepted for publication in AJPE, 2016; Shanafelt TD et al. Arch Intern Med 2012;172:1377-85.
Pharmacy is Fertile Ground for Burnout*

- Chronic staffing shortages
- Heavily regulated environment
- Excessive documentation
- Inability to control requests
- Lack of positive feedback; focus on negative outcomes (eg, prescription errors)
- Incongruence between expertise and job components (eg, certified in disease management but performing peel-and-stick bench work)
- Inadequate pharmacy resources

A Tough Balancing Act

Jean E. Wallace (Department of Sociology) and Jane Lemaire (Department of Medicine) University of Calgary, 2005
How Balanced is Your Life?

Many Healthcare Clinicians*

Balanced Life*

- Health
- Work
- Partner
- Family
- Friends
- Exercise
- Spiritual
- Household
- Personal
- Recreation

*Not based on real data
Avoiding Burnout

- Realistic recognition (Overcoming denial)
- Exercise, sleep, nutrition
  - Mandatory schedule
  - Some better than none
- Get a dog
- Find a way to unshackle yourself from technology
- Supportive professional relationships
- Talking things out with others
- Group activities and rewards/recognitions
- Hobbies outside medicine
- Personal relationships
- Boundaries – learn to say “no thanks”
- Humor

Swetz, J Palliative Med 2009
Big Rocks
Burnout may be a Forerunner to Major Depression

- Major Depression is a serious medical condition
- Not just sadness, unhappiness or burnout
- A miserable condition that often is chronic, recurrent, diminishes quality of life and can be life threatening
- Treatable
## Major Depressive Disorder and Burnout

<table>
<thead>
<tr>
<th>Burnout</th>
<th>Major Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A response to chronic occupational stress</td>
<td>1. May or may not be triggered by a stressful life event in a vulnerable person</td>
</tr>
<tr>
<td>2. May include feelings of sadness and depletion</td>
<td>2. Often associated with morbid feelings of worthlessness, psychomotor changes and suicidal thoughts and actions</td>
</tr>
<tr>
<td>3. Usually responds to distraction, rest, exercise, companionship and time away from work</td>
<td>3. Rarely responds in sustained way to distraction, rest, exercise, companionship or time away from work</td>
</tr>
<tr>
<td>4. No evidence that antidepressants are effective</td>
<td>4. May respond to evidence-informed treatments</td>
</tr>
<tr>
<td>5. May be a precursor to MDD</td>
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</table>

**Note:** Burnout and Major Depression are distinct mental health conditions, with Burnout being a reaction to chronic occupational stress, and Major Depression being a full-blown mood disorder.
Depression in Healthcare

- Medical students, doctors, nurses, pharmacists and other healthcare workers have at least as high rates of major depressive disorders as others
  - Maybe higher
- Major depressive disorders are treatable
  - Treatment can restore wellness and/or minimize disability
  - Recurrent episodes are preventable
- Healthcare workers no more likely to receive treatment than others
  - Many roadblocks, including stigma, time, fear of consequences
“Get Over It”
“We physicians have traditionally lived within a culture of silence when it comes to mental health. Loathe to draw attention to self-perceived weakness, we commonly cloak experiences of anxiety, worry, or shame in order to carry out our day’s mission. We have had a blind spot that has permeated our collective vision, keeping us from clearly seeing the problems for what they are when they arise, or staying silent when we do see them in others or ourselves”

Christine Moutier, 2016
## Depression and Stigma in Medical Students

<table>
<thead>
<tr>
<th>Stigma Variable</th>
<th>% non-depressed students saying “yes”</th>
<th>% depressed students saying “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling a counselor I am depressed would be risky</td>
<td>17</td>
<td>53</td>
</tr>
<tr>
<td>If I were depressed, I would seek treatment</td>
<td>87</td>
<td>46</td>
</tr>
<tr>
<td>Seeking help for depression would make me feel less intelligent as a medical student</td>
<td>21</td>
<td>46</td>
</tr>
<tr>
<td>If depressed, fellow students would respect opinions less</td>
<td>24</td>
<td>56</td>
</tr>
<tr>
<td>If depressed, application for residency would be less competitive</td>
<td>58</td>
<td>76</td>
</tr>
<tr>
<td>Medical students with depression can snap out if they wanted to</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Depression is a sign of personal weakness</td>
<td>7</td>
<td>17</td>
</tr>
</tbody>
</table>

Schwenk et al JAMA, 2010
“The first wealth is health.”

~ Ralph Waldo Emerson
Suicide is the 10th Leading Cause of Death in the USA

2nd – 3rd leading cause in Medical Students, House-Staff and Young Physicians

The Only One of the Top 10 Causes of Death in the US to Continue Increasing in Recent Years
Risk of Suicide in Medical and Related Occupational Groups: A National Study Based on Danish Case Population-Based Registers

- 26-year study period: 19,825 suicide deaths included
  - 594 in medical and medically related occupations
  - 407 in teachers (the reference group)
- Significantly elevated risk of suicide in
  - Nurses (RR 1.90, 95% CI 1.63–2.21)
  - Physicians (RR 1.87, 95% CI 1.55–2.26)
  - Dentists (RR 2.10, 95% CI 1.58–2.79)
  - Pharmacists (RR 1.91, 95% CI 1.26–2.87)
- Medicinal drugs used more frequently in fatal overdoses
  - Nurses (OR = 4.36)
  - Physicians (OR = 4.52)
  - Pharmacists (OR = 6.75)

Hawton et al JAD 2011
Best Strategy to Prevent Suicide

- Destigmatize depression
- Provide prompt and accurate diagnosis
- Treat effectively
HEAR Program

HEALERS EDUCATION, ASSESSMENT AND REFERRAL
Physician Depression and Suicide: The Silent Storm

About 1 MD Life Lost Each Day: About 1 Million Patients Lost Their Physician Each Year
Milestones in the Development of HEAR: UCSD History

2002 death by suicide of a prominent faculty physician at UCSD

Survey commissioned which found high rates of stress, depression, alcohol and drug use and other suicide risk factors among UCSD physicians

2007 - PWBC contacted the AFSP which had inaugurated the Physician Depression and Suicide Prevention Project in 2002

2009 – UCSD Healer Education, Assessment and Referral (HEAR) Committee was formed

• 2 members of PWBC
• Additional faculty from psychiatry, family medicine, medicine, pediatrics, emergency medicine, radiology, anesthesiology, surgery, psychology, cancer center, student health, VA and SSPPS
• Full time clinical social worker counselor/coordinator
• Later added medical student and resident representatives

In 2016, after 3 recent deaths by suicide among UCSD nurses, nursing and health care staff were added
## Assessment and Referral (HEAR) Committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Department</th>
<th>Member</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judy Davidson, DNP, RN, FCCM, FAAN</td>
<td>Nursing</td>
<td>Emily Ho</td>
<td>Medical Student</td>
</tr>
<tr>
<td>Neal Doran, PhD</td>
<td>Psychiatry</td>
<td>Shannon McClain</td>
<td>Medical Student</td>
</tr>
<tr>
<td>Nancy Downs, MD</td>
<td>Psychiatry</td>
<td>Sid Zisook, MD</td>
<td>Psychiatry (Chair)</td>
</tr>
<tr>
<td>Patti Graham, MS, RN, CCRN, CS</td>
<td>Nursing</td>
<td>Brittany Kirby, MSW</td>
<td>HEAR Program Counselor</td>
</tr>
<tr>
<td>Daniel Lee, MD</td>
<td>Anesthesiology</td>
<td>Chris Searles, MD</td>
<td>Family Medicine/Psychiatry</td>
</tr>
<tr>
<td>Kelly Lee, Pharm.D., BCCP</td>
<td>Pharmacy</td>
<td>Byron Fergerson, MD</td>
<td>Anesthesia</td>
</tr>
<tr>
<td>Greg Light, PhD</td>
<td>Psychiatry</td>
<td>Chaitanya Pabbati, MD</td>
<td>Psychiatry, VA</td>
</tr>
<tr>
<td>Pam Jong, MD</td>
<td>Internal Medicine</td>
<td>Jeffrey Cui</td>
<td>Medical Student</td>
</tr>
<tr>
<td>Isabel Newton, MD, PhD</td>
<td>Radiology</td>
<td>Colin Depp, PhD</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>William Norcross, MD</td>
<td>Family Medicine</td>
<td>Chris Kaufmann, PhD</td>
<td>Psychiatry (postdoc)</td>
</tr>
<tr>
<td>Kim Pollock, MD</td>
<td>Anesthesiology</td>
<td>Rebecca Romero, MD</td>
<td>Psychiatry (resident)</td>
</tr>
<tr>
<td>Maria Tiamson-Kassab, MD</td>
<td>Psychiatry</td>
<td>James Chen, MD</td>
<td>Neuroradiology</td>
</tr>
<tr>
<td>Ilanit Young, PhD</td>
<td>VA Research</td>
<td>Sarah Pospos, MD, MS</td>
<td>Research Assistant</td>
</tr>
</tbody>
</table>
HEAR Program: A Two-Pronged Approach

Series of face-to-face educational programs about physician depression and suicide to our target groups focused on destigmatizing depression and mental illness treatment.

Web-based screening, assessment, and referral program based on program developed by AFSP.

Goals:
• Educate
• Destigmatize
• Identify
• Refer
• Treat depression and prevent suicide
Welcome to the Healer Education Assessment and Referral Program

We realize that trainees and physicians, despite functioning at a high level at school or work, may be dealing with personal and emotional challenges. The UC San Diego HEAR program was created to offer confidential support and resources to those in need.

Learn more about us >

Stress & Depression Screening Questionnaire

All medical students, residents, fellows, and faculty members are encouraged to complete this brief online questionnaire to find out how stress and depression may be affecting them. After completing the questionnaire, one of our experienced program counselors will send you an assessment with any recommendations for further evaluation or follow-up. Again, this service is completely anonymous and confidential.

Start Questionnaire

Program Counselors

UCSD Program Counselor (Business Hours)
858-642-3913

In Case of Emergency
Call 911 or UCSD Campus Police
858-534-HELP (4357)

San Diego Access & Crisis Line
800-479-3339

National Suicide Prevention & Crisis Hotline
800-273-TALK

This is not a crisis intervention service
If you are in crisis, please contact 911 or 800-273-TALK

smartphone: https://www.ucsdwellbeing.org

More Information on the PWBC
Interactive Screening Program

- Program classifies respondents into 1 of 3 tiers based on “risk”
- Counselor provides a detailed, personalized assessment, following a standardized prototype for each tier
- Counselor invites respondents to communicate with her online if they desire further correspondence, using a website dialogue page that requires no identification
- All Tier 1 and 2 students are urged to call or email the counselor to schedule an in-person evaluation
- Counselor evaluates the participant more fully, discusses treatment options and makes referrals as appropriate

**Tier 1** = PHQ-9 score of 15 or higher; current suicidal ideation; a PHQ-9 score of 10–14 with prior suicide attempt; intense feelings of anxiety, panic, rage, desperation, or loss of control; or an indication that current problems are making it very or extremely difficult to function

**Tier 2** = PHQ-9 score of 10–14 without a history of suicide attempt or current suicidal ideation, and with problems related to alcohol or drug use or eating behaviors, or an indication that current problems are making it somewhat difficult to function.
<table>
<thead>
<tr>
<th>Feeling States, Suicidal Thoughts Past 2 Weeks and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Moderate or greater depression (PHQ ≥10)</td>
</tr>
<tr>
<td>Life too stressful</td>
</tr>
<tr>
<td>Feeling intensely lonely</td>
</tr>
<tr>
<td>Feeling hopeless</td>
</tr>
<tr>
<td>Feeling desperate</td>
</tr>
<tr>
<td>Drinking too much</td>
</tr>
<tr>
<td>Thoughts about taking own life</td>
</tr>
<tr>
<td>Current treatment for depression</td>
</tr>
<tr>
<td>Counseling or therapy</td>
</tr>
</tbody>
</table>
# Medical and Pharmacy Students

<table>
<thead>
<tr>
<th></th>
<th>Medical Student N=461</th>
<th>Pharmacy Student N=118</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk (tier 1a and 1b)</td>
<td>35%</td>
<td>41%</td>
</tr>
<tr>
<td>Mean PHQ-8</td>
<td>6.4</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>Suicidality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts</td>
<td>8.9%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Plans</td>
<td>5.1%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Past attempts</td>
<td>3.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Affective States</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lonely</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Hopeless</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Stressed</td>
<td>34%</td>
<td>54%</td>
</tr>
<tr>
<td>Drinking “Too Much”</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>
HEAR Accomplishments

- Over 125 local and national presentations
- Over 170 psychiatry or psychology referrals
  - Many severely depressed and/or at high suicide risk
  - Most state they would not have otherwise received treatment
- Extended to UCSD Campus and Health-Care Staff

"...I was finally able to let someone know how badly I was feeling without any judgment and in a confidential manner.” – Fellow

“...validated my feelings of being overwhelmed/burnt out, and made me feel more ok with seeking help” - First Year Medical Student

“...an important factor in getting me to seek treatment.” – Faculty

“I was at a fork in the road that could lead to two dramatically different paths; you helped me pick the longer one, if you get what I mean. - Pharmacy Student

“...a lifeline. I felt lost in life, unhappy with my status and direction, despairing at a lack of a foreseeable solution, and ready to accept this as the normal state of affairs. Despite my outwardly appearing successes, I felt like a failure professionally and personally... I needed help... This program started my journey”. - Resident
And whoever saves a life, it is considered as if he saved an entire world.

—Mishnah Sanhedrin 4:5; Babylonian Talmud Tractate Sanhedrin 37a