

Resident Burnout and Well-being

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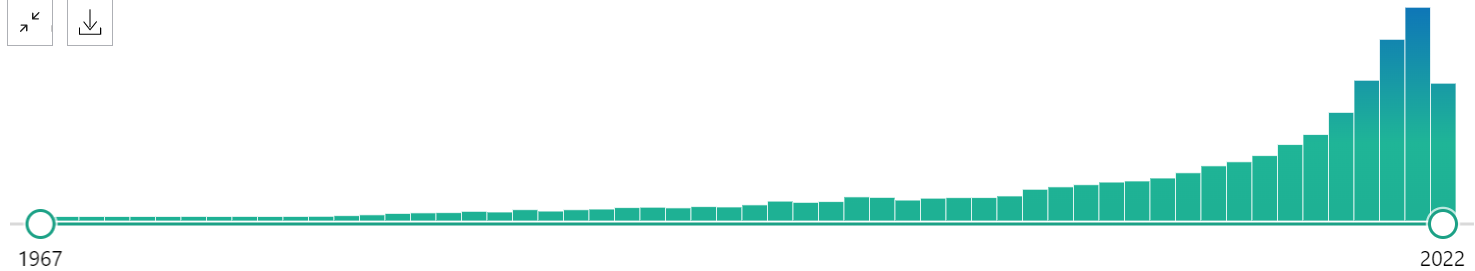
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Physician **Burnout**: The Hidden Health Care Crisis.

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Burnout

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graph LR; Burnout --> Emotional_Exhaustion[Emotional Exhaustion]; Burnout --> Depersonalization[Depersonalization]; Burnout --> Lack_of_personal_accomplishment[Lack of personal accomplishment];
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Emotional Exhaustion

Depersonalization

**Lack of personal
accomplishment**

The prevalence of burnout in Iranian residents

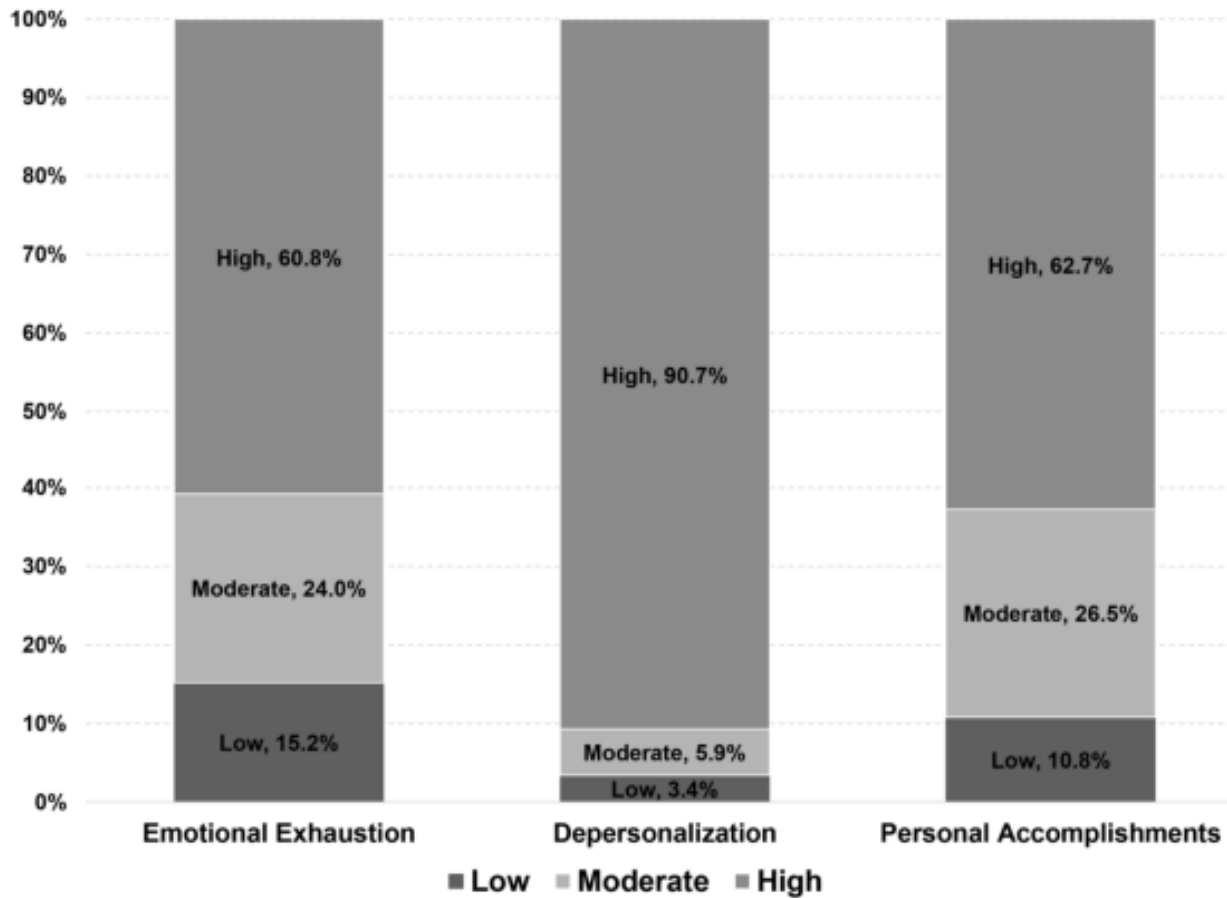
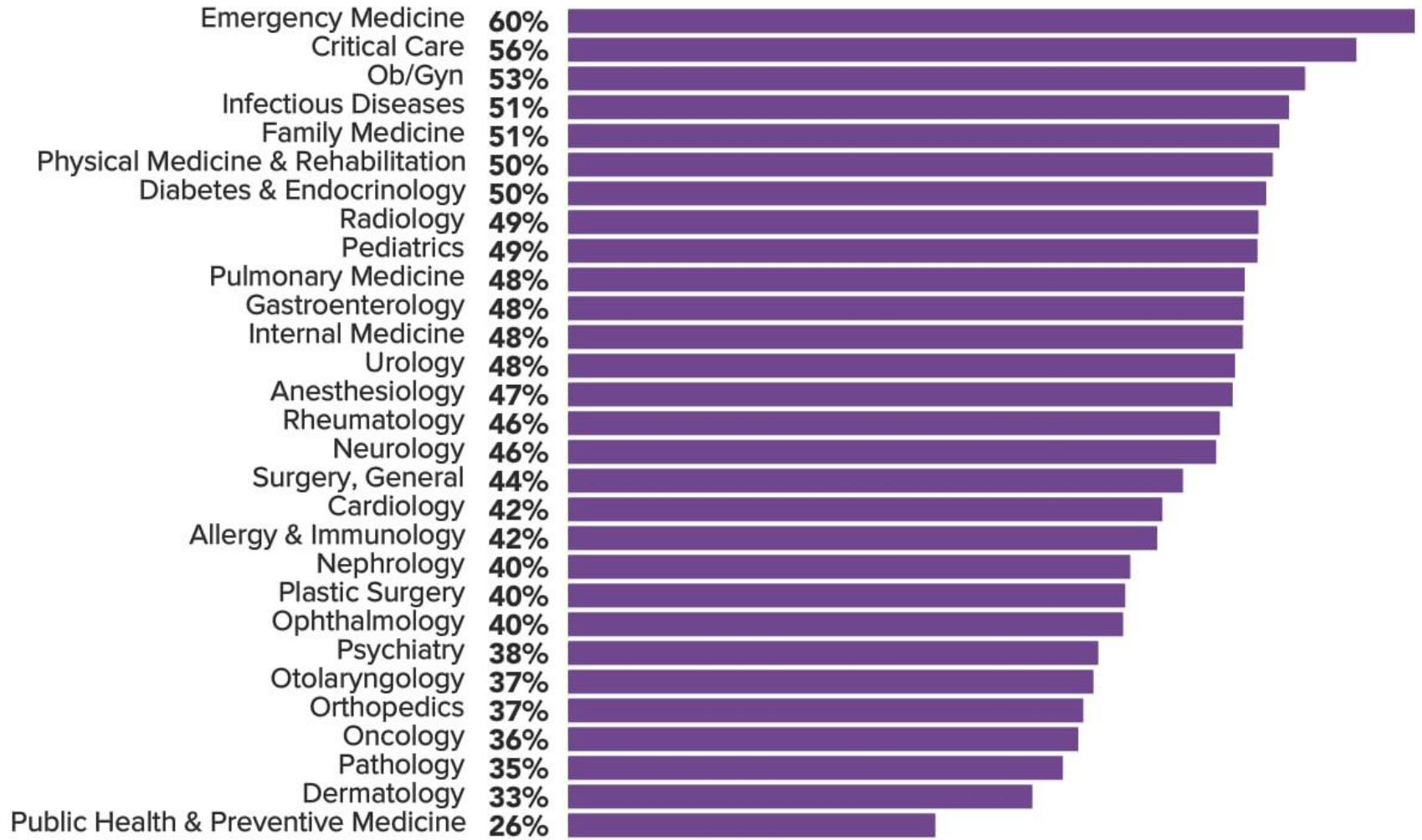
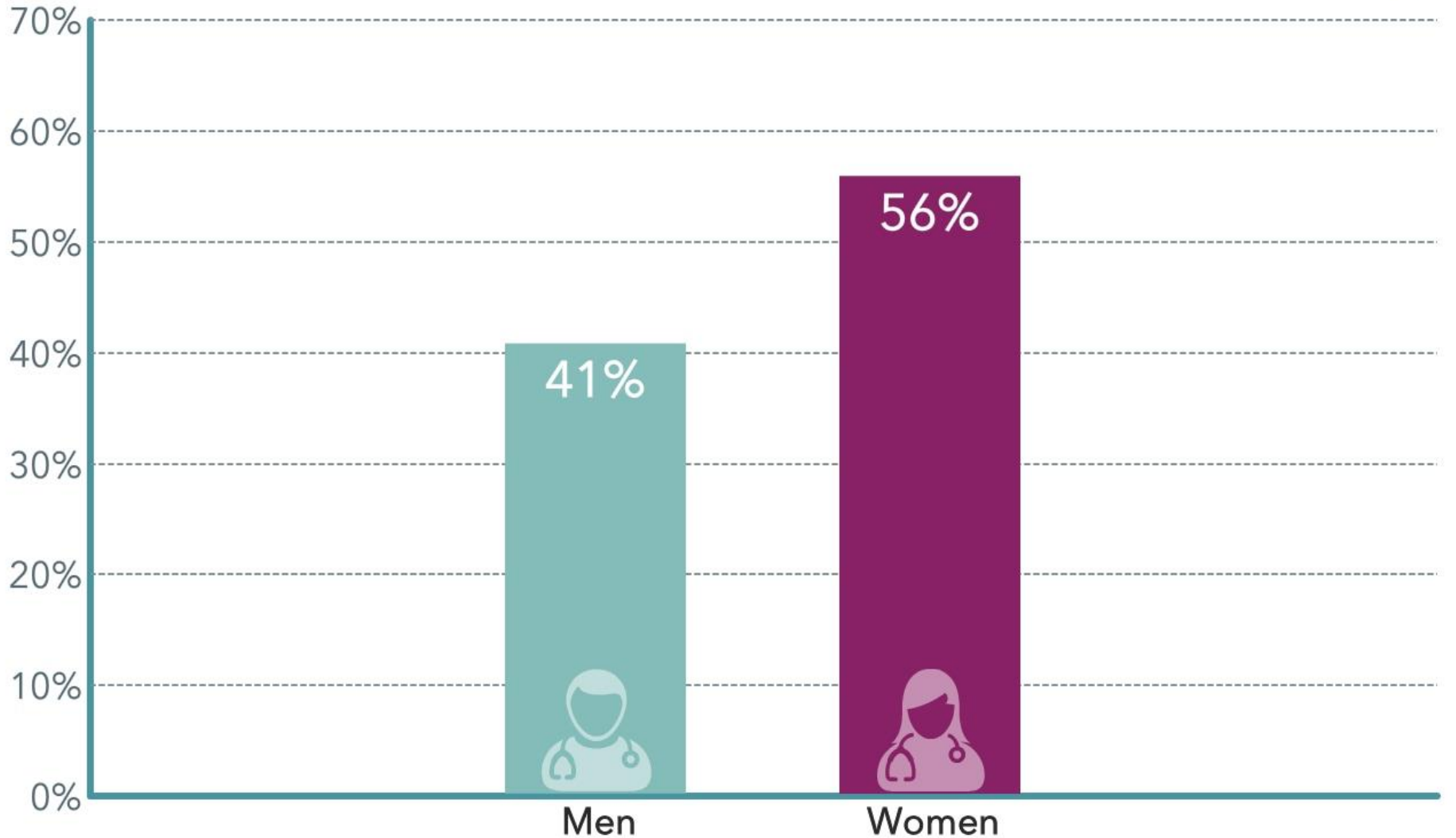


Figure 1. The severity distribution of burnout in three MBI subscales

Which Physicians Are Most Burned Out?



Are More Women or Men Physicians Burned Out?



What Contributes Most to Your Burnout?



How Does Burnout Affect Your Day?



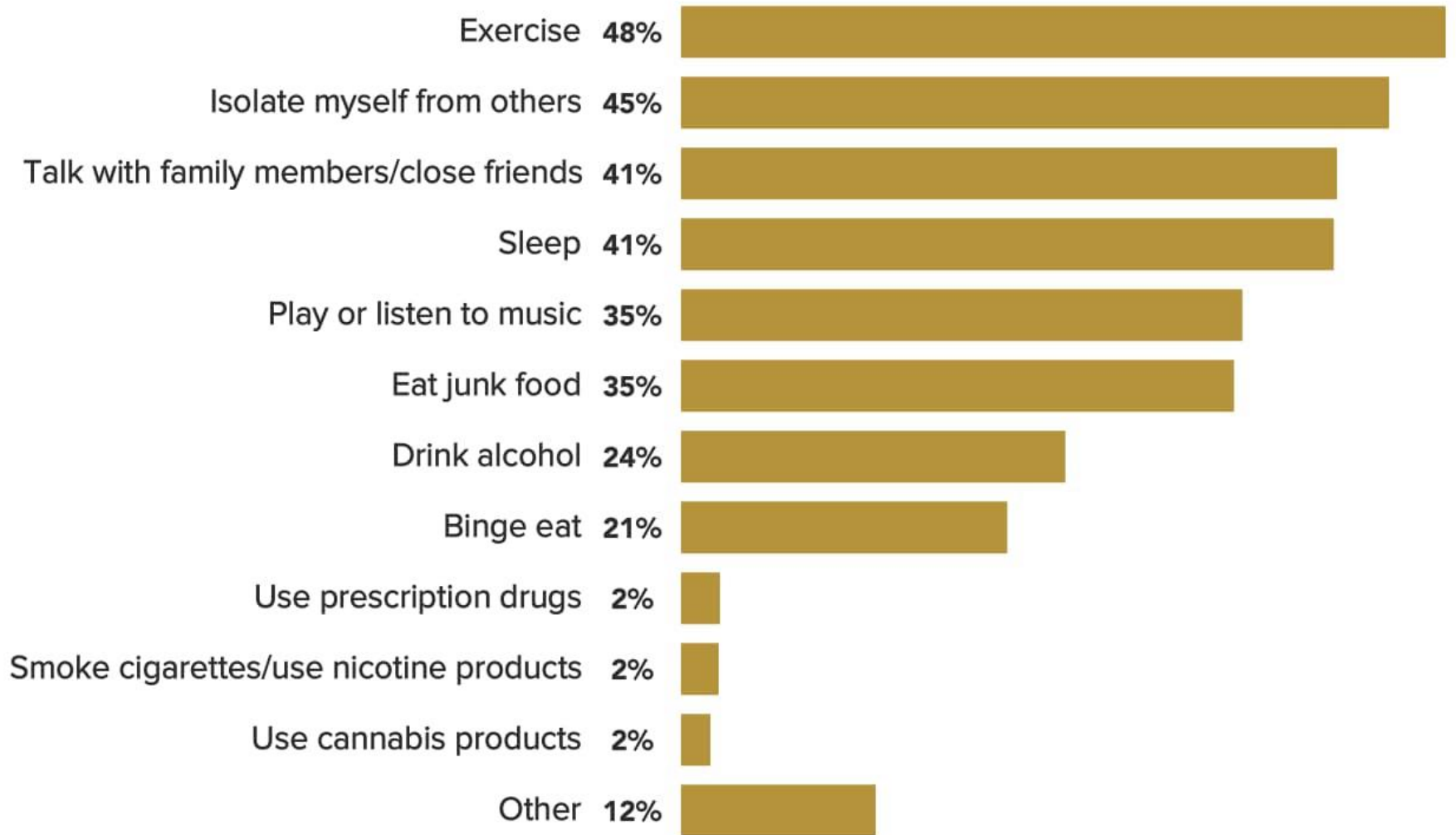
“I have little motivation to reach out to others; my patience is decreased and my irritability has increased.”

“I’m always tired, I have trouble concentrating, no time for the children, more arguments with my hubby.”

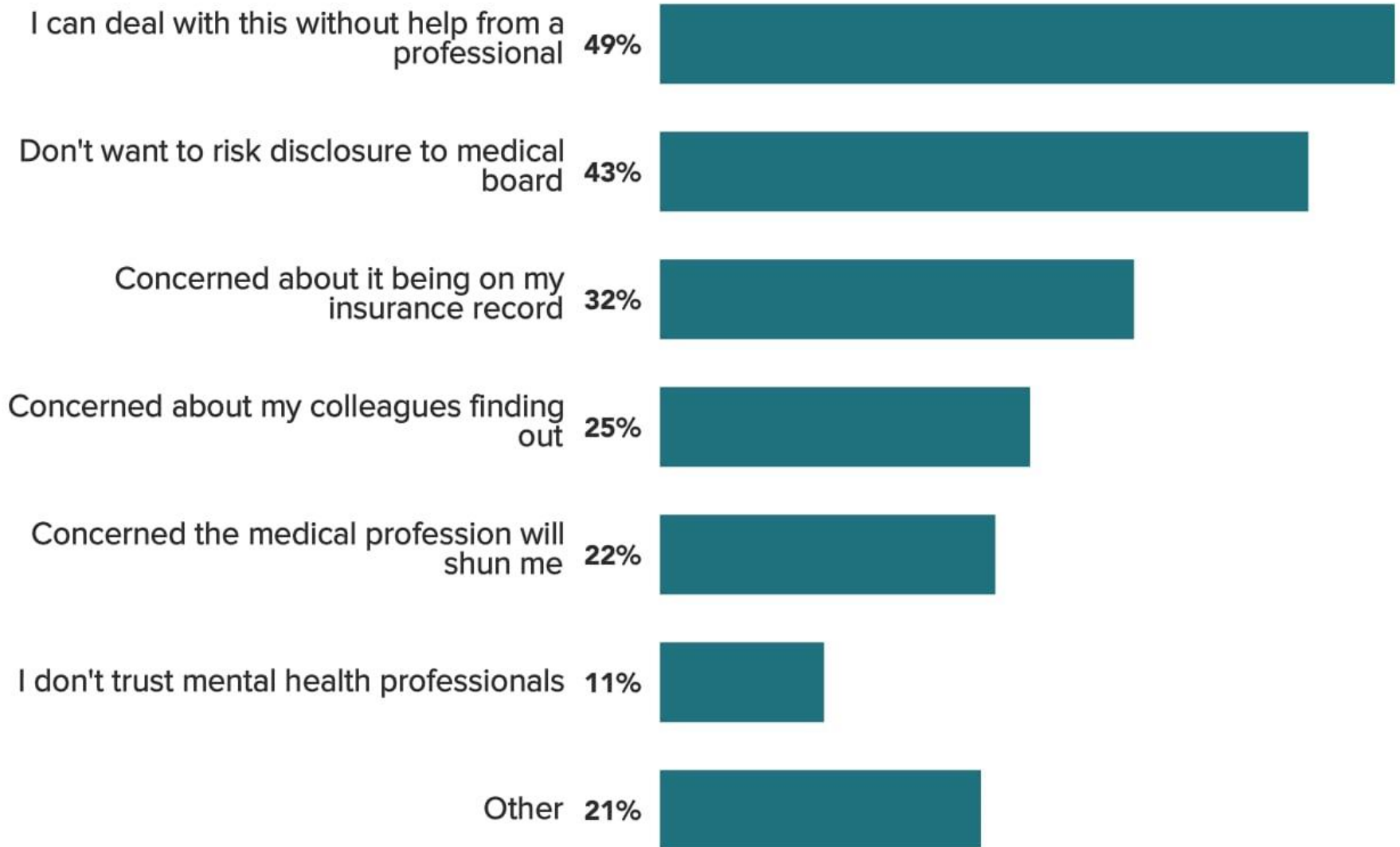
“I’m grumpy and unpleasant to be around, I don’t care about anyone anymore, I don’t care about my hobbies anymore.”

“I get angry that my spouse doesn’t have a job that will adequately financially support us if I no longer went to work as a physician.”

How Do Physicians Cope With Burnout?



Why Have You Not Sought Help for Burnout or Depression?



What Would Help Residents Avoid Burnout at Work?



Do Residents Agree That There's a Stigma Against Seeking Mental Health Help?



- 26%** ● Strongly agree
- 42%** ● Somewhat agree
- 14%** ● Neither agree nor disagree
- 13%** ● Somewhat disagree
- 5%** ● Strongly disagree

JAMA Internal Medicine | [Original Investigation](#) | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians

A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

controls). Subgroup analyses suggested significantly improved effects for organization-directed interventions (SMD = -0.45; 95% CI, -0.62 to -0.28) compared with physician-directed interventions (SMD = -0.18; 95% CI, -0.32 to -0.03). Interventions

Physician burnout: contributors, consequences and solutions

■ C. P. West^{1,2} , L. N. Dyrbye¹ & T. D. Shanafelt³

From the ¹Department of Medicine; ²Department of Health Sciences Research, Mayo Clinic, Rochester, MN; and ³Department of Medicine, Stanford University Medical Center, Stanford, CA, USA

Table 2 Common drivers and selected solutions for physician burnout

Driver	Organization-level solutions	Individual-level solutions
Excessive workload	Fair productivity targets	Part-time status
	Duty hour limits	Informed specialty choices
	Appropriate distribution of job roles	Informed practice choices
Work inefficiency and lack of work support	Optimized electronic medical records	Efficiency and skills training
	Nonphysician staff support to offload clerical burdens	Prioritize tasks and delegate work appropriately
	Appropriate interpretation of regulatory requirements	
Lack of work–home integration	Respect for home responsibilities in setting schedules for work and meetings	Reflection on life priorities and values
	Include all required work tasks within expected work hours	Attention to self-care
	Support flexible work schedules, including part-time employment	

Loss of control
and autonomy

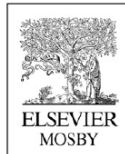
Physician engagement in establishing
work requirements and structure
Physician leadership and shared
decision-making

Stress management and resiliency training
Positive coping strategies
Mindfulness

Loss of meaning
from work

Promote shared core values
Protect physician time with patients
Promote physician communities
Offer professional development
opportunities
Leadership training and awareness
around physician burnout

Positive psychology
Reflection/self-awareness of most
fulfilling work roles
Mindfulness
Engagement in physician small-group
activities around shared work experiences



Battling Burnout Strategies for Promoting Physician Wellness

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Key points

- Burnout consists of 3 components: emotional exhaustion, cynicism, and inefficacy.
- Individually-focused strategies for addressing burnout include mindfulness meditation, exercise, gratitude, healthy relationships with family/friends, and in some cases seeking mental health care.
- Organization-focused strategies include evaluating workload, autonomy, choice, and fairness.
- Emerging wellness research should better characterize the relative effectiveness of the 2 approaches and explore possible advantages of combining them into a holistic approach.

Resident Well-being Programs

- Wellness Committee
- Crisis Committee
- Resident Mental and Physical Health Support
- Life-Residency Balance
- Volunteer Opportunities
- Mentoring
- System-level Involvement
- Resident Training Committee
- Regular Check-in Sessions
- Resident Retreats

Wellness Committee

- Half day wellness retreats
- Wellness themed didactics
- Resident birthday
- Snacks on main clinical services
- Advocacy for the promotion of resident well-being



Emotional

Occupational

Intellectual

Physical

Environmental

Spiritual

Social

Financial

Well-being

Common Program Requirements (Residency) Contents

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ACGME common program requirements

- Since 2017 Common Program Requirements address well-being **more directly and comprehensively**.
- The requirements emphasize that **psychological, emotional, and physical well-being** are critical in the development of the competent, caring, and resilient physician.

ACGME common program requirements

- **Enhance the meaning** that each resident finds in the experience of being a physician, including
 - Protecting time with patients
 - Minimizing non-physician obligations
 - Providing administrative support
 - Promoting progressive autonomy and flexibility, and
 - Enhancing professional relationships
- **Attention to scheduling**, work intensity, and work compression that impacts resident well-being
- Addressing the **safety** of residents and faculty members

ACGME common program requirements

- Well-being includes **having time away from work**
- Residents must be given the opportunity to attend medical, mental health, and dental **care appointments**
- Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 / 7
- Each program must allow **an appropriate length of absence** for residents unable to perform their patient care responsibilities.



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In summary

- A shift from viewing burnout as an individual problem to a problem of the organization as a whole.
- Well-being is a critical part of Residency Program
- Autonomy
- Respect
- Gratitude

Resident Burnout and Well-Being: A Q&A with Educator
Benjamin R. Doolittle, MD

JAG: What can program directors do to promote wellness in their institutions?

BRD: This is the most important thing a program director can do: listen to the residents. And then, respond as best we can. If we can empower the residents to craft their own solutions, even better. What is eating away at the gang? The tough heme-onc rotation? The lack of connection to

I am really interested in the power of culture—both the micro-culture of the wards and clinics and the macro-culture of the institution. How do morning teaching rounds go? Does the attending model authentic care towards the patient or is the attending rushed and apathetic? Does the

Residents do not want “programs” so much as they want real connection and a supportive community with great learning opportunities.