Burnout Among Health Care Professionals

NAM Action Collaborative on Clinician Well-being and Resilience Research, Data, and Metrics Taskforce

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What is Burnout?

Syndrome of

depersonalization

emotional exhaustion

low personal accomplishment

Leads to decreased effectiveness at work

Attributed to work-related stress

High Prevalence of Burnout

2014, 6880 physicians, all specialties, all practice types
2012, 5521 medical students & residents
1999, >10,000 inpatient RN
2007, 68,000 nurses

Aiken JAMA 2002;288; McHugh Health Aff 2011;30; Dyrbye Acad Med 89(3): 443-451; Shanafelt MCP 2015:90:1600
Greater burnout

- More work hours
- Younger physician
- Female physicians
- Specialty
- Pay based entirely on billing
- Child < 21 y.o.
- Dual career relationships

Shanafelt et al. MCP 2016(7):836; Ann Surg 250; Dyrbye Arch Surg 2011;146(2):211
Quality and Safety

• Medical Error
  – ~8000 surgeons

• Medical Malpractice Litigation
  – ~7000 surgeons

• Health-care associated infections
  – Mean burnout hospital nurses independent predictor

• Patient mortality ratios

• Teamwork scores
  – Mean EE physicians & nurses ICU

Bi-directional relationship

Higher levels of burnout associated with increased odds of reporting a medical error in subsequent 3 months
Self-perceived medical error associated with worsening burnout & depressive symptoms

Patient Satisfaction

- Physician Job Satisfaction
- Nurse Job Satisfaction
- Burnout Physician DP
- Burnout Nurse EE

References:
Turnover & Reduction of Work Effort

Intent to leave
~8,000 US Surgeons
• Burnout and depression independently associated with intent to leave on MV Nurses
• Burnout and job dissatisfaction associated with intent to leave current job or nursing

Reducing FTE
Prospective Study >2660 MD
• 1 point change in EE was associated with a 43% higher likelihood of reducing FTE over ensuing 24 months
  – Controlled for age, sex, site, and specialty

Loss of productivity at national level ~ eliminating graduating classes of 7 medical schools

Health Care Costs

↑ Medical Errors
↑ Malpractice claims
↑ Turnover
  – 1.2-1.3 x salary
    ($82-$88,000 per RN in 2007)
  – $500,000 to >$1 million

↑ Absenteeism
↓ Job productivity
↑ Referrals
↑ Ordering

Key Drivers of Burnout

- Excessive workload
- Inefficient work environment
- Problems with work-life integration
- Loss of autonomy, flexibility and control
- Organizational culture and values
- Reduction of meaning in work
- Lack of social support at work
- Leadership behaviors
- Nurses: Moral distress
- Trainees: Learning environment, Educational debt

Interventions to Reduce Burnout

~ 15 RCTs and 37 cohort studies
  • Broad range of modestly effective interventions
  • Benefits similar for individual-focused and structural interventions

Limitations
  • Convenience sampling
  • Lack appropriate comparison group
  • Short in duration
  • Single discipline or organization
  • Focused primarily on individual interventions rather than address root causes of burnout

Three Major Areas for Future Research

• Organizational and health care system factors that contribute to distress and threaten well-being for HCPs
• Implications of HCP distress and well-being for health care outcomes
• Intervention research to improve the work-lives and well-being of HCPs