


ACHIEVING HARMONY

Effective Methods for Physician Well-being

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What words come to mind when you hear the term “burnout”?

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UNDERSTANDING BURNOUT

- Results from unmanaged chronic workplace stress:
 - Emotional depletion:** feeling frustrated, tired of going to work, hard to deal with others at work
 - Detachment/cynicism:** being less empathic with patients/others, detached from work, seeing patients as diagnoses/objects/sources of frustration
 - Low personal achievement:** experiencing work as unrewarding, “going through the motions”
 - Depersonalization:** thoughts and feelings seem unreal or not belonging to oneself
 - Burnout is the individual's response to a systemic problem!**

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UNDERSTANDING BURNOUT

- What Burnout isn't:
 - Burnout is an "occupational phenomenon", rather than a medical condition or actual disease (according to the international Classification of Diseases, ICD-11)
 - A flaw in the person
 - Just for older physicians (actually, newer and middle-aged ones are at the greatest risk)
 - Depression, anxiety, being stressed out, but it can feel very similar and if not addressed can lead to these and other medical conditions

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MORAL INJURY

- Deep emotional residue from the war but not following PTSD criteria.
Emotions were not due to imminent anxiety of mortality (PTSD), but due to anxiety about morality (Moral Injury)
 - "Following Orders"
 - "I did things you wouldn't believe"

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MORAL INJURY IN HEALTHCARE

- Occurs when we perpetrate, bear witness, or fail to prevent an act that transgresses our moral beliefs
 - Healthcare is not just a job/profession
 - Our "job contract" is the Hippocratic Oath. Put the patient first
 - But practically and clinically, it has become much more complicated, often placing us in situations where priorities conflict
- "Moral injury describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control" - Wendy Dean, MD et al

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Reflecting on the signs of burnout, do you currently feel burned out or close to becoming burned out?

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Have you personally experienced moral injury in your clinical practice?

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SCENARIO

Dr. Jones frequently experiences stress because she must choose between administrative compliance and providing patient-centered care due to time constraints.

Discuss: What practical solutions could help mitigate her moral injury?

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WHY PHYSICIAN WELL-BEING MATTERS

Burnout impacts clinical performance, patient safety & workforce retention.



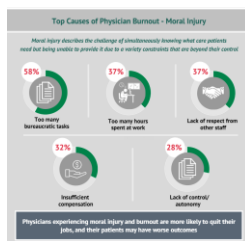
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KEY FACTORS DRIVING BURNOUT

- Work overload
- Lack of control
- Insufficient rewards
- Breakdown of community
- Sense of unfairness
- Conflicting values



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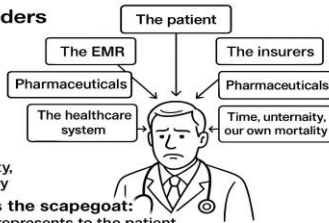
Which burnout driver most impacts your daily clinical practice?

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The Stakeholders

- The patient
- The EMR
- The insurers
- The hospital
- The healthcare system
- Time, uncertainty, our own mortality



The physician as the scapegoat:
who inadvertently represents to the patient
all of these things coming in the way of their health
which ultimately leads to internalization

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THE STANFORD MODEL OF PROFESSIONAL FULFILLMENT™



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PERSONAL RESILIENCE

■ Daily work habits:

- Connections with peers
- Work on improvements
- Connect to purpose
- Ways to close the day
 - Acts of service
 - Ritual

■ Personal life habits:

- Spiritual
- Physical activity
- Family connections
- Community
- Whatever it is, make it intentional and meaningful to you

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"Strategies to Pursue Personal Health and Create a Culture of Wellbeing"



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What intentional routines do you use to conclude your workday?

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COMBATING LONELINESS AND ISOLATION

■ **Issues (Causes):**

- Long working hours,
- Limited peer interaction
- Hierarchical and competitive cultures

■ **Effective Solutions:**

- Strengthened peer networks/mentorship
- Community-building initiatives

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REDUCING COGNITIVE OVERLOAD

- **Challenges:**
 - Excessive EHR tasks Documentation & compliance burdens
- **Actionable Solutions:**
 - Optimize EHR usability (templates, shortcuts)
 - Delegate routine documentation tasks
 - Workflow redesign for clinical efficiency
 - AI ?

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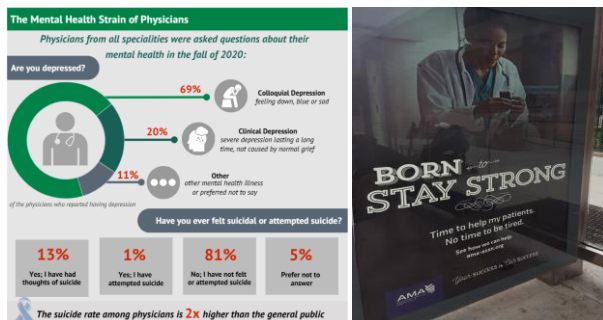
ADDRESSING MENTAL HEALTH STIGMA

- **Barriers:**
 - Cultural expectations of self-reliance
 - Competitive training environments
- **Practical Solutions:**
 - Confidential counseling services
 - Peer-support programs (normalize help-seeking)

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SCENARIO

Dr. Smith feels professionally isolated despite daily patient interactions.

Brainstorm: What is one achievable action his team could implement this month to enhance peer support?

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ADVOCACY AND SYSTEMIC REFORM

- Dr. Lorna Breen Heroes' Foundation
 - Legislative initiative to federally fund access and support of medical professionals seeking mental health care, including hospital credentialing barriers
 - <https://dr.lornabreen.org/>
- Humans Before Heroes Initiative (AMWA collab)
 - Reframing mental health questions on state medical licensing applications to distinguish illness vs. Impairment
 - <https://www.amwa-doc.org/our-work/initiatives/physician-mental-health/>

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INSTITUTIONAL LEADERSHIP & POLICY CHANGE

- Streamline administrative tasks
- Promote workflow efficiency
- Create supportive organizational culture
- Active leadership engagement. The role of leadership in driving cultural change and supporting well-being initiatives

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REFLECTION + SHARING

Reflect: What single change at your institution could immediately improve physician well-being? Share your insights with a partner.



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WHAT ABOUT OUTSIDE OF WORK?

- Touched on briefly before
 - Other aspects of life may contribute or help with preventing/treating burnout
 - Prioritize yourself
 - Set Boundaries
 - Seek Support
 - Work-Life balance



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If your organization has a group to help with stress/burnout/well-being how do you view their e-mails and communications?

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SELF CARE

- Ok, this can make me shudder
 - May seem selfish
 - Another thing to do
 - Take time from family and friends
 - Others may not understand

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SET BOUNDARIES

- Easy to say/hard to do
 - Where are your opportunities to be present
 - How and when can you unplug
 - You don't have to do everything, you have permission to say "No"
 - Enlist help

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SEEK SUPPORT

- Support teams as mentioned before at work, also can be outside of work
- Ask for help, it is ok to struggle, this is really hard

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WORK-LIFE BALANCE

- Take breaks
- Schedule time for Leisure and relaxation
- Give yourself a break – positive self-talk
- Reframe Perspective
- Delegate what you can
- Celebrate your accomplishments
- Never forget the huge impact you have on patients, sometimes the most difficult ones

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PURPOSE AND WHAT KEEPS YOU UP AT NIGHT

- Purpose
 - Focus on your "why" and things you enjoy, maximize this
 - What are your drains and worries, when you cannot sleep what are you thinking about?
 - Controllables versus Un-controllables
 - How do you see/describe yourself?
 - Doctor
 - Spouse
 - Daughter/son
 - Mother/father
 - coach

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CLINICAL BOTTOM LINE & ACTION STEPS

- Key Takeaways:
 - Recognize burnout & moral injury clearly
 - Implement daily routines fostering professional fulfillment
 - Leverage systemic support and advocacy initiatives
 - Encourage mental health care & peer-support openly
 - Commit institutional leadership towards reducing clinician stress
 - Look for opportunities outside of work to fill your cup as well

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COMMITMENT TO ACTION

- Identify and write down one actionable step you will take personally and propose to your leadership this week to address physician burnout or moral injury.
- Share your commitment with a peer.

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