

Epidemiology of Burnout¹⁻³

- ~54% of physicians have substantial symptoms of burnout
- Prevalence of burnout increased 9% from 2011 to 2014
- Substantial differences in prevalence of burnout by specialty
- Greater burnout: more work hours, younger age, female physicians, pay based entirely on billing, children <22 years old, dual career relationships

Consequences of Distress⁴⁻⁷

- Lower performance on in-training examinations
- Sub-optimal patient care
- Burnout and depression predicts subsequent perception of having committed a medical error
- Career and specialty choice regret

Contributors to Resident Burnout^{7,8}

- Lack of timely feedback
- Stressful relationships with supervisors
- Feeling uncertain about the future
- Perception that personal needs are inconsequential
- Medical errors
- Excessive workload
 - Higher patient volumes
 - More frequent overnight call
 - Greater work-hours
- Lower autonomy
- Work-home conflict
- Educational debt

Individual Strategies to Prevent Burnout⁹⁻¹⁴

- Spent 20% of work effort on professional activity you find most meaningful
- Promote and maintain relationships inside and outside of work
- Plan ahead to minimize work-home conflicts, and when they do occur take steps to find a solution that enables you to meet both work and home responsibilities
- Take your vacations! Protect time away with partner/family/friends
- Focus on what is most important in life
- Take a positive outlook
- Exercise in compliance with CDC guidelines
- Engage in hobbies and recreation. Avoid mentality of delayed gratification
- Work fewer hours, take less overnight call
- Mindfulness training
- Regularly self-assess your level of well-being, and make minor adjustments as needed before burnout sets in. Use validated tool. Text EZWBI to 797979 to access free Physician Well-Being Index.

Organizational Strategies to Prevent Burnout¹⁵⁻¹⁷

- Acknowledge and assess the problem using standardized instruments that correlate with outcomes of interest
- Harness the power of leadership as leadership scores of immediate physician supervisors strongly correlate with burnout and satisfaction scores of individual physicians
- Develop and implement targeted interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Improve efficiency at work
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care

List of Survey Instruments

- Achievement/Professional Fulfillment/Meaning
 - Physician Worklife Survey (PWS)
 - Spreitzer's Empowerment at Work Scale
- Anxiety
 - Symptom Checklist for Anxiety Scale
 - Hamilton Rating Scale for Anxiety (HAM-A)
 - State-Trait Anxiety Inventory (STAI)
- Burnout
 - Maslach Burnout Inventory
 - Mini-Z
 - Oldenburg Inventory
 - Copenhagen Burnout Inventory
- Composite Well-being Measures
 - Physician Well-Being Index
- Depression
 - Beck Depression Inventory (BDI)
 - PRIME-MD
 - PHQ-9
 - Center for Epidemiological Studies Depression Scale (CES-D)
 - Zung Self-Rating Depression Scale (SDS)
- Empathy
 - Jefferson Scale of Physician Empathy (JSPE)
 - Interpersonal Reactivity Index (IRI)
- Engagement

- Utrecht Work Engagement Scale
- Fatigue
 - Brief Fatigue Index
 - Epworth Sleepiness Scale
- Global Mental Health
 - Hopkins Symptoms Checklist (HSCL)
 - The SCL-90, SCL-90-R, Symptom Checklist Anxiety Scale, and Brief Symptom Inventory (BSI)
 - POMS
- Quality of Life
 - Linear Analogue Scales Assessment (LASA)
 - Medical Outcomes Study Short Form (SF-8) also SF12/SF36
- Resilience
 - Connor Davison Resiliency Scale
- Stress
 - Perceived Stress Scale

See: National Academy of Medicine and Science. Validated Instruments to Assess Work-Related Dimensions of Well-Being <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>

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