What are the causes of “burnout” among vascular surgeons and vascular specialists: What roles do institutions, healthcare systems and governmental reforms contribute to this epidemic and how to best diagnose and manage it

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Disclosures
• None

Burnout Continuum

- Physical Exhaustion
- Emotional exhaustion
  - Detachment
  - Cynicism
  - Depersonalization
  - Lack of empathy
- Decreased sense of personal accomplishment

Burnout Rates

Burnout by Gender

- Men
- Women

Burnout by Region

- Northeast
- Midwest
- South
- West

Medscape surveys 2013, 2015, 2017
Surgeons personality traits that may lead to a higher burnout rate compared with non-surgeons

- Competitive
- Overachievers
- Perfectionists
- Passionate
- Driven
- Independent

Burnout, mental quality of life, career satisfaction rates in Vascular Surgeons
34 subspecialties – JAMA Surgery - 2016

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Hours in OR</th>
<th>Burnout</th>
<th>Mental Quality of Life</th>
<th>Wouldn't be Surgeon Again</th>
<th>Tell Children not to go into medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular</td>
<td>20</td>
<td>44% (42)</td>
<td>46.9</td>
<td>38% (41)</td>
<td>54.4 (41)</td>
</tr>
<tr>
<td>Trauma</td>
<td>12</td>
<td>51.6 (41)</td>
<td>46.3 (41)</td>
<td>26.7</td>
<td>42%</td>
</tr>
<tr>
<td>Ortho</td>
<td>13</td>
<td>32%</td>
<td>51.7</td>
<td>20%</td>
<td>42%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>19</td>
<td>31.4% (Best)</td>
<td>49</td>
<td>15.6%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Perceived causes of burnout
Medscape 2017 (0-7)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too many bureaucratic tasks</td>
<td>3.1</td>
</tr>
<tr>
<td>Loss over time (increased hours, decreased $$$, &quot;log to wheel&quot;)</td>
<td>3.5</td>
</tr>
<tr>
<td>Mismatch between workload and compensation (same income, increased insurance issues, increased patient load, increased MOC, malpractice)</td>
<td>3.5</td>
</tr>
<tr>
<td>Difficult co-workers/staff</td>
<td>3.7</td>
</tr>
<tr>
<td>Compassion fatigue</td>
<td>3.1</td>
</tr>
<tr>
<td>Alienation of patients</td>
<td>3.1</td>
</tr>
<tr>
<td>Family stress</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Why Should We as an Organization Care About Burnout

- It is costly to the individual
  - Substance abuse, suicide, depression
- It is costly to the medical community
  - Decrease in quality, productivity, patient satisfaction
  - Increases in turnover, complaints, medical errors
- People are the organization’s most precious asset

What can we do?

1. Recognize the symptoms of burnout and track it (PSS, MBI, Mini Z)
2. Make personal changes
   - Goal setting: get organized, sleep, cultivate non-work life
   - Do no harm to yourself – self compassion
   - Mindfulness based stress reduction
3. Small group changes
   - Peer support initiatives (adverse outcome, malpractice)
4. Organizational changes
   - Physician wellness committee / office
   - Empower leadership with the skills needed to create culture of compassion
   - Allow for autonomy of how work is done
   - Optimize support services - iEHR time
   - Improve workflow efficiency
   - Promote self care with onsite support services

Conclusion

- Burnout is real – recognize it
- First – Do no harm to yourself, practice self compassion
- Demand your organization has a plan which:
  - Measures, screens and tracks wellness
  - Fosters and rewards compassion
  - Supports peer support programs
  - Works to optimize all support services
  - Goal should be purpose driven work with a trusted team