RADIOLOGIST BURNOUT: MYTH OR REALITY?

WASHINGTON STATE RADIOLOGICAL SOCIETY
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FINANCIAL DISCLOSURES....

DR. MORGAN HAS NO RELATIONSHIPS WITH ACCME DEFINED COMMERCIAL INTERESTS.

DR. LEE HAS NO RELATIONSHIPS WITH ACCME DEFINED COMMERCIAL INTERESTS.
OBJECTIVES:

• Recognize signs and symptoms of personal burnout
• Recognize signs and symptoms of impending burnout in colleagues
• Implement two personal strategies to optimize resilience and manage stress to avoid burnout
• Promote workplace/organizational strategies to reduce stress and prevent burnout
DEFINITION OF BURNOUT

• Emotional Exhaustion
  • Feeling overextended about work; state of chronic depletion
• Depersonalization
  • Impersonal response or disconnect towards patients and coworkers
• Diminished personal accomplishment
  • Negative sense of competence, achievement or ability in one’s work

DEFINITION:

• Cynicism
  • Indifference or distancing from work demands as a coping mechanism
• Professional Efficacy
  • Decreased feelings of success and effectiveness in having a positive impact

TRENDS: PHYSICIANS VERUS PUBLIC

• Surveys of burnout and satisfaction in 6880 US physicians in 2011 and 2014
• Burnout (at least 1 symptom) increased from 45.5% to 54.4%
  • In all 24 medical specialties, but greater than 10% increase in 9
• Satisfaction with work-life balance declined
  • from 48.5% to 40.9% in 22 of 24 specialties
• General population showed no declines in well-being
• Physician burnout risk twice that of the general population

TRENDS: GENERAL PHYSICIANS

- Physician suicide rate is disturbing
  - 400 US physicians dying by suicide annually
  - Equivalent to graduating classes of 2 to 3 medical schools per year
- Burned out practicing physicians are stressed
  - Increased tendency towards medical errors
  - Diminished professional behaviors
  - Reduced quality of medical practice
- Patients show decreased compliance with care plans of burned out physicians

Oaklander M. Life/Support: inside the movement to save the mental health of America’s doctors. TIME Magazine. 2015;186 (9-10); 42-51.
KEY DRIVERS OF BURNOUT AND ENGAGEMENT IN PHYSICIANS

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Engagement
- Vigor
- Dedication
- Absorption

Driver dimensions:
- Workload and job demands
- Work-life integration
- Control and flexibility
- Meaning in work
- Social support and community at work
- Organizational culture and values
- Efficiency and resources

Less optimal ➔ More optimal
Which Physicians Are Most Burned Out?

Critical Care: 48%
Neurology: 48%
Family Medicine: 47%
Ob/Gyn: 46%
Internal Medicine: 46%
Emergency Medicine: 45%
Radiology: 45%
Physical Medicine & Rehabilitation: 44%
Urology: 44%
Allergy & Immunology: 44%
Surgery, General: 43%
Cardiology: 43%
Otolaryngology: 42%
Pulmonary Medicine: 41%
Pediatrics: 41%
Infectious Diseases: 40%
Nephrology: 40%
Oncology: 39%
Gastroenterology: 38%
Anesthesiology: 38%
Rheumatology: 38%
Psychiatry: 36%
Public Health & Preventive Medicine: 36%
Diabetes & Endocrinology: 35%
Orthopedics: 34%
Ophthalmology: 33%
Pathology: 32%
Dermatology: 32%
Plastic Surgery: 23%

Medscape National Physician Burnout & Depression Report 2018
Carol Peckham | January 17, 2018
TRENDS: RADIOLOGISTS
ACR COMMISSION ON HUMAN RESOURCES

- 49% radiologists burned out in 2015 survey
- Ranked 7th highest in 2015
- Ranked 18th highest in 2013
- Gender gap in burnout: 54% women versus 37% men

Sonographer calls and asks for assistance with a challenging case being performed at the bedside. The radiologist on call replies “I am too busy covering the outpatient and inpatient exams and I just don’t have time to come. Just take the best images you can and I will figure it out later.”
COGNITIVE EXHAUSTION

Physicians continually challenged to manage time scarcity and all other difficult decisions

Practice of medicine viewed as a production line, limiting physicians’ time for reflection and leading to poor decision-making

PERSONAL RESILIENCE: DEFINITION

Definition= “an ability to recover from or adjust easily to misfortune or change” (Meriam Webster)

Bounce back, take control and push through, respond flexibly rather than react

## SINGLE ITEM MBI:EE (EMOTIONAL EXHAUSTION)

**I FEEL BURNED OUT FROM MY WORK.**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never</th>
<th>A few times a year or less</th>
<th>Once a month or less</th>
<th>A few times a month</th>
<th>Once a week</th>
<th>A few times a week</th>
<th>Every day</th>
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FIVE ITEM MBI: EE (EMOTIONAL EXHAUSTION)

I enjoy my work. I have no symptoms of burnout.

Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.

I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.

The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.

I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

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WHAT WOULD FAMILY AND FRIENDS SAY?

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SCENARIO: PROFESSIONAL COLLEAGUE

- A colleague whom you know to be an espoused “teetotaler” in the past announces: “Now that I have survived another crazy and chaotic day, I am going to unwind with a couple of drinks or so.”
SCENARIO: PROFESSIONAL COLLEAGUE

• A colleague is asked to join a committee in your practice. She responds: “It takes too much energy to volunteer for a committee or extra tasks. I used to enjoy it, but I don’t feel like it anymore. I am feeling withdrawn right now--like a turtle.”
RADIOLOGIST STRESSORS CONTRIBUTING TO IMPENDING BURNOUT

Average radiologist must read one image every 3-4 seconds to meet workload demands *

- Longer, intense work days with few, if any, breaks
- Increasing workload and pressures for fast turnaround
- More complex cases with larger number of images (CT/MR)
- Increased expectations by referring clinicians, administrators
- Frequent interruptions to give results or protocol cases
- Less human contact with colleagues and clinicians (PACS)
- Decreased feeling of practice autonomy and control
- Other responsibilities beyond clinical demands (Business, administrative, teaching, research, multidisciplinary conferences)

SCENARIO: PERSONAL

- It is really hard being a resident covering the trauma unit on call. One night there were just too many gunshot victims admitted. I felt overwhelmed, guilty about calling my backup, and pressure to show I could handle it by myself. When I got off duty, my boyfriend picked me up and I cried all the way home.
PERSONAL RESILIENCE: STRATEGIES

• Sleep regularly, eat healthy, get physical exercise, engage in outside interests
• “Protect your sense gates” by minimizing interruptions and multi-tasking
• Take breaks to reset focus and clarity (Pomodoro technique of cycling energy)
• Practice mental agility: pause, reflect, shift and redirect
• Express compassion towards others and self
• Renew connections with the meaning and purpose of your work
• Exercise confidence in ones self and team members
• Seek and accept support from family, friends and colleagues

"I know exactly how you feel."
RECOMMENDATIONS: BURNOUT
ACR COMMISSION ON HUMAN RESOURCES

• Ensure adequate staffing
• Reduce prolonged stress
• Restore a sense of control
• Reduce call demands
• Restore work-life balance
• Improve radiologist efficiency

• Adopt reasonable financial goals
• Reduce radiologist isolation
• Seek professional help (for group and radiologist)
• Collective action by the radiology community

ORGANIZATIONAL STRATEGIES TO REDUCE BURNOUT AND PROMOTE PHYSICIAN ENGAGEMENT

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
d- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science
PURPOSE