# Thinking About Clinician "Well-Being"

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I am a member of the Physician Well-being Committee at Stony Brook University Medical Center and a Professor of Child and Adolescent Psychiatry in the Psychiatry Department. In preparation for the upcoming conference by Dr. Ronald Epstein at the end of January, we recently had a discussion about the apparent antipathy -or at least apathy- that some of our colleagues have about the topic of physician wellness. It was in effort to understand their anger that prompted me to write this essay.

I have been reading some of the literature on physician burnout and various efforts at remediation. I first read that physician burnout is an "epidemic" (Epstein, 2017) and that, "Burnout affects more than half of practicing physicians and is on the rise. …evidence suggests that burnout negatively affects physicians' effectiveness and availability to patients, as well as patient safety. Physicians, health-care organizations, and the public are justifiably worried about quality of patient care and the health of health-care institutions (Epstein, 2016)."

While I am aware that psychiatrists tend to have lower levels of "burnout" than many other disciplines of medicine, I was quite surprised and even shocked by these dire statements.

As a member of the Committee, I am aware that there is concern that too few physicians are engaged in dealing with problem. They are 'too busy, stressed, and indifferent', that morale is low, and they 'need to be engaged' in efforts to remediate and build well-being, resilience, and mindfulness- with the upcoming event featuring Dr. Epstein being an example of such an effort here at Stony Brook.

I must say I wouldn't be very interested in the topic of physician burnout if I weren't a member of the Committee. I find terms such as well-being and mindfulness to be limited and jargony, even when I understand their meanings. And as a developmental researcher who has studied attachment relationships and the effects of childhood adversity, I am aware of a multitude of pitfalls regarding 'resilience'.

I experience child and adolescent psychiatry as a highly rewarding field of medicine- and one that has engaged me in every way for the past 30 years: in patient care, in research, in teaching, and even sometimes (!) in administration. I have rarely been bored. I work with smart, hard-working, caring, and supportive colleagues. The patients and families I see in our outpatient clinic are a true joy, providing a source of warmth and love, reward and sense of achievement as I see them grow and resolve many of the problems that they came to me for.

I think most physicians are resilient, caring, and thoughtful. Injunctions that they should be more mindful and resilient unfortunately often invoke the idea that many physicians are both thoughtless and weak--- which is insulting to many, myself included. That turns

many clinicians off from what really is an important issue- how we can best help ourselves, and in turn, our patients.

***So How Bad Is It?***

So I went to the literature to see what the fuss is about. And I must say I have found the methods and conclusions are often pretty weak. For example, the two large studies often cited as the evidence for the pervasiveness of physician burnout – that >50% number- both have significant methodological problems (Shanafelt, Boone, & Tan, *Arch Intern Med.* 2012; 172(18):1377-1385; Shanafelt, et al., Mayo Clinic Proc, 2015; 90 (12):1600-1613).

In the first study (Shanafelt, Boone, & Tan, 2012), 89,831 physicians were invited by email to take a survey about factors associated with US physician satisfaction (this is about 10% of US physicians). They were emailed 4 times, and 27,276 (30%) opened one of the emails. Of these, 7288 of them (26.7%) actually answered the survey. So only 8% of those emailed actually did participate. The second effort, to look at change over time (2011-2014) was similar: 94,032 invitations were sent, 35,922 of them (38%) were opened at least once, and 6880 (19%) of those physicians responded, or 7% of those who were emailed.

In both studies, the physicians' assessments included the full Maslach Burnout Inventory (MBI; 1996) as well as two validated items from the MBI that assess burnout: "I feel burned out from my work" and "I have become more callous toward people since I took this job". While symptoms of depression were assessed, these studies (and others like them) did not ask about life events (e.g., having a baby, moving, financial stresses, a death in the family) that could lead to feelings of being overwhelmed.

In the second study, the physician respondents were compared with a similar sized probability based population comparison sample (KnowledgePanel) of employed American adults, who, on average, participate 65% of the time in any given survey. These participants only answered the two-item burnout assessment rather than the full MBI. The groups differed significantly: the physicians were more often men, worked significantly more hours per week, were older, and were more likely to be married than those in the comparison sample. Controlling for these variables, the physicians were found to have higher burnout rates (48.8% vs. 28.4%) than the general population. That is, they were more likely to experience "emotional exhaustion" on a regular basis and were more likely to have judged themselves as callous to others at times.

I am not sure that what we can conclude about physician burnout from these much cited studies, other than 1) not many physicians like to do satisfaction surveys compared with people who have signed up in advance to participate in survey research, 2) about half of those physicians who did respond were struggling in some way, and 3) practicing medicine can be draining and we aren't always as kind as we would wish to be.

I think that last actually is an important point. I would guess that compared with the general population, physicians expect themselves to be caring and kind. Most people don't go into medicine because of our devotion to brain function, genetics of rare syndromes, or immunology. We are trying to apply our knowledge of those things to help others, usually in a face-to-face situation. So when we don't live up to our standards in how we treat others, it challenges our sense of who we are. And we should pay attention to that.

***What About the Risk of Medical Error Involved in Burnout?***

In one cross-sectional study, it was not surprising that surgeons who reported being more depressed and burned out were also more likely to report that they had made medical mistakes (Shanafelt, Balch, Bechamps, et al., 2009). While it may be true they made more errors, it is also just as possible that depression led them to think more poorly of their performance. Again, we have the idea that physicians have high expectations of ourselves.

In a thoughtful meta-analysis by Schwappach & Boluarte (2009), results showed that physicians who are involved in *adverse patient events* are seriously affected. They show "Increased anxiety about future errors … (61%), followed by loss of confidence (44%), sleeping difficulties (42%), reduced job satisfaction (42%), and harm to reputation (13%). ….even among those involved in a *near-miss* [adverse event showed] increased anxiety about future errors (51%), decreased job confidence (31%) and job satisfaction (32%), and increased sleeplessness (34%)…." The authors' examination of longitudinal studies showed that such fearful and anxious responses were in turn responsible for more error over time. In addition to the personal guilt and distress these physicians experience, institutional efforts (such as SB Safe, Deep Dives and M&M Conferences) to address error can be punitive or at least perceived to be so. In an effort to avoid blame, they address systems issues rather than the personal impact of medical error.

***So Why Am I On the Committee?***

Believe it or not, despite my dissatisfaction with much of this literature, I think the Committee has very invested members and good goals to improve clinician functioning and enhance the meaning in our work and our lives. How to do that is difficult and multifaceted; I think much of the problem lies in situations where our expectations of ourselves clash with reality. I think the solution involves being a village and not just an organization. We need to understand our colleagues' motives, actions, feelings, and beliefs when they don't coincide with our own. I am looking forward to Dr. Epstein's talk and the associated event. I look forward to meeting people whose paths I would otherwise be unlikely to cross. And I certainly would like to help residents and practicing physicians cope more effectively with the pain and guilt of medical errors and their consequences.