Burnout and Work-life Balance

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Director, Palliative Care Center of Excellence
Outline

- Burnout in critical care clinicians
- Interventions for burnout
- Supporting work-life balance
High levels of burnout seen in:

- **33% if ICU nurses in France**
  - Poncet, AJRCCM, 2007
- **47% of ICU physicians in France**
  - Embraico, AJRCCM, 2007
- **29% of internist ICU physicians**
  - Guntupalli, Intens Care Med, 1996
- **36% of pediatric intensivists in US sample**
  - Fields, Crit Care Med 1995
Burnout Among US Physicians

• National sample from AMA Masterfile
• Maslach Burnout Inventory
• n=7288
• Response rate = 27%

Shanafelt, JAMA IM, 2013; 172:1377
Burnout Among US Physicians

• Unclear sample and methods
• Unclear response rate
Implications of Burnout among ICU Clinicians

- Reduced quality of care
- Increased medical errors
- Worse family experience and satisfaction
- Worse ICU clinician recruitment and retention

Shanfelt, Ann Surg 2010; 251:995
Fahrenkopf, BMJ 2008; 336:488
Aiken JAMA 2002; 288:1987
Factors Associated with Burnout Among ICU Physicians

- 978 physicians from 189 ICUs in France
- ICU response rate 59%; physician response rate 82%

**TABLE 5. MULTIVARIATE ANALYSIS: FACTORS ASSOCIATED WITH A HIGHER MASLACH BURNOUT INVENTORY SCORE**

<table>
<thead>
<tr>
<th>Variable</th>
<th>OR (95% CI)</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic factor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female sex*</td>
<td>1.58 (1.09–2.30)</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>Organizational factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night shifts per month, for each day</td>
<td>1.12 (1.02–1.23)</td>
<td>0.02</td>
</tr>
<tr>
<td>Night shift before the survey*</td>
<td>1.60 (1.06–2.44)</td>
<td>0.03</td>
</tr>
<tr>
<td>Period since the last nonworking week, for each day</td>
<td>1.003 (1.001–1.005)</td>
<td>0.02</td>
</tr>
<tr>
<td>Conflict with a nurse during the last 7 d*</td>
<td>1.70 (1.02–2.83)</td>
<td>0.04</td>
</tr>
<tr>
<td>Conflict with a colleague intensivist during the last 7 d*</td>
<td>2.73 (1.75–4.25)</td>
<td>0.001</td>
</tr>
<tr>
<td>Relationships with nurses, for each additional point of the 0–10 rating scale</td>
<td>0.85 (0.77–0.93)</td>
<td>0.001</td>
</tr>
<tr>
<td>Relationships with chief nurses, for each additional point of the 0–10 rating scale</td>
<td>0.77 (0.67–0.87)</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Embriaco, AJRCCM, 2007; 175:686
Factors Associated with Burnout Among ICU Nurses

### TABLE 3. MULTIVARIABLE ANALYSIS: INDEPENDENT DETERMINANTS OF SEVERE BURNOUT SYNDROME IN NURSING STAFF IN INTENSIVE CARE UNITS

<table>
<thead>
<tr>
<th>Factor</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent’s age (per additional year)</td>
<td>0.97</td>
<td>0.96–0.99</td>
<td>0.0008</td>
</tr>
<tr>
<td>Able to schedule days off according to personal wishes</td>
<td>0.69</td>
<td>0.52–0.91</td>
<td>0.009</td>
</tr>
<tr>
<td>Participates in an ICU research group</td>
<td>0.73</td>
<td>0.56–0.97</td>
<td>0.03</td>
</tr>
<tr>
<td>Conflicts with patients</td>
<td>1.96</td>
<td>1.16–3.30</td>
<td>0.01</td>
</tr>
<tr>
<td>Grade (1–10) given to the relationship with head nurses</td>
<td>0.92</td>
<td>0.86–0.98</td>
<td>0.02</td>
</tr>
<tr>
<td>Grade (1–10) given to the relationship with physicians</td>
<td>0.81</td>
<td>0.74–0.87</td>
<td>0.0001</td>
</tr>
<tr>
<td>Respondent caring for a dying patient</td>
<td>1.39</td>
<td>1.04–1.85</td>
<td>0.02</td>
</tr>
<tr>
<td>Number of DFLSTs in the last week</td>
<td>1.14</td>
<td>1.01–1.29</td>
<td>0.04</td>
</tr>
</tbody>
</table>

*Definition of abbreviations: DFLSTs = decisions to forego life-sustaining therapies; ICU = intensive care unit.*

Poncet, AJRCCM, 2007; 175:698
Outline

- Burnout in critical care clinicians
- Interventions for burnout
- Supporting work-life balance
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

• Before-after study of an intensive program
  – Mindful meditation, self-awareness exercises, narratives about meaningful work, appreciative interviews, didactics and discussion
  – 8 wk intensive phase (2.5 hrs/wk & 7 hour retreat)
  – 10 mo maintenance phase (2.5 hrs/mo)

• Outcomes assessed at 2, 5 and 12 months
  – Mindfulness, burnout, empathy, mood

Krasner, JAMA, 2009; 302:1284
## Minority of Eligible Primary Care Physicians Participated: 11%

**Table 2. Characteristics of Participating vs Nonparticipating Primary Care Physicians**

<table>
<thead>
<tr>
<th></th>
<th>Participants (n = 70)</th>
<th>Nonparticipants (n = 572)</th>
<th>(P) Value(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>38 (54)</td>
<td>352 (62)</td>
<td>.05</td>
</tr>
<tr>
<td>Female</td>
<td>32 (46)</td>
<td>179 (31)</td>
<td></td>
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<tr>
<td><strong>Specialty</strong></td>
<td></td>
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<tr>
<td>Internal medicine</td>
<td>34 (49)</td>
<td>293 (51)</td>
<td></td>
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<tr>
<td>Family medicine</td>
<td>29 (41)</td>
<td>134 (23)</td>
<td>.001</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>7 (10)</td>
<td>145 (25)</td>
<td></td>
</tr>
<tr>
<td><strong>Care area</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>3 (4)</td>
<td>163 (29)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Suburban</td>
<td>48 (71)</td>
<td>389 (68)</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>17 (25)</td>
<td>20 (3)</td>
<td></td>
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<tr>
<td><strong>Experience</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Years in practice, mean (SD)</td>
<td>15.9 (8.0)</td>
<td>18.7 (10.8)</td>
<td>.04</td>
</tr>
</tbody>
</table>

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Krasner, JAMA, 2009; 302:1284
Results

- Significant improvements in all outcomes including burnout, depression, empathy

**Table 3. Outcomes Scores at Each Assessment Point With Comparisons to Baseline**

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Baseline</th>
<th>Preintervention</th>
<th>8 Week</th>
<th>12 Month</th>
<th>15 Month</th>
<th>Standardized Mean Difference of Change From Baseline to 15 mo (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maslach Burnout Scale</strong></td>
<td></td>
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</tr>
<tr>
<td>Emotional exhaustion</td>
<td>26.8 (24.1 to 29.6)</td>
<td>27.8 (25.1 to 30.5)</td>
<td>23.7 (21.0 to 26.5)</td>
<td>20.0 (17.2 to 22.8)</td>
<td>20.0 (17.2 to 22.9)</td>
<td>0.62 (0.42 to 0.82)</td>
</tr>
<tr>
<td><em>P value</em></td>
<td>.34</td>
<td>.003&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
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<tr>
<td><strong>Depersonalization</strong></td>
<td>8.4 (7.1 to 9.7)</td>
<td>8.6 (7.3 to 9.9)</td>
<td>7.6 (6.3 to 8.9)</td>
<td>5.9 (4.5 to 7.2)</td>
<td>5.9 (4.5 to 7.2)</td>
<td>0.45 (0.24 to 0.66)</td>
</tr>
<tr>
<td><em>P value</em></td>
<td>.68</td>
<td>.15</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal accomplishment</strong></td>
<td>40.2 (38.9 to 41.6)</td>
<td>41.2 (39.8 to 42.5)</td>
<td>42.0 (40.6 to 43.4)&lt;sup&gt;c,d&lt;/sup&gt;</td>
<td>42.7 (41.3 to 44.1)&lt;sup&gt;b&lt;/sup&gt;</td>
<td>42.6 (41.2 to 44.1)&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.44 (0.19 to 0.68)</td>
</tr>
<tr>
<td><em>P value</em></td>
<td>.14</td>
<td>.006&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jefferson Scale of Physician Empathy</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total empathy</td>
<td>116.6 (114.2 to 118.9)</td>
<td>117.2 (114.9 to 119.5)</td>
<td>120.6 (118.2 to 123.0)&lt;sup&gt;c&lt;/sup&gt;</td>
<td>121.4 (119.0 to 123.8)&lt;sup&gt;c,d&lt;/sup&gt;</td>
<td>121.2 (118.7 to 123.8)&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.45 (0.24 to 0.66)</td>
</tr>
<tr>
<td><em>P value</em></td>
<td>.54</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
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Krasner, JAMA, 2009; 302:1284
Cluster randomized trial of two intensivist staffing models
- Daily coverage for half month (continuous)
- Weekday coverage with weekends off (interrupted)

Outcomes included
- ICU and hospital LOS, hospital mortality
- Burnout, work-life balance, job stress

Ali, AJRCCM, 2011; 184:803
Results

- No change in LOS or mortality
- Significant improvements in burnout, work-life balance and job stress

Table 4. Intensivist Survey Results

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Interrupted Schedule</th>
<th>Continuous Schedule</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout, raw value (range 5–25)</td>
<td>12.35 ± 4.54</td>
<td>15.40 ± 4.46</td>
<td>0.007</td>
</tr>
<tr>
<td>Adjusted difference, mean (95% CI)</td>
<td>2.77 (0.97–4.58)</td>
<td></td>
<td>0.003</td>
</tr>
<tr>
<td>Work-home life imbalance, raw value (range 2–10)</td>
<td>5.60 ± 1.81</td>
<td>6.72 ± 2.24</td>
<td>0.024</td>
</tr>
<tr>
<td>Adjusted difference, mean (95% CI)</td>
<td>1.02 (0.10–1.93)</td>
<td></td>
<td>0.029</td>
</tr>
<tr>
<td>Job distress, raw value (range 6–30)</td>
<td>13.36 ± 3.40</td>
<td>14.64 ± 4.09</td>
<td>0.16</td>
</tr>
<tr>
<td>Adjusted difference, mean (95% CI)</td>
<td>1.52 (0.83–2.22)</td>
<td></td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Ali, AJRCCM, 2011; 184:803
Outline

• Burnout in critical care clinicians
• Interventions for burnout
• Supporting work-life balance
“On the bright side, ever since the layoff and my divorce it’s been much easier to balance work and family.”
What is “work-life balance”? 

• What is it not?
  – Achieving equal or perfect balance between work and non-work 
  – One size fits all

• What is it?
  – Way to talk about prioritizing non-work activities in our high-pressure lives 
  – May include family, exercise, sports, hobbies, arts, meditation, religion…
Who should be responsible for work-life balance?

- Work/School Leadership
  - Academic or practice leadership
  - Training program leadership
  - Individual mentors
- Supporting groups
  - Professional and scientific societies
- Individuals
Rationale for an Initiative on Work-life Balance

• Healthcare has become more time-pressured
  – Less time and resources
  – Education as an unfunded mandate

• To achieve our potential, we must care for ourselves

• Younger generations don’t want to work as long hours as their mentors
  – Tool for recruitment and retention
ATS Website

WORKlife
THE ATS WORK/LIFE BALANCE INITIATIVE

In this online feature, ATS members offer their tips on how to integrate your career with other aspects of your life—such as family, friends, community involvement, hobbies and creative outlets.

READ YOUR COLLEAGUES’ SUGGESTIONS OR PARTICIPATE

www.thoracic.org
How can you achieve work-life balance?

• I don’t know
• Nobody in this room can answer that for you
• Personal decision about what works best for you
• Talking to others can give you ideas and encouragement
How do I strive for work-life balance?

• Remind myself what’s most important
  – Family, happiness, health

• My tips
  – Exercise in the morning before work
  – Home for dinner by 6:30pm
  – Work at home on Fridays
  – No work or email evenings or Saturdays
  – No work or email on vacations

• Schedule extra day when I get back
How do others strive for work-life balance?

• Leave work early to be home with kids and do work after bedtime
• Email free zones/times
• Put personal events on the calendar
• Learn to say “no” in a positive way
  – Frame the reason in terms of your goals
  – Not enough time to do a quality job
Other Suggestions

• Seek out mentors who strive for balance
• Build habits of self-appreciation
  – Journal of meaningful moments
  – Allow compliments to “sink in”
• Acknowledge and discuss emotions
• Practice good sleep hygiene

http://webcampus.drexelmed.edu/docom
Summary

• Burnout is common in critical care
  – Interventions can reduce burnout
• Increase focus on work-life balance will be important for
  – Recruitment and retention
  – High quality care and science
• Younger generations put more emphasis on work-life balance
  – Important focus for the future