

Physician CONNECTION



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Burned Out

By Carie Sherman

Kelli Anderson worked as a medical assistant in a busy pediatric cardiology office in Denver for 15 years. Recently, she left. The reason?

“Burnout is for real,” she said. “My job was sucking my soul, and I couldn’t be there anymore.”

Anderson isn’t alone. Though most of the literature related to healthcare burnout focuses on physicians, medical office staff and other providers experience burnout at similar rates.

Burnout is defined by the American Medical Association as “a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients.”



CAUSES OF BURNOUT

- 1) Too many bureaucratic tasks
- 2) Spending too many hours at work
- 3) Feeling like just a cog in a wheel
- 4) Increased computerization of practice

Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout

How On-the-job Stress Impacts Medical Office Staff ... and What the Healthcare System is Doing in Response



According to the website <https://themedicalassistants.com>, “all medical assistants can experience burnout if they work in a chaotic environment, feel as if they have no control over their work or daily schedule, or receive little encouragement or acknowledgement from management about troubles in the clinic or with staffing issues.”

Anderson said the situation for her culminated in a perfect storm that greatly contributed to her feelings of burnout. “We had staffing issues,” she said. “There was huge turnover, and those people weren’t replaced in a timely manner. And we were told by the people at the top that we had to prove we needed these people before we could hire more, even though we couldn’t even cover the commitments we had.”

So what does this look like in practice? “Basically, we never get



THREE TYPES OF BURNOUT

1. Emotional exhaustion
2. Detachment from others
3. Inefficacy

Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout

everything done that needs done,” said Anderson. “We’re having to constantly realign priorities, and paperwork ends up sitting because the reality is that patients in the clinic need to be cared for first.”

Getting behind on paperwork came with its own set of issues. “Referring physicians would call, and we wouldn’t have patient information scanned into the system and the information we needed wouldn’t be readily available,” she said. “It’s beyond stressful.”

Continued on page 2

Continued from page 1

“We were constantly trying to keep up with everything that was critical to patient care, but the reality is that paper is how you get paid. Over time, you start praying for a physician to be out of town so you can have a ‘paper day’ and play catch up.”

With the turnover, the medical assistants at Anderson’s practice found themselves without anyone who would advocate for them.

“I started dreading work. I had headaches all the time,” she said. So Anderson left, departing clinical care to take a role doing medical chart review. “You give everything to the patient at the cost of yourself,” she said.



THREE WAYS TO PRACTICE SELF CARE

- 1. Focus on better sleep.** Studies have shown that insomnia and a lack of restorative sleep are common among those who exhibit symptoms of burnout. A 2012 study published in the *Journal of Occupational Therapy* suggests that “... Interventions to enhance sleep and recovery in occupational settings could help prevent burnout.”
- 2. Practice yoga.** In a study titled “Yoga for Self-Care and Burnout Prevention Among Nurses,” researchers found that nurses who participated in an eight-week yoga intervention showed improvement in mindfulness, emotional exhaustion and depersonalization.
- 3. Incorporate a mindfulness practice.** Mindfulness-based stress reduction was associated with significant improvements in burnout scores and mental well-being for a broad range of healthcare providers.

The Inherent Stress of the Medical Profession

Charis Sederberg, BSN, RN, was an oncology nurse for more than a decade before burnout forced her to make some tough decisions.

“Working in healthcare is stressful in two ways. The first is the physicality of the job—you’re on your feet and doing strenuous, physical work for 10-12 hour shifts,” she said. “The second is the emotional stress you feel. You’re constantly worried about your patients and analyzing every action you take—did I calculate this dosage right? Should I ask the doctor before I administer this? It’s a huge emotional roller coaster.”

Sederberg worked for seven years, then took time off when she became pregnant. “I took three years off when I had my kids, but I missed work. Once I went back, I quickly learned that I didn’t have it in me. I had two young sons at home, and I was caring for my aging parents. I could only do so much,” she said.

Like Anderson, something had to give. Sederberg believes she will go back into nursing, once her obligations in her personal life shift. “I was meant to be a nurse,” she said. “I miss it.”

Too Many Patients; Too Few Staff

Cindy Steuhm worked in many nonclinical healthcare capacities over the last 30 years. She remembers the stress of starting to use an electronic health record and implementing HIPAA regulations. But it’s the increasingly fast pace of the work, plus the ever-present issue of too much staff turnover that contributes the most to staff burnout.

“In the clinic setting, I was once doing four positions at one time over a long period of time,” she said. “I would get called at home in the evenings. In the hospital I went for long periods of



QUESTIONS FOR SELF REFLECTION

The Mayo Clinic suggests asking the following questions, keeping in mind that some of these symptoms could be the signs of a medical condition, such as thyroid disorder.

1. Have you become cynical or critical at work?
2. Do you drag yourself to work and have trouble getting started once you arrive?
3. Have you become irritable or impatient with co-workers, customers or clients?
4. Do you lack the energy to be consistently productive?
5. Do you lack satisfaction from your achievements?
6. Do you feel disillusioned about your job?
7. Are you using food, drugs or alcohol to feel better or to simply not feel?
8. Have your sleep habits or appetite changed?
9. Are you troubled by unexplained headaches, backaches or other physical complaints?

time without a day off when we were short staffed, and I missed a lot of family events despite the fact I had earned a lot of vacation time.”

In addition, Steuhm often took on the burdens of patients who were upset by the system. “It was stressful to deal with people who were irritable because they didn’t feel well and weren’t able to get on the doctor’s schedule,” she said. “Plus, they were increasingly stressed about the cost of care.”

Steuhm also had to deal with medical emergencies, and once had a patient in cardiac arrest die in her waiting room. “We had a waiting room full of people, and I needed to move them all. Then after help arrived, I had to call the patient’s wife and family,

then keep them outside. They knew it was bad and I tried to keep them calm.”

After the incident was over, there wasn't anyone to help Steuhm. “I wasn't offered any type of support,” she said.

Kelli Anderson also believes the staffing issues greatly contributed to her experience of burnout, with the practice not having a consistent manager for the last six years. “When we had consistent practice managers, it was different,” she said. “We had someone who advocated for us. It was the little things, like ordering pizza for lunch on a busy day or bringing in a massage person once a year to treat us. These things made us feel like we were valued members of the team.”

The Impact on Patients

After a decade in private practice, Lisa Davidson, DO, was burned out. She and the other providers in her primary care practice were each seeing 30+ patients a day.



PROGRAMS THAT COMBAT BURNOUT

Duke University—Three Good Things

Duke University researcher J. Bryan Sexton says we're wired to remember the negative, which is why he believes we can help create resilience through refocusing on the positive.

He studied the impact of a simple 14-day program in which participants are asked to create a daily practice of writing down three good things, plus the role the individual played in those things. The program has been demonstrated to reduce burnout, improve sleep, lessen workplace conflict and facilitate better work/life balance.

University of Colorado School of Medicine—Good Grief Rounds

In an hour-long program titled “Good Grief Rounds” at the University of Colorado School of Medicine, participants take part in a short mindfulness exercise and a brief reading or musical interlude. Then a healthcare provider tells an impactful, informal story about a work-related occurrence. Past storytellers have shared stories about topics like grief, moral distress, patient violence and imposter syndrome.

Miscommunication among medical providers and staff was rampant. Staff were frustrated by daily “to do” lists that were impossible to finish.

“No one can do a good job seeing 30 patients a day,” said Dr. Davidson. “And patients know this, too. They're afraid to ask questions because our hand is already on the exam room door. Thirty patients a day is a symptom of a broken system.”

According to Anderson, patients also suffer because burned out providers and staff often experience compassion fatigue.

“You're spread so thin that you forget that every patient that walks through your door is telling you their story for the first time,” she said. “Last year one of our patients died. It was a wake-up call for me—this might be a routine thing for us, but that family lost their baby.”

System Issues

In the patient safety literature, burnout has been cited to cause depersonalization, which leads to poor interactions with patients.



CONSEQUENCES OF BURNOUT

According to the Mayo Clinic, ignored or unaddressed job burnout can have significant consequences, including:

- Excessive stress
- Fatigue
- Insomnia
- A negative spillover into personal relationships or home life
- Depression
- Anxiety
- Alcohol or substance abuse
- Heart disease
- High cholesterol
- Type 2 diabetes, especially in women
- Stroke
- Obesity
- Vulnerability to illnesses

Burned out clinicians admit to making mistakes or delivering substandard care, while being less able to detect emerging safety threats.

Dr. Davidson believes the system as it works now is a direct contributor to physician burnout, and patients are put at risk. Dr. Davidson, after making some changes to her practice that include longer appointments and seeing fewer patients per day, has seen better health outcomes emerge for many other patients, simply because she has the time to take better care of them.

“Listening is 70 percent of my practice. People need to be seen and heard, and when they are, their disease starts improving and their mental health gets better,” she said.

She describes her experience with a 66-year-old patient whom she saw in both of her practices. “She'd been my patient for 15 years, and she had 22 problems on her problem list and 18

Continued from page 3



HOW TO HELP OFFICE STAFF

Amy Wachler from the healthcare consulting company Phreesia offers six tips for combatting medical staff burnout.

- 1) Provide support from the top, meaning practice leaders must reach out and talk with their staff to learn how they can best support their staff.
- 2) Encourage autonomy and avoid micromanagement to allow staff to independently solve issues.
- 3) Maximize employee strengths and find ways that allow staff to express these qualities.
- 4) Create connections with colleagues, especially during normal business hours, suggesting things like “no-work-talk” potlucks.
- 5) Encourage staff to “get up and move,” by walking at lunch or enjoying time away from the office.
- 6) Promote work/life balance through flexible scheduling.

meds on her medications list. She would call or email every day in our old practice, and she’d come in at least once a week. Something was going on.

Once we changed our practice model, we decided to meet together for an hour each week. For four weeks, she came in once a week and emailed and called me whenever she wanted. Soon enough her visits became once a quarter. And guess what? Her diabetes numbers got way better, she was sleeping better, her entire system utilization went way down. And it’s because she knew her care was being organized, and she knew she wouldn’t have to wait for me to help. It’s made all the difference in her care.”

Rampant Burnout Must Be Addressed

It’s clear that burnout in the medical profession is a real issue that impacts not only physicians, but office staff and other providers as well. Patients are also affected by this burned out workforce, and practices need to

address burnout at every level to ensure the safety of their patients.



ARE YOU BURNED OUT?

According to the AMA, watch for these seven signs:

1. You have a high tolerance for stress.
2. Your practice is exceptionally chaotic.
3. You don’t agree with your boss’s leadership or values.
4. You’re the emotional buffer for your patients (i.e., you’re acting as a buffer between the chaos of your practice and your patients).
5. Your job constantly interferes with your family events.
6. You lack control over your work schedule and free time.
7. You don’t take care of yourself.



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