

Stress and Burnout in Physicians and Lawyers

Colorado Task Force on Lawyer
Wellbeing

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Doris C. Gundersen MD, Medical Director
Michael H. Gendel MD, Medical Director Emeritus
Colorado Physician Health Program

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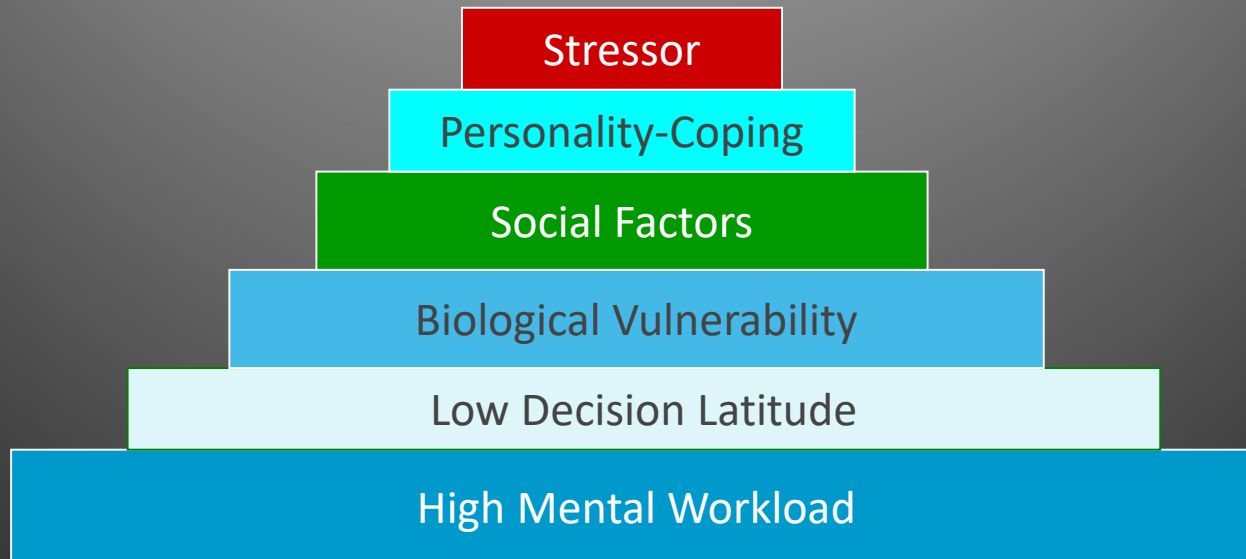
Health: One aspect of well-being

- Stress and burnout
- Psychiatric disorders
- Addictive disorders
- Primary medical disorders
- Behavior problems
- A variety of other psychosocial problems

Stress

- An unwanted psychobiological state related to anxiety, characterized, at the extreme, by a subjective sense of being overwhelmed, reflecting that usual coping strategies are inadequate
- At work, the burnout syndrome represents the most serious effect of stress, characterized by emotional exhaustion, diminished sense of personal accomplishment, and detachment
- Highly stressed individuals are vulnerable to feeling depleted/discouraged, overburdened, alone, less meaningful, to becoming ill, and making mistakes

WORK STRESS - MODEL



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WORK STRESS

Gender

- Some burnout studies suggest women have greater vulnerability to burnout (60% more likely than men)
 - Risk goes up 12-15% with each 5 hours worked in excess of 40 hours per week (McMurray JE et al. The work lives of women physicians. *J Gen Intern Med.* 2000;15:372-380)
- Studies are somewhat contradictory
- Women likely experience greater role conflict
- Women likely experience better social support
- Children protective?

Work Stress

Gender

- Women subject to certain stresses in the workplace much more frequently than men:
 - Gender bias
 - Gender discrimination
 - Sexual harassment
- These experiences can be a profound source of stress and may lead to psychological symptoms

Women and Depression

- Increased risk of depression if work role not supported at home (Occ & Health Psych 1999)
- Increased risk of suicide compared to the general population of women

Depression Among Physicians

Center, JAMA.289:3161 (2003)

- Prevalence
 - 12% lifetime – male physicians
 - 19.5% lifetime – females physicians
- Higher rates of suicide in physicians
 - **RR 1.1 - 3.4 in male physicians**
 - **RR 2.5 - 5.7 in females physicians**
- Suicide is a disproportionately high cause of mortality in physicians relative to other professionals

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Implications of Compulsivity

- Commonly work harder when stressed or overworked
- Guilt and distress about work not done well and on time
- Intolerance of imperfection in self and others
- Feelings of failure: Some patients don't get better and many patients are dissatisfied despite our best efforts
- Stress increased by
 - Lack of recognition of a job well done
 - Feedback, when received, is often negative or cynical

BURNOUT - Syndrome

- “Depersonalization” - DP
 - Separating the human from the case
 - Detachment from the patient
- Emotional exhaustion - EE
- Diminished sense of personal accomplishment at work - PA

- Course and resolution of burnout variable
- Need for change in both environment and attitude

Burnout

- Associated with:
 - Clinical errors
 - Decreased patient compliance
 - Less empathy for patients
 - Less patient satisfaction
 - Increased malpractice risk
 - More professionals choosing part time work or quitting

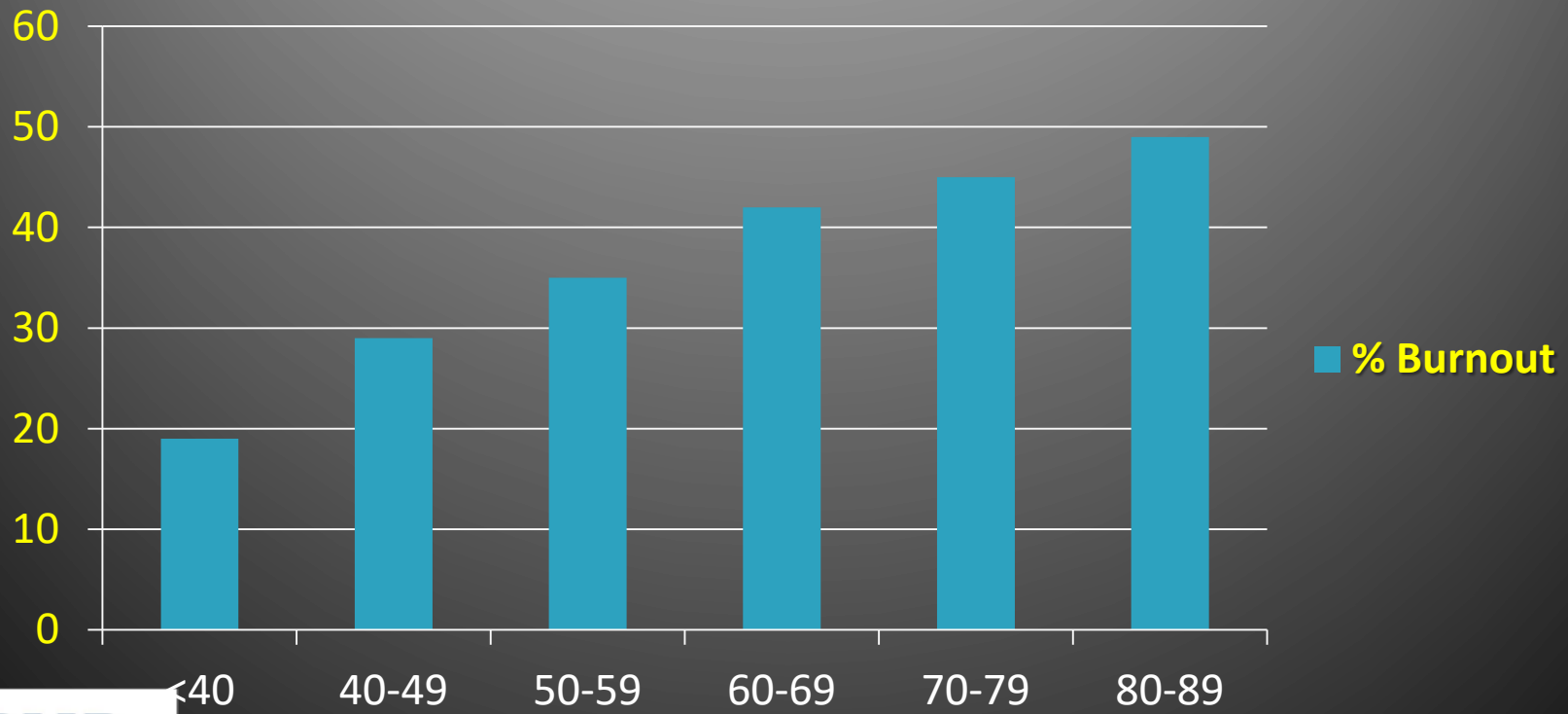
The cost of burnout for the individual

- Loss of idealism and commitment
- Loss of sense work is meaningful (cynicism)
 - Among physicians, loss of time for patient care
- Feelings of guilt and unworthiness
- Loss of direction/purpose

Workload and Burnout (U.S. Surgeons; n=7905)

Balch JACS 211:609

Hours Worked

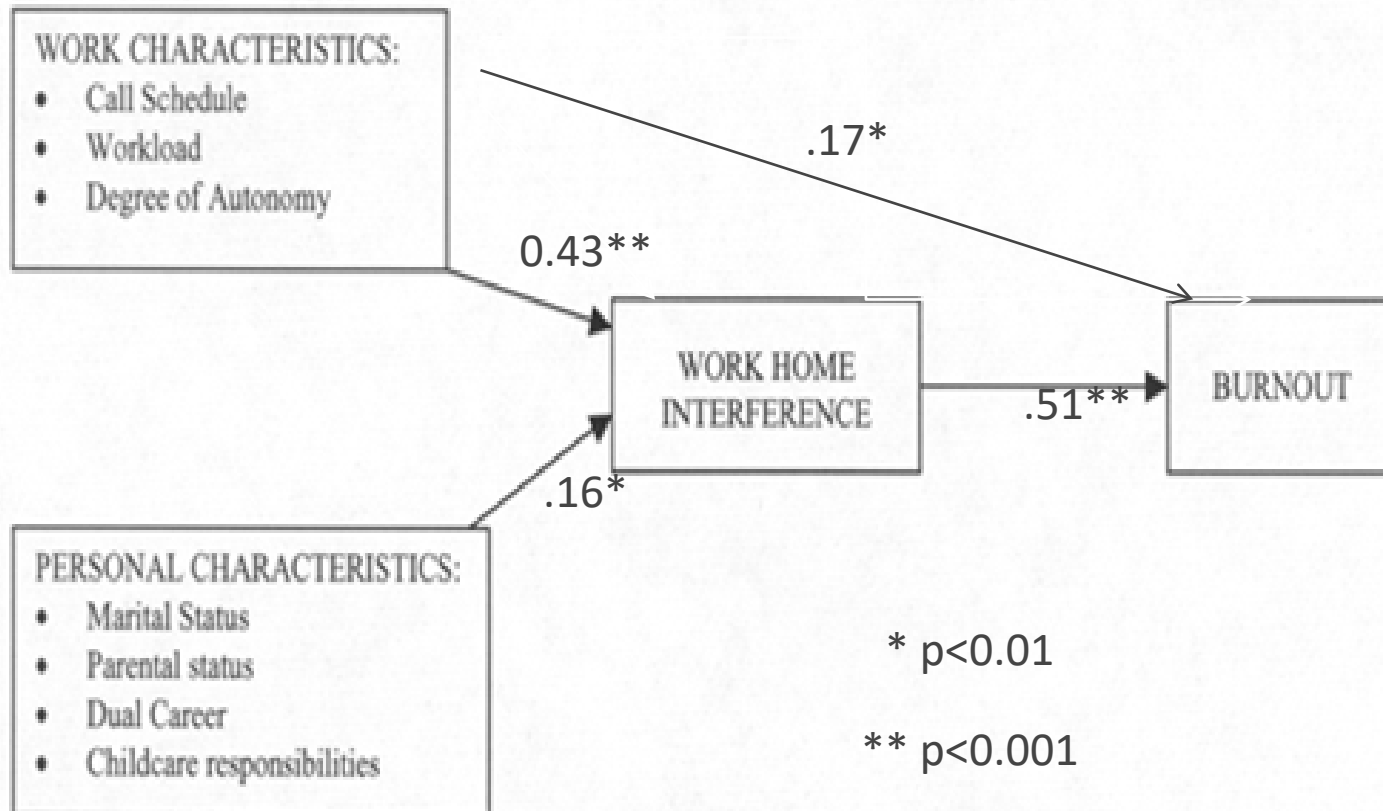


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Causes of burnout: Work-Home Interference Model

Geurts, Soc Sci & Med 48:1135 (1999)



Errors Among U.S. Surgeons

Annals of Surgery 251:995; 2 JGIM 16:809; 3 JGIM 21:165

- Cross-sectional survey, ACS members (n=7905) (1)
 - “Are you concerned you have made any major medical errors in the last 3 months?”
- Identify events internalized by surgeon as major error
- Self-reported errors high correlation events medical record (2)
 - Do not necessarily cause harm to patient
- 53% self-perceived errors impact patients some (3)

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Self-reported Major Medical Errors Among U.S. Surgeons (n=7905)

Shanafelt, Annals of Surgery 251:995

- 9% of Surgeons Report Major Error last 3 months

	OR Reporting Error	P
Each 1 point increase EE	1.05	<0.0001
Each 1 point increase DP	1.11	<0.0001
Each 1 point increase PA	1.03	<0.0001


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Distress Leads to Medical Errors

West JAMA 296:1071

<u>Variable</u>	<u>Instrument</u>	<u>OR of error</u>	<u>p</u>
Burnout	MBI-DP	1.10	.001
	MBI-EE	1.07	<.001
	MBI-PA	1.08	.02
Depression	Positive 2-item screen	1.93	.08



Suicidal Ideation Among Surgeons

n=7905

Shanafelt, Archives Surgery 146:54 (2011)


- 501 (6.4%) U.S. surgeons thought of suicide last 12 months
- 26% surgeons suicidal ideation sought psychiatric help
- 60% SI reluctant to seek help for treatment of depression due to fear of repercussions, e.g. effect on medical license

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Factors Associated with Suicidal Ideation on Multi-variable Analysis

Shanafelt, Archives Surgery 146:54 (2011)

<u>Factor</u>	<u>OR</u>	<u>P</u>
+ Depression screen	7.0	<0.001
Youngest child age 19-22	1.6	0.004
Married	0.7	0.002
Burnout 	1.9	<0.001
Perceived error last 3 mo	1.9	<0.001
Incentive pay only	0.8	0.035
Academic practice	0.6	<0.001

Wellness challenges - Beyond Distress

- Quality of life and well being are more than the absence of distress
- Illness is not the opposite of wellness
- One may be ill but mostly well
- One may not be ill but not at all well
- Wellness is related to quality of life, of which physical and emotional health is only a component

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Wellness Dimensions

- Health – maintaining optimal physical and mental health by practicing good self care, obtaining appropriate health care, and following medical/psychiatric advice
- Social – meaningful interpersonal relationships, contributing to one's world
- Spiritual – experiencing meaning and purposefulness

Wellness Dimensions

- Emotional – awareness, insight as a guide, being positive, creating trusting, interdependent relationships
- Environmental – safe, pleasing
- Financial – planning, aligned with values
- Intellectual – engagement, stimulation, creativity, personal and professional growth
- Occupational – satisfaction and fulfillment, utilizing talent, knowledge, skill; balanced with home

Lawyers: High Degree of Work

- Anticipated demands
 - Long hours
 - Lifelong learning
 - Responsibility
 - Sacrifice
- Unanticipated demands
 - Unhealthy workplace competition
 - Fewer jobs available for graduates
 - Devaluation of the Profession
 - Diminished compensation
 - Subordination of personal values to economic values in a work setting
 - Reduced resources/support with increased profitability expectations of the firm (“billable hours”)
 - Crushing workloads and unrealistic deadlines

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The Path to Lawyer Well-Being

Practical Recommendations for Positive Change

- A document created by the National Task Force on Lawyer Well-Being in 2017
- The recommendations focus on 5 central themes:
 - Identify stakeholders and the role each can play in reducing the level of toxicity in the profession
 - Address stigma associated with help seeking
 - Emphasize well-being as indispensable to professionalism and competence
 - Education for lawyers, judges, law students
 - Take small incremental steps to change the culture.

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2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Of 13,000 practicing lawyers:
 - 21-36% qualify as problem drinkers
 - 28% experiencing symptoms of depression
 - 19% struggling with symptoms of anxiety
 - 23% report some level of “stress”

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2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Other difficulties identified include:
 - Suicide
 - Social alienation
 - Work Addiction (25% of lawyers vs. 10% gen pop)
 - Sleep deprivation
 - Job dissatisfaction
 - A “diversity crisis”
 - Work-life balance conflicts
 - Incivility
 - Excessive alcohol consumption: Especially among younger lawyers in the first ten years of practice in private law firms.

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2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Of 3,300 law students at 15 law schools:
 - 17% experienced some level of depression
 - 14% struggled with severe anxiety
 - 23% struggled with mild to moderate anxiety
 - 6% reported serious suicidal thoughts
 - 43% reported binge drinking in the prior 2 weeks
 - 43% of students needed mental health services but only half sought such services.

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2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Law students reluctance to seek help:
 - Perceived threat to bar admission, job or academic status
 - Social stigma
 - Privacy concerns
 - Financial reasons
 - Lack of time
 - Belief that they could independently handle their problems.

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Reasons to Take Action

Lawyer well-being contributes to organization success:

- A 2016 survey (Law360) found that 40% of lawyers were likely or very likely to leave their current law firm
- High turnover is expensive with estimated costs for larger firms of \$25 million every year

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Reasons to Take Action

Lawyer well-being influences ethics and professionalism:

Between 40-70% of disciplinary proceedings and malpractice claims against lawyers involves substance use, depression and often both. Thought to be related to deficits in executive functioning.

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Reasons to Take Action

From a humanitarian perspective, promoting well-being is the right thing to do.

“A tree with strong roots laughs at storms”

----- Malay Proverb

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Combating Stigma

Create a culture in which help-seeking is encouraged by reframing it as a sign of strength that is important to resilience.

Educate about occupational hazards:

- law schools

- firms employing lawyers

- professional conferences

- telling stories (i.e. lawyers in recovery)

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Recommend Resources

COLAP

Coloradolap.org

Dimensions:

www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians

AMA Steps Forward:

<https://edhub.ama-assn.org/steps-forward>

CoLAP

https://www.americanbar.org/groups/lawyer_assistance/

American Bar Association

https://www.americanbar.org/groups/lawyer_assistance/resources/lawyer_wellness/

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Apps for relaxation and meditation

- Headspace
- Calm
- Simplybeing
- Bliss
- Quietmindcafe
- For brief mindfulness meditation exercise –
 - Ogradywellbeing.com
- Other websites for tools to manage stress
 - CMS, AMA, CMA

Isolation

- A social condition in which emotional and/or physical distance from others is the rule
- Individuals exist on a continuum – minimally to maximally isolated
- Isolation deprives individuals of emotional nourishment, stimulation, accurate feedback, and companionship
- Isolated individuals are vulnerable to spiritual depletion, boredom, sluggish personal growth, and loneliness

Isolation

- Few studies of federal judges, but those few demonstrate >70% who complain of isolation
- But judges also experience threats to their privacy, which reinforces isolation
- Some federal judges have described an “invisible wall” which arises over time between them and friends, former classmates, legal colleagues
- Some report that this is one of the most unexpected and unwelcome aspects of judging

Isolation from...

- Friends/social circle
- Social activities – restrictions or perceived restrictions related to the code of conduct
- Colleagues at work
- Fellow lawyers, other judges
- Family
 - Bringing work home
 - The emotional burden of certain cases

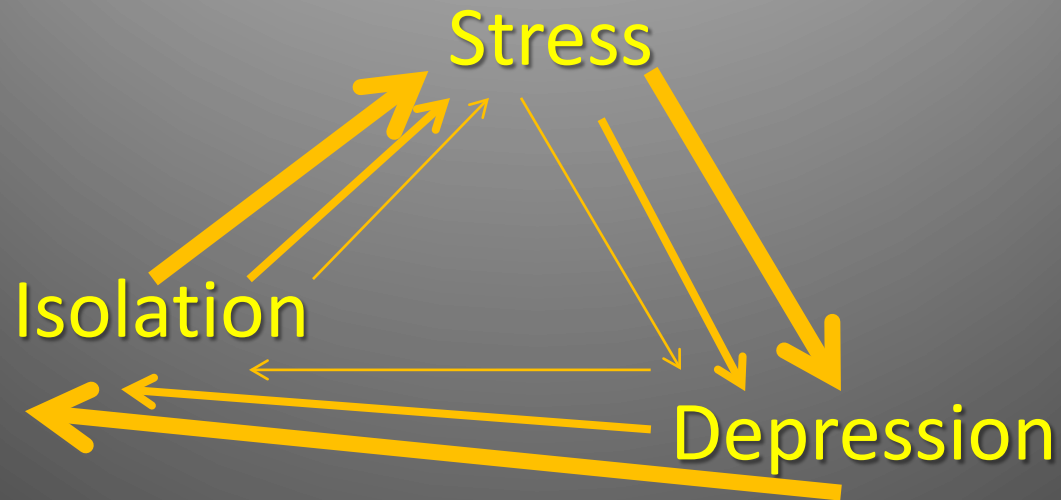
Isolation

- 30% of federal judges do not feel isolated
- Characteristics
 - More outgoing, extroverted, by nature
 - Specifically work on staying connected to those people and activities most important to them
 - Use the transient feeling of isolation as a signal to more vigorously maintain social connections

Isolation

- There may be no one to talk to about the stress of work, exhaustion, worry
 - May not want to burden spouse or family
- Reduces one's ability to manage stress
- Increases vulnerability to burnout, depression, other maladaptive coping strategies (e.g. substance use)

Vicious Cycle



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Managing stress

- Fight isolation:
 - See and talk to: spouse, family, friends colleagues – invest in relationships
 - Build into schedule
 - Share frustrations, disappointment, guilt and pleasures with others
- Focus on what is most enjoyable/meaningful about work rather than what is most stressful
- Take “refueling” time alone (spiritual activity, contemplation, art/music, outdoors)

Managing Stress

- Focus on values and choices proactively
 - Active rather than reactive stance
- Principle: A small improvement will feel big
- Address work-home balance
 - Consult with family/friends

Managing Stress

- Practice basic self care (eating sensibly, regular exercise, adequate sleep, avoiding excess alcohol/caffeine)
- Question working harder when stressed
- Leave work at the office
- Obtain a doctor and see you doctor
- Take vacations; don't work on vacation

Managing stress

- Be realistic about yourself (do the best you can), workload, bad outcomes, others' satisfaction
- Utilize a mentor
- Participate in workplace design and problem-solving
- Delayed gratification is a poor strategy.
- Neither looking forward to retirement nor planning on working forever are good strategies for coping with the stress of work

Values and Choices

Useful questions

- Is there a thread that binds who I am now with who I was when I was 12? What are my most essential characteristics?
- Am I able to live in such a way that these characteristics have expression?
- What are my core values, and when and how do I live them versus compromise them in my daily life?
- Is my time structured in such a way that attention to my core values is built in to daily life, or weekly or monthly life?
- Why did I become a doctor? Why do I remain a doctor?

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Values and Choices

Useful questions

- How have I changed as a person since the days when I first began work as a doctor?
- Are the changes for the better or worse?
- What about work most gratifies and rewards me, or seriously injures or compromises me?
- How do I really feel when I walk out the door of my home on a workday? How do I really feel when I walk back in that door?
- Who are the people in my life that I would choose to be closest to if it were not for obligations?
- Am I devoting enough time to listening to those people and supporting them?

Values and Choices

Useful questions

- Who are those in my support system?
- Do I seek support from them?
- Do I feel at all deprived of love, affection, attention, concern, or understanding?
- Do I need more support? Do I ask for it?
- How do I want to be remembered? And by whom?

*“Do first things first,
and second things not at
all.” - Peter Drucker*

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Doctors Group

- There is a strong evidence base that meeting regularly with a group of colleagues is effective in reducing stress
 - Weekly/biweekly/monthly
 - Over a meal
 - Spend the first 20 minutes discussing what is stressful and distressing
- At the Mayo Clinic, these are paid for by the institution

Managing stress/enhancing life

- Practice relaxation technique(s)
- Breathing techniques
- Mindfulness and mindfulness meditation
- Transcendental meditation
- Buddhist-derived meditation
- Progressive muscle relaxation
- Recorded guided meditation

Components of Happiness

Seligman. Phil Trans R Soc London 359:1379

- Pleasure (positive emotions)
- Engagement (being absorbed)
 - Training for marathon, fly fishing, learning
- Meaning (serving something larger than self)
 - Knowledge, healing/helping, family, community, artistic expression

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*“Self-love, my liege, is not
so vile a sin as self-neglect.”*
- Henry V, act 2, scene 4

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What hospitals can do

- “Mistakenly, most hospitals, medical centers, and practice groups operate under the framework that burnout and professional satisfaction are solely the responsibility of the individual physician.”
- “Extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burn out.”
- Shanafelt T, Noseworthy JH, Mayo Clin Proc. n January 2017;92(1):129-146
n <http://dx.doi.org/10.1016/j.mayocp.2016.10.004>
www.mayoclinicproceedings.org

What institutions can do

- Acknowledge and assess the problem
 - Burnout, satisfaction, etc., can be measured and compared to national data
- Harness the power of leadership
 - For each point increase on leadership scale, less burnout and more satisfaction
 - Choose leaders with necessary skills
 - Those led should evaluate leaders
 - Markedly less burnout if professionals can spend 20% of their time doing what is most meaningful
- Develop and implement targeted interventions
 - Efficiency improvement
 - Identify work units that require help

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What institutions can do

- Cultivate community at work
 - Celebrating achievements, peer support (emotional, ideas)
 - Protected time together
 - Physical space to socialize at work
- Use rewards and incentives wisely
 - Financial incentives lead to overwork and burnout
 - Flexibility, protected time for special work interests, more effective
- Align values and strengthen culture
 - Identify the values of your institution
 - Obtain feedback from professionals and other staff – are values and reality aligned?
 - Work with professionals and other staff to improve

What institutions can do

- Promote flexibility and work-life integration
 - Less than full time options, when and how to work
- Provide resources to promote resilience and self-care
 - To calibrate stress level, achieve better self-care, improve resilience
 - Assistance programs
- Facilitate and fund organizational science

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