Mental Health & Burnout During the Pandemic: Name It, Frame It, & Tame It
Webinar Moderator

Kimberly A. Brown, MD, FAST, FAASLD

• Chief of Gastroenterology and Hepatology at Henry Ford Hospital in Detroit
Webinar Moderator

Ryan M. Kwok, MD

- Associate Program Director for the Gastroenterology / Hepatology Fellowship program in the National Capital Consortium in metropolitan Washington D.C.
- Assistant Professor of Medicine at the Uniformed Services University in Bethesda, MD
Webinar Moderator

Norah A. Terrault, MD, MPH, FAASLD

• Professor of Medicine and Chief of Gastroenterology and Liver Diseases at the Keck School of Medicine at University of Southern California

• Councilor – American Association for the Study of Liver Diseases
Webinar Agenda

Talks

Webinar and Presenter Introductions

“Name It: Burnout – Epidemic before the Pandemic”

“Frame It: Mental Health & Burnout in the COVID-19 Era”

“Tame It: Strategies to Mitigate or Manage Burnout and Depression”

Panel Discussion / Q&A

Speakers

Dr. Terrault, Dr. Brown & Dr. Kwok

Dr. Marwan S. Abouljoud

Dr. Susan R. Bailey

Dr. Richard F. Summers

All
Webinar Q&A

• Submit your questions anytime during the webinar in the Q&A box at the top or bottom of your screen.

• Questions will be answered at the end of the presentations.
Webinar Presenter

Marwan Abouljoud, MD, FACS, MMM, CPE

• Director of the Transplant Institute and Hepatobiliary Surgery
• Benson Ford Chair in Transplantation
• Henry Ford Hospital – Detroit, MI
• President – American Society of Transplant Surgeons
Webinar Presenter

Susan R. Bailey, MD

• President – American Medical Association
• Distinguished Allergist/Immunologist from Fort Worth, Texas
• Fierce advocate for physician autonomy and well being
Webinar Presenter

Richard F. Summers, MD

- Senior Residency Advisor and Clinical Professor of Psychiatry at the Perelman School of Medicine of the University of Pennsylvania
- Treasurer – American Psychiatric Association
Lisa M MacLean, MD

- Director of Physician Wellness at Henry Ford Health System
Webinar Panelist

Marwah Abdalla, MD, MPH

• Clinical Cardiologist, Cardiac Intensivist, and Assistant Professor of Medicine at Columbia University Medical Center

• Director of Education for the Cardiac Intensive Care Unit and is a full-time faculty member in the Center for Behavioral Cardiovascular Health at Columbia
Burnout: *Epidemic before the Pandemic*

Marwan S. Abouljoud, MD, FACS
Director, Henry Ford Transplant Institute
President, American Society of Transplant Surgeons
I have no relevant financial relationships to disclose
Covid19 Pandemic

USA: 516K deaths
28.7M cases
Courage - Heroism - Sacrifice
• Awe of medicine, passion
• Thrive, healing relationships, humanism
• Joy, personal & professional satisfaction
• Unhappiness, is in stark contrast to the sense of joy and vocation that called many of us into medicine or surgery
“Burn-Out”

• A state of mental and physical exhaustion brought about by devotion to cause a way of life that failed to produce the expected rewards.

Freudenberger & Richelson (1980)

“Burn-Out: the high cost of high achievement”

“Why, as a nation, do we seem, both collectively and individually, to be in the throes of a fast-spreading phenomenon – burn-out”
Maslach Burnout Model

- **Emotional Exhaustion:**
  - Excessive psychological and emotional demands leaving one feeling drained and depleted, given all you can

- **Depersonalization:**
  - A tendency to view others in an excessively detached and cynical manner, losing empathy

- **Low Personal Accomplishment:**
  - Negative self-perception, unhappy with self image or accomplishments, lack of confidence
WHO: Burn-out in ICD-11,

• Conceptualized as resulting from chronic workplace stress that has not been successfully managed.
• Should not be applied to describe experiences in other areas of life.
• It is characterized by three dimensions:
  • feelings of energy depletion or **exhaustion**
  • increased mental distance from one’s job, or feelings of **negativism or cynicism** related to one's job
  • reduced professional **efficacy**
Maslach Burnout Inventory – Health Services Survey (MBI-HSS) – Medical Personnel (MP)

- 22-item survey
- 10-15 min to complete
- 3 subscales (EE, DP, PA)
- 0-6 scale, Never---Every Day
- Scores in 3 tiers, based on normative distribution
- High degree of burnout is reflected by:
  - high scores on the EE and DP subscales and in low scores on the PA subscale
- A state considered to be opposite to burnout has been classified as engagement
Physician Well-Being Index

1. Stratify well-being:
   - Mental QOL
   - Fatigue
   - Suicidal ideation

2. Identify physicians: degree of stress negatively impacts practice:
   - Career satisfaction
   - Intent to leave current position
   - Medical errors

3. Meaning in work, work-life integration

Ability of a 9-item Well-Being Index to Identify Distress and Stratify Quality of Life in US Workers. LN Dyrbye, D Satele, T Shanafelt. JOEM 2016;58(8):810-7
Burnout and Work-Life

- 43.9% of physicians at least one symptom of burnout, MBI
- 42.7% favorable work-life integration
- 2017 vs 2011
  - Burnout: same
  - WLI: Worse

Burnout Drivers

- Work overload
  - Regulatory
  - EMR
  - Inefficiencies
- Lack of support
- Absence of fairness
- Lack of control
- Work-life integration
- Moral distress
- Breakdown of community
- Decreased meaning
- Insufficient rewards
- Conflicting values
COVID Pandemic

- Moral distress and conflict
- Fear and anxiety
- Uncertainty and ambiguity
- Social isolation
- Sleep disorders
- Depression and suicidal ideation
- PTSD
- Burnout

Nurses were the most likely to experience high levels of distress due to increased workload caused by COVID-19

Percentage of individuals at a high level of distress due to increased workload by occupation

- Physician: 50.06%
- Nurse: 70.4%
- APP: 45.22%
- Resident: 32.81%
- Student: 59.85%
- Pharmacist: 47.36%
- Employee: 62.13%
The meaning of life is to give life meaning.

~ Viktor Frankl
Mental Health and Burnout in the COVID-19 Era

Susan R. Bailey, MD
President
American Medical Association

March 2021
Thank you health care heroes!
COVID in a time of heightened physician burnout

• **44%** of physicians report at least one symptom of burnout.

• Physicians spend about **2 hours** on EHRs and administrative work for every **1 hour** spent with patients.

• **6 hours** of every family physician workday is consumed by EHRs and paperwork.

• **1 in 5** physicians is considering reducing clinical work hours.
Provider anxiety in the COVID Era

• Do I have the PPE I need?

• Am I putting my loved ones at risk?

• Can I safely re-open my practice?

• Will I have to lay off staff?

• Can I give my patients the time and attention they need?
Recognizing burnout in our colleagues

• From happy and inquisitive to rushed and indifferent

• Watch out for cynicism: Nothing I do makes a difference

• Signs of despair, hopelessness and isolation
  o Less eye contact
  o Asks fewer questions
  o Depersonalization
  o Fatigue
How physician burnout impacts patient care

- Loss of focus and patience
- Depersonalization
- Lack of professionalism
- Increased risk of safety
- Reduced patient satisfaction
Promoting physician resilience

Kamalika Roy, MD
Member since 2012
Sustaining well-being

- Meet your basic needs
- Take breaks
- Connect with colleagues
- Communicate constructively
- Contact family
- Stay updated
- Limit media exposure
- Self check-ins

Source: Center for the Study of Traumatic Stress at the Uniformed Services University
AMA resources for managing your health during COVID-19

We know you rely on timely, accurate and evidence-based information in the face of fear and misinformation.

- Managing Mental Health
- Caring for the Caregiver
- Telehealth Implementation Playbook
- AMA Physician’s Guide to COVID-19
- CPT Coding Guidance
- JAMA Network Coronavirus Updates
- Resources, tools and support
Tame It: Strategies to Mitigate or Manage Burnout and Depression

Richard F. Summers, MD
BURNOUT -- BRING BACK JOY IN PRACTICE

• Design organizational systems to address human needs – eg. autonomy, moral injury
• Develop leaders with participative management competency
• Build social community
• Remove sources of frustration and inefficiency
• Reduce preventable patient harm and support second victims
• Bolster individual wellness

WELLBEING AND DIVERSITY
DIVERSITY IN COHORT DECREASES HOUSESTAFF DEPRESSION

- 1132 interns, 38 institutions, 10 specialties
- Higher proportion of URM’s in internship class associated with less increase in PHQ9 scores over internship
- Associated for URM and non-URM interns

Elhrake JA, Frank E, Kalmbach DA, Mata DA, Sen S: Racial and Ethnic Diversity and Depression in Residency Programs: a Prospective Cohort Study, J Gen Internal Med. Published online 03 December, 2019.
COVID19 AND PHYSICIAN MENTAL HEALTH
Stigma Compounds the Consequences of Clinician Burnout During COVID-19: A Call to Action to Break the Culture of Silence

Jennifer B. Feist, JD, Founder, Dr. Lorna Breen Heroes' Foundation; J. Corey Feist, JD, MBA, Co-Founder, Dr. Lorna Breen Heroes' Foundation and Chief Executive Officer, UVA Physicians Group; and Pamela Cipriano, PhD, RN, NEA-BC, FAAN, University of Virginia School of Nursing

August 6, 2020
Doctors aren't known for seeking help, said Dr. Deborah Marin, a professor of psychiatry at Mount Sinai's Icahn School of Medicine. "Suffering is kind of my profession to some degree," she said. "But people shouldn't be suffering more than we are as a profession.

Marin directs a new program called the Mount Sinai's Icahn School of Medicine's Personal Growth, designed to address and post-traumatic stress.

**A Parallel Pandemic Hits Health Care Workers: Trauma and Exhaustion**

Vaccines may be on the way, but many on the front-lines are burned out. Has the government done enough to help alleviate their stress?
8 percent of physicians have closed their practices as a result of COVID-19.
The majority of physicians (72 percent) believe the widespread use of telemedicine will not continue unless reimbursement rates for telemedicine visits remain comparable to in-person visits.
• The majority of physicians (59 percent) agreed that COVID-19 will lead to a reduction in the number of independent physician practices in their communities.

• One-half (50 percent) said that hospitals will exert stronger influence over the organization and delivery of health care as a result of the pandemic.
Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Janbo Li, MSc; Simeng Ma, MSc; Ying Wang, MSc; Zhongping Cai, MD; Jianbo Hu, MSc; Ning Wei, MD; Jiang Wu, MD; Hui Du, MD; Tingting Chen, MD; Ruiling Li, MD; Haixue Tan, MD; Lijun Kong, MSc; Lihao Yao, MD; Manli Huang, MD; Huafei Wang, BA; Gaochu Wang, MD; Zhongchun Liu, MD; Shaohua Hu, MD

Abstract

IMPORANCE. Health care workers exposed to coronavirus disease 2019 (COVID-19) could be psychologically stressed.

OBJECTIVE. To assess the magnitude of mental health outcomes and associated factors among health care workers treating patients exposed to COVID-19 in China.

DESIGN, SETTINGS, AND PARTICIPANTS. This cross-sectional, survey-based, region-stratified study collected demographic data and mental health measurements from 1257 health care workers in 34 hospitals from January 23, 2020, to February 3, 2020, in China. Health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 were eligible.

MAIN OUTCOMES AND MEASURES. The degree of symptoms of depression, anxiety, insomnia, and distress was assessed by the Chinese versions of the 9-item Patient Health Questionnaire, the 7-item Generalized Anxiety Disorder scale, the 7-item Insomnia Severity Index, and the 22-item Impact of Event Scale—Revised, respectively. Multivariable logistic regression analysis was performed to identify factors associated with mental health outcomes.

RESULTS. A total of 1257 of 1830 contacted individuals completed the survey, with a participation rate of 68.7%. A total of 813 (64.7%) were aged 26 to 40 years, and 964 (76.7%) were women. Of all participants, 764 (60.3%) were nurses, and 493 (39.2%) were physicians. 760 (60.5%) worked in hospitals in Wuhan, and 522 (41.5%) were frontline health care workers. A considerable proportion of participants reported symptoms of depression (634 [50.4%]), anxiety (560 [44.6%]), insomnia (427 [34.0%]), and distress (899 [71.5%]). Nurses, women, frontline health care workers, and those working in Wuhan, China, reported more severe degrees of all measurements of mental health symptoms than other health care workers (eg, median [IQR] Patient Health Questionnaire scores among physicians vs nurses: 4.0 [1.0–7.0] vs 5.0 [2.0–8.0]; P < .007; median [interquartile range (IQR)] Generalized Anxiety Disorder scale scores among men vs women: 2.0 [0.0–6.0] vs 4.0 [0.0–7.0]; P < .001; median [IQR] Insomnia Severity Index scores among frontline vs second-line workers: 6.0
CONCLUSIONS AND RELEVANCE  In this survey of health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 in Wuhan and other regions in China, participants reported experiencing psychological burden, especially nurses, women, those in Wuhan, and frontline health care workers directly engaged in the diagnosis, treatment, and care for patients with COVID-19.
Risk of Moral Injury for the Physician

• “Perpetrating, failing to prevent, bear witness to, or learning about acts that transgress deeply held moral beliefs or expectations”

• “A deep soul wound that pierces a person’s identity, sense of morality and relationship to society”

• Moral injury for physician: Being unable to provide high-quality care and healing in the context of health care

(Diane Silver, journalist 2019)
COVID-19 and Families

• Mothers often disproportionately affected
• Childcare, school
• High risk already
PERSONAL INTERVENTIONS FOR BURNOUT

• Healthy habits, eg. exercise, diet, mindfulness, lifestyle interventions
• Support
• Change work conditions
• Consultation and treatment
Healing Environment

• Family and friends
• Time to grieve and process traumatic deaths
• Administrative support, debriefing
• Reach-out by peers
• Limited work hours, time off
• Avoidance of drug or alcohol abuse
Innovative Programs for Health Care Workers

UCSF has designed a new program to provide additional support to all faculty, staff, and trainees who are experiencing anxiety, stress, and distress related to the COVID-19 pandemic and its impact on their work and family lives.

- After completing a brief online screening, you will receive information about web-based resilience tools, including online resources, self-care apps, and webinars.
- If you request person-to-person contact, you will be provided information on how to schedule an appointment for further assessment and treatment with a specialist at UCSF Langley Porter Psychiatric Hospital and Clinic or receive a referral if you would prefer to use an existing non-UCSF provider.
- If you would like help with substance use, you will be connected with Bright Heart Health, which is a behavioral treatment program affiliated with UCSF.

Text COPE to 83973 or visit tiny.ucsf.edu/cope
Organizational & Social Factors for Sustaining Healthcare Worker in Outbreaks

- Training – timely, thorough
- Equipment – effective, understand how to use
- Camaraderie – colleagues, managers
- Communication – regular, updated
- Preparation – range of exposures
- Education – normal reactions, resources, resilience
- Support – web-based or in-person, prevent isolation
- Growth mindset – support now, look to the future

Mental Health & Burnout Resources

American Association for the Study of Liver Diseases (AASLD): http://www.aasld.org/COVIDMentalHealth


American Society of Transplant Surgeons (ASTS): https://asts.org/professional-development/wellness-resources

Panel Discussion

Please submit your questions to the Q&A Chat now.