

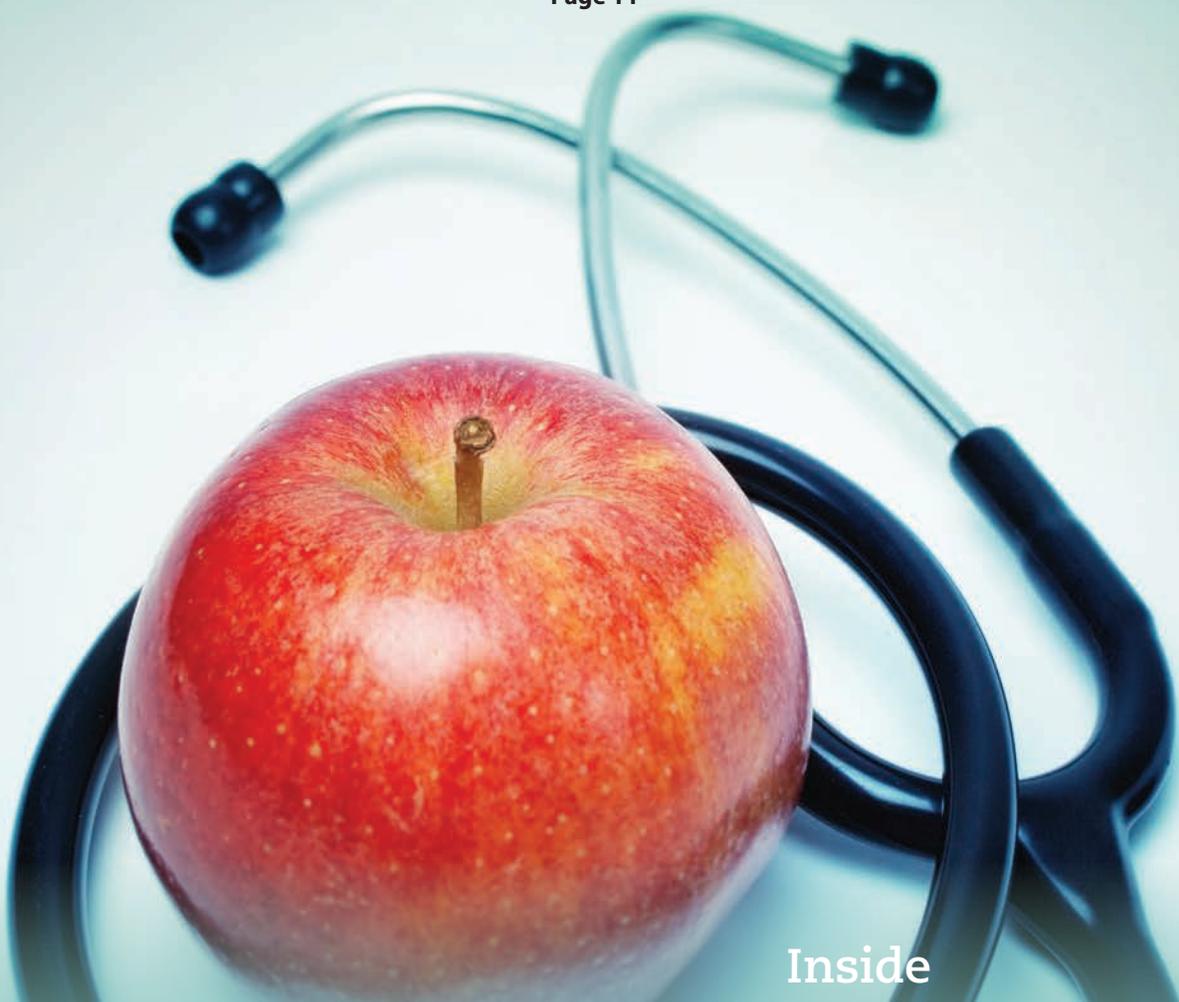
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Q&A on Physician Burnout with Jessi Gold, MD, MS

What to look for and what to do

Jessi Gold, MD, MS, is a widely read and referenced expert on mental health among physicians and other health care workers. An assistant professor and the director of wellness, engagement and outreach in the Department of Psychiatry at Washington University School of Medicine, her research has been published in *JAMA*, the *American Journal of Psychiatry* and others. She is also known for her articles and interviews in general audience publications including *The Washington Post*, *The New York Times*, *Forbes*, *SELF* and *InStyle*, as well as her social media accounts. She works clinically as an outpatient psychiatrist and primarily sees faculty, college and graduate students, as well as staff and hospital employees. During the pandemic, she has been a major wellness resource within the hospital system and the entire university. She has spoken at major national and international meetings and at grand rounds around the United States. You can follow her, @drjessigold on social media or on her website, drjessigold.com.



Dr. Jessi Gold

Here she offers her latest thoughts on the topic of physician burnout with *St. Louis Metropolitan Medicine*.

Can you give us a definition of physician burnout?

The definition most often used is that burnout is a combination of three things: 1) emotional exhaustion, 2) depersonalization, and 3) reduced sense of personal accomplishment. I also think it is helpful to conceptualize burnout as a mismatch between what you think work is going to be like and what work actually is. So, we often think work as physicians will be patient care or mentoring, things we like, but it is often a lot of paperwork. That difference—because we don't get meaning and purpose from paperwork—often causes burnout.

What portion of the physician workforce is suffering from significant burnout? How has this increased during COVID-19?

Depending on what measuring tool is used and what specific population is studied, approximately 50% of the physician workforce was burned out before COVID-19. Burnout is only compounded by the different new stressors of the pandemic. What stressors we have had may vary by where we lived, our specialty, the setting we work in, or even the phase the pandemic, but the fact that there are stressors has not changed. Those have been constant and compounding.

How does physician burnout vary among specialties? What workplace factors influence greater or less burnout?

Burnout varies by specialty and across time. *Medscape* tracking during the pandemic shows that the specialties most affected by COVID-19—critical care, emergency medicine, infectious disease—worsened in their rankings compared to other physician specialties.¹ There are many workplace factors that contribute to burnout, from the aforementioned lack of meaning in work (more time spent on paperwork, for example), to the lack of control or autonomy in the workplace, to the lack of social support. One of the consistent ways to lessen burnout—and we have seen this in our own numbers at Washington University over COVID-19—is supervisor support.² Having a supportive supervisor, one who at least seems to respect and value work/life balance, is key.

Now that we've had months of lower COVID hospitalizations, what is the state of the hospital workforce, including physicians and nurses?

The situation is that while we may have different stressors, the stressors still remain. Trauma, in particular, does not have a timeline, and health care workers have been “all systems go” for years. They have not had time to process, grieve, or even breathe. When they do, it will not surprise me if people have trauma symptoms appear months, or even years later. Additionally, the workforce has had people leave in large numbers. Not only is that caused in part by burnout, but it subsequently contributes to further burnout in the remaining staff members. We will be reckoning with workforce shortages for years to come.

Are women physicians more vulnerable to burnout? What factors make women more vulnerable?

One review of 42 studies found that, while both male and female doctors have high rates of burnout, the likelihood of being burned out is higher in female doctors, particularly when it comes to emotional exhaustion.³ There are many reasons for this—from work/life integration to harassment in the workplace, to gender bias and discrimination.⁴ Additionally, female physicians typically spend more time documenting (in and out of work) than their male counterparts, which can further contribute to burnout.⁵ Their burnout has only worsened during the pandemic with extra burdens facing women. For example, even in dual physician households, there was more of an expectation for the female physicians

to handle childcare or schooling or household tasks than the male physician parent. As a result, more women reduced their work hours and experienced work/family conflict.⁶

How do stress and burnout impact medical students and residents?

This is another population on which we need to focus, and in particular look at how the pandemic has affected their training (or lack of training) and how that might impact their future careers. Studies have shown that compared to the general population, medical students, residents/fellows and early career physicians were more likely to be burned out. However, being a resident or fellow was associated with increased odds of burnout, and trainees have higher burnout levels than even medical norms, particularly in the subscale of depersonalization. There has been a difference by specialty, as well. One reason for this, of course, is the lack of control and autonomy experienced as a trainee.^{7,8}

What are some signs of physician burnout to watch for?

Signs of burnout are often person-specific. We tend to blow past the emotional exhaustion signs because it is America and we are in medicine, and as a result, we are supposed to be tired from work. It is practically a badge of honor. It really isn't until we get to symptoms of reduced sense of personal accomplishment that we notice something is wrong. We notice either because we aren't being as productive as we would want to be or someone else tells us we aren't. Both things give us pause.

Unfortunately, that experience is pretty late in a burnout cycle, and it can be important to pay more attention to the early signs so prevention might happen earlier. For example, I get really angry at my email and my EPIC inbox. That anger is a burnout sign and is important to notice and then intervene on. We should get used to asking ourselves how we are doing, and actually give ourselves the time to answer.

What should a physician do if he or she thinks she may be getting overwhelmed? How can burnout be treated?

The first step is to acknowledge that they are overwhelmed and realize it is normal. Our career is hard, and we will have emotional reactions to it—it is impossible not to, especially

during this time. Once we acknowledge it, and name it, we can then do things to improve upon it. I think early on in burnout things like coping skills, which I view more like hobbies instead of prescriptions of "these are the only things that work" can help. You can journal, run, deep breathe, do mindfulness ... whatever works for you.

In later stages, you might need to take time off, place limits on your work hours into evening and weekends, and/or find ways to put more meaning and control into your schedule. Of course, social support remains key, and some people might seek out someone like me or a therapist to help them, and that can definitely be beneficial. My own therapist helps me manage my burnout regularly.

Does stigma remain among physicians about seeking treatment/assistance? What portion of physicians continue to not seek help for burnout?

Absolutely. Stigma comes out in many ways in our culture—from viewing mental illness or vulnerability as a weakness, to being afraid of judgement from supervisors, colleagues, or even our licensing/credentialing boards for needing help. We can see this in pandemic data, when only 13% of health care workers received mental health services, and 18% said they needed services but didn't receive them. Of course, there are clear systemic barriers (time, money, access), but the culture of medicine adds another barrier that we need to improve for each other. Asking for help is a strength, not a weakness.⁹

How do you manage your own mental health and stress level?

I am still a work in progress, which might surprise you as I am an "expert on burnout." I have noticed that different things work at different times for me, and for different needs. I have found benefit in reducing notifications on my phone and email, journaling when I feel like I have something I need to get out, and taking the time to acknowledge and appreciate my own feelings. I also have a dog who does a great job cheering me up, a fantastic support system (which as things have opened up finally can play more of a role again), and a therapist whom I see weekly and appreciate more than I could put into this paragraph. —

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PHYSICIAN BURNOUT BY SPECIALTY 2021

Emergency Medicine	60%	Pediatrics	49%	Surgery, General	44%
Critical Care	56%	Pulmonary Medicine	48%	Cardiology	42%
Ob/Gyn	53%	Gastroenterology	48%	Allergy & Immunology	42%
Infectious Disease	51%	Internal Medicine	48%	Nephrology	40%
Family Medicine	51%	Urology	48%	Plastic Surgery	40%
Physical Medicine & Rehabilitation	50%	Anesthesiology	47%	Ophthalmology	40%
Diabetes & Endocrinology	50%	Rheumatology	46%	Psychiatry	38%
Radiology	49%	Neurology	46%	Dermatology	33%

Source: *Medscape* survey of 13,069 physicians conducted June-September 2021, reported January 2022.¹