

PODCAST 270: PREVENTING PHYSICIAN BURNOUT

By Mark Graban



Paul DeChant, MD MBA and Diane Shannon, MD, MPH, co-authored a new book about physician burnout that identifies how health care organizations can reduce the risk and prevent burnout.

In episode 270 I welcomed two physicians, Paul DeChant, MD MBA and Diane Shannon, MD, MPH, co-authors of the newly-released book *Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine* to the Lean Blog Podcast.

Diane is a long-time healthcare writer who recently began writing about burnout after identifying it as the reason she left her position as an internist (a doctor of general internal medicine) about 20 years ago, despite loving patient care.

Paul, who was also a guest in episode 230, practiced as a family physician for 25 years in multiple settings and has also spent 30 years in progressive management roles, culminating in five years as the CEO of the Sutter Gould Medical Foundation. When he was CEO, Paul led a Lean transformation at Sutter Gould, a 300-physician multispecialty medical group, using Simpler Healthcare as the coach and consulting group. Following that successful transformation Paul became a consultant and executive coach with Simpler, which is his current role.

What is Burnout?

To start our conversation, Paul began by clarifying that burnout really comes from a mismatch between the worker and the workplace, which manifests in three key ways:

- emotional exhaustion;
- depersonalization, also called cynicism. Even more than emotional exhaustion, cynicism can be indicative of serious consequences from burnout including leaving a profession or even a higher

risk of suicide, which Paul said is also a problem onto itself within burnout; and

- a sense of inefficacy, as though what the person is doing doesn't really matter.

While emotional exhaustion is normally associated with burnout in people's minds, the other two manifestations are not, Paul explained.

What Does Burnout Look Like for Doctors?

In terms of burnout for doctors, Diane said that, for her, the worst symptoms occurred in residency, which is common. But instead of getting better once she completed training and moved into practice, the burnout continued.

“When I look back I think the biggest source of anxiety for me was the level of chaos in the environment.”

-Diane Shannon

“I found that the exhaustion was definitely better, but the other symptoms remained, and when I look back I think the biggest source of anxiety for me was the level of chaos in the environment. I was constantly plagued by this fear that something was going to happen to my patients. I found myself double checking things and worrying about what might get lost or what might get forgotten, or a system issue that would eventually lead to harm for one of my patients. And that constant nagging worry I think really wore away at me as I tried to provide safe, compassionate, high-quality

care. I believe that was one of the major causes of burnout for me,” Diane explained. “I’m glad to see that there’s so much more attention to patient safety and reliable systems today, just the awareness and thinking about where there are places we can hardwire activities so that there’s no chance of making an error or that an error is caught before it actually results in harm to a patient.”

Diane added that depersonalization was also a factor. She explained that depersonalization is a coping mechanism for those suffering from emotional exhaustion at work, as a means to continue to be effective. For physicians, depersonalization means distancing yourself from the patients, seeing them more as an object, a case, or a number.

“I really did not like seeing that in myself, that was not what brought me into medicine and I know that that’s really disconcerting for a lot of physicians,” she said.

The Stigma Around Burnout

Diane hears stories of burnout from a lot of physicians and explained they are often thankful and relieved to find that someone else feels the same as they do and that they have a safe place to discuss their feelings of burnout.

“There’s still a lot of stigma. There’s a lot less stigma than there was, but there’s an awful lot of stigma still out there to deal with.”

-Paul DeChant

Another common contributor

to burnout, which Diane often hears about from physicians, is the disconnect between the physicians and the leaders who are making decisions that directly affect patient care. Physicians feel they are not being heard or that there’s not a clear understanding of what it’s like working directly with patients every day.

“This is not an internal deficit of the person, it’s a normal person interacting with a system and a workplace that has the deficit.”

-Paul DeChant

Speaking from the leadership perspective, Paul could not recall anyone bringing up the subject of burnout as something they were concerned about or struggling with directly with him.

“At that point, people tried to still protect themselves and feared that if they brought up the feeling of burnout it might actually put their career at some risk. This was seven or eight years ago.” Paul said. “There’s still a lot of stigma. There’s a lot less stigma than there was, but there’s an awful lot of stigma still out there to deal with.”

Diane agreed, pointing out that none of the physicians she has interviewed about burnout want to be identified.

Is Burnout a Mental Illness?

This stigma of course seems to parallel the recent societal discussion about mental health in general, but Paul pointed out there is a distinction between burnout and mental health issues, like depression, for example.

“There is this issue of, ‘is burnout

a mental illness? Is it a personal failing or some internal physiologic problem of the physician, or is it something that every normal person experiences when they're put into a workplace where they cannot be successful. And then it manifests into emotional exhaustion, depersonalization, and a sense of inefficacy, and all of those eventually truly do lead to depression, lead to suicide. Physicians, as they enter medical school, actually have been found to be amongst the most mentally healthy people, but by the end of medical school, many of them are not," Paul said. "This is not an internal deficit of the person, it's a normal person interacting with a system and a workplace that has the deficit."

"This is one of the things that for me, drew me to Lean as a truly viable answer to address the burnout crisis..."

-Paul DeChant

"A physician coach that I know of told me a story of one of her clients who was clearly suffering from burnout to the extent that he was having cognitive issues, and both his personal, primary care physician, his psychiatrist, and his coach all recommend that he take some time away from work. He asked his administration for a three-month, unpaid, leave-of-absence and it was declined. His organization said, 'no, we can't afford for you not to be here,'" said Diane, giving this example from their book *Preventing Physician Burnout*. "And so I think it's really not recognizing the true effects of burnout and thinking that it's an individual issue and not a workplace issue."

How Can Lean help with Burnout in the Workplace?

Returning to the leadership perspective, Paul explained that most commonly people cope with burnout by reducing their workload, but for health systems that already face a shortage of physicians, and are struggling with razor-thin operating margins, the thought of having physicians reducing their work level puts the organization itself at financial risk.

"This is one of the things that for me, drew me to Lean as a truly viable answer to address the burnout crisis because while reducing workload is one approach, the other drivers of burnout are all very effectively addressed through Lean and with that we can actually make a lot of positive improvement without having to reduce workloads," Paul said.

After the podcast, he added that with those positive improvements in place, we can more effectively engage in redesigning the work to take out waste and lower the work effort required to provide the same amount of care.

When the podcast discussion took the natural turn to how Lean can be used to prevent burnout, Paul began by outlining the six key drivers of burnout:

- work overload, which is exacerbated for physicians by a chaotic work environment and time pressure;
- loss of control, which speaks to a physician's strongly held value of autonomy and how to manage that autonomy in situations where they feel like they are losing control;
- inadequate rewards, which refer to not just financial rewards, but non-financial rewards such as prestige and recognition and the ability of professionals to control their professional life;
- breakdown of community, which is more and more of a concern today with the electronic health record replacing one-on-one communication and time pressures keeping break rooms empty;



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- absence of fairness, which is related to this breakdown of community; and
- mismatch of values, referring to the discrepancy between the needs of the healthcare organization and the altruistic drive to care for patients.

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-Diane Shannon

Paul explained the six key drivers can be addressed through Lean, as he said, “If we do strategy deployment properly with catchball, and having people understand what the ‘True North’ metrics are, we can address a lot of the issues around mismatch of values. Fairness issues can get addressed by empowering people to make changes in their own workplace, so they start to regain control over addressing the barriers and frustrations they run into. As people work together in huddles to do problem solving, just the fact that we’re working together helps rebuild community. As we do all of those, and the intrinsic rewards that come from that

kind of work start to address the inadequate reward issue, and we then regain control.

“So if we address all of those issues and actually create a process by which we’re solving problems and removing barriers and frustrations, we start to address a lot of the things that drive the whole issue of work overload, and can reduce that overload.”

The Change So Far

Looking at how Lean can help prevent burnout from her own angle Diane said, “I think it is really hopeful that there is a system that can work. One of the things I found so exciting was when Paul and I interviewed physicians who had experienced burnout in their workplace and then their workplace implemented a transformation with Lean. It was so gratifying to hear them speak about what their daily life was like after the transformation. Several of them said, ‘Lean has extended my career. I would not still be here if it were not for these improvements.’”

As Paul cautioned, it’s the comprehensiveness of the change, which includes respect for the workers and including them in the process, that makes Lean helpful and not something that can actually increase the belief that leadership isn’t doing anything to deal with the issues that lead them to burnout.

“Maybe a core issue there is, is Lean being done to the physicians or is it being done with the physicians,” Paul said. “By using respect for people and deeply honoring that by connecting and listening to the workers and looking for the solutions the workers know are

there and empowering them to address those, that’s where we start to see a real difference. So yes, there are tools, and the tools are important, and in order to choose the right solutions to the problems, using the tools helps us to hone in on those, but if it’s done strictly with the tools and strictly for the goal of improving productivity that’s where we lost the real power of Lean.”

Should Physicians Simply Toughen Up?

To wrap up, I asked about the cynical response from some physicians writing about burnout saying that physicians just need to be more resilient.

“There’s just tremendous external pressures hitting our systems.”

-Paul DeChant

Diane agreed that there are many things physicians can do as individuals to make sure they are resilient and at their best, such as stress reduction, exercise, eating well, and mindfulness practise, but that this alone can’t prevent burnout if that physician is going into a chaotic, incredibly stressful, dysfunctional workplace every day.

She continued that if you sit down and talk to physicians who have experienced burnout, it’s clear that these are dedicated, hardworking individuals who simply cannot find a way to perform their job so that they feel as if they are providing good-quality care without sacrificing themselves and their health.

Paul agreed and summarized some of the very complex factors

driving the burnout issue.

The Problem for Leadership

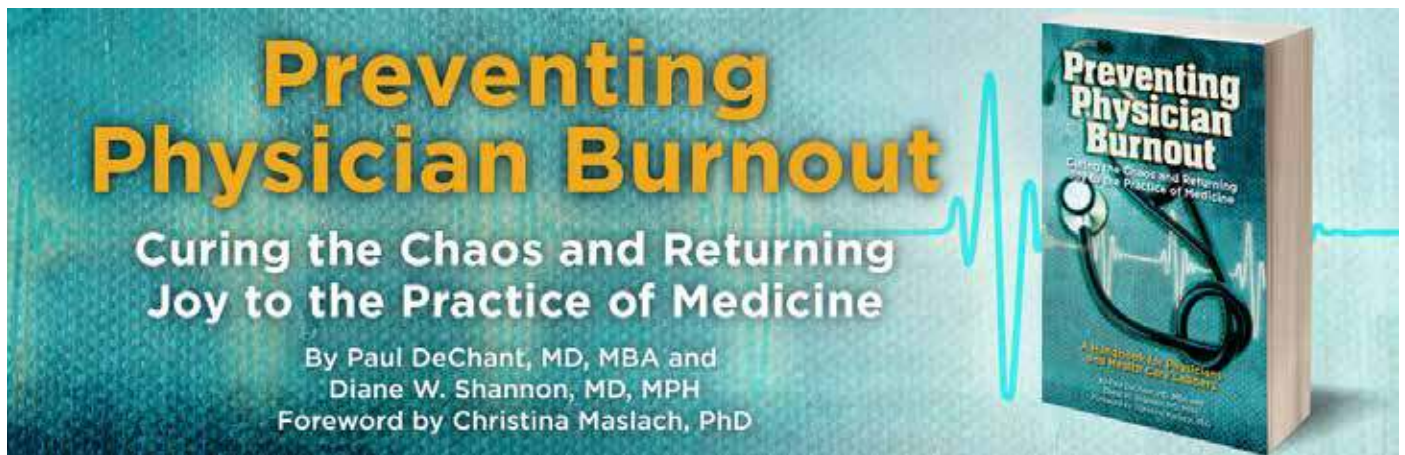
“There are tremendous external pressures hitting our systems. The executives are trying to cope with these to keep the workplace functional, and where that workplace is not dysfunctional, then individual physicians are trying to cope by taking care of ourselves as well as possible. It’s a big, complex

issue, so we need progress on all fronts: We need that individual support of wellness programs and burnout coaches, we need to address the system issues within our institutions, and we also need this whole approach of addressing those external factors, how do we work at the governmental and societal level to address those?”

Drilling down, the first thing Paul would recommend to a

healthcare organization CEO is to engage with and listen to their physicians, building relationships that are based on respect and work with their physicians as partners in redesigning the way healthcare is delivered.

Diane emphasized that point and added that for a first step executives might shadow physicians to better understand their daily work life.



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