COVID-19: CLINICIAN WELLBEING, BURNOUT, AND DEPRESSION

PENNSYLVANIA PSYCHIATRIC SOCIETY
PATIENT SAFETY AND RISK MANAGEMENT
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DISCLOSURES

Treasurer, APA
Former Chair, APA Committee on Psychiatrist Wellbeing and Burnout

Royalties:
Guilford Press
FROM TRIPLE TO QUADRUPLE AIM

TRIPLE AIM
- Better Experience of Care
- Lower Per Capita Cost
- Better Population Health

QUADRUPLE AIM
- Better Experience of Care
- Improved Physician Well-being
- Lower Per Capita Cost
- Better Population Health

BURNOUT 101
## BURNOUT: DEFINITIONS

- **Emotional depletion**: feeling frustrated, tired of going to work, hard to deal with others at work
- **Detachment/cynicism**: being less empathic with patients/others, detached from work, seeing patients as diagnoses/objects/sources of frustration
- **Depersonalization**: thoughts and feelings seem unreal or not belonging to oneself
- **Low personal achievement**: experiencing work as unrewarding, “going through the motions”

![Battery Level Indicator]

## DRIVERS OF BURNOUT

- Excess stress mediated by long hours, fatigue and work compression as well as the intensity of work environment
- Loss of meaning in medicine and patient care: decreased support, increased responsibility, without autonomy and flexibility
- Electronic Health Record
- Challenges in institutional cultures: perceived lack of peer support, lack of professionalism, disengaged leadership
- Problems with work-home balance
- **COVID**
MEASURING BURNOUT
(IT’S COMPLICATED)
MEASURING BURNOUT

• Self report
• Scales – MBI, OLBI
• Christina Maslach: “Burnout is an experience”
TELOMERE SHORTENING – CELLULAR AGING
A BIOMARKER OF STRESS

PSYCHIATRIST WELL-BEING AND BURNOUT ASSESSMENT: APA DATA

Richard Summers, M.D., Rashi Aggarwal, M.D., Carol Bernstein, M.D., Deanna Chaukos, M.D., Julie Chilton, M.D., Connie Guille, M.D., Matthew Goldman, M.D., Tristan Gorrindo, M.D., James Lomax, M.D., Terrance McGill, M.D., Theresa Miskimen, M.D., Steve Moffic, M.D., Uchenna Okoye, M.D., Auralyd Padilla, M.D., David Pollack, M.D., Tony Rostain, M.D., Mary Roessel, M.D., Mary Vance, M.D., Jose Vito, M.D., Linda Werley, M.D., Glenda Wrenn, M.D.

APA SAMPLE

n =2084


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MEETING THRESHOLD FOR BURNOUT

78%


MEETING THRESHOLD FOR DEPRESSION

16%

ANXIETY DISORDER, PTSD, NEUROCOGNITIVE IMPAIRMENT


We need to talk. This is serious.
DIAGNOSTIC ISSUES

ICD-11 BURNOUT

- Included as a factor influencing health
- Maslach defines burnout as an experience
- Advantages of inclusion in ICD-11
  - enhances the visibility of the problem
  - encourages opportunities, funding for further study
  - highlights the need to better understand relationships between burnout, depression, moral injury, PTSD and other conditions
BURNOUT DEPRESSION DIFFERENTIAL

- Systemic vs. individual level problem
- Overlapping clinical presentation
- Different interventions

DEMOGRAPHIC CORRELATES

Burnout
- More burnout: female
- lack schedule control
- Inpatient, community, government settings
- depression
- Less burnout
- age > 60

Depression
- More depression: female
- lack schedule control
- younger
- resident & ECP burnout
- Less depression
- academic setting

Burnout Relationships

APA Sample

Other psychiatric conditions?

APA Sample
N=2084

Burnout
78% OLBI>=35

Depression
16.1% PHQ9 >=10


ELECTRONIC MEDICAL RECORD: THE PROBLEM AND A SOLUTION
WELL-BEING AND EMR: IN-BASKET MESSAGES

Multispecialty group:
Receive mean 243 messages per week
114 generated by the EMR
53 from colleagues
30 from patients

Higher average # system-generated messages associated with increased risk for burnout and increased intention to reduce clinical time


AN AMERICAN EPIDEMIC OF MEDICAL HYPERGRAPHIA

Figure. Average characters per ambulatory progress note in U.S. and international health systems.

Column height represents number of organizations. Dark columns represent 13 organizations outside the United States (140,000 notes from Canada, the United Kingdom, Australia, the Netherlands, Denmark, the United Arab Emirates, and Singapore). Light columns represent 254 organizations in the United States (10 million notes).
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.
RACE, ETHNICITY AND BURNOUT

Medscape Physician Lifestyle Survey, 2017, n>14,000
Self-reported burnout and race/ethnicity

WHICH YOUNG PHYSICIANS WOULD CHOOSE THE SAME SPECIALTY AGAIN?
(2018 MEDSCAPE SURVEY)
WELLBEING INTERVENTIONS

Healthcare system
Health care organizations

Accessible MH services
Parental/family leave

Departments, clinics
Programs
Individuals

Simple
Collaborative
Iterative

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

COVID19 AND PHYSICIAN MENTAL HEALTH

LORNA BREEN, MD

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

Perspective | Expert Voices in Health & Health Care

NATIONAL ACADEMY OF MEDICINE
As Pandemic Persists, Health Care Heroes Beginning To Crack Under The Strain

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 part of the profession to some degree," she said. "But people shouldn’t be suffering."

Marin directs a new program called the Mount Sinai Center for Stress, Resilience, and Personal Growth, designed to address mental health issues such as depression, anxiety and post-traumatic stress disorder in health care workers.

Community Phases of Disaster Reaction
COVID-19

- Social contract with physicians
- "Effacement of self-interest"
- Health risks, PPE
- Access to press
- Impact on medical workforce, on society’s view of physicians
- It’s a marathon ...

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

### Abstract

**Importance:** 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, Setting, and Participants:** This cross-sectional survey based, region-stratified study collected demographic data and mental health measurements from 687 health care workers in 34 hospitals from January 28, 2020, to February 5, 2020, in China. Health care workers in hospitals equipped with three or more 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 36-item Patient Health Questionnaire, the 12-item Generalized Anxiety Disorder scale, the 7-item Insomnia Severity Index, and the 12-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 657 of 687 contacted individuals completed the survey, with a participation rate of 96.7%. Among 657 (97.4%) women aged 36 to 46 years, and 81 (12.6%) were men. Of all participants, 704 (100.0%) were nurses, and 455 (69.2%) were physicians. 690 (86.5%) worked in hospitals in Wuhan, and 322 (48.8%) were frontline health care workers. A considerable proportion of participants reported symptoms of depression (43.4%), anxiety (66.4%), insomnia (47.3%), and distress (99.7%). Among women, frontline health care workers, and those working in Wuhan, China, reported more severe symptoms of several measures of mental health outcomes. Among coronavirus disease 2019 patients, 36.7% of nurses, 27.3% of physicians, and 20.4% of other front-line health care workers met criteria for PTSD. The prevalence of PTSD among nurses was higher in Wuhan (29.1%) than in other cities (16.4%).

**Conclusions:** During the COVID-19 pandemic, health care workers have a high risk of developing mental health outcomes, and they need psychological support or interventions.
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.

Are we facing a crashing wave of neuropsychiatric sequelae of COVID-19? Neuropsychiatric symptoms and potential immunologic mechanisms

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ABSTRACT
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
- Maintaining balance between Hippocratic oath, long physician training, cost, balancing hospital profit against sick and vulnerable patient needs

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

- Mothers often disproportionately affected
- Childcare, school

PATHS TO THE FUTURE
Editorial proposes 13 Measures to Prevent and Address Physician Burnout

1. Empower physicians, give adequate resources
2. Consistent and updated guidelines
3. Recruit additional administrative staff
4. (Urgently recruit additional clinical staff and ease supervision restrictions for NPs and PAs)
5. Ease visa restrictions so that unmatched ECFMG-certified doctors can serve
6. Extend/renew medical licenses


13 Burnout Prevention Measures

7. Graduate fourth year medical students early to serve as residents
8. Encourage telepsychiatry to treat patients and staff
9. Clear communication from leadership regarding quarantine directives and protocols
10. Restrict excessive workload with breaks, limited duty hours, mindfulness and resilience training
11. Screen staff daily for vital signs, infection, and burnout
12. Train and leverage expertise of residents as front-line workers
13. Support residents and fellows by temporarily deferring rules of GME training and Board eligibility.
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
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

Wellbeing Interventions: Psychiatry.org/wellbeing

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APA Covid-19 Resource Page
https://www.psychiatry.org/psychiatrists/covid-19-coronavirus

CSTS COVID-19 Response page

Pandemics: Health Care Emergencies (FREE from Cambridge Press)
https://www.cambridge.org/core/services/aop-cambridge-core/content/view/478824C480288A8935798F8F151D96FA/9781316481424c18_p270-284_CBO.pdf/pandemics_health_care_emergencies.pdf