Mental Wellness in Academia

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Open Forum Infectious Diseases

BRIEF REPORT

Is Burnout Infectious? Understanding Drivers of Burnout and Job Satisfaction Among Academic Infectious Diseases Physicians

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Burnout is pervasive in academic medicine. We administered the Maslach Burnout Inventory and an Infectious Diseases (ID) job description survey to our ID faculty. Respondents' burnout (>50%) and job satisfaction (>90%) were each high. Although burnout may be balanced by job satisfaction, the relationship between the 2 deserves further study.

Keywords. burnout; infectious diseases specialists; job description; job satisfaction.

Courtesy of Dr. Darcy Wooten

Maslach Burnout Inventory

- Valid, reliable tool to measure burnout and workplace stress
- 22 questions
  - Emotional exhaustion (N=7)
  - Depersonalization (N=7)
  - Accomplishment (N=8)

- High-level burnout
  - >30 Emotional exhaustion OR
  - ≥12 Depersonalization OR
  - ≤33 Accomplishment

Courtesy of Dr. Darcy Wooten

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

Courtesy of Dr. Darcy Wooten

Montefiore Burnout Results

- 38 ID faculty
  - 15 female (52%)
  - 25 worked fulltime (86%)
  - 24 primarily did clinical work (63%)

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- 17 (53%) met criteria for high-level burnout
- 2017 Medscape study, ID physicians reported one of the highest burnout rates (55%) compared to physicians in other specialties

Courtesy of Dr. Darcy Wooten

UCSD Clinical ID Faculty Maslach Burnout Inventory

- 32 clinical ID faculty surveyed
  - 19 faculty responded (59%)
  - 10 women (53%)
  - 10 assistant professors (53%)
  - 8 do >50% clinical work (42%)

Courtesy of Dr. Darcy Wooten

UCSD Clinical ID Faculty Maslach Burnout Inventory

- 12 (63%) met criteria for high-level burnout
  - 9 (47%) emotional exhaustion
  - 9 (47%) depersonalization
  - 7 (37%) accomplishment
- 18 (95%) met criteria for moderate OR high-level burnout
- Subgroups with the highest rates of burnout
  - Women (70%)
  - Assistant professors (70%)
  - Faculty doing <50% clinical work (82%)
  - Faculty working at Owen Clinic (75%)

Courtesy of Dr. Darcy Wooten

Burnout in Research

- Regardless of career stage, academics self-report high levels of stress
  - >70% of higher education staff reporting high or very high levels of stress[1]
  - >25% of university faculty report experiencing burnout often or very often[2].
    - Decreased social support, family, sleep and leisure time were related to higher levels of burnout.
    - Grantsmanship and service activities appeared as the most critical factors associated with faculty burnout.

[1] Kinman, G., Wray, S. (2013). *Higher Stress: A survey of stress and well-being among staff in higher education.* University and College Union.
[2] Padilla, M.A., Thompson, J.N. (2016). Burning out at doctoral research universities. *Stress Health, 32,* 551-558.

Burnout is infectious

- Burnout can lead to attrition, which in turn increases workload and dissatisfaction among colleagues, leading to further attrition.

- Healthcare institutions must invest in the well-being of their physician workforce.

- Eisenstein L. To fight burnout, organize. N Engl J Med 2018; 379:509–11.
- Wright AA, Katz IT. Beyond burnout - Redesigning care to restore meaning and sanity for physicians. N Engl J Med 2018; 378:309–11.
- Vergese A. How tech can turn doctors into clerical workers. The threat that electronic health records and machine learning pose to physicians' clinical judgement-and their well-being. The New York Times Magazine [New York City]. May 16, 2018.

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NATURE | CAREERS | FEATURE

Work–life balance: Break or burn out

Kendall Powell

Nature **545**, 375–377 (18 May 2017) | doi:10.1038/nj7654-375a
Published online 17 May 2017

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Taking time off from work is crucial for avoiding stress and depression, and their potential consequences.

Aside from their own mental health and well-being, researchers who take care to avoid burn-out and reset their minds and bodies regularly might see better returns in their data, too.

Well-Being

August 5, 2019

Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians

A Pilot Randomized Clinical Trial

Liselotte N. Dyrbye, MD, MHPE[1]; Tait D. Shanafelt, MD[2]; Priscilla R. Gill, EdD[3]; et al

» Author Affiliations | Article Information

JAMA Intern Med. Published online August 5, 2019. doi:10.1001/jamainternmed.2019.2425

The results of this pilot randomized trial suggest that organizationally sponsored professional coaching for physicians can reduce emotional exhaustion, improve overall quality of life, and build resilience.

ACTION PLAN

Step 1: Recognize the symptoms early

- When you start to feel the symptoms described earlier, intervene quickly.
- These symptoms are often coupled with changes in sleep and appetite.

Stop the crash and burn (out): Ways to recognize and prevent academic burnout.
By Elizabeth Holly, PhD

Step 2: Rely on your support system

- **You are not alone!**
- It is very likely at least one of your peers has previously experienced or is currently experiencing the same thing.
  - Valuable emotional support
  - Some practical help as well.
- If you are a postdoc/staff, another external faculty mentor could also provide advice and support.

Step 3: Take care of your body and mind

- During periods of high stress, we often stop taking care of ourselves, sleeping less and eating unhealthily (or not eating at all).
- Schedule yourself time to eat healthy meals.
- Aerobic exercise has significant cognitive and emotional benefits[1].
- Meditation/Mindfulness is stress reducing[2].
- Volunteering, community service[3].

[1] Hillman, C.H., Erickson, K.I., Kramer, A.F. (2008). Be smart, exercise your heart: Exercise effects on brain and cognition. *Nature Reviews Neuroscience, 9,* 58-65.
[2] Grossman, P., Niemann, L., Schmidt, S., Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57* , 35-43.
[3] Sneed RS. Cohen S (2013) A prospective study of volunteerism and hypertension risk in older adults. , Psychol Aging. 2013 Jun;28(2):578-86. doi: 10.1037/a0032718.

Step 4: Adjust your work/life balance

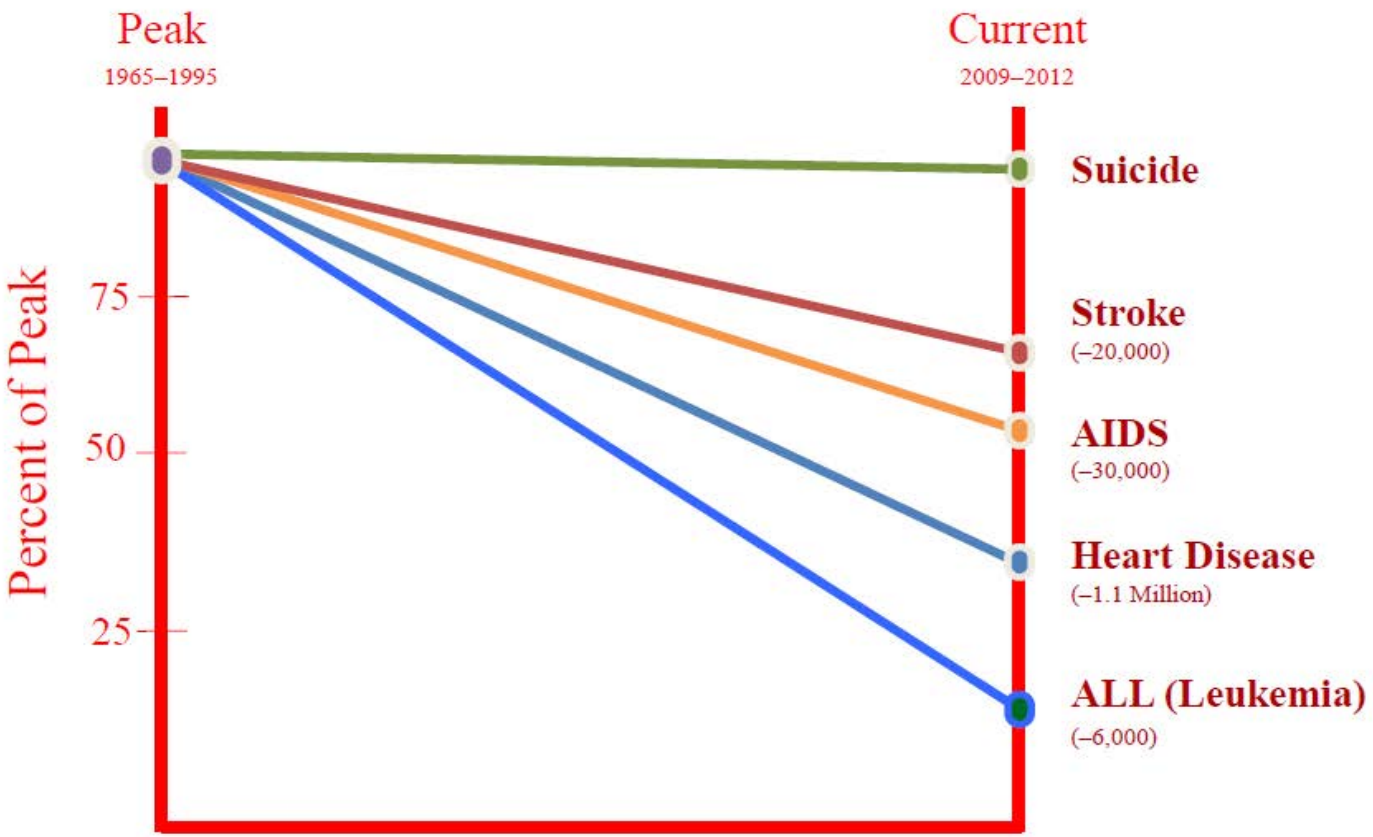
- Give yourself a break; unplug for a night or weekend (tip: go camping with no cell signal so you can't work even if you try).
- Research shows that more hours spent with family and leisure activities are associated with reduced burnout[1].

[1] Padilla, M.A., Thompson, J.N. (2016). Burning out at doctoral research universities. *Stress Health, 32,* 551-558.

Step 5: Seek professional help

- Academics are up to two times more likely to experience mental health issues than the average population
- Don't hesitate to seek professional help if your burnout leads to increased anxiety or depression.

Mortality from Medical Causes

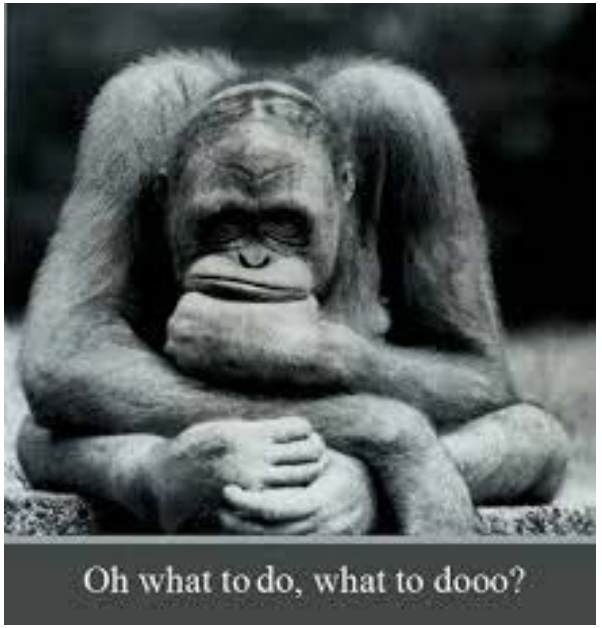


The Quest for the Cure: The Science of Mental Illness, Thomas Insel, MD, Director of NIMH, 2014 National Council for Behavioral Health.

- Suicide behavior is complicated
- More complicated than the rarest cancers
- You are here because we recognize that suicide prevention MUST INCLUDE everyone
- This is an important step in improving our efforts and saving lives

Suicide IS Preventable

- All suicides (in theory) are preventable
- We are not preventing ALL suicides
- AND we can do much, much better than we are doing



Suicide Statistics

While this data is the most accurate we have, we estimate the numbers to be higher. Stigma surrounding suicide leads to underreporting, and data collection methods critical to suicide prevention need to be improved. Learn how you can become an advocate.

Additional Facts About Suicide in the US

- The annual age-adjusted suicide rate is **13.26 per 100,000** individuals.
- On average, there are **121** suicides per day.
- Firearms account for **almost 50%** of all suicides.
- Men die by suicide **3.5x** more often than women.
- White males accounted for **7 of 10** suicides in 2015.
- The rate of suicide is **highest in middle age** – white men in particular.

Please click on on a state or states below to view state and national data. To remove a state from you selectionclick on the state or use the "Clear Selection" button to remove all states.

Image: AFSP.ORG

Youth Depression and Suicide

- 2015 High School Risk Behavior Survey
  - 29% felt sad/hopeless everyday
  - 18% seriously considered suicide
  - 14% planned how they would suicide
  - 10% attempted suicide
  - 3% attempted suicide and required medical treatment

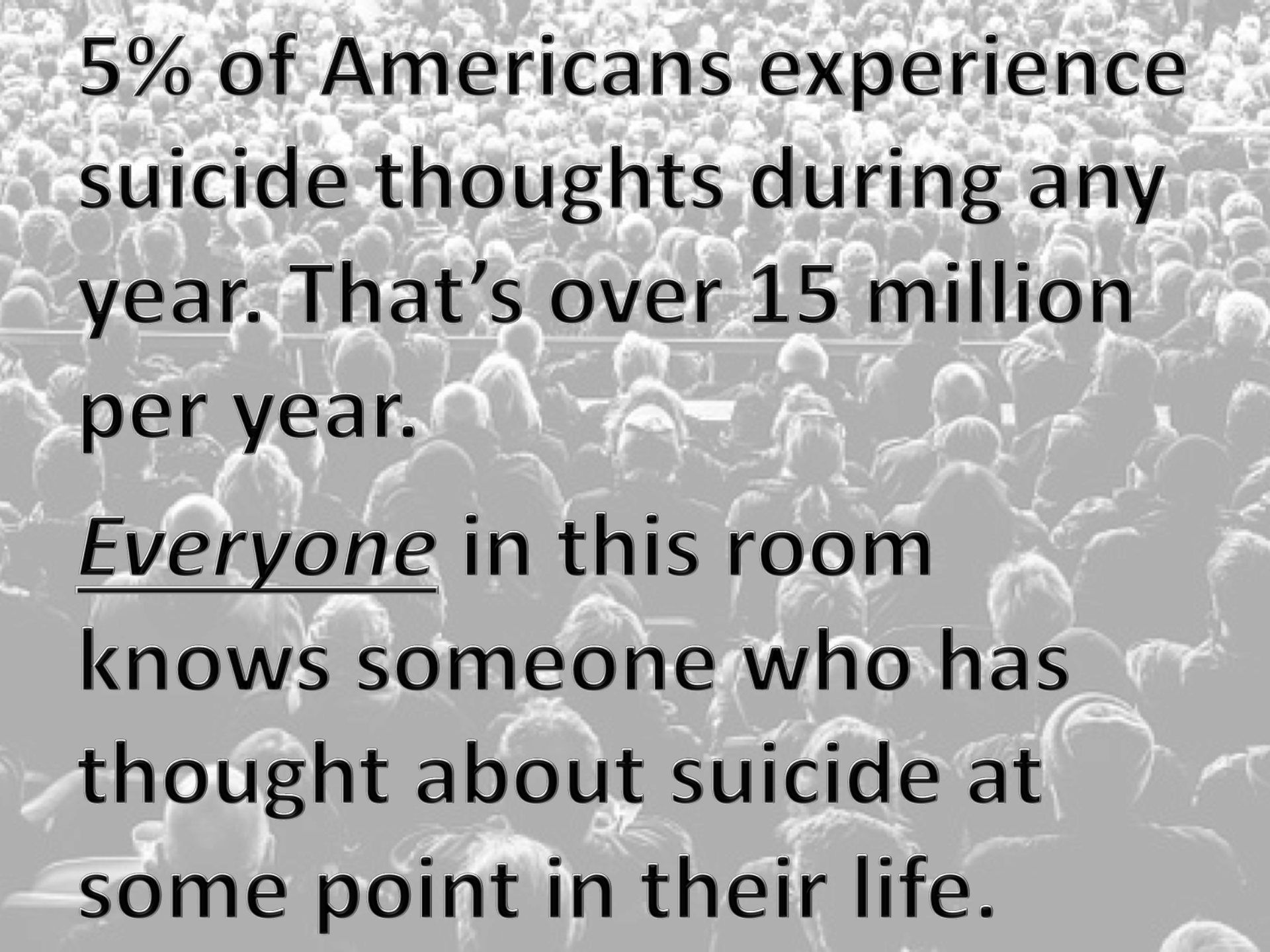
YOU ARE NOT ALONE!

There are 40,000+ suicide deaths per year.

Dr. Julie Cerel's research found that each death impacts over 100 people. So we know over 4 million people become loss survivors every year.

Let’s Take That Math Further

There are over a million suicide attempts every year. That means over a **100 MILLION** people are connected, directly or indirectly, to a suicide attempt survivor.



5% of Americans experience suicide thoughts during any year. That's over 15 million per year.

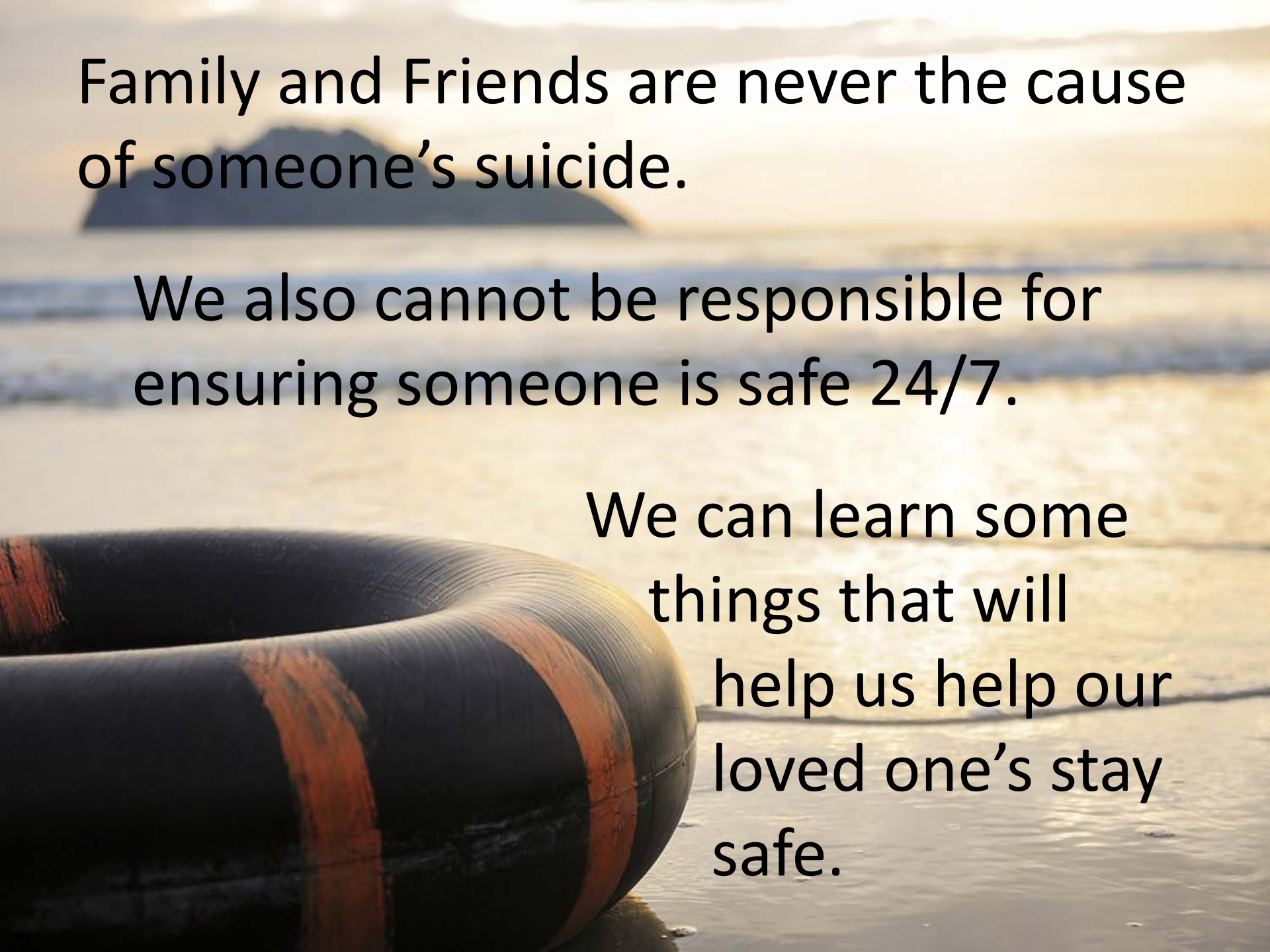
Everyone in this room knows someone who has thought about suicide at some point in their life.

Helping Requires Understanding

- Suicide is not *caused* by mental illness
- Suicide is not *caused* by bullying
- Suicide is not *caused* by media, music or video games.
- Suicide is not *caused* by talking about suicide

Suicide behavior is complicated and understanding some things we do know can really help us help people fighting it.

BHR
Behavioral Health Response



Family and Friends are never the cause of someone's suicide.

We also cannot be responsible for ensuring someone is safe 24/7.

We can learn some things that will help us help our loved one's stay safe.

Understanding Suicide

Once detected, they have to be understood. And full understanding requires an acceptance of the qualitatively distinct viewpoint from which suicidal people see death. – Thomas Joiner

The Interpersonal-Psychological Theory of Suicide

- Thwarted Belongingness
- Perceived Burdensomeness
- Acquired Capacity for Self-Harm

Dr. Thomas Joiner (2005)

Reduced Barriers to Self Harm

- Higher Pain Tolerance or Self Harm Experience
- Lethality increases with attempt number
- Groups like this = High Suicide Risk

  Borderline PD and Anorexia
- Heroin use: 14x rate of suicide to peers
- Strong relationship between rehearsal and ruminating about death and/or suicide

Belonging

- Social exclusion triggers physical pain system
- Mothers and number of children
- Connection between depression and disconnection from others
- Living alone/relationship loss strong predictor
- Divorced suicide rate 3x married rate

Burdensomeness

- Cultures of Honor and Suicide Rate
- Social effectiveness and mental illness
- Strong relationship between burdensomeness and suicide thoughts
- Burdensomeness successfully differentiates suicide deaths over and above other factors

Our Primary Goals in Helping

- Increase belonging - ACCEPTANCE
- Reduce burdensomeness - VALUE
- Means restriction - SAFETY
- Provider Support - CONNECTION

ACCEPTANCE = Talk

- Talk openly and honestly about suicide
- Ask about suicide
- Thoughts about dying, going to sleep and not waking up, just wanting it to end or be over are aspects of suicide thinking
- It is important to talk about the “WHY”
- Accepting someone is having suicide thoughts makes it easier to talk about.
- We want it to be easy to talk about.

Don’t

- Don’t panic. Someone who is talking about suicide is still connected to life.
- Don’t minimize reasons, negate or ignore the thoughts.
- Don’t give advice.
- Don’t escalate or go straight to the hospital. If someone is talking about suicide but they have not taken action, our best option is to understand more before we do anything.
- Don’t turn conversation to positive things unless they bring those things up.
- See TOP TEN discouraging response from SpeakingofSuicide.com

Ten Things Not to Say (Handout)

1. **How could you think of suicide? Your life's not that bad.**
2. **Don't you know I would be devastated if you killed yourself? How could you think of hurting me like that?**
3. **Suicide is selfish.**
4. **Suicide is cowardly.**
5. **You don't mean that. You don't really want to die.**
6. **You have so much to live for.**
7. **Things could be worse.**
8. **Other people have problems worse than you and they don't want to die.**
9. **Suicide is a permanent solution to a temporary problem.**
10. **You will go to hell if you die by suicide.**

speakingofsuicide.com/2015/03/03/what-not-to-say/

DO

- Listen, Listen, Listen
- Acknowledge their pain/reasons
- Ask what keeps them going or keeps them from suicide
- Let them know you care
- Let them know you have hope, EVEN IF THEY DON’T
- Ask what you can do to help

Ten Things to Say (Handout)

1. I'm so glad you told me that you're thinking of suicide.
2. I'm sad you're hurting like this.
3. What's going on that makes you want to die?
4. When do you think you'll act on your suicidal thoughts?
5. What ways do you think of killing yourself?
6. Do you have access to a gun?
7. Help is available.
8. What can I do to help?
9. I care about you, and I would be so sad if you died by suicide.
10. I hope you'll keep talking to me about your thoughts of suicide.

speakingofsuicide.com/2015/03/03/10-things-to-say/

REMINDER

- You do not need to be a therapist to help.
- What we are talking about is not therapy.
- These skills can help when needed.
- If you forget almost everything we talk about today, don't forget this:

TALKING ABOUT SUICIDE WITH SOMEONE OPENLY AND HONESTLY SAVES LIVES!

VALUE = HOPE


cradle
release
be with
encourage
regard
adopt
enjoy
respect
treasure
appreciate
embrace
receive
cherish
care for
enjoy
support
trust
liberate
admit
attend
nurture
accept
acknowledge
befriend
welcome
accompany
release
be with
admit
attend
value
cradle
foster
assist
thank
trust

Burdensomeness/Lost Purpose

- More and more research shows us that feeling your life has meaning, purpose and that you are contributing is an important part of health.
- It is difficult if not impossible to just give someone purpose or remove a sense of burden, but we can take steps.

Step 1: Share Value

- Make it clear the person is not a burden to you.
- Explain that losing them to suicide would be painful: “My life is better with you in it.”
- Share your fears about their fight. THEY ARE SCARED, TOO. I promise.
- Create shared meaning through engaging with person in “microinterventions.”

BHR
Behavioral Health Response

Step 2: Micro Interventions

- Created by Dr. Ursula Whiteside

  nowmattersnow.org

- Simple activities that distract or help the person feel better.

Opposite Actions

Doing the opposite of what we feel like doing can help!

Offer to do these with the person if you can:

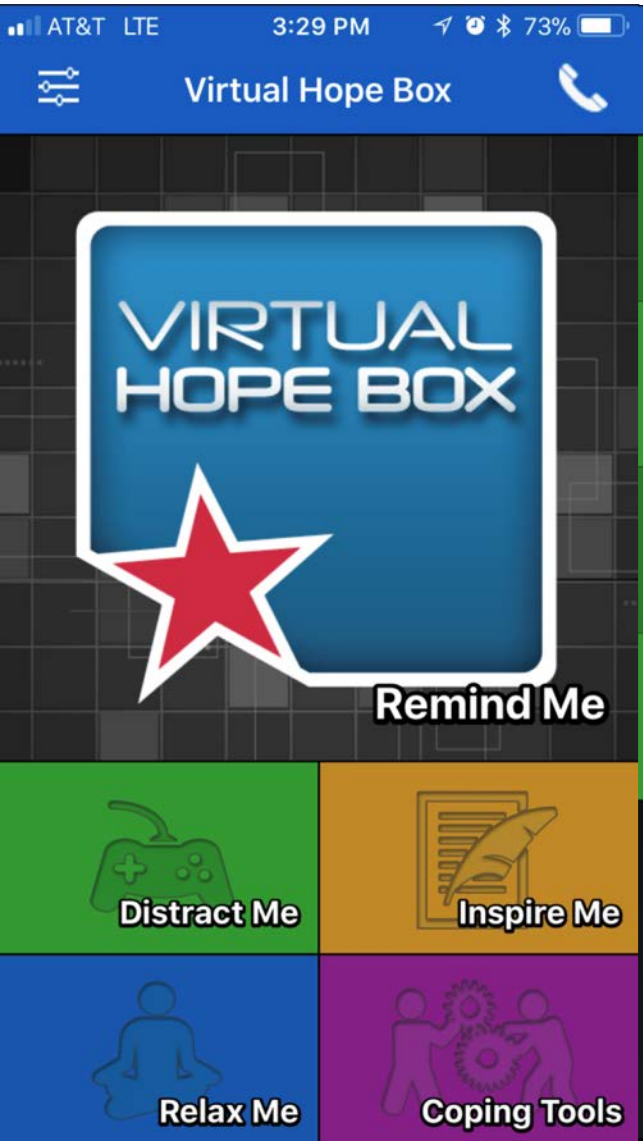
- Go for a walk
- Cleaning/organizing
- Playing a game online.

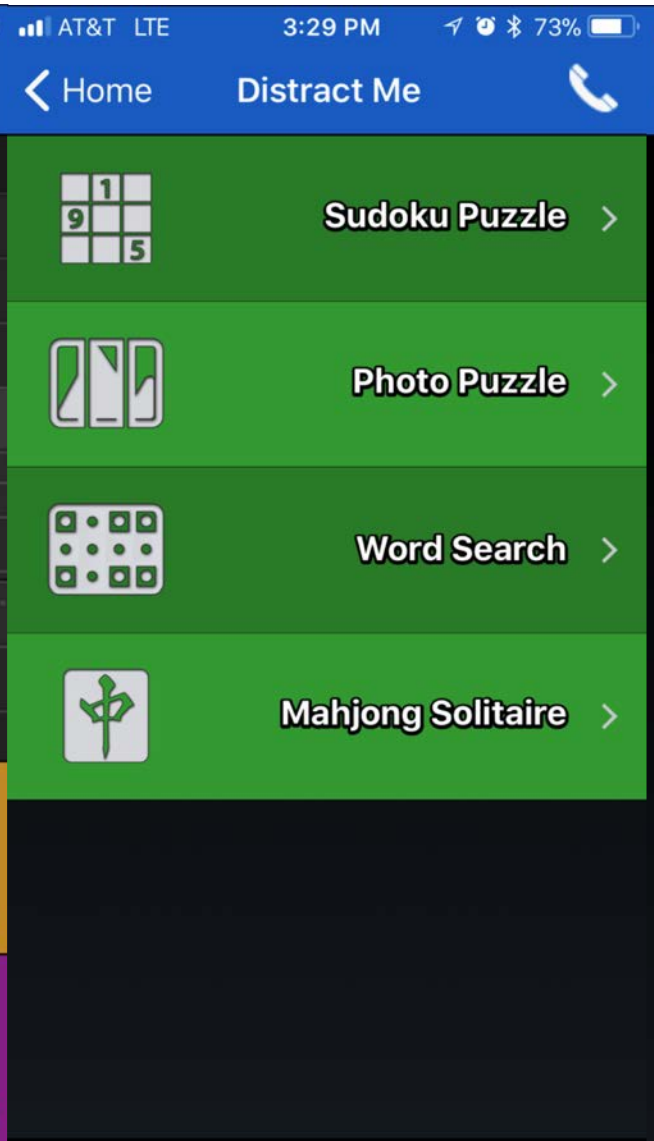
If worries/thoughts return, acknowledge them and go back into the action.

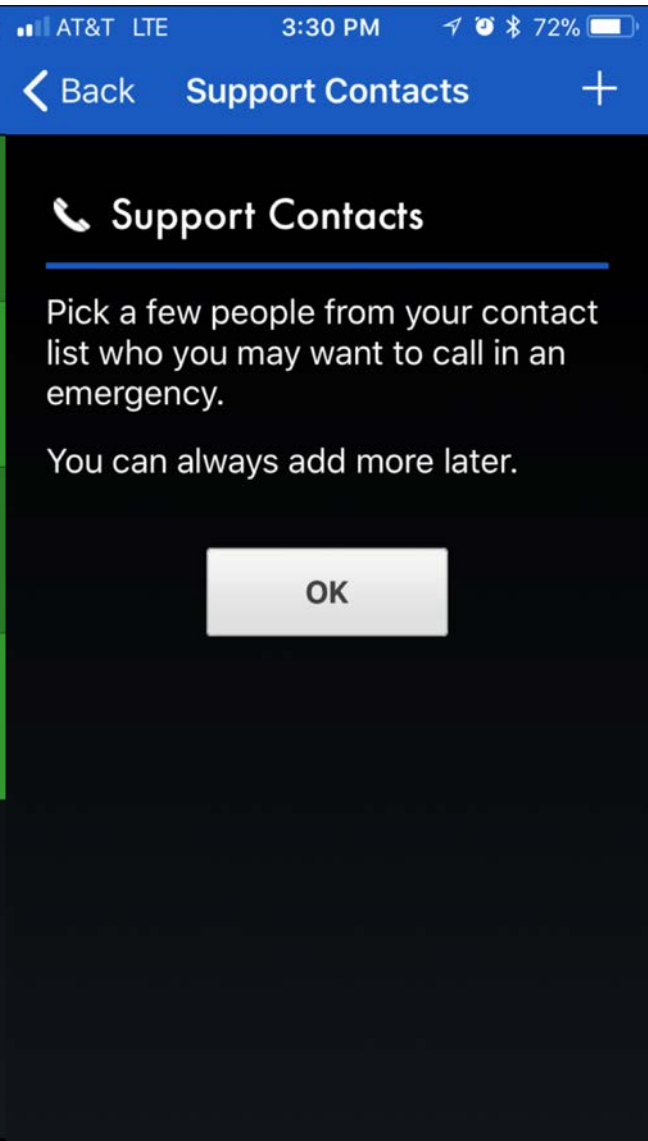
Step 3: Building Hope

In the end, one of the biggest things we can do is help to build hope with small acts, having a plan and having tools.

Virtual Hope Box App







MEANS SAFETY SAVES LIVES

- Firearms – OUT OF THE HOME or TRIGGER LOCKED WITH KEYS OUT OF THE HOME
- Medications locked up and must take meds accessible only as needed – days or a week at a time.
- When impossible to remove threats, add barriers to make it more difficult. Buying time saves lives.
- The more collaborative the better!

Connection: Working with Providers

USE THE CHECKLIST (HANDOUT)

Questions Family and Friends Should Ask About the Followup Treatment Plan	
Ask your family member: *It is important to be honest and direct with your questions and concerns.*	Ask the treatment team: *This includes the doctor, therapist, nurse, social worker, etc.*
Do you feel safe to leave the hospital, and are you comfortable with the discharge plan?	Do you believe professionally that my family member is ready to leave the hospital?
How is your relationship with your doctor, and when is your next appointment?	Why did you make the decision(s) that you did about my family member's care or treatment?

Questions continued

What has changed since your suicidal feelings or actions began?	Is there a followup appointment scheduled? Can it be moved to an earlier date?
What else can I/we do to help you after you leave the emergency department?	What is my role as a family member in the safety plan?
Will you agree to talk with me/us if your suicidal feelings return? If not, is there someone else you can talk to?	What should we look for and when should we seek more help, such as returning to the emergency department or contacting other local resources and providers?

Remember: It is critical for the patient to schedule a followup appointment as soon as possible after discharge from the emergency department.


50-70% of suicide attempt survivors do not attend a post discharge appointment.
LOST
FOUND
SEARCHING

Going to Hospital/Calling Police

- Last resort BUT
- If person has harmed or is about too, call 911
- If person is at risk and:
  - Intoxicated
  - Experiencing severe mania
  - Experiencing psychotic symptoms
- Hospital may be required – call provider or BHR

Self Care or Battle Ready?

THEY ARE THE SAME

Top 5

1. Yes – you must set limits, so know your limits
2. No – you cannot be available 24/7 – see above
3. Who are your TOP 3-5 Supports – tell them what's up and what you need
4. Therapy is for everyone
5. If you want your loved one to live, you must live and live well.

THANK YOU