

# Stress and Burnout in Physicians and Lawyers

Colorado Task Force on Lawyer  
Wellbeing

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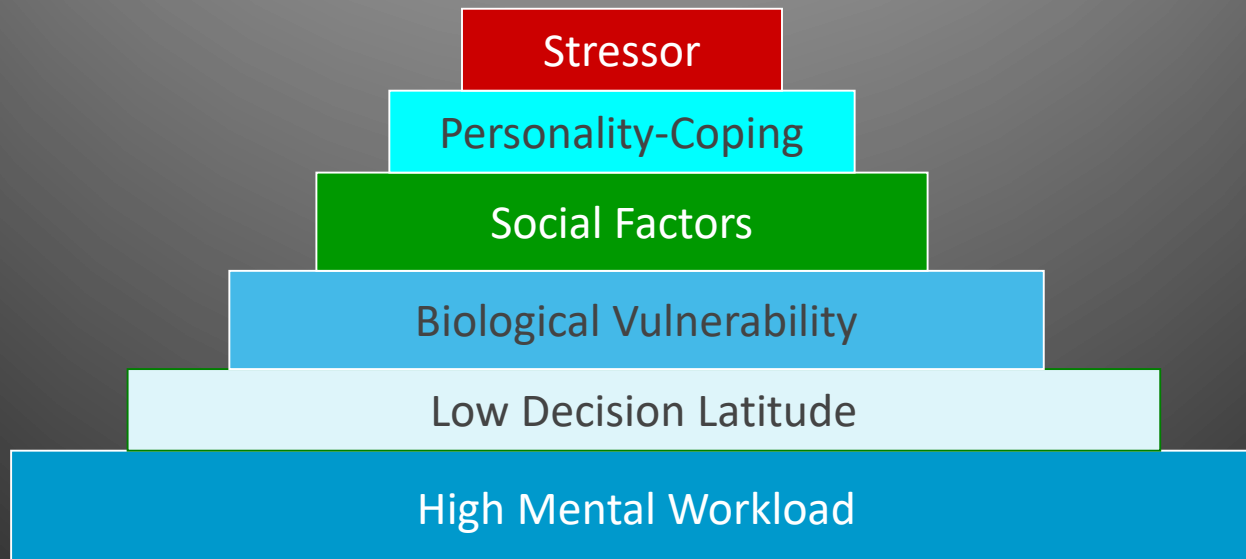
# Health: One aspect of well-being

- Stress and burnout
- Psychiatric disorders
- Addictive disorders
- Primary medical disorders
- Behavior problems
- A variety of other psychosocial problems

# Stress

- An unwanted psychobiological state related to anxiety, characterized, at the extreme, by a subjective sense of being overwhelmed, reflecting that usual coping strategies are inadequate
- At work, the burnout syndrome represents the most serious effect of stress, characterized by emotional exhaustion, diminished sense of personal accomplishment, and detachment
- Highly stressed individuals are vulnerable to feeling depleted/discouraged, overburdened, alone, less meaningful, to becoming ill, and making mistakes

# WORK STRESS - MODEL



# WORK STRESS

## Gender

- Some burnout studies suggest women have greater vulnerability to burnout (60% more likely than men)
  - Risk goes up 12-15% with each 5 hours worked in excess of 40 hours per week (McMurray JE et al. The work lives of women physicians. *J Gen Intern Med.* 2000;15:372-380)
- Studies are somewhat contradictory
- Women likely experience greater role conflict
- Women likely experience better social support
- Children protective?

# Work Stress

## Gender

- Women subject to certain stresses in the workplace much more frequently than men:
  - Gender bias
  - Gender discrimination
  - Sexual harassment
- These experiences can be a profound source of stress and may lead to psychological symptoms



# Women and Depression

- Increased risk of depression if work role not supported at home (Occ & Health Psych 1999)
- Increased risk of suicide compared to the general population of women

# Depression Among Physicians

Center, JAMA.289:3161 (2003)

- Prevalence
  - 12% lifetime – male physicians
  - 19.5% lifetime – females physicians
- Higher rates of suicide in physicians
  - **RR 1.1 - 3.4 in male physicians**
  - **RR 2.5 - 5.7 in females physicians**
- Suicide is a disproportionately high cause of mortality in physicians relative to other professionals



# Implications of Compulsivity

- Commonly work harder when stressed or overworked
- Guilt and distress about work not done well and on time
- Intolerance of imperfection in self and others
- Feelings of failure: Some patients don't get better and many patients are dissatisfied despite our best efforts
- Stress increased by
  - Lack of recognition of a job well done
  - Feedback, when received, is often negative or cynical

# BURNOUT - Syndrome

- “Depersonalization” - DP
  - Separating the human from the case
  - Detachment from the patient
- Emotional exhaustion - EE
- Diminished sense of personal accomplishment at work - PA
- Course and resolution of burnout variable
- Need for change in both environment and attitude

# Burnout

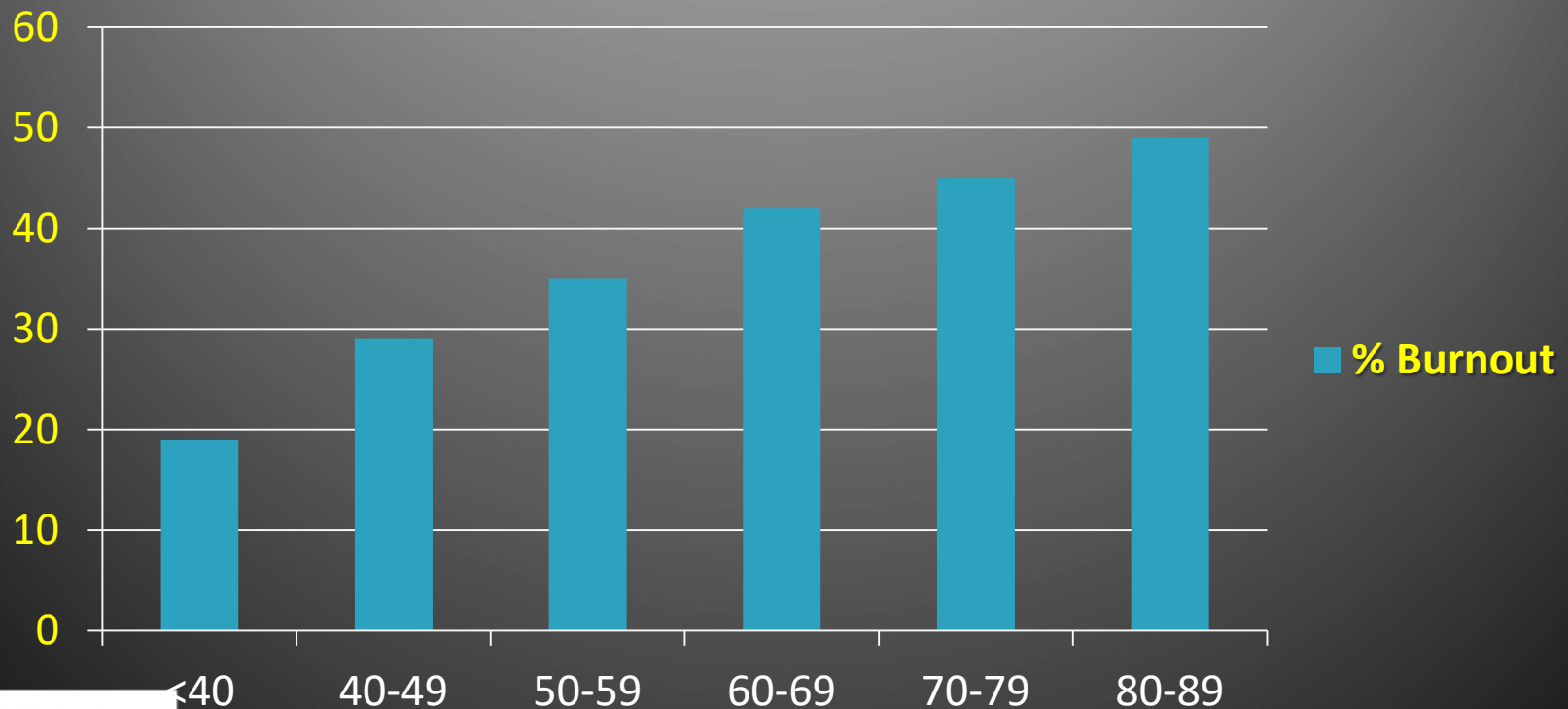
- Associated with:
  - Clinical errors
  - Decreased patient compliance
  - Less empathy for patients
  - Less patient satisfaction
  - Increased malpractice risk
  - More professionals choosing part time work or quitting

# The cost of burnout for the individual

- Loss of idealism and commitment
- Loss of sense work is meaningful (cynicism)
  - Among physicians, loss of time for patient care
- Feelings of guilt and unworthiness
- Loss of direction/purpose

# Workload and Burnout (U.S. Surgeons; n=7905) Balch JACS 211:609

Hours Worked

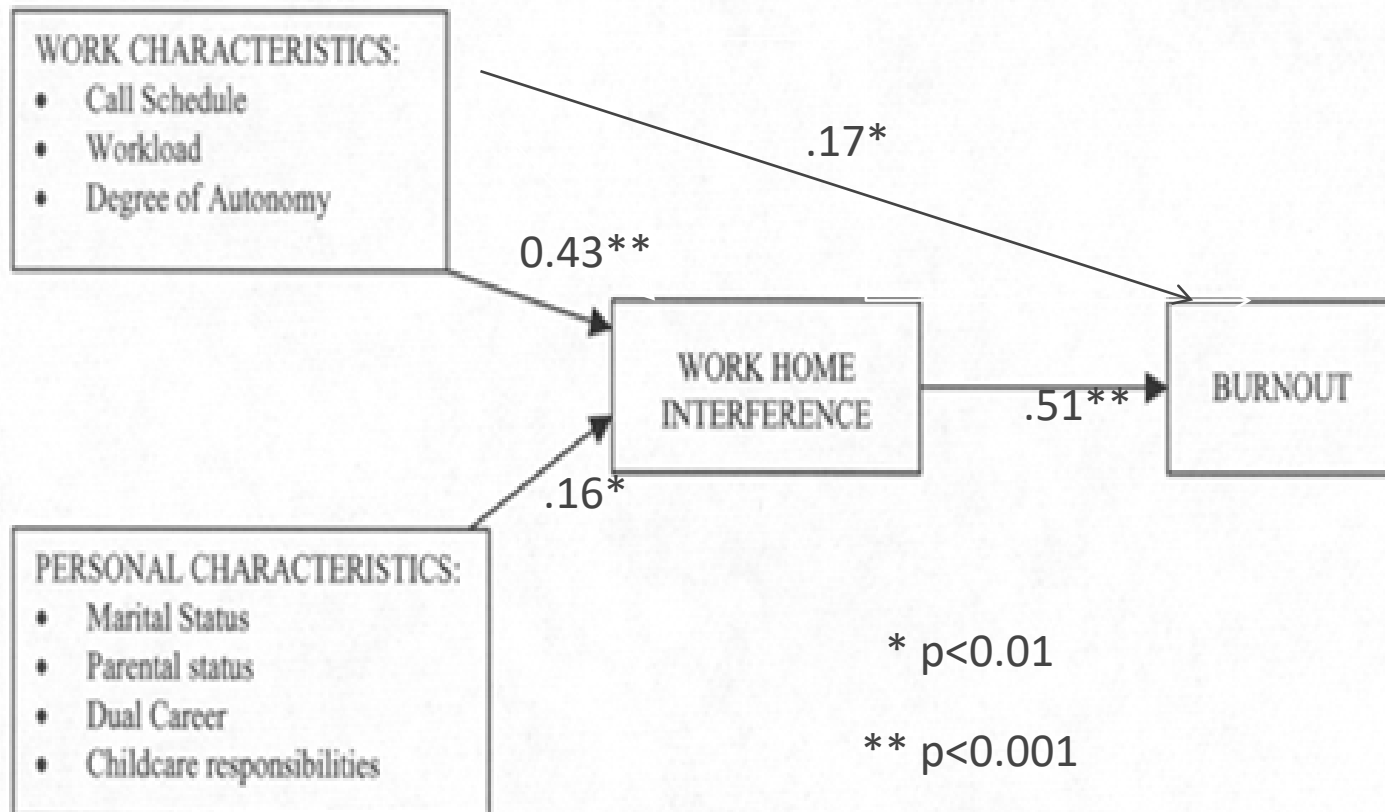


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# Causes of burnout: Work-Home Interference Model

*Geurts, Soc Sci & Med 48:1135 (1999)*





# Errors Among U.S. Surgeons

Annals of Surgery 251:995; 2 JGIM 16:809; 3 JGIM 21:165

- Cross-sectional survey, ACS members (n=7905) (1)
  - “Are you concerned you have made any major medical errors in the last 3 months?”
- Identify events internalized by surgeon as major error
- Self-reported errors high correlation events medical record (2)
  - Do not necessarily cause harm to patient
- 53% self-perceived errors impact patients some (3)

# Self-reported Major Medical Errors Among U.S. Surgeons (n=7905)

Shanafelt, Annals of Surgery 251:995


- 9% of Surgeons Report Major Error last 3 months

	OR Reporting Error	P
Each 1 point increase EE	1.05	<0.0001
Each 1 point increase DP	1.11	<0.0001
Each 1 point increase PA	1.03	<0.0001

# Distress Leads to Medical Errors

West JAMA 296:1071

Variable	Instrument	OR of error	p
Burnout	MBI-DP	1.10	.001
	MBI-EE	1.07	<.001
	MBI-PA	1.08	.02
Depression	Positive 2-item screen	1.93	.08



# Suicidal Ideation Among Surgeons

## n=7905

Shanafelt, Archives Surgery 146:54 (2011)

- 501 (6.4%) U.S. surgeons thought of suicide last 12 months
- 26% surgeons suicidal ideation sought psychiatric help
- 60% SI reluctant to seek help for treatment of depression due to fear of repercussions, e.g. effect on medical license

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# Factors Associated with Suicidal Ideation on Multi-variable Analysis

Shanafelt, Archives Surgery 146:54 (2011)

• <u>Factor</u>	<u>OR</u>	<u>P</u>
+ Depression screen	7.0	<0.001
Youngest child age 19-22	1.6	0.004
Married	0.7	0.002
Burnout —————→	1.9	<0.001
Perceived error last 3 mo	1.9	<0.001
Incentive pay only	0.8	0.035
Academic practice	0.6	<0.001

# Wellness challenges - Beyond Distress

- Quality of life and well being are more than the absence of distress
- Illness is not the opposite of wellness
- One may be ill but mostly well
- One may not be ill but not at all well
- Wellness is related to quality of life, of which physical and emotional health is only a component



# Wellness Dimensions

- Health – maintaining optimal physical and mental health by practicing good self care, obtaining appropriate health care, and following medical/psychiatric advice
- Social – meaningful interpersonal relationships, contributing to one's world
- Spiritual – experiencing meaning and purposefulness

# Wellness Dimensions

- Emotional – awareness, insight as a guide, being positive, creating trusting, interdependent relationships
- Environmental – safe, pleasing
- Financial – planning, aligned with values
- Intellectual – engagement, stimulation, creativity, personal and professional growth
- Occupational – satisfaction and fulfillment, utilizing talent, knowledge, skill; balanced with home

# Lawyers: High Degree of Work

- Anticipated demands
  - Long hours
  - Lifelong learning
  - Responsibility
  - Sacrifice
- Unanticipated demands
  - Unhealthy workplace competition
  - Fewer jobs available for graduates
  - Devaluation of the Profession
  - Diminished compensation
  - Subordination of personal values to economic values in a work setting
  - Reduced resources/support with increased profitability expectations of the firm (“billable hours”)
  - Crushing workloads and unrealistic deadlines

# The Path to Lawyer Well-Being

## Practical Recommendations for Positive Change

- A document created by the National Task Force on Lawyer Well-Being in 2017
- The recommendations focus on 5 central themes:
  - Identify stakeholders and the role each can play in reducing the level of toxicity in the profession
  - Address stigma associated with help seeking
  - Emphasize well-being as indispensable to professionalism and competence
  - Education for lawyers, judges, law students
  - Take small incremental steps to change the culture.

# 2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Of 13,000 practicing lawyers:
  - 21-36% qualify as problem drinkers
  - 28% experiencing symptoms of depression
  - 19% struggling with symptoms of anxiety
  - 23% report some level of “stress”

# 2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Other difficulties identified include:
  - Suicide
  - Social alienation
  - Work Addiction (25% of lawyers vs. 10% gen pop)
  - Sleep deprivation
  - Job dissatisfaction
  - A “diversity crisis”
  - Work-life balance conflicts
  - Incivility
  - Excessive alcohol consumption: Especially among younger lawyers in the first ten years of practice in private law firms.



# 2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Of 3,300 law students at 15 law schools:
  - 17% experienced some level of depression
  - 14% struggled with severe anxiety
  - 23% struggled with mild to moderate anxiety
  - 6% reported serious suicidal thoughts
  - 43% reported binge drinking in the prior 2 weeks
  - 43% of students needed mental health services but only half sought such services.

# 2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Law students reluctance to seek help:
  - Perceived threat to bar admission, job or academic status
  - Social stigma
  - Privacy concerns
  - Financial reasons
  - Lack of time
  - Belief that they could independently handle their problems.

# Reasons to Take Action

Lawyer well-being contributes to organization success:

- A 2016 survey (Law360) found that 40% of lawyers were likely or very likely to leave their current law firm
- High turnover is expensive with estimated costs for larger firms of \$25 million every year

# Reasons to Take Action

Lawyer well-being influences ethics and professionalism:

Between 40-70% of disciplinary proceedings and malpractice claims against lawyers involves substance use, depression and often both. Thought to be related to deficits in executive functioning.

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# Reasons to Take Action

From a humanitarian perspective, promoting well-being is the right thing to do.

“A tree with strong roots laughs at storms”  
----- Malay Proverb

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# Combating Stigma

Create a culture in which help-seeking is encouraged by reframing it as a sign of strength that is important to resilience.

Educate about occupational hazards:

- law schools

- firms employing lawyers

- professional conferences

- telling stories (i.e. lawyers in recovery)

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# Recommend Resources

## COLAP

[Coloradolap.org](http://Coloradolap.org)

## Dimensions:

[www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians](http://www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians)

## AMA Steps Forward:

<https://edhub.ama-assn.org/steps-forward>

## CoLAP

[https://www.americanbar.org/groups/lawyer\\_assistance/](https://www.americanbar.org/groups/lawyer_assistance/)

## American Bar Association

[https://www.americanbar.org/groups/lawyer\\_assistance/resources/lawyer\\_wellness/](https://www.americanbar.org/groups/lawyer_assistance/resources/lawyer_wellness/)

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# Apps for relaxation and meditation

- Headspace
- Calm
- Simplybeing
- Bliss
- Quietmindcafe
- For brief mindfulness meditation exercise –
  - Ogradywellbeing.com
- Other websites for tools to manage stress
  - CMS, AMA, CMA

# Isolation

- A social condition in which emotional and/or physical distance from others is the rule
- Individuals exist on a continuum – minimally to maximally isolated
- Isolation deprives individuals of emotional nourishment, stimulation, accurate feedback, and companionship
- Isolated individuals are vulnerable to spiritual depletion, boredom, sluggish personal growth, and loneliness

# Isolation

- Few studies of federal judges, but those few demonstrate >70% who complain of isolation
- But judges also experience threats to their privacy, which reinforces isolation
- Some federal judges have described an “invisible wall” which arises over time between them and friends, former classmates, legal colleagues
- Some report that this is one of the most unexpected and unwelcome aspects of judging

# Isolation from...

- Friends/social circle
- Social activities – restrictions or perceived restrictions related to the code of conduct
- Colleagues at work
- Fellow lawyers, other judges
- Family
  - Bringing work home
  - The emotional burden of certain cases

# Isolation

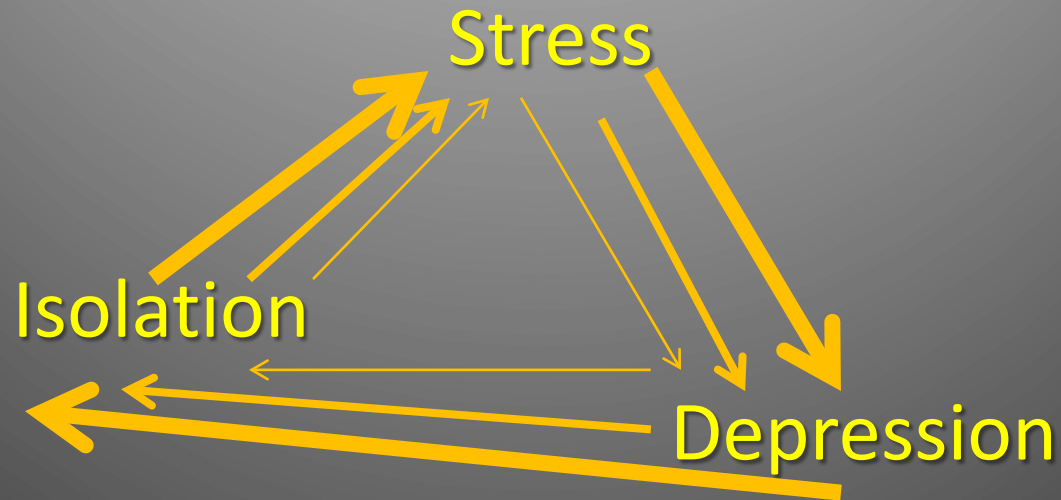
- 30% of federal judges do not feel isolated
- Characteristics
  - More outgoing, extroverted, by nature
  - Specifically work on staying connected to those people and activities most important to them
  - Use the transient feeling of isolation as a signal to more vigorously maintain social connections



# Isolation

- There may be no one to talk to about the stress of work, exhaustion, worry
  - May not want to burden spouse or family
- Reduces one's ability to manage stress
- Increases vulnerability to burnout, depression, other maladaptive coping strategies (e.g. substance use)

# Vicious Cycle



# Managing stress

- Fight isolation:
  - See and talk to: spouse, family, friends colleagues – invest in relationships
  - Build into schedule
  - Share frustrations, disappointment, guilt and pleasures with others
- Focus on what is most enjoyable/meaningful about work rather than what is most stressful
- Take “refueling” time alone (spiritual activity, contemplation, art/music, outdoors)

# Managing Stress

- Focus on values and choices proactively
  - Active rather than reactive stance
- Principle: A small improvement will feel big
- Address work-home balance
  - Consult with family/friends

# Managing Stress

- Practice basic self care (eating sensibly, regular exercise, adequate sleep, avoiding excess alcohol/caffeine)
- Question working harder when stressed
- Leave work at the office
- Obtain a doctor and see you doctor
- Take vacations; don't work on vacation

# Managing stress

- Be realistic about yourself (do the best you can), workload, bad outcomes, others' satisfaction
- Utilize a mentor
- Participate in workplace design and problem-solving
- Delayed gratification is a poor strategy.
- Neither looking forward to retirement nor planning on working forever are good strategies for coping with the stress of work



# Values and Choices

## Useful questions

- Is there a thread that binds who I am now with who I was when I was 12? What are my most essential characteristics?
- Am I able to live in such a way that these characteristics have expression?
- What are my core values, and when and how do I live them versus compromise them in my daily life?
- Is my time structured in such a way that attention to my core values is built in to daily life, or weekly or monthly life?
- Why did I become a doctor? Why do I remain a doctor?

# Values and Choices

## Useful questions

- How have I changed as a person since the days when I first began work as a doctor?
- Are the changes for the better or worse?
- What about work most gratifies and rewards me, or seriously injures or compromises me?
- How do I really feel when I walk out the door of my home on a workday? How do I really feel when I walk back in that door?
- Who are the people in my life that I would choose to be closest to if it were not for obligations?
- Am I devoting enough time to listening to those people and supporting them?

# Values and Choices

## Useful questions

- Who are those in my support system?
- Do I seek support from them?
- Do I feel at all deprived of love, affection, attention, concern, or understanding?
- Do I need more support? Do I ask for it?
- How do I want to be remembered? And by whom?

*“Do first things first,  
and second things not at  
all.” - Peter Drucker*

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# Doctors Group

- There is a strong evidence base that meeting regularly with a group of colleagues is effective in reducing stress
  - Weekly/biweekly/monthly
  - Over a meal
  - Spend the first 20 minutes discussing what is stressful and distressing
- At the Mayo Clinic, these are paid for by the institution

# Managing stress/enhancing life

- Practice relaxation technique(s)
- Breathing techniques
- Mindfulness and mindfulness meditation
- Transcendental meditation
- Buddhist-derived meditation
- Progressive muscle relaxation
- Recorded guided meditation



# Components of Happiness

Seligman. Phil Trans R Soc London 359:1379

- Pleasure (positive emotions)
- Engagement (being absorbed)
  - Training for marathon, fly fishing, learning
- Meaning (serving something larger than self)
  - Knowledge, healing/helping, family, community, artistic expression



*“Self-love, my liege, is not  
so vile a sin as self-neglect.”  
- Henry V, act 2, scene 4*

# What hospitals can do

- “Mistakenly, most hospitals, medical centers, and practice groups operate under the framework that burnout and professional satisfaction are solely the responsibility of the individual physician.”
- “Extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burn out.”
- Shanafelt T, Noseworthy JH, Mayo Clin Proc. n January 2017;92(1):129-146  
n <http://dx.doi.org/10.1016/j.mayocp.2016.10.004>  
[www.mayoclinicproceedings.org](http://www.mayoclinicproceedings.org)

# What institutions can do

- Acknowledge and assess the problem
  - Burnout, satisfaction, etc., can be measured and compared to national data
- Harness the power of leadership
  - For each point increase on leadership scale, less burnout and more satisfaction
  - Choose leaders with necessary skills
  - Those led should evaluate leaders
  - Markedly less burnout if professionals can spend 20% of their time doing what is most meaningful
- Develop and implement targeted interventions
  - Efficiency improvement
  - Identify work units that require help

# What institutions can do

- Cultivate community at work
  - Celebrating achievements, peer support (emotional, ideas)
  - Protected time together
  - Physical space to socialize at work
- Use rewards and incentives wisely
  - Financial incentives lead to overwork and burnout
  - Flexibility, protected time for special work interests, more effective
- Align values and strengthen culture
  - Identify the values of your institution
  - Obtain feedback from professionals and other staff – are values and reality aligned?
  - Work with professionals and other staff to improve

# What institutions can do

- Promote flexibility and work-life integration
  - Less than full time options, when and how to work
- Provide resources to promote resilience and self-care
  - To calibrate stress level, achieve better self-care, improve resilience
  - Assistance programs
- Facilitate and fund organizational science