Wonder Woman

Sad and Depressed???????
Objectives:

• Define Burnout
• Highlight reasons
• Unique aspects of Physician Life
• Unique Aspects of being a Woman in Medicine
• Way to wellness
The Culture of Medicine

- Work hard....and then harder....and then some more
- Have all the answers
- You are supposed to be the strong one
- Don’t emote

- *I don’t know that we recognized the need. I think medicine traditionally has been a profession that says, ‘You just do it.’* ”Donna Elliott, senior associate dean of student affairs, USC talking about wellness!
The Beginning of The End:

• In a JAMA meta-analysis, the overall prevalence of depression or depressive symptoms among medical students was 27.2%.
• The overall prevalence of suicidal ideation was 11.1%.
• Among medical students who screened positive for depression, 15.7% sought psychiatric treatment.

Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis

Lisa S. Rotenstein, BA1,2; Marco A. Ramos, MPhil3; Matthew Torre, MD1,4; et al; J. Bradley Segal, BA, BS5; Michael J. Peluso, MD, MPhil6,7; Constance Guille, MD, MS6; Srijan Sen, MD, PhD7,8; Douglas A. Mata, MD, MPH1,9,10

• A 2008 study of over 4,000 students at seven U.S. medical schools found as high as 13 percent having suicidal thoughts.

• For comparison, in the U.S., the rate of suicidal ideation among the general population is just 7 percent for 18 to-25-year-olds, according to 2013 numbers from the U.S. Centers for Disease Control and Prevention.

• For 26- to 49-year-olds, it is 4 percent.

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• Burnout and Suicidal Ideation among U.S. Medical Students Liselotte N. Dyrbye, MD; Matthew R. Thomas, MD; Ann Intern Med. 2008;149:334-341
• An estimated 300–400 physicians die by suicide in the U.S. per year.
• Physicians taking their lives were likely to be receiving mental health treatment compared with nonphysicians.
• The suicide rate among male physicians is 1.41 times higher than the general male population.
• Among female physicians, the relative risk is 2.27 times greater.
• 28 per cent of residents experience a major depressive episode during training versus 7–8 percent of similarly aged individuals in the U.S. general population.7
• Physician self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms leading to tragic outcomes.
• Unaddressed mental health conditions, in the long run, are more likely to have a negative impact on a physician’s professional reputation and practice than reaching out for help early.
Was It Always Like This?

• It appears not!
• We were respected
• There was joy in practicing medicine
• It was not about “patient satisfaction”
• The business of medicine has taken over the Art of Medicine
• In 1960, women made up 6% of all physicians
• In 2000, they comprise about a third of the physician population.
• Almost half of the students in medical school are female.
• Women physicians generally report being satisfied with their career
• But many would not become a physician again if given a choice or
  would choose a different specialty.¹
• Female physicians experience all the stressors that their male
  colleagues face, but deal with additional stressors unique to them.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071229/
• Women are more likely than men to practice in primary care.
• They spend more time with patients, but feel a sense of time pressure, because they often take more than the allotted time to deliver care.
• They earn less or are often in salaried positions.
• The work environment offers few supports for women physicians.
• Women often feel that they have too much to do, with not enough resources and authority, leading to stress and burnout.
• There can be greater harassment at work.
• Women physicians are vulnerable to high rates of verbal abuse and physical assault by male patients as well as by other health care workers.

• Academic medicine poses further stresses for women physicians.

• Women are significantly more likely than men to pursue an academic career. But advancement to senior ranks is much lower than the number of men.

• Women are more likely to be in part-time positions, which often precludes tenure.

• They are often in clinical positions and so have less time and resources to carry out and publish research.

• They are less likely to understand the promotion and tenure criteria and process.

• Women value patient care and local recognition, while male physicians place greater value on scholarship and national recognition.\textsuperscript{5}

• Fewer women than men advance in medical faculties, leading to too-few role models for women and inadequate mentoring.

Balancing Family and Work

• Balancing the demands of work and home effectively is the top priority for most women physicians.
• Managing a social life
• Meeting potential partners
• As opposed to male counterparts, marriage adds additional stress for women retaining the primary role for managing the household.
• Problems in marriage for women physicians include domestic abuse and a deep sense of guilt because they are so busy, low self-esteem, difficulty with intimacy and sexuality, and resentment because they feel responsible for all the “worry-work” of the relationship.
• Having children and having “ROLE STRAIN”! We are people pleasers!!!!
How do we Fix this??
What are some ideas that work?
Resilience: the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost and grow stronger.
physician burnout seems to be a rather chronic condition that may be aggravated by exposure to demanding patients
Individual Factors of Resilience

- Gratitude
- Sense of Control
- Mindfulness
- Self-monitoring
- Limit setting
- Constructive and healthy engagement in challenges at work
- Need for community

Gratitude

• What are some ways to see the benefits of gratitude in your life?
• One way is when you find yourself fixated on a worry, ask yourself what you’re grateful for right in that moment.
• Stop for 10 seconds and focus on that sense of gratitude. Another way is to start or end every day with a gratitude list.
• Ask yourself: What 3 things am I grateful for today?
• Try each of these exercises for 7 days in a row. What do you notice?
• Any decrease in your sense of burnout?

• https://www.gailgazelle.com/gratitude-how-it-can-decrease-physician-burnout/
Sense of Control

• “And if our practice managers can’t be resilient to these demands, then doctors will have to unbury ourselves from our clinical responsibilities and take a more active role in creating our own future outside of the current broken system. We just can’t afford to be resilient anymore.”

• Rebekah Bernard, MD | Physician | September 13, 2016
Sense of Control
Mindfulness: Meditation
Mindfulness: Informal Practices

• When incorporated into teaching rounds, these questions can help promote habits of self-monitoring.

  • briefly pausing before entering a patient’s room
  • taking a breath to clear the mind of residual thoughts and feelings from the previous interaction to help them be more present and attentive for the next patient.
  • Using reflective questions can also promote self-awareness (e.g., “What am I/are you assuming about this situation that might not be true?” “In what ways are prior experiences influencing my/your responses to this situation?” “What might a trusted peer say about the way I/you managed this situation?”).
Mindfulness” Balint Groups

• used by Family Medicine

  • purposeful, regular meeting among family physicians, with a trained facilitator or leader, to allow discussion of any topic that occupies a physician’s mind outside of his or her usual clinical encounters

  • The goal is to improve physicians’ abilities to actively process and deliver relationship-centered care through a deeper understanding of how they are touched by the emotional content of caring for certain patients.

• http://www.americanbalintsociety.org/content.aspx?page_id=0&club_id=445043