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Recognizing and Addressing Burnout Among GI Providers

Dr. Buch:

Welcome to *GI Insights* on ReachMD. I'm Dr. Peter Buch. And today we're joined by Dr. Brian Lacy, who will be discussing an article, where he is the lead author, titled, "Burnout in Gastrointestinal Providers," which was published in the *American Journal of Gastroenterology* in 2024. Dr. Lacy is a Professor of Medicine and consultant at the Mayo Clinic in Jacksonville, Florida.

It's great to have you back on the program, Dr. Lacy.

Dr. Lacy:

Well, thank you so very much for having me here today to me talk about this very important topic that affects healthcare providers across the United States and across the world.

Dr. Buch:

Dr. Lacy, can you give us some background on what prompted this research on burnout in GI providers and the scope of the problem?

Dr. Lacy:

There are a number of reasons why we thought it was important to bring this topic to light. The first is that in the first six months of the COVID epidemic, a survey was performed showing that one in three healthcare providers was going to cut back on their practice because of stress at work, and one in four healthcare providers were going to retire early. Those are phenomenal numbers when you think how that will affect the healthcare system. But just as importantly, I was talking to colleagues at work, going to meetings and just hearing this constant drum roll of how work was so stressful, it was affecting providers at work and at home, and it was affecting their mental health; we really thought it was important to talk about physician burnout and bring it to light so we can all confront this growing epidemic.

Dr. Buch:

Thank you. And what is the scope of the problem these days? Has it improved, or are we still at that same nadir that we were before?

Dr. Lacy:

Yeah. I wish we could say that it is getting better. As you well know, Dr. Buch, this was first described 50 years ago, in 1974, and the term burnout comes from the psychiatrist who was observing patients during rehab who were smoking cigarettes and watching their embers just kind of slowly burn out, and that typifies some healthcare providers where things just slowly burn out and overwhelm them. And I wish it was getting better, but what we've learned from recent surveys is that about 50 percent of GI healthcare providers are suffering some degree of burnout, and that's just a phenomenal number when you consider the consequences personally, professionally, and to organizations, meaning academic organizations and private practice.

Dr. Buch:

And that's a wonderful segue for this question. You already started to answer it. Which GI healthcare providers are most at risk of burnout?

Dr. Lacy:

Yeah. There are a number of factors that are important to identify, and unfortunately, they frequently overlap. So women are more likely to suffer burnout than men, and younger healthcare providers more than older. And you could imagine a younger provider thinking about all the things they need to do to succeed academically, professionally, and personally, and how that puts so much stress on them. Two career couples: Think about the two career surgeons as an example where both are taking call; they're working excessive hours;

there may be financial stress as well, because think about all those student loans that they have to pay back; and then, of course, GI healthcare providers who are doing a lot of advanced procedures. We all do procedures which carry risk, but those young providers taking a lot of call and doing a lot of advanced procedures with high risks—those are the high-risk factors for developing burnout.

Dr. Buch:

And you made me think about something else, Dr. Lacy. Do we have statistics on our APRN and PA colleagues as well with regard to burnout?

Dr. Lacy:

We do. This is, unfortunately, not just a problem of physicians. It does extend to nurses as well—although, we have much less data about that—and it certainly extends to some of our APPs—our advanced practice providers—our NPs and PAs, who are similarly under significant stress as well, both at home and at work. We shouldn't ignore our colleagues at all. This is a global problem in the healthcare field.

Dr. Buch:

Thank you. Your article states that there are 13 stages of burnout. Could you just give us a brief overview, please?

Dr. Lacy:

Yes. We don't need to go through the whole laundry list. There were initially 12 stages of burnout, but we added one because we think it's so important, and that's compassion fatigue, but the 13 stages of burnout—and they don't necessarily have to go in sequence—you don't necessarily have to fulfill all 13 either. So it's different in different people, but it can simply start with working harder. You then maybe begin to neglect some of your personal needs. You have this compulsion to prove yourself. I mentioned compassion fatigue. You then start to depersonalize your patients, so it's no longer Mrs. Green, the nice older lady who has shortness of breath. It's now the pneumonia patient in room 417. You start to displace conflicts, and you start to revise your values. "Now, is this really something that's important to me?" And you start to change who you are. And then, of course, you may start to withdraw, you become depressed, and then, finally, there's a state of emotional collapse.

Dr. Buch:

Thank you. For those just tuning in, you're listening to *GI Insights* on ReachMD. I'm Dr. Peter Buch, and I'm speaking with Dr. Brian Lacy about burnout among GI providers.

So now that we better understand how burnout affects GI providers, let's look at ways we can prevent it. Dr. Lacy, what preventive measures can we take to combat burnout?

Dr. Lacy:

What a great question. It's important to frame that question recognizing that, although it's the individuals who suffer from burnout, the big issue is with organizations. And when you think about all the stress that organizations place on healthcare providers—increased administrative tasks, administrative tasks with really no meaningful role for healthcare providers in terms of their prior training, the increased number of inpatient basket messages—we know that healthcare providers spend much more time now working on the electronic healthcare system than actually dealing with patients in person, so it's an organizational problem; although, it's the individual who suffers. So when we think about that, we have to think about ways that healthcare providers individually can get better, but also, organizations need to improve in terms of making the healthcare environment healthier for providers.

So what can providers do? They need to identify and recognize the problem and just come face-to-face with the problem. And then they have to think about ways that they can get better, and they need to reach out, and they don't need to hide this. So they need to talk to their primary care provider. They need to go to Employee Health. I talk about the three E's, and that means energizing yourself, becoming reengaged, and getting some enthusiasm again for work. It means getting enough sleep, exercising, dealing with your colleagues and friends and family members, and maintaining that social network. And healthcare providers shouldn't be afraid to do this. I know that some healthcare providers are concerned that if they reach out to another individual, they may get penalized by their organization. Maybe they're worried they're going to lose their practice capabilities, but that's not true because we need healthy healthcare providers to care for others. People should not be fearful about reaching out.

Dr. Buch:

Two ideas I just wanted to bounce off of you. One is: hat's been your experience with using scribes in medical practice?

Dr. Lacy:

So, that's a great question, using scribes, because when you think about it, what does a patient want from their healthcare provider? They want somebody to listen to them. They want to be educated. They want to be reassured. They want a treatment plan. They don't

want a healthcare provider who sits at the visit typing on the computer for 35 minutes and not even looking at them. So the use of scribes could dramatically improve that healthcare provider-patient interaction, make it more personal, and make it much more important while removing those silly tasks that you don't need to go to school for eight years of additional training for. Right?

Dr. Buch:

And that's a great thought that I wanted to make sure our audience gets. So the other idea that I want to share with you is some of our colleagues are in such a toxic work environment where administration is not willing to change. What would be your recommendation to them?

Dr. Lacy:

You know, that's, unfortunately, too common of a problem. If you are a smart administrator, and you have a toxic workplace, and providers are leaving, in the GI field, for every provider who leaves, you may spend an additional \$1 million to replace that healthcare provider; so economically, even if you don't care about your provider's feelings and emotions and mental health—which, of course, is silly—but even if you ignore that, financially, to ignore this problem is disastrous because it takes so much time to recruit, to train, and to get a new provider in place. The best strategy is to use a small amount of those healthcare dollars and make sure that employee workplace is not toxic, and that means reducing administrative tasks and, as you pointed out, maybe hiring scribes. That's very cost-effective.

Dr. Buch:

So moving on from there, if a GI provider is already suffering from burnout, what are some treatment options?

Dr. Lacy:

So there are a number of different treatment options. One, again, is recognizing the problem and identifying that I am struggling; I no longer have that enthusiasm for my job; I dread coming into work; and I'm not dealing with my colleagues. It's reaching out to your primary care providers for some assistance. It's reaching out to online organizations. And many of the major GI organizations now have online we sites to deal with this. It's talking to colleagues because 50 percent of healthcare providers, and especially in the GI field, are struggling with some degree of burnout, so I can assure you, if you go down the hall, there are others in similar situations. And just knowing that is important. Knowing that others are struggling as well can be incredibly supportive and helpful because then you can work together to improve some of those situations.

Dr. Buch:

Thank you. And as we end our discussion today, Dr. Lacy, what advice can you offer to our colleagues who want to reach out for professional help but might be hesitant to do so for a variety of reasons?

Dr. Lacy:

Yeah. That's hard, isn't it? Because when you think about physicians, most are so type-A; they're driven to succeed; they're perfectionists; and so it's very hard for many healthcare providers, whether physicians, nurses, PAs, or NPs—it doesn't matter. It's very hard for them to sometimes acknowledge they are struggling with a problem, whether it's burnout, or maybe it's alcohol abuse or drug abuse. It's hard for them to acknowledge that fact, and so the simple fact of acknowledging that is absolutely critical, and so is recognizing, again, there are so many people who are struggling with this, and there are now resources to deal with that, both at many organizations through academic institutions and through the community. So one is just admit that you're struggling, and then open the doors and welcome those opportunities to really improve your life.

Dr. Buch:

And what would you say to a physician who is worried about reaching out because they are worried about state licensure and hospital licensure?

Dr. Lacy:

Yeah, I can certainly understand those concerns, but there are two issues there. The first is, all this information should be completely confidential with your healthcare provider or a therapist or a psychiatrist, and that should never interfere with your ability to maintain licensure or maintain your practice. Secondly, there are legal issues behind this. And although I'm not a lawyer, I've dealt with enough lawyers in my time who would say that if you were struggling with whatever reason, licensure should not be an issue at all if you are working and reaching out to address whatever issues are affecting you.

Dr. Buch:

Thank you very much. What a meaningful discussion on the impacts of burnout among GI providers and ways we can prevent and treat it. I want to thank my guest, Dr. Brian Lacy, for sharing his insights and research with us.

Dr. Lacy, it was wonderful speaking with you again.

Dr. Lacy:

So very grateful to be here today and bring this important topic to light. Dr. Buch, thank you so much for having me. This was a lot of fun.

Dr. Buch:

For ReachMD, I'm Dr. Peter Buch. To access this and other episodes in this series, visit *GI Insights* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening, and we're looking forward to learning with you next time.