



Reducing Burnout and Reinforcing Resilience: Answering the Call for Rigorous Research

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IN 2016, I had the opportunity to present the Academic Pediatric Association presidential address at the Pediatric Academic Societies' annual meeting. My talk focused on resilience and how personal, institutional, and organizational efforts can and should address the threat of burnout; the impact of burnout on our profession; and the potential consequences of burnout on the health of providers and of our patients and the families for whom we care.¹ The importance of defining and designing interventions to address clinician well-being led to the creation of the Action Collaborative on Clinician Well-Being and Resilience² by the National Academy of Medicine. This collaborative is a network of over 60 organizations that are collectively working to identify evidence-based strategies to address burnout and promote individual and systems-level interventions to increase provider engagement and partnership in enhancing care delivery. The collaborative is addressing its goals to 1) raise the visibility of clinician anxiety, burnout, depression, stress, and suicide; 2) improve baseline understanding of challenges to clinician well-being; and 3) advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver through the creation and dissemination of resources and tools in the form of publications, webinars, a gallery of creative expressions of individuals' experiences with burnout, and an online repository of information referred to as the Knowledge Hub.

A 2017 discussion paper commissioned by the collaborative and authored by Dyrbye et al³ presents a call to the community of scholars advocating for continuing efforts to 1) advance what is known about provider wellness through rigorous research that explores the organizational and system factors that increase the risk of burnout; 2) better understand the impact of provider distress on care outcomes; and 3) determine the most effective interventions to improve provider well-being. The causes of burnout and its threat to providers, the provider-patient relationship, and the delivery of safe and cost-effective care demands ongoing attention, and additional investigation is needed to

demonstrate the effectiveness of programs and processes that aim to reduce provider emotional exhaustion and depersonalization and to increase the sense of accomplishment and meaning found in serving others as a health professional.⁴

The work of researchers and research teams in advancing what is known about these important topics is being augmented by the efforts of professional organizations that are striving to serve as resources for their members. As examples, a task force of the Accreditation Council for Graduate Medical Education, one of the inaugural sponsors of the Action Collaborative, has created a collection of tools and resources for residents and faculty to support the efforts of institutions and programs to address the common program requirement to create a positive learning and work environment that supports the well-being of learners, teachers, and all members of care teams.⁵ Within pediatrics, the Council of Medical Student Education in Pediatrics Student Wellness Collaborative⁶ is developing resources for clerkship directors and pediatric educators to create and lead initiatives to promote student wellness. Also, the Pediatric Resident Burnout-Resilience Consortium,⁷ with its more than 40 members, has partnered with the Association of Pediatric Program Directors' Longitudinal Educational Assessment Research Network⁸ to collect data about the epidemiology of burnout in pediatric and medicine-pediatric trainees and provide a venue for investigators from multiple institutions to study interventions to promote resilience.

In this issue of *Academic Pediatrics*, a collection of articles address the important call to contribute to the conversation through additional peer-reviewed articles that address the critical topics of burnout, self-care, and building skills that may strengthen resilience. Two articles present data related to the measurement of burnout in pediatric trainees. Kemper and colleagues⁹ share the results of their study that used brief screening tools to identify trends in pediatric trainees' experience of burnout and to track program-level response to interventions

designed to address and prevent residents' feelings of emotional exhaustion and depersonalization. This research expands findings from previous studies using brief screening tools in populations of medical students and internal medicine residents. It also addresses the challenge of using longer instruments to measure epidemiologic trends, specifically the Maslach Burnout Inventory,⁴ which may present a burden for busy resident physicians to complete, thus limiting the ability of program leaders to maintain an awareness of, and monitor, burnout in trainees. In a longitudinal analysis of early and mid-career pediatricians, Cull and his co-authors¹⁰ document increasing self-reported burnout over a 5-year period in a national cohort of study participants using a single item measure. A subset of respondents was asked about professional/work environment and life experiences that could impact burnout and/or wellness. Processes to mitigate challenges experienced in the work environment were identified as the most impactful to address respondents' burnout. Sagalowsky et al¹¹ also highlight the importance of considering the workplace when evaluating and attending to burnout. Their article describes the rates of self-reported burnout and the association of work and life factors in partnered residents in 11 New England pediatric programs. Although low relationship satisfaction increased the odds of participants' experiencing burnout, after controlling for common stressors such as fatigue, conflict between commitments in participants' personal and professional lives and dissatisfaction with life as a resident were significantly associated with burnout. The authors conclude that programmatic interventions to promote a sense of fulfillment will enhance the sense of meaning and satisfaction of resident physicians and promote engagement in the workplace.

The need to identify factors that may lead to burnout and, conversely, the health habits that may be promoted to enhance self-care is raised in the article by Gottschlich et al.¹² In this study, the authors explore self-reported health behaviors of US pediatricians as reported on the 2012 American Academy of Pediatrics Periodic Survey. Although practicing pediatricians reported getting the recommended amount of sleep, they were less likely than a comparable group from the general US population to report very good/excellent health status despite reporting more engagement in physical activity. This highlights the need to better understand the factors that contribute to one's sense of well-being and the need to provide additional evidence to support the effectiveness of individual strategies to promote a sense of wellness.

Preparing pediatric trainees to effectively confront challenging clinical scenarios could serve as a mechanism to prevent and/or alleviate the potential negative consequences of these experiences on their sense of well-being, their professional identity, and their ability to successfully engage with patients and families in care settings. Osta and colleagues¹³ draw attention to the risk to trainees of not addressing challenging and emotionally difficult experiences in the workplace. In their article, "Implementing Emotional Debriefing in Pediatric Clinical Education," the authors describe an intervention created in the context

of the American Academy of Pediatrics Resilience Curriculum to promote self-care. Interestingly, the authors propose that teaching trainees to lead the debriefing sessions advances a sense of community among resident colleagues, thus serving as a mechanism to help trainees feel supported and supporting their efforts to find meaning and joy in their work. Another educational intervention is described by Hilgenberg et al¹⁴ in the article, "De-escalating Angry Caregivers: A Randomized Controlled Trial of a Novel Communication Curriculum for Pediatric Residents." Enhancing communication skills, specifically in order to de-escalate angry caregivers, not only can increase providers' comfort and confidence in dealing with these challenging encounters but can also lead to enhanced abilities to form strong relationships that promote partnership with patients and families in decision-making related to care delivery. In this study, the investigators introduced residents to a structured communication framework for use in difficult encounters. Although standardized patient raters did not note an increase in skills in the intervention group after engagement in the learning exercise, the residents who were exposed to the curriculum reported increased skills in communicating with angry patients as a result of participation in the educational experience. The curriculum included peer discussion, potentially strengthening the proposition that the ability to share the experience of a challenging patient encounter with colleagues is a way to alleviate an individual's sense of isolation and is an important factor to consider in developing interventions to promote well-being.

Work-life integration, social support and sense of community in the work environment, and deriving a sense of meaning in one's work are 3 of the factors outlined by Shanafelt and Noseworthy¹⁵ in a 2017 article published in the *Mayo Clinic Proceedings*. In this perspective, the authors discuss the factors that contribute to physician burnout and highlight, in contrast, the components of the work environment that foster engagement and well-being. This overview emphasizes the importance of accurate measurement, the use of targeted interventions, and efforts to build community and support individuals who experience challenging situations. These authors further suggest that organizations have a responsibility to provide resources to promote resilience and to offer opportunities for individual self-care and infrastructure that allow individuals to integrate work-life priorities and responsibilities.

In this issue, our pediatric colleagues have responded to the call raised by Dyrbye et al.³ As leaders in our practice sites, educational programs, and professional organizations and as scholars in academic pediatrics, we must join our colleagues to advance the conversation and fortify the evidence base about the individual, environmental, and system issues that threaten the well-being of health care professionals and their ability to provide high quality care. It is only through additional study and the dissemination of scholarly work that we will be able to identify what is needed to support and strengthen the resilience of our colleagues and preserve the vitality of our profession.

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