Lægers arbejdsmiljø

-And what´s to come

ORIGINAL ARTICLE

MAYO CLINIC

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD

Abstract

Objective: To evaluate the prevalence of burnout and satisfaction with work-life balance in physicians and US workers in 2014 relative to 2011.

Patients and Methods: From August 28, 2014, to October 6, 2014, we surveyed both US physicians and a probability-based sample of the general US population using the methods and measures used in our 2011 study. Burnout was measured using validated metrics, and satisfaction with work-life balance was assessed using standard tools.

Results: Of the 35,922 physicians who received an invitation to participate, 6880 (19.2%) completed surveys. When assessed using the Maslach Burnout Inventory, 54.4% (n=3680) of the physicians reported at least 1 symptom of burnout in 2014 compared with 45.5% (n=3310) in 2011 ($P<.001$). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; $P<.001$). Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty. In contrast to the trends in physicians, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working US adults, resulting in an increasing disparity in burnout and satisfaction with work-life balance in physicians relative to the general US working population. After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; $P<.001$) and were less likely to be satisfied with work-life balance (odds ratio, 0.68; 95% CI, 0.62-0.75; $P<.001$).

Conclusion: Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.

BMJ 2016;353:i2139 doi: 10.1136/bmj.i2139 (Published 3 May 2016)

ANALYSIS

Medical error—the third leading cause of death in the US

Medical error is not included on death certificates or in rankings of cause of death. **Martin Makary** and **Michael Daniel** assess its contribution to mortality and call for better reporting

Martin A Makary *professor*, Michael Daniel *research fellow*

Department of Surgery, Johns Hopkins University School of Medicine, Baltimore, MD 21287, USA

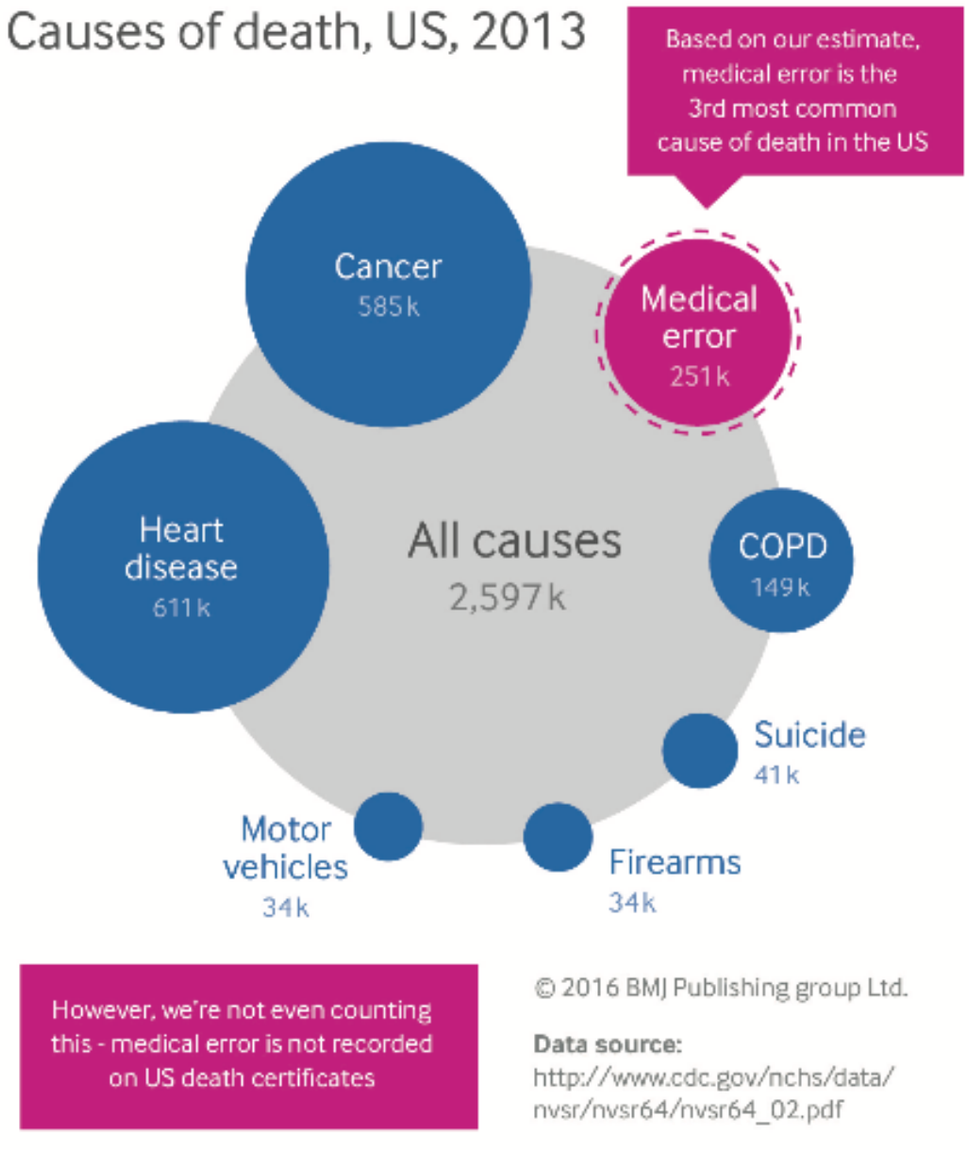


Fig 1 Most common causes of death in the United States, 2013[2]

NYHED | Nyheder 14/11 2016 KL. 0:00

Mere end hver tredje praksislæge er udbrændt

Tretten procent af de mest udbrændte læger har været på selvmordets rand, og 67 procent af dem har fortrudt, at de blev praktiserende læge. Forfatteren bag en ny undersøgelse anslår, at de reelle tal kan være »endnu værre«.

Omtrent hver fjerde alment praktiserende læge har på et tidspunkt følt, at livet ikke var værd at leve, og syv procent har overvejet selvmord. Bla

Vælg emne
Uoverskuelighed og stress

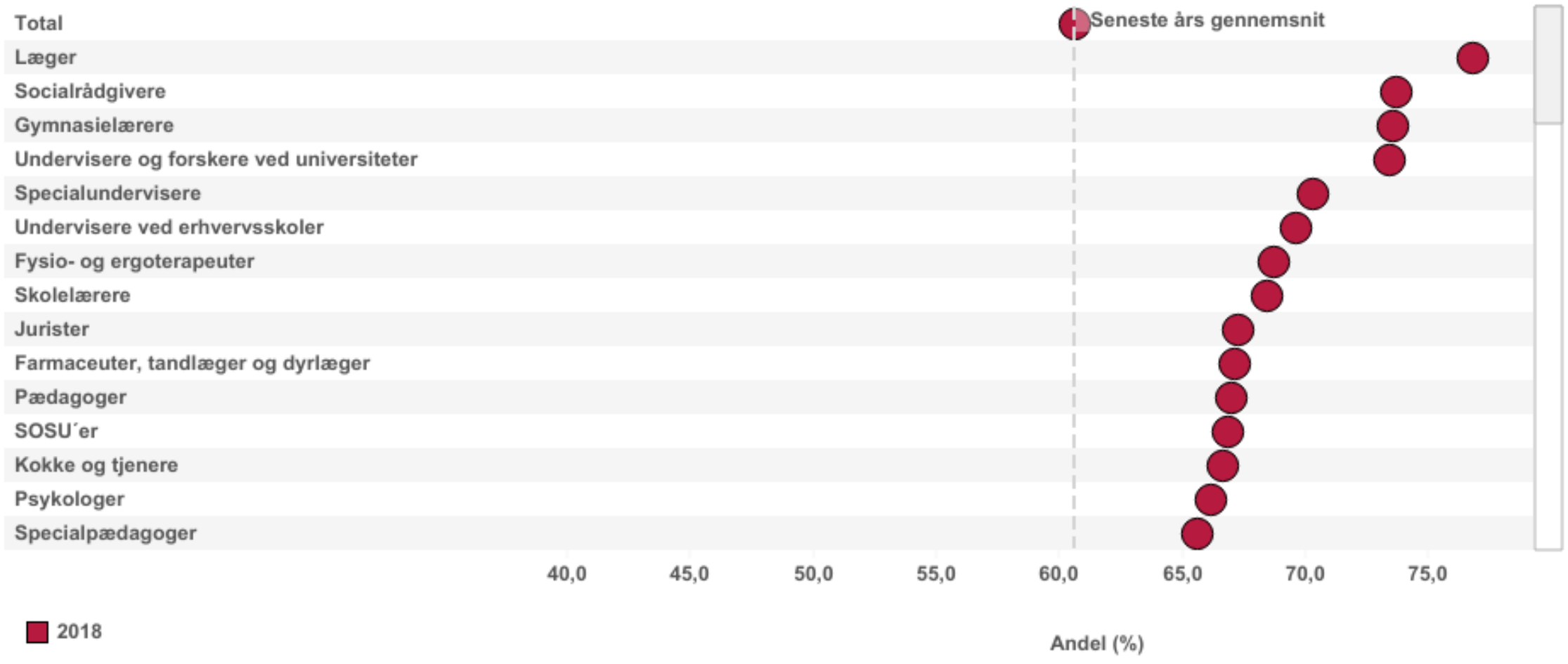
Vælg spørgsmål
Arbejdsrelateret stress

Vælg år
- [ ] 2012
- [ ] 2014
- [ ] 2016
- [x] 2018

Det Nationale Forskningscenter for Arbejdsmiljø

Uoverskuelighed og stress

målt ved spørgsmålet "Arbejdsrelateret stress"



Tryk på en jobgruppe for at se summeret statistik

13.07.2019 KL. 10:12

Undersøgelse: Stressede læger truer patientsikkerheden

Danske Regioner kræver milliardbeløb for at lette pres på hospitaler. I august forhandler de med regeringen.

Her svarer 45 procent, at de i høj eller meget høj grad mener, at arbejdstempoet er for højt på deres arbejdsplads.

Samtidig oplever en tredjedel af lægerne med et dårligt arbejdsmiljø, at patientsikkerheden er dårlig.

Nils Würtzenfeld

VI HAR FÅET MUNDKURV PÅ I ARBEJDSLIVET

Forudsætningerne for at tale frit og ytre sin kritik på arbejdspladsen er i den grad under pres. Udviklingen fører ikke kun til stress og dårligt psykisk arbejdsmiljø, men også til en udemokratisk selvcensur, mener sociolog og forsker Rasmus Willig.

12. februar 2019 | Ledelse | Samfund

I stedet for at lytte til kritik ønsker ledelsen på mange danske arbejdspladser at lægge vægt på at tale tingene op og ikk

Denne udvikling markeres, ifølge Rasmus Willig, i skiftet fra den tidligere herskende 'kritiske attitude' til den 'positiv

"Har man indenfor eksempelvis omsorgsarbejde en fornemmelse af, at man ikke kan sige, at det går ud over patientsikk

"Vi skal alle kunne tale åbent om problemet, men vi er desværre kommet derhen, hvor de, som tør række hånden op, h

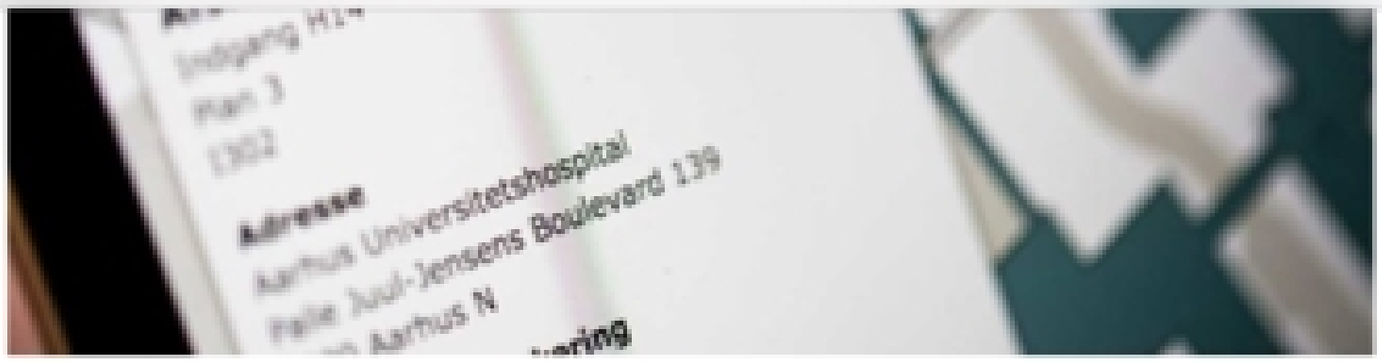
The further a society drifts
from truth the more it will **hate**
those **who speak it.**

– *George Orwell*

AZ QUOTES

Professor: Dyrkelsen af data hærger vores sundhedsvæsen - lad dog fagpersonerne bruge deres sunde dømmekraft

politiken.dk | February 3, 2019 07:14 AM



Afdelingen for kvindesygdomme og fødsler på Aarhus Universitetshospital har mistet i alt 11 speciallæger, hvoraf hovedparten havde gynækologisk onkologi som deres primære arbejdsområde.
Foto: Jesper Balleby

Lægeflugt dræner afdeling på AUH

Massiv afvandring af speciallæger inden for gynækologisk onkologi på afdelingen for kvindesygdomme og fødsler på Aarhus Universitetshospital rammer avancerede behandlinger af kvinder med kræft i æggestokkene og livmoderhalskræft. Situationen på afdelingen får nu Sundhedsstyrelsen til at bede Region Midtjylland om en redegørelse.

Niels-Bjørn Albinus | 18/01/2019

lægevagten på Langeland

03/04 700 klinikker er nu medlem af fælles indkøbsforening

03/04 Sundhedsstyrelsen ansætter faglig rådgiver i urologi

Seneste artikler

Favoritter Job

Professor and clinical consultant in accident analysis and accident prevention

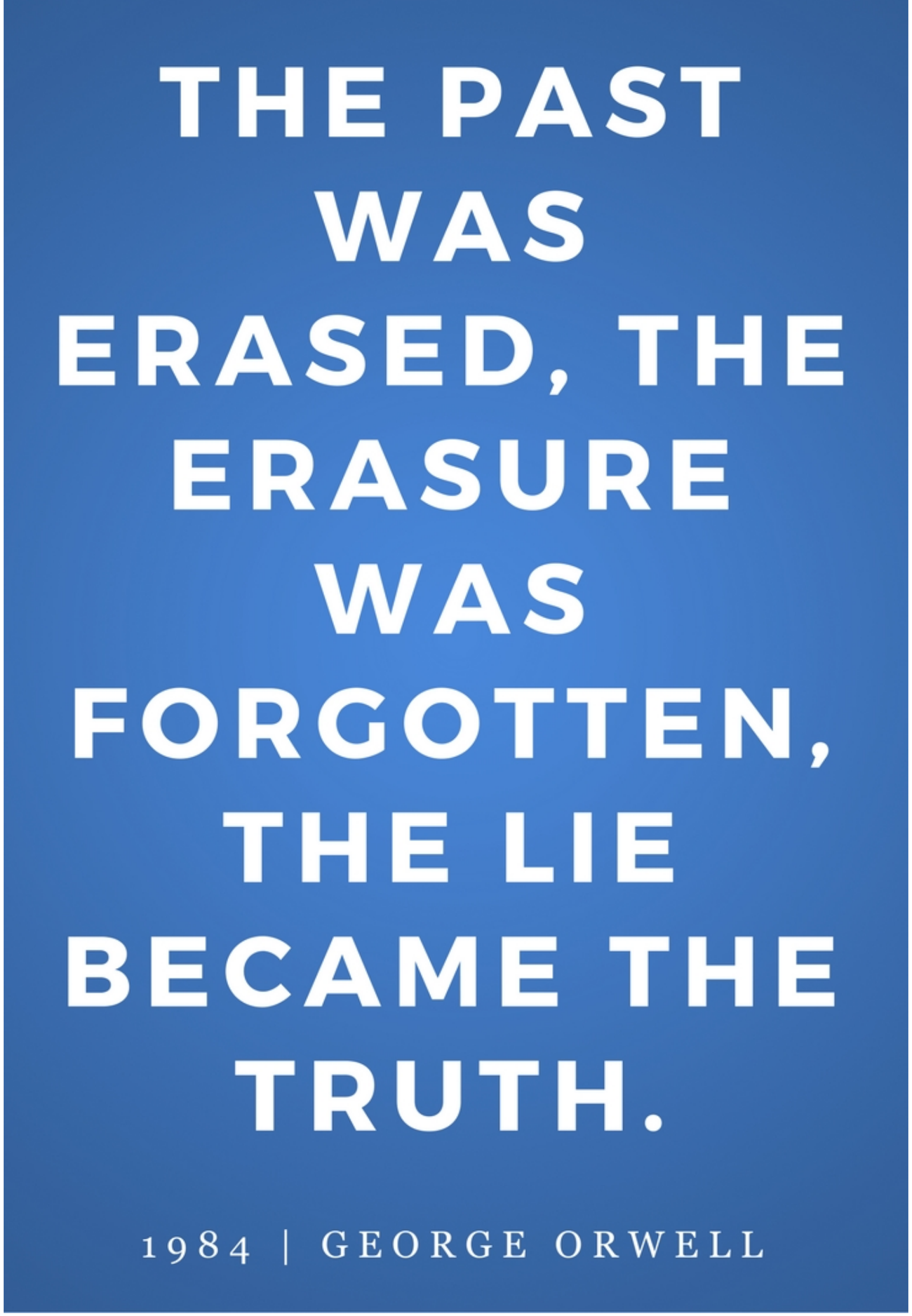
Clinical professor in gynaecology (combined position)

Vikar for reservelæge til Vestdansk Center for Rygmarvsskade, Neurologi, Regionshospitalet Viborg

Bliv en af de første læger i et

Lægeflugt fra hospital: Ledelse afviser kritik

Patientforening frygter, at manglen på speciallæger kan gå ud over patienterne


THE PAST WAS ERASED, THE ERASURE WAS FORGOTTEN, THE LIE BECAME THE TRUTH.
1984 | GEORGE ORWELL

DEBAT FAA

Min Mening: Moralens og etikkens forfald i det danske sundhedsvæsen

AF: LÆGE IZA ALFREDSEN, ÆRØ
Publiceret 01. januar 2019 kl. 13:10

Debat FAA.

LÆGE IZA ALFREDSEN, ÆRØ

Læn dig tilbage og nyd en god fortælling om, hvorfor det offentlige sygehusvæsen er på randen af opløsning. Skæbner flettes ind i hinanden, og selvom de hver for sig ikke er skyld i forfaldet, så illustrerer de godt, hvorledes pengene bruges forkert, og de ordentlige medarbejdere forsvinder, når anløbne ledelser får lov til at hærge i fred.

I 2011 blev Henrik Villadsen sygehusdirektør for OUH. Siden 2007

Begraves onsdag: OUH flager på halv - læger mindes kollega med et minuts stilhed

AF: KENNETH KLINGENBERG - JONAS ANCHER NYENG
Publiceret 21. november 2018 kl. 09:43

Kristian Rørbæk Madsen, her fotograferet på et pressemøde på Odense Universitetshospital efter en 20 timer lang vagt 22. januar i år, som Styrelsen for Patientsikkerhed var inviteret med til.

FIRST OPINION

Physicians aren't 'burning out.' They're suffering from moral injury

By SIMON G. TALBOT *and* WENDY DEAN / JULY 26, 2018

Burnout is a constellation of symptoms that include exhaustion, cynicism, and decreased productivity. More than half of physicians report at least one of these. But the concept of burnout resonates poorly with physicians: it suggests a failure of resourcefulness and resilience, traits that most physicians have finely honed during decades of intense training and demanding work. Even at the Mayo Clinic, which has been tracking,

We believe that burnout is itself a symptom of something larger: our broken health care system. The increasingly complex web of providers' highly

The term "moral injury" was first used to describe soldiers' responses to their actions in war. It represents "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." Journalist Diane Silver describes it as "a deep soul wound that

The moral injury of health care is not the offense of killing another human in the context of war. It is being unable to provide high-quality care and healing in the context of health care.

patients. Failing to consistently meet patients' needs has a profound impact on physician wellbeing — this is the crux of consequent moral injury.

unreasonable demand. Routinely experiencing the suffering, anguish, and loss of being unable to deliver the care that patients need is deeply painful.

differently, they would have done it already. Many physicians contemplate leaving heath care altogether, but most do not for a variety of reasons: little cross-training for alternative careers, debt, and a commitment to their calling. And so they stay — wounded, disengaged, and increasingly hopeless.

In order to ensure that compassionate, engaged, highly skilled physicians are leading patient care, executives in the health care system must recognize and then acknowledge that this is not physician burnout. Physicians are the canaries in the health care coalmine, and they are killing themselves at alarming rates (twice that of active duty military members) signaling something is desperately wrong with the system.

What we need is leadership willing to acknowledge the human costs and moral injury of multiple competing allegiances. We need leadership that has the courage to confront and minimize those competing demands. Physicians must be treated with respect, autonomy, and the authority to make rational, safe, evidence-based, and financially responsible decisions. Top-down authoritarian mandates on medical practice are degrading and ultimately ineffective.

We need leaders who recognize that caring for their physicians results in thoughtful, compassionate care for patients, which ultimately is good business. Senior doctors whose knowledge and skills transcend the next business cycle should be treated with loyalty and not as a replaceable, depreciating asset.

ORIGINAL RESEARCH

OPEN ACCESS

Influencing organisational culture to improve hospital performance in care of patients with acute myocardial infarction: a mixed-methods intervention study

Leslie A Curry,[1] Marie A Brault,[1] Erika L Linnander,[1] Zahirah McNatt,[2] Amanda L Brewster,[1] Emily Cherlin,[1] Signe Peterson Flieger,[3] Henry H Ting,[4] Elizabeth H Bradley[5]

BMJ Qual Saf: first published as 10.1136/bmjqs-2017-006

ABSTRACT

Background Hospital organisational culture affects patient outcomes including mortality rates for patients with acute myocardial infarction; however, little is known about whether and how culture can be positively influenced.

Methods This is a 2-year, mixed-methods interventional study in 10 US hospitals to foster improvements in five domains of organisational culture: (1) learning environment, (2) senior management support, (3) psychological safety, (4) commitment to the organisation and (5) time for improvement. Outcomes were change in culture, uptake of five strategies associated with lower risk-standardised mortality rates (RSMR) and RSMR. Measures included a validated survey at baseline and at 12 and 24 months (n=223; average response rate 88%); in-depth interviews (n=393 interviews with 197 staff); and RSMR data from the Centers for Medicare and Medicaid Services.

Results We observed significant changes (p<0.05) in culture between baseline and 24 months in the full sample, particularly in learning environment (p<0.001) and senior management support (p<0.001). Qualitative data indicated substantial shifts in these domains as well as psychological safety. Six of the 10 hospitals achieved substantial improvements in culture, and four made less progress. The use of evidence-based strategies also increased significantly (per hospital average of 2.4 strategies at baseline to 3.9 strategies at 24 months, p<0.05). The six hospitals that demonstrated substantial shifts in culture also experienced significantly greater reductions in RSMR than the four hospitals that did not shift culture (reduced RSMR by 1.07 percentage points vs 0.23 percentage points; p=0.03) between 2011–2014 and 2012–2015.

Conclusions Investing in strategies to foster an organisational culture that supports high performance may help hospitals in their efforts to improve clinical outcomes.

Open Access Research

BMJ Open

Association between organisational and workplace cultures, and patient outcomes: systematic review

Jeffrey Braithwaite, Jessica Herkes, Kristiana Ludlow, Luke Testa, Gina Lamprell

SOMETIMES THE DUES WE PAY TO MAINTAIN INTEGRITY ARE PRETTY HIGH, BUT THE ULTIMATE COST OF MORAL COMPROMISE IS MUCH HIGHER.

- MICHAEL JOSEPHSON