

Reconnecting, Renewing, and Reimagining: Perspectives on Burnout

By Stephanie Garner, MD, MSc, FRCPC

Walking into stores, I still have a knee-jerk reaction to look for my mask. While the acute stage of the pandemic may be over, its impact on physicians and the healthcare system is not.

Prior to the pandemic, estimates had prevalence of burnout in physicians at 51%.¹ After two years of living and working in a volatile, complex, and uncertain environment this climbed as high as 79.5% in some groups.² Physician burnout is largely rooted in healthcare organizational and system factors including excessive workload, inadequate resources, loss of support from colleagues, and loss of control and autonomy within the system.³ Women, parents of children under the age of 21 years and early career physicians are at particular risk.⁴ The dreaded term “work-life balance” often comes up as a protective factor but this is elusive for most physicians. We know the consequences of burnout include an increase in medical errors and a decrease in the healthcare system’s capacity (increased turnover, more retirements, and a decrease in productivity^{5,6}). Rheumatology in Canada was already facing a staffing crisis prior to the pandemic.⁷

As a female, early career faculty member with three young children, reviewing the literature for a manuscript on burnout after midnight on a worknight, the irony was not lost on me. However, I did have cause for celebration — I realized that we were talking openly about burnout and how to address it. The conversation shifted away from blaming work-life “imbalance” on the individual physician.

In 2021, the Ontario Medical Association published five recommendations for addressing burnout at the system level. The recommendations were 1) streamline and reduce required documentation and administrative work; 2) ensure fair and equitable compensation for all work done; 3) increase work-life balance by making organizational policy changes; 4) promote the seamless integration of digital health tools into physicians’ workflows; and 5) provide institutional supports for physician wellness.⁸ These are lofty goals that will require constant pressure and advocacy from our provincial and national physician organizations to be implemented.

However, we can as individuals work on addressing these issues in our own environment. The steps can be small, such as talking about burnout with our colleagues and learners to normalize the conversation. As rheumatologists, we have the unique ability to decide how and



Drs. Faiza Khokhar, Saara Rawn, Maggie Larché and Stephanie Garner at the CRA's Annual Scientific Meeting gala dinner, which took place in February 2023.

where we practice. Changing our work environment to reduce the administrative burden and offload tasks to allied health professionals can be a huge step forward in attaining a manageable workload. The use of alternative models of care, scribes, and optimizing electronic medical records for billing and documentation are other strategies that can also effect change.

I recently had the opportunity to attend the Canadian Rheumatology Association Annual Scientific Meeting in Quebec City. This was not an easy feat as it required lay-over flights, arranging for my in-laws to watch my three “spirited” children, and leaving the mental load of the family behind. The theme of the meeting was “Reconnect, Renew and Reimagine,” which is what was delivered. It brought back the sense of connectedness that had been lost during the isolation of the pandemic. While biased, having been four nights child-free, the return to the social norm of connecting with colleagues and sharing challenges, opportunities, and interests was incredibly fulfilling.

The system-level changes required to address burnout are going to take time and perseverance. Nonetheless, we should celebrate that we have started the process by identifying that this is a system rather than provider problem and there is now a movement nationally to address it.

*Stephanie Garner, MD, MSc, FRCPC
Clinical Assistant Professor, Division of Rheumatology
Rheumatologist, South Health Campus
Program Chair, Competency by Design
Division of Rheumatology – Education
University of Calgary, Calgary, Alberta*

The Bensen Models of Care Initiative

By Sandy Kennedy, Executive Director, Ontario Rheumatology Association

The Bensen Models of Care Initiative was established in 2018 by members of the Ontario Rheumatology Association (ORA) leadership team at that time: Dr. Arthur Karasik, Dr. Thanu Ruban, Dr. Henry Averno and Dr. Rick Adachi. Together they formed a steering committee to oversee critical aspects of the program, such as governance, sponsorship, terms of reference and regular correspondence with the ORA Executive Officers and Board of Directors. Today, the Bensen Models of Care Initiative is led by Dr. Amit Ghelani. We are thankful for the contributions of everyone involved in this project.

The Bensen Models of Care Initiative was designed to honour the memory of the late Dr. William Bensen, an exceptional rheumatologist who advocated strongly for team-based models of care. His community practice in Hamilton, Ontario, included an interprofessional allied health professional team who worked together to improve the patient experience. His advocacy work, pioneering strategies and overall legacy are promoted in this initiative.

Each year, eligible members of the ORA are invited to apply for a Bensen Models of Care Grant. Applicants are encouraged to propose an initiative that 1) promotes improved care for patients through rheumatologist-led, team-based models of care; 2) encourages novel solutions to improve access to rheumatology care; and 3) helps direct health policy toward funding of team-based models of care.

A Selection Committee is identified each year that includes an ORA Executive member, a Board of Directors

member, a Regular ORA member, an Allied Health Professional and a member of the Bensen family. Up to two successful applicants may be selected annually to receive a maximum of \$40,000. An application for a second year of funding, up to a maximum of \$20,000, will be considered, based on merit and quality of the final progress report.

Over the years, the program has received 15 excellent applications, and has allocated a total of four grants, two of which have been successfully implemented. The program was paused in 2021 due to the pandemic. The Steering Committee was excited to resurrect it in 2022, as was the ORA membership based on the high calibre of applications that were received! The 2022 recipients are Dr. Stephanie Gotthiel and Dr. Derek Haaland. We look forward to sharing the results of their projects in the future.

The ORA is proud of the Bensen Models of Care Initiative and are pleased to have found a way to honour the late Dr. William Bensen. We are especially grateful to the sponsors who enabled the project through their generous funding.

For more information on the Bensen Models of Care Initiative, please contact the ORA's Executive Director, Sandy Kennedy at skennedy@ontariorheum.ca.

Sandy Kennedy

Executive Director, Ontario Rheumatology Association

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