

A photograph of a man in a white lab coat sitting on the floor in a hospital hallway. He is looking down with a distressed expression, his right hand resting on his head. The hallway is brightly lit with overhead lights, and the walls are a light beige color. The perspective is from a low angle, looking down at the man.

BURN OUT

Anastasia MELISSARATOU

Marco SOLCA

Journal Club

DSMP

2018

«Méde
devant
HUG Arnaud

Médecins en souffrance

Burn-out Journées sans fin, m
cocktail explosif.

Les HUG veulent prévenir le burn-out de leurs jeunes internes

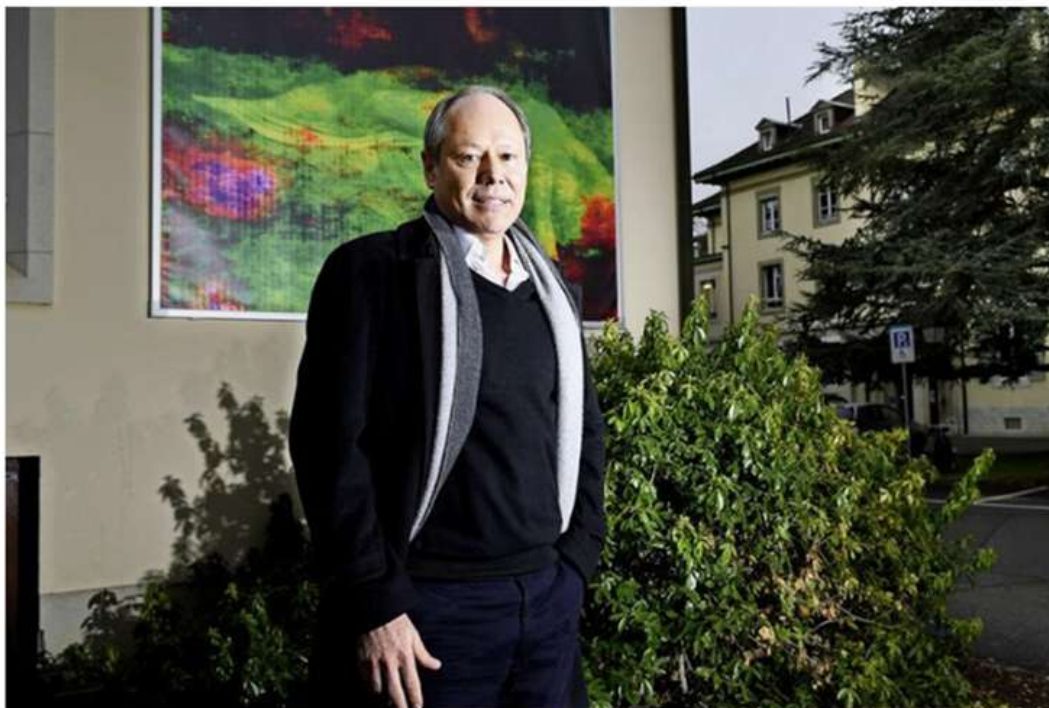
Santé L'hôpital mène une réflexion pour détecter plus rapidement et mieux prendre en charge les problèmes liés au stress des internes.



Professeur Arnaud P
Image: Laurent Guiraud



Le service du professeur Jean-Michel Gaspoz a reçu
salue l'amélioration des conditions de travail des m
Image: Olivier Vogelsang



Jean-Michel Aubry, chef du Département de santé mentale et psychiatrie des HUG.

Image: PIERRE ABENSUR

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Histoire

- Le terme « *burnout* » est apparu dans les années 1960, en dehors de tout contexte scientifique pour traduire une fatigue extrême ainsi qu'une perte de passion et d'idéalisme pour son travail (Harold. B Bradley 1969)
- Dans les années 1970 aux Etats-Unis pour décrire des phénomènes concernant les professions « au service des personnes »
- « *ne pas y arriver, s'user, être épuisé par une exigence excessive en énergie, force ou ressources* » (Freudenberger, 1975)
- « *un épuisement mental et physique des personnes dont le travail nécessite un contact permanent avec autrui* » (Maslach, 1976)
- « *un état d'épuisement physique, émotionnel et mental résultant d'une exposition à des situations de travail émotionnellement exigeantes* » (Schaufeli et Enzmann, 1998)

Test d'Inventaire de Burnout de Maslach – MBI

- Epuisement Professionnel

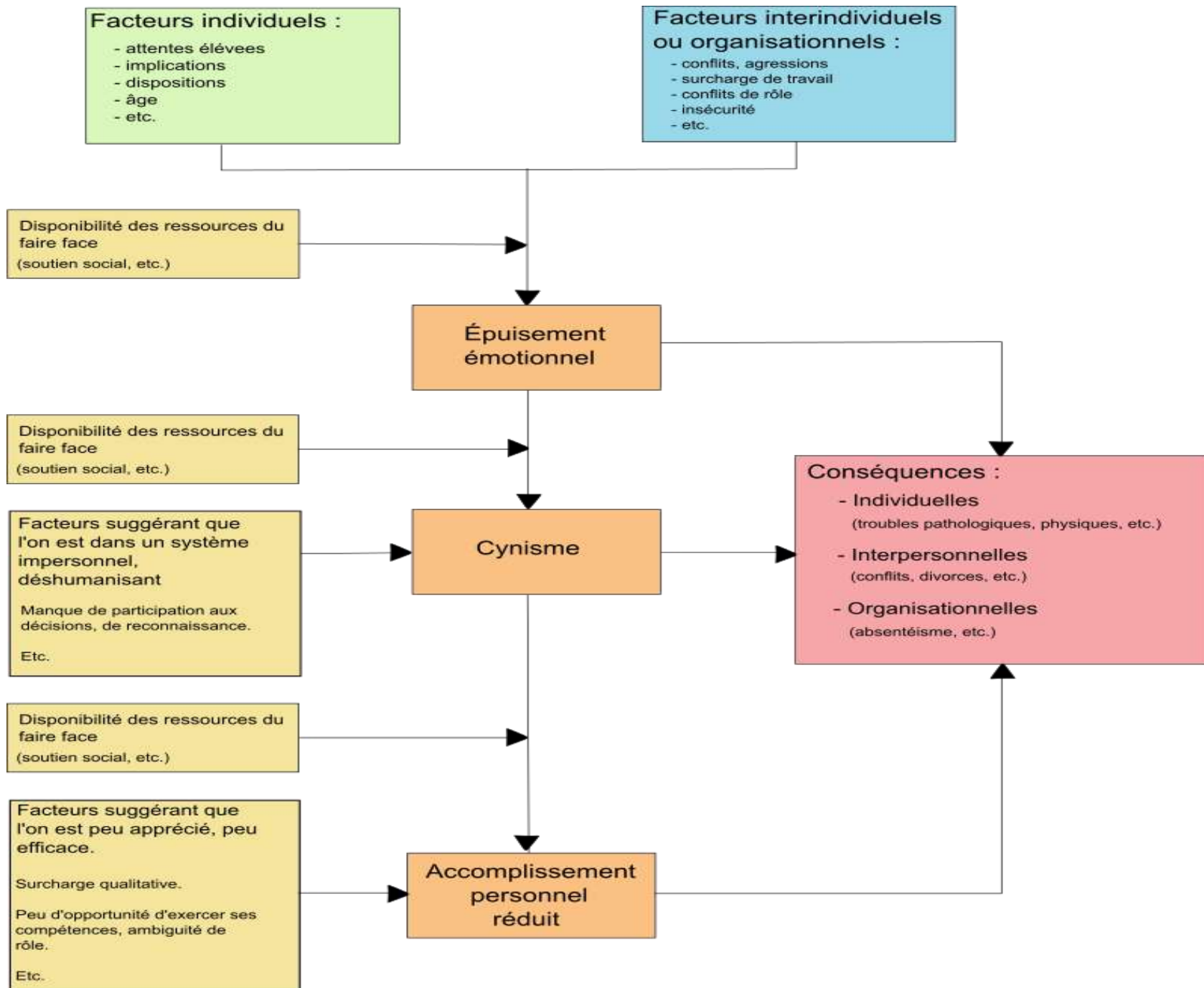
L'épuisement professionnel (Burn Out) est typiquement lié au rapport avec un travail vécu comme difficile, fatiguant, stressant... il est différent d'une dépression car il disparaîtrait pendant les vacances.

- Dépersonnalisation / Perte d'empathie

La dépersonnalisation, ou perte d'empathie, se caractérise par une baisse de considération positive à l'égard des autres (clients, collègues...), c'est une attitude où la distance émotionnelle est importante, observables par des discours cyniques, dépréciatifs, voire même par de l'indifférence.

- Manque d'accomplissement Personnel

L'accomplissement personnel est un sentiment « soupape de sécurité » qui assurerait un équilibre en cas d'épuisement professionnel et de dépersonnalisation. Il assure un épanouissement au travail, un regard positif sur les réalisations professionnelles.



A risque

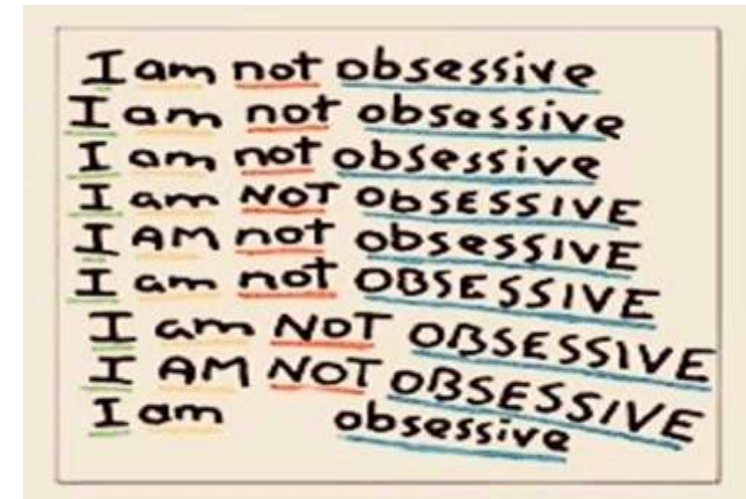
- l'activité professionnelle qui implique un engagement relationnel
- le fait d'être confronté ou non à l'attente d'un individu (Schaufeli et Greenglass, 2001)
- la charge émotionnelle liée à ces activités, nécessitant d'exprimer ou de réprimer ces émotions, de manifester de l'empathie
- pas être indispensable mais interchangeable -> le sentiment d'insécurité et la nécessité de flexibilité (Schaufeli et Greenglass, 2001)

Les 6 déterminants de l'épuisement

- Surcharge de travail
- Perception de manque de contrôle
- Manque de reconnaissance
- Effritement du sens dans la communauté
- Sentiment d'injustice, manque d'équité
- conflit de valeurs, incongruence

Déterminants individuels

- Sexe
- Âge
- Antécédents dépressifs ou antécédents familiaux en lien avec l'épuisement émotionnel (Nyklicek et Pop, 2005)
- La triade compulsive (Gabbard G, 2008)
 - Doute de soi
 - Culpabilité
 - Sens excessif des responsabilités



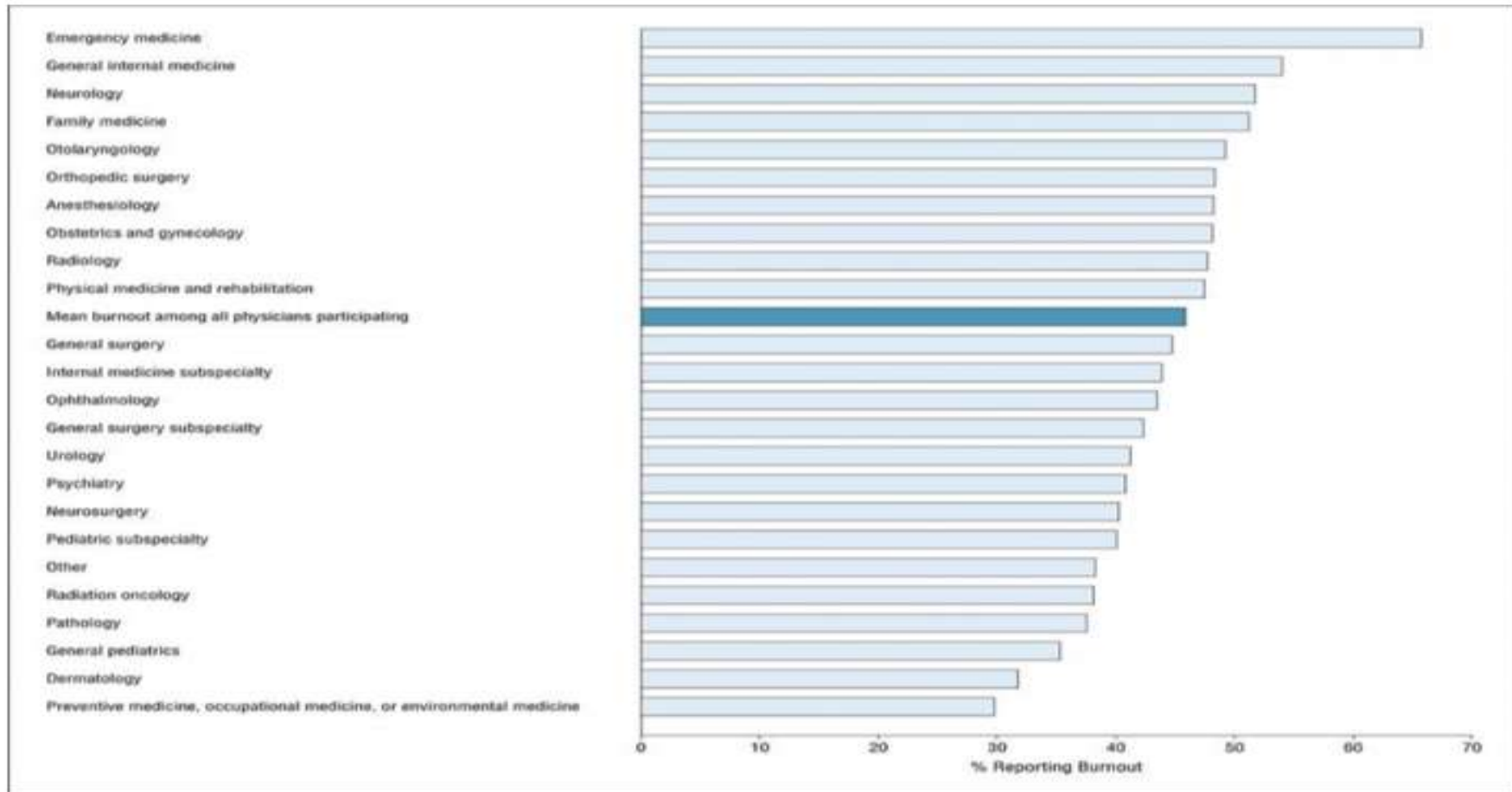
Prévalence

- La prévalence varie beaucoup selon les études, de quelques pourcents à quelques dizaines de pourcents mais se situent le plus souvent entre 5 % et 20 %.
- Malgré l'utilisation quasi systématique du même outil (MBI), les comparaisons de prévalence entre études sont particulièrement difficiles en raison de la grande variété de traitement des réponses au questionnaire.

Burn out et Médecins

- touche le 50% parmi les médecins en formation et les praticiens selon des études aux Etats-Unis (West CP, 2011; Dyrbye 2008; Shanafelt 2009)
- Médecins 29-65 ans vs une population comparable de travailleurs
 - Épuisement professionnel : 37,5 % vs 27,6%
 - Insatisfaction équilibre travail-vie personnelle : 40,1 % vs 23,1 %
 - Les individus ayant un diplôme universitaire (autre qu'un MD) moins à risque d'épuisement professionnel

Burn out et Médecins



Déterminants en Psychiatrie

- Temporalité de la maladie psychique: chronicité, rechutes itératives et ruptures
- Désespoir, sentiment d'inutilité et d'impuissance-> rejet et désinvestissement
- Contact avec fonctionnement psychique altéré, la violence ou la perversion
- Demande de compétence, d'efficacité face à la maladie mentale -> sentiment d'incompétence
- Résistance et opposition aux soins
- Compulsion de répétition

Burn out et Médecins, Augmentation

Médecins 29-65 ans 2011

- Épuisement

professionnel : 37,5 %

- Insatisfaction

équilibre travail vie
professionnelle : 40,1%

Médecins 29-65 ans 2014

- Epuisement

professionnel : 48,8 %

- Insatisfaction

équilibre travail vie
professionnelle : 49,3%

Burn out et Médecin, Augmentation

- Charge de responsabilité élevée
- Perception de manque de contrôle
- Discordance entre les valeurs individuelles et institutionnelles
- Demande de productivité et manque de validation des valeurs relationnelles
-> Perte du sens
- Manque de soutien dans le milieu professionnel
- Isolement
- L'utilisation de dossiers informatisés et de prescriptions électroniques

(Shanafelt TD, 2016)

Burn Out et Médecins, Conséquences

- **Qualité des soins, satisfaction des patients et observances aux traitements**
 - Among internal medicine residents, higher levels of fatigue and distress are independently associated with self-perceived medical errors (West CP JAMA 2009)
 - Major medical errors reported by surgeons are strongly related to a surgeon's degree of burnout and their mental QOL (Shanafelt TD, Ann Surg 2020)
- **Au professionnalisme**
 - Burnout was associated with self-reported unprofessional conduct and less altruistic professional values among medical students at 7 US schools, (Shanaleft, Arg surg 2007, West CP 2007)
- **Santé des médecins**
 - 1 of 16 surgeons reported SI in the previous year; few sought psychiatric or psychologic help. Recent SI among surgeons was strongly related to symptoms of depression and a surgeon's degree of burnout (Shanafelt TD, Arch surg; 2011)
 - Motor vehicle incidents were common among residents (West CP; 2012)
- **Viabilité du système de santé**
 - Physician Burnout: A Potential Threat to Successful Health Care Reform (Dyrbye LN; JAMA 2012)

Burn Out et Médecins

Changement d'un point dans la cotation du burn out a été lié avec un changement statistiquement significatif de :

- Identification des erreurs médicales majeurs
- Réduction du temps du travail
- Idéation suicidaire

Research

Original Investigation

Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism A Randomized Clinical Trial

Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Jeff T. Rabatin, MD, MSc; Tim G. Call, MD;
John H. Davidson, MD; Adamarie Multari, MD; Susan A. Romanski, MD; Joan M. Henriksen Hellyer, RN, PhD;
Jeff A. Sloan, PhD; Tait D. Shanafelt, MD

Corresponding Author: Colin P. West, MD, PhD, Division of General Internal Medicine, Department of Medicine, Mayo Clinic, 200 First St, Rochester, MN 55905 (west.colin@mayo.edu).

Methods

- Single-center, randomized clinical trial
- Randomisation en 2 groupes en tenant compte du sexe et de la spécialité
- Evaluations:

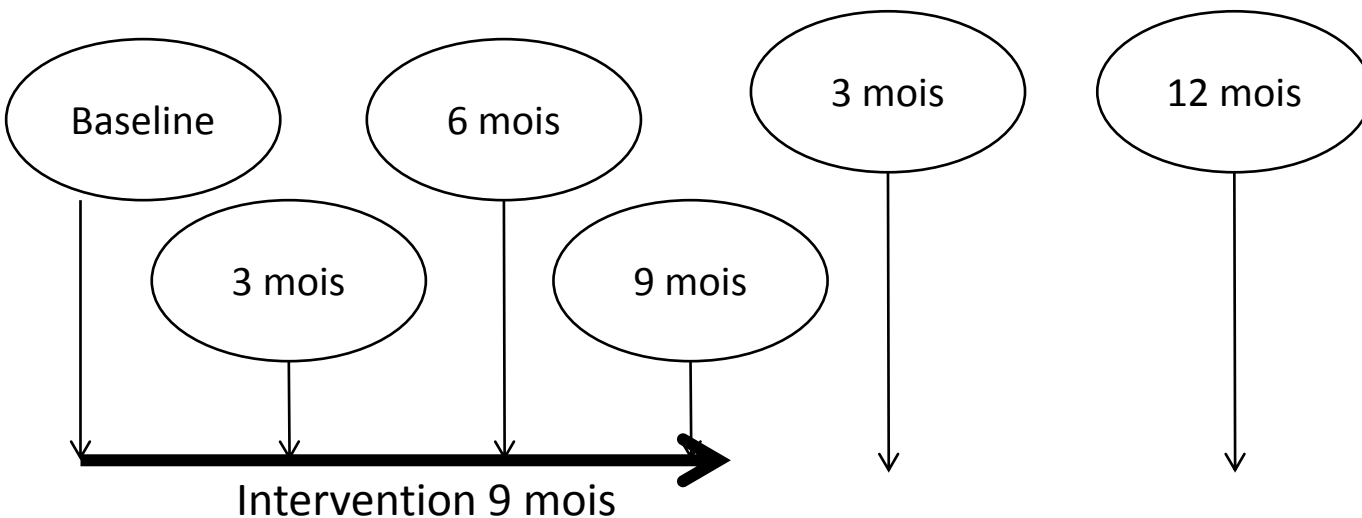
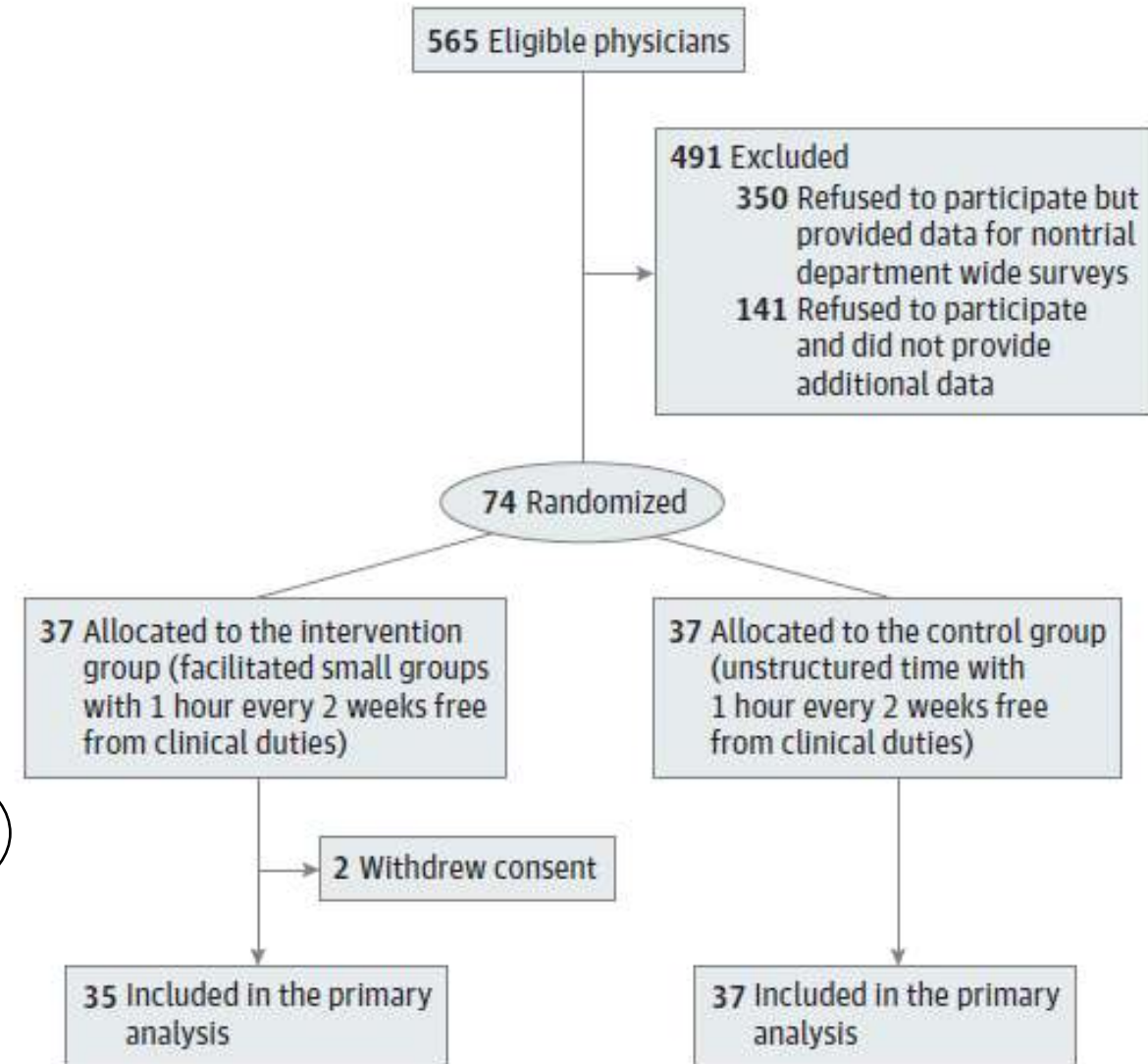


Figure 1. Study Flow



Consolidated Standards of Reporting Trials diagram for participant flow through the trial.

Intervention

- Groupe intervention
 - 1h/ 2 semaines en petits groupes (8-10 médecins)
 - 19 sessions (3 modules : “self,” “patient,” and “balance”)
 - Discussions animées par des médecins internistes , « study facilitators »
- Groupe control
- 1h/ 2 semaines libre

Example d'une session (I)

Module I: Self

1. Introduction and overview of curriculum, group development
2. Physician well-being
 - a. Preventive care: e.g., screening, physicians' physical health practices
 - b. Assessing well-being (mainly mental side): honesty, reflective practice, mindfulness
3. Physician distress
 - a. Physical and psychological distress (illness, disability)
 - b. The wounded healer: moral distress, burnout, fear, anger, (other emotions)
4. Meaning in work: Part I
 - a. Definitions of meaning: group question – why do you work doing what you do?
 - b. Sources of meaning: influence of personal values, identity
5. Meaning in work: Part II
 - a. Protecting meaning: meaning though the professional life cycle
 - b. Promoting meaning: approaches may vary over time, need to be flexible
6. Personal Resources
 - a. Mindfulness/resiliency (internal resources)
 - b. Spirituality/religion, community, friendships, activities (links to external resources)
7. Thriving
 - a. Definitions: the spectrum of well-being, with distress on one end, what is on the other end?
 - b. What is needed to flourish/thrive?

- a. 12:45-12:50: Check-in/Welcome
- b. 12:50-1:05: Prepare the Environment (cueing exercise):
 - Data slide projected on screen.
 - i. 35% of physicians have no regular care provider
 - ii. 66% of eligible physicians with colon cancer screening
 - iii. 71% of eligible physicians with mammogram
 - iv. 71% of eligible physicians with influenza vaccination
- c. 1:05-1:25: Group Discussion:
 - Possible discussion points:
 - i. Do physicians take good care of themselves? Why or why not?
 - ii. How do we monitor our own well-being? Should we be doing this?
 - iii. What do participants do to promote their own well-being? Are these behaviors intentional or not?
- d. 1:25-1:40: Skills/Solutions:
 - i. Approaches to well-being from the literature
 - ii. Additional discussion of the literature
 - iii. Website: <http://www.pgme.utoronto.ca/wellness/physician.htm>
 - iv. Mindful practice in Epstein paper
- e. 1:40-1:45: Check-out/Summary
 - i. Physicians often do not take care of themselves as well as we would like our patients to take care of themselves
 - ii. Greater personal awareness may be helpful, facilitated by reflection and mindfulness (we will talk about these much more as the curriculum continues)
 - iii. There are several approaches to promoting well-being that have been proposed in the literature. These include attention to relationships, positive life philosophies, and attention to self.

Outcomes

- Physician Job Satisfaction Scale (12 items, range 1-5)
- Empowerment atWork Scale (12 items, range 1-7)
- Quality of life and fatigue (1 item, 0-10, cut-off = 5)
- Medical Outcomes Study Short-FormHealth Survey (8 items, 0-5/6)
- Maslach Burnout Inventory (10 items, 0-6)
- Perceived Stress Scale (10 items, 0-4)
- 2-questions Depression screening
- Jefferson Scale of Physician Empathy (20 items, 1-7)

Non-trial survey

- A single item from the Empowerment at Work Scale
- A single-item measures of depersonalization and emotional exhaustion
- Quality of life and fatigue (1 item, 0-10, cut-off = 5)

Results

Table 2. Changes From Baseline for Randomized Arms of the Trial

Variable	Group	During Intervention				Postintervention Follow-up			
		3 mo	6 mo	9 mo	P Value (End of Intervention)	3 mo	P Value (3 mo)	12 mo	P Value (12 mo)
Engagement at work ^a	Intervention	3.6	3.8	2.6	.33	5.3	.04	5.5	.03
	Control	0.3	1.8	0.8		-0.5		1.3	
High depersonalization, % ^b	Intervention	-7.2	3.0	-15.5	.31	-15.5	.004	-9.6	.02
	Control	-0.7	-2.8	1.6		0.8		-1.5	
High emotional exhaustion, % ^b	Intervention	-11.6	-9.5	-19.4	.91	-16.5	.54	-19.4	.69
	Control	-3.7	-14.3	-4.0		-7.8		-16.1	
Overall burnout, % ^b	Intervention	-14.1	-8.6	-24.7	.91	-24.7	.14	-21.7	.22
	Control	-9.6	-11.5	-6.5		-7.6		-15.6	
Perceived Stress Scale ^b	Intervention	-2.2	-2.2	-3.1	.90	-3.2	.83	-2.6	.58
	Control	-0.9	-2.5	-1.8		-2.3		-0.8	
Positive depression screen, % ^b	Intervention	-1.1	-11.5	-6.2	.17	2.7	.60	-6.2	.62
	Control	1.9	5.7	5.0		1.0		-4.1	
Overall QOL ^a	Intervention	0.4	0.1	0.5	.14	0.4	.48	1.5	.63
	Control	0.6	0.9	0.8		0.4		1.8	
PJSS ^a	Intervention	0.2	0.2	0.2	.84	0.2	.82	0.3	.93
	Control	0.1	0.2	0.2		0.1		0.2	

Effet à 3 et 12 mois post intervention

Pas d'effet durant l'intervention

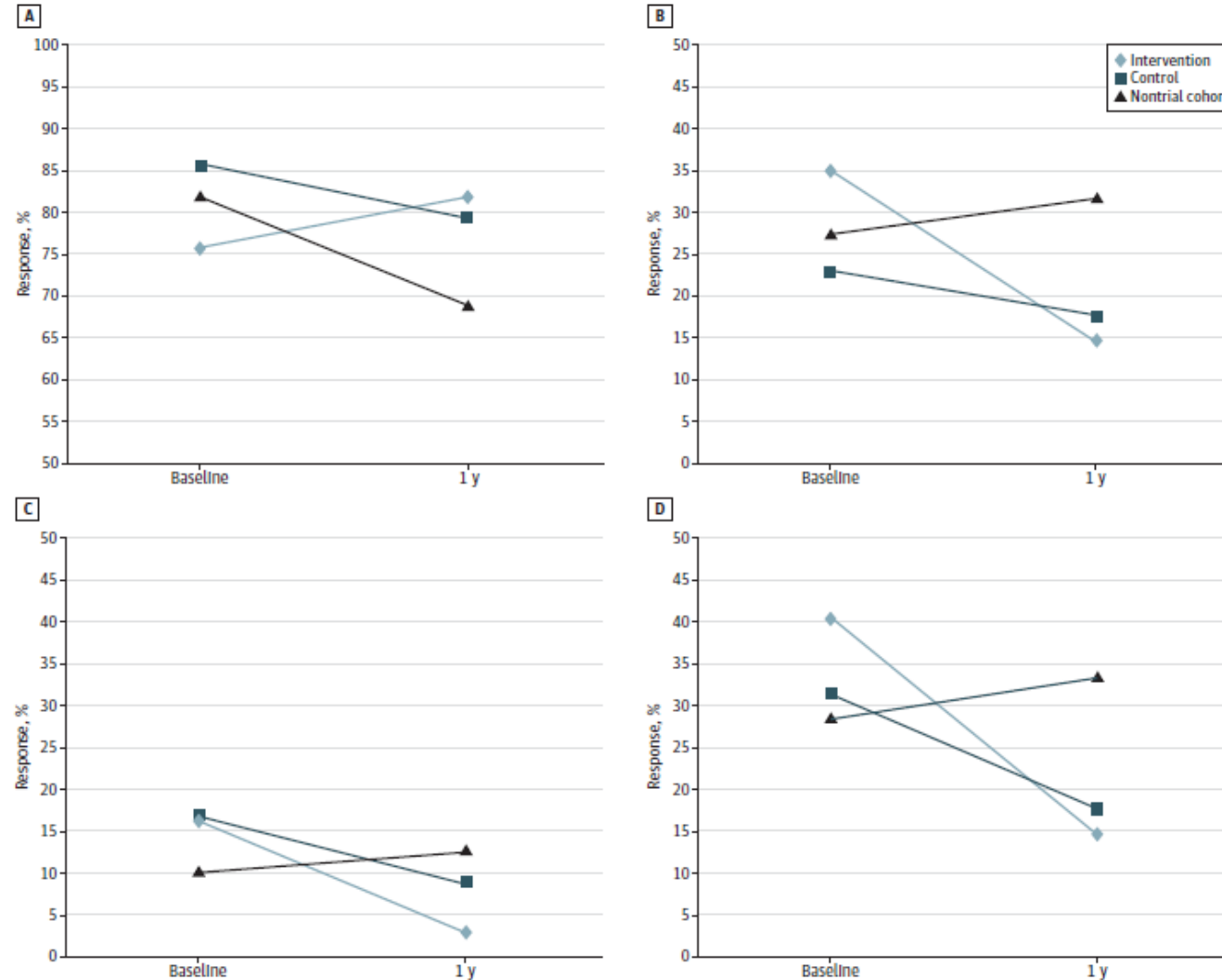
Abbreviations: PJSS, Physician Job Satisfaction Scale; QOL, quality of life.

^a Increased score reflects improved outcome.

^b Decreased score reflects improved outcome.

Results

Figure 2. Changes From Baseline for Nontrial Cohort vs Randomized Arms of Trial



A single item from the Empowerment at Work Scale

A single-item measure of emotional exhaustion

A single-item measure of depersonalization

Overall burnout

Proportion of participants who (A) strongly agreed that work is meaningful ($P = .04$) and rates of (B) high emotional exhaustion ($P = .007$), (C) high depersonalization ($P = .03$), and (D) overall burnout ($P = .002$).



$$\text{Seminar Appeal} = \frac{\text{Relevance} \times \text{Food}}{(\text{Distance})^2}$$



JORGE CHAM © 2007

Points forts

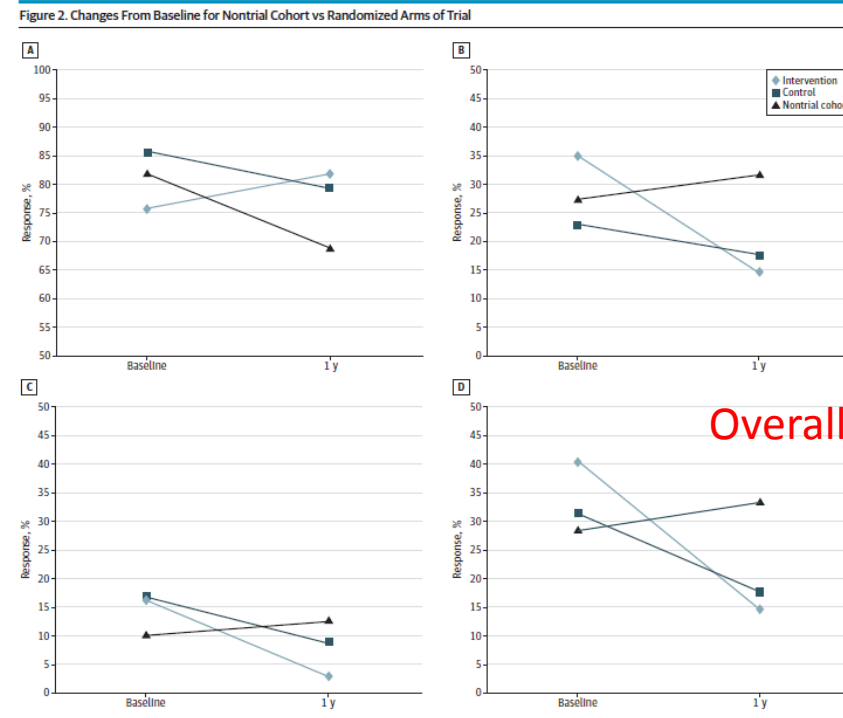
- RCT
- 12 mois follow-up
- Bien planifié et construit
- Outcomes validés dans d'autres études
- Organization-level intervention en comparaison aux précédentes approches individuelles (e.g. Rabow et al. 2001; Krasner et al. 2009)

Points faibles

- Méthodes

- Manque certaines informations (e.g. Questions « non trial group », Comment est modélisé le follow-up?, valeurs tests? Dispersion?)
- Power analysis
- Correction comparaison multiple?
- Intérêt preregistration??

In the nontrial cohort, an abbreviated survey was used. This survey included a single item measuring meaning at work drawn from the Empowerment at Work Scale,²³ single-item measures of depersonalization and emotional exhaustion,^{32,33} and the single-item linear analog scale assessment QOL item.²⁴



Overall burnout?

Proportion of participants who (A) strongly agreed that work is meaningful ($P = .04$) and rates of (B) high emotional exhaustion ($P = .007$), (C) high depersonalization ($P = .03$), and (D) overall burnout ($P = .002$).

Statistical Analysis

Statistical Analysis

Standard univariate statistics were used to characterize the sample. The changes in each well-being metric from study baseline to study end, as well as at 3 and 12 months following the study, were analyzed according to the intent-to-treat principle using generalized estimating equations to account for the repeated-measures design. Because of baseline differences across groups for several variables, all analyses were adjusted for levels of distress at study onset. All tests were 2-sided ($\alpha = 0.05$). Statistical analyses were performed using SAS, version 9.2 (SAS Institute, Inc).

Study Design, Setting, and Participants

This was a single-center, randomized clinical trial with a planned enrollment of 90 practicing physicians in the Department of Medicine at the Mayo Clinic in Rochester, Minnesota. The study

Generalized Estimation Equations (GEE)

- Méthode statistique utilisée pour estimer les paramètres d'un GLM.
- Utilisé à la place d'une régression logistique lors de mesure répétée dans le temps
- Utilisé lorsque l'outcome est une variable discrète

vention arm vs 0.8 points in the control arm ($P = .33$). Three months after the study, empowerment and engagement at work had increased by 5.3 points in the intervention arm vs a 0.5-point decline in the control arm ($P = .04$), a difference sustained at 12 months (+5.5 vs +1.3 points; $P = .03$). Differences in

Estimateur ?
Valeur du test?

Of the 37 participants in each arm of the study, 34 (91.9%) provided survey responses. With this sample size, power was 80% to detect a moderate Cohen f^2 effect size of 0.15. Of the 491 nonstudy participants, 350 (71.3%) provided survey responses. With this sample size, power was 80% to detect a small Cohen f^2 effect size of 0.02.

clinicaltrials.gov

Outcome Measures

Primary Outcome Measures

1. Physician burnout [Time Frame: September 2010 - June 2012]

Burnout measured by the Maslach Burnout Inventory.

Secondary Outcome Measures

1. Physician job satisfaction [Time Frame: September 2010 - June 2012]

Job satisfaction measured by validated scales.

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Abbreviations: PJSS, Physician Job Satisfaction Scale; QOL, quality of life.

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Points faibles

- Méthodes
- Généralisation ?
 - Médecins hospitaliers uniquement
 - Différence dans les spécialités?
 - Sélection des «plus stressés»?

Second, the trial participants reflect a self-selected group of physician volunteers. Therefore, although comparisons between the trial and nontrial participants were adjusted for differences in measured demographic factors and baseline levels of distress, it is possible other important differences existed between these groups. Third, all participants were internal

Results

Table 1. Baseline Demographic Characteristics of Randomized Arms of the Study and Cohort of Nonstudy Participants

Variable	Metric (Scale)	Intervention Arm (n = 37)	Control Arm (n = 37)	Nonstudy Cohort (n = 350)
Sex, No. (%)	Women	12 (32.4)	13 (35.1)	75 (21.4)
Specialty, No. (%)	General medicine	16 (43.2)	15 (40.5)	101 (28.9)
Engagement and meaning at work, mean (SD)	EWS (12-84)	54.2 (9.5)	58.2 (11.1)	NA
	Single item (1-7)	6.1 (1.0)	6.4 (0.8)	6.2 (1.0)
Burnout, No. (%)	Full MBI high depersonalization	9 (24.3)	9 (25.7)	NA
	High single item	6 (16.2)	6 (17.1)	35 (10.3)
	Full MBI high emotional exhaustion	17 (45.9)	12 (34.3)	NA
	High single item	13 (35.1)	8 (22.9)	95 (27.4)
	Full MBI overall burnout	20 (54.1)	15 (42.9)	NA
	Overall single-item burnout	15 (40.5)	11 (31.4)	98 (28.7)
Stress, mean (SD)	Perceived Stress Scale (0-40)	18.0 (5.6)	16.2 (6.2)	NA
Depression, No. (%)	Positive depression screen	11 (29.7)	11 (31.4)	NA
QOL, mean (SD)	Overall QOL (0-10)	6.7 (1.7)	6.7 (2.0)	6.7 (2.0)
Work-home conflicts, work/home/both, No. (%)	Work-home conflict in previous 3 wk	32 (88.9)	31 (88.6)	232 (66.3)
	Resolution of work-home conflict	19 (51.4)	15 (42.9)	173 (49.4)
		4 (10.8)	8 (22.9)	27 (7.7)
		14 (37.8)	12 (34.3)	122 (34.9)
Job satisfaction, mean (SD)	PJSS (1-5)	3.8 (0.7)	4.0 (0.7)	NA

Démographie Médecins cohort
≠
Nonstudy Participant?

medical subspecialization. Baseline characteristics of the 2 trial groups were generally similar, with no statistically significant differences observed, although the intervention arm had slightly higher rates of high emotional exhaustion and overall burnout. The 350 members of the nontrial cohort included

Inclus dans le model?

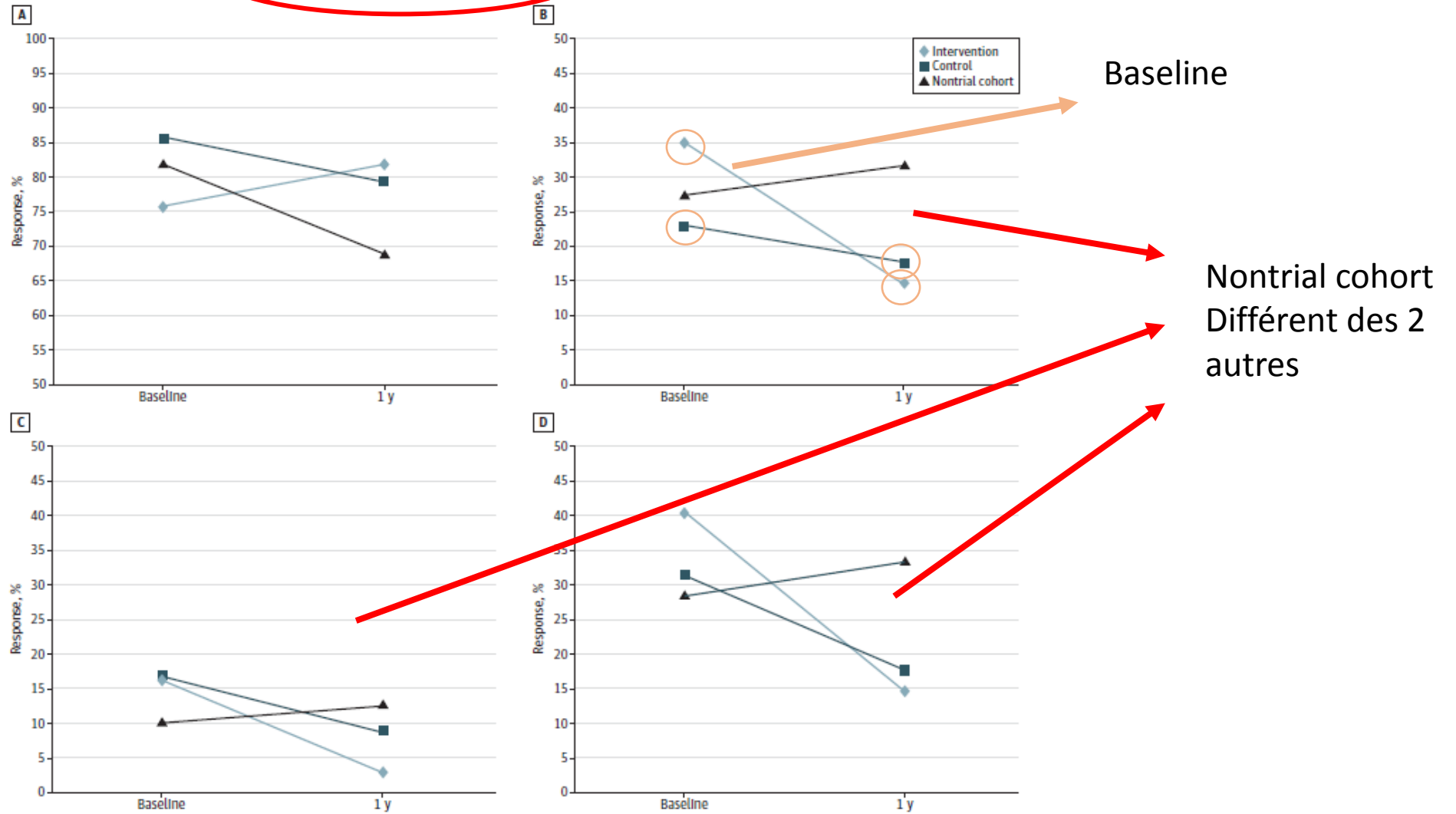
Burnout Médecins cohort > Nonstudy Participant?

Points faibles

- Méthodes
- Généralisation
- Résultats
 - Est-ce que l'intervention est vraiment efficace?
 - Est-ce que une heure de congé tous les 15 jours suffit?

Results

Figure 2. Changes From Baseline for Nontrial Cohort vs Randomized Arms of Trial



Proportion of participants who (A) strongly agreed that work is meaningful ($P = .04$) and rates of (B) high emotional exhaustion ($P = .007$), (C) high depersonalization ($P = .03$), and (D) overall burnout ($P = .002$).

Points faibles

- Méthodes
- Généralisation
- Résultats
- Discussion:
 - Pourquoi pas d'effet durant l'intervention?
 - Pourquoi les « Nonstudy Participants » péjorent?
 - Pourquoi l'intervention a fonctionné? (relations entre collègues? Techniques enseignées? Prise de conscience du problème modifie son appréciation?)
 - Reflète l'adaptation des médecins aux stress plus qu'une diminution du stress en soi
 - Quel serait l'impact sur des variables de santé publique?

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Clinical Trial

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, process-of-care changes, and the like. All manuscripts reporting clinical trials, including those limited to secondary exploratory or post hoc analysis of trial outcomes, must include a copy of the trial protocol including the **complete statistical analysis plan** (see Protocols), a CONSORT flow diagram (Figure), and a **completed CONSORT checklist**. All clinical trials must be registered at an appropriate online public registry (see **Trial Registration requirements**). Authors are required to provide a **Data Sharing Statement** to indicate if data will be shared or not. Specific questions regarding the sharing of data are included in the manuscript submission system.

FACULTY

COLIN P. WEST, M.D., PH.D.



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Contact

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[Clinical Profile](#)

SUMMARY

The research of Colin P. West, M.D., Ph.D., focuses primarily on physician well-being, evidence-based medicine and biostatistics, and medical education.



Stanford
MEDICINE

[Tait Shanafelt, MD](#), a nationally recognized expert in physician wellness, will join [Stanford Medicine](#) as its first chief wellness officer, effective Sept. 1, leading the medical center's pioneering program in the field.



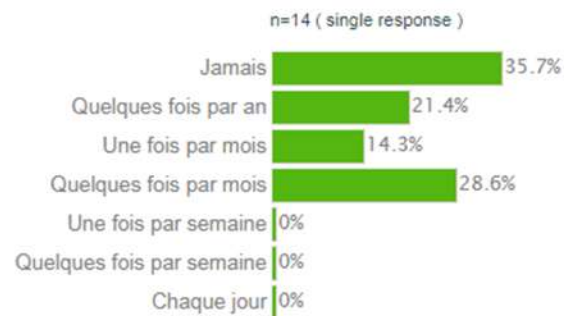
Tait Shanafelt

Merci pour votre attention

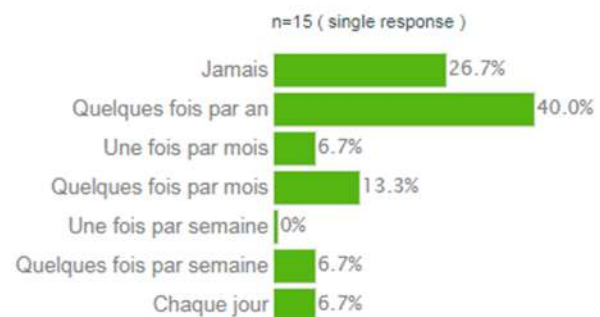
1. Je me sens épuisé(e) par mon travail



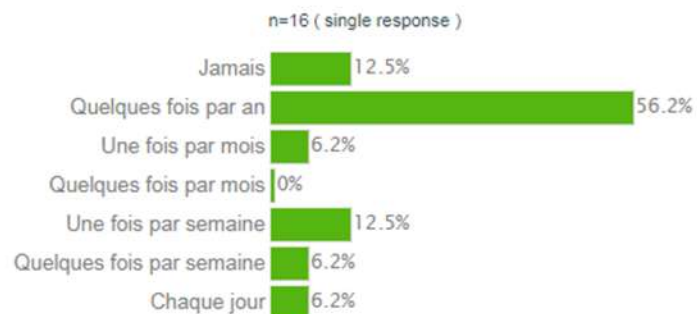
3. Je ne me soucie pas vraiment de ce qui arrive à certains de mes patients



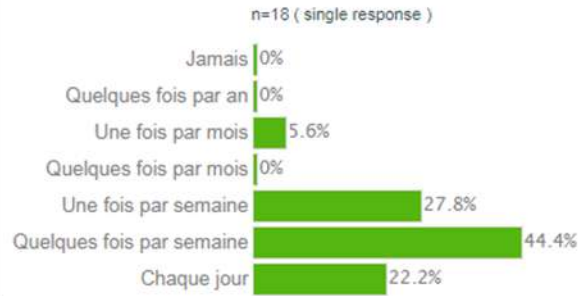
2. Je sens que je craque à cause de mon travail



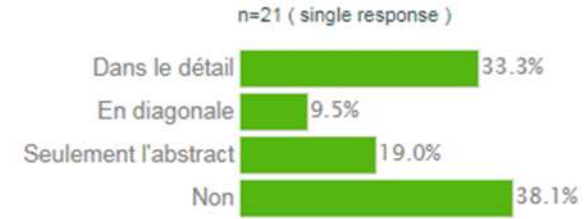
4. Je crains que ce travail ne m'endurcisse émotionnellement



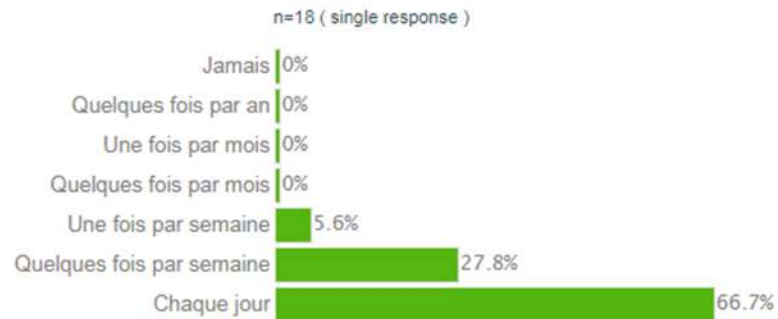
5. J'ai l'impression, à travers mon travail, d'avoir une influence positive sur les gens



7. J'ai lu l'article?



6. J'arrive facilement à créer une atmosphère détendue avec mes patients



Empowerment at Work Scale

Spreitzer (1995) p. 113

1 – strongly disagree to 7 – strongly agree

Meaning items:

1. The work I do is very important to me
2. My job activities are personally meaningful to me
3. The work I do is meaningful to me

Competence items:

4. I am confident about my ability to do my job
5. I am self-assured about my capabilities to perform my work activities
6. I have mastered the skills necessary for my job

Self-determination items:

7. I have significant autonomy in determining how I do my job.
8. I can decide on my own how to go about doing my work
9. I have considerable opportunity for independence and freedom in how I do my job

Impact items:

10. My impact on what happens in my department is large
11. I have a great deal of control over what happens in my department
12. I have significant influence over what happens in my department