



MedStar Health



Georgetown
University

Should Physicians Read? Assessing the Effect of Reading on Physician Burnout

Daniel Marchalik, MD, MA | Jamie Padmore, DM | Aviad Haramati, PhD
| Stephen Fernandez, MPH | Simone Obara, MD

Daniel Marchalik, MD, MA

Medical Director, Physician Wellbeing, *MedStar Health*

Director, Literature and Medicine Track,

Georgetown University School of Medicine

Date Goes Here



ICPH 2018

INTERNATIONAL CONFERENCE ON PHYSICIAN HEALTH[®]

AMA
CMA
BMA

Hippocratic Aphorisms

ars longa, vita brevis

For extreme diseases, extreme
methods of cure, as to restriction,
are most suitable.

Diseases desperate grown
By desperate appliance are relieved,
Or not at all

Hamlet IV.iii







“Read Don Quixote. I still read it frequently”





Why do we need books in medicine?



Improved professionalism?

THE LANCET

PERSPECTIVES | THE ART OF MEDICINE | VOLUME 385, ISSUE 9985, P2346-2347, JUNE 13, 2015

Saving the professionalism course

Marchalik *Lancet* 385:9985



Connection to patients?



The Return to Literature—Making Doctors Matter in the New Era of Medicine

Daniel Marchalik, MD, MA

Marchalik *Acad Med* 92:12



Theory of Mind | Empathy?

Science

Reading Literary Fiction Improves Theory of Mind

David Comer Kidd*, Emanuele Castano*

Understanding others' mental states is a crucial skill that enables the complex social relationships that characterize human societies. Yet little research has investigated what fosters this skill, which is known as Theory of Mind (ToM), in adults. We present five experiments showing that reading literary fiction led to better performance on tests of affective ToM (experiments 1 to 5) and cognitive ToM (experiments 4 and 5) compared with reading nonfiction (experiments 1), popular fiction (experiments 2 to 5), or nothing at all (experiments 2 and 5). Specifically, these results show that reading literary fiction temporarily enhances ToM. More broadly, they suggest that ToM may be influenced by engagement with works of art.

Kidd *Science* 342:6156

Physician Burnout

Burnout is estimated to affect over half of practicing physicians in the United States, and appears to be on the rise¹

Interventions on both personal and organizational levels have been shown to decrease rates of burnout among physicians²

Reading non-medical literature such as fiction, poetry, or creative non-fiction has recently been identified as an effective method to decrease stress and improve physician empathy^{3,4}

Shanafelt Mayo Clin Proc 90:19 | West Lancet 388:10057 | Mar Cogn Emot 25:5

Methods

We conducted a survey of reading practices and burnout symptoms was distributed to an organization-wide listserv of practicing physicians and trainees at MedStar Health (N=2,501).

We assessed demographic information, reading patterns, medical school curricular opportunities, and burnout (emotional exhaustion and depersonalization) using the abridged MBI

Results

Response rate:

16.9% (n=229) for attendings

24.7% (n=264) for trainees

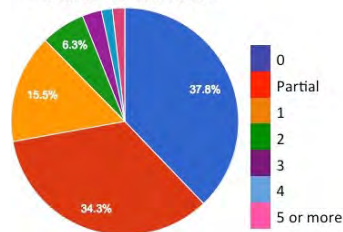
Table 1: Demographic Characteristics, Burnout and Depersonalization of the 513 Responders

Characteristic	Responders (No. [%])
Age	
<30 y	120 (29.8)
30-39 y	144 (35.7)
40-49 y	53 (13.2)
50-59 y	50 (12.4)
60-69 y	33 (8.2)
>70 y	3 (.74)
Missing	110
Undergraduate Major	
Humanities ^a	58 (11.4)
Sciences ^b	401 (79.1)
Social Sciences ^c	48 (9.5)
Missing	6



Readership

Books Read In a Month

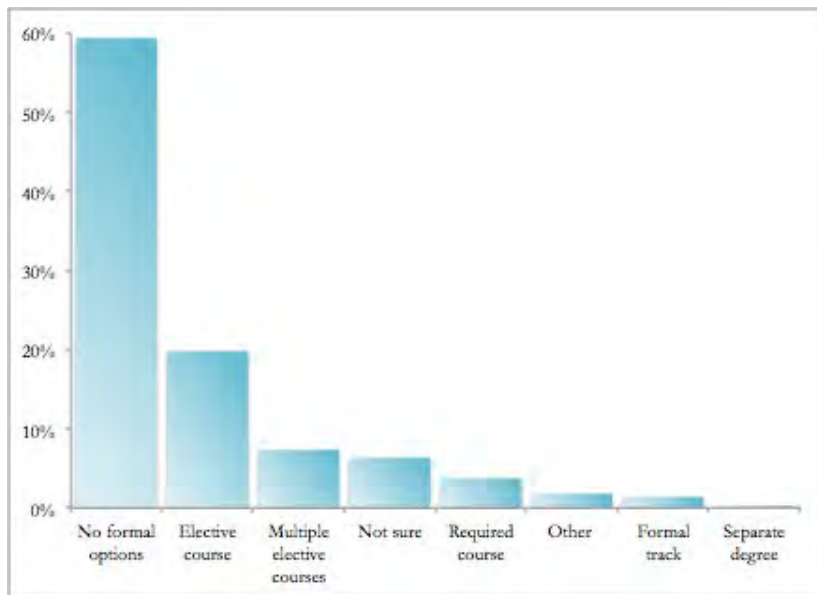


	General Population*	MedStar Health
Non-readers	48.4%	37.8%
Inconsistent (Light/Moderate) Readers <12 books per year / <1 book per month	33.8%	49.8%
Consistent (Frequent) Readers 12-49 books per year / 1-4 books per month	13.2%	26.1%
Avid Readers ≥50 books per month / ≥4 books per month	4.6%	1.8%

Iyengar S, Grantham E, Nichols B, Menzer M, Shingler T. A decade of arts engagement: Findings from the Survey of Public Participation in the Arts, 2002–2012. *Washington, DC: National Endowment for the Arts. 2012.*



Curricular Offerings



The average age of someone *with* medical school literature-related curricular options was 35.1 vs 40.7 for those without curricular opportunities ($p < 0.0001$)

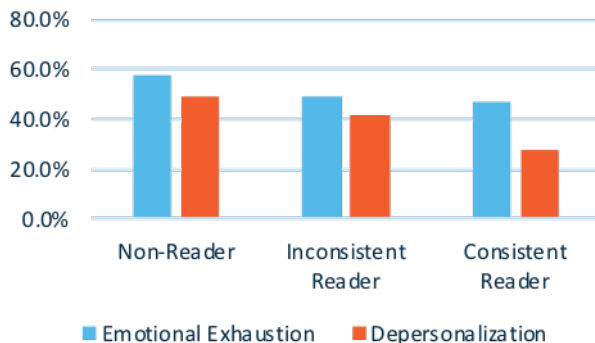
Having undergraduate course offering trended toward association with avid readership ($p = 0.058$)

Burnout

Overall Burnout	39.6%
Emotional Exhaustion	21.7%
Depersonalization	17.9%

Burnout and Readership

	Non-Reader (0 books/month)	Inconsistent Reader (<1 book/month)	Consistent Reader (≥1 book/month)	p-value
Emotional Exhaustion	N=112 (58%)	N=86 (49.4%)	N=66 (46.8%)	0.09
Depersonalization	N=95 (49.2%)	N=72 (41.4%)	N=39 (27.7%)	0.0004



The relative risk of emotional exhaustion and depersonalization for Consistent- versus Non-Readers was **0.81** and **0.56**, respectively.

Can this study be replicated?

Sneak Peak at 2 new studies:

Palliative Care Providers

National survey study of 709 palliative care providers

Main predictors of burnout (MBI): age, fatigue and reading habits

Marchalik et al. "The Impact of Non-Medical Reading on Burnout in Palliative Care." International Congress on Palliative Care 2018. Montreal, Canada

Palliative Care Providers

Multivariable logistic regression controlling for age, clinical discipline, and presence of fatigue

	Burnout			Emotional Exhaustion			Depersonalization		
	OR	95% CI	p-value	OR	95% CI	p-value	OR	95% CI	p-value
Books read per month									
Inconsistent reader (<1 book/mo)		referent			referent			referent	
Consistent Reader (1-3 books/mo)	0.61	[0.39-0.97]	0.036	1.334446	[0.65-2.73]	0.4	0.580772	[0.36-0.93]	0.025
Avid Reader (≥4 books/mo)	0.97	[0.46-2.05]	0.9	1.300129	[0.39-4.38]	0.7	1.067627	[0.5-2.27]	0.9

Marchalik et al. "The Impact of Non-Medical Reading on Burnout in Palliative Care." International Congress on Palliative Care 2018. Montreal, Canada

Urology Residents

National survey of 211 urology trainees.

50-questions: MBI, PHQ9, work/program characteristics, relaxation techniques

Univariate Analysis

	No Burnout n=67	Burnout n=144	p-value
Gender, n (%)			0.426
Male	49 (33.8)	96 (66.2)	
Female	18 (27.3)	48 (72.7)	
Relationship status, n (%)			0.968
Single	15 (30.6)	34 (69.4)	
Committed	14 (29.8)	33 (70.2)	
Married	37 (33.3)	74 (66.7)	
Divorced	1 (25)	3 (75)	
Regularly utilized methods of relaxation, n (%)			
Meditation			1.000
No	64 (32)	136 (68)	
Yes	3 (27.3)	8 (72.7)	
Exercise			1.000
No	32 (32)	68 (68)	
Yes	35 (31.5)	76 (68.5)	
Yoga			0.797
No	62 (32.1)	131 (67.9)	
Yes	5 (27.8)	13 (72.2)	
Reading			0.022
No	45 (27.6)	118 (72.4)	
Yes	22 (45.8)	26 (54.2)	

Multivariate Analysis

Multivariable logistic regression controlling for gender, resident level, work hours

	Burnout			Depersonalization			Emotional Exhaustion		
	Odds Ratio	95% Confidence Interval	p-value	Odds Ratio	95% Confidence Interval	p-value	Odds Ratio	95% Confidence Interval	p-value
Female gender	1.03	[0.5-2.14]	0.9	0.68	[0.36-1.29]	0.2	1.49	[0.76-2.93]	0.3
Resident Level									
Intern		Referent							
Junior	0.65	[0.19-2.28]	0.5	0.46	[0.15-1.41]	0.2	1.04	[0.37-2.91]	0.9
Senior	0.36	[0.1-1.22]	0.1	0.25	[0.08-0.75]	0.013	0.69	[0.25-1.92]	0.5
Regular reading for relaxation	0.41	[0.19-0.87]	0.02	0.79	[0.39-1.59]	0.5	0.41	[0.19-0.89]	0.024
Work Hours									
<60 hours		Referent							
60-80 hours	1.87	[0.58-5.99]	0.3	1.18	[0.38-3.64]	0.8	1.68	[0.46-6.13]	0.4
>80 hours	2.63	[0.74-9.28]	0.1	1.14	[0.34-3.8]	0.8	3.6	[0.93-13.97]	0.1



MedStar Health



Georgetown University

www.georgetownliteratureandmedicine.com

GEORGETOWN LITERATURE AND MEDICINE

LANCET COLUMN

RETURN to GUSoM



M 1

M 2-4

M 3&4

ABOUT

REQUIREMENTS

ACTIVITIES

AUTHOR SERIES

SYLLABI

IN THE MEDIA

CAPSTONES

The track is comprised of four years (M1-M4) of the Literature and Medicine Elective (dedicated to the study of non-medical narratives), two years (M3&M4) of the Narratives Elective (monthly hour-long meeting dedicated to the exploration of narratives within medicine), and a scholarly capstone project to be completed between the M2-M4 years.

M1

Literature and Medicine I

M2

Literature and Medicine II
Begin Capstone

M3

Literature and Medicine III
Narrative Medicine Seminar I

M4

Literature and Medicine IV
Narrative Medicine Seminar II
Presentation of Capstone Project



Next steps?



ICPH 2018

INTERNATIONAL CONFERENCE ON PHYSICIAN HEALTH®

AMA
CMA
BMA