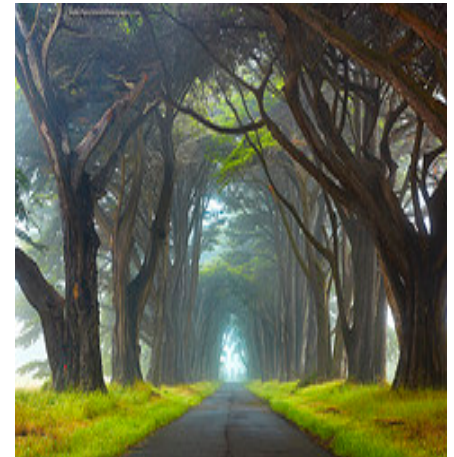

Burnout & Resilience in the Medical Community

An Evidence-Based Discussion

Maine Academy of Pediatrics

May 2, 2015

Joe (George) Dreher, MD, MMC Medical Education





We are confronted with
insurmountable
OPPORTUNITIES



Tonight's playing field ...

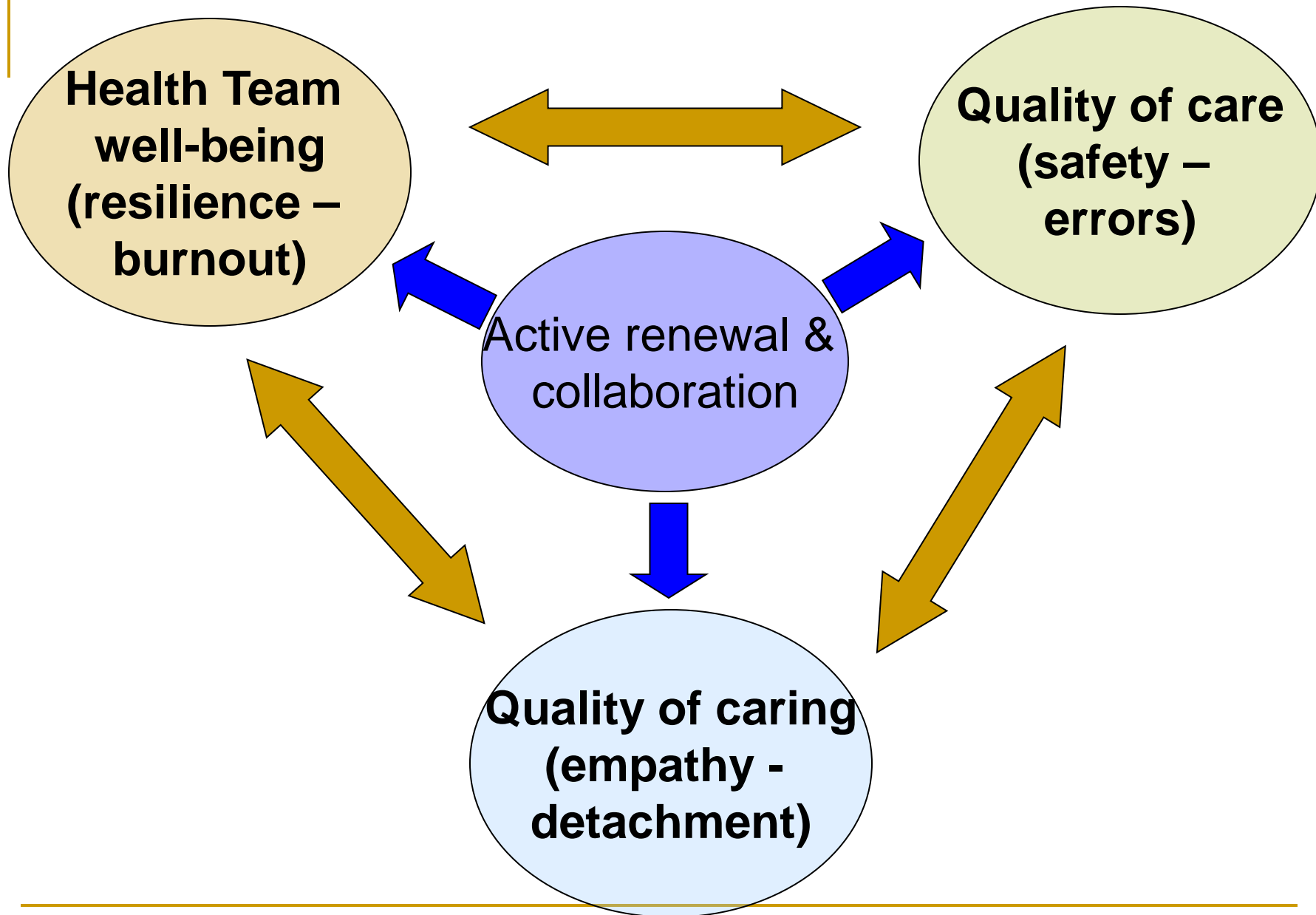
- Mid Coast Hospital has its own history, culture, resources and challenges.
 - Everything in health care seems to be a moving target except the need to provide good care.
 - Emerging range of solutions allow a dynamic menu of multifaceted approaches for all members of the team and the team itself.
-

Resilience

- The ability to adapt in healthy ways to adversity
 - An ongoing process of interacting with life challenges
- Contributing factors:
 - Caring and supportive mutual relationships
 - Communication skills
 - Experience / self-confidence
 - Emotional self-regulation
 - Realistic goal implementation
 - Self-compassion

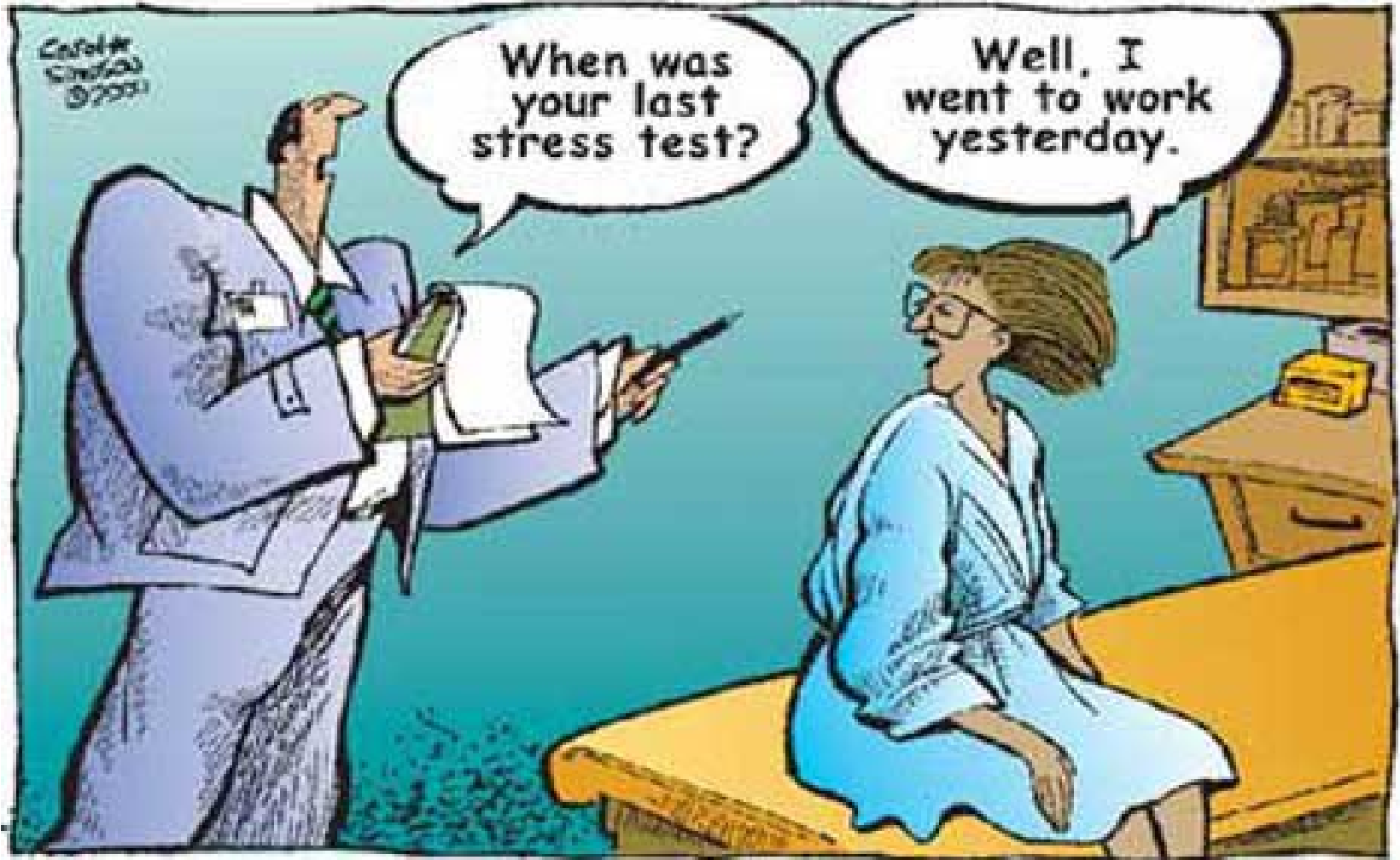
Interacting dimensions of resilience

1. Individual / personal (& their outside supports)
 2. Localized teams / systems
 3. Greater organizational system
-
- Awareness and constructive actions promoted within each of these and all collaborating over time has been proven to be most effective.
-



Beginning with the individual
provider ...

Work life 2015 ...



Our psychological strengths

- Thoroughness
- Commitment
- Doing everything “right”
- Healthy skepticism
- Altruism, stoicism, hard work
- Caring
- Rationality
- Self-criticism

= >

Our psychological vulnerabilities

- Over-compulsiveness
- Over-commitment
- Inability to admit mistakes
- Need for certainty
- Neglecting self-care and family
- Compassion fatigue
- Emotional distance
- Self-deprecation

Work drains escalating...

- Long hours
- Many meetings
- Constant interruptions
- Deadline pressures
- Productivity expectations higher yet static resources
- Tedious tasks (especially with EHR) (“pixels or people?”)
- Rapidly changing health care system
- Less autonomy & increasing expectations
- Silo work environment / peer disconnection
- Uncertainty / insecurity





These factors interact => Stress



- Excessive stress => excessive / prolonged cortisol release => increased body-wide inflammation which:
 - ❑ Damages blood vessels & B/P increased
 - ❑ Damages Central Nervous System cells
 - ❑ Reduces Insulin response => promotes diabetes
 - ❑ Promotes joint diseases
 - ❑ More risk for common cold / weight gain / slowed wound healing / sleep dysfunction / heart disease / depression / peptic ulcers / multiple GI disorders / escalates MS pain / medically unexplained symptoms ...
 - ❑ ~ 30% of work-related illness from stress (Inter.Labor Org.)
-

Stress associated health issues

Stress related weight gain due to:

- ❑ Burning off less calories => 11 # weight gain/ yr.
- ❑ ~ 40% will increase food intake => conditioned overeating
- ❑ Stimulates preference for sugar/fat/starchy food => mood & energy swings
- ❑ Increased insulin level & less fat oxidation => more fat storage (especially abdominal fat) Lilian Cheung, D.Sc., RD / Kiecolt-Glaser Biol Psychiatry 2013

■ Aetna found

- ❑ \$2,000/yr. in health costs related to varying stress levels
- ❑ \$3,000/yr. more productivity resulting from their in-house wellness program (Huffington Post 9.23.14)

■ More distractibility / self-centered thinking / decreased decision making ability / concrete thinking => Behavioral Ruts

Chronic Stress => Behavioral Ruts

Too much stress / unrealistic expectations =>

providers fall into automatic / default routines rather than flexibly responding =>

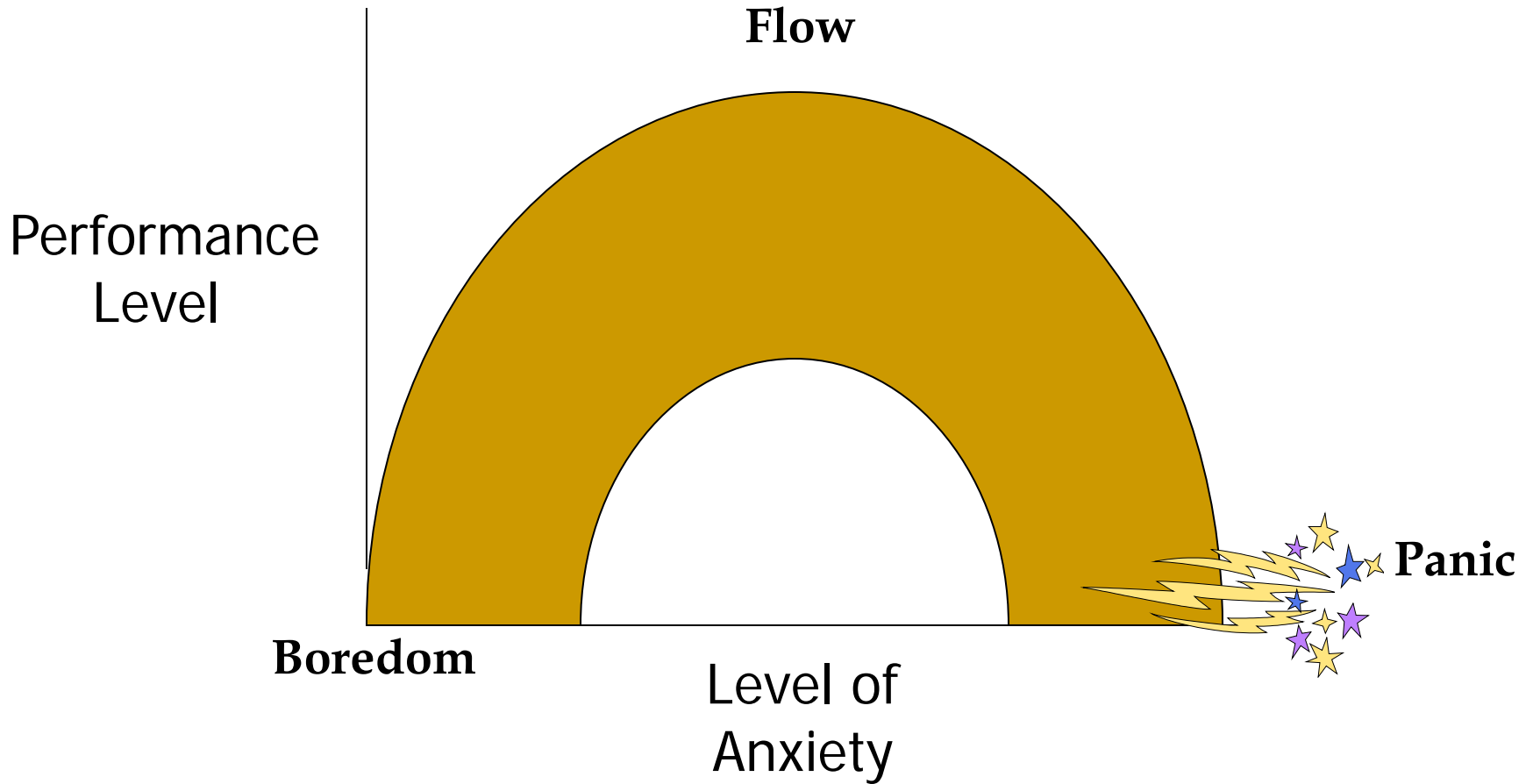
responses less corrective =>

more rigid / less aligned with own values =>

more stress => etc. etc. ...

Angier Brain as Co-conspirator in Vicious Stress Loop NYT 8.2009

Anxiety-Performance Response Curve



All these promote symptoms of **Burnout**

- **Emotional exhaustion**

- Emotionally overextended and exhausted by work / unable to recover during time off

- **Depersonalization**

- Negative, cynical attitude, treating others / patients as objects => blame & complain

- **Sense of low personal accomplishment**

- Feelings of incompetence, inefficiency and inadequacy / reduced sense of accomplishment / diminished hope
-

Burnout by Medical Specialty 2011

- 7288 physicians and 3442 working U.S. adults compared using Maslach Burnout Inventory
 - Overall 45.8% of physicians reported at least one of the three symptoms of burnout
- Compared to High School graduates the Odds Ratio for Burn-Out in higher education gaps was:

• Bachelor's degree	OR = 0.80	P = 0.48
• Master's degree	OR = 0.71	P = .01
• PhD / professional degree	OR = 0.64	P = .04
• MD or DO degree	OR = 1.36	P <.001
- Highest rates amongst those in front lines of care
 - Emergency Medicine ~ 65%
 - Gen. Int. Med. ~ 56%
 - Neurology ~ 55%
 - Family Medicine ~ 54%

Gender Differences in Burnout?

- Females tend to follow pattern of Exhaustion => Cynicism => Reduced confidence and/or sense of accomplishment
- Males tend to start with Cynicism then => Emotional exhaustion BUT less of a move into Self-doubt / reduced sense of accomplishment => less aware of / denial of distress

(& less likely to ask for help & have greater negative impact on co-workers?)

Multiple Risk Factors for Burnout



- Reduced self-care
- Overwork / under sleep
- Low control / high responsibility
- Reduced self-awareness
- Limited support / relationships with others
- Difficult communications
- Inability to live up to one's own standards
 - "Imposter syndrome" / not being enough / perfectionism
- Feeling of depression / grief / guilt in response to losses
- Erosion of values / meaning in work
- Imbalance between personal & professional life

Burnout Health Risks

- Increased physical problems (prior slide)
- Increased mental health problems (prior slide)
- Increased risk of chemical misuse
- Reduction of meaning in work
 - reduced commitment & engagement
- Increasing sense of guilt / unworthiness
- Loss of direction / purpose
- Increased home conflicts

Shanafelt CMA Physician Health conference 2012

Center JAMA 289:3;161 2003

Individual's Burnout impacts others

- Less present / available to others/patients
 - Reduced satisfaction of contacts
 - Reduced adherence by / engagement with others
- Prone to reflexive, rigid & reactive responses
- More emotionally exhausted => reduction in available knowledge base
- Stressed => impaired skills & reasoning

Med Care 23:85, Health Psych 12:93, JGIM 15:122 JAMA 306:952, J Mental Nervous IDs
202: 353 Shanafelt CMA Physician Health conference 2012

Individual => Organizational Burnout

- Morale diminished / clashes increase
 - Disruptions = 47% physician source / 48% nurse & physician source
- Less creativity / flexibility / slower response to change
- Increased errors / omissions
- More malpractice suits
- Work ethic & productivity decreased / “presenteeism”
- Drives away providers / earlier retirement / disability 2’ to illness
- Attrition rates increase => costly new hires, training and ramp-up time (for any team member)

2009 Doctor-Nurse Behavior Study *American College of Physician Executives*
Bodenheimer, T From Triple to Quadruple Aim *Ann Fm Med* 12;6:573

Resistance to change

- “People are much more resistant to being changed by others than they are to change itself.”

Dennis Wagner, MPA, Co-Director of the Partnership for Patients Initiative and consultant in Q. I. efforts with the CMS Innovation Center at Hanley Center Forum November 2014

- “Doing to” rather than “Doing with” ...
-

US ↔ THEM

Mental Rat Race ...



Engaged & Rewarding work



A Core Awareness ...

Self-love, my liege, is not so
vile a sin as self-neglect.

Henry V, Act 2, scene 4

Responses to challenges at any level

- **Unhealthy reactions** (reflex reacting)
 - Unskillful behaviors we “can’t keep from doing”
- **“Survival skills”** (habits)
 - Help us get through a tough time, but eventually destructive if primary / chronic (especially if proud of these => culture of endurance)
- **Growth; healthy coping and changing** (*flexible response*)
 - Requires **active** cultivation in self and workplace
 - Maintains homeostasis = promotes resilience

Actions to prevent individual burnout

■ Individual resilience practices

- Speak up before burned-out / asking for help when needed
- Meaningful leisure time activities / scheduled work time-outs
- Exercise
- Contact with colleagues / find a mentor
- Cultivation of relationships with family and friends
- Acknowledgement of uncertainty / use errors to learn
- Clear personal boundaries
- Building professionalism (self-education/teaching)
- Self-organization
- Personal reflection / awareness / meditation / relaxation techniques
- Spiritual practices

Zwack, J Resilience Strategies of Experienced Physicians *Acad. Med.* 88: 382

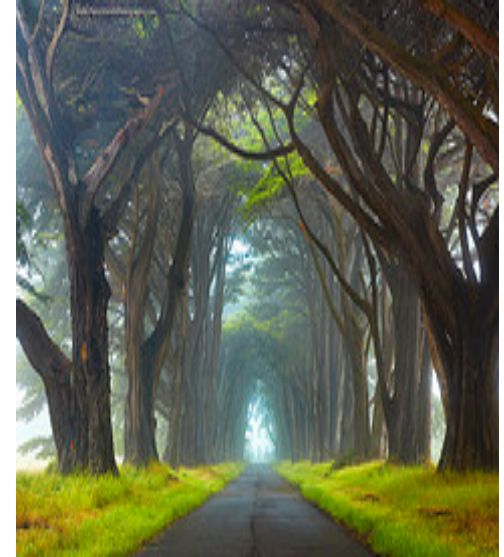
Physician Burnout: Preparing for a Perfect Storm StuderGroup C-suite bulletin Feb 2012

Training in (+) outlook improves function /counters culture of (-) anxiety

- **Exercise** (Babyck et al 2007)
- **Meditation** (Dweck, 2007)
- **Journaling** (Slater & Peenebaker 2006)
- **Random Acts of Kindness** (Lyubonoursky 2005)
- **Seeking 3 New Gratitudes per day *** (Emmons & McCullough 2003)

Mindful Practice

(one individual resource)



Moment-to-moment purposeful attentiveness to one's own mental processes during everyday activities with the goal of practicing with clarity and compassion

Mindfulness Impact on Working in a High-Stress Environment

- 3 groups of HR personnel tested on completing complex tasks in a very distracting/multitasking environment then:
 - Gp1) completed 8 week MBSR course then tested again
 - Gp 2) wait listed, then re-tested, then completed 8 week MBSR course and retested for a third time
 - Gp 3) 8 week body relaxation training then retested
- Only those trained in MBSR:
 - Had increased daily mindfulness and attention to environment
 - Stayed on assigned tasks longer / made fewer task switches
 - Had less negative emotions/fatigue-inertia after task completion
 - Improved memory for tasks performed (as did “relaxers”)

Levy, D M et al The Effects of Mindfulness Meditation Training on Multitasking in a High-Stress Information Environment Proceedings of Graphics Interface (GI 2012)

Mindful Communication: Bringing Intention, Attention, and Reflection into Clinical Practice

Krasner, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes in primary care physicians. *JAMA* 2009, 302(12): 1284-1293.

Group of long-term physicians from across primary specialties completing a program on Mindful Practice and then monitored over the following 10 months

Changes in well-being

□ Burnout:

- Emotional Exhaustion $r= 0.62$ $p<.001$
- Depersonalization $r= 0.45$ $p<.001$
- Personal Accomplishment $r= 0.44$ $p<.001$

□ Mood:

- Total Mood Disturbance $r= 0.69$ $p<.001$
- Depression $r= 0.55$ $p<.001$
- Anger $r= 0.76$ $p<.001$
- Fatigue $r= 0.81$ $p<.001$

■ Similar results in other studies

- Amutio, A Enhancing relaxation states and positive emotion in physicians through a mindfulness training program: A one year study *Psych, Health & Med.* Nov 2014

Attitudes/collaborations to prevent individual burnout

- Individual useful attitudes
 - Realism & acceptance
 - Self-awareness / evaluation of life experience
 - Recognizing when change is necessary
 - Appreciate the good things / gratitude
- Workplace related collaborative programs
 - Gratification in personal interactions
 - Gratification in professional mastery & meaning
 - Autonomy to improve the downsides of job

Zwack, J Resilience Strategies of Experienced Physicians *Acad. Med.* 88: 382

Physician Burnout: Preparing for a Perfect Storm StuderGroup C-suite bulletin Feb 2012

United you / we stand

- One should not be in isolation
 - Have a trusted colleague or two along
 - Be mentored / mentor others
 - Be involved in team efforts
 - Find/build a “connection place” = time with peers
 - Maintain personal support systems
 - formal (support groups/therapy)
 - informal (life partner / family / community volunteer ...)
-

Hierarchy of Provider's work allegiances ?

1. To their Profession
 2. To their Patients
 3. To their Health Care Team
- If they feel they are not given resources to provide good patient care, their workplace engagement diminishes.
 - Work to reframe away from cynicism to “What can we do to improve patient care?”

Dennis Wagner, MPA, Co-Director of the Partnership for Patients Initiative and consultant in Q. I efforts with the CMS Innovation Center at Hanley Center Forum November 2014

Three Keys for employee satisfaction:

Autonomy

- Promotes creative & self-driven work often better than pure \$ rewards
- Desire autonomy over:
 - Task (what they do)
 - Time (when they do it)
 - Team (Who they do it with)
 - Technique (how they do it)

Pink, D *Drive* 2013

Three Keys for employee satisfaction:

Mastery

- Promote “flow” = challenges matched to abilities
- Promote providers abilities as improvable
- Acceptance of this as continual journey rather than set goal = requires “grit”
- Opportunities for focused effort/practice
- A mover from compliance towards engagement

Pink, D *Drive* 2013

Three Keys for employee satisfaction: Purpose / Values

- Profit/margin as mutually supporting purpose maximization:
 - Goal of using profit to support purpose
 - Goals/mission/actions which go beyond organizations self-interest
 - Policies which allow providers to pursue their sense of purpose in daily work

Some specific administration options

- Understand provider drive to provide the best care to their patients
- Awareness of signs & symptoms of burnout
 - Clear message you desire to prevent / tx it
 - Encourage wellness efforts
 - Encourage going to peer educational conferences
 - At least 20% of their work time is on something particularly meaningful to them
 - Intervene when provider exhibits sx
 - Promote civility & collegiality

More specific administration options

- Measure and act on satisfaction /engagement indices – one domain at a time
- Stay in touch (making provider/staff rounds)
- Reward & recognize
- Training staff in:
 - Efficient/clear communication
 - Conflict resolution
- Reconnect providers to passion for work

High Functioning Primary Care Practices

- “Site visits to 23 high-performing primary care practices nation-wide evaluating distribution of functions amongst the team, using technology to their advantage, improve outcomes with data, and made the job of primary care feasible and enjoyable”
- Major findings included:
 - Proactive planning of care
 - Expanded sharing of clinical care more among team members
 - Expanded sharing clinical tasks among team members
 - Improved timely communication via voice-mail & in-box management
 - Improved team functionality through co-location, meetings and work flow mapping

“Manage Your Energy, Not Your Time”

- Tried in financial /automotive/electronics firms
- Programs of mutually reinforcing personal training:
 - Physical / Nutritional
 - Emotional Energy
 - Mental Energy
 - Spiritual Energy
- Plus organizational support of these efforts
- Participants compared to controls over the next year had:
 - Revenues increased 13 to 20 %
 - Relationships with clients improved in 68%
 - Better focused on and aware of what is important in their work (& lives)

Collaborative workplace options

- Leadership support (Mindful Leadership course)
- Leaders modeling self-care (Go home on time / no 2 am e-mails ...)
- Reducing tedium / metrics & EHR frustrations (Scribes)
- Training in interpersonal competency (communication / conflict resolution)
- Peer connection/counseling/coaching & mentoring
 - New hire orientation & support
 - Focused support for those in crisis
 - Ongoing support / assistance as needed by any provider
- Collaborative problem solving
- Resilience training (Yoga, Balient Gp., MBSR, (+) Psych training ...)
- Team & Techno-work (Sinsky Finding the Joy In Practice *Ann Fm Med* 2013)
- Ongoing evaluation and innovation

(Dunn P M Meeting the Imperative to Improve Physician Well-Being *J Gen Intern Med* 2007)

Workplace examples

- Brigham & Women's Hospital Peer-to-Peer Support
 - Cleveland Clinic Coaching & Mentorship program
 - Oxford Radcliff Hospitals two year Resilience and Occupational Health program for all new attendings.
 - South Australia primary care based check-up program to evaluate well-being & provide prevention care => malpractice insurance discounts.
 - On-site gym / yoga / mindfulness classes
 - Mayo Clinic Balient / cross-professions support groups
 - MMC Medical Staff Peer Support program
-

Upcoming Maine Health Seminars

- Peer-To-Peer Support - May 18 & 19, 2015
 - Jo Shapiro, MD from Brigham & Women's will be training those who wish to be Peer support volunteers within their system.
 - Second session will offer nuts & bolts advice from MMC staff on building medical & nursing Peer To Peer support programs.
- Professionalism - May 18, 2015
 - Separate seminar by Jo Shapiro on Building a Culture of Professionalism within your system

Shapiro, J Instituting a Culture of Professionalism *Joint Comm. J on Quality & Patient Safety* April 2014;40 P168

US ↔ THEM

What generates it?

How to approach / unravel this
perception / belief / experience ?

Seek those who are resilient

- What persons / what organization do I know who are resilient?
 - Find out what makes them so.
 - Repeat until you find a menu of items which work for you / in your organization.
 - Incorporate them one at a time
-

Vocation

Vocation does not mean a goal that I pursue. It means a calling that I hear.

Before I can tell my life what I want to do with it, I must listen to my life telling me who I am.

I must listen for the truths and values at the heart of my own identity, not the standards by which I must live, but the standards by which I cannot help but live if I am living my own life.

Be well

