Burnout & Resilience in the Medical Community

An Evidence-Based Discussion

Maine Academy of Pediatrics
May 2, 2015

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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

Gerner, MGH Positive Psychology course 2013
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.
Health Team well-being (resilience – burnout)

Quality of care (safety – errors)

Active renewal & collaboration

Quality of caring (empathy - detachment)

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Beginning with the individual provider ...
When was your last stress test?

Well, I went to work yesterday.
<table>
<thead>
<tr>
<th>Our psychological strengths</th>
<th>=&gt;</th>
<th>Our psychological vulnerabilities</th>
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<tbody>
<tr>
<td>Thoroughness</td>
<td></td>
<td>Over-compulsiveness</td>
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<tr>
<td>Commitment</td>
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<td>Over-commitment</td>
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<td>Doing everything “right”</td>
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<td>Inability to admit mistakes</td>
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<td>Healthy skepticism</td>
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<td>Need for certainty</td>
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<td>Altruism, stoicism, hard work</td>
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<td>Neglecting self-care and family</td>
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<td>Caring</td>
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<td>Compassion fatigue</td>
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<td>Rationality</td>
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<td>Emotional distance</td>
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<td>Self-criticism</td>
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<td>Self-deprecation</td>
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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
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
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?)

Houkes, I Development of Burnout over Time *BMC Public Health* 2011; 11:240
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

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
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

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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 20006)

- **Random Acts of Kindness**  (Lyubonoursky 2005)

- **Seeking 3 New Gratitudes per day**  *(Emmons & McCullough 2003)*

TED.com – Shawn Achor - Creating positive change
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

©Mindful Practice Programs, University of Rochester, 2010

Epstein RM 1999
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”)

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


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

Pink, D Drive 2013
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

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

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

Stinsky et al. In Search of Joy in Practice  Ann Fam Med 2013;11;272-278
“Manage Your Energy, Not Your Time”

- Trialed 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.

Parker Palmer
Be well