Improving Resilience and Addressing Burnout: Strategies to Heal Thyself and Thy Team

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Nothing to Disclose
Not really true

• I didn’t want to give this talk.
  – Personal pain point
  – Qualifications
  – Sisyphus had it easy

• Revision of initial ideas shared earlier – grateful to Darren and Melissa...
So, in conclusion

• Burnout is everywhere
• Leadership should address it, and some can and will do so.
• There are steps you can take, now – from any level of your organization, to reduce it.
• Resilience can be learned and increased.
Burnout

• Psychological response to chronic interpersonal stressors on the job.

• 3 key dimensions, Maslach et al
  – Emotional exhaustion
  – Cynicism and detachment
  – Ineffectiveness and lack of accomplishment – reduced efficacy
Maslach and Letter

• Burnout is the index of dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will – an erosion of the human soul.

• Ethical violence

• Burnout vs Depression
Burnout prevalence (Age matched controls)

- Medical Students: 50% (36%)
- Graduation/Match: <30% (36%)
- Residents: 60% (31%)
- Early Career: 50% (30%)

Brazeau 2014, Dyrbye 2014, Oreskovich 2014
“Burnout” Articles in PubMed

\[ n = \sim 12,000 \]
“Joy” Articles in PubMed

$n = \sim 500$
“Physician Wellness” Articles in PubMed

n = ~240,000
Burnout is everywhere

• Every field of medicine (and life)
• Many instruments to assess (Maslach Burnout Inventory, MBI, et al)
• 50-75% of physicians have experienced at least 1 symptom of burnout
• Show of hands?
How to View Burnout
Skin Cancer or HIV
Vs.
Out of shape
• **Highest** percentages of physicians reporting burnout
  – Emergency Medicine > Urology > PM&R
• **Lowest** percentages of physicians reporting burnout
  – Preventive/Occupational Health < “Other” < Radiation Oncology < Pediatrics
• For nursing professionals, **highest risk** areas:
  – Hospital based nurses > Nursing as a whole
  – Critical care, pediatrics, oncology

- **Burnout** is not the inverse of satisfaction with work-life balance (WLB):
  - ED & PM/R high for burnout and also high for WLB
  - Neurosurgery low burnout and low WLB
  - Preventive/Occup Health low burnout : high WLB
Factors contributing to burnout

- **Situational/Organizational Factors**
  - Response to overload, Role conflict/ambiguity, Absence of job resources/social support, lack of decision making power, Violation of psychologic contract between employer and employee

- **Personal Factors**
  - Age, Men (cynicism), Women (exhaustion), Unmarried/Unpartnered, Low self esteem, Perceived external locus of control, Passive/defensive coping for stressful events, Compulsivity, Intolerance for bad outcomes.

- **Situational/Organizational Factors >> Personal Factors** in terms of explaining variability in burnout
Especially in Clinicians

- High expectations / responsibility
- Death and dying
- Intolerance of bad outcomes / ambiguity
- Sleep deprivation
- Debt
- Diminished autonomy
- Litigation
- Increased demands and less time
- Mismatch between expectations and reality
FIGURE 2. Key drivers of burnout and engagement in physicians.
• Inverse relationship between amount of time spent on the aspect of work that is most meaningful and burnout.
• Threshold effect on this point
• How much drudgery can you tolerate?
• 80%! 
Burnout’s Impact

- **Clinician:** depression, suicide, drug abuse, family discord, physical health, less empathy
- **Healthcare System:** Clinician attrition, higher malpractice rates, absenteeism, higher disability premiums
- **Patient:** errors, safety, erosion of trust, less compliance with treatment regimens
Towards a solution

• Clinician Well Being
• Organizational Solutions
• Clinician Solutions
• Bohman B, et al. NEJM Catalyst 2017
Efficiency of Practice

• Defined as value-rich clinical work accomplished divided by time and energy spent.
• Includes EMR usability, staffing, mitigating regulatory/documentation burdens, reliable care coordination, user friendly clinic decision support.
• Caution with increased production pressure!
Culture of Wellness

• Normative values, attitudes, and behaviors that promote self-care, personal and professional growth, and compassion for colleagues, patients, and self.

• Self care as a professional core competency, rather than as a selfish dereliction of duty.
Personal Resilience

• Set of individual skills, behaviors and attitudes that contribute to personal physical, emotional, and social well-being.
• We have to internalize a professional duty to pursue these healthy personal behaviors.
• Nutrition, exercise, sleep, mindfulness, etc.
What is the Organization’s Role?
Sometimes the Best Solutions to Morale Problems is Just to Fire All of the Unhappy People.
Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

Abstract

These are challenging times for health care executives. The health care field is experiencing unprecedented changes that threaten the survival of many health care organizations. To successfully navigate these challenges, health care executives need committed and productive physicians working in collaboration with organization leaders. Unfortunately, national studies suggest that at least 50% of US physicians are
Mayo as healthcare leader in this arena

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science

**FIGURE 5.** Organizational strategies to reduce burnout and promote physician engagement. *Often will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).*
Comprehensive Soldier Fitness

- $145M committed
- Formal test for psychological fitness
- Improvement courses
- Master Resilience Training based upon: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment
Master Resilience Training

• Building mental toughness: (ABCD) emotional consequences don’t stem directly from adversity, but from one’s beliefs about adversity, and these can be dispelled.

• Building signature strengths

• Building strong relationships
Kelly McGonigal

How to make stress your friend
Does the Perception that Stress Affects Health Matter? The Association with Health and Mortality

Abiola Keller, Kristin Litzelman, Lauren E. Wisk, Torsheika Maddox, Erika Rose Cheng, Paul D. Creswell, and Whitney P. Witt
University of Wisconsin - Madison

Abstract

Objective—This study sought to examine the relationship among the amount of stress, the perception that stress affects health, and health and mortality outcomes in a nationally-representative sample of U.S. adults.
30,000 adults/10yrs

• “During the past 12 months, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?”

• “During the past 12 months, how much effect has stress had on your health – a lot, some, hardly any, or none?”
• “A lot of stress” – **43% increased mortality**

• But **only** for those reporting “stress is harmful”

• Those reporting little effect of stress on health had **lowest mortality** of all groups, even those reporting low amount of stress in the last year.
• Stress doesn’t kill you, but your beliefs about stress might.
• Could the same principles apply to burnout?
• You are not the problem!
• Whiney entitled overpaid clinicians?
• Systemic human rights issue with multiple serious direct harms?
The solution to Weinstein, Trump, Moore, Franken and countless others is not “Resilience Training for Women in the Workplace.”
You can and should...

• NOT because you are the problem, but only because you are the only person whose actions and beliefs you have the most control over.

• The systemic issues can and should change, but meanwhile...
You can and should:

• Prioritize self care as patient care/family care/etc
• Evaluate and shift your perspective
• Reduce exposure to job stressors – “let it go?”
• Seek out connections – reduce isolation?
• Resilient people possess a staunch acceptance of reality, a deep belief and strongly held values that life is meaningful, and an ability to improvise
Additional Resources Abound:
Foster self-care and protect against burnout.

**Improving Physician Resiliency**

Claudia Finkelstein, M.D.C.M.
University of Washington School of Medicine

CME CREDITS: 0.5

How will this module help me increase resilience in my clinical practice?

1. Simple, evidence-based solutions to enhance your joy for practicing medicine and to mitigate stress
2. A list of resources to help you further develop resiliency

Online module | STEPS in practice | Downloadable tools | Implementation support

CME accreditation information

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. Physicians often experience burnout caused by demanding workloads, nights on call and other common clinic stresses. Learning resiliency helps physicians have better, more satisfying careers and reduces the risk of burnout. In
WELLMD

Doctors who take care of themselves:

- Are better role models for their patients.
- Are better role models for their children.
- Have higher patient satisfaction and safety scores.
- Experience less stress and burnout.
- Live longer.

Use this Web site to find what works for you.

News

GET HELP

A variety of free immediate and longer term resources are available for physicians, their partners and children.

Recent Research on Physician Health

Effect of emergency physician burnout
My Well-Being Index Results

You can take the assessment again on January 7th 2018

Your Well-Being Index Score Is:

Average

Average

Better than 56% of Physicians at University of Pennsylvania

Meaning In Work
Based on scores in US physicians
Average

Likelihood of Burnout
Average risk among US physicians

Severe Fatigue
Average risk among US physicians
My Well-Being Over Time
My Well-Being Over Time

Resources for My Well-Being

These resource categories have been selected based on your Well-Being Index score.
Resources for My Well-Being

These resource categories have been selected based on your Well-Being Index score.

Career & Professional Development
Relationship & Work-Life Balance
Health Behavior
Stress & Resiliency

View additional resources for your well-being.

How can well-being be determined from 7 to 9 questions?

Download the Mobile App
Enter your cell number below and we will send the app to your phone.
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• Resilience can be learned and increased.
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- Tait D. Shanafelt, MD, Mayo Clinic

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Personal Strategies for Prevention/Treatment

- Perform honest self-assessment
- Check in with others, connect with colleagues, mentorship
- Identify personal and professional values
- Engage in spiritual activities
- Pay attention to personal life and relationships
- Exercise
- Pay attention to personal health
- Setting limits
- Professional development/attending to career fit/diversify
- Find meaning in work
- Examine coping methods (approach vs. avoidance tactics)
- Seek professional help (coaching, psychological/psychiatric)
Improvement Courses

• Emotional Fitness module
• Family Fitness module
• Social Fitness module
• Spiritual Fitness module
• Mandatory module on Post-Traumatic Growth
Post Traumatic Growth Module

- Response to Trauma/Failure as normal, not evidence of PTSD or a character flaw
- Reduced anxiety using techniques for controlling intrusive thoughts and images
- Engaging in constructive self disclosure
- Framing the trauma in a constructive narrative
- Articulating life principles
I wish someone would do something about how “out of shape” I am.