Achieving Wellness: Personal and System Strategies for Change

Micah Beachy, DO, FACP, SFHM

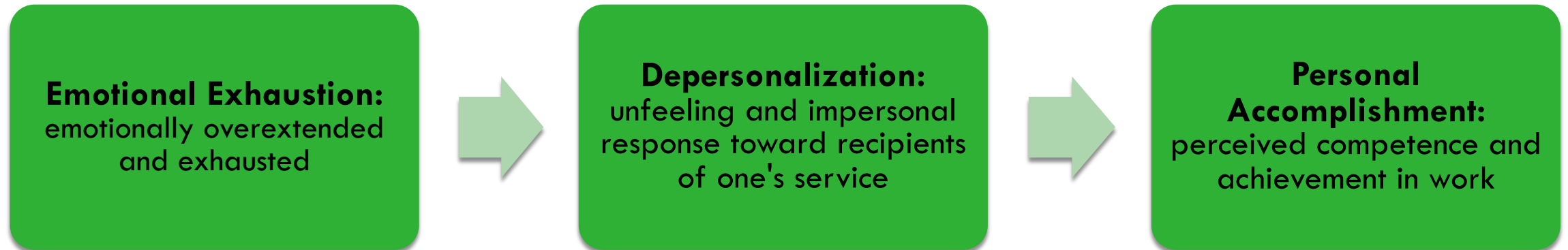Clarissa Barnes, MD, Certified Physician Development Coach

Our Backgrounds

Overview

- Background
  - What is burnout?
  - Why are healthcare professionals at risk?
  - Why does it matter?
- Personal wellness
- Organizational wellness
  - Small teams/division
  - Organization/system
- National efforts/Advocacy

Recognizing Burnout

Emotional Exhaustion: emotionally overextended and exhausted

→

Depersonalization: unfeeling and impersonal response toward recipients of one's service

→

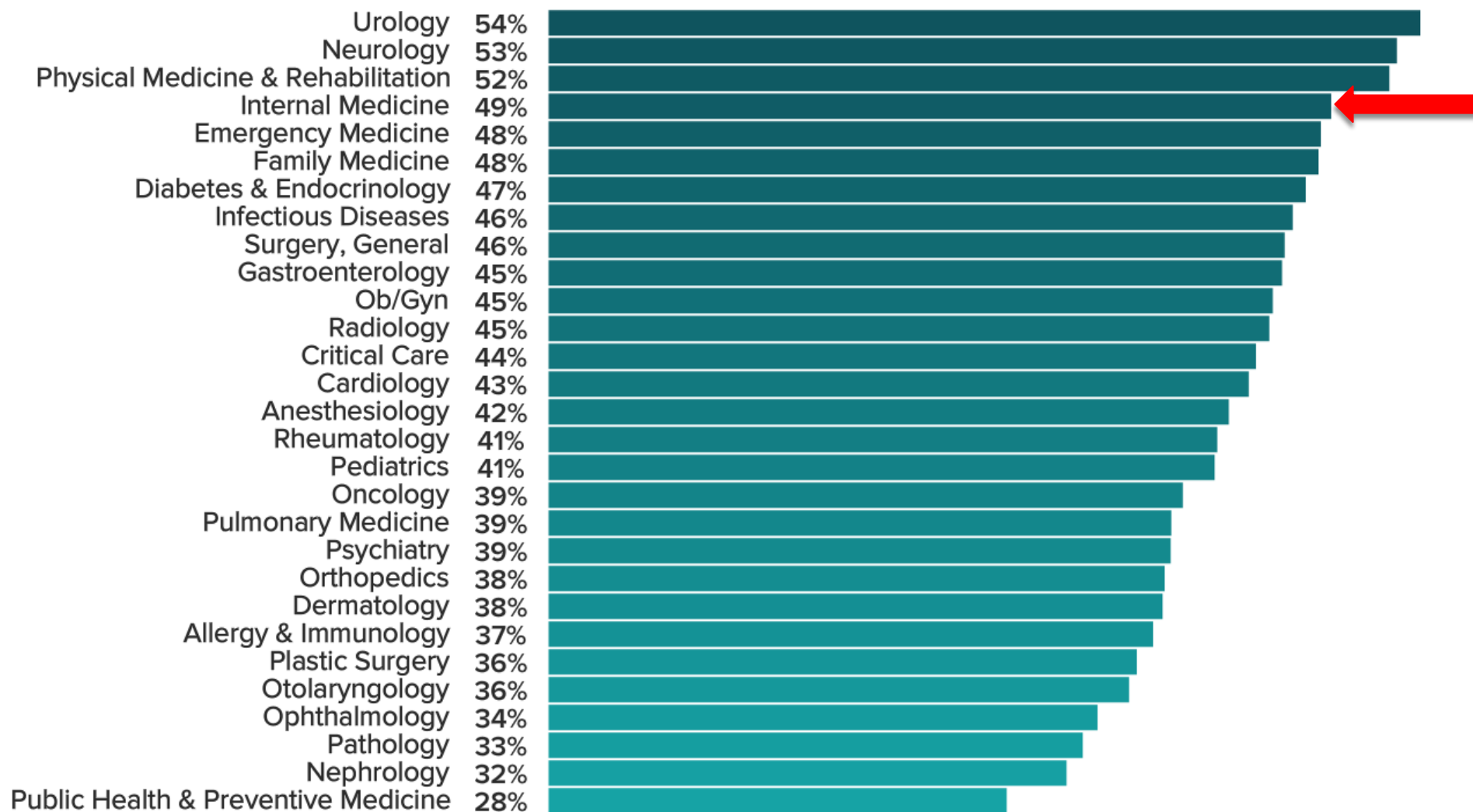**Personal Accomplishment:** perceived competence and achievement in work

Recognizing Burnout

- How do you recognize these in yourself?

  - Overextended, exhausted, unfeeling response, lack of perceived competence

- How can you recognize these in others?

  - Learners consistently seem or report fatigue/stress

  - Difficulty empathizing with patient/family experience

  - Consistently unsure of self/knowledge after achieving competence

A Word about Moral Injury…

- Moral injury is older term, but applied to healthcare in the *Stat News* article by Drs. Wendy Dean and Simon Talbot, entitled "Physicians aren't 'burning out.' They're suffering from moral injury."

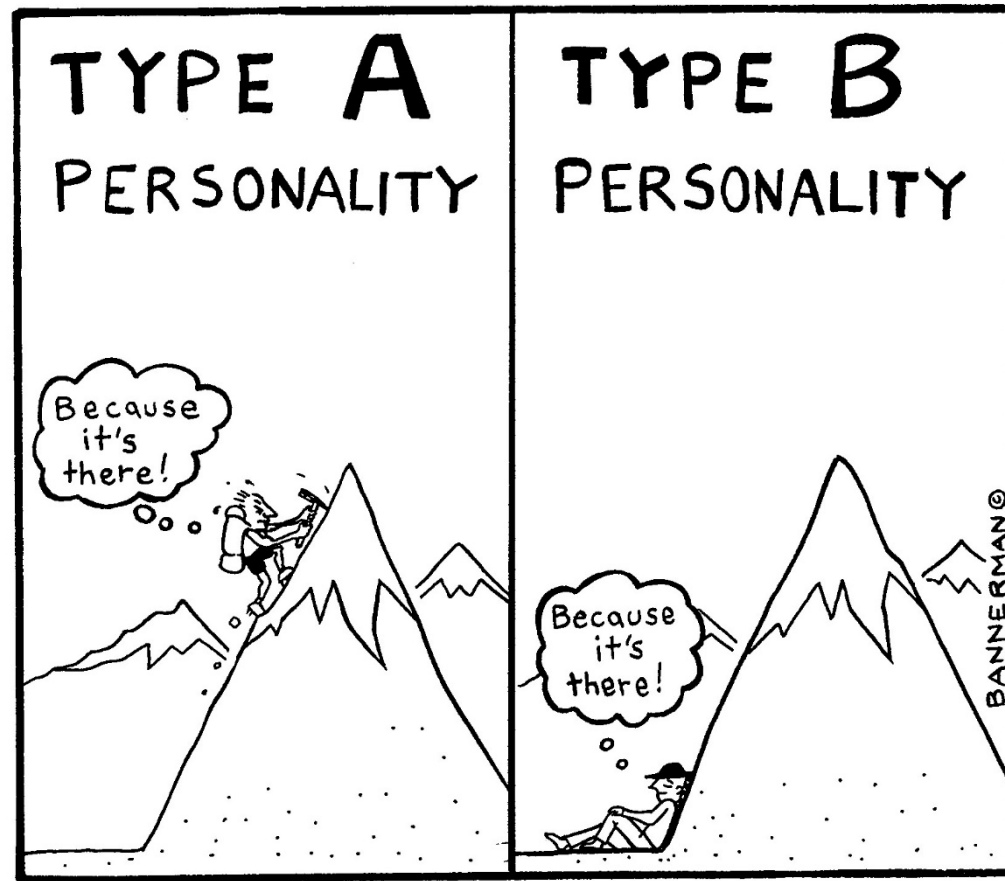- Current framework is either/or but it's a false dichotomy
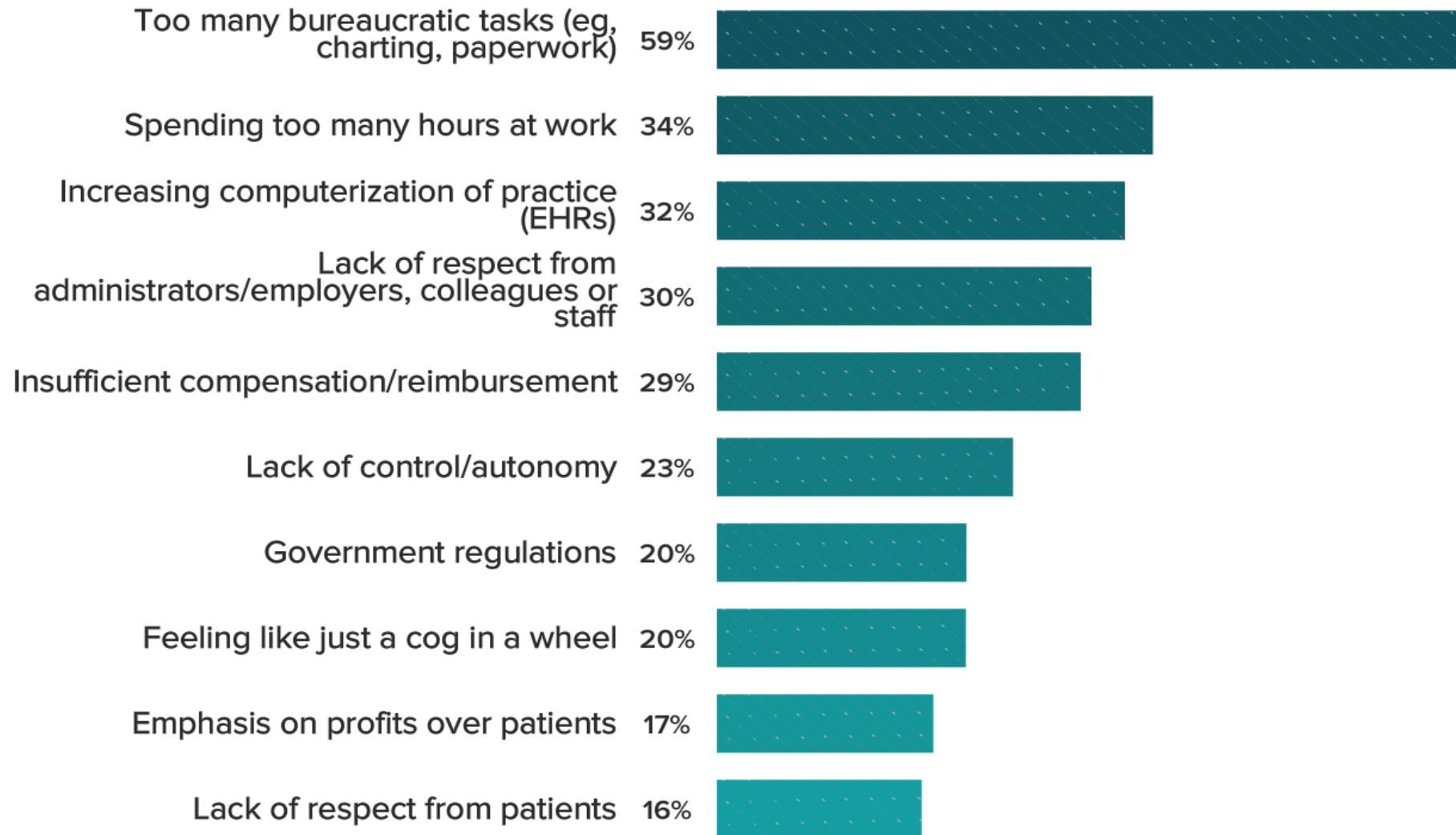
Which Physicians Are Most Burned Out?

Specialty	Percentage
Urology	54%
Neurology	53%
Physical Medicine & Rehabilitation	52%
Internal Medicine	49%
Emergency Medicine	48%
Family Medicine	48%
Diabetes & Endocrinology	47%
Infectious Diseases	46%
Surgery, General	46%
Gastroenterology	45%
Ob/Gyn	45%
Radiology	45%
Critical Care	44%
Cardiology	43%
Anesthesiology	42%
Rheumatology	41%
Pediatrics	41%
Oncology	39%
Pulmonary Medicine	39%
Psychiatry	39%
Orthopedics	38%
Dermatology	38%
Allergy & Immunology	37%
Plastic Surgery	36%
Otolaryngology	36%
Ophthalmology	34%
Pathology	33%
Nephrology	32%
Public Health & Preventive Medicine	28%

Why are we at risk?

- High-functioning
- "Perfectionist/Type A"
- Trained in high-stress, high-hour environments
- High risk stakes
- Stigma for errors/weakness
- Increasing hours on "other things"

Why are we at risk?

What Contributes Most to Your Burnout?

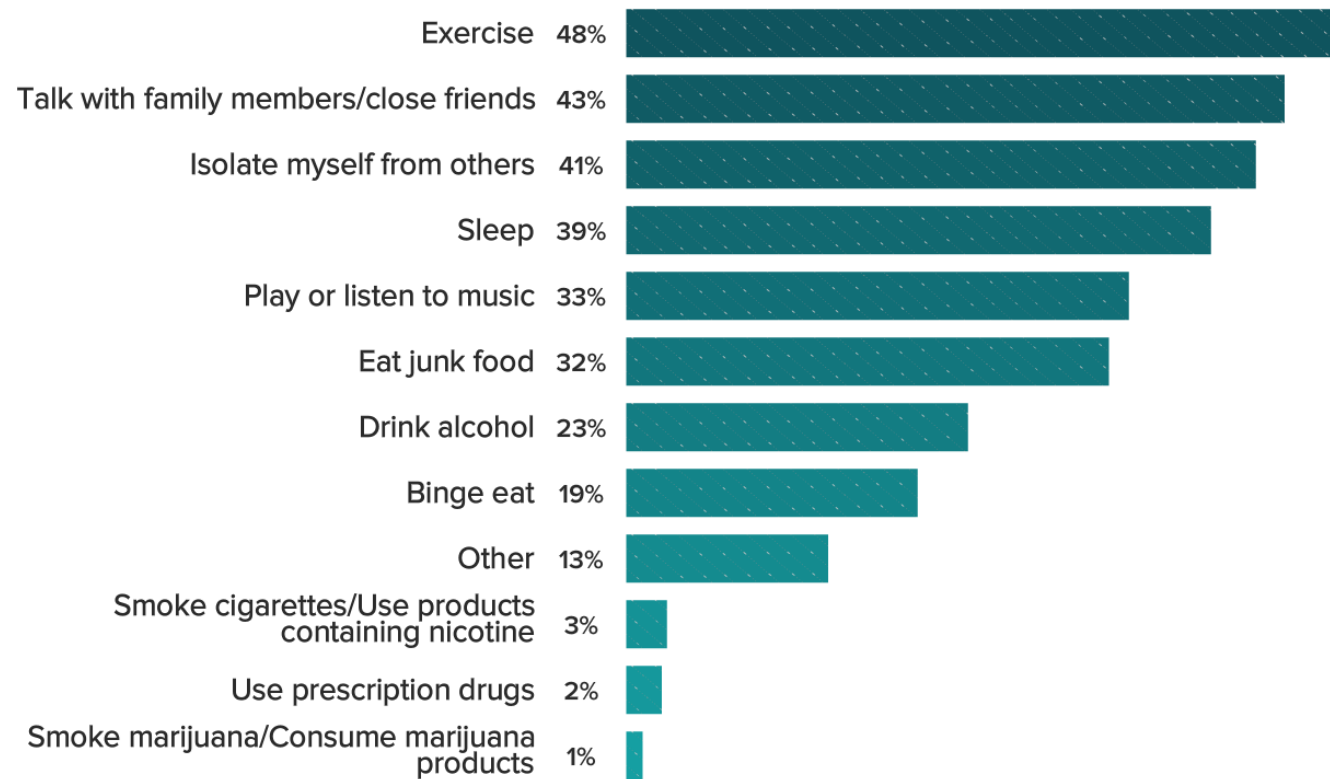| Contributor	Percentage
Too many bureaucratic tasks (eg, charting, paperwork)	59%
Spending too many hours at work	34%
Increasing computerization of practice (EHRs)	32%
Lack of respect from administrators/employers, colleagues or staff	30%
Insufficient compensation/reimbursement	29%
Lack of control/autonomy	23%
Government regulations	20%
Feeling like just a cog in a wheel	20%
Emphasis on profits over patients	17%
Lack of respect from patients	16%

Why Does it Matter?

- Matters to us
  - Important to self-identity, trigger for mental illness
  - Physician suicide as highest rate per profession
  - Impact on personal relationships
  - Addiction
- Matters to our patients
  - Patient satisfaction and its relationship to clinical outcomes
  - More errors
  - Lack of credibility

Why Does it Matter?

- Matters to our profession/business
  - High turnover and costs associated
  - Team based (which can then be related to other department turnover issues)
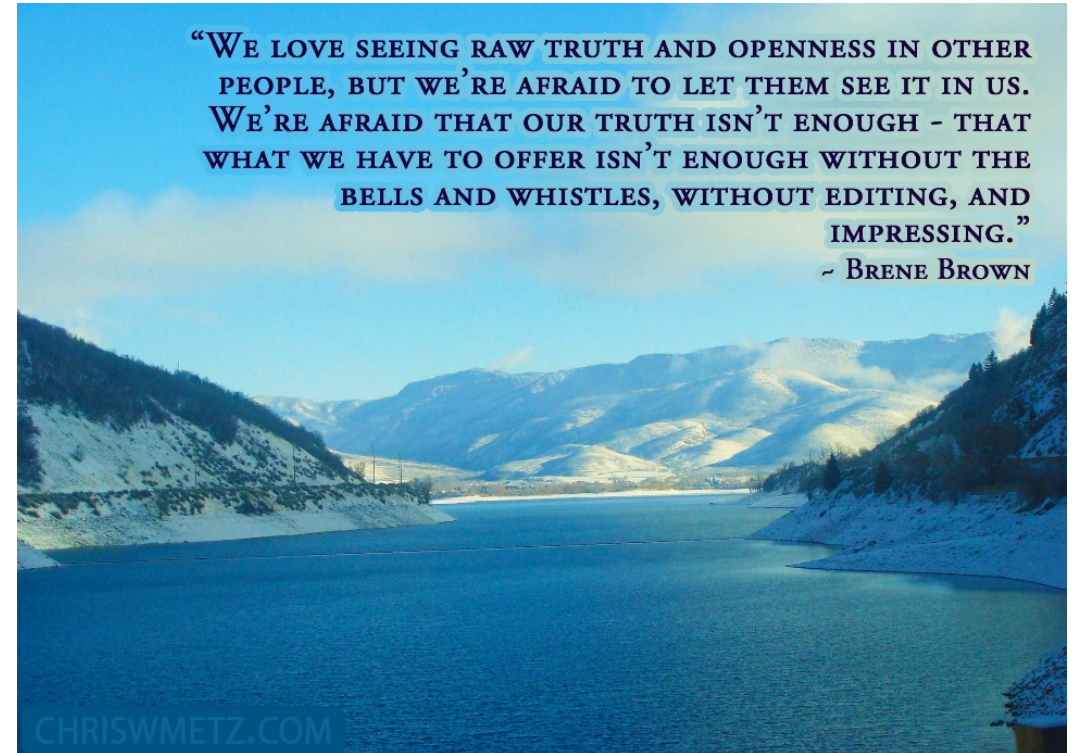 - Impact on productivity and quality

Personal Strategies for dealing with Burnout

How Do Physicians Cope With Burnout?

Strategy	Percentage
Exercise	48%
Talk with family members/close friends	43%
Isolate myself from others	41%
Sleep	39%
Play or listen to music	33%
Eat junk food	32%
Drink alcohol	23%
Binge eat	19%
Other	13%
Smoke cigarettes/Use products containing nicotine	3%
Use prescription drugs	2%
Smoke marijuana/Consume marijuana products	1%

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The Relationship Between Family and Medical Providers

- They often bear the greatest costs
- Home environment is often first sign of trouble

"WE LOVE SEEING RAW TRUTH AND OPENNESS IN OTHER PEOPLE, BUT WE'RE AFRAID TO LET THEM SEE IT IN US. WE'RE AFRAID THAT OUR TRUTH ISN'T ENOUGH - THAT WHAT WE HAVE TO OFFER ISN'T ENOUGH WITHOUT THE BELLS AND WHISTLES, WITHOUT EDITING, AND IMPRESSING."
~ BRENE BROWN

CHRISWMETZ.COM

Vulnerability as Protective Factor

- As much as we do for patients, we are ultimately replaceable to everyone but our family/friends

- They will notice your "tells"

Communication

- Set shared goals for work/home balance
- Shared calendar system
- Protected family time
- Protected self time
- The unwritten *

Personal Strategies for Prevention
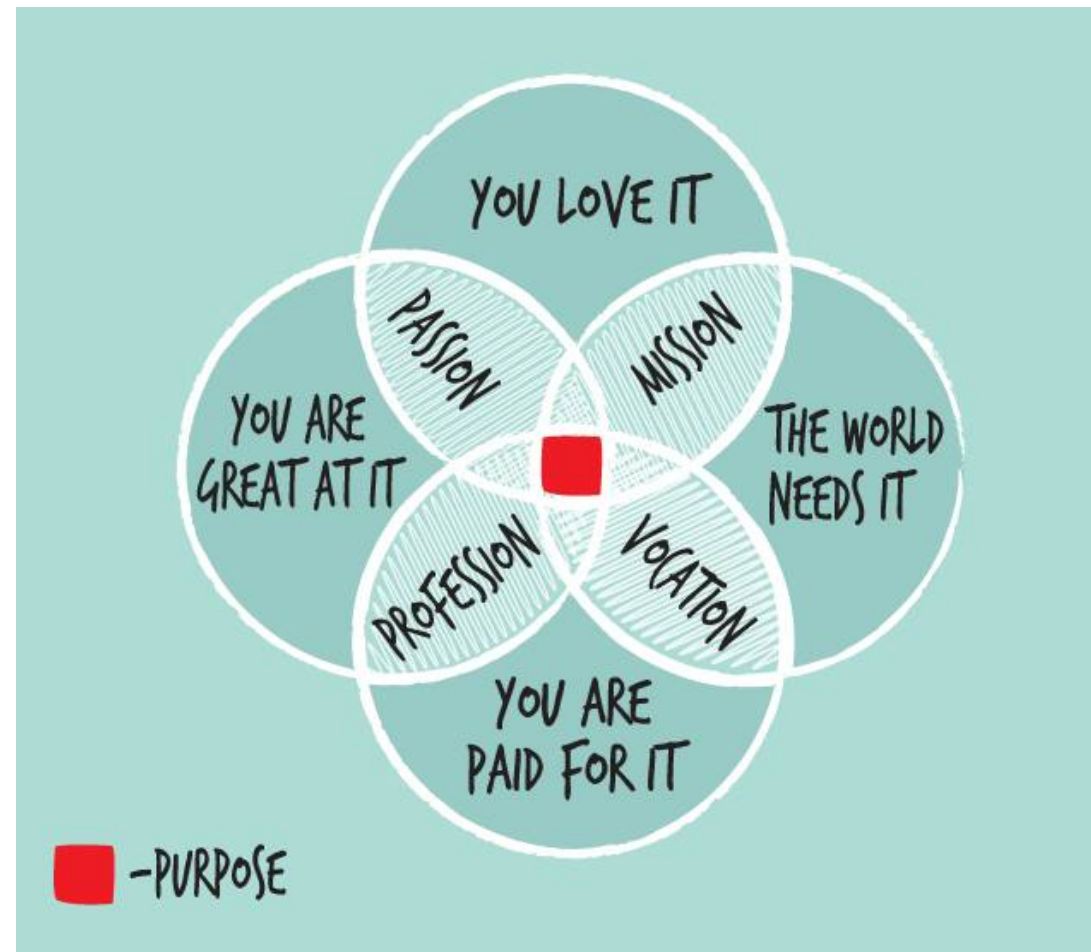
"IT'S NOT HARD TO MAKE DECISIONS WHEN YOU KNOW WHAT YOUR VALUES ARE"

– ROY DISNEY

Executive Coaching

"An efficient, high-impact process of dialogue that helps highly performing people improve results in ways that are sustained over time."
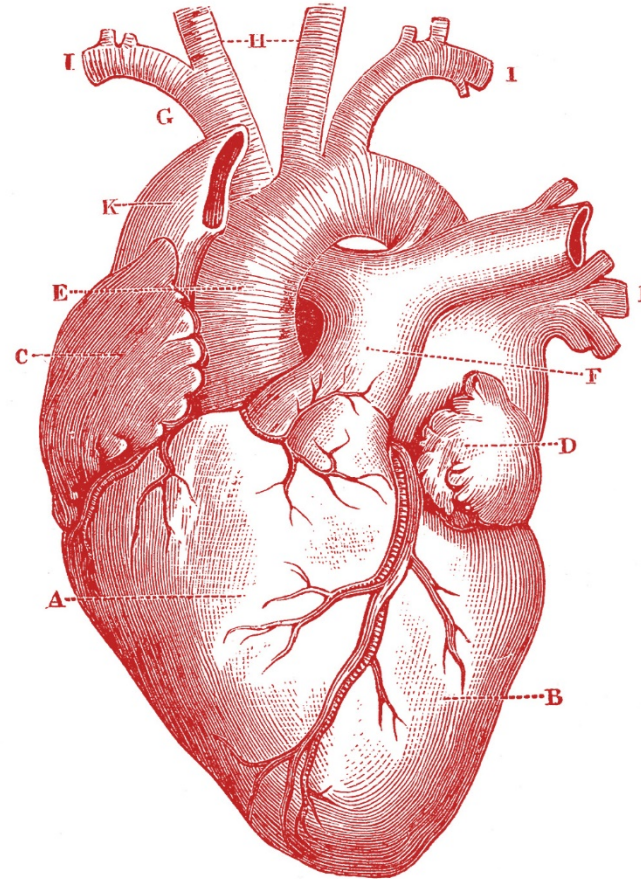
Coaches are a Strategy Partner:

- Gain clarity of wants and values
- Develop action steps
- Hold accountable for goals moving forward
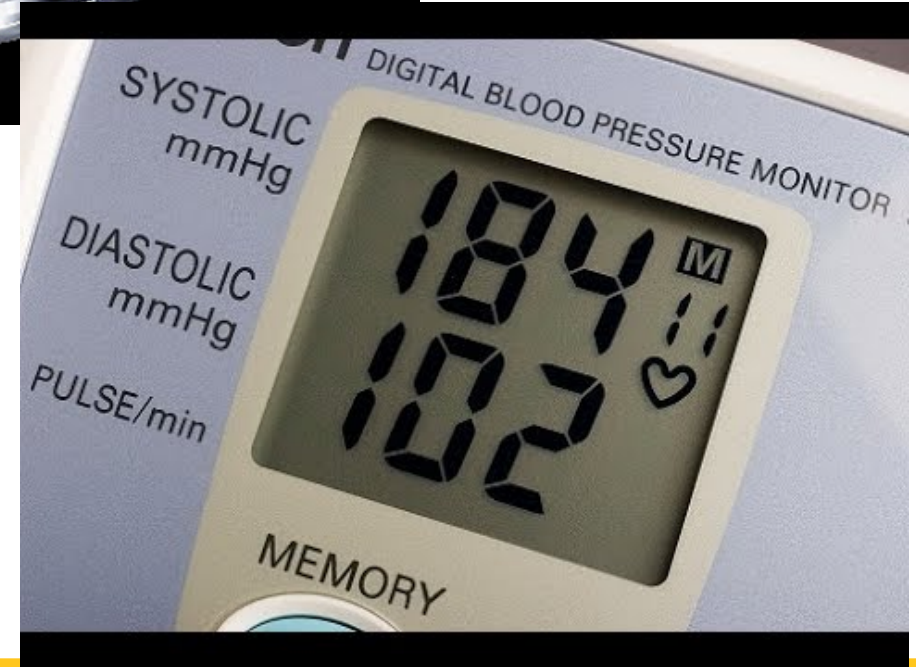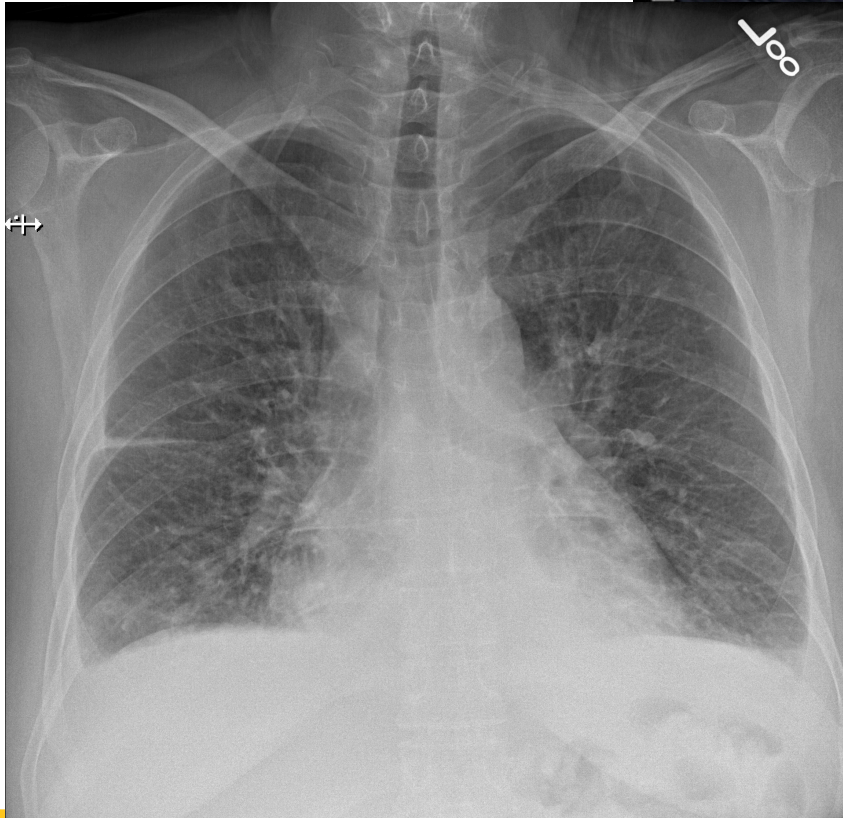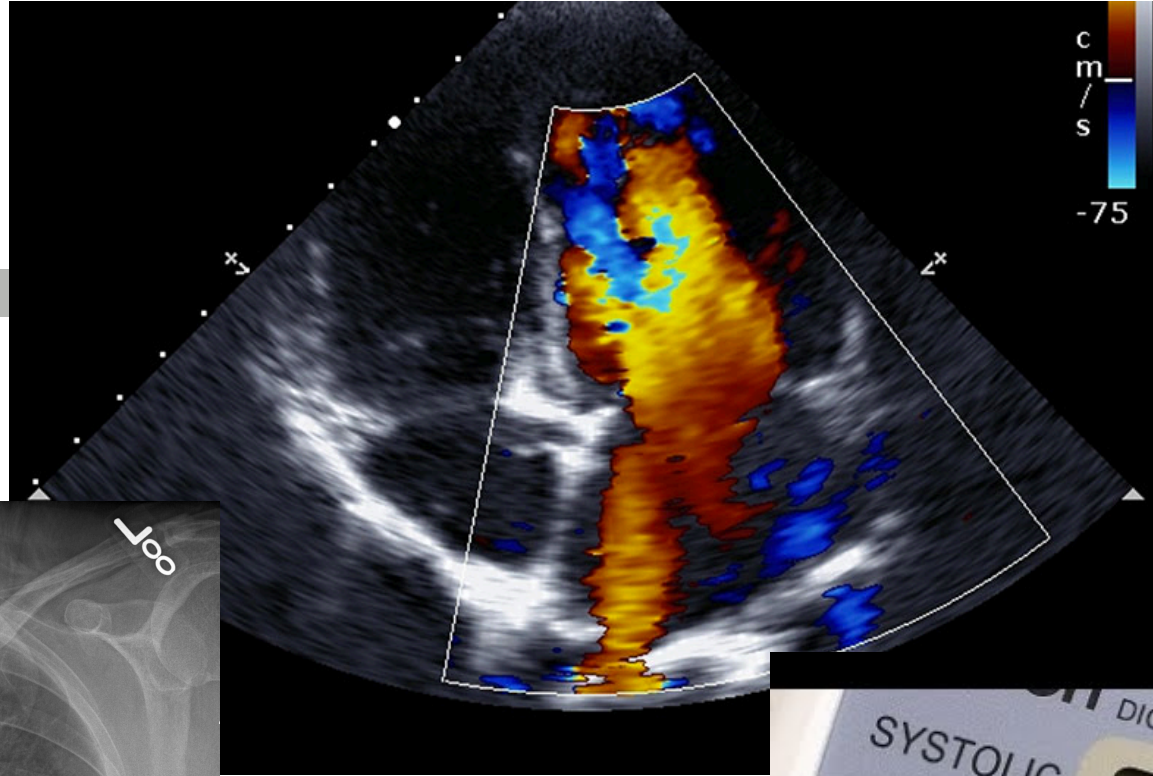
Team Strategies

Fig. 37.

Increase "Preload"
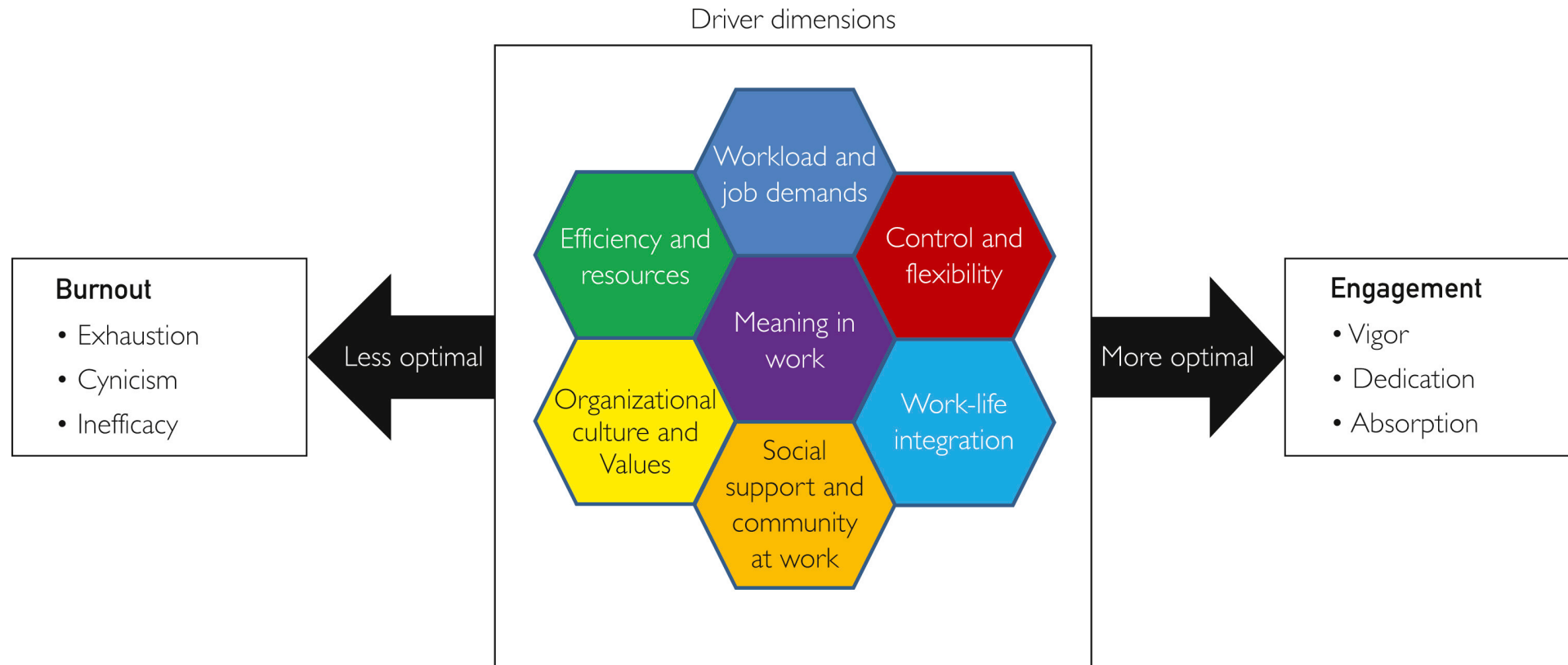
i.e. Autonomy & Support

Decrease "Afterload"

i.e. Workload & EMR inefficiency

Increase "Contractility"
i.e. Resilience

Analogy thanks to Tom Tape, MD, MACP

Drivers of Burnout & Engagement

Driver dimensions

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Engagement
- Vigor
- Dedication
- Absorption

More optimal

Workload and job demands

Efficiency and resources

Control and flexibility

Meaning in work

Organizational culture and Values

Social support and community at work

Work-life integration

Shanafelt, Mayo Clinic Proceedings 2017

Maslach Burnout Inventory

- Based on Christine Maslach's work since the 1970s
- 22 questions in 3 domains; scored on a 7 point scale
  - Emotional Exhaustion (9 questions)
  - Depersonalization (5 questions)
  - Personal Accomplishment (8 questions)
- Payment required for completion

http://www.mindgarden.com/117-maslach-burnout-inventory

Brief Resident Wellness Profile

Feeling/attitude	Rating scale				
	Never	Rarely	Sometimes	Often	Always
1. Enthusiasm about career goals.	○	○	○	○	○
2. Willingness to do 'whatever it takes'.	○	○	○	○	○
3. Feeling calm, poised, and stress-free.	○	○	○	○	○
4. Feeling confident with challenging patients.	○	○	○	○	○
5. Feeling satisfied with progress so far in the residency.	○	○	○	○	○
6. Pleased with life overall.	○	○	○	○	○

Below is a series of faces that represent common mood states that residents experience. Fill in the circle corresponding to the face that best illustrates how you have been feeling *during the past week, including today.*
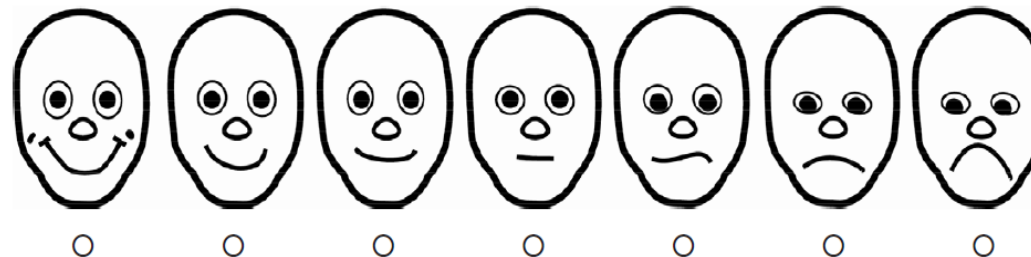
Keim, S.M., Mays, M.Z., Williams, J.M., Serido, J., Harris, R.B. (2006).
Measuring wellness among resident physicians. Medical Techer, 28(4), 370-4

Mini-Z with Individual Scoring

1. Overall, I am satisfied with my current job:
5=Agree strongly   4=Agree   3=Neither agree nor disagree   2=Disagree   1=Strongly disagree

2. Using your own definition of "burnout", please choose one of the numbers below:

5=I enjoy my work. I have no symptoms of burnout.

4=

3=I am **beginning to burn out** and have one or more symptoms of burnout, e.g. emotional exhaustion.

2=

1=I feel completely burned out. I am at the point where I may need to seek help.

3. My professional values are well aligned with those of my clinical leaders:
5=Agree strongly   4=Agree   3=Neither agree nor disagree   2=Disagree   1=Strongly disagree

4. The degree to which my care team works efficiently together is:
1=Poor   2=Marginal   3=Satisfactory   4 =Good   5 =Optimal

5. My control over my workload is:
1 = Poor   2 = Marginal   3 = Satisfactory   4 = Good   5 = Optimal

Mini-Z with Individual Scoring

6. I feel a great deal of stress because of my job
1=Agree strongly   2=Agree   3=Neither agree nor disagree   4=Disagree   5=Strongly disagree

7. Sufficiency of time for documentation is:
1 = Poor   2 = Marginal   3 = Satisfactory   4 = Good   5 = Optimal

8. The amount of time I spend on the electronic medical record (EMR) at home is:
1=Excessive   2=Moderately high   3=Satisfactory   4=Modest   5=Minimal/none

9. The EMR adds to the frustration of my day:
1=Agree strongly   2=Agree   3=Neither agree nor disagree   4=Disagree   5=Strongly disagree

10. Which number best describes the atmosphere in your primary work area?

Calm		Busy, but reasonable		Hectic, chaotic
5	4	3	2	1

Mini-Z with Individual Scoring

Total Score
- Add all the numbered responses (range 10-50)
- ≥ 40 is a joyful workplace

Subscale 1 (supportive work environment)
- Add the numbered responses to questions 1-5
- ≥ 20 is a highly supportive practice

Subscale 2 (work pace and EMR stress)
- Add the numbered responses to questions 6-10
- ≥ 20 is a workplace with reasonable pace and manageable EMR stress

**Courtesy of Mark Linzer, MD

UNMC GIM Wellness Program

- Measure the problem?
  - *Mini-Z*

- Identify stress points?
  - *Guided group activity*

- Do something about it!?
  - *Prioritize stress points and engage leadership to make real change*

Mark Linzer, MD, Hennepin County Medical Center

Identifying Stress Points

Small Group Activity: GIM Wellness Workshop

- Brainstorm with group regarding your day to day activities and their relationship to your personal wellness
- What kinds of changes to your job/workplace/schedule/etc. would make maintaining wellness **HARDER?**
- Highlight (as a group) 2-4 top priorities
- Do not focus on finding solutions yet - IDENTIFY PROBLEMS first

Problem Solving

Choose 1-2 priorities from your list to address

- What is needed for you to solve this problem?
- Identify barriers - people, locations, resources ($$, time)
- Identify key personnel who could take responsibility

Feedback Process

- All written notes and verbal suggestions recorded and organized by theme

- Ideas presented and discussed with division and section leadership

- Ideas sorted into categories based on feasibility

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Red Light ("Not now, but here's why")

Yellow Light ("a work in progress")

Green Light ("low-hanging fruit")

Item	Natl GIM '15	NE '15
Response Rate	47%	74%
Overall satisfied with job	76%	70%
Great deal of stress w/ job	67%	58%
Symptoms of Burnout	38%	33%
Poor control over workload	49%	40%
Lack of time for documentation	62%	58%
Values well aligned w/ leadership	65%	73%
Teams work efficiently together	74%	83%
Excessive EMR time at home	57%	40%
Proficiency with EMR use	89%	95%

Item	Natl GIM '15	NE '15	NE '16	NE '18	NE '19
Response Rate	47%	74%	62%	64%	54%
Overall satisfied with job	76%	70%	80%	77%	87%
Great deal of stress w/ job	67%	58%	42%	43%	37%
Symptoms of Burnout	38%	33%	18%	28%	19%
Poor control over workload	49%	40%	18%	17%	21%
Lack of time for documentation	62%	58%	36%	19%	22%
Values well aligned w/ leadership	65%	73%	78%	77%	79%
Teams work efficiently together	74%	83%	87%	90%	97%
Excessive EMR time at home	57%	40%	29%	17%	26%
Proficiency with EMR use	89%	95%	87%	96%	96%

GIM Wellness: Ongoing Activities

- Standing agenda time at division meeting
- Pair and share
  - What are you grateful for
  - Recent vacation/time off
- Troika (1 share/2 consultants)
  - What are the *barriers to wellness* that exist within your unit?
- Crowdsourcing
  - How can UNMC/NM *contribute* to a *culture* of workplace satisfaction?
- Listening tour

System Strategies: A Culture of Wellness and Vulnerability

Culture of Wellness

Efficiency of Practice

Professional Fulfillment

Personal Resilience

©Stanford Medicine 2016

System Strategies

- Change organizational culture
- Lead by example
- Advocate for system change at local, organizational, governmental levels

System Example (LIGHT)

- Learn- Education

- Innovate- New methods, need to measure!

- Grow- Advocacy for System Change and Beyond

- Heal- Expand services to help treat burnout

- Thrive- Expand services to promote wellness

Do Interventions Help?

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

20 controlled interventions (1,550 physicians)
- Assess effectiveness of burnout interventions
- Organizational or physician directed more beneficial
- Effect on different settings and physician experience

JAMA Meta-Analysis: Overall Burnout

Study ID	SMD (95% CI)		Weight, %
Ali et al,[37] 2011	−0.68 (−1.41 to 0.05)		2.75
Amutio et al,[38] 2015	−0.61 (−1.24 to 0.02)		3.51
Asuero et al,[39] 2014	−0.60 (−1.11 to −0.09)		4.86
Bragard et al,[40] 2010	−0.06 (−0.45 to 0.33)		6.99
Butow et al,[41] 2015	0.16 (−0.19 to 0.51)		7.95
Butow et al,[42] 2008	0.19 (−0.54 to 0.92)		2.75
Garland et al,[43] 2012	−0.95 (−1.79 to −0.11)		2.11
Gunasingam et al,[44] 2015	0.09 (−0.62 to 0.80)		2.88
Linzer et al,[45] 2015a	−0.87 (−1.60 to −0.14)		2.75
Linzer et al,[45] 2015b	−0.98 (−1.76 to −0.20)		2.40
Lucas et al,[46] 2012	−0.44 (−0.64 to −0.24)		13.38
Margalit et al,[47] 2005	−0.42 (−0.85 to 0.01)		6.16
Martins et al,[48] 2011	−0.43 (−0.90 to 0.04)		5.46
Milstein et al,[49] 2009	−0.16 (−0.83 to 0.51)		3.17
Parshuram et al,[50] 2015	−0.10 (−0.79 to 0.59)		3.02
Ripp et al,[51] 2016	−0.21 (−0.95 to 0.53)		2.63
Shea et al,[52] 2014	−0.24 (−0.69 to 0.21)		5.80
Verweij et al,[53] 2016	−0.06 (−0.59 to 0.47)		4.59
Weight et al,[54] 2013	−0.16 (−0.41 to 0.09)		11.05
West et al,[55] 2014	−0.22 (−0.67 to 0.23)		5.80
Overall (I^2 = 30%, P = .10)	−0.29 (−0.42 to −0.16)		100

JAMA: Organizational vs Individual

Study ID	SMD (95% CI)		Weight, %
Organization-directed			
Ali et al,[37] 2011	−0.68 (−1.41 to 0.05)		5.35
Garland et al,[43] 2012	−0.95 (−1.79 to −0.11)		4.00
Linzer et al,[45] 2015a	−0.87 (−1.60 to −0.14)		5.35
Linzer et al,[45] 2015b	−0.98 (−1.76 to −0.20)		4.60
Lucas et al,[46] 2012	−0.44 (−0.64 to −0.24)		48.70
Parshuram et al,[50] 2015	−0.10 (−0.79 to 0.59)		5.95
Shea et al,[52] 2014	−0.24 (−0.69 to 0.21)		13.02
West et al,[55] 2014	−0.22 (−0.67 to 0.23)		13.02
Overall (I^2 = 8%, P = .37)	−0.45 (−0.62 to −0.28)		100

Study ID	SMD (95% CI)		Weight, %
Physician-directed			
Amutio et al,[38] 2015	−0.61 (−1.24 to 0.02)		4.93
Asuero et al,[39] 2014	−0.60 (−1.11 to −0.09)		7.22
Bragard et al,[40] 2010	−0.06 (−0.45 to 0.33)		11.43
Butow et al,[41] 2015	0.16 (−0.19 to 0.51)		13.62
Butow et al,[42] 2008	0.19 (−0.54 to 0.92)		3.75
Gunasingam et al,[44] 2015	0.09 (−0.62 to 0.80)		3.95
Margalit et al,[47] 2005	−0.42 (−0.85 to 0.01)		9.71
Martins et al,[48] 2011	−0.43 (−0.90 to 0.04)		8.33
Milstein et al,[49] 2009	−0.16 (−0.83 to 0.51)		4.40
Ripp et al,[51] 2016	−0.21 (−0.95 to 0.53)		3.56
Verweij et al,[53] 2016	−0.06 (−0.59 to 0.47)		6.74
Weight et al,[54] 2013	−0.16 (−0.41 to 0.09)		22.35
Overall (I^2 = 11%, P = .33)	−0.18 (−0.32 to −0.03)		100

Advocacy

- Change rules/laws/policies that are burdensome
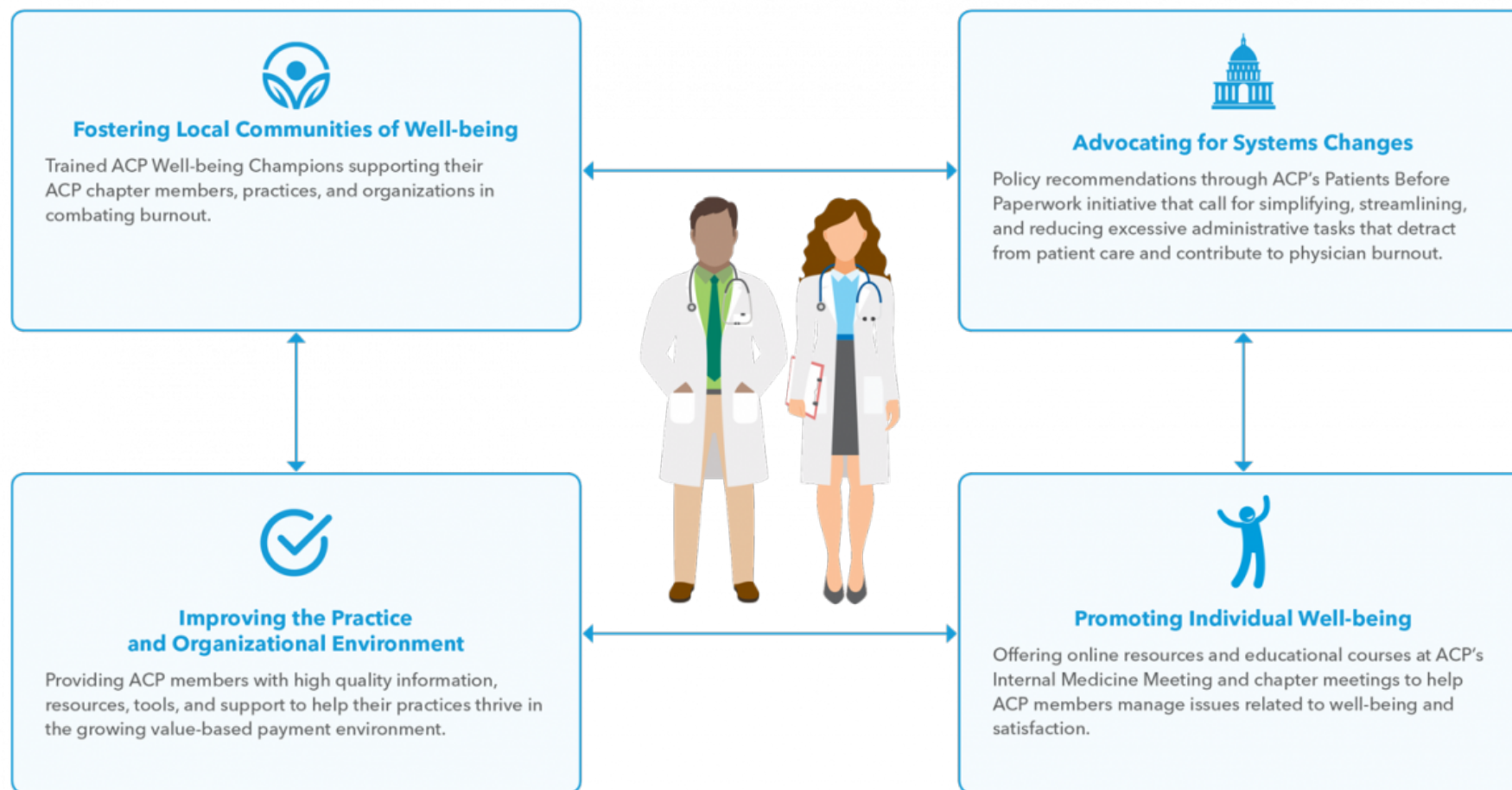- SD Mental Health Disclosures Example

ACP's Ongoing Efforts to Address Physician Well-Being

Advocating for Formal Infrastructure to Support Expansion & Sustainability of Wellness Initiatives

- RESOLVED, that the ACP Board of Regents explores how best to develop and infrastructure to support expansion and sustainability of the wellness initiatives for physicians and physicians in-training; and be it further

- RESOLVED, that the ACP Board of Regents becomes a leading voice in addressing areas such as changes in the practice environment, burnout prevention, physician wellness, and professional satisfaction and collaborate with like-minded organizations and entities in these areas

ACP's Physician Well-being & Professional Satisfaction Initiative

Fostering Local Communities of Well-being

Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.

Advocating for Systems Changes

Policy recommendations through ACP's Patients Before Paperwork initiative that call for simplifying, streamlining, and reducing excessive administrative tasks that detract from patient care and contribute to physician burnout.

Improving the Practice and Organizational Environment

Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.

Promoting Individual Well-being

Offering online resources and educational courses at ACP's Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.

https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment

Addressing Well-Being: ACP Activity

- Well-Being & Professional Fulfillment Task Force
- Expansion of Well-Being Champions Training
  - Provide knowledge, education, and support to chapters
  - Approximately 160 champions across 70 chapters
- Wellness Toolkit Development (LeaderNet)
  - https://leadership.acponline.org/resources/college-resources/acp-wellness-toolkit

Addressing Well-Being: ACP Activity

- IM 2019
  - IM pre-course, sessions, briefings and relaxation station
  - Clinical skills center
    - Mini but Mighty Skills to Enhance Well-being
    - Interactive Workflow Innovations exhibit #acpworkflow
    - Fun activities (mini-golf, selfie frames, chocolate eating)
- Collaboration with others
  - National Academy of Medicine Action Collaborative on Clinician Well-being and Resilience – founding member
  - Collaborative for Healing and Renewal in Medicine (CHARM)

Advocating for System Change

- Patients Before Paperwork Position Paper

- Ongoing discussions with ONC promoting decrease in documentation and other burdens

- Collaborating with CMS

  - Elimination of repeating parts of medical student documentation

  - Proposed elimination of history and/or physical exam to determine E/M level (focusing on MDM or time-based billing)

  - Proposed rule to minimize documentation requirements for CCM/TCM

Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians FREE

Questions?

References

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- *Medscape National Physician Burnout, Depression & Suicide Report 2019*