Mindfulness, Meaning and Resilience
Fostering Wellness in Your Workplace
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MMC Family Medicine

Everybody’s Burned-out …

- Brief web search finds discussions > research about:
  - Dentists
  - Dental / medical assistants
  - Therapists
  - Researchers
  - Veterinarians
  - Pharmacists
  - Administrators in multiple fields
  - Casino workers
  - High school soccer players
  - ...

Were did “Burnout” come from?

- Term “burnout” from Herbert Freudenberger in “Burnout: The High Cost of High Achievement”.
- Defined ‘burnout’ = “the extinction of motivation or incentive, especially where one’s devotion to a cause or relationship fails to produce the desired results.”
- Much has been written & research just beginning to bring evidence to prevention / care approaches.
- Basic issues and approached appear similar across side range of careers – use Medicine today as base
Self-love, my liege, is not so vile a sin as self-neglect.

Henry V, Act 2, scene 4

Consider your own self-care efforts …

“The handle on your recliner does not qualify as an exercise machine.”

“I have metal fillings in my teeth. My refrigerator magnets keep pulling me into the kitchen. That's why I can't lose weight!”
We sought to be healers …

- Sometimes we may feel like a:
  - Assembly line worker
  - Robot
  - Sprinter
  - Cog
  - Tow truck operator
  - State Trooper
  - Waitress
  - Trapeze artist

What personality characteristics make an exemplary provider?

How may these same characteristics become problematic?

Psychological strengths of providers:
- Thoroughness
- Commitment
- Doing everything “right”
- Healthy skepticism
- Altruism, stoicism, hard work
- Caring
- Rationality
- Self-criticism

Psychological vulnerabilities of providers:
- Over-compassiveness
- Over-commitment
- Inability to admit mistakes
- Need for certainty
- Neglecting self-care and family
- Compassion fatigue
- Emotional distance
- Self-deprecation
Our sources of stress …

- Responsibility for others health / recovery
- Understaffed
- Rapidly changing health care system
- EMR complexities (PESD)
- Constant interruptions
  - Cell phones
  - Pager(s)
  - E-mail
  - Person-to-person communication
- Codes
- Care & treatment plans / PAs
- Physical demands / long shifts
- Maybe some stress at home too …

What is enough …
Anxiety Response Curve

Your Performance Level

Your Level of Anxiety

Burnout
Found in 25% - 60% of providers in multiple fields

- Emotional exhaustion
  - Emotionally overextended and exhausted by work

- Depersonalization
  - Negative, cynical attitude, treating patients as objects

- Sense of low personal accomplishment
  - Feelings of incompetence, inefficiency and inadequacy

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Common causes of burnout

- Overwork
- Inadequate support
- Sleep deprivation
- Lack of self-awareness
- Low control / high responsibility
- Imbalance between personal and professional life

Burnout by physician 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 groups was:
    - Bachelor’s degree OR = 0.80, P = 0.46
    - Master’s degree OR = 0.71, P = .21
    - PhD / professional degree OR = 0.64, P = .34
    - 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%

Nurses commonly suffer from burnout

- One estimate of nurses having some level of burnout:
  - 58 percent of all nurses
  - 54 percent of nurse managers
  - Among new nurse graduates, 66 percent experience severe burnout.

  Nurse Leadership September 2006
Stages seen in (nursing) burnout

1. "Stressed out"
   - feeling anxious / overwhelmed / sad and frustrated
   - trouble concentrating
   - headaches / GI upset / insomnia
2. conserving energy / chronic fatigue
   - missing deadlines / arriving late / calling in sick
   - cynicism
3. isolated and exhausted
4. leaving the job / career

Brooks, K. 2012. AMN Healthcare

Other signs …

- You discover a 40 hour work week a vacation.
- Visions of the upcoming weekend help you make it through Monday.
- You don’t set your alarm anymore because you know your pager will go off before it does.
- You leave for a party and instinctively bring your ID badge.
- You think about how relaxing it would be if you were in jail right now.

Risks to the Provider

- Reduction in commitment & idealism
- Reduction of meaning in work (cynicism)
- Increasing sense of guilt / unworthiness
- Loss of direction / purpose

Shanafelt. CMA Physician Health conference 2012
Risks to the Provider

- Increased risk of chemical mis-use
- Physician rates of depression ~ general population
- Physician relative rates of suicide:
  - Male physicians ~ 1.1 to 3.4 x
  - Female physicians ~ 2.5 to 5.7 x
- Stigma / licensing fears / reduced workplace support all contribute to this disparity

Center JAMA 289:3;161 2003

Curiosity

And avoiding premature mental closure...

Burnout Risks to Patients

- Reduced patient satisfaction
- Reduced patient compliance
- Physician prescribing habits
- Greater physician emotional exhaustion associated with lower knowledge base
- Burned out residents did not “catch-up” to peer knowledge base

Health Psych 12:93 JGIM 15:122 JAMA 306:952
Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction

- Each additional assigned patient per nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission and a 7% increase in the odds of failure-to-rescue.
- Each additional patient per nurse was associated with a 23% increase in the odds of burnout and a 15% increase in the odds of job dissatisfaction.

Aiken et al JAMA. 2002;288

Risks to the System

- Increasingly physicians are reducing work hours => less patients seen
- 60% would quit today if financially able
  - Higher proportion of these are those over 40 years old => earlier retirement likely (nurses & physicians)
- Demand for health care (especially primary care) will escalate with aging baby boomers

Nurse Burnout and Patient Satisfaction

- Patients on units that nurses characterized as having adequate staff, good administrative support for nursing care, and good relations between doctors and nurses were more than twice likely to report high satisfaction with their care, and their nurses reported significantly lower burnout.
- The overall level of nurse burnout on hospital units also affected patient satisfaction

Vahey et al, Med Care. 2004 February
Risks to the System

- Increased errors / malpractice rates
- Financial risks due to more inpatient time / no reimbursement for error repair time
- Costs of recruitment / training / lost productivity while replacing provider who leaves early
- Less creativity when provider’s sense of purpose / value in their work decreased

Actively seeking the way back …

… toward what we value,

to what makes us flexible and engaged

and to do it sooner rather than later.

Research on provider satisfaction suggests:

- Adopt a healthy philosophical attitude toward life
  - Not taking yourself too seriously, simplifying, balance, self-forgiveness
- Find support in the workplace
  - Good mentoring, setting limits, administrative support
- Engage and find meaning
  - Sense of self-worth and self-efficacy
- Develop healthy relationships
  - Time with friends and family, supportive partner, support group
- Take care of yourself
  - Exercise, nutrition, treat depression, avoid intoxicants, vacation
- Cultivate self-awareness
  - Meditation, support groups, narrative writing

Source: Shanafelt TD et al. 2003 and 2005, Horowitz 2003

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Responding to challenge: Reaction, Survival & Growth

- **Unhealthy reactions** (reflex)
  - Unskillful behaviors you feel “you can’t keep yourself” from doing

- **“Survival skills”** (habits)
  - Help you get through a tough time, but may be destructive if primary (avoid being proud of these)

- **Growth; healthy coping and changing**
  - Important to your long term development as a provider and as a person

Noticing ...

One resilience tool; Mindfulness

Moment to moment nonjudgmental awareness.

- Clarity
- Nonconceptual, nondiscriminatory
- Flexible
- Empirical
- Oriented to the present moment
- Stable
Goals of Mindful Practice

- Becoming more flexible, attentive, curious and aware.
  - Enhance awareness of intra-personal environment & inter-personal behavior
  - Enhance awareness of stress & how to respond
- This will help:
  - avoid burnout
  - provide better patient care

One can one be mindful of:

- The body
  - breath, contact, movements, technical skills
  - bodily sensations as a clue to state of mind
- Feelings and emotions
  - pleasant and unpleasant sensations (the “sinking feeling”)
  - sadness, anxiety, heaviness, acceptance
- Thoughts, attitudes, beliefs
  - state of alertness/attentiveness/distractedness
  - “holding on”/“letting go”
  - cognitive processes (decision-making, “reflection”)

Mindfulness and clinical practice

- Attentive observation
- Critical curiosity
- Beginners mind
- Presence
- Quality of care
  - Noticing
  - Clinical reasoning
  - Technical skills
- Quality of caring
  - Compassion
  - Empathy
  - Ethics
- Well-being
  - Adaptability
  - Self-care
  - Self-monitoring
Mindful Communication: Bringing Intention, Attention, and Reflection into Clinical Practice


Group of long-term health care workers from across specialties completing a program on Mindful Practice and monitored over the following 10 months

Changes in Mindfulness and well-being

- **Burnout:**
  - Emotional Exhaustion 0.62 p<.001
  - Depersonalization 0.45 p<.001
  - Personal Accomplishment 0.44 p<.001

- **Mood:**
  - Total Mood Disturbance 0.69 p<.001
  - Depression 0.55 p<.001
  - Anger 0.76 p<.001
  - Fatigue 0.81 p<.001

Caution: Mindfulness is an experience

- Not a concept to be learned through the right words / reading at only a conceptual level
- Significant portion is a non-verbal experience
  - Music / art / unconscious
- It is an idea which must be practiced routinely if it's benefits are to be obtained
  - Track shoes vs. training
- Analyzing it too much dismembers it

Hutchinson Can Fm Physician August 2009
Many other individual tools…

- Identifying your values and how they resonate with work through reflection / peer-peer conversations
- Integrating values into work & personal life
  - Meaning in Medicine groups
- Optimize Career fit
- Enhance skills for difficult tasks
  - Delivering bad news / conflict management / admin.
- Build Resilience strategies & skills (“handouts”)

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System tools …

- Learn of impacts on quality / safety / turnover costs / efficiency …
- Consider provider workload / efficiency / autonomy / work-home life integration / meaning in work
- Actively collaborate with staff on provider resilience toward mutually beneficial goals

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Mayo Clinic Peer Support > Time Off in Prevention of Burnout - Colin West et al

- Three gps of Mayo clinic I.M. faculty
  - Non-study gp
  - Study gps given 90 minutes protected time qwk
    - Control gp could use as they wished
    - Intervention gp divided into small gps of 6 – 8 + trained facilitator with sessions exploring work-life balance / medical mistakes / resiliency … => fostering sense of community & promote personal and professional growth
    - Well-being surveys q 3 mo.
    - Initial 3 mo. report at AMA/CMA/BMA mtg 10.12
Mayo Clinic Peer Support > Time Off in Prevention of Burnout – Changes at three mo.

<table>
<thead>
<tr>
<th></th>
<th>Non-Study</th>
<th>Control</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Meaning from work</td>
<td>-13.4 pts</td>
<td>-6.3 pts</td>
<td>+6.3 pts</td>
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<tr>
<td>High Emotional Exhaustion</td>
<td>+4.3 pts</td>
<td>-5.3 pts</td>
<td>-20.4 pts</td>
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<tr>
<td>Overall Burnout</td>
<td>+4.9 pts</td>
<td>-13.8 pts</td>
<td>-25.8 pts</td>
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<tr>
<td>Empowerment from Work</td>
<td>+0.8 pts</td>
<td>+2.6 pts</td>
<td>P = 0.001</td>
</tr>
<tr>
<td>Depersonalization / callousness</td>
<td>+0.8 pts</td>
<td>-15.5 pts</td>
<td>P = 0.01</td>
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</tbody>
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Provider Health & Resilience Committee (PHRC) startup at MMC

- Housed within Medical Executive Committee
- Members from across all specialties
- Includes PAs / residents / Med. Education
- Goal of improving the mental and physical health of all providers
- Prevention seen as primary goal and also helping those who are concerned about their emotional/physical/mental well-being
- Not a disciplinary body

PHRC possible directions ...

- Investigate the needs of our provider populations.
- Education for providers, managers, administrators, trainees at all levels.
- Collaboration with administration in all efforts
- Peer counseling / coaching
- Support for those in crisis / undergoing malpractice litigation
- New hire orientation & support in their first year of practice
- Consider services needed for specific sub-populations
- Mindful Practice course / Meaning in Medicine group / Professional Development Gps (a la Mayo study) with CME credits
- Outcome studies
- Who else in our state provider systems is doing what else?
- Others ...
**Hasten slowly … Risks with change**

- Considering / adjusting your self-image
- Hidden curriculum / iron person expectations
- Pandora’s box
- Expectations of quick / one-time / rapid fix
- Trying to go too far too fast
- Inadequate collaboration with administration and other systems to address stress factors
- Stigma precluding use of supports / seeking help
- Not having menu of resources

**Healing Skills** (for yourself and your patients)

- Do the little things
- Take time
- Be open and listen
- Find something to like, to love
- Remove barriers
- Let the patient explain
- Share authority
- Be committed

Churchill & Schenck Ann Inter Med 2008;149:720-724

**Home practice - System**

- Gather like minded individuals in your work place to brainstorm concerns / options
- Collaborate with others in your system / systems around you
- Build game plan for gradual sequential steps of change starting small
- Sell it to administration with concerns coupled with doable, constructive options for change
Home practice - Self

- Every day, find 2 brief opportunities during the work day to stop briefly, take a breath and pay attention to the moment
  - Notice things in your environment you are reacting to
  - Notice any bodily sensations, thoughts and emotions

- Each evening take a few moments to consider what in your day was inspiring, was intriguing, was surprising. After some practice you will begin to notice these moments as they occur in your day and re-connect with what is meaningful in your work.

- Seek meaning in your life.
The secret of caring for the patient is caring for oneself while caring for the patient

L. Canbid

This much I do remember
by Billy Collins

If it was after dinner,
You were talking to me across the table
About something or other
A greyhound you had seen that day
Or a song you liked

And I was looking past you
Over your bare shoulder
At the three oranges lying
On the kitchen counter
Next to the small electric bean grinder,
Which was also orange,
And the orange and white cruets for vinegar and oil.

All of which converged
Into a random still life,
As defined together by the heap of oats,
And as fixed behind the animated
Background of your
talking and smiling,
Gesturing and pouring wine,
And the sound of your rhythm.
that I could feel it being painted within me, 
brushed on the wall of my skull 
while the time of your voice 
shone and fell in its flight 
and the three oranges 
remained fixed in the cluster 
the way that stars are said 
to be fixed in the universe.

Then all the moments of the past 
began to line up behind that moment, 
and all of the expanses to come 
were all assembled in front of me, 
giving me reason to believe 
that this was a moment I had discovered 
from millions that rush out of sight 
into a darkness behind the eyes.

Even after I have forgotten what year it is, 
my middle name, 
and the meaning of money, 
I will still carry in my pocket 
the small coin of that moment, 
minted in the kingdom 
that we pace through every day.