

Healing by sharing Wellness 2.0

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I have no financial disclosures or conflict of interest

Disclaimer: I am not a certified life coach or wellness expert

Goals:

By the end of this talk, participants would be able to:



Identify different elements of burnout and contributing factors



Recognize the impact of burnout



Describe the concept of wellness 2.0



Identify resources needed for further action plan

A blurred, dimly lit hospital hallway with a person in the distance. The hallway is long and narrow, with white walls and a light-colored floor. There are several doors on both sides, some with red handrails. In the distance, a person is walking away from the camera. The overall atmosphere is quiet and somewhat somber.

A story

Silent epidemic

Question for the audience

Have you personally known a physician
who committed suicide?

Question for the audience

Have you personally had a very challenging workday after which you thought of not continuing the practice of medicine?

Question for the audience

Do you feel comfortable talking to your colleagues about any mistake you made or challenging cases without anticipating judgement from them?

Physician Burnout: Maslach triad

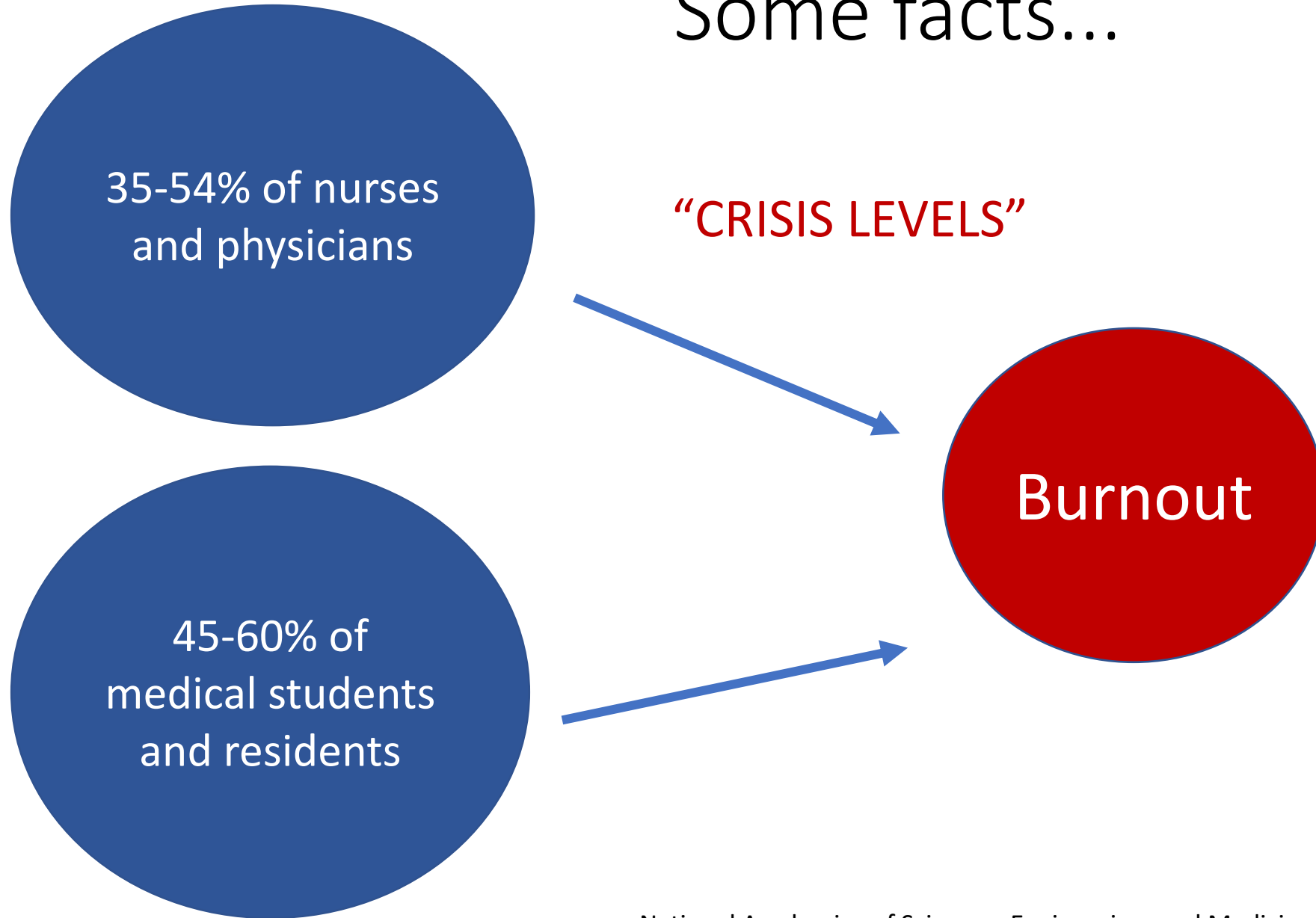


Feelings of
diminished
accomplishment

Depersonalization

Emotional
exhaustion

Some facts...



National Academies of Sciences, Engineering, and Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. (2019). Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies Press.

Women 20-60% more likely to have prevalence of burnout than men

Physicians in minority racial/ethnic groups were less likely to report burnout compared with non-Hispanic White physicians.

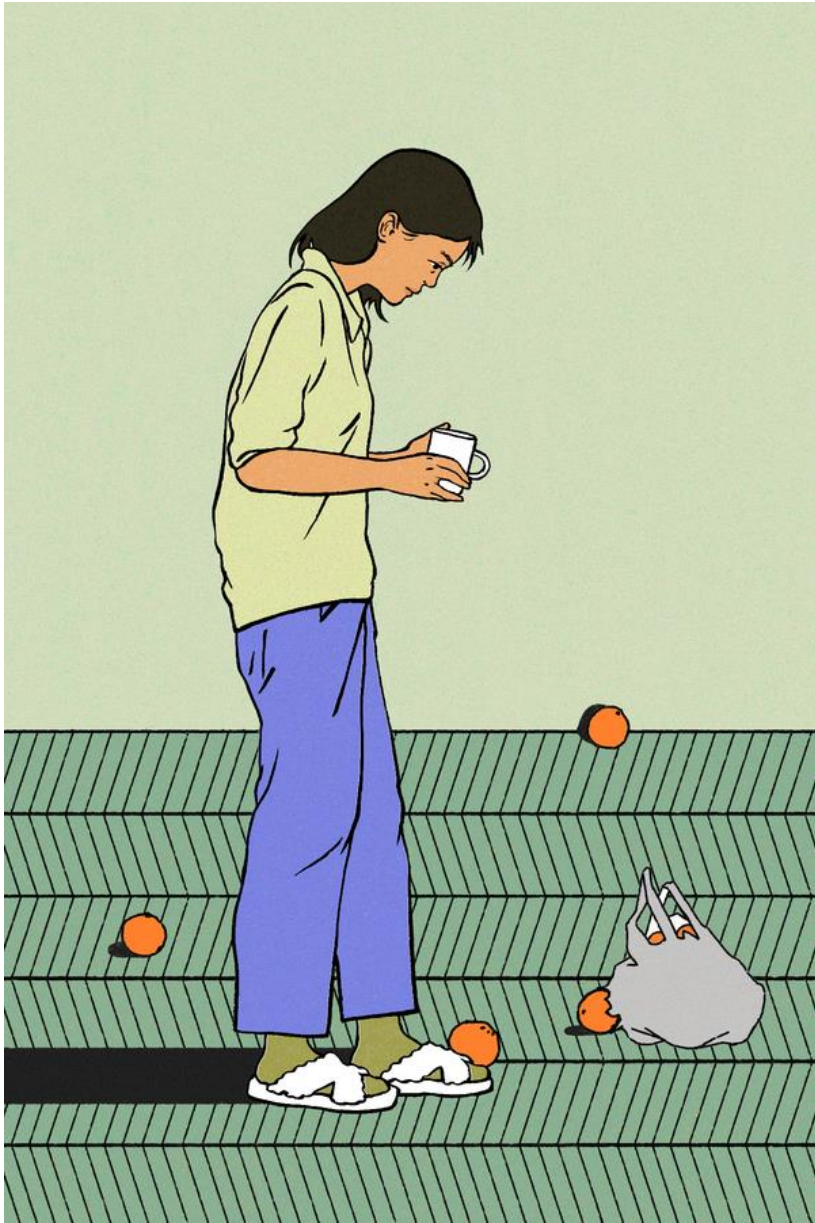
Shanafelt, T. D., et al 2015. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings* 90(12):1600-1613.

Dyrbye, L. N. et al 2014. Burnout among US medical students, residents, and early career physicians relative to the general US population. *Academic Medicine* 89(3):443-451.

McMurray, J. E., et al. 2000. The work lives of women physicians: Results from the Physician Work-Life Study. *Journal of General Internal Medicine* (6):372-380.

L. C Garcia et al, 2020: Burnout, depression, career satisfaction, and work-life integration by Physician Race/ethnicity; *JAMA network open*

CP West et all, Physician burnout: contributors, consequences and solutions *JIM* 2018



There's a Name for the Blah You're Feeling: It's Called Languishing

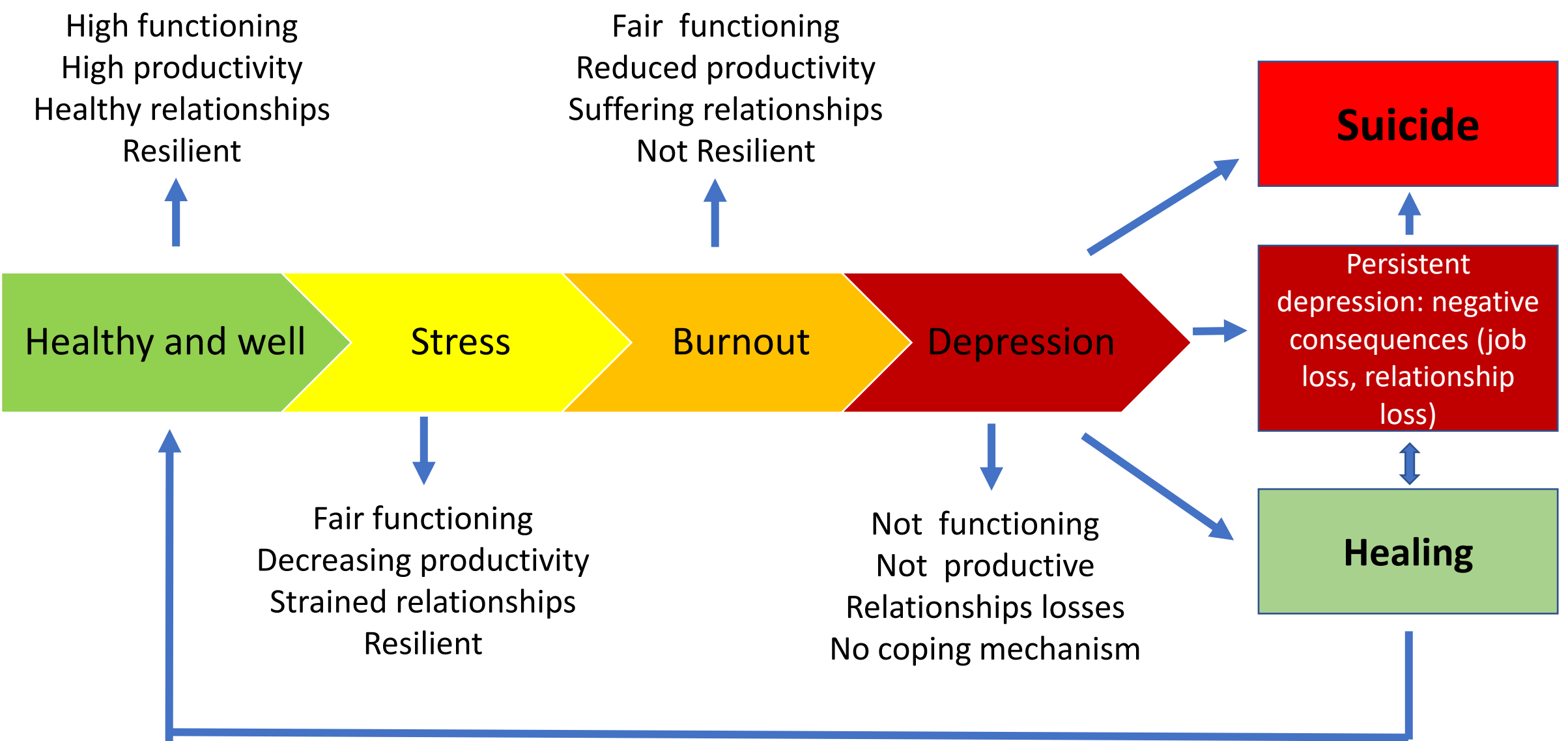
The neglected middle child of mental health can dull your motivation and focus — and it may be the dominant emotion of 2021.



By [Adam Grant](#)

Published April 19, 2021 Updated Dec. 3, 2021







Contributing factors to
burnout

Contributing factors to burnout



Workload
and hours

Type of
specialty

Lack of
autonomy

Financial
stress/Medical
school loans

Administrative
tasks

Peer to
peers

Prior
authorization

Work life
integration

Dual career
households

Microaggressions
/Biases

Difficult patient
encounters

Lack of role
models

Electronic
health records

Surveys

Lack of
promotions

CPT
codes

RVUs

EVUs

QIPS

Patient
satisfaction
scores

Teaching


Feedback

Work
reviews

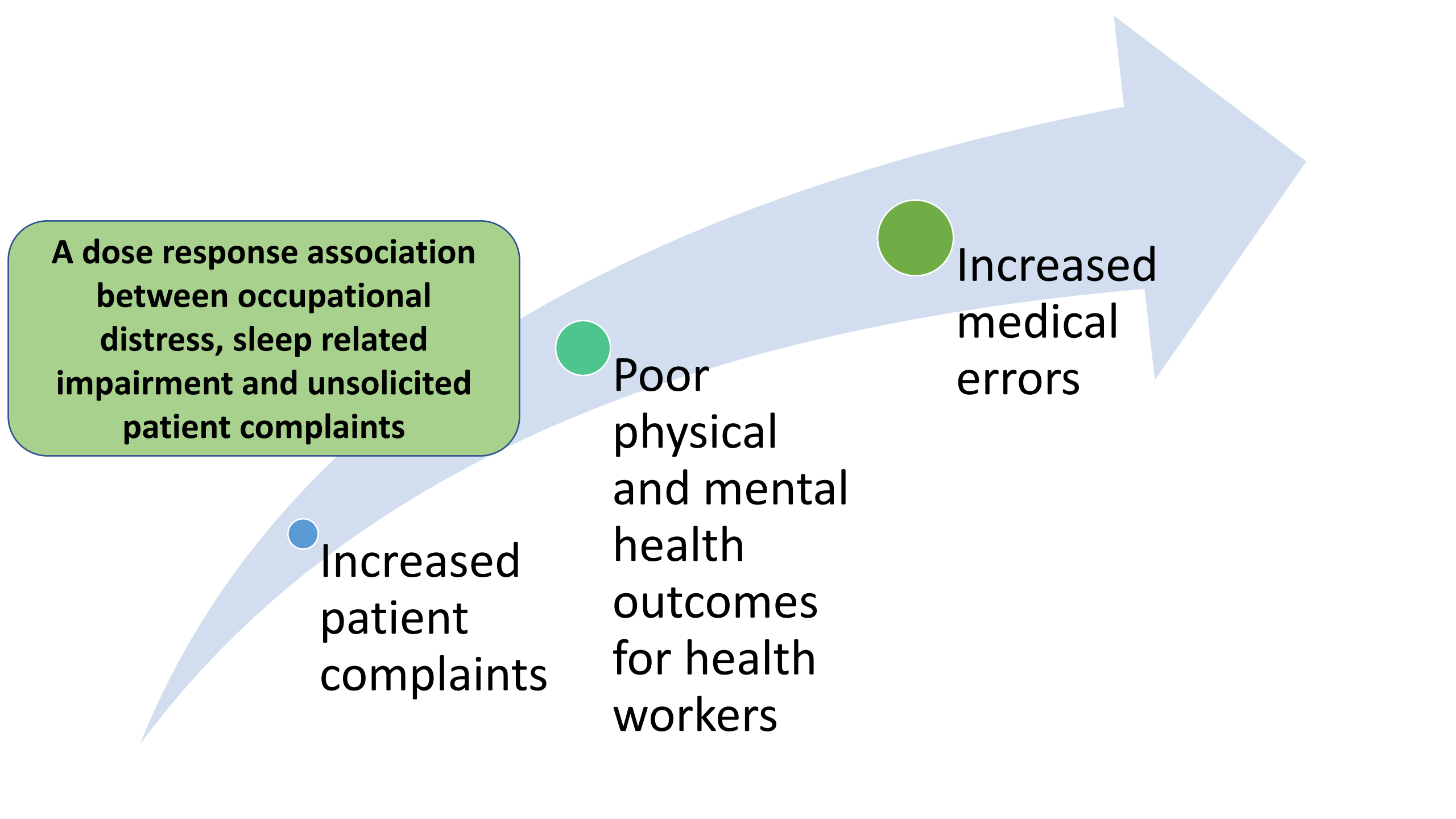
DME
forms

Factors associated with burnout among health workers





Consequences of Physician burnout



**A dose response association
between occupational
distress, sleep related
impairment and unsolicited
patient complaints**

Increased
patient
complaints

Poor
physical
and mental
health
outcomes
for health
workers

Increased
medical
errors

Physician Burnout is Associated with ↑ Medical Errors

Table 3. Association of a Self-Perceived Major Medical Error in the Previous 3 Months With Quality of Life, Burnout, Symptoms of Depression, and Empathy (N = 184)

Dependent Variable	Metric (Scale)	Parameter Estimate (95% Confidence Interval)*	P Value†
QOL	LASA overall QOL (0-10)	-0.39 (-0.72 to -0.06)	.02
Burnout‡			
Depersonalization	MBI-DE (0-30)	2.45 (0.94 to 3.97)	.002
Emotional exhaustion	MBI-EE (0-54)	4.58 (1.71 to 7.46)	.002
Personal accomplishment	MBI-PA (0-48)	-2.59 (-4.22 to -0.97)	.002
Depression	Any positive 2-item depression screen	3.29 (1.90 to 5.64)§	<.001
Empathy			
Emotive	IRI-EC (0-28)	-0.56 (-1.39 to 0.28)	.19
Cognitive	IRI-PT (0-28)	-0.72 (-1.59 to 0.15)	.10

West CP, Huschka MM, Novotny PJ, et al. Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *JAMA*. 2006;296(9):1071-1078

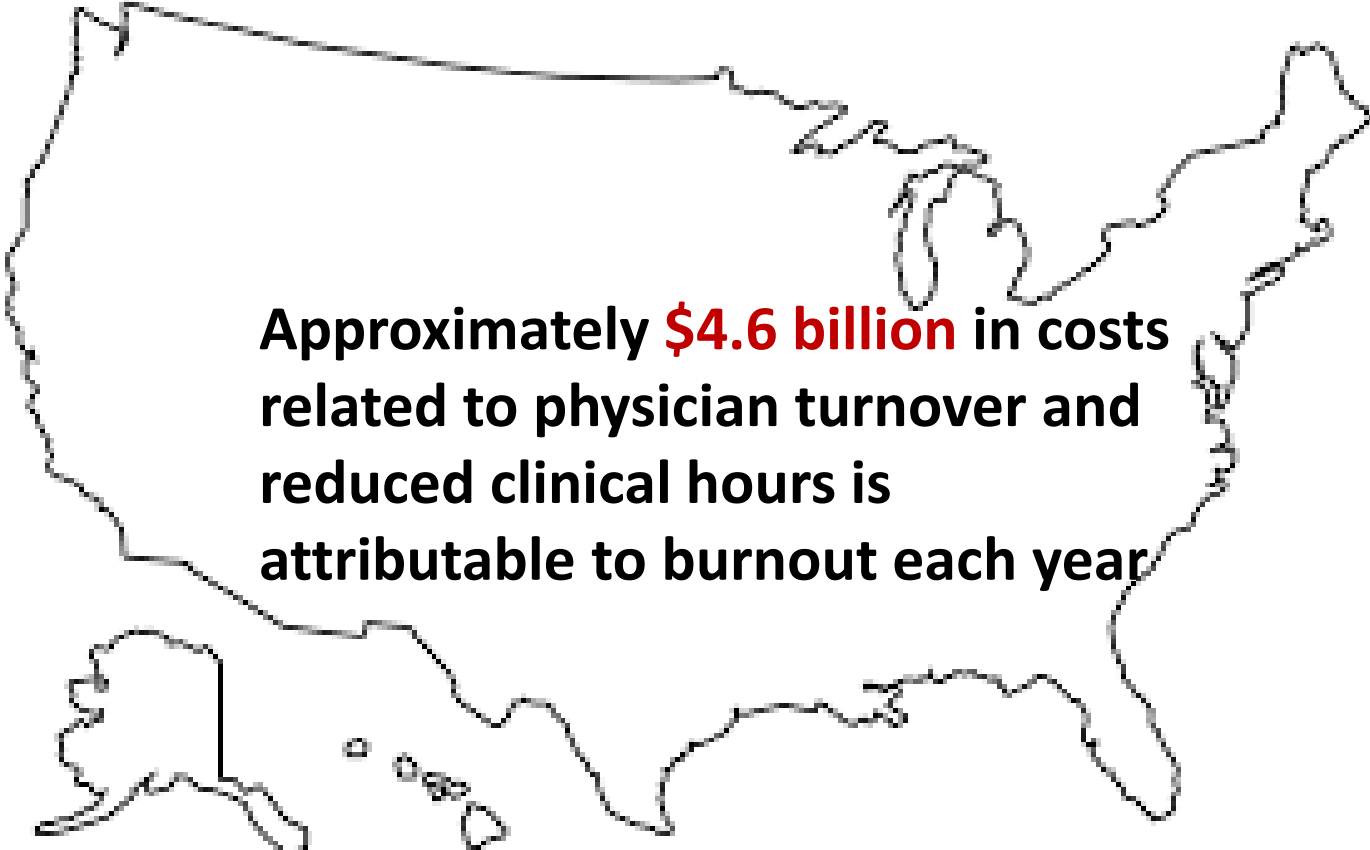
Physician Burnout
 =
 ↑ Physician Turnover

Table 2. Correlates and Outcomes of Burnout, Multivariable Regression Models Using Backward Variable Selection

Parameter	Value
Correlates of Burnout	
Overall Burnout, OR (95% CI)	
Nonwhite (vs white)	0.54 (0.36-0.82)
Clinical FTE, %	2.88 (1.58-5.28)
Age	0.98 (0.97-0.99)
Emotional Exhaustion subscale, OR (95% CI)	
Nonwhite (vs white)	0.46 (0.28-0.73)
Clinical FTE, %	3.05 (1.56-5.97)
>20 y in practice (vs <10 y)	0.64 (0.44-0.92)
Depersonalization subscale, OR (95% CI)	
Male sex (vs female sex)	1.71 (1.16-2.53)
Age	0.97 (0.95-0.99)
Outcomes of Burnout	
Emotional Exhaustion subscale	
Leaving the organization, OR (95% CI)	2.19 (1.14-4.18)
Satisfaction with primary care physician communication, β (95% CI)	11.5 (2.32-20.8)
Depersonalization subscale	
Ombudsman complaints, OR (95% CI)	1.72 (1.02-2.89)

Abbreviations: FTE, full time equivalent; OR, odds ratio.

Physician Burnout is Associated With ↑ Cost from Turnover



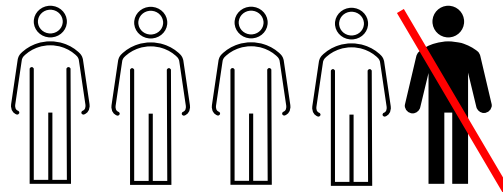
Approximately **\$4.6 billion** in costs related to physician turnover and reduced clinical hours is attributable to burnout each year



The annual economic cost associated with burnout related to turnover and reduced clinical hours is an **estimated \$7.6 million dollars** annually in an organization of 1,000 physicians

Physicians are
the foundation
of the
US Healthcare
System

- In 2040 >20% of the US population will be over the age of 65 and they will need our care and expertise



Plan to leave practice within
2 years

Supply vs demand



A shortage of between 54,100 and 139,000 physicians by 2033

The most alarming gaps in primary care and rural communities

American Association of Medical Colleges. (2020). The Complexities of Physician Supply and Demand: Projections From 2018 to 2033.

Rationale for focusing on physician wellness

- **It makes moral, ethical and financial sense to invest in prevention of physician burnout and to design practice environments to support physician well-being and promote thriving**

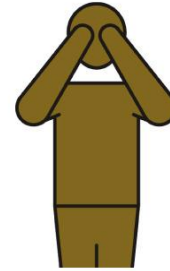


Era of distress



- Deity-like qualities
- Perfection
- No limits on work
- Self-care
- Isolation
- Performance

Era of distress



- Lack of awareness
- Focus on institutional needs
- Rigid environment
- Individual
- Ignore distress
- Unfettered autonomy
- Neglect
- Ignorance of economic impact
- Physicians & administrators function independently

Professional
distance

Perceived need for
detachment and/or
compartmentalization to
protect oneself from
“feeling too much”.

Present

Well-being 1.0



- Hero-like qualities
- Wellness
- Work-life balance
- Resilience
- Connection
- Frustration

Well-being 1.0



- Awareness
- Focus on patient needs
- Choice
- Team
- Treat distress
- Carrots and sticks
- Blame individuals
- Return on investment
- Adversarial relationship between physicians and administrators

Future

Well-being 2.0



- Human qualities
- Vulnerability & growth mindset
- Work-life integration
- Self-compassion
- Community
- Meaning and purpose

Well-being 2.0



- Action
- Focus on needs of people
- Flexibility
- System
- Prevent distress & cultivate professional fulfillment
- Aligned autonomy
- Shared responsibility
- Value on investment
- Physician and administrator collaboration

Addressing Health Worker Burnout

The U.S. Surgeon General's Advisory
on Building a Thriving Health Workforce

2022



Thriving together: Solutions to health worker burnout



We must shift burnout from a “me” problem to a “we” problem.



Wellbeing 2.0

Physician as Hero
mindset



Physician as Human
mindset

Professional culture of
perfectionism

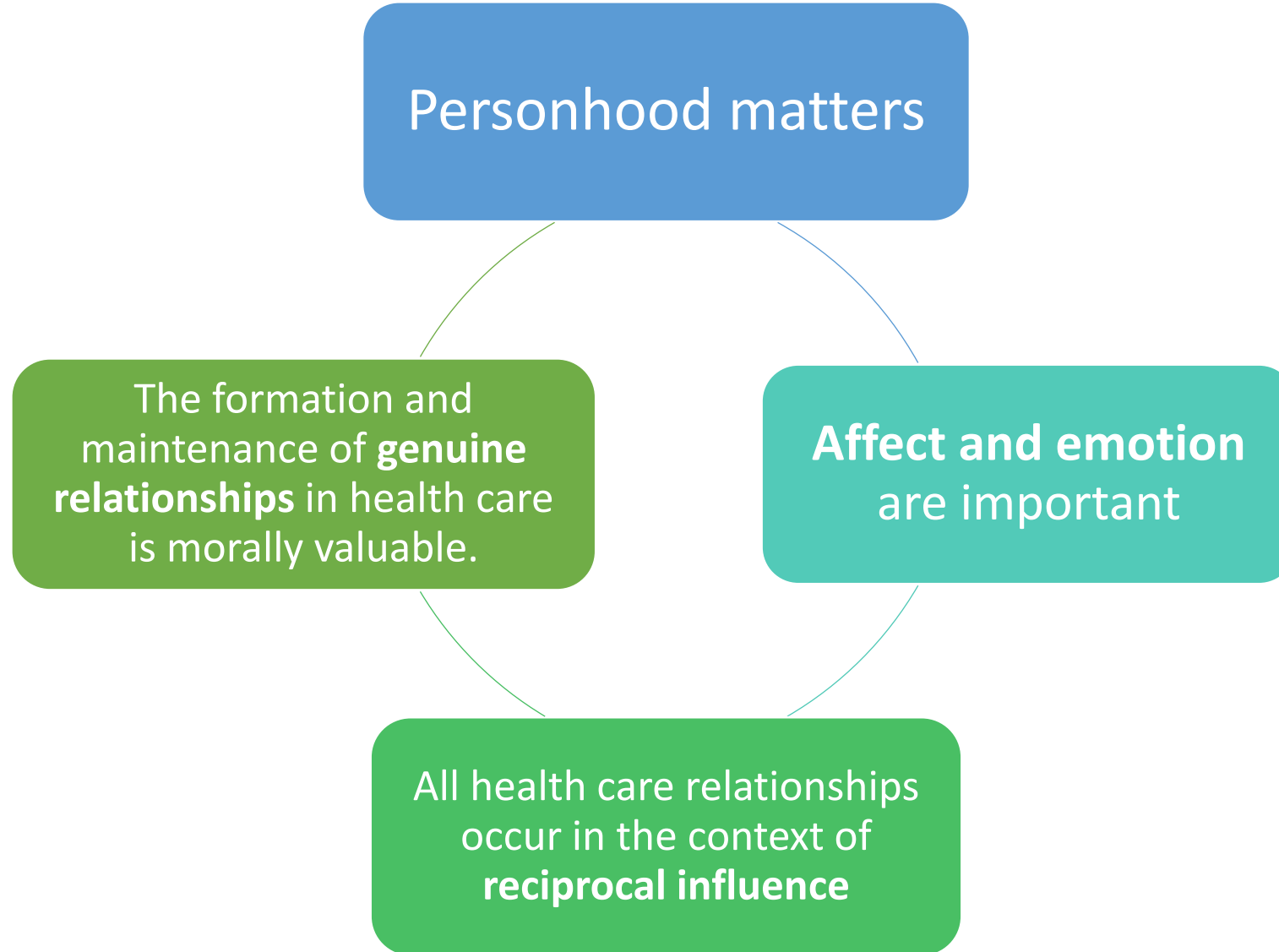


Culture of excellence
in combination with self
compassion and growth mindset

Growth Mindset



Relationship-centered care



Understanding that the suffering is part of the **larger human experience** and that instead of being isolating, it connects us to others

Self-compassion

Being able to see and be aware that **suffering is present** for us.

Having a **non-judgmental understanding** of our suffering which allows us to be kind to ourselves



- Human qualities
- Vulnerability & growth mindset
- Work-life integration
- **Self-compassion**
- Community
- Meaning and purpose



Role model healthy behaviors

1

Give yourself and others permission to shift away from the 24/7 “always on” culture

2

Do your part to reduce administrative burdens:
↓ meetings, e-mails, townhalls, online modules

3

Take breaks during work

4

Take unplugged vacation time

Healing by sharing



REFLECTION



DEBRIEF



STORY



SCHWARTZ
ROUNDS

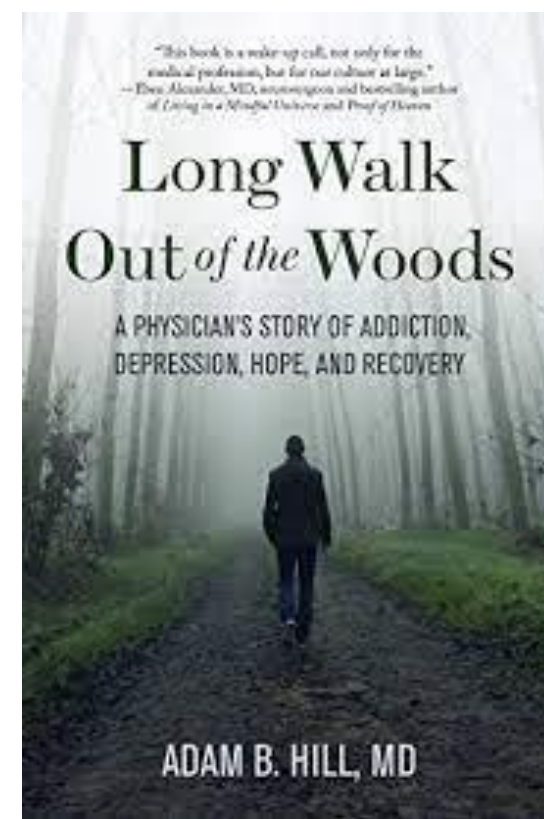
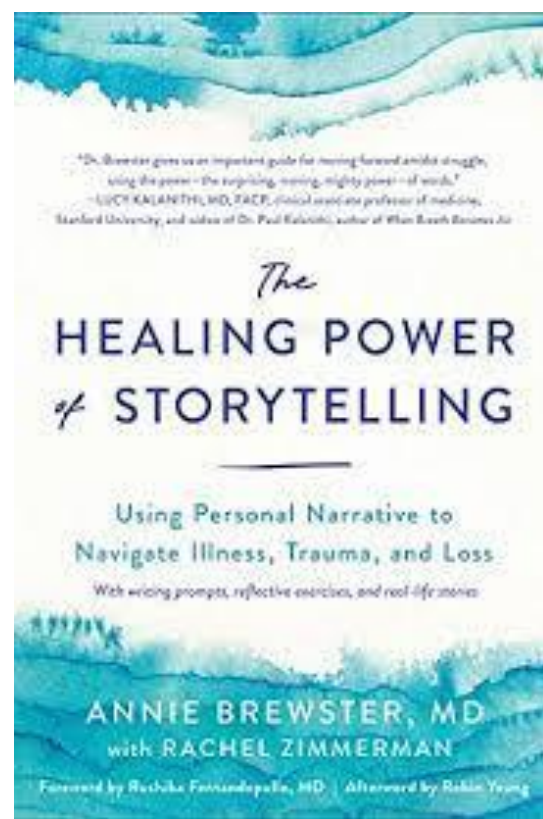
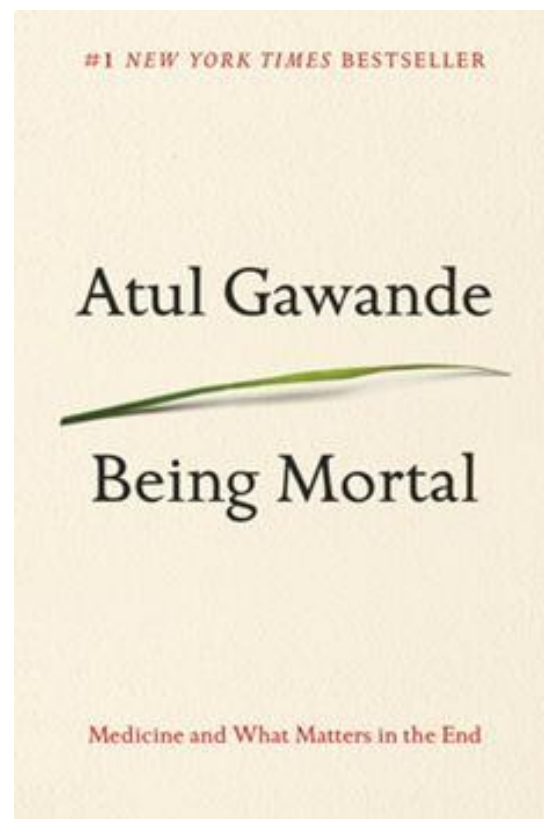
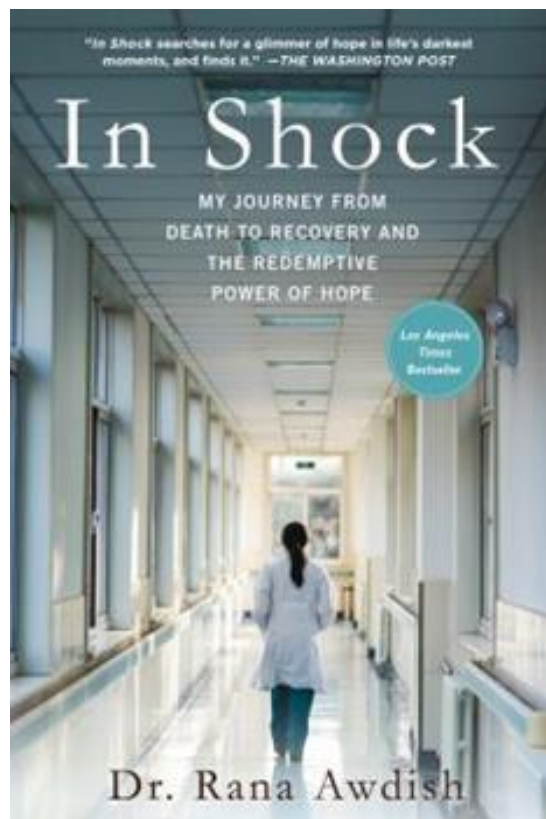


HEALERS' ART
RETREATS



MEANING IN
MEDICINE





Languishing

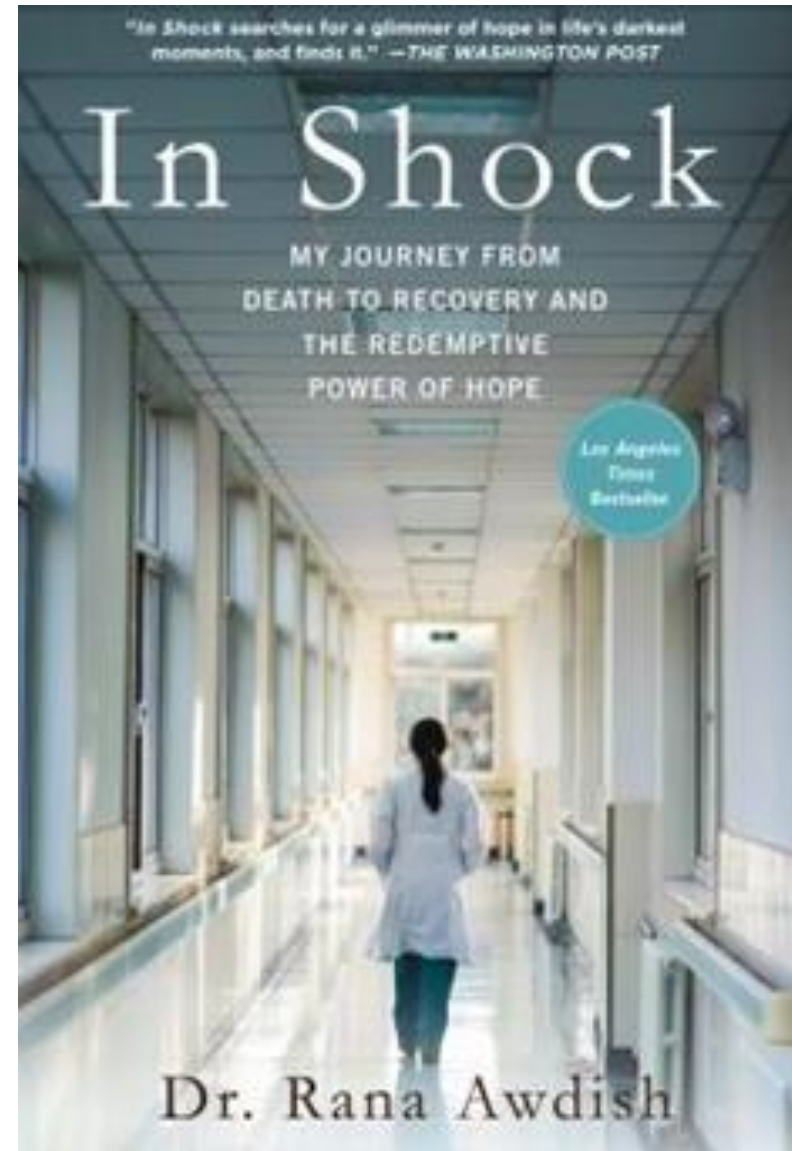
“By acknowledging that so many of us are languishing, we can start giving voice to quiet despair and lighting a path out of the void.”
Adam Grant, NYT



Learning environment

Intentional role modeling of vulnerability and growth mindset for our trainees

- “It is possible to be both broken and incredibly strong. We can be wounded and, in that space, find more cohesion and wholeness than we knew possible. But only if we are willing to acknowledge and confront the cracks.”



National Academy of Medicine Publishes National Plan for Health Workforce Well-Being and Calls for Collective Movement to Address Burnout Crisis

About the Clinician Well-Being Collaborative

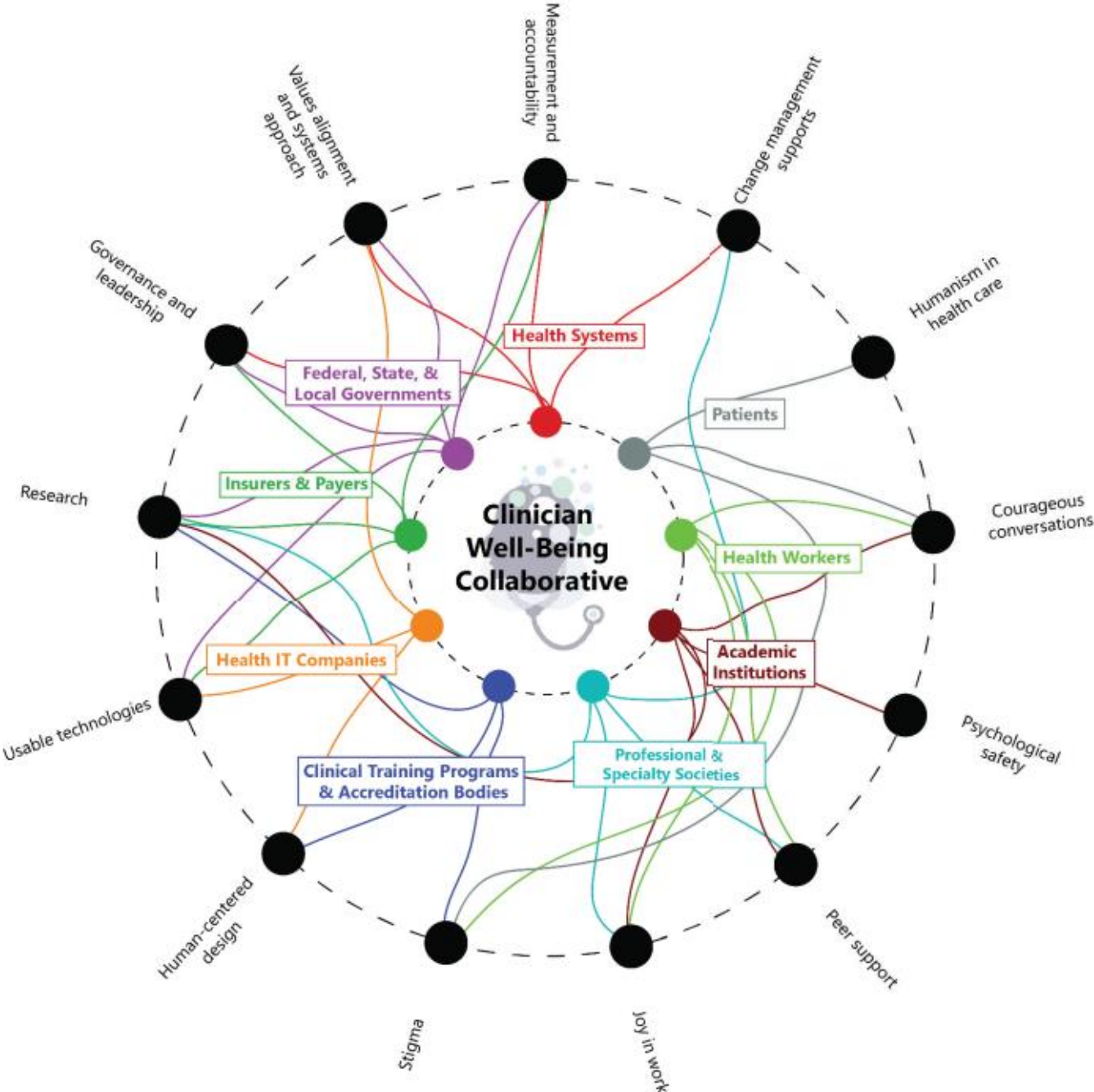
In 2017, the National Academy of Medicine launched the Action Collaborative on Clinician Well-Being and Resilience, a network of more than 200 organizations committed to reversing trends in clinician burnout. The Clinician Well-Being Collaborative has three goals:

1. Raise the visibility of clinician anxiety, burnout, depression, stress, and suicide
2. Improve baseline understanding of challenges to clinician well-being
3. Advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver

**NATIONAL
PLAN** for health
workforce well-being



Clinician Well-Being Collaborative Systems Map







Priority areas for action

1. Create and sustain positive work and learning environments and culture
2. Support mental health and reduce stigma
3. Engage effective technology
4. Invest in measurement, assessment, strategies and research
5. Address compliance, regulatory and policy barriers for daily work
6. Institutionalize well-being as a long-term value
7. Recruit and retain a diverse and inclusive workforce



1. Create and sustain positive work and learning environments and culture

Goal 1	Culture of well-being is integrated into program operations, human resource management, services, and curricula.
Goal 2	Settings are diverse, equitable, accessible, and inclusive.
Goal 3	There is increased retention and decreased turnover of health workers.
Goal 4	Leadership recognizes negative impacts of health worker burnout and fosters a culture of well-being.
Goal 5	Accountability standards and best practices for well-being are adopted.

Goal 3	There is increased retention and decreased turnover of health workers.	
Actors		Academic Institutions, Clinical Training Programs, and Accreditation Bodies
		Federal, State, and Local Governments
		Health Systems
		Health Workers



Actions	3A. Provide mechanisms and systems to allow health workers to operate as teams.
	3B. Invest in appropriate and flexible staffing plans that allow for safe patient care, including needed backup.
	3C. Create and implement processes for meaningful recognition for all members of the health workforce.
	3D. Examine sick leave and personal time off policies and staffing to accommodate health workers who need time off, regardless of their tenure.
	3E. Develop and incentivize coverage systems that allow health workers to take time off, especially so that frontline workers can hand off responsibility for patient care during their time away.
	3F. Offer employee benefits that include child care and elder care services.
	3G. Ensure that health worker meal and rest breaks are expected and routine, not exceptional.
	3H. Learn about health worker experiences directly by asking them and conducting surveys and listening sessions while they are employed, and conducting exit interviews to understand why they are leaving their positions.
	3I. Promote work-life integration for health workers through structures such as sufficient staff, flexible schedules, access to and use of health care, and low-cost and healthy food options.
	3J. Address accountability and reward systems to re-orient promotion/tenure and salary processes so that they reward behaviors contributing to positive learning environments.

Summary



Burnout in physician work force is prevalent and has multiple contributors



Wellness 2.0 takes us forward to healing by focusing on vulnerability, self-compassion and building community



Remember to heal by sharing



Develop one personal and one institutional goal to work on

Healing by Sharing

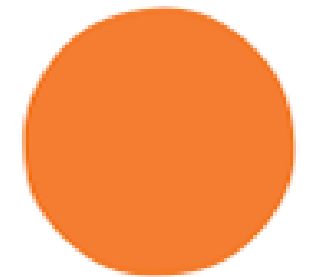
you never know
what part
of your story
will be part
of someone
else's healing.

jenifer williams



Wellness apps

1. Provider Resilience (Free) <http://t2health.dcoe.mil/apps/provider-resilience>
2. Breathe2Relax (Free) <http://t2health.dcoe.mil/apps/breathe2relax>
3. Virtual Hope Box (Free) <http://t2health.dcoe.mil/apps/virtual-hope-box>
4. T2 Mood Tracker (Free) <http://t2health.dcoe.mil/apps/t2-mood-tracker>
5. Life Armor (Free) <http://t2health.dcoe.mil/apps/lifearmor>
6. Take a Break! (Free) <https://www.meditationoasis.com/apps/>
7. Insight Timer (Free) (also contains meditations about grief)
<https://insighttimer.com/meditation-app>
8. Parenting2Go (Free) <http://t2health.dcoe.mil/apps/Parenting2Go>
9. The Happy MD (\$9.99) <https://support.thehappymd.com/burnout-proof-app>
10. Headspace (free 10 day trial) <http://www.headspace.com>
11. Buddhify (\$2.99 - Android app) <http://buddhify.com/>
12. 10 percent happier app <https://www.tenpercent.com/>
13. Calm app <https://www.calm.com/>



Podcasts/Webinars

1. Building Your Resilient Self - This free webinar led by Gail Gazelle, MD, FACP, FAAHPM, executive coach for physicians and physician leaders, teaches how to build resilience in your life and in your practice.
2. Medical Student Well-being: Don't Forget About Us - In this playback webinar, Micah Beachy, DO, FACP, discusses the importance of well-being for medical students and shares strategies for how to maintain it while in school and throughout training. Q&A follows.
3. Brene Brown: Listening to Shame: https://www.ted.com/talks/brene_brown_listening_to_shame
4. Atul Gawande: How We Heal Medicine: https://www.ted.com/speakers/atul_gawande_1
5. Shawn Achor: The Happy Secret to Better Work: https://www.ted.com/speakers/shawn_achor
6. Brian Goldman: Doctors make mistakes: https://www.ted.com/speakers/brian_goldman
7. Suzie Brown: Concert of melody & medicine: <http://www.tedmed.com/speakers/show?id=526396>
8. <http://thedoctorparadox.com/podcast-2/> – The Doctor Paradox is a podcast series addressing “why despite having incredibly meaningful jobs, doctors are increasingly unhappy in their work”
9. <http://fhs.mcmaster.ca/on-fire/> “Souls on Fire: Narratives that Inspire” produced by McMaster Institute for Innovation and Excellence in Teaching and Learning
10. Finding Joy in Medicine. Cheng C and Greenhalgh S. <https://vimeo.com/139548591>
11. Mindfulness in Medicine. Horwitch C. <https://vimeo.com/117306069>
12. Negotiating Skills. Aiyer, M. and S. Rusch <https://vimeo.com/89541011>
13. Sustainable Leadership. O'Malley C, Hingle S. <https://vimeo.com/40241496>
14. Time Management for Leaders. Jokela, J. <https://vimeo.com/35013659>
15. Just Show Up, Sheryl Sandberg on how to help someone who is grieving:

<https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment/individual-physician-wellness-and-burnout-tools>



Thank you