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Flourishing at work

What health care institutions should be doing to promote resilience and well-being of the health care workforce

Today

- Understanding the landscape
  - The personal and financial toll of clinician distress
  - The work environment
  - The inner environment
- Envisioning the something different
  - What's the opposite of burnout?
  - Habits of mind
  - Mindful organizations and leadership
  - Practical next steps

What are the questions about your work life that you are carrying with you today, and how are those questions present for you right now?

TALK WITH A COLLEAGUE

…a problem of ***the relationship between*** clinicians' inner lives – their sense of calling and meaning – and the environment in which they work

WORK-RELATED DISTRESS

Why clinician distress matters

Quality of care
- Lower quality of technical care
- Riskier prescribing practices
- Medication errors
- Lower adherence

Patient experience
- Poor relationships
- Poor communication
- Low satisfaction

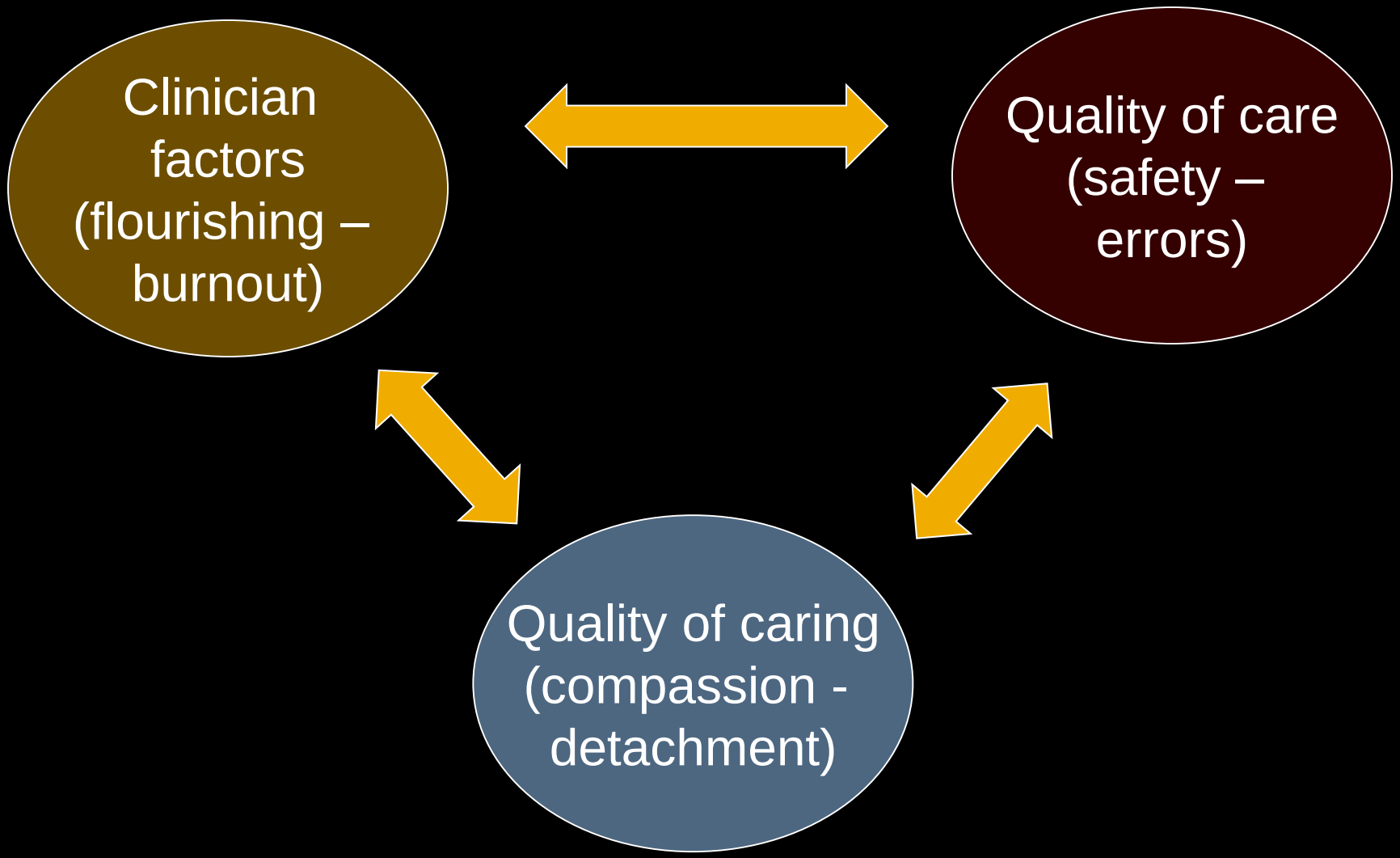
Clinician experience
- Erosion of altruism and empathy

Safety
- Unsafe behaviors
- Not following protocols

Professionalism
- Unprofessional conduct
- Poor relationships with staff
- Substance abuse

Costs
- Attrition and job turnover
- Recruitment costs

Fahrenkopf et al. 2008; DiMatteo et al. 1991; Williams et al. 2009; Shanafelt et al. 2005; Dyrbye et al. 2010; Haas et al 2000; Sundquist et al 2000; Krasner et al. 2009; Buchbinder et al. 2001; Shannon et al 2015; Privitera 2014; Lyndon et al 2014



Shanafelt, T. D., et al. (2002). Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med, 136*, 358-367; Shanafelt, T. D., et al. (2005). Relationship between increased personal well-being and enhanced empathy among internal medicine residents. *J Gen Intern Med, 20*, 559-564.

A word about burnout

"Erosion of the soul… deterioration of values, dignity, spirit and will" (Maslach)

"Silent anguish of healers" (Neuwirth)

"Culture of endurance" (Shanafelt)

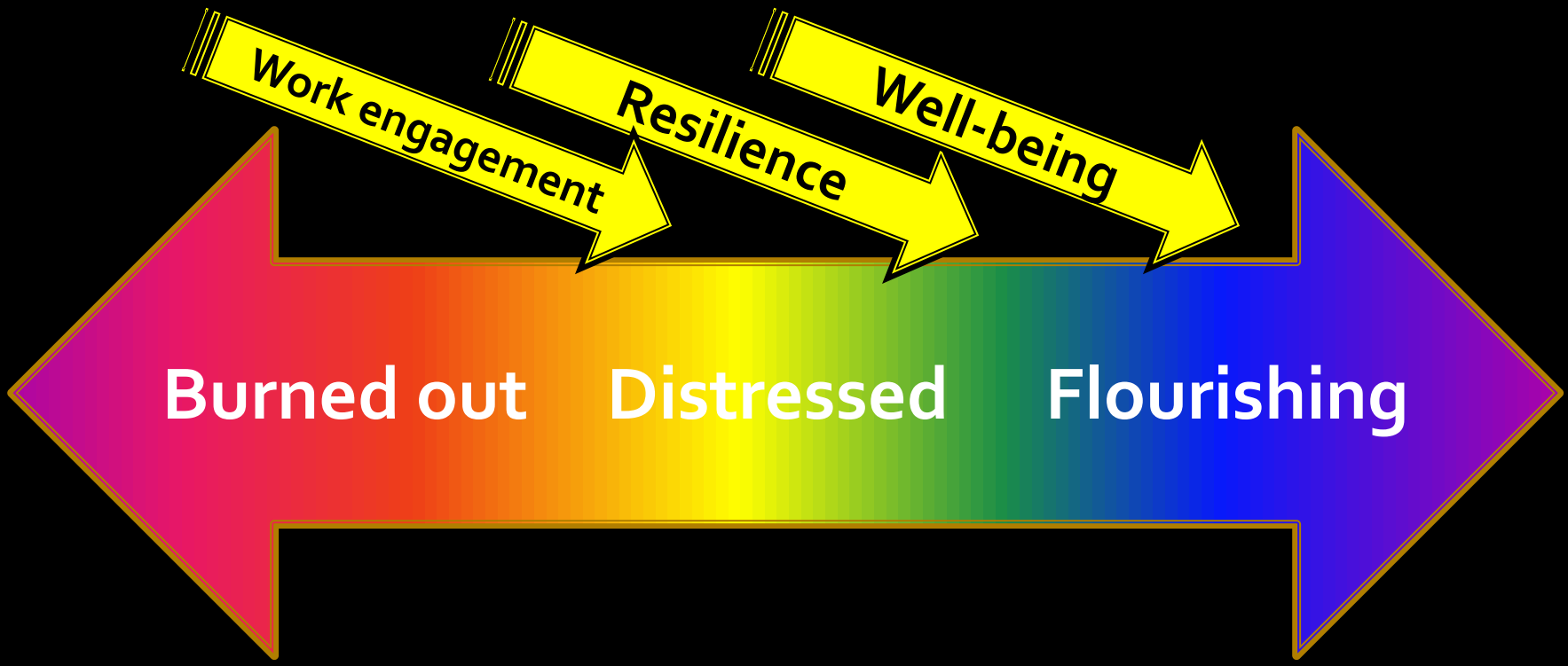
Maslach's definition of burnout

Three components:

- Emotional exhaustion
- Depersonalization
- Low personal accomplishment

Maslach C 2001 and 2003

What's the opposite of burnout?

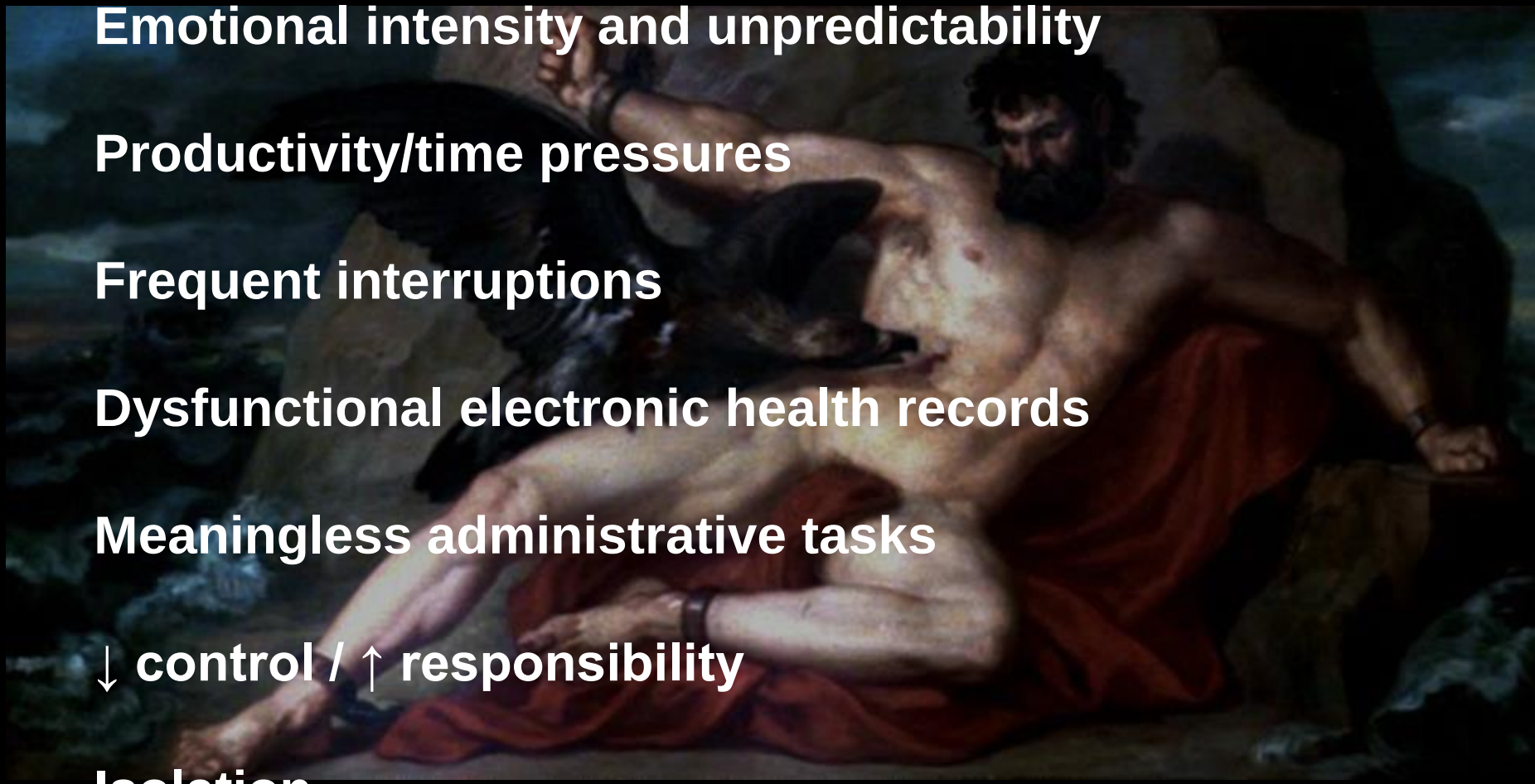


eudaimonia

THE WORK ENVIRONMENT

Toll E. JAMA 2012

THE WORK ENVIRONMENT



- Emotional intensity and unpredictability
- Productivity/time pressures
- Frequent interruptions
- Dysfunctional electronic health records
- Meaningless administrative tasks
- ↓ control / ↑ responsibility
- Isolation

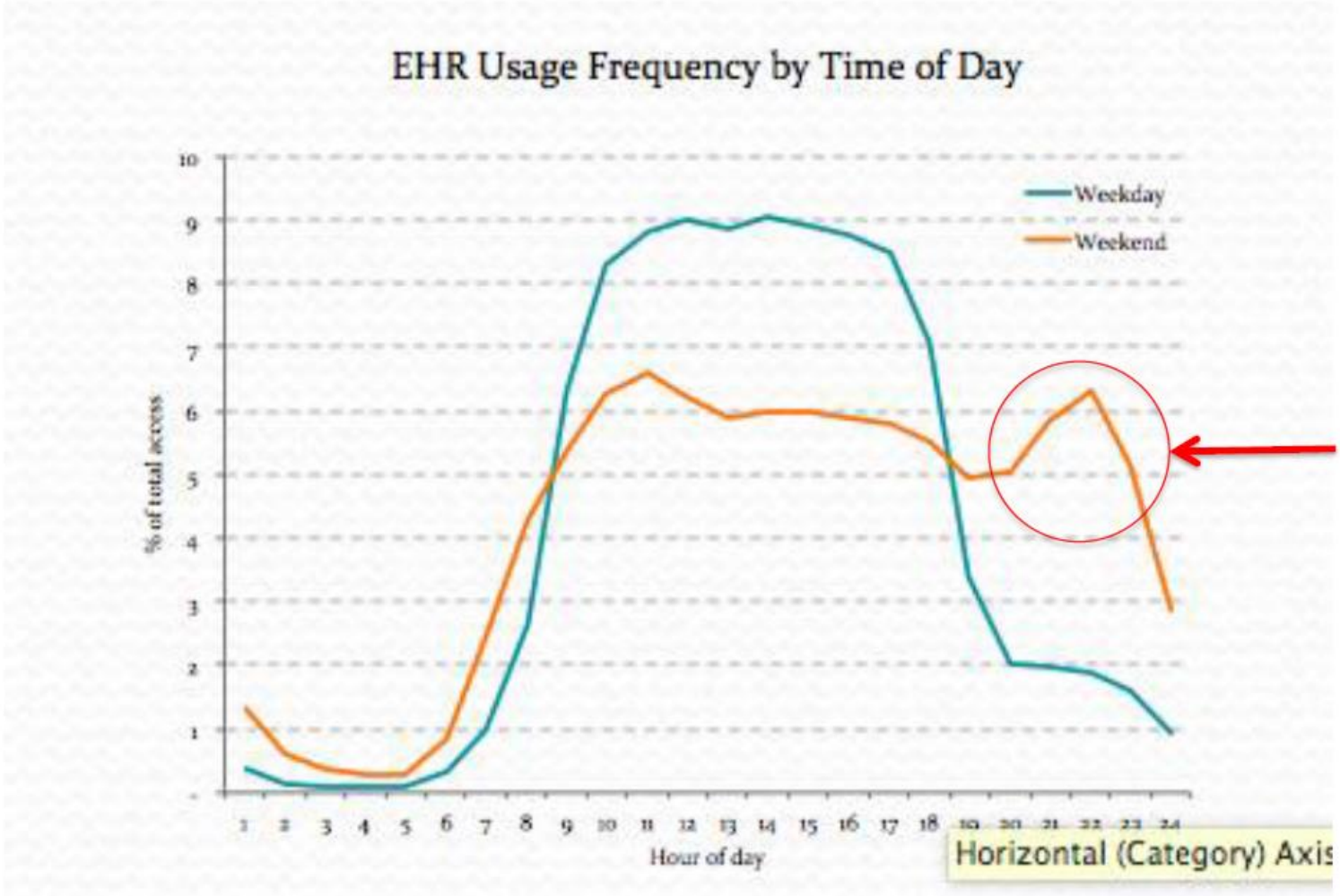
Administrative burdens

- Payer driven
- Governmental
- Professional
- Consumer
- Private

Erickson SM et al 2017

"Pajama Time"

Sat nights belong to Epic



Arndt B et al NAPCRG 2015, adapted by Christine Sinsky MD

THE INNER ENVIRONMENT

COGNITIVE OVERLOAD

Too much to do

Too much information

Too many choices

Happening too quickly

Too much responsibility

Too little control

Lack of self-awareness

Automatic processing

Heuristics

Biases

Stereotypes

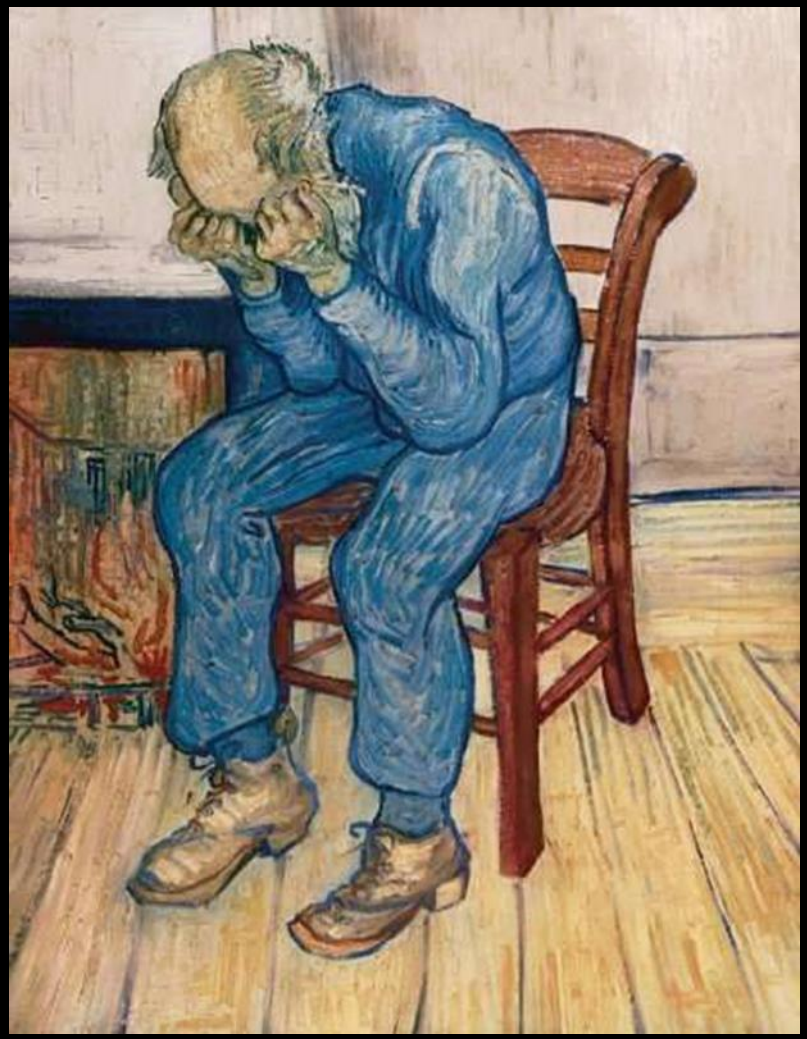
Moving even faster

Ignoring data

Over-concreteness

Premature closure

Witnessing suffering



Empathy as "emotional labor"

"To cultivate an acute ability to empathize with others, once needs … willingness to subject one's mind to the patient's world…"

Larson et al, JAMA 2006

EMOTIONAL OVERLOAD

Unexamined negative emotions:

fear, grief, shame, loss

Too much conflict

Too much emotional resonance

Lack of self-awareness

- Poor quality of work
  - Going through the motions
- Cognitive rigidity
  - Oversimplifying, intolerance of ambiguity, uncertainty, and change
- Emotional rigidity
  - Anger, frustration, projection, defensiveness
- Feeling helpless
- Feeling hopeless
  - Disconnection from calling, meaning, identity, and role

HASTE

20%

… the extent to which an individual is able to focus their effort on the aspect of work that they find most meaningful

CAREER FIT

Shanafelt Arch Int Med 2009

Making a difference

- Change the work environment
  - Physical ergonomics
  - Cognitive ergonomics
  - Team and interpersonal landscape
  - Organizational mindfulness
  - Organizational structure and leadership
- What you can do to survive, thrive and flourish in imperfect systems
  - Your self, your colleagues, your team
  - You as leader

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

The most common interventions were mindfulness and stress management-focused efforts, communication training, small group discussions, local practice modifications, and duty hour changes.

…both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to determine which interventions may be most effective in specific populations, as well as how individual and organisational solutions might be combined…

(2·65 points [1·67–3·64]; p<0·0001; I^2=82%; 40 studies), and depersonalisation score decreased from 9·05 to 8·41 (0·64 points [0·15–1·14]; p=0·01; I^2=58%; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11–18]; p<0·0001; I^2=0%; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0–8]; p=0·04; I^2=0%; 16 studies).

What institutions should do: principles

- Value the formation of people, not just the production of "products"
- Increase clinicians' sense of autonomy and control
- Promote a culture of respect
- Reduce real and perceived sense of isolation
- Articulate a (caring) mission and keep to it
- Develop and reward deep and appreciative listening
- Focus on enhancing the positive, not just solving problems
- Share stories, not just strategies

Institutional strategies: what works

- Measure clinician well-being as a quality metric
- Change EHRs – cognitive ergononomics, human factors , prioritize clinical quality
- Flexible work hours
- Lower regulatory burden, mindful interpretation of rules, putting people first
- Offer skills training in -- mindful practice, communication, stress and conflict management
- Groups to promote deep listening and meaningful dialogue: confessions, Balint , narrative, AI
- Expand team training and include attention to affect, stress and burnout

Krasner et al 2009; Karan et al 2015; West CP 2016; Epstein RM & Privitera MR 2016

Institutional strategies: what works

- Values-driven leadership – include w/b in mission statements, CEO incentive plans, etc.
- Enduring administrative structures – e.g centers for professional well-being
- Convenient quiet spaces in the workplace
- Celebrations / recognition
- Accessible healthy food and exercise opportunities
- Identify those at highest risk → peer coaching, accessible confidential EAP and counseling
- Enact zero tolerance polity for abuse, incivility, and harassment; behavioral / disciplinary interventions

Shanafelt &Noseworthy 2017; Leape LL et al 2012 Shapiro J et al 2014;

Institutional strategies: good start, but not likely to produce enduring change

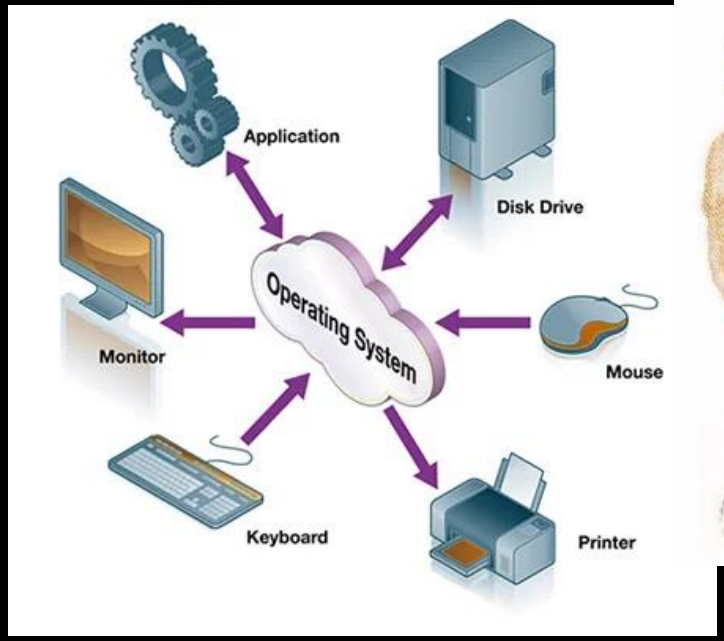
- A community garden
- Exhorting employees to exercise on their own time
- Greenery, logos, buttons, stickers, gold stars
- Wellness committee
- 1-time grand rounds
- Seminar series
- Hire an expert

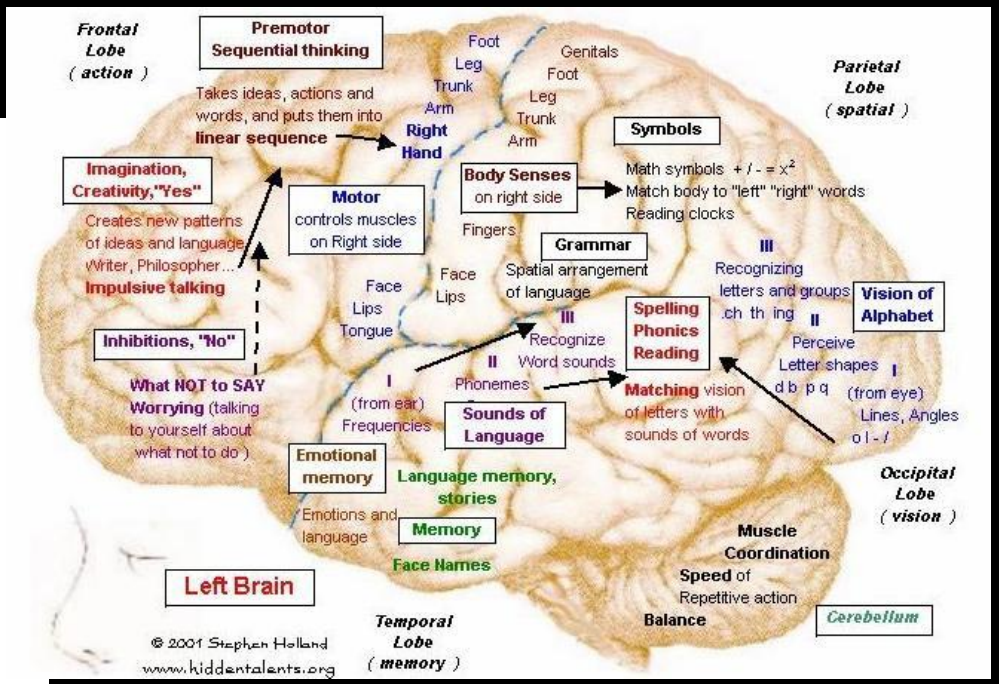
Organizational mindfulness = collective mind

- Preoccupation with failure = collective vigilance
- Reluctance to simplify = quick answers are not always the best
- Sensitivity to operations = situation awareness
- Commitment to resilience
- Fluidity and healthy anarchy = distributed decision-making

After Weick K and Sutcliffe K 2001, 2006

YOUR INNER OPERATING SYSTEM





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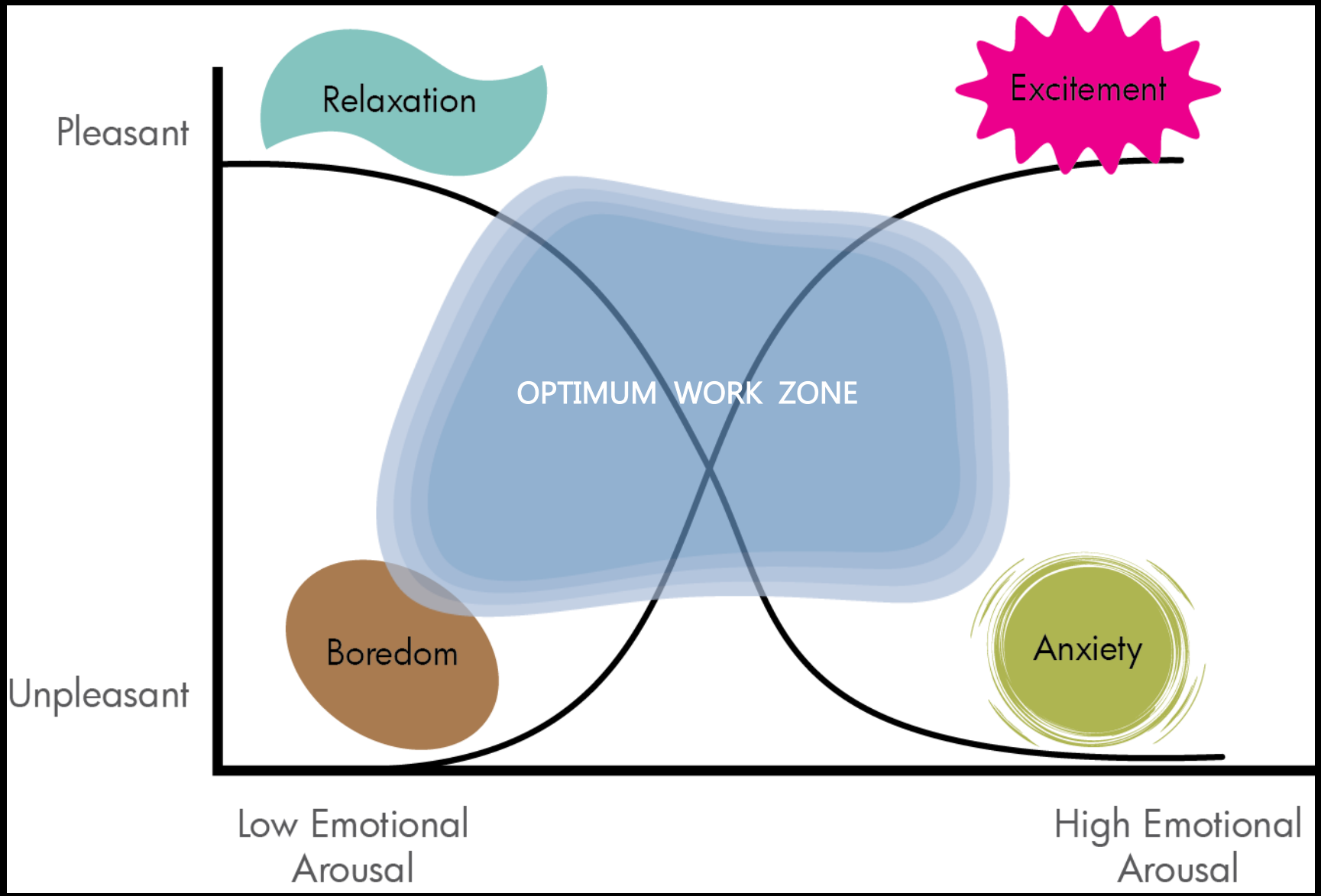
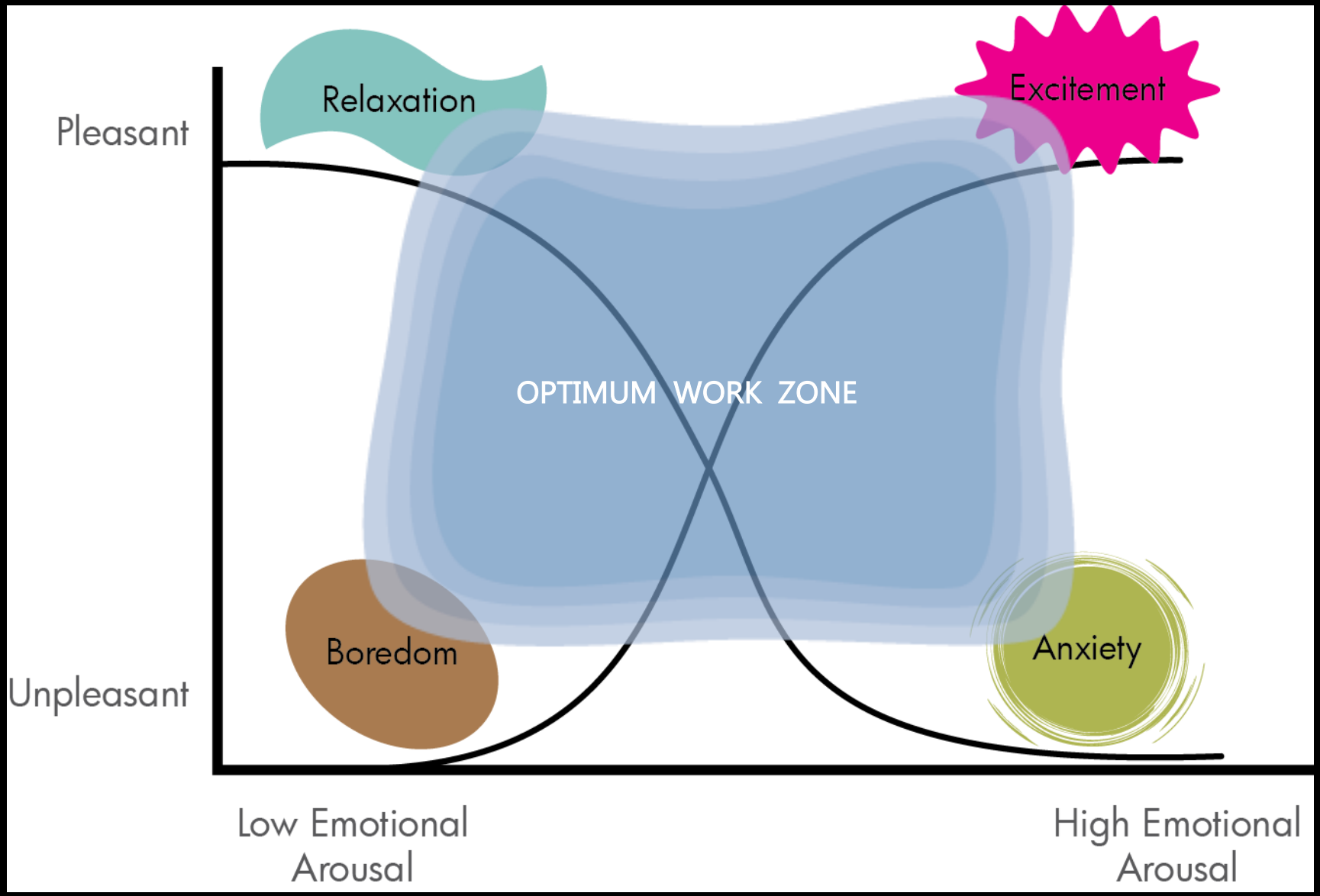
HYPOTHESES:

Resilience is a capacity that can be grown



After Apter M 1989

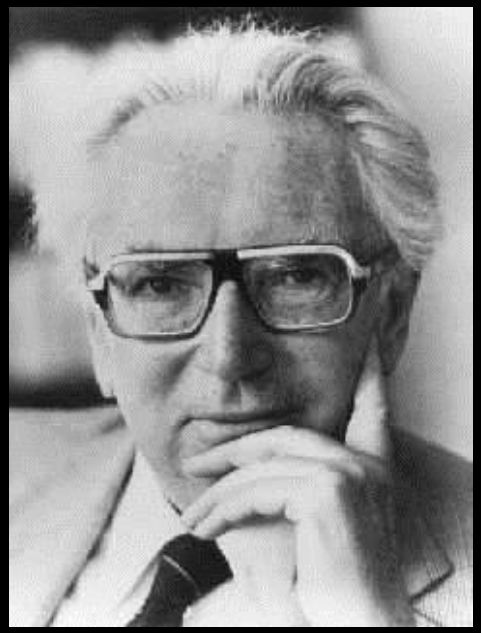

Pleasant
Unpleasant
Relaxation
Excitement
OPTIMUM WORK ZONE
Boredom
Anxiety
Low Emotional Arousal
High Emotional Arousal

Well-being is about engagement, not withdrawal

Mindfulness is a community activity

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

—Victor Frankl



Mindful Practice

Ronald M. Epstein, MD

REFLECTION AND SELF-AWARENESS help physicians to examine belief systems and values, deal with strong feelings, make difficult decisions, and resolve interpersonal conflict.[1,2] Organized activities to foster self-awareness are part of many family medicine residency programs[3] and some other residency[4,5] and medical school curricula.[5-8] Exemplary physicians seem to have a capacity for critical self-reflection that pervades all aspects of practice, including being present with the patient,[9] solving problems, eliciting and transmitting information, making evidence-based decisions, performing technical skills, and defining their own values.[10]

This process of critical self-reflection depends on the presence of mindfulness. A mindful practitioner attends, in a nonjudgmental way, to his or her own physical and mental processes dur-

Mindful practitioners attend in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks. This critical self-reflection enables physicians to listen attentively to patients' distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence, and insight. Mindfulness informs all types of professionally relevant knowledge, including propositional facts, personal experiences, processes, and know-how, each of which may be tacit or explicit. Explicit knowledge is readily taught, accessible to awareness, quantifiable and easily translated into evidence-based guidelines. Tacit knowledge is usually learned during observation and practice, includes prior experiences, theories-in-action, and deeply held values, and is usually applied more inductively. Mindful practitioners use a variety of means to enhance their ability to engage in moment-to-moment self-monitoring, bring to consciousness their tacit personal knowledge and deeply held values, use peripheral vision and subsidiary awareness to become aware of new information and perspectives, and adopt curiosity in both ordinary and novel situations. In contrast, mindlessness may account for some deviations from professionalism and errors in judgment and technique. Although mindfulness cannot be taught explicitly, it can be modeled by mentors and cultivated in learners. As a link between relationship-centered care and evidence-based medicine, mindfulness should be considered a characteristic of good clinical practice.

JAMA. 1999;282:833-839

www.jama.com

Epstein RM JAMA 1999, cited >1200 times

Intention

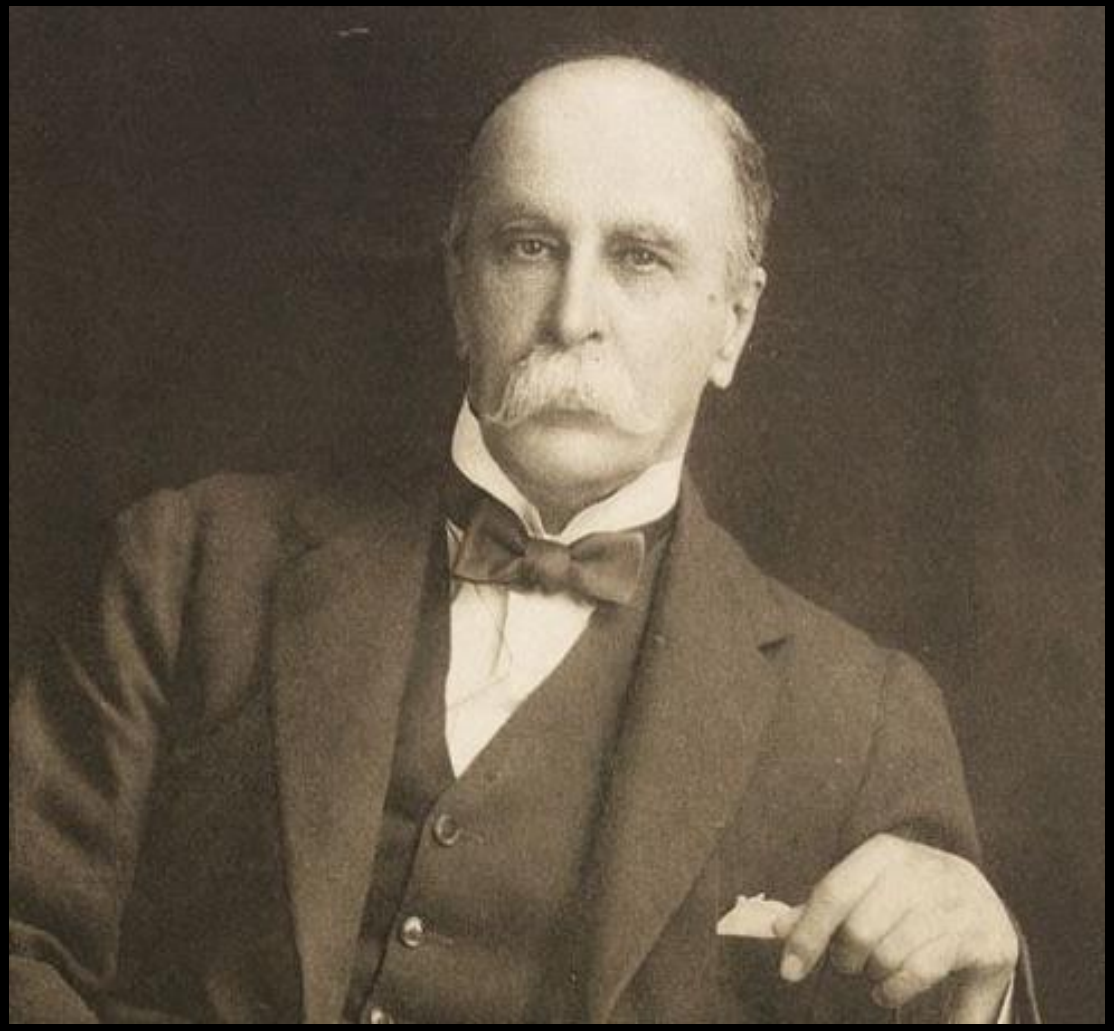
A personal vision (vs. “a disconnected life”)

- Long-term thriving (vs. short term surviving)
- Clinical excellence
- Clarity in decisions and personal relationships
- Compassion for myself and others

Attention

We miss more by not seeing than by not knowing.

William Osler



Curiosity

In the beginner's mind the possibilities are many,
in the expert's mind they are few.

Shunryu Suzuki

Mental stability

Emotional engagement

Turning towards dissonance

PRESENCE

Not just talking about it

Self-awareness: "How can I become more aware of my state of burnout? Flourishing?"

Self-monitoring: "How am I doing, right now?"

Self-regulation: "What can I do to restore balance, equanimity, commitment to excellence, creativity and gratitude?"

Growth: "How can I best promote my own growth to enhance my ability to be of service to my patients, students and colleagues?"

Communities of care: "How can each of us change the work environment, even in a small way?"

Becoming aware

- What are some of my early warning signs of stress?
- What do I feel in my body at that time?
- What thoughts and feelings accompany these signs of stress?
- Discuss with a partner

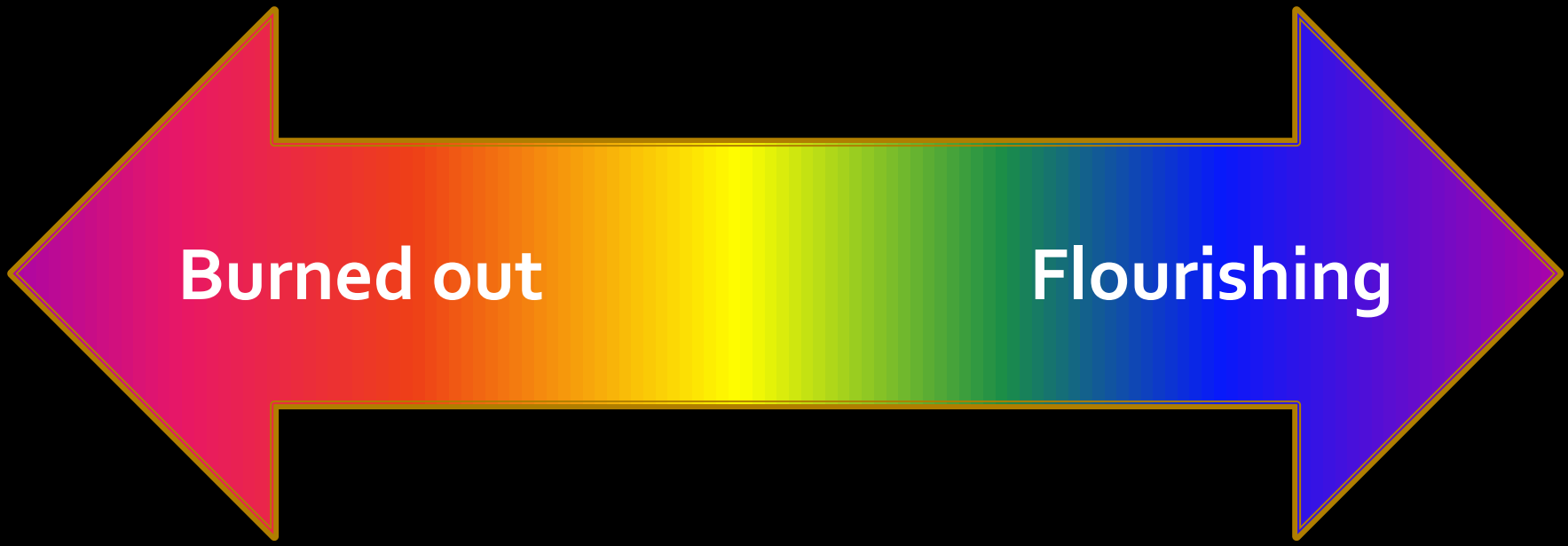
Responses to stress

Unhealthy reactions

"Survival skills"

Mindful responsiveness

Right now, where are you?



Ways of becoming mindful

- Formal practices
- Informal practices
- Reflective questions
- Narrative medicine
- Mindful dialogues
- Deep listening

Formal Practice

Two minutes twice daily

Increase as tolerated

Informal practices

Doorknobs

- Stop momentarily, take a breath, be still for a moment, and then continue on

Just like me

Look inside yourself

Positive Values	The Dark Side	Flourishing
Service, altruism		
Excellence		
Competence		
Knowledge		
Empathy		
Caring		
Equanimity		

Look inside yourself

Positive Values	The Dark Side	Flourishing
Service, altruism	Over-commitment, self-deprivation, entitlement	
Excellence	Perfectionism, invincibility, hiding errors	
Competence	Omnipotence, imposter syndrome, self-deprecation	
Knowledge	Need for certainty	
Empathy	Personal distress	
Caring	Neglecting oneself and family	
Equanimity	Distancing, "othering"	

Look inside yourself

Positive Values	The Dark Side	Flourishing
Service, altruism	Over-commitment, self-deprivation, entitlement	Reframing, balance, gratitude
Excellence	Perfectionism, invincibility, hiding errors	Self-compassion, reflective self-questioning
Competence	Omnipotence, imposter syndrome, self-deprecation	Knowing one's limitations
Knowledge	Need for certainty	Knowing what's unknown, comfort with uncertainty
Empathy	Personal distress	Compassionate action
Caring	Neglecting oneself and family	Self-care
Equanimity	Distancing, "othering"	Engagement

Building your resilience to stress

- Your psychological skills
- Your relationships
- Stress inoculation
- Your hormones
- Your brain
- Your social environment and your genes

Southwick & Charney 2012

Deep listening

Focus on your partner's experience

- **Set your intention to:**
  - Spend most of the time listening
  - Be curious about your partner's experience
  - Ask questions that aim to deepen understanding.
- **Don't:**
  - Interrupt or tell your own story… even if it may seem uncomfortable to wait until your partner is finished

..and be aware of your own responses

- **Set your intention to:**
  - Note what is attracting your attention about the story
  - Observe – but not act on – your urge to comment, interpret, give advice or talk about your own experiences
- **Don't:**
  - Make interpretations
  - Give advice
  - Talk about yourself

Meaningful experiences

Focus on a time during your professional life that was particularly meaningful for you.

Perhaps it was a time when you were moved in some way, or may have been a time associated with great joy or great sorrow.

Try to recall aspects of the situation that caught your attention, and perhaps other aspects of the situation that only became obvious to you later.

Take a few minutes to write a brief narrative about the experience. When finished, you'll share the experience in pairs or small groups.

Debrief

What was it like to tell your story in this way?

What was it like to listen in this way?

Appreciative inquiry interviews

Focus on a difficult moment in which you were at your best…

Describe the event in detail, including personal attributes and contextual factors

Reflect on how those attributes will be applied in future situations

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy E. Quill, MD

PRIMARY CARE PHYSICIANS REport alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of *burnout*,[1-4] defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy.[2,5-7] Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported.[4,8-10] Burnout can occur early in the medical educational process. Nearly

The bottom line

- Participation in a mindful communication program was associated with sustained improvements (<.001) in:
  - Patient-centered attitudes (empathy, psychosocial orientation)
  - Physician well-being (burnout, mood)
  - Personality (increased emotional stability).
- Associations were mediated by changes in mindfulness.
- Participants identified three themes: community, skills development, and giving oneself permission to take time for self-development
- Results replicated in Spain and North America, Hong Kong, Sweden

Cultivating positive emotion: Gratitude

- "Gratitude is not only the greatest of virtues, but the parent of all others." (Cicero)
- The feeling that occurs when a person attributes a benefit they have received to another (Emmons, 2004)

Mindfulness and Gratitude

- Conscious *intention* to be grateful
- *Attention* to goodness in the world (over and over again)
  - Generosity, beauty, kindness, caring, courage, strength
- *Attitude* of gratitude
  - Habits of Mind – attention, curiosity, presence
  - Actions in the world – helping others, being there

Benefits of Gratitude

- Positive emotions in yourself (McCullogh et al 2002; Watkins et al 2003)
- Physical well-being
- Caring thoughts and actions toward others (Algoe and Haidt 2009)

Pair Up

Think of a time when you experienced profound gratitude.

- Listener: Ask the speaker the following questions: ***"What do you experience when you are grateful about something?"*** Listen intently without interrupting.
- Speaker: Share your ***thoughts, emotions and sensations***. Take 60 seconds to respond.
- Now repeat this **without switching**
- Now repeat this a third time **without switching**
- **Now switch roles** and **repeat the whole process**.

Gather Up

FLOURISHING = INTENTION + SKILLS + COMMUNITY + INSTITUTIONAL SUPPORT

Success

what people think it looks like

Success

what it really looks like

lunch

Next steps

- Individual – awareness, skills building, presence
- Teams / work units – "heedful inter-relating"
- Health care organizations – building communities of care
- Health policy

What works?

What is needed?

INSTITUTIONAL STRATEGIES

Appreciative inquiry interviews

Focus on a difficult moment in which you were at your best…

Describe the event in detail, including personal attributes and contextual factors

Reflect on how those attributes will be applied in future situations

An interview

Find a partner to interview, someone you don't work with directly.

Deep listening

Focus on your partner's experience

- **Set your intention to:**
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- **Don't:**
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For the interviewer

'We all have developed skills, adaptive capacity and motivation to change when confronted with adversity.

Think of a difficult moment involving yourself, colleagues, residents or students in which the institution was able to respond in a timely, helpful, and supportive way.

How did the institution respond?
What was your role?
Who else was involved?
What about the institution and those involved made this possible?
What did you learn?
What do you wish was in place?

Take a moment, then switch roles

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How did the institution respond?
What was your role?
Who else was involved?
What about the institution and those involved made this possible?
What did you learn?
What do you wish was in place?

Now discuss in your small group

- Identify a facilitator (someone to make sure everyone gets to speak) and a note-taker
- What is working in the institution? What should be preserved? What might be expanded and enhanced? What might be discarded?
- What new ideas came to mind during these dialogues?
- Create a list – only need a few ideas, not all possible ideas

Now, repeat the process, focusing on *individual* strategies

For the interviewer

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How did you respond?
What was your role?
Who else was involved?
What made this possible?
What did you learn?
What kinds of trainings, activities, and skill-building do you wish were in place?

Now, switch roles

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How did you respond?
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Convene

- Note-takers from each group ***briefly*** present 1-2 institutional strategies and 1-2 personal strategies. Not more than that.
- When your turn comes, try to pick a strategy that ***has not already been mentioned,*** even if it is not at the very top of your list.
- If there are more ideas that need to be shared, we can do more than one round.

Institutional strategies	Individual strategies

Institutional strategies	Individual strategies

Institutional strategies	Individual strategies

Institutional strategies	Individual strategies

Institutional strategies	Individual strategies

www.mindfulpractice.urmc.edu

www.ronaldepstein.com

TO LEARN MORE…