



We Care. We Communicate. We Collaborate.

# **The Hospital Association of Rhode Island Initiative to Improve Worker Safety**



We Care. We Communicate. We Collaborate.

# **We Care. We Communicate. We Collaborate for Worker Safety**

**The Collaborative aims to align the culture of safety with worker safety along with patient safety as an organizational priority**



We Care. We Communicate. We Collaborate

# We Care. We Communicate. We Collaborate for Worker Safety

## Focus Areas:

- Safe Patient Lifting, Handling and Mobility
- Sharps Injury and Blood Exposure Prevention
- Workplace Violence
- Finding solutions to reduce work stress, fatigue, and burnout



# We Care. We Communicate. We Collaborate For Worker Safety

Wednesday Webinars 12- 1 P.M.

- March 6<sup>th</sup> – Safe Patient Handling
- March 27<sup>th</sup> – Physician Stress: From Burnout to Resiliency

Registration and event details: [www.hari.org](http://www.hari.org)



# Sponsor Partners



Hospital Association  
of Rhode Island



The **Beacon**  
Mutual Insurance Co.



INTERNATIONAL  
SAFETY CENTER



**Healthcentric Advisors**  
Advancing Healthcare Quality | Empowering People



We Care. We Communicate. We Collaborate

---

# From Burnout to Resiliency

Stanton N. Smullens, MD

SaraKay Smullens, MSW, LCSW

March 27, 2019



We Care. We Communicate. We Collaborate.  
WC3

# *The Challenge of Burnout To Bend and not Break*



# Learning Objectives

---

1. After attending this session, attendees should be able to differentiate between the macro and micro causes of burnout.
2. After attending this session attendees should be able to recognize the interactive loop between personal, professional, social and physical manifestations of burnout.
3. After attending this session attendees should be able to describe personal and professional self-care strategies, activities and attitudes to address and prevent burnout.





# Introduction

---

- Medical Literature defines Burnout as only Work Related
- Our Premise:
  - Multifaceted with Macro & Micro causes
  - Personal, Professional, Social and Physical aspects
  - These present as an Interactive Loop
- Importance of Resilience
  - Attention to the Interactive Loop and Self-Care Strategies
- Perspectives & Balance: The Doctor – Patient Relationship



# Medical Personality

---

- ***Workaholic*** – Your only response to challenges or problems is to work harder,
- ***Superhero*** – You feel like every challenge or problem sits on your shoulders and you must be the one with all the answers,
- ***Perfectionist*** – You can't stand the thought of making a mistake – *ever* – and hold everyone around you to the same standard,
- ***Lone ranger*** – You must do everything yourself and end up micromanaging everyone around you.\*

\*Dike Drummond, *MD Fam Pract Manag.* 2015 Sep-Oct;22(5):42-47 •



# “The Hippocratic Paradox”

---

“What that means is *that putting the patient first also means putting yourself first*. We’ll call this the Hippocratic Paradox to go along with the Hippocratic Oath of “first do no harm”.”\*

\*Arianna Huffington, Thrive Global <https://www.thriveglobal.com/stories/doctor-burnout/>



# Macro Burnout Factors

---

- Societal
  - Society at Large
  - Changing World of Healthcare
- Professional
  - Your Institution
  - Your Department
  - Your Office Practice



# Societal Pressures and Challenges

---

- 1963: Betty Friedan (*The Feminine Mystique*)
- 1970: Sidney Garfield, - “worried well,” Alvin Toffler - *Future Shock*
- 1974: Dr. Herbert Freudenberger coined phrase “Burnout”
- Anxiety – ebb and flow
- Deep Societal Divisions
- Technological Revolution: man’s latest isolation booth. 24/7 availability, severely limited attention span, no time to think, I = isolation





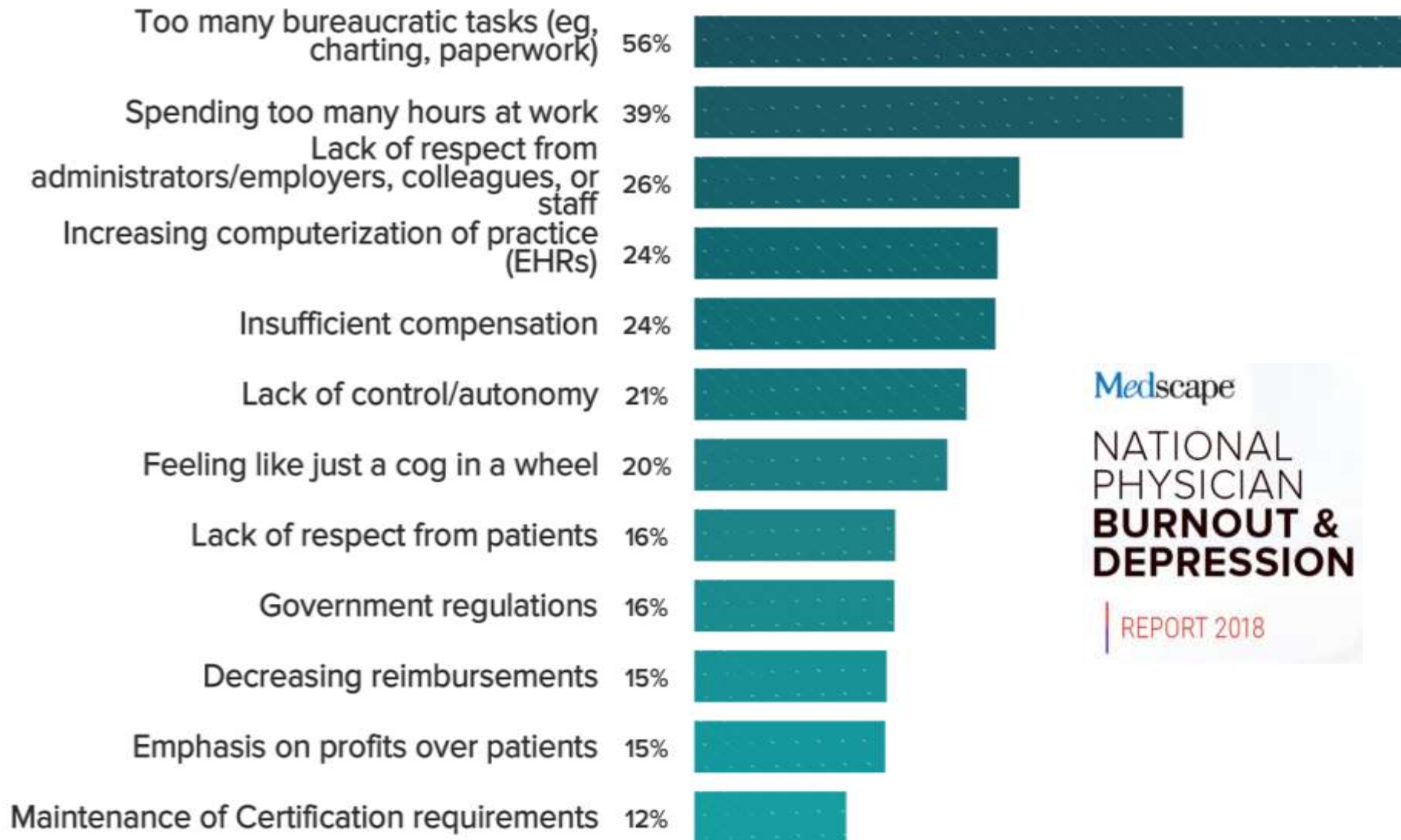
Medscape®

NATIONAL  
PHYSICIAN  
**BURNOUT &  
DEPRESSION**

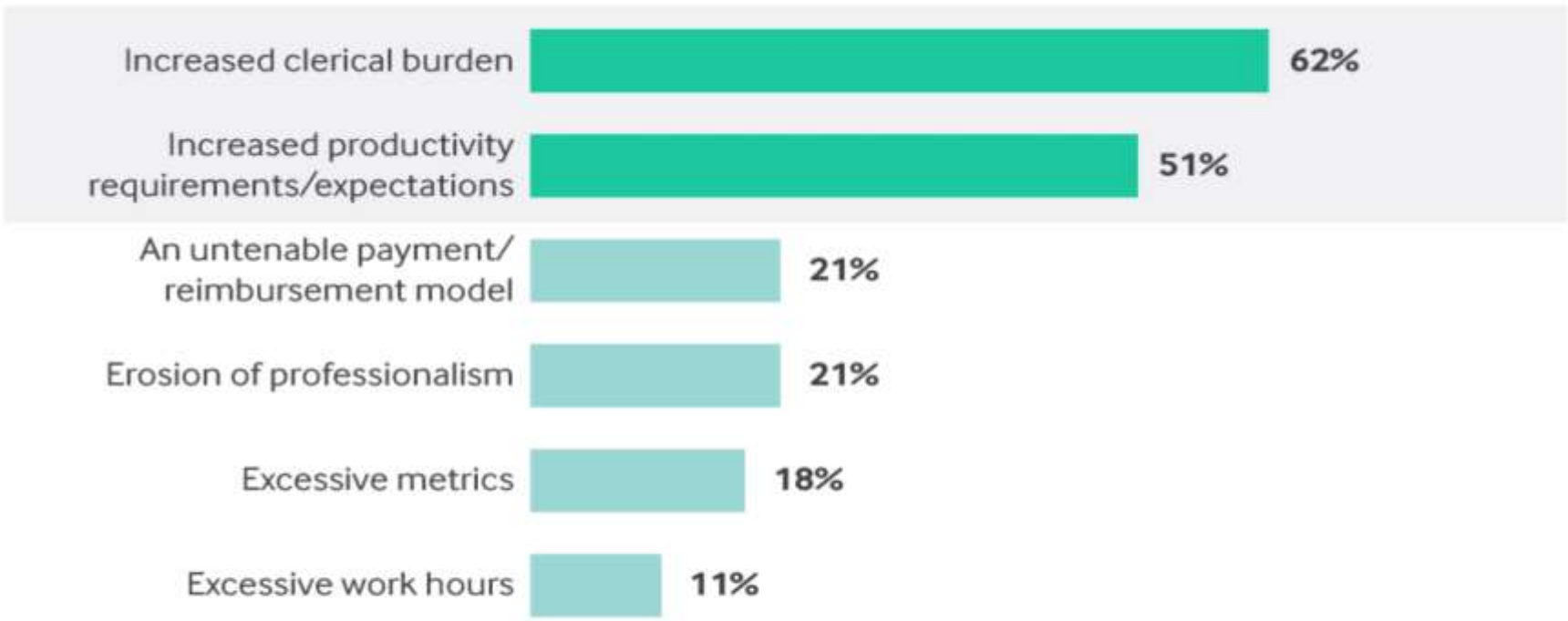
| REPORT 2018



# What Contributes to Physicians' Burnout?



# What are the top two factors contributing to the increase in physician burnout?



A higher percentage of Executives than Clinical Leaders and Clinicians cite increased clerical burden as a top factor in increased physician burnout.



Base = 570 (multiple responses)

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



# Micro Burnout Factors

---

- Relationships: Family, Friends, Colleagues, Patients, Self
- An interactive loop between:
  - **Professional** (place of employment)
  - **Personal** (including psychological, emotional, cognitive, intellectual, spiritual/religious)
  - **Physical** (health and body), and
  - **Social** (relationships with partners, family, friends, community)



---

***Interactive Loop of the Causes of  
Burnout:  
Personal, Professional, Social and  
Physical***



# Freudenberger Defines Burnout: 1974

---

- Freudenberger defined burnout to be a *"state of mental and physical exhaustion caused by one's professional life"*.
- Term "burnout" chosen by Freudenberger because of definition in Merriam-Webster
  - "To fail, to wear out, or become exhausted by making excessive demands on energy, strength, or resources"



Freudenberger, HJ (1974). Staff Burn-out. *J. Social Issues*, 50 (1), 159-165

# Personal Burnout

---

- Maslach in 1993 further defined burnout as having three chief components
  - ***Emotional exhaustion***
    - Emotionally overextended and exhausted by one's work
  - ***Depersonalization***
    - Callous or dehumanized perception of others
  - ***Lack of feeling of personal accomplishments***
    - Dissatisfaction with one's job-related accomplishments



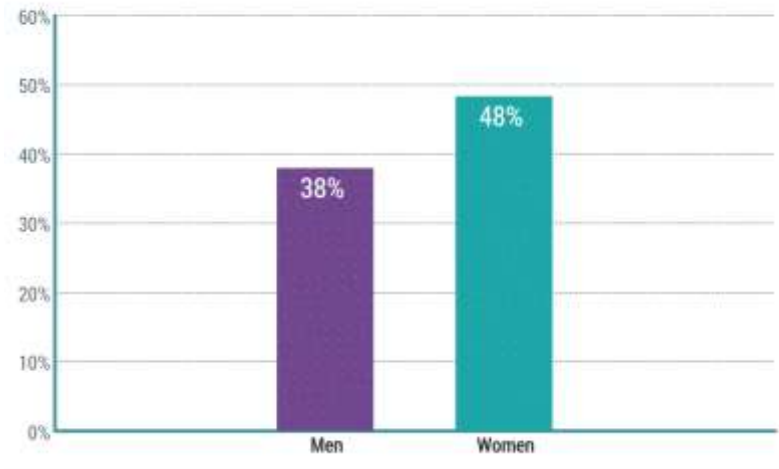
# Demographic Predictors of Burnout

---

- Younger age (under 50 years )
- Hours worked per week
- Female gender
  - 60% more likely than men to report burnout
  - Higher emotional exhaustion, greater depersonalization
  - Odds increased 12-15% for each additional 5 hours worked over 40 hours/week

Medscape National Physician Burnout & Depression Report 2018

Are Male or Female Physicians More Burned Out?



# Doctor Burnout/Suicide

---

- If doctors are burned-out, and they are in every medical setting, other professionals in this setting are also affected
- About 400 physicians commit suicide in the United States each year
  - Among white male physicians, the rate is 1.87 times higher than the average American
  - Higher among medical students and residents
  - Among white women, the rate is 2.78 times higher.\*

\*<https://www.mdmag.com/medical-news/suffering-in-silence-the-scourge-of-physician-suicide>



# Is it Burnout or Depression?

---

- Arguments pro and con about it's being a continuum.\*
  - Important not to miss if depression appears. Risk of suicide increases.
  - Concern with diagnosis because of stigma and effect on licensing and hospital privileges
    - Work by State Medical Boards to offer “Safe Havens”
  - Will diagnosis prevent going for help?

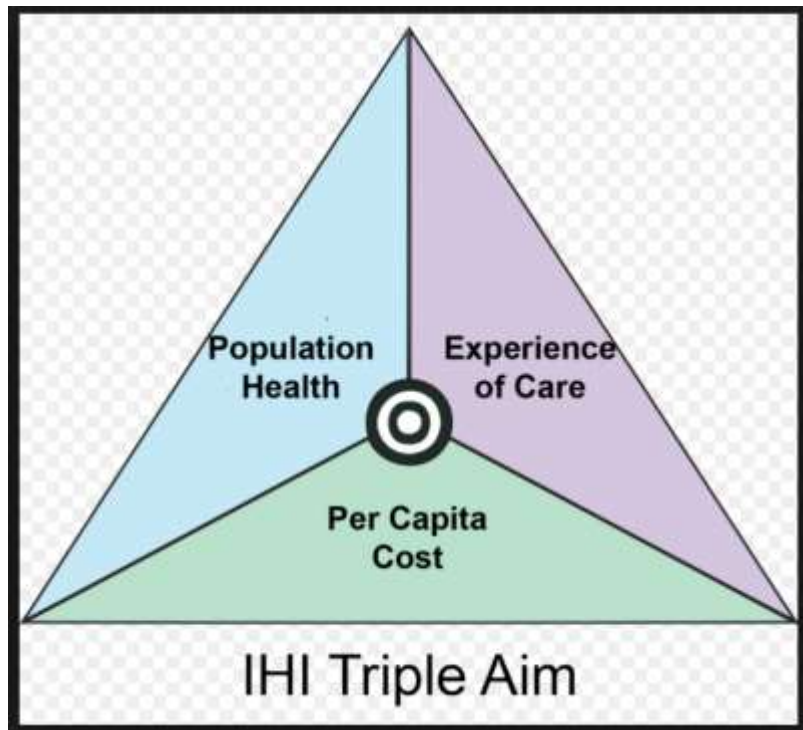
\*Bianchi R. Front. Public Health, 08 June 2015 | <https://doi.org/10.3389/fpubh.2015.00158>

\*Epstein RM Lancet 2016; **388**: 2216-17

# Addressing Professional Burnout

---

- *The Triple Aim 2008*



1. Improving the *health of populations*
2. Improving the *patient experience of care* (including quality and satisfaction)
3. *Reducing the per capital cost* of health care



# Burnout: Quality and Patient Safety

---

- This meta-analysis of 47 studies on 42,473 physicians found that burnout is associated with *2-fold increased odds for unsafe care, unprofessional behaviors, and low patient satisfaction.*
- The *depersonalization dimension of burnout had the strongest links with these outcomes*; the association between unprofessionalism and burnout was particularly high across studies of early-career physicians.\*

\*Maria Panagioti, PhD1; Keith Geraghty, PhD2; Judith Johnson, PhD3; [et al](#)  
*JAMA Intern Med.* 2018;178(10):1317-1330.  
doi:10.1001/jamainternmed.2018.3713



# The Quadruple Aim

---

## The Missing Aim



# Physical Burnout Manifestations

---

- A 2011 review of literature found *substantial evidence that physical illness resulted from burnout*, including an increased likelihood of musculoskeletal disorders, cardiovascular diseases, somatic complaints, sleep disturbances, gastroenteritis, headaches, the flu, common colds, all of which resulted in increased illness-related absences from work (Kim, Ji & Kao). The body may well be a “read out” of burnout experienced in all areas. *It is important to listen to your body.*

# Social Burnout Manifestations

---

- This is the area of our relationships, from the most intimate involving partners and our immediate families to the outer concentric circles of friends and acquaintances.
- *May be where impact of burnout is most evident: lashing out*, rejecting and distancing self, expecting family members to put us on a pedestal. One respondent's boyfriend reminded her. "Hey, you're great, but cut it out. You're human, just like me."



---

# ***The Heart of Self-Care: The Doctor - Patient Relationship***



# What is Resilience?

---

“Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of *stress* — such as family and relationship problems, serious health problems or *workplace* and financial stressors. It means "bouncing back" from difficult experiences.” \*

\*<https://www.apa.org/helpcenter/road-resilience.aspx>



# The Road To Resilience

---

- “... Perhaps it is most accurate to define resiliency as the art of finding and nurturing one's individual Self. This is how each of us, as the artist of our own lives, may find our own ways to both achieve and internalize resilience, as well as make sure that it is maintained.” \*

\*Smullens, SK: <https://www.ncfr.org/cfle-network/past-issues/spring-2017-resilience>



# Insights and Boundaries

---

- Attendant Syndromes
- Establishing Appropriate Patient Boundaries: an essential protection against burnout
- Differentiate between Pity, Sympathy, and Empathy
- Union of Compassion and Empathy



# Three Attendant Syndromes

---

1. ***Compassion Fatigue*** (Figley, 2005). Always part of #2 and #3
2. ***Countertransference*** (Pearlman & Saakvitne, 1995)
3. ***Vicarious Traumatization*** (Pearlman & Mac Ian, 1995) -- commonly referred to as *Vicarious Trauma* -- *Traumatic Stress* (Figley, 1993; Stamm, 1995) or *Secondary Traumatic Stress* (Fox 2003)



# What is Compassion?

**Com·pas·sion** [kuhm-pash-uhn]

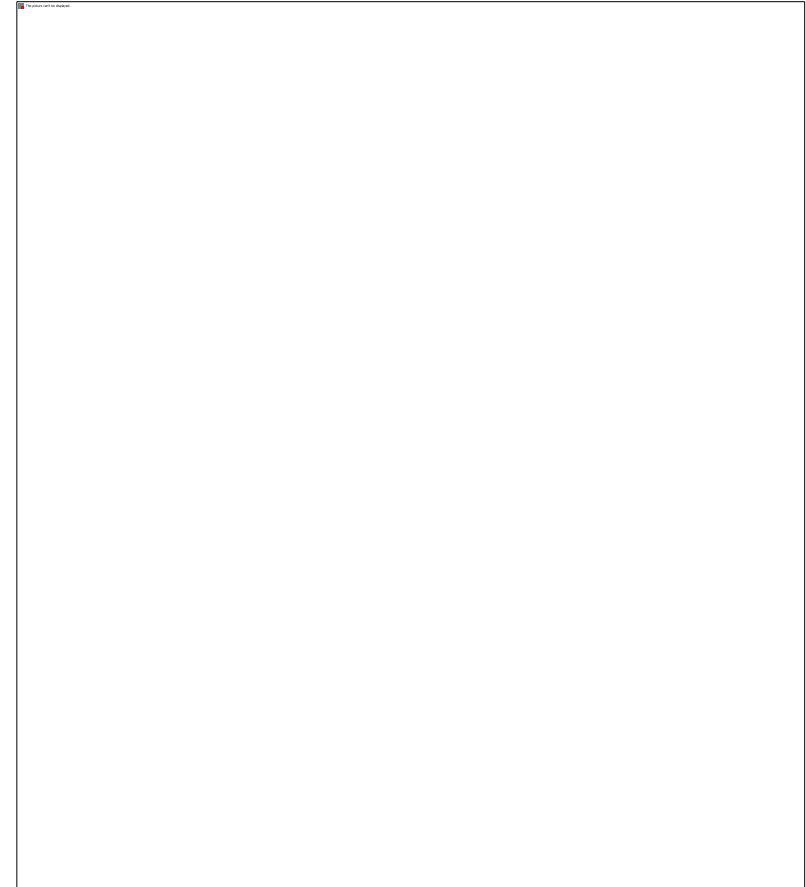
*noun* : a feeling of deep sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering.



# Pity

---

- “At this writing, common usages of the word “pity” *are usually intended to be condescending* and often are reserved for people who are perceived as having brought their troubles upon themselves. “I pity you”
- ..the general population, interpret *pity primarily as a negative emotion.*” \*



*Pieta by Michelangelo*

\* Karen E. Gerdes (2011) Empathy, Sympathy, and Pity: 21st-Century Definitions and Implications for Practice and Research, Journal of Social Service Research, 37:3, 230-241

# Sympathy

---

- Gerdes writes that sympathy denotes “the immediate sharing of the same emotion with another...identifying with the feelings of another in reaction to the same external stimulus and understanding and respecting the emotional state of another” – *however, with no boundaries*
- An affinity, association, or relationship between persons or things wherein whatever affects one similarly affects the other (Merriam Webster)

# Empathy

---

- According to Gerdes, *a distinction between sympathy and empathy is useful in avoiding burnout*: “The sympathetic impulse to provide immediate comfort lessens mindfulness and increases anxiety, which makes truly useful empathic action less likely.” The union is too close, likened to those in our personal lives. Feel what the client is feeling; and know what the client is feeling. However, *“affective sharing with self/other-awareness, emotion regulation, and perspective taking”*\* offers the relief of boundaries.

\* Karen E. Gerdes (2011) Empathy, Sympathy, and Pity: 21st-Century Definitions and Implications for Practice and Research, Journal of Social Service Research, 37:3, 230-241

# Appropriate Boundaries

---

- Empathy:
  - Represents the skill and disposition where we can “perceive and feel the world from the subjective experience of another person.” (Gerdes) *“It is not about us.”* It is about the other and leads to empowerment, self-efficacy and optimism
  - *Pity is condescending; sympathy is invasive; empathy encourages a mutually respectful professional relationship\**

\*SaraKay Smullens, *Burnout & Self-Care in Social Work*, NASW Press, 2015

# The Jefferson Scale of Physician Empathy

---

- “In the context of health care, *we define empathy as “a cognitive (as opposed to affective) attribute that involves an understanding of the inner experiences and perspectives of the patient, combined with a capability to communicate this understanding to the patient.”* With the exception of the affective domain, this definition is similar to the conceptualization of empathy by Feighny and colleagues.”
- *“The key feature of empathy, according to our definition, is understanding, rather than affective involvement with patients’ experiences. The affective domain is a key component of sympathy, rather than empathy.”*



# Union of Empathy, Compassion

---

“The success of each professional relationship --the heart, the core of our effectiveness -- as well as our own well being -- depends on the interrelationship of *empathy, the ability to perceive and understand the world of another human being, without being part of it, and compassion*, empathy’s force and protector, through the active use of one’s self ... (and all of our hard won knowledge and experience).”\*

\*SaraKay Smullens, *Burnout & Self-Care in Social Work, A Guidebook for Students and Those in Mental Health and Related Professions*, NASW Press, 2015



# The Goal: Compassion Satisfaction

---

- *“Compassion satisfaction”* is a term introduced by Figley in 1995 to describe the feelings of fulfillment care givers find when involved with their work helping others
- *The goal is to go from Compassion Fatigue to Compassion Satisfaction*
- Research supports that compassion satisfaction is positively associated with lower levels of burnout (Agllias, 2012)

---

# ***Addressing Burnout***



# Self Awareness and Resilience

---

- Recognize the early signs of *stress* and its effect on the Professional, Personal, Physical, and Social aspects of one's life
- Look first at the *self and self-care strategies* to help build resilience
- Look to communities and resources within one's department, institution, medical and other healthcare groups

# Warning Signs of Burnout

---

- Feeling isolated, hopeless and overwhelmed, a physician becomes *“inoperative”*
  - Rigid and closed to any input
  - Increased resignation, irritability, and quickness to anger, feelings of worthlessness
- As burnout worsens
  - May become paranoid, or self medicate
  - Depletion, emotional exhaustion sets in
  - May leave a promising career by resignation or firing

# Personal Self-Care

---

- ***Personal*** is a composite of our cognitive, intellectual, spiritual, and emotional selves:
  - Psychotherapy and Consultation
  - Religious/spiritual direction
  - Mindfulness
  - Journaling
- Gratitude and gratitude lists
- *Thinking outside of the box*
- Fun, joy, remembering -
- The joy of music
- *Taking a stand*
- Importance of self awareness, an *examined life*
- Time, permission, place



# Fostering Positive Emotions

---

## *A Set of Eight Skills*

1. Recognize a positive event each day
2. Savor that event and log it in a journal or tell someone about it
3. Start a daily gratitude journal
4. List a personal strength and note how you use it\*

\*Judith T. Moskowitz, MD, Professor Medical Sciences,  
Northwestern University Feinberg School of Medicine



# Fostering Positive Emotions, *cont.*

---

5. Set an attainable goal and note your progress
6. Report a relatively minor stress and list ways to reappraise the event positively
7. Recognize and practice small acts of kindness daily
8. Practice mindfulness, focusing on the here and now rather than the past or future





# Physical Self-Care

---

- Medical and dental care
- Services of others, such as masseuse or chiropractor, may be very helpful
- Touch and contact with others is very important
- Physical (our bodies and health) sleep, sick-time, vacations, connection with others, sexual expression and outlet, be aware/listen to our bodies
- *Again, expression is personal.* If you hurt yourself every time you attempt to work out, there are other physical options



# Social Self-Care

---

- Intimate Relationships - Family and Friends
  - Nurture your important relationships
  - Make time for your friends
- One is not a physician to our friends and family
- A partner needs a partner, a child needs a parent
- Sometimes change is necessary: the importance of *“letting go”*



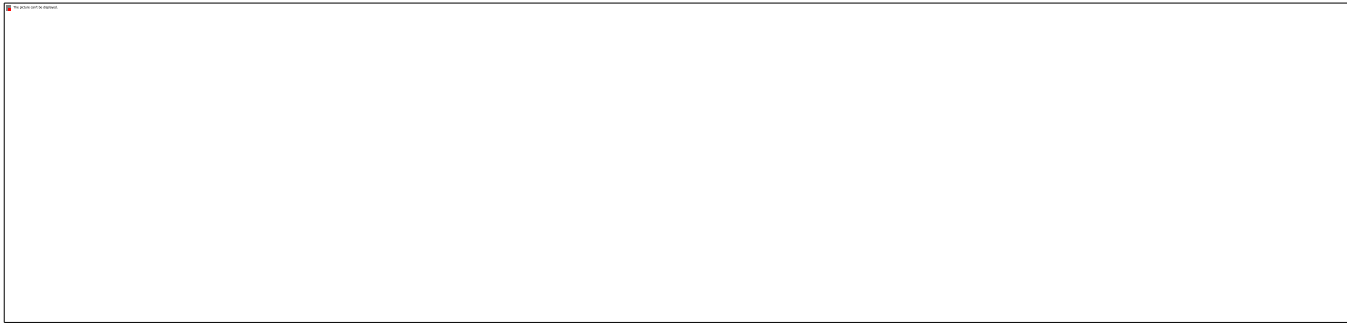
# Professional EBC Findings to Improve Clinician Experience

---

- Culture focus on staff as well as patients
- Improvement of care givers' lives leads to enhanced patient care
- This emphasis enhances staff engagement & retention, as does
- Leader interaction and consultation with staff
- The goal is to create an open environment for shared feedback and learning\*

\*Aboumatar HJ, Chang BH, Danaf JD, Shaeer M, MD1,4, Namuyinga R, Elumalai S, Marsteller JA, Pronovost PPJ. [Promising Practices for Achieving Patient-centered Hospital Care: A National Study of High Performing United States Hospitals](#). Medical Care. 2015 Jun 30.

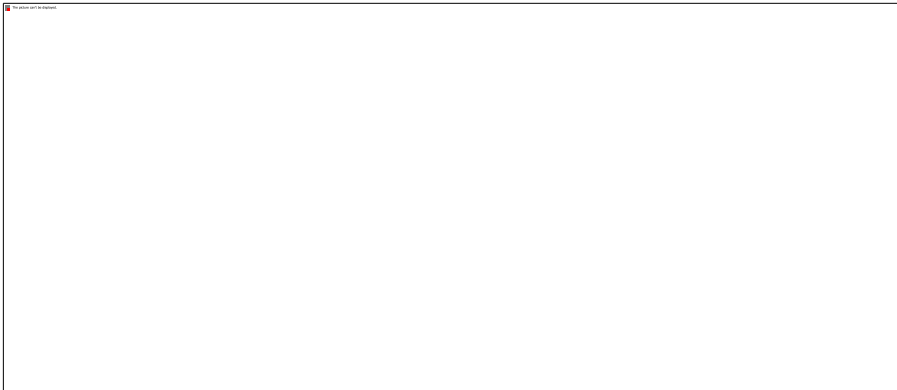




# Other Hospital Approaches: Peer Support

---

- Cleveland Clinic developed *Code Lavender*:  
“Cultivating Intentional Acts of Kindness in Response to Stressful Work Situations”\*
- Another Approach:



\*Judy E. Davidson April 2017EXPLORE The Journal of Science and Healing 13(3)  
DOI: 10.1016/j.explore.2017.02.005



# Medical Schools: Changing the Curriculum

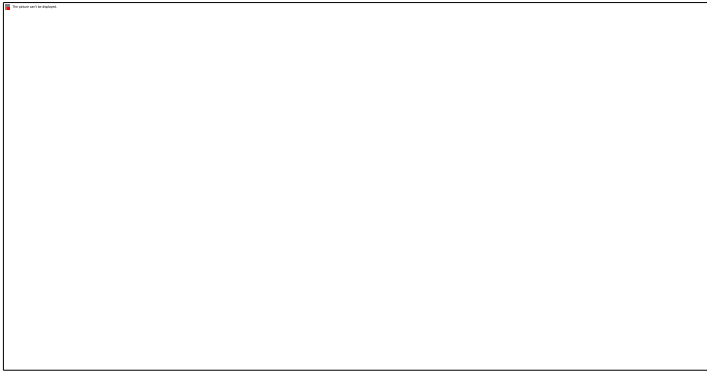
---

- “The authors found that significant but efficient changes to course content, contact hours, scheduling, grading, electives, learning communities, and required resilience/mindfulness experiences were *associated with significantly lower levels of depression symptoms, anxiety symptoms, and stress, and significantly higher levels of community cohesion, in medical students who participated in the expanded wellness program compared with those who preceded its implementation.*”\*

\*Stuart J. Slavin, Medical Student Mental Health 3.0: Improving Student Wellness Through Curricular Changes, Acad Med. 2014 Apr; 89(4): 573–577. Published online 2014 Feb 25. doi: 10.1097/ACM.0000000000000166



# Medical School Approaches



- The Wellness Program is a student-run initiative composed of *Five committees, each supporting a different area of student wellbeing— physical, emotional/spiritual, interpersonal, academic/professional, and environmental/community.* Throughout the year, each Wellness Committee is responsible for supporting student life through various programs and resources for medical students.



# The Practical



- Vastly improve the physician computer interface
  - *“Electronic Health Record Optimization: Strategies for Thriving”*
- Encourage team work and team support
  - *“Practice assessment: Find modules to optimize your practice”\**

\*<https://edhub.ama-assn.org/steps-forward>





Medscape

NATIONAL  
PHYSICIAN  
**BURNOUT &  
DEPRESSION**

| REPORT 2018



# Burnout and Wellness Resources



## Accreditation

In 2017, the ACGME revised Section VI of its Common Program Requirements for all accredited residency and fellowship programs regardless of specialty, to address well-being more directly and comprehensively. The requirements emphasize that *psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.*



### Physician Wellness: Preventing Resident and Fellow Burnout

Learn how to foster and implement a culture of wellness focused on the unique experiences of residents and fellows.

CME AVAILABLE

Get started >

## Surgeon Well-Being

Surgeon well-being is vital for you, and for your patient's success.

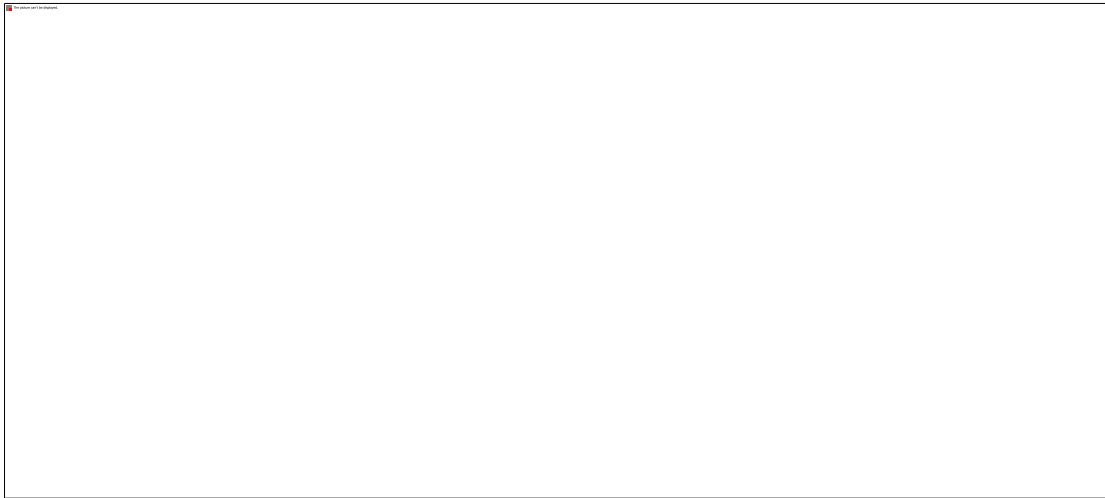
The College cares about your well-being and wants to help!

Despite a high prevalence of stress, few physicians seek help. The American College of Surgeons (ACS) is here to help and has put together the following resources to support the challenges you may face as a surgeon. Click on a box below to explore the resources we have compiled:

Physician Well-Being Index	ACS Resources
AMA Resources	ACGME Resources

***And Many More!***





We Care. We Communicate. We Collaborate.



# Wrapping Up

---

- We have reviewed:
  - The Macro & Micro Causes of Burnout
  - The interactive loop of Personal, Professional, Social and Physical aspects of Burnout
  - The importance of Resilience and Self-Care Strategies
  - The Importance of Boundaries & Reframed Perspectives in the Doctor-Patient Relationship



---

# *Questions/Discussion*





---

**Contact us:**

**[Stanton.Smullens@jefferson.edu](mailto:Stanton.Smullens@jefferson.edu)**

**[SaraKay1710@gmail.com](mailto:SaraKay1710@gmail.com)**

