

# Mindfulness, Meaning and Resilience

Fostering Wellness in Your Workplace

April 5, 2013

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MMC Family Medicine



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## 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
  - ...

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## Where 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 approaches appear similar across wide range of careers – use Medicine today as base

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Self-love, my liege, is not so vile  
a sin as self-neglect.

Henry V, Act 2, scene 4



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Consider your own self-care efforts ...

© 2000 Randy Glasbergen. www.glasbergen.com



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

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"I have metal fillings in my teeth. My refrigerator  
magnets keep pulling me into the kitchen.  
That's why I can't lose weight!"

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## 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

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## What personality characteristics make an exemplary provider ?



How may these same characteristics become problematic?

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## ***Psychological strengths of providers***      ***Psychological vulnerabilities of providers***

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| ■ Thoroughness                  | ■ Over-compulsiveness             |
| ■ Commitment                    | ■ Over-commitment                 |
| ■ Doing everything "right"      | ■ Inability to admit mistakes     |
| ■ Healthy skepticism            | ■ Need for certainty              |
| ■ Altruism, stoicism, hard work | ■ Neglecting self-care and family |
| ■ Caring                        | ■ Compassion fatigue              |
| ■ Rationality                   | ■ Emotional distance              |
| ■ Self-criticism                | ■ Self-deprecation                |

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### 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 ...

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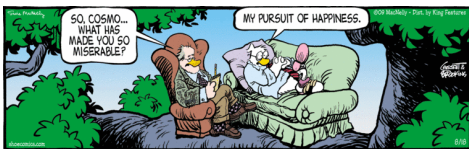
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### What is enough ...



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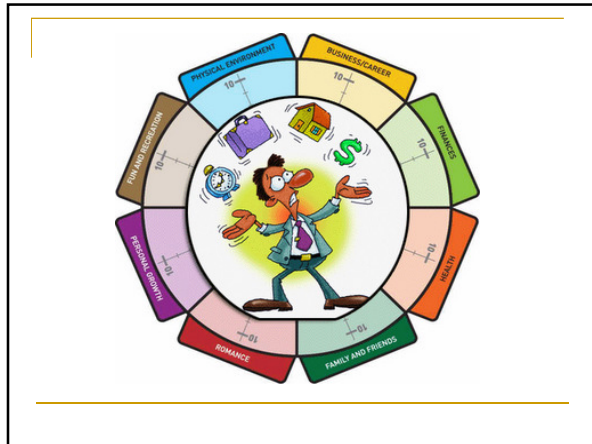
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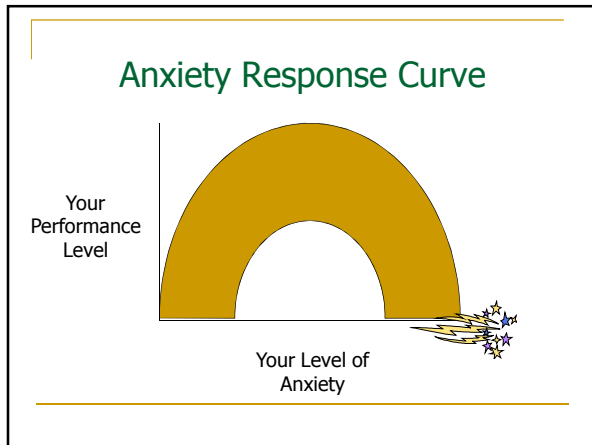
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### Burnout

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

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## 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 = 0.48
□ Master's degree	OR = 0.71	P = .01
□ PhD / professional degree	OR = 0.64	P = .04
□ 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%

Shanafelt, T et al. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population *Arch Int Med* August 2012

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## 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

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### 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

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### 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.

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### 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

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## 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

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## Curiosity

And avoiding premature mental closure...

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## 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

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### 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*

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### 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

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### 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*

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## 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

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## Actively seeking the way back ...

... toward what we **value**,

to what makes us **flexible** and **engaged**

and to do it **sooner** rather than later.



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## 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

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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

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## Noticing ...

and Change Blindness

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## One resilience tool; Mindfulness

Moment to moment nonjudgmental awareness.

- Clarity
- Nonconceptual, nondiscriminatory
- Flexible
- Empirical
- Oriented to the present moment
- Stable



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## 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



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## 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”)



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## 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

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## Mindful Communication: Bringing Intention, Attention, and Reflection into Clinical Practice

Krasner, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes in primary care physicians. *JAMA* 2009, 302(12): 1284-1293.

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

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## 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

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## 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 Fam Physician August 2009

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## 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")

Shanafelt CMA Physician Health conference 2012



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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

Shanafelt CMA Physician Health conference 2012



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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 qowk
    - 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

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Mayo Clinic Peer Support > Time Off in Prevention of Burnout – Changes at three mo.

	Non-Study	Control	Intervention
Meaning from work	- 13.4 pts	- 6.3 pts	+ 6.3 pts
High Emotional Exhaustion	+ 4.3 pts	- 5.3 pts	- 20.4 pts
Overall Burnout	+ 4.9 pts	- 13.8 pts	- 25.8 pts
Empowerment from Work		+0.8 pts	+ 2.6 pts P = 0.001
Depersonalization / callousness		+0.8 pts	- 15.5 pts P = 0.01

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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

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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 ...

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## 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



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## 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



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## 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



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## 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.



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## Prairie Dog twice daily paws ...



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## Learning to notice



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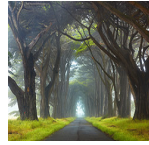
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“The secret of caring for the patient is caring for oneself while caring for the patient”

L. Canbid



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*This much I do remember*  
by Billy Collins

*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,  
so fastened together by the hasp of color,  
and so fixed behind the animated  
foreground of your  
talking and smiling,  
gesturing and pouring wine,  
and the camber of your shoulders*

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*that I could feel it being painted within me,  
brushed on the wall of my skull,  
while the tone of your voice  
lifted and fell in its flight,  
and the three oranges  
remained fixed on the counter  
the way that stars are said  
to be fixed in the universe.*

*Then all of the moments of the past  
began to line up behind that moment,  
and all of the moments to come  
assembled in front of it in a long row,  
giving me reason to believe  
that this was a moment I had rescued  
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.*

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