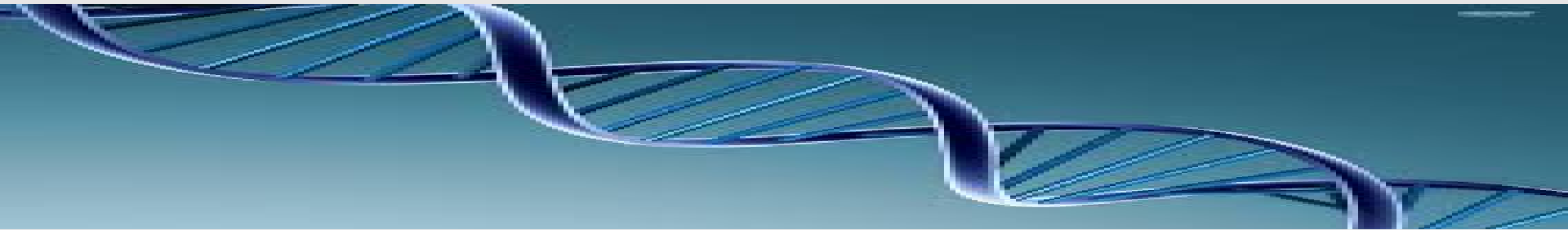
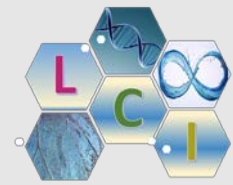


Strategies for Building Resilience in Individuals, Teams, and Health Care Organizations



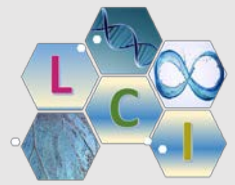
ACTPCMD meeting
March 6 and 7, 2017
Larry McEvoy MD FACEP



Learning Objectives

At the end of this session, participants will be able to:

- Assess a multitude of contributors to stress and burnout
- Learn elements to a resiliency strategy
- Learn factors that help individuals and teams thrive and sustain in stressful conditions
- Learn best practices for fostering resilience in health care organizations



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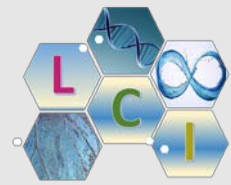


Resilience

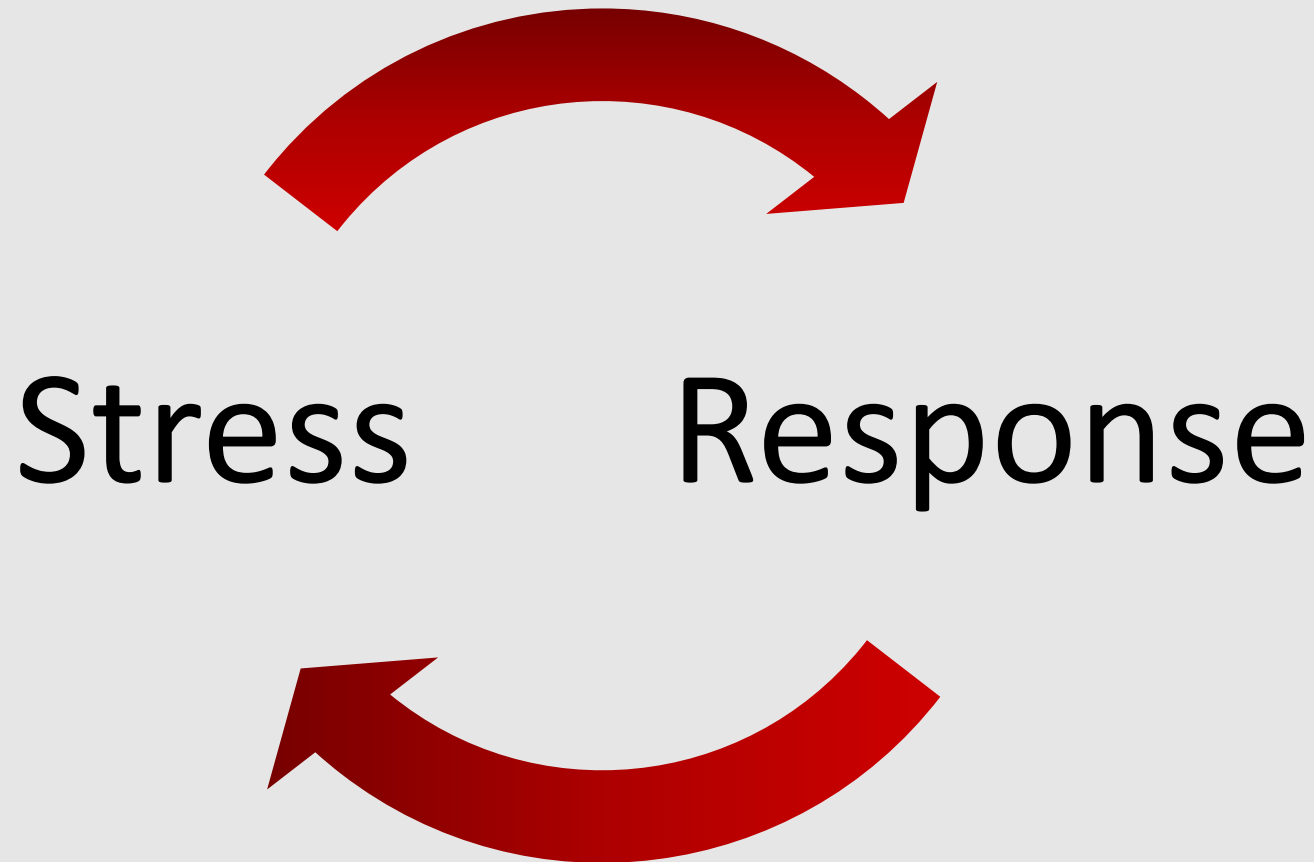


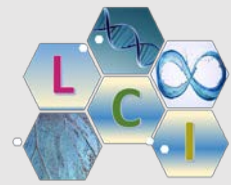
Endurance



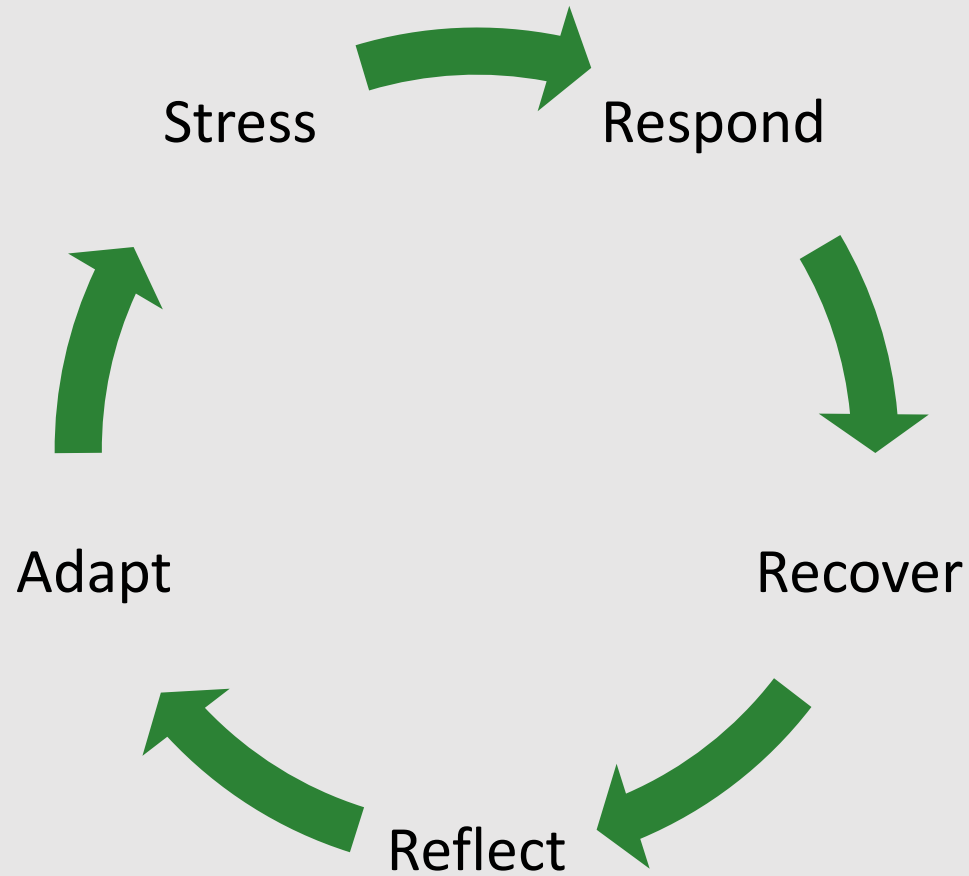


A set up for “anti-resilience”





Resilience through stress



Doctors and honeybees

- *“I love being a doctor, but I hate coming to work.”*

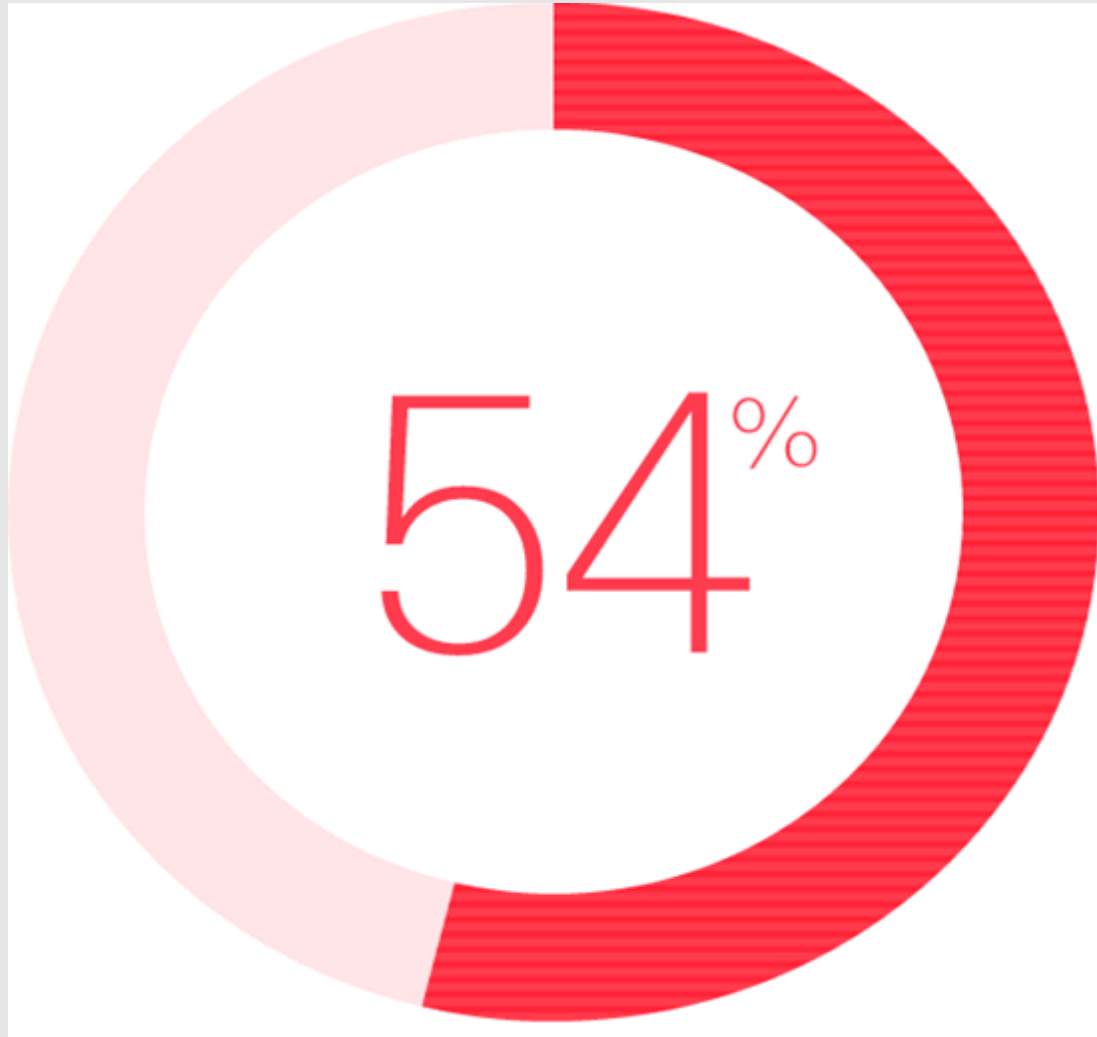
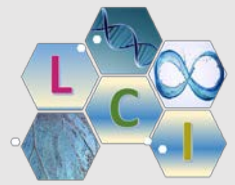


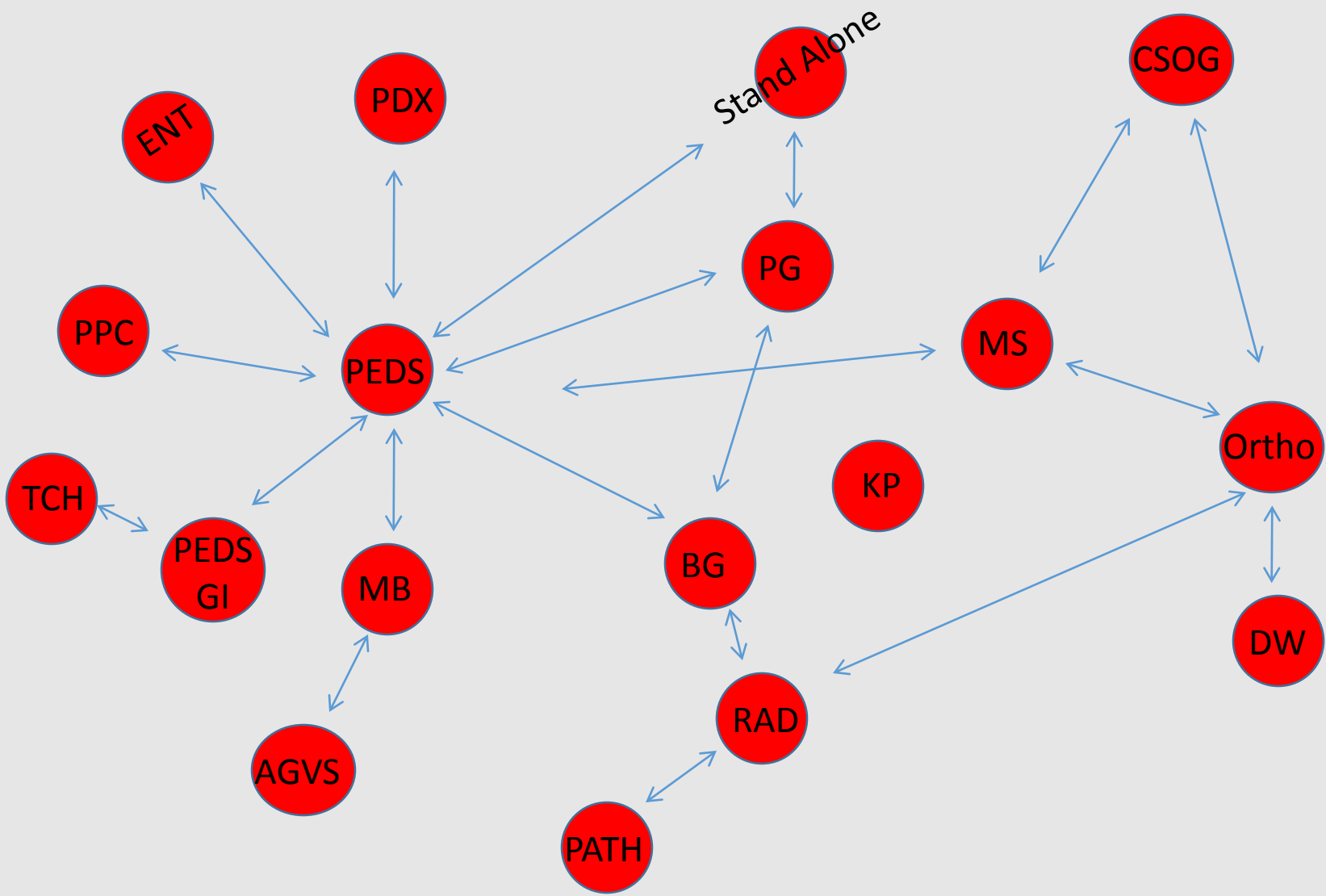
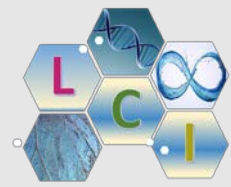
What's happening to doctors?

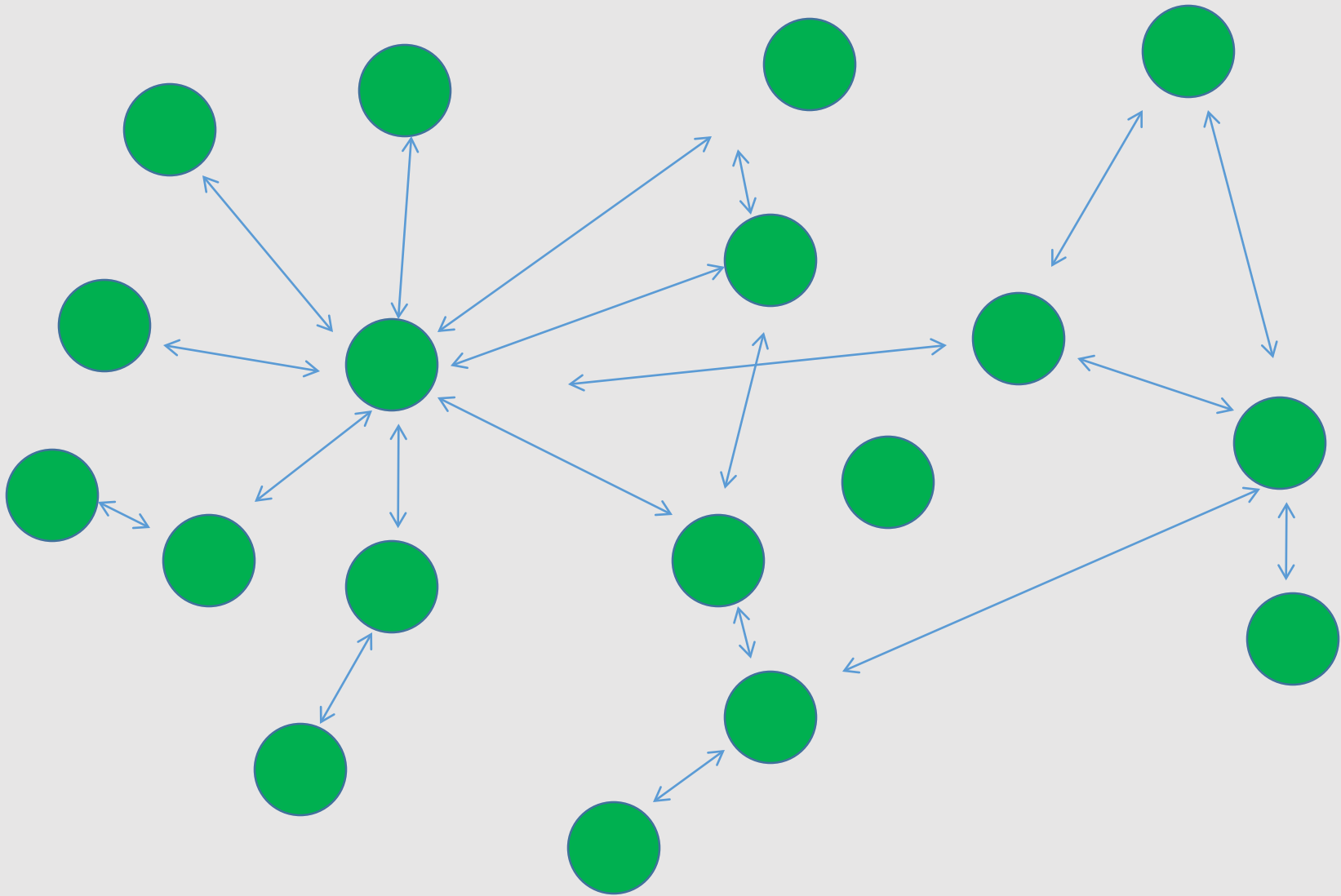
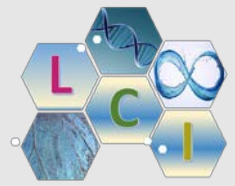


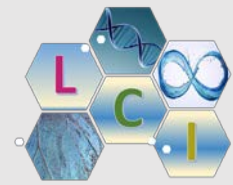
• Burnout is WAY up

- [Disturbing Trends in Physician Burnout and Satisfaction With Work-Life Balance: Dealing With Malady Among the Nation's Healers Dan Ariely, William L. Lanierp1593–1596Published in issue: December 2015](#)









Costs of Burnout for the Individual



Musculoskeletal disorders



Depression



Obesity



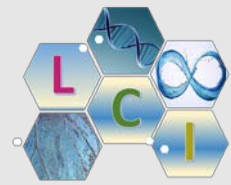
Insomnia



Alcohol/Drug Abuse



Relationship Issues



Costs of Burnout for the Organization



Absenteeism



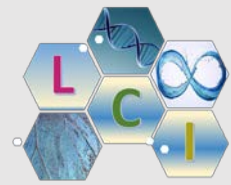
Turnover



Increase in
Healthcare Costs



Decrease in Quality of Care



Costs for patients....



Absenteeism



Turnover



Increase in
Healthcare Costs

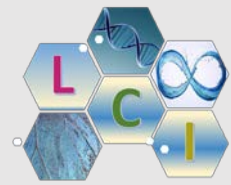


Decrease in Quality of Care



Medical Training Stressors





Healthcare Environmental Stressors

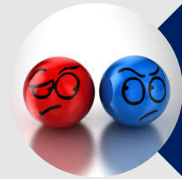




Personal Stressors



Perfectionism



Self-comparison



Exaggerated sense of
responsibility



Self-criticism



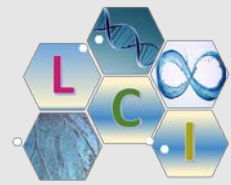
What's frying the docs?

cognitive scarcity

rewards asymmetry

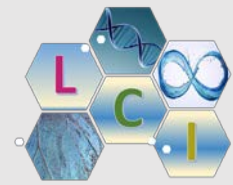
loss of autonomy

[Disturbing Trends in Physician Burnout and Satisfaction With Work-Life Balance: Dealing With Malady Among the Nation's Healers Dan Ariely, William L. Lanierp1593–1596Published in issue: December 2015](#)



An emphasis on individual practices...

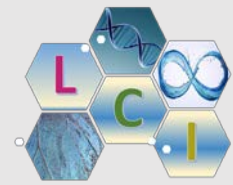




Practices for healthcare workers

- Reframing: change your perception of a situation by thinking more objectively
- Appreciation and gratitude: end each day by listing three things that happened that day for which you are grateful
- Self-awareness: self-reflective questioning
- Self-care: get adequate sleep, nutrition, and exercise, and seek out social support

Nedrow, A., Steckler, N. A., & Hardman, J. (2013). Physician resilience and burnout: can you make the switch?. *Family practice management*, 20(1), 25.

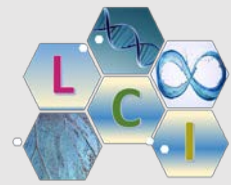


Practices for healthcare workers

- 1 Get Organized
- 2 Change your perspective
- 3 Think about the big picture
- 4 Find support & guidance in outside groups
- 5 Find meaning outside of work
- 6 Take care of yourself

Finkelstein, C. (2015). Improving physician resiliency: Foster stress hardiness and protect against physician burnout [PDF]. Retrieved from

https://www.stepsforward.org/Static/images/modules/12/downloadable/Improving_Physician_Resiliency.pdf.



“Change at the job, team, and organizational level are often required to address all the underlying issues.”



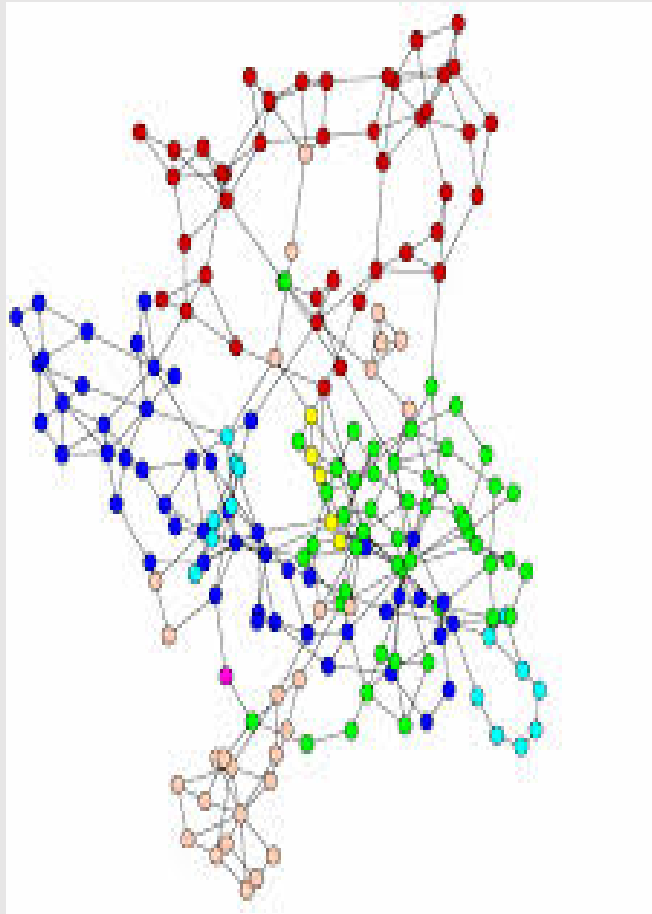
Multi-level strategy

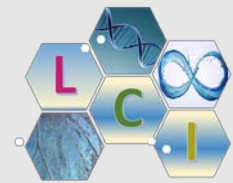
Individual

Team

Organization

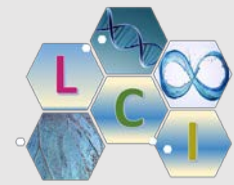






Building a Strategy

- Integrate the right practices (see “what”)
- Shift thinking—Resilience is strategic and systemic
 - Risks to “making it personal”
 - Risks of “another initiative”
 - Build from key resilience drivers
- Design at multiple levels:
 - Personal—the “nodes”
 - Team—the interactions
 - Organizational—the field context

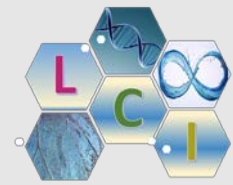


Ten Steps to Prevent Physician Burnout

1. Make clinician satisfaction and wellbeing quality indicators.
2. Incorporate mindfulness and teamwork into practice.
3. Decrease stress from electronic health records.
4. Allocate needed resources to primary care clinics to reduce healthcare disparities.
5. Hire physician floats to cover predictable life events.
6. Promote physician control of the work environment.
7. Maintain manageable primary care practice sizes and enhanced staffing ratios.
8. Preserve physician “career fit” with protected time for meaningful activities.
9. Promote part-time careers and job sharing.
10. Make self-care a part of medical professionalism.

10 Bold Steps to Prevent Burnout in General Internal Medicine; Journal of General Internal Medicine, January 2014, Volume 29, Issue 1, pp 18–20;

Mark Linzer, Rachel Levine, David Meltzer, Sara Poplau, Carole Warde, Colin P. West



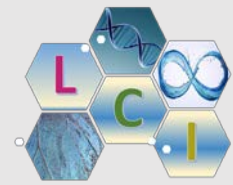
Key Drivers of Resilience

- Watch for warning signs
- Limit workloads
- Boost control
- Make recognition meaningful
- Emphasize learning
- Facilitate support
- Build community
- *Acknowledge reality*
- *Make meaning*
- *Ritualized ingenuity (adaptability)*

Beating Burnout; Harvard Business Review, November 2016, Monique Valcour
How Resilience Works; Harvard Business Review, May 2002, Diane Coutu

Creating a context of authenticity and resilience





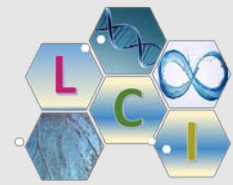
Organizational Context: it can fill your cup or empty your soul..

YES!

- We're here to benefit patients and all of us working here
- What we do counts
- We have choose to create
- We create an organization of gratitude, appreciation, and respect—in all directions
- We're built on purpose and meaning

NO!

- We need to be more productive!
- We need more policy!
- We have to make more money!
- We need to move faster!



Advantages

- Powerful shaper and resonator with “micropurpose”
- Powerful source of “essential community”
- Driver of process and workflow

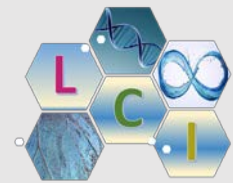
Risks

- Another initiative
- Another platitude
- Hypocrisy risk: “you’re not moving the stressors”

Re-emphasizing the impact of interaction design

- Stewardship
- Appreciation
- Gratitude
- Mindfulness
- Fun
- Rest





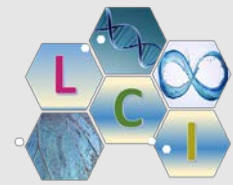
Interactions within teams

YES!

- Motivating
- Learning
- Two-way
- Horizontal
- Any and all personal practices displayed or reinforced

NO!

- “I tell you”
- “no control
“wasted effort”
- “irrelevant goal”
- No affirmation
- No recharge
- Not being heard
- No rest

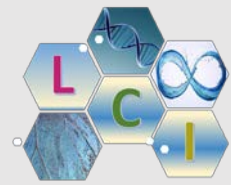


Advantages

- Built-in support drives awareness, insight, habit, connection
- Can integrate work and wellness
- Does not have to mean “extra time”
- Local origin

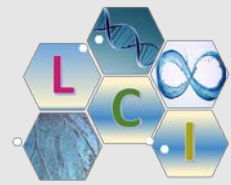
Risks

- Another “to-do”
- “Something quaint the little people are doing to keep themselves from going mad.”



Supporting Personal well-being as a path to...





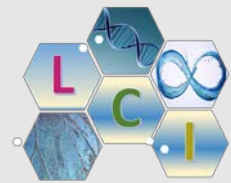
Personal

YES!

- Frequent rest(s)
- One thing at a time, but diversity of work/play
- Connect with others
- Connect mind-body-spirit
- Get off the machines and get outside
- Practice empathy and gratitude

NO!

- Never a break
- Only one thing
- Always alone
- No mind-body-spirit connection
- Always mechanized

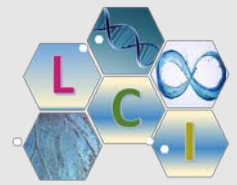


Advantages

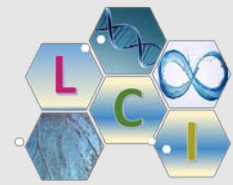
- High Control
- Low Need for Social Support

Risks

- Fragile until habitual
- Can drive fragmentation of social drivers

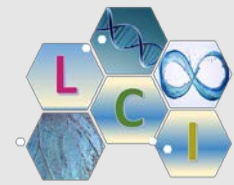


What's on your mind?



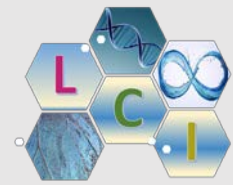
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- *How Resilience Works; Harvard Business Review, May 2002, Diane Coutu*
- <https://hbr.org/2016/06/resilience-is-about-how-you-recharge-not-how-you-endure>
- [Journal of General Internal Medicine January 2014, Volume 29, Issue 1, pp 18–20;10 Bold Steps to Prevent Burnout in General Internal Medicine](#)
Mark Linzer, Rachel Levine, David Meltzer, Sara Poplau, Carole Warde, Colin P. West
- [Mayo Clinic Proceedings December 2015 Volume 90, Issue 12, Pages 1600–1613 Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014 Tait D. Shanafelt, MD, Omar Hasan, MBBS, MPH, Lotte N. Dyrbye, MD, MHPE, Christine Sinsky, MD, Daniel Satele, MS, Jeff Sloan, PhD, Colin P. West, MD, PhD](#)



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Happy to talk further....

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