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
A set up for “anti-resilience”

Stress  Response
Resilience through stress

Stress → Respond → Recover → Reflect → Adapt → 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

Reilly, 2016
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

Reilly, 2016
Medical Training Stressors

- Imperfection = Failure
- Task Saturation
- Lack of Positive Feedback
- Reactivity
- Lack of training/emphasis in self-care
- Deficit-Based

Additional notes:

- Imperfection
- Reactivity

- TRAINING WHEELS

More detailed text content is not provided within the image.
Healthcare Environmental Stressors

- Technology
- Looming fear of medical malpractice
- Constant exposure to trauma
- Overemphasis on productivity
- Regulatory and administrative burden
- Inadequate staffing
- Heightened scrutiny and accountability
- Decline in autonomy
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

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

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

*Beating Burnout; Harvard Business Review, November 2016, Monique Valcour*
Multi-level strategy

Individual

Team

Organization
Building a Strategy

• Integrate the right practices (see “what”)

• Shift thinking—Resilience is strategic and systemic
  o Risks to “making it personal”
  o Risks of “another initiative”
  o Build from key resilience drivers

• Design at multiple levels:
  o Personal—the ”nodes”
  o Team—the interactions
  o 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.
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*
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
<table>
<thead>
<tr>
<th>Advantages</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High Control</td>
<td>• Fragile until habitual</td>
</tr>
<tr>
<td>• Low Need for Social</td>
<td>• Can drive fragmentation of social drivers</td>
</tr>
<tr>
<td>Support</td>
<td></td>
</tr>
</tbody>
</table>
What’s on your mind?
References

• Drive, The Surprising Truth about What Motivates Us, Daniel Pink

• Connected: The Surprising Power of our Social Networks, Nikolas Christakis and James Fowler

• Mindset, Carol Dweck

• Beating Burnout; Harvard Business Review, November 2016, Monique Valcour


• https://hbr.org/2016/06/resilience-is-about-how-you-recharge-not-how-you-endure

• Journal of General Internal MedicineJanuary 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

References


- Sims, K. (2016). *Inspiring Staff to Deliver Empathetic Care: A Living Experience*. [PDF document].

Happy to talk further....

Larry McEvoy
Larry.McEvoyMD@gmail.com
719-534-3258
@LarryMcEvoyMD