

The Greatest Wealth is Wellness - Empowering Health Care Practitioners in the Workplace

NMPHA Mid-Winter Meeting
January 2021

Presented by

Bridget Lynch, MD, MPH

1

Objectives

At the end of this presentation, the participant will be able to:

- Define and discuss health care professional wellness and burnout
- Compare and contrast issues related to stress in the workplace, mindfulness, depression, exhaustion, resilience and various other concepts, and their relationship in the evolution of the wellness conversation
- Describe and implement approaches at the personal and organizational level to mitigate the consequences of failure to maintain wellness
- Apply some core concepts of well-being, such as resilience, happiness, and mindfulness
- Access and utilize resources to help self and others

2

WHO ICD-11 Definition of Burnout

Syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
- Reduced professional efficacy

3

Burnout

- Role Overload – expectations exceed or differ from one's ability to perform (yours, your values, others, not engaging, too repetitive, etc)
- Role Conflict – forced to make a choice about which demand to satisfy
 - ie family obligation vs. staying late to finish with required reports
- Physical, emotional and mental exhaustion from long term exposure to emotionally demanding situations

adapted from Hecht, L. 2001, 2007

4

Stress vs Burnout

Stress vs. Burnout	
Stress	Burnout
Characterized by overengagement	Characterized by disengagement
Emotions are overreactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional
May kill you prematurely	May make life seem not worth living

Source: Stress and Burnout in Ministry

5

Risk Factors for Burnout

- Workload (Job requirements within human limits?)
- Control (Roles that avoid role conflict and ambiguity?)
- Reward (Sufficient compensation, monetary or other?)
- Community (Sufficient social interaction?)
- Fairness (Decisions perceived as fair and equitable?)
- Values (Do ideals of the job mesh with those of the worker?)

Source: Bridgeman, Bridgeman, Barone

6

Burnout Research History

Year	Researcher	Event
1966	Donabedian	Quality of services is directly related to work satisfaction
1970	McGrath	Defined the term "work stress"
1974	Freudenberger	Talks of "work disease" and "burnout syndrome" which he found more frequent in healing professionals
1982	Maslach	Defined "burnout syndrome" by 3 characteristics—known as the Maslach Burnout Inventory (MBI) and is considered the gold standard. <ul style="list-style-type: none"> • Emotional exhaustion • Depersonalization • Lack of personal fulfillment

From: Constance-Ange: Clinician Burnout in Contemporary Medicine

7

Burnout in Healthcare

3 Dimensions

- Emotional exhaustion
- Feeling low personal accomplishment
- De-personalization of the patient

Maslach, 1981

Contributing factors

- Professional isolation
- Working with a difficult population
- Long hours with limited resources
- Ambiguous success
- Unreciprocated giving
- Failure to live up to one's own expectations
- Personality variables

Benson, 2005

8

Pharmacist Burnout

- "Everyone is seeing [the effects of burnout] in the workplace. People are beginning to accept this is real. But the majority of research so far is on nurses and physicians."

Jannet Carmichael, PharmD, past President, ASHP, 2019
- "There have been 2500+ studies on physician burnout, versus only 43 on pharmacists"

Robert Granko, PharmD, MBA, FASHP, 2019
- The majority of respondents to the 2019 Pharmacy Forecast survey predicted that burnout from the increasing pressure of advanced practice roles and the complexity of health care will raise the annual turnover rate for front-line pharmacists to at least 15%. (Note: In 2014, turnover rate was 6.8%)

ASHP Research and Education Foundation 2019 Pharmacy Forecast

9

Pharmacist Burnout

- In a Maslach Burnout Survey, 193 of pharmacist respondents reported a high rate of burnout, approximately 64%
 - Emotional exhaustion – 44%
 - Depersonalization (loss of empathy for patients – 35%)
 - Reduced personal accomplishment - 35%
- "This was in line with what we see with critical care nursing and physicians. It is concerning."

Amanda Ball, PharmD, Clinical Manager, Duke University

10

Compassion Fatigue

Term coined to describe the phenomenon of stress resulting from exposure to a traumatized individual rather than from exposure to the trauma itself. (Frigley)

Contributing Factors:

- Workload intensity
- Inadequate rest time periods between shifts
- Task repetitiveness
- Low control and low job satisfaction
- Poor resilience
- Lack of meaningful recognition
- Poor managerial support

Cocker, 2016

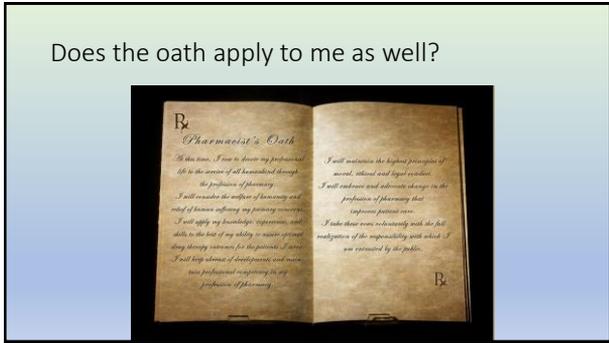
11

Compassion Fatigue

- Characterized by:
 - Exhaustion
 - Anger and irritability
 - Negative coping behaviors including alcohol and drug abuse
 - Reduced ability to feel sympathy and empathy
 - Diminished sense of enjoyment or satisfaction with work
 - Increased absenteeism
 - Impaired ability to make decisions and care for patients and/or clients

Mathieu, 2007

12



13

Pharmacist's Role for Patients

- This is a brochure for patients that describes many of the things the patient can expect the pharmacist to help them with in regards to mental well-being and burnout.
- Question is: Are pharmacists able to help themselves?

14

When do we know that it's bad?

- Emotional exhaustion**
 - Anger, lack of concentration, sleep disturbance, eating disturbance, unusual fatigue, excessive sick days, anxiety, depression
- Feeling low personal accomplishment**
 - Isolation, feeling detached, less enjoyment, excessive sarcasm, pessimism
- Depersonalization of the patient**
 - Decreased productivity, apathy, irritability (pts or staff)

15

When might it be too much?

- Eating issues, significant weight changes
- Long lasting social isolation, relationship issues
- Long lasting diminished mood and motivation
- Long lasting decline in overall function
- Long lasting sense of guilt or worthlessness
- Long lasting anxiety
- Excessive use of alcohol, non-prescribed medications, illicit substances
- Suicidal thoughts or behaviors

Out of 482 listed occupations in the USA, pharmacists have the 14th highest rate of intentional self-harm (CDC)

Adapted from APA, 2013: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

16

HCP SUD Demographics

- Prevalence of addiction in health care professionals (HCPs) is similar to that of the general population (8-13%)
 - Use less nicotine, but more opioids and sedatives (5x more likely than the general population)
- The reasons for higher rates of opioid and benzodiazepine substance use disorders among physicians and other HCPs are multi-factorial:
 - Easier access
 - Frequently used in the line of work
 - Stressful work environment
 - Personality factors (perfectionism)
 - Intellectualization

17

Some HCP SUD Statistics

- Oreskovich, MR, et al., 2012. Prevalence of alcohol use disorders among American surgeons. Arch Surg 147: 168-174
- 7,197/25,073 (28.7%) of respondents
 - 15.4% of respondents scored abuse or dependence
 - Males 13.9% vs females 25.6%
 - Odds Ratio with abuse or dependence
 - major medical error within 3 months (OR 1.45)
 - (+) depression screen (OR 1.48)
 - Married/partnered (OR 2.29)
 - Age, for each year older (OR 0.99)

18

Ways that HCPs enter treatment

- Self-referral (the very best way!)
- Family intervention
- Provider Wellness Committee
- Health Professionals Program (majority)
 - NM Health Professional Wellness Program
 - Board of Nursing diversion program
- Work intervention
- Licensing Board
- Criminal justice system (much less likely and the least preferred)

19

Federation of State Physician Health Programs

In 1990, assumed the role as an independent federation to provide guidelines and principles for rehabilitation and monitoring of physicians with SUD and other mental or physical disorders.

- Sets standards for HCP Treatment

Recommended treatment components:

- "A peer professional patient population and a staff accustomed to treating this population is highly desirable"
- "Must keep state PHP informed throughout the treatment process through calls from the therapists involved as well as written reports. Type and frequency of contact may be arranged with the state PHP but in all cases should occur no less than monthly."
- "Length of stay must be clinically driven and justified"

http://www.fsphp.org/2005FSPHP_Guidelines.pdf

20

Federation of State Physician Health Programs

Recommended treatment components (cont'd):

- "Extended treatment options when indicated."
- "A strong family program is considered mandatory. Family program component should focus on disease education, family dynamics, and supportive communities for family members. Family/SO needs must be accessed early in the process and participation with family/SO programs and individual therapy encouraged."
- "Programs must use an abstinence-based model (appropriate psychoactive medication as prescribed). In rare cases that are refractory to abstinence-based treatment, alternative evidence-based approaches should be considered."

http://www.fsphp.org/2005FSPHP_Guidelines.pdf

21

Federation of State Physician Health Programs

Recommended treatment components (cont'd):

- "Must have the medical, psychiatric, and addictions staff necessary to fully address all health issues, obvious and otherwise"
- "A multi-disciplinary team approach should be used and include psychological, psychiatric and medical stabilization"
- "Staff to patient ratio should be conducive to each patient receiving individualized attention"

http://www.fsphp.org/2005FSPHP_Guidelines.pdf

22

Self Referral for SUD

- Provider Well-Being and Burnout ECHO, others
- Online resources for mindfulness, relaxation, etc
- PCP – Rx options available
- Employee assistance program (EAP) can offer advanced self-help resources
- Clinical therapist/behavioral health
- Peer consulting (anonymity is not guaranteed)
- AA/NA/Alanon
- Family therapy
- Act before it's gone too far

23

SUD Summary

- There may be no signs or symptoms
- "The job is the last to go"
- Cover-ups and enablers may be present
- Institutional denial. "We never looked."
- "It's legal in Colorado", etc.
- Longer treatment stays, higher levels of intensity, external and internal motivators, and continued structured support after discharge (including a monitoring program) results in unmatched 5-year success rates. Of HCPs who completed treatment requirements, 55% were licensed and actively working in the health care field at a five year follow-up after completing their primary treatment program. (DuPont, 2009).
- Relapse rate for substance use disorders in the general population is between 40% – 50%, similar to relapse for other chronic diseases such as hypertension or asthma. (National Institute on Drug Abuse, 2018)

24

Burnout Avoidance Strategies for Leaders

- Be aware (EQ vs IQ)
- Create a supportive environment
- Nurture and address individual programs
- Encourage workers to determine their ideal balance in life
- Allow gratitude and personal fulfillment to become priorities
- Take a systemwide approach
- Believe that leadership can affect change
- Understand system pressures
- Consider coaching or mentoring programs

25

Self Care

Here is some "Food for Thought"

How much have you actually ever been taught in your formal education about how to achieve wellness...

- ...at work?
- ...in relationships?
- ...in your physical being?
- ...in life?
- Who taught you? How did they teach you?
 - There are positive and negative impacts of modeling

26

Self Care – A continual challenge for everyone

- Not making personal care visits for ourselves
 - Self-prescribing/diversion of medications
 - Stigma related to seeking help or support
- Working when sick and expecting the same from colleagues (but not patients)
- Denial and avoidance are coping strategies
 - Mutual support and positive feedback in the field is lacking
 - Protection of the privacy of colleagues is important
 - Self-reliance, individual drive, overachievement, self-sacrifice

Wallace, 2009

27

What is Self-Care?

- Aligning with your values
- Having compassion for self
- Reframing perceptions
- Expressing gratitude and appreciation
- Engaging in humor
- Taking time for yourself
- Getting good sleep
- Eating right
- Setting and achieving financial goals

28

Resilience (even the most resilient can burn out)

- Engage in self-compassion
- Address fear of failure, inadequacy, disappointing others
- Understand that language frames our thoughts and thoughts frame our language
- Avoid "black cloud" thinking
- Deliberately connect with people
- Practice true appreciation and gratitude
- Perform kind acts

JAMA 2009

29

Happiness

When do we experience Happiness?

- When we are in the present.
- When we have slept.
- When we have eaten well and consistently.
- When we have healthy connections to others.
- When we are kind.
- When we get what we want AND when we want what we have.
- When we have manageable work loads.
- And many more reasons...

30

Mindfulness

This is a topic unto itself

- Paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment.
Jon Kabat-Zinn
- You can use your mind to strengthen the structure of your brain.
Dan Siegal
- Resources are abundant

31

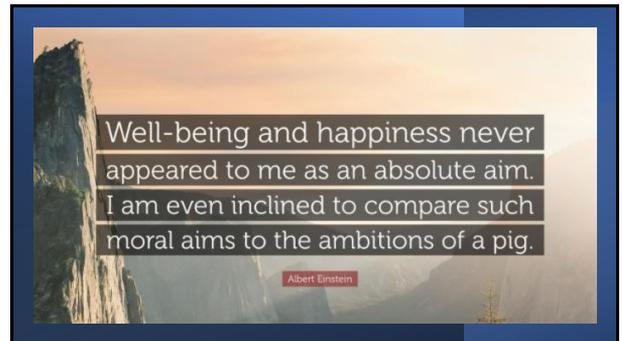
Meditation

- Primary health benefit appears to be a general shift in the autonomic nervous system, decreasing sympathetic tone and increasing parasympathetic tone
- Parasympathetic stimulation causes slower heart rate and breathing, reduced stress hormones, blood vessel dilation, and better digestion
- Helpful with: Depression, anxiety, sleep, immune function, decision making, coping

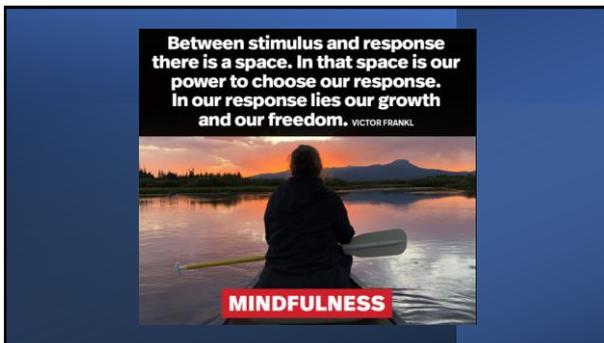
32



33



34



35



36

Sample Resources

- www.calm.com
- itunes.apple.com/us/app/stop-breathe-think/id778848692?mt=8
- www.t2health.org/apps/tactical-breather
- www.huffpost.com/entry/stress-meditation-b_1671435
- www.youtube.com/watch?v=g3k_-mciE6o
- www.marquette.edu/counseling/files/musclerelaxation.mp3

37

Citations

- Benson, J., & Magrath, K. (2005). *Compassion fatigue and burnout: The role of faith groups*. *Australian Family Practice* 34(6): 497-498. <https://www.racgp.org.au/ajp/ajpissues/2005/200506/200506benson.pdf>
- Bridgeman P, Bridgeman MB, Barone J. Burnout syndrome among healthcare professionals. *Am J Health Syst Pharm.* 2016;75(3): 147-150.
- Cocker F, Joss N. Compassion fatigue among healthcare, emergency and community service workers: a systematic review. *Int J Environ Res Public Health.* 2016;13(6):618. <https://doi.org/10.3390/ijerph13060618>
- DuPont, R. L., McLellan, A. T., Carr, G., Gendel, M., & Skipper, G. E. (2009). *How are addicted physicians treated? A national survey of physician health programs*. *Journal of Substance Abuse Treatment*, 37, 1-7.
- Figley C. *Compassion Fatigue: Coping with Secondary Stress Disorder in Those Who Treat the Traumatized*. Brunner/Mazel, Bristol, UK: 1995.
- Hecht, L. Role Conflict and Role Overload: Different Concepts, Different Consequences <https://doi.org/10.1111/j.1475-6875.2007.01803.x>
- Maslach C, Jackson SE. The measurement of experienced burnout. *J Occup Behav.* 1981;2:99-113. doi: 10.1002/job.4030020205.
- Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory Manual*. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996:191-218.
- Mathieu F. Running on Empty: Compassion Fatigue in Health Professionals. *Rehab Community Care Med.* 2007;4:1-7.
- National Center for PTSD. Working with trauma survivors, 2003. Available at: www.ncptsd.org/facts/disasters/fs_working_disaster.html.
- National Institute on Drug Abuse. (2018). *Treatment and Recovery*.
- World Health Organization. Burn-out an "occupational phenomenon": International Classification of Diseases. May 28, 2019.

38

Citations

- <https://accpjournals.onlinelibrary.wiley.com/doi/10.1002/jac5.1189>
- <https://www.uspharmacist.com/article/pharmacist-burnout-and-stress>
- <https://www.pharmacypracticenews.com/Operations-and-Management/Article/03-19/Battling-Burnout-Nearly-Two-Thirds-of-Pharmacists-Say-They-re-Vulnerable>
- <https://www.cureus.com/articles/16398-burnout-in-united-states-healthcare-professionals-a-narrative-review>
- www.who.int/mental_health/evidence/burn-out/en/
- http://www.fsphp.org/2005FSPHP_Guidelines.pdf
- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61424-0/fulltext#sec22184113e190](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61424-0/fulltext#sec22184113e190)

39