WOUNDED HEALERS: HOW CARING FOR OURSELVES HELPS US CARE FOR OTHERS

Liz Lawrence, MD, FACP
Director, Medical Student and Physician Wellness
UNM School of Medicine

Physician Wellness
- Depression, anxiety, suicide
- Substance use
- Burnout
- Physical illness
- Stress
- Occupational Hazards
- Resiliency
- Wellness tools
- Aging physician
- Access to care

Wounded Healers

By the end of this presentation, you will be able to:
1. Describe four reasons physician health is important
2. Discuss possible causes of burnout
3. Practice 3 individual strategies to address burnout
4. Identify 3 institutional strategies to address burnout

Why does physician health matter?
- Unique Population
- Patient care
- Economic costs
- Human decency

Physicians as Patients
More likely:
- Live longer
- Follow preventive health guidelines
- Exercise
- Not smoke

Mental Health
Lifetime prevalence depression
- male physicians is 12.8%
- female physicians is 19.5%
Suicide
- 300-400 doctors commit suicide every year
- Higher rates in both male and female doctors
- By graduation, 9% of medical students report suicidal ideation

Substance Use
- 10-15% of the general population
- 10-15% of physicians
- Higher rates (75-90%) sustained recovery

Physicians as Patients
More likely:
- Live longer
- Follow preventive health guidelines
- Exercise
- Not smoke
- Recover from substance use

Burnout
Burnout defined as:
1. Emotional exhaustion
2. Depersonalization
3. Lack of self-efficacy

Burnout
- Burn out is not the same as stress
- Burn out is not the same as depression
Burnout

- Problem is system/environment, not a few susceptible individuals
- Increasing over time:
  - As is dissatisfaction with WLB
  - NO change in depression, suicidal ideation
  - Rest of US population feeling better
### Economic Impact

- Physician job turnover
- Malpractice costs
- Medical errors

### Burnout

**Burned out physicians:**
- Are less empathetic
- Are more irritable and angry
- Communicate less effectively with patients
- Are more likely to cut corners

- Have less adherent patients
- Order more tests/procedures
- Make more medical errors
- Have less satisfied patients

### Economic Impact

- Total cost of burnout for all physicians practicing in Canada is estimated to be $213.1 million
  - $185.2 million due to early retirement
  - $27.9 million due to reduced clinical hours
- By specialty:
  - Family physicians 58.8%
  - Surgeons for 24.6%
  - Other specialists for 16.6%

(RMF Health Serv Res. 2012; 14: 254.)

### Addressing Burnout

**Individual**
- Difficulty relaxing
- Reluctance to take vacation, time away from work
- Inappropriate and excessive sense of responsibility for things beyond one’s control
- Difficulty delegating
- Chronic feelings of not doing enough
- Difficulty setting limits
- Delayed gratification
- Confusion of selfishness with healthy self interest

**Institutional**
- Shortages of health care professionals
- Demanding caseloads
- Tremendous debt following lengthy education
- Decreased insurance reimbursement
- Need to see more patients in less time
- Overwhelming amounts new knowledge
- Fear of making errors and of malpractice
- Electronic health record

(Gabbard G. JAMA. 1985;254:2926-2929)
Addressing Burnout

Individual Strategies

- Finding meaning in work
- Knowing values/priorities
- Clear boundaries between work and home

Individual Strategies

- Finding meaning in work:
  - Patient-doctor relationship
  - Mentoring, teaching
  - Administration, working for systems improvement
  - Research
  - Professional development
  - Refocusing practice
  - Colleagues/teams

- Knowing values/priorities:
  - Reflection - journaling, Balint group, FMM group
  - Mindfulness
  - Workshops
  - Spirituality
  - Family input
  - Daily gratitude
  - Self-assessments

Individual Strategies

- Clear boundaries/limits
  - Limiting electronic access
  - External limitations
  - Saying no
  - Scheduling time for personal care
  - Rituals
  - Pause

Institutional Strategies

- Researchers made site-visits to 23 high-performing practices
- Identified 5 classes of innovations

Institutional Strategies

<table>
<thead>
<tr>
<th>Problem</th>
<th>Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned visits with overfull agendas</td>
<td>Previsit planning</td>
</tr>
<tr>
<td>Preappointment laboratory tests</td>
<td></td>
</tr>
<tr>
<td>Inadequate support to meet the patient demand for care</td>
<td>Sharing the care</td>
</tr>
<tr>
<td></td>
<td>Expanded nurse or medical assistant rooming protocol</td>
</tr>
<tr>
<td></td>
<td>Standing orders</td>
</tr>
<tr>
<td></td>
<td>Extended responsibility for health maintenance, coordination, and integrated behavioral health to nonphysician members of the team</td>
</tr>
<tr>
<td></td>
<td>Team responsibility for panel management</td>
</tr>
</tbody>
</table>


Institutional Strategies

| Great amounts of time spent documenting and complying with administrative and regulatory requirements | Scribing |
| Assistant order entry | |
| Standardized prescription renewal | |
| Computerized technology that pushes more work to the physician | In-box management |
| | Verbal messaging |
| Teams that function poorly and complicate rather than simplify the work | Improving team communication through |
| | Co-location |
| | Huddles |
| | Regular team meetings |
| | Improving team functioning Systems planning Work flow mapping |


Institutional Strategies: Ten Steps to Prevent Physician Burnout

■ Institutional Metrics
■ Work Conditions
■ Self-care
■ Career Development


Institutional Strategies: Ten Steps

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.


Institutional Strategies: Ten Steps

EHR = Electronic Health Record

Time pressure
Chaos
Room availability
Teamwork
EHR pressures
Work control
Work home interference
Values alignment

Stress
Burnout
Departure from practice

Interventions

Ongoing measurement
Institutional Strategies: Ten Steps

Work Conditions
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.


Career Development
8. Preserve physician “career fit” with protected time for meaningful activities.


Self Care
10. Make self-care a part of medical professionalism

Institutional Strategies: Ten Steps

Institutional Strategies
General Internal Medicine should focus on:
- Visit length
- Staff support
- Schedule control
- Clinic chaos
- EMR stress


Institutional Strategies: Resources

Institutional Strategies: Making The Case For Change

- Patient satisfaction
- Economic Cost: Errors, Orders, Malpractice
- Recruitment and retention

Wounded Healers

By the end of this presentation, you will be able to:
1. Describe four reasons physician health is important
2. Discuss possible causes of burnout
3. Practice 3 individual strategies to address burnout
4. Identify 3 institutional strategies to address burnout

Wounded Healers

“We come unbidden into this life, and if we are lucky we find a purpose beyond starvation, misery, and early death which, lest we forget, is the common lot. I grew up and I found my purpose and it was to become a physician. My intent wasn’t to save the world as much as to heal myself. Few doctors will admit this, certainly not young ones, but subconsciously, in entering the profession, we must believe that ministering to others will heal our woundedness. And it can, but it can also deepen the wound.”

Abraham Verghese, Cutting for Stone