Quality & Safety in Healthcare: Recognizing the Roles of Stress & Burnout

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DEFINITIONS, TERMINOLOGY
Burnout

Syndrome of emotional exhaustion and depersonalization that leads to decreased effectiveness at work


Burnout or Depression?

The Symptoms and Signs of Burnout

- Emotional exhaustion, depletion
- Cynicism
- Frustration
- Anger
- Feeling of ineffectiveness or failure
- Sense of depersonalization in relationships with coworkers, patients, or both ("treating patients like objects")

Soler 2008
Emotional Exhaustion

1. I feel emotionally drained from my work
2. I feel used up at the end of the workday
3. I feel burned out from my work
4. I feel frustrated by my job
5. I feel like I am at the end of my rope
Depersonalization

1. I feel I treat some of my patients as if they were impersonal ‘objects’
2. I’ve become more callous toward people since I took this job
3. I worry that this job is hardening me emotionally
Personal Accomplishment

1. I deal very effectively with the problems of my patients

2. I feel I am positively influencing other people’s lives through my work

3. I feel exhilarated after working closely with my patients

4. I have accomplished many worthwhile things in this job
Burnout

• “The index of the dislocation between what people are doing vs what they are expected to do”
• Represents a deterioration of values, dignity, spirit, and will.
• This constellation is described as “an erosion of the soul”

The Physiology and Pathology of Exposure to

STRESS

A treatise based on the concepts of the

GENERAL-ADAPTATION-SYNDROME

and the

DISEASES OF ADAPTATION

by

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Lack of Wellness (LOW)

- Stress
- Burnout
- Fatigue
- Lack of meaning
- Job dissatisfaction
PREVALENCE OF STRESS, BURNOUT
Prevalence of Stress, Burnout

• Rates of burnout are high in health professionals
• Prevalence of burnout 25 – 75% (Wallace 2009)
• NICU: 7.5% to 54% of NICU staff (Profit 2014)
EFFECTS
Effects on Quality of Care

• LOW contributes to poor quality health care, medical errors
• Low productivity, efficiency
• Contributes to turnover – expensive to hire new professionals
• Health professional wellness vital for high-quality care
• Health systems should routinely measure and monitor health professional wellness

Wallace et al. Lancet 2009; 374: 1714–21
Nurse Burnout and Patient Safety

- Decreased ability to recognize errors and report them
- More likely to take short-cuts or workarounds
- Fatigue increases likelihood of errors
- Increased absenteeism and turnover compromises patient safety
CAUSES of STRESS, BURNOUT
Triangle of Healthcare: Relationships

Modified from: Siegel J. The Mindful Medical Student. 2009
Causes of Burnout / Lack of Wellness

• Nature of profession
  – Difficult work schedules, demanding work
  – Ethical, moral situations

• Organizational and workplace factors
  – EMR, errors and safety, collegiality

• Stresses on female professionals

• Physical abilities, illness, age

• Academic demands – grants, publications, tenure

• Leadership / administrative responsibilities
Factors Contributing to an Unpleasant Workplace Environment

- Overworked and underpaid
- High turnover (poor staff retention)
- Lack of appreciation
- Lack of collegiality and teamwork
- Lack of information, tools, resources
- Limited time for research and teaching
- Less opportunity for professional development

— Souba W. Academic Medicine 2002; 77:139–144
FOR many Americans, life has become all competition all the time. Workers across the socioeconomic spectrum, from hotel housekeepers to surgeons, have stories about toiling 12- to 16-hour days (often without overtime pay) and experiencing anxiety attacks and exhaustion. Public health experts have begun talking about stress as an epidemic.
MEAN bosses could have killed my father. I vividly recall walking into a hospital room outside of Cleveland to see my strong, athletic dad lying with electrodes strapped to his bare chest. What put him there? I believe it was work-related stress. For years he endured two uncivil bosses.
The Impact of Rudeness on Medical Team Performance: A Randomized Trial

Arieh Riskin, MD, MHAab, Amir Erez, PhDc, Trevor A. Foulk, BBAd, Amir Kugelman, MDe, Ayala Gover, MDF, Irit Shoris, RN, BAG, Kinneret S. Riskin, Peter A. Bamberger, PhDg

BACKGROUND AND OBJECTIVES: Iatrogenesis often results from performance deficiencies among medical team members. Team-targeted rudeness may underlie such performance deficiencies, with individuals exposed to rude behavior being less helpful and cooperative. Our objective was to explore the impact of rudeness on the performance of medical teams.

METHODS: Twenty-four NICU teams participated in a training simulation involving a preterm infant whose condition acutely deteriorated due to necrotizing enterocolitis. Participants were informed that a foreign expert on team reflexivity in medicine would observe them. Teams were randomly assigned to either exposure to rudeness (in which the expert’s comments included mildly rude statements completely unrelated to the teams’ performance) or control
"If only I’d thought to take my damn phone with me, I could be getting some work done."
‘Second Victims’ of Medical Errors

- Guilt
- Self-doubt
- Embarrassment
- Disappointment
- Self-blame
- Fear
- Sense of inadequacy

- Sleep difficulty
- Anxiety re future errors
- Dysfunctional coping
  - Denial
  - Distancing
  - Discounting
  - Don’t learn from error
- Burnout
- Increased error rate

White and Gallagher. Virtual Mentor Sep 2011
The Second Victim
Cognitive Errors / Schemata

(More common with perfectionism)

• All or nothing thinking
• Overgeneralization
• Mental filter
• Disqualify the positive
• Emotional reasoning
• Should statements
• Personalization

David Burns. Feeling Good
PREVENTION, SOLUTIONS
Triangle of Healthcare: Relationships

Modified from: Siegel J. The Mindful Medical Student. 2009
Leadership

• Important part of role is to create an atmosphere where staff can be joyful in work
• CEO – Chief Emotional Officer
Systematic Reviews

- Interventions:
  - Person-directed (cognitive-behavioral, relaxation, music-making, therapeutic massage, multicomponent)
  - Work-directed (attitude change and communication, support from colleagues and participatory problem-solving, changes in work organization)

- Limited evidence – larger, better trials needed

Systematic Reviews

Interventions:

1. Support groups for staff
2. Training in stress management techniques
3. Management interventions for supporting staff

Insufficient evidence for stress management training to reduce stress and burnout. Low-level evidence that longer-term interventions with refresher sessions may work

vanWyk et al. Preventive staff-support interventions for health workers. Cochrane Review 2010
Intervention

• Facilitated small-group hour-long meeting every 2 weeks
• 9 months, total of 19 sessions
• 4 small groups (8-10 physicians each) with similar compositions by sex and specialty
• Topic modules entitled “self,” “patient,” and “balance”
• Structure:
  – Check-in and welcome
  – Preparing the environment (eg, journaling and reflective exercise)
  – Facilitated group discussion
  – Learned skills and solutions
  – Check-out and summary

Topics Covered

• Meaning in work
• Personal and professional balance
• Medical mistakes
• Community
• Caring for patients
• Other topics relevant to the work experiences of practicing physicians

Work is meaningful

High emotional exhaustion

High depersonalization

Overall burnout

Triangle of Healthcare: Relationships

Modified from: Siegel J. The Mindful Medical Student. 2009
What do people experience when they are with us?

A sense of respectful space where they can rest their burdens, anger, questions, projections, stress, anxiety and wonder?

Do they feel our exhaustion, need to always be right or in control, or even our desire to be viewed as wise, attractive, witty or helpful?

OR

Wicks R. The Resilient Clinician; 2008
Promote Colleagues’ Joy in Work

• Positive approach
• Basic etiquette, courtesy: smile, greet, thank
• Be generous with (authentic) compliments
• Remember and use names
• Help, advice, support: be available, make time
• Be a good mentor, leader
• Feedback – give well, receive well
  – ‘Reflected best self’ feedback (Roberts 2005)
Promote Colleagues’ Joy in Work

• After medical errors, adverse events
  – Care of the ‘second victim’
  – Disclosure, apology to patients, families
• Disruptive behavior – apology should follow
• Debriefing after critical incidents – include entire team
• Forgiveness
• Constructive conflict management
  – *Crucial conversations, confrontations*
What Promotes Joy in Work?

Colleagues → Self → Patients

Workplace (Physical, culture)

Modified from: Siegel J. The Mindful Medical Student. 2009
Below you will find individualized feedback based on the answers you provided as well as information on distress.

Your score indicates your well-being is: Above Average

Your score indicates an average level of well-being compared to other physicians.

The dashboards below provide an approximation of how your score relates to that of other U.S. physicians and indicate some of the potential risks associated with your score at the population level.

Rates of suicide are higher in physicians than the general population. If you've had thoughts of suicide, please call the National Suicide Hotline at 1:800-273-TALK (8255)
Put on your own mask first
Organization, Physical Environment

• Time management
• ‘5-S’ your work area (sort, straighten, shine, standardize, sustain)
• Do not be enslaved by electronic leashes and ‘advances’ in communication
  – E mail
  – Cell phones
  – Social media
• Limit ‘gemmelsmerch’ and ‘screen-sucking’*

*E. Hallowell. Crazybusy
Replenishing the Self – ‘Inner Life’

• Create ‘sacred time’ to retreat from activity
• Solitude
• Silence
• Meditation
• Mindfulness  
  – Listening, reflection
  – Krasner et al. JAMA 2009
• Spirituality

Wicks R. The Resilient Clinician; 2008
THE MINDFUL REVOLUTION
The science of finding focus in a stressed-out, multitasking culture
BY KATE PICKERT
Medical News & Perspectives

Exploring the Promise of Mindfulness as Medicine

Laura Buchholz

A new frontier in treatment for mental illnesses and other chronic conditions may not come from pharmaceutical companies, but from within, as mindfulness practices gain traction.

Mindfulness practices as we know them today are rooted in 2500-year-old Buddhist meditation practices and are often described as “...paying attention to the present moment experiences with openness, curiosity, and a willingness to be with what is” (http://marc.ucla.edu/). Herbert Benson, MD, founder of the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital, is often credited with bringing mindfulness into the realm of Western medicine. His 1975 book The Relaxation at the University of Toronto, along with colleagues Mark Williams, PhD, and John Teasdale, PhD (http://1.usa.gov/1eOvpOo).

According to Gregory Lewis Fricchione, MD, director of the Benson-Henry Institute, “...mindfulness and other meditative techniques can provide adjunctive benefits for health and that includes mental health.”

But Fricchione does acknowledge pockets of resistance. ”Many physicians who consider themselves grounded in Western science will see mindfulness-based programs for mental health disorders as being somewhat faddish and relatively impotent in treating mental disorders, especially severe ones,” he said.

That attitude may be slowly changing as researchers have begun to systematically investigate the effects of mindfulness interventions for various physical and mental health conditions, including cancer, stroke, multiple sclerosis (MS), pain, anxiety, and depression (http://1.usa.gov/1SJXFBR). The results of these studies may help inform physicians of the effectiveness and possible uses of mindfulness interventions in clinical practice.

Why the Growing Trend?
According to a recent work, 79% of medical schools offer some element of mindfulness training, noted co-investigator David Black, PhD, MPH, director of the American
Terminology

- Burnout
- Stress
- Joy in work
- Resilience
- Eudaimonia (‘well-being’ or ‘flourishing’)

Resilience

“Some people are sponges and some are ducks”

– Susanne Madison, LNA
Work – The Spectrum

Just a way of earning money

A Calling
“Work can provide the opportunity for spiritual and personal, as well as financial, growth. If it doesn’t, we are wasting far too much of our lives on it.”

—James Autry
Flow

Anxiety (shut down)

Boredom (not engaged)

Challenges

Skills / Ability

‘PERMA’

• Acronym created by M. Seligman

• Five crucial elements of well-being, each pursued for its own sake
  – Positive emotion
  – Engagement (the feeling of being lost in a task)
  – Relationships
  – Meaning
  – Accomplishment
Sustainable efforts in real settings require inextricable linkages...

Better outcome patient, population (illness burden)

Better system performance (quality, safety, value)

Better professional development (competence, pride, joy)

Everyone

Batalden and Davidoff QSHC 2007
Triple vs Quadruple Aim

1. Enhancing patient experience
2. Improving population health
3. Reducing costs
4. Improve work life of health care providers

Lucian Leape Institute / NPSF
Six Vital Transforming Concepts

• Medical education reform
• Active consumer engagement in all aspects of health care
• Transparency
• Integration of care within and across healthcare delivery systems

  • Restoration of joy and meaning in work
• Safety of the healthcare workforce

www.npsf.org
Redefining Quality

• How we take care of our patients
• How we take care of each other
• How we take care of ourselves

- Bryan Sexton
  Duke University Patient Safety Center
Triangle of Healthcare: Relationships

Modified from: Siegel J. The Mindful Medical Student. 2009
Suggested Books, Resources

- The resilient clinician. Robert Wicks
- The mindful medical student. Jeremy Spiegel
- The resilient physician. Sotile and Sotile
- Crazybusy. Edward Hallowell
- Crucial conversations. Patterson K et al
- Appreciative Inquiry. D. Cooperrider
- Finding meaning in medicine (Rachel N. Neren)
- American Academy of Communication in Healthcare