Physician Wellness an Osteopathic Approach

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Disclosure:

- I have no conflict of issues in the Presentation of this information.
Objectives

• Understand the scope of the problem that confronts physicians today in regards to burn out/ moral injury / damaged resiliency.

• Recognize the factors which are impacting you own career development and progression.

• Learn practical solutions to aid in the road to recovery and rebuild resiliency.
• Doctors are programed to be workaholics, Superhero perfectionists operating with a pair of cardinal rules
  - The patient comes First- Praise worthy but extremely unhealthy if you never learn the off switch
  - Never show weakness
• As a doctor burns out(or loses resiliency), one of the symptoms is loss of empathy, compassion, and being cynical and sarcastic about your patients
“ I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug “ Louis Lasagna

- The dynamic is to point out the symptoms, and give training to extinguish it.
- Teach them to maintain life balance, physical health and rest as they go through training
- You do that ..... They will maintain their empathy
54 Percentage of physicians burned out

29 Percentage of resident physicians suffering from depression

400 Estimated number of physicians committing suicide every year

Sources: Shanafelt et. al., 2012 & 2015; Mata et al., 2015; American Foundation of Suicide Prevention, ND; Andrew, 2015
• Mental Well-Being & Osteopathic Medical Students (n=10,187)
  • 46% of Students screened for depression fell into the Clinical Concern range*
  • 10% of Students indicated they had suicidal ideations within 30 days prior to being surveyed*
    • 147 were classified as high risk for suicide.

• Burnout study in osteopathic residents (otolaryngology) (n=684)
  • 10% experienced high burnout
  • 76% moderate burnout
  • 14% low burnout

Sources: Yost et al. (2014)
In the 2015 Medscape Physician Lifestyle Report, physicians were asked to rank the causes of burnout in order of significance.

1. Too many bureaucratic tasks
2. Too many hours at work
3. Insufficient income
4. Increasing computerization of practice
# Causes of Burnout

<table>
<thead>
<tr>
<th>Cause</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too many bureaucratic tasks</td>
<td>5.3</td>
</tr>
<tr>
<td>Spending too many hours at work</td>
<td>4.7</td>
</tr>
<tr>
<td>Feeling like just a cog in a wheel</td>
<td>4.6</td>
</tr>
<tr>
<td>Increasing computerization of practice (EHRs)</td>
<td>4.5</td>
</tr>
<tr>
<td>Income not high enough</td>
<td>4.1</td>
</tr>
<tr>
<td>Too many difficult patients</td>
<td>4.0</td>
</tr>
<tr>
<td>Insurance issues</td>
<td>4.0</td>
</tr>
<tr>
<td>Maintenance of certification requirements</td>
<td>4.0</td>
</tr>
<tr>
<td>Lack of professional fulfillment</td>
<td>3.9</td>
</tr>
<tr>
<td>Threat of malpractice</td>
<td>3.9</td>
</tr>
<tr>
<td>Too many patient appointments in a day</td>
<td>3.9</td>
</tr>
<tr>
<td>Difficult employer, colleagues, or staff</td>
<td>3.7</td>
</tr>
<tr>
<td>The impact of the Affordable Care Act</td>
<td>3.7</td>
</tr>
<tr>
<td>Inability to provide patients with the quality care that they need</td>
<td>3.7</td>
</tr>
<tr>
<td>Compassion fatigue (overexposure to death, violence, and/or other loss in patients)</td>
<td>3.5</td>
</tr>
<tr>
<td>Family stress</td>
<td>3.1</td>
</tr>
<tr>
<td>Inability to keep up with current research and recommendations</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Causes of Burnout

• Workload
• Perceived Lack of Control
• Reward or lack of
• Community
• Fairness
• Values mismatch
Burnout by Region

Suicide rates by age category
Physicians vs General Public
White Males, 26 US states, 1984–92

Peterson & Burnett, 2007
Physician Bias

Traditionalists (Silent Generation)

Born: 1925–1945

Commonly described as:
- Dedicated
- Patriotic
- Conventional
- Respecting order
- Altruistic

For DOs: Comprise of 6% of all osteopathic physicians.

Work Values/Ethics:
- Formality
- Hierarchy
- Loyalty to their organizations
- Hardworking
- Expect rewards for hard work

Teaching & Learning:
- Sense of duty to teach
- Comfortable with teaching and learning in a large group
- Lecture format
- Bedside teaching is anecdotal
- Keepers of institutional memory.
- Feedback given only to correct or improve mentees

William G. Anderson, DO (AOA President, 1994)
Baby Boomers (Boomers or Me Generation)

Born: 1945-1964

Commonly described as
• Optimistic
• Workaholics

For DOs: Represents 24% of osteopathic physicians

This generation is known to occupy the majority of positions of authority.

Equate work with self-worth, contribution, and personal fulfillment

Work Values/Ethics:
• Respect authority
• Loyalty to their organizations
• Hardworking
• Promotion earned over time
• Focused on leaving legacy

Teaching & Learning:
• Focus is on leaving a legacy
• Wants their knowledge to have been an asset to the organization
Generation X

Born: 1965-1980

Common described as:
- Independent
- Self-directed
- Pragmatic
- Flexible

Holds most mid-level positions

For DOs: Represents 35% of osteopathic physicians.

Work Values/Ethics
- Loyal to self and families
- "Work to live" not "live to work"
- Question authority
- Resent top-down management
- Believe in evaluation on accomplishments and not quantity of time spent at work

Teaching & Learning:
- Adept users of wide range of technology
- Voracious learners
- Assimilate changing information quickly and engage in parallel thinking
- Appreciate immediate responses with frequent, face-to-face, and specific interactions

Life Experiences of Gen Xers
Millennials

Born: 1981-1999

Commonly described as:
• Optimistic
• Collaborative
• Team-oriented
• Tech-savvy
• Culturally diverse
• Globally oriented

Majority of medical students and residents today.

For DOs: Represents 36% of the osteopathic physicians (includes students).

Work Value/Ethics
• Believe can make an impact at any age
• Seek to contribute immediately to an organization
• Do not want to wait for years before being heard
• Value being connected with others

Teaching & Learning:
• Expect frequent feedback and need praise
• Prefer information presented individually or via technology
<table>
<thead>
<tr>
<th>Generation (Birth Years)</th>
<th>Major Societal Events</th>
<th>Childhood Characteristics</th>
<th>Personal Characteristics</th>
<th>Work Characteristics</th>
<th>Comfort with Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditionalists (1925–1945)</td>
<td>Great Depression aftermath, WWII rebuilding, Cold War</td>
<td>Traditional nuclear family, married young, divorce uncommon</td>
<td>Dedicated, patriotic, respect order, altruistic</td>
<td>Value formality, hierarchy, and loyalty; very hard-working</td>
<td>Low</td>
</tr>
<tr>
<td>Baby Boomers (1946-1964)</td>
<td>Civil rights and women’s rights movements, Vietnam War, Woodstock, TV, economic prosperity</td>
<td>Traditional nuclear family with stay-at-home mom and working father</td>
<td>Entitled, competitive, driven, anti-authoritarian</td>
<td>Workaholics, competitive, consensus builders, mentors</td>
<td>Medium</td>
</tr>
<tr>
<td>Millennials (1981-1999)</td>
<td>9/11, Digital Age, natural disasters, Columbine shootings</td>
<td>Protective “helicopter parents”</td>
<td>Confident, high-achieving, creative, practical</td>
<td>Feedback-oriented, team-oriented, appreciate cultural diversity, idealistic, want to make impact quickly</td>
<td>Very high</td>
</tr>
</tbody>
</table>

4 areas characterized by certain signs and symptoms, some of which overlap

- **Exhaustion**
  - Emotional overextension
  - Exhaustion by work
  - Feel the demands of the job are too great
  - Not operating clearly.
  - "I feel burned out from my work."

- **Depersonalization**
  - Callous and impersonal reaction to those who are served on the job (patients, in the case of a physician).
  - Detachment
  - Less sensitive to patients' needs
  - "I really don't care what happens to my patients."

- **Lack of Accomplishment**
  - Feelings of:
    - Incompetence
    - Poor achievement
    - Low motivation
    - Doubting self-worth and professional effectiveness
    - "I have not accomplished many worthwhile things in this job."

- **Ineffective Mentoring**
  - LACK OF EFFECTIVE MODELING/MENTORING/GUIDANCE
    - If you're not part of the solution, you're part of the problem.
    - Does your behavior (language, actions and physical guidance) demonstrate wellness and encourage wellness in others?
    - Is your perceived help truly helpful?
Diversity means all the ways we differ. It includes the readily visible differences and the underlying differences that may be below the surface.

Concept: Edward T. Hall (1976)
Address Biases

Use online tools to enhance personal communication, not replace face-to-face interaction

Recognize biases and respect differences

Change mentoring style based on mentee to enable mentoring across differences

Incorporate information-sharing and shared problem solving; offer frequent and frank feedback; and refrain from comparing today to the glories of yesterday

Create an atmosphere of reciprocal mentoring

Model professionalism
Roadmap to Your Reset Point

Where are you starting?

Where do you want to go?

What is the process in between?
Wellness Culture

- Create Framework
- Develop a program
- Foster at an individual level
- Empower faculty and Trainees to confront burnout
- Create sustainable culture of wellness and resiliency
Some events may be Physician centric
But remember at all stages if we can
include other members of the family the
experience may be more fulfilling and
rewarding
Its about building memories not just
doing things.

Movie Nights or dinners
Holiday Potlucks
Recreational Classes
Charity Work
Lunchtime exercise or Yoga
Sporting events
Exploring the local or regional attractions
Osteopathic Approach focuses on the 8 Dimensions of Wellness

EMOTIONAL
A positive self-concept, which includes dealing with feelings constructively and developing positive qualities such as optimism, trust, self-confidence, and determination.

ENVIRONMENTAL
Health by occupying pleasant, stimulating environments that support well-being.

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills.

PHYSICAL
Recognizing the need for physical activity, healthy foods, and sleep.

OCCUPATIONAL
Personal satisfaction and enrichment from one’s work.

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system.

SPIRITUAL
Expanding a sense of purpose and meaning in life.

FINANCIAL
Satisfaction with current and future financial situations.

Adapted from SAMHSA’s Eight Dimensions of Wellness
Source: https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness
**FIGURE:** Wellness Grid. NOTE: AOA = American Osteopathic Association; COMs = Colleges of Osteopathic Medicine; Prog. = Programs.
- **Members Now**
  - Issues facing physicians who have graduated and are full members
  - Provide services now

- **Members in the Future** (students, interns & residents)
  - Concerted effort to assist
  - Cannot abdicate our responsibility (i.e., wait for others to act, or just not participate)
  - Be present at these crucial times
Osteopathic Conundrum
Very few practicing osteopaths have the time and resources to devote to another program

Perfect Opportunity for the COMS, AOA, State Affiliates and Specialty Societies to step up.
Provides relevance for all organizations and a reason for member to join and exist
Can be complementary and non competitive
Key Elements of Effective Transgenerational Leadership

- Be flexible.
- Be a good listener.
- Develop your emotional intelligence.
- Be less defensive and more open, and assume people have good intentions.
- Learn to delegate, build teams, and use consensus.
- Create and communicate the big picture and “why” you are doing what you’re doing.
- Provide timely feedback to your team, and thank them for all their hard work.
- Honor work-life balance.
- Help people see the “what” and “why,” but let them determine the how.
- Maintain a sense of humor.
- Invest in your people, and help them continue to grow.
- Figure out how technology can help people without enslaving them.
Other Ideas

- Set expectations early
  - Ethics and standards
  - When/how to communicate
  - Rules for cellphone/computer use
  - What you expect in a formal email
- Consequences for unacceptable behaviors
- Feedback assessing the quality of trainees’ performance and suggesting alternate behaviors, if necessary
- Tell them what they need to learn and why they need to learn it
- Establish a sense of personal responsibility
- Use peers effectively

Source: (Moreno-Walton)
What’s Utopia?

- Better work-life balance within specialty
- Knowing your limits and having those limits be respected
- Education through respect rather than intimidation
- Recognizing times have changed in medicine and in generations
- Shift in ratio of admin versus patient time (more patient time and less admin time)
- Allowing scribes
- Administration would respect the views and input of the healthcare team
- Satisfaction of life decisions
- Patient first (Medicine as an art rather than a business)
What’s Utopia?

• Enhancing the medical team... what does the utopia look like?
  • Working with other health professionals
  • Treating every person on the floor and in the organization like you want to be treated
  • The golden rule of life translates to medicine – EVERYONE HAS VALUE
  • Putting self in the other person’s shoes and understanding where everyone has challenges and how to assist.
  • Leverage everyone’s abilities and time
  • Create an atmosphere of mutual respect and appreciating everyone’s efforts as well as recognizing where we are all accountable.

Physicians are not the center of the universe. It takes a team to ultimately provide the best patient care.
### Common Drivers and Selected Organizational-Level Solutions for Physician Burnout

| **Excessive workload** | • Fair productivity targets  
• Duty hour limits  
• Appropriate distribution of job roles |
| **Work inefficiency and lack of work support** | • Optimized electronic medical records  
• Non-physician staff support to offload clerical burdens  
• Appropriate interpretation of regulatory requirements |
| **Lack of work-home integration** | • Respect for home responsibilities in setting work and meeting schedules  
• Include all required work tasks within expected work hours  
• Support flexible work schedules, including part-time employment |
| **Loss of control and autonomy** | • Physician engagement in setting work requirements and structure  
• Physician leadership and shared decision-making |
| **Loss of meaning from work** | • Promote shared core values  
• Protect physician time with patients  
• Promote physician communities  
• Offer professional development opportunities  
• Leadership training and awareness around physician burnout |
LIFE

Born 00/00/000 – Died 00/00/0000
Live the Dash!
Shanafelt et. al., 2012 & 2015; Mata et al., 2015; American Foundation of Suicide Prevention, ND; Andrew, 2015
AACOM Mental Health Awareness Taskforce (2015)
Peterson & Burnett, 2007


