Break for Mental Health

Kristine Hobbs, LMSW
QTIP Mental Health Integration Coordinator, SCDHHS
August 2019 Learning Collaborative
“I sorry, my brakes no work so good.”
Agenda:
- What is it?
- Who is affected?
- What can be done about it?

Data is about pediatricians...Interventions are clinic wide

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Which Physicians are Most Burned Out?

- 5: 54%
- 4: 47%
- 3: 41%
- 2: 34%
- 1: 28%

Not all specialties shown here.
Mayo Clinic...

One doctor commits suicide in the US every day.


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physician burnout costs the US about $4.6 billion annually, or about $7,600 annually per employed physician


Burnout:

1. Feelings of energy depletion or exhaustion,
   - *Depleted; not able to recover during non-working hours*

2. Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job,
   - *Sarcasm, feeling ‘put upon’ by your patients*

3. Reduced professional efficacy
   - *Can’t see the value in your work*
   - *See self as incompetent*
2019, ...satisfaction in role of care to children and families with behavioral and emotional problems? N=29

Prior to QTIP,

- Satisfied total 38%
- Dissatisfied total 62%

Currently,

- Satisfied total 97%
- Dissatisfied total 3%
Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

Abstract

These are challenging times for health care executives. The health care field is experiencing unprecedented changes that threaten the survival of many health care organizations. To successfully navigate these
In the two years they implemented these strategies, physician burnout:

- Increased nationally by 11%
- Decreased in the Mayo Clinics by 7%
- Non-physician employee burnout reduced also!
FIGURE 2. Key drivers of burnout and engagement in physicians.

<table>
<thead>
<tr>
<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work unit factors</th>
<th>Organization factors</th>
<th>National factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-life integration</td>
<td>Priorities and values</td>
<td>Call schedule</td>
<td>Vacation policies</td>
<td>Requirements for:</td>
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<td></td>
<td>Personal characteristics</td>
<td>Structure night/weekend coverage</td>
<td>Sick/medical leave</td>
<td>- Maintenance certification</td>
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<td></td>
<td>- Spouse/partner</td>
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<td>Policies</td>
<td>- Licensing</td>
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<td>- Children/dependents</td>
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<td>- Part-time work</td>
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<td>- Health issues</td>
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<td>- Flexible scheduling</td>
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<td>- Expectations/role models</td>
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<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Acknowledge and assess the problem</td>
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<td>Harness the power of leadership</td>
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<td>Develop and implement targeted work unit interventions(^a)</td>
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<td>Cultivate community at work</td>
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<td>Use rewards and incentives wisely</td>
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<td>Align values and strengthen culture</td>
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<td>Promote flexibility and work-life integration</td>
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<td>Provide resources to promote resilience and self-care</td>
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<td>Facilitate and fund organizational science</td>
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</table>

**FIGURE 5.** Organizational strategies to reduce burnout and promote physician engagement. \(^a\)Often will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).


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FIGURE 5. Organizational strategies to reduce burnout and promote physician engagement. aOften will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).


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At the risk of watering down terms...

**Burn out**
Too much to do, not enough time or resources to do it

**Compassion Fatigue**
The stories are too much. The amount of emotional energy is too much.
Self-Care

- Gratitude
- Mindfulness
- Rituals
Females

Stage 1.
- Emotional Exhaustion

Stage 2
- Depersonalization and cynicism

Stage 3
- Does my work make a difference?

Males

Stage 1
- Depersonalization and cynicism

Stage 2
- Emotional Exhaustion


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Gratitude as Medicine:
A Survival Kit for Health Care Organizations

THE GREATER GOOD SCIENCE CENTER AT UC BERKELEY


https://youtu.be/佐GAp9dw8Ac
Take a Mindfulness Class

https://edhub.ama-assn.org/steps-forward/pages/professional-well-being
Rituals

What are your daily rituals?
B-R-E-A-K AWARENESS TOOLS

STOP PHYSICIAN BURNOUT

What to Do When Working Harder Isn’t Working

Dike Drummond, MD

A systems approach to building your ideal practice and a balanced life in these times of rapid change

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

For D. Drummond, MD, and John H. Hornberger, PhD, MMM

ARTICLE

The rate at which physicians are exiting their practices has increased dramatically in recent years. This exodus is highlighted as a critical problem that has far-reaching implications for healthcare delivery and patient outcomes. Physicians are more likely to leave a practice when their personal and professional needs are not met. This problem is exacerbated by burnout, a condition characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout is associated with higher rates of turnover and lower job satisfaction. Physicians who experience burnout are more likely to leave their practice, which can have significant consequences for patient care. In this systematic review, we identified nine strategies that are effective in preventing and reducing burnout among physicians. These strategies include the provision of support, development of resiliency, and fostering a positive work environment. By implementing these strategies, organizations can reduce the risk of burnout and improve job satisfaction among their physicians.
B-R-E-A-K AWARENESS TOOLS

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act

Plan

Study

Do
Web links to references included on slides.