

Promoting Wellness for Medical Students

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Burnout

- “Job burnout is defined as a response to prolonged exposure to demanding interpersonal situations and is characterized by emotional exhaustion, depersonalization and reduced personal accomplishment”

(Maslach, 2002)

Burnout: a Continuous Variable

(Maslach, 2002)

- Emotional Exhaustion
 - Emotionally over extended and exhausted by work
- Depersonalization
 - Negative, cynical attitude, treating patients/students/co-workers as objects
- Sense of low personal accomplishment:
 - Feelings of incompetence, inefficiency and inadequacy

Causes of Burnout

- Overwork
- Sleep deprivation
- Low control/high responsibility
- Inadequate support
- Lack of self-awareness
- Imbalance between personal and professional life

(Shanafelt TD, 2003)

Prevalence

- 25-60% of practicing physician (several)
- 76% of internal medicine residents (Shanafelt 2003)
- 45 % of 3rd year medical students (Dyrbye 2006)

Consequences of Burnout

- Lower empathy
- Poorer patient care, more errors
- Auto accidents
- Stress-related health problems
- Poor relationships, partner/family stress
- Substance abuse
- Quitting practice

Why is there Burnout with Physicians?

Bad Equation

High demands of work

+

Perfectionism

+

Feelings of lack of control

+

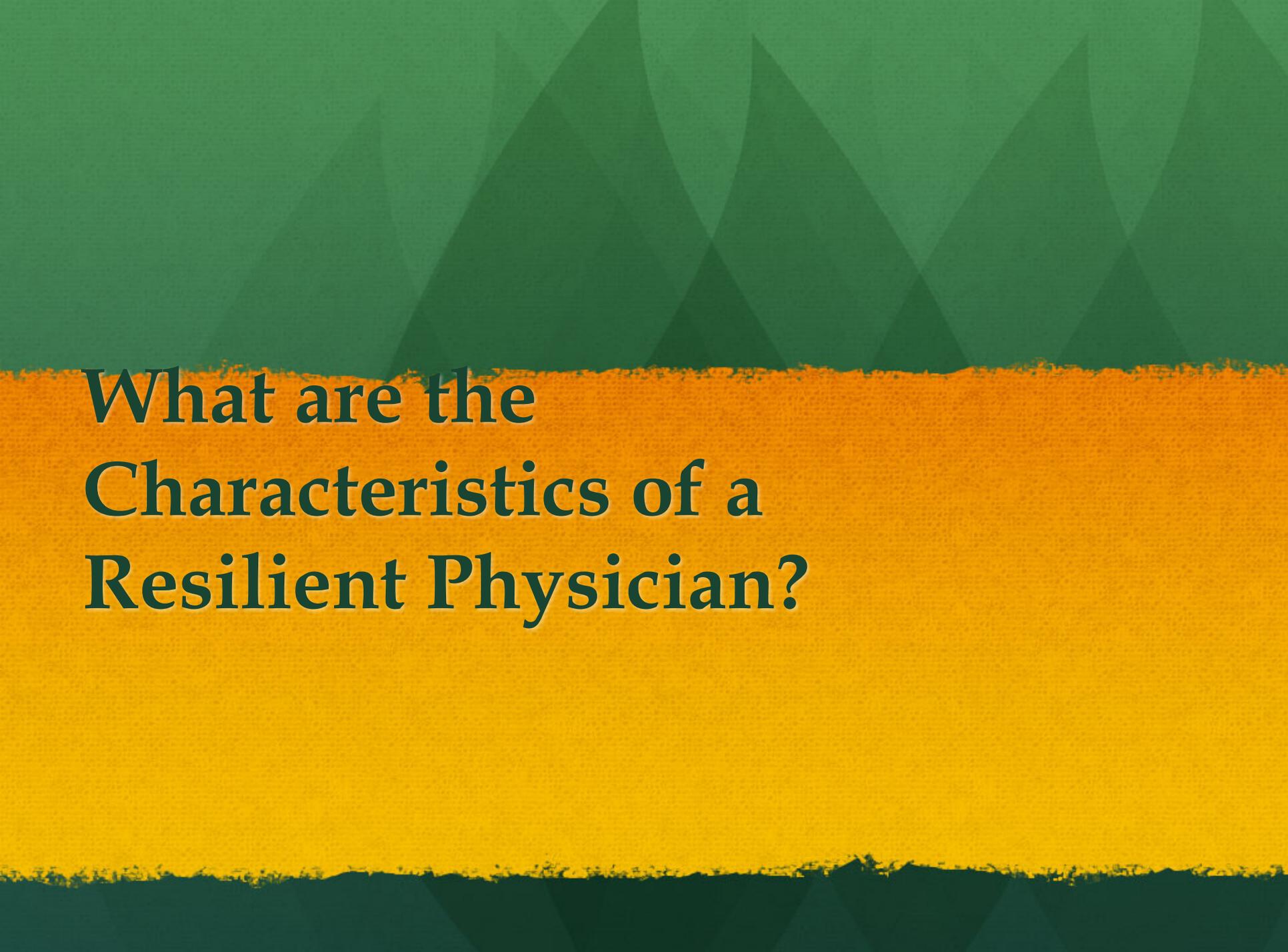
Few Rewards

= Burnout

Psychological strengths and vulnerabilities of physicians (Krasner et al JAMA 2009)

- Thoroughness
- Commitment
- Perfectionism
- Healthy skepticism
- Altruism, stoicism, hard work
- Caring
- Rationality
- Self-criticism
- Over-compulsiveness
- Over commitment
- Inability to make mistakes
- Need for certainty
- Neglecting self-care and family
- Compassion fatigue
- Emotional distance
- Self-deprecation

- **Now lets switch the conversation to what helps protect against burnout!!!**



What are the Characteristics of a Resilient Physician?

What do you think are characteristics that will help you maintain your personal well-being and help you to be a resilient physician?

If Every Fifth Physician Is Affected by Burnout, What About the Other Four?

Resilience Strategies of Experienced Physicians

Julika Zwack, PhD, and Jochen Schweitzer, PhD

- Goal was to identify **health-promoting strategies** employed by experienced physicians
- Available studies suggest that **burnout levels are high** but what about those physicians who have less burnout

Resilience Strategies

- Study of Resilience Strategies
- 200 physicians
- 51 general practitioners, 38 psychiatrists, 45 surgeons, and 66 physicians from other disciplines.

Job Related Gratification

- Gratification from the doctor–patient relationship:

- Interest in the “person behind the symptoms”
- Being **someone whose opinion counts**, who is “given a part to play when there are vital decisions to make”
- Success in establishing good relations between doctor and patient often reflected in patients’ gratitude

- Gratification from medical efficacy:

- Derive energy from the experience of success of healing
- Doing a good job with diagnosis

Resilience Practices

- Leisure-time activity to reduce stress:

- Physical activity
- Cultural
- Made time to pursue hobbies

• Contact with colleagues:

- **Exchange of views and experiences with colleagues** → reduction of professional insecurity
- **Feedback from colleagues** → enhanced professional knowledge and expertise
- **Exchanges with colleagues** → reduced emotional pressure caused dealing with difficult patients and complex medical issues

- Cultivation of relations with family and friends:

- Reliable family relations and friendships represented an oasis of stability and understanding.
- They provided relaxation through a change of focus and were beneficial for putting things in perspective.
- Physicians also found it helpful to have relationships with people who are prepared to bring them “down to earth”

- Proactive engagement with the limits of skills, complications, and treatment errors:

- Owning up to uncertainties and not trying to conceal
- Spontaneous phone calls between colleagues;
- Inquiries at lunch with fellow physicians;
- Regular, established quality circles or explicit error management meetings openly addressing misgivings

- Physicians accustomed to **communicating uncertainties and complications openly** and proactively enhance both their emotional and professional security
- Feeling of having learned from one's mistakes by frankly addressing such problems made it easier for many physicians to move on after an adverse event and not to agonize

- Personal reflection:

- Consciously and regularly taking time out to reflect on one's personal situation
- Where am I right now? Where do I want to be?

What we are doing today!!!!

- Self-demarkation:

- **Boundaries between themselves and their patients and between themselves and their colleagues/superiors**

- Professional (e.g., “What do I stand for professionally and what do I reject?”),
- Temporal (e.g., “I refuse to be available at all times”),
- Personal (e.g., “Who do I agree to associate with and who not?”).

Cultivation of one's own professionalism:

- **Continuing education**, reading medical literature, or attending quality circles played a decisive role in the assurance of professional efficacy.
- One in five participants also took advantage of external assistance in the shape of **supervision, coaching, or psychotherapy**.

Self-organization:

- Creation of individual routines to deal with work demands to help the subjective experience of efficiency.

Limitation of working hours:

- Adherence to a time table was regarded as an essential feature of self-care
- The prerequisites was overcoming the belief in one's own indispensability

Ritualized time-out periods:

- Participants' strategies for guaranteeing regular breaks from work ranged from unchanging vacation schedules to power naps or fixed times for meals or snacks.

Spiritual practices:

Many participants (particularly psychiatrists) indicated that they obtained support and regeneration from spiritual practices or regular meditation.

Useful attitudes

Participants were also asked about any attitudes that helped them achieve greater inner freedom in dealing with everyday stressors.

Acceptance and realism:

- Chief among resilience-promoting attitudes was the ability to refrain from wishful thinking and to accept external realities. **What is healthy /helpful way for me to think about what is happening ?**
- **Realistic expectations** vis-à-vis patients, general parameters, and the professional environment –**KEY ISSUE**

Self-awareness and reflexivity:

- Active engagement with the downside(s) of the medical profession.
- Participants noted the importance of addressing challenges realistically, especially the express rejection of regarding oneself as a victim.

Recognizing when change is necessary:

- The inner freedom to change one's professional position, especially in the face of permanent stress
- Notably, younger physicians indicated that staying too long in a debilitating or unsatisfactory first job hinders the development of professional self-confidence.

Appreciating the good things:

- This strategy referred to the ability to perceive positive events that occur in everyday professional life and not to take them for granted.
- **A Key Strategy- log at end of day what went well; what learned!!!!!!!!!!!!!!**

Circular Process

Summary:

- Resilient physicians had a well- diversified pool of:
 - social resources
 - fields of interest
 - realistic expectancies
 - good self-knowledge

How do we address preventing
and “fixing” burnout for you?

- Where are you now with regard to Burnout?

- **Maybe if we think about work life balance we can help you think of strategies to help with burnout**

Work-Life Balance

- Define balance for yourself
- Define well-being or wellness for yourself

Wellness/Well-Being

- “a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle”
- Wellness/Well-Being
 - 6 dimensions:
 - Physical
 - Social
 - Emotional
 - Spiritual
 - Intellectual
 - Occupational

Narrative exercise

- *Take about 5 minutes and talk to your neighbor about an experience during which you took particularly good care of yourself.*
- It might have been in a small or big way, and it might be in your medical practice or in your personal life, but it should be in a way that was somewhat exceptional or unusual for you.

Can Medical Students Modify Their Style and Consider Wellness

- Obsessive traits
- High to unrealistic expectations of self
- “Addiction” work
- Competition to do better than others
- Stress is a motivator

Things you can do...

- **Adopt a healthy philosophical attitude toward life**
 - Not taking yourself too seriously, simplifying, balance, self-forgiveness
- **Find support in the workplace**
 - Good mentoring setting limits, administrative support
- **Engage and find meaning**
 - Sense of self-efficacy, engage the reasons you are an MD

Things You Can Do...

- **Develop healthy relationship**
 - Time with friends and family, supportive partner, support group
- **Take care of yourself**
 - Exercise, nutrition, treat depressions, avoid intoxicants, vacation
- **Cultivate self-awareness**

Shanafelt TD 2003, 2005

Horowitz 2003

Activity

Refueling Your Tank

Where can we make changes??

Just small changes!!!

Maybe just in one area

Action Plan

- What?
- When?
- How often?
- How much?
- Where?
- Barriers? How overcome?
- Support