

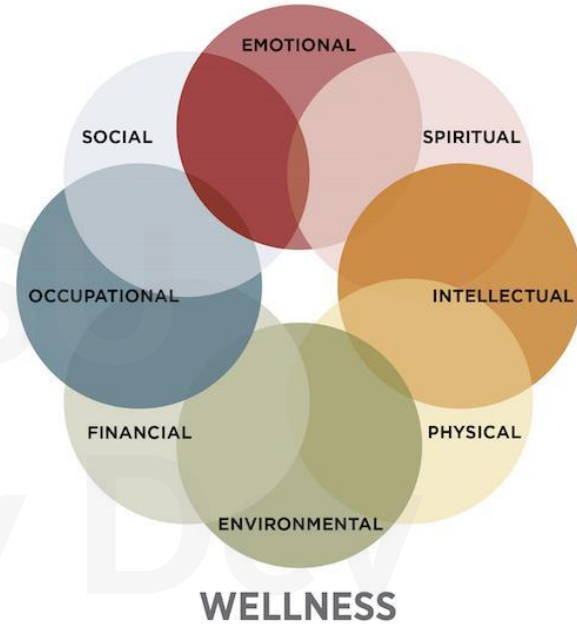


Cultivating a Community of Well-being

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OHASU
Facutly Dev

Well-being has been defined as a quality of life, which includes the absence of ill-being and the presence of positive physical, mental, social, and integrated well-being experienced in connection with activities and environments that allow physicians to develop their full potential across personal and work-life domains (Brady et al 2018).



<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4953.pdf>

Brady, K.J.S., Trockel, M.T., Khan, C.T. et al. What Do We Mean by Physician Wellness? A Systematic Review of Its Definition and Measurement. *Acad Psychiatry* 42, 94-108 (2018).



Burnout

Faculty Dev



Personal Consequences of Burnout

Physical consequences

Fatigue

Exhaustion

Rsk for motor vehicle accidents

Psychological consequences

Stress

Disruptive behavior

Mood disorders

Depression

Substance abuse

Suicidality

Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2018). Factors Related to Physician Burnout and Its Consequences: A Review. *Behavioral Sciences*, 8(11), 98.



What is Burnout?

Psychological construct consisting of 3 Elements:

- **Emotional Exhaustion:** feel emotionally drained and lack psychological reserves- *“No gas in the tank.”*
- **Depersonalization:** view patients/clients more as objects vs. people. Lack of empathy; impatience; uncaring
- **Reduced personal accomplishment/Lack of meaning:** *“What I do doesn’t matter.”*

Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016 Jun;15(2):103-11



Causes of Burnout

Excessive workload












Inefficient work environment

Problems with work-life balance

Loss of autonomy/flexibility/control

Loss of meaning in work

West, CP, Dyrbye, LN, Shanafelt, TD. (Mayo Clinic, Rochester, MN; and Stanford University Medical Center, Stanford, CA, USA). Physician burnout: contributors, consequences and solutions (Review). *J Intern Med* 2018; 283: 516– 529.

Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> • Specialty • Practice location • Decision to increase work to increase income 	<ul style="list-style-type: none"> • Productivity expectations • Team structure • Efficiency • Use of allied health professionals 	<ul style="list-style-type: none"> • Productivity targets • Method of compensation <ul style="list-style-type: none"> - Salary - Productivity based • Payer mix 	<ul style="list-style-type: none"> • Structure reimbursement <ul style="list-style-type: none"> - Medicare/Medicaid - Bundled payments - Documentation requirements
 Efficiency and resources	<ul style="list-style-type: none"> • Experience • Ability to prioritize • Personal efficiency • Organizational skills • Willingness to delegate • Ability to say “no” 	<ul style="list-style-type: none"> • Availability of support staff and their experience • Patient check-in efficiency/process • Use of scribes • Team huddles • Use of allied health professionals 	<ul style="list-style-type: none"> • Integration of care • Use of patient portal • Institutional efficiency: <ul style="list-style-type: none"> - EHR - Appointment system - Ordering systems • How regulations interpreted and applied 	<ul style="list-style-type: none"> • Integration of care • Requirements for: <ul style="list-style-type: none"> - Electronic prescribing - Medication reconciliation - Meaningful use of EHR • Certification agency facility regulations (JCAHO) • Precertifications for tests/treatments
 Meaning in work	<ul style="list-style-type: none"> • Self-awareness of most personally meaningful aspect of work • Ability to shape career to focus on interests • Doctor–patient relationships • Personal recognition of positive events at work 	<ul style="list-style-type: none"> • Match of work to talents and interests of individuals • Opportunities for involvement <ul style="list-style-type: none"> - Education - Research - Leadership 	<ul style="list-style-type: none"> • Organizational culture • Practice environment • Opportunities for professional development 	<ul style="list-style-type: none"> • Evolving supervisory role of physicians (potentially less direct patient contact) • Reduced funding <ul style="list-style-type: none"> - Research - Education • Regulations that increase clerical work
 Culture and values	<ul style="list-style-type: none"> • Personal values • Professional values • Level of altruism • Moral compass/ethics • Commitment to organization 	<ul style="list-style-type: none"> • Behavior of work unit leader • Work unit norms and expectations • Equity/fairness 	<ul style="list-style-type: none"> • Organization's mission • Service/quality vs profit • Organization's values • Behavior of senior leaders • Communication/ messaging • Organizational norms and expectations • Just culture 	<ul style="list-style-type: none"> • System of coverage for uninsured • Structure reimbursement <ul style="list-style-type: none"> - What is rewarded • Regulations
 Control and flexibility	<ul style="list-style-type: none"> • Personality • Assertiveness • Intentionality 	<ul style="list-style-type: none"> • Degree of flexibility: <ul style="list-style-type: none"> - Control of physician calendars - Clinic start/end times - Vacation scheduling - Call schedule 	<ul style="list-style-type: none"> • Scheduling system • Policies • Affiliations that restrict referrals • Rigid application practice guidelines 	<ul style="list-style-type: none"> • Precertifications for tests/ treatments • Insurance networks that restrict referrals • Practice guidelines
 Social support and community at work	<ul style="list-style-type: none"> • Personality traits • Length of service • Relationship-building skills 	<ul style="list-style-type: none"> • Collegiality in practice environment • Physical configuration of work unit space • Social gatherings to promote community • Team structure 	<ul style="list-style-type: none"> • Collegiality across the organization • Physician lounge • Strategies to build community • Social gatherings 	<ul style="list-style-type: none"> • Support and community created by Medical/specialty societies
 Work-life integration	<ul style="list-style-type: none"> • Priorities and values • Personal characteristics <ul style="list-style-type: none"> - Spouse/partner - Children/dependents - Health issues 	<ul style="list-style-type: none"> • Call schedule • Structure night/weekend coverage • Cross-coverage for time away • Expectations/role models 	<ul style="list-style-type: none"> • Vacation policies • Sick/medical leave • Policies <ul style="list-style-type: none"> - Part-time work - Flexible scheduling • Expectations/role models 	<ul style="list-style-type: none"> • Requirements for: <ul style="list-style-type: none"> - Maintenance certification - Licensing • Regulations that increase clerical work

Shanafelt TD and Noseworthy JH. Executive Leadership and Physicians Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017 January; 92(1): 129–146



Other Factors?

Lack of resources

Demands of working with administrators, colleagues, and students

Challenges with funding agencies

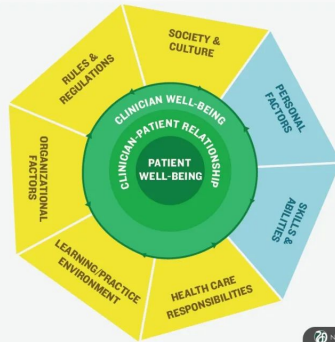
Institutional Review Boards

Flow between clinical, research, and teaching environments

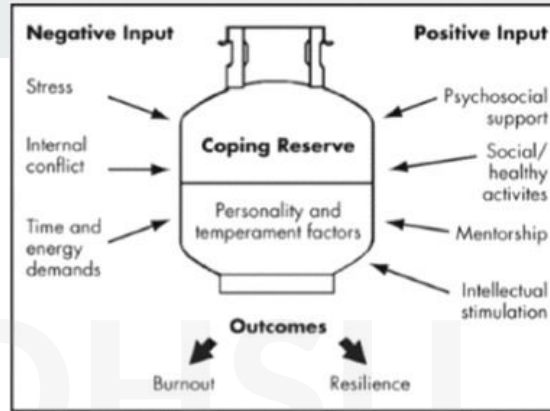
Messias E, Gathright MM, Freeman ES, et al Differences in burnout prevalence between clinical professionals and biomedical scientists in an academic medical centre: a cross-sectional survey *BMJ Open* 2019;9:e023506.

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience, applies these factors across all health care professions, specialties, settings, and career stages, and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. In electronic form, the external and individual factors of the conceptual model are hyperlinked to corresponding landing pages on the Clinician Well-being Knowledge Hub. The Clinician Well-being Knowledge Hub provides additional information and resources. The conceptual model will be revised as the field develops and more information becomes available.



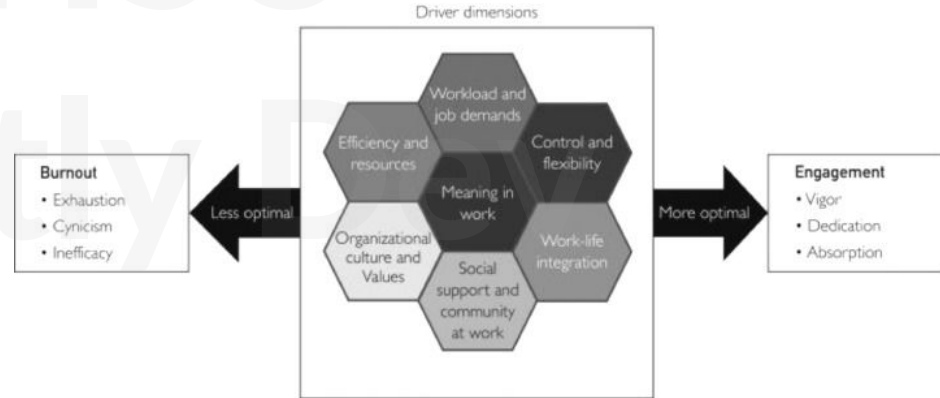
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THERE ARE FIVE BUILDING BLOCKS THAT ENABLE FLOURISHING:

- P**OSITIVE EMOTION
- E**NGAGEMENT
- R**ELATIONSHIPS
- M**EANING
- A**CCOMPLISHMENT



Stewart MT, Reed S, Reese J, Galligan MM, Mahan JD. Conceptual models for understanding physician burnout, professional fulfillment, and well-being. *Curr Probl Pediatr Adolesc Health Care*. 2019 Nov;49(11):100658.

At the Intersection of Burnout, COVID and Systemic Racism

We must make our institutions actively antiracist, writes Deborah Saint-Phard, in order to bring about actual change and healing for each of us and our nation.



By [Deborah Saint-Phard](#) // December 18, 2020

Webinar:
How Universities and Students Benefit from

Comparative Study > J Gen Intern Med. 2010 Dec;25(12):1363-9.
doi: 10.1007/s11606-010-1478-7. Epub 2010 Aug 10.

Race, disadvantage and faculty experiences in academic medicine

Linda Pololi¹, Lisa A Cooper, Phyllis Carr

Affiliations + expand

PMID: 20697960 PMID: PMC2988158 DOI: 10.1007/s11606-010-1478-7

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JOB

Job Seeker Resou

Managing 'Cultural Taxation' and Combating Burnout: Tips and Resources for Underrepresented Faculty and Staff

Marketing Director @ June 24, 2019 @ Professionals of Color



Work-related burnout is so prevalent that it's now recognized as a condition by health

Forbes

Mar 31, 2021, 05:46pm EDT | 675 views

Doctors Grapple With Sexist & Racial Microaggressions, Making Them More Prone To Burnout: Study



Anuradha Varanasi Contributor @
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Anuradha writes about environmental health disparities & epidemiology

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NIHMSID: NIHMS1755355
PMID: 34841253

Underrepresented Minority (URM) physician exploitation exacerbated by the COVID-19 pandemic: Implications to URM physician-faculty burnout and worsening health disparities

Nihmotallahi A. Adebayo,¹ Toni Z. Madorsky,¹ Jonathan Alhalel,¹ Sharon L. Post,¹ Catherine A. O'Brian,¹ and Melissa A. Simon¹


Author Manuscript

Wellness Hierarchy



Daniel E. Shapiro, Cathy Duquette, Lisa M. Abbott, Timothy Babineau, Amanda Pearl, Paul Haidet, *Beyond Burnout: A Physician Wellness Hierarchy Designed to Prioritize Interventions at the Systems Level*, The American Journal of Medicine, Volume 132, Issue 5,2019, Pages 556-563.

Valid and Reliable Survey Instruments to Measure Burnout, Well-being, and Other Work Related Dimensions



Maslach Burnout Inventory

Oldenburg Burnout Inventory

Single-Item Burnout Inventory

Copenhagen Burnout Inventory

The Stanford Professional Fulfillment Index

The Well-being Index

The Patient Health Questionnaire - 9

Division of Biology and Medicine



OVERVIEW (2021)

- 20 departments
- ~12 centers/institutes
- ~2500 faculty
- ~2000 students/trainees
- ~ 500 staff
- ~403 degrees awarded
- 8 teaching affiliates + Brown Physicians, Inc.; serving 1.6M people of diverse backgrounds

The Four Pillars



Mission

The mission of the Chief Wellness Officer is to promote wellness as a core competency for students, faculty, and staff. The Chief Wellness Officer serves in an advisory and supportive role to the Division of Biology and Medicine community by offering timely and progressive interventions to improve well-being by impacting local culture, systems, policies, and environment.

Vision

Create an institutional culture in which our community members do not have to sacrifice their own well-being to serve others.

Values

Work in this office will be guided by the belief and commitment to: compassion, diversity and inclusion, social justice, integrity, and respect.


Chief Wellness Officer Goals for 2022 - 2023





How are you address system-level factors that contribute to burnout/turnover/decrease in well-being for faculty?

1. Listen
2. Identify through assessment
3. Collaboration



What are the opportunities at the institution/school/department/division/team level to support faculty well-being and satisfaction?

1. Creation of wellbeing leadership with institutional support
2. Collaboration with HR for necessary personal support
3. Faculty Development
4. Peer Support
5. Talk about it



What work are you doing with students that implicate changes or programs for faculty?

1. Wellness and Mental Health Assessment for all medical students
2. Wellness and Learning Environment Rounds
3. Curricular Integration



Opportunities

Assessment & Application

- Measuring Burnout
- Department Wellness Consultations

2



1

Wellness Curriculum

- Embedding Wellness into medical school curriculum
- Accessible GME wellness curriculum & programming
- Wellness-Centered Leadership training for faculty and staff

3

Supporting Wellness & Mental Health

- Strengthen Medical School & Graduate Student Resources
- GME & Faculty Peer Support & Commensality Groups
- Increase access to care for GME & Faculty
- Improve access to self assessment for community



SUCSESSES

Suicide Prevention Programming

Mental Health & Wellness Community Fair

Collaboration between Brown & Hospital Systems for
Wellness Assessment

A Seat at the Table

Division of Biology & Medicine Leadership

Medical Curriculum Committee

Clerkship Directors Meeting

Lifespan GME Council

Lifespan Mental Wellbeing Committee

Care New England Educational Meeting