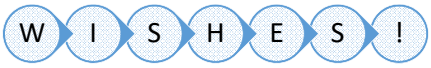
Wellness Intervention Strategies for Healthcare and Education Settings



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Disclosures

- The speakers of this presentation have no conflicts of interest to disclose.

Learning Objectives for Pharmacists

- Identify current trends an unintended consequences of burnout among healthcare professionals.
- Describe intervention strategies to promote wellness in educational and clinical healthcare settings.
- Apply wellness intervention strategies to simulated cases.

Identify current trends an unintended consequences of burnout among healthcare professionals.

Definitions

Burnout: "exhaustion of physical or emotional strength usually as a result of prolonged stress or frustration"

Resilience: "an ability to recover from or adjust easily to misfortune or change"

Stress: "a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation"

Well-being: "the state of being happy, healthy, or prosperous"

https://www.merriam-webster.com

Consequences of Burnout: Personal

- Detrimental HCP quality of life
  - Poor interpersonal relationships
  - Decreased job satisfaction
  - Job attrition
  - Depression
  - Substance abuse
  - Suicidality

West J Emer Med. 2019;20(3):485-94

Consequences of Burnout: Organizational

- Detrimental effects on quality and safety
  - Malpractice lawsuit frequency correlated with:[1]
    - Organizational stress (r=0.40, p<0.01)
    - Job stress (r=0.29, p<0.05)
  - Medication errors[2]
    - Depressed pediatric residents made more medication errors than non-depressed
      - 1.55 vs. 0.25 per month (p<0.001)
  - Health-care associated infections[3]
    - Burnout associated with UTI (0.82, p=0.03) and surgical site infections (1.56, p<0.01)
    - Reducing burnout by 30% led to fewer infections and $68 M cost savings

[1] J Appl Psychol 1998;73(4):727-35
[2] BMJ 2008;336(7642):488-91
[3] Am J Infect Control 2012;40(6):486-90.

Consequences of Burnout: Patient Care

- Detrimental effects on patient care
  - Mortality[1]
    - Emotional exhaustion associated with mortality rates (ß=0.39, p=0.03)
  - Patient Outcomes[2]
    - Correlation between HCP depersonalization and:
      - Recovery time (r=0.23, p<0.05)
      - Patient satisfaction (r= -0.16, p<0.05)
  - Adherence to Medical Advice[3]
    - Physician job satisfaction correlated with patient adherence to medical advice (r=0.23, p≤ 0.01)

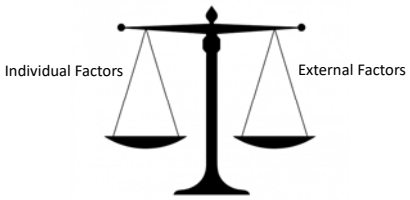
[1] Front Psychol 2015;5:1573
[2] Health Care Manage Rev 2008;33(1):29-39.
[3] Health Psychol 1993. 12(2):93-102.

Assessment Question #1

Which of the following is an unintended consequence of healthcare professional burnout?

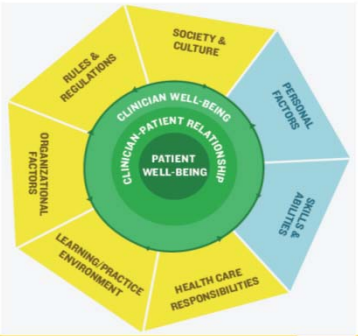
a. Decreased patient satisfaction
b. Depression
c. Increased patient mortality
d. All of the above

Determinants of Burnout



https://nam.edu/clinicianwellbeing/resources/factors-affecting-clinician-well-being-and-resilience-conceptual-model/
Image from software subscsription.

Determinants of Burnout



Used with permission: https://nam.edu/clinicianwellbeing/wp-content/uploads/2019/07/Factors-Affecting-Clinician-Well-Being-and-Resilience-July-2019.pdf

Determinants of Burnout: Individual Factors

- Work-life balance
  - Bad habits adopted during education/training
  - HCP less likely to seek help
  - Professional stigma
  - Work tasks at home: 2% increase in burnout per hour per week
- Career Fit
  - Do workplace demands match interests/needs?
    - Interests abilities
    - Scheduling needs
- Career Stage
  - Mid-career – highest risk

https://nam.edu/clinicianwellbeing/causes/personal-factors/

Determinants of Burnout: Individual Factors

- Demographics
  - Age
    - Younger > older
  - Gender
    - Females > males
  - Race
    - Caucasian highest, but data variable
- Social support
  - Sense of community at work?
  - Supportive outside relationships with family, friends?
  - Culture where self-care is valued as much as patient care?

https://nam.edu/clinicianwellbeing/causes/personal-factors/

Determinants of Burnout: External Factors

- Leadership and Culture
  - Emphasize productivity vs. quality and safety
  - Weak leadership skills in managers, supervisors
  - Lack of diversity and inclusion
- Practice environment
  - Efficiency of work processes

https://nam.edu/clinicianwellbeing/causes/organizational-factors/

Describe intervention strategies to promote wellness in educational and clinical healthcare settings.

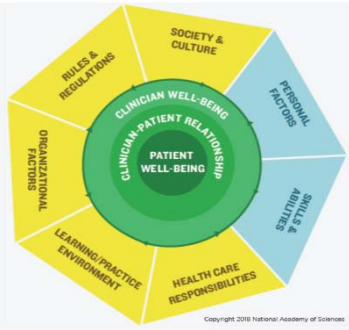
Strategies to Enhance Wellness/Resilience

- Systematic review on interventions to reduce burnout
  - Individual-focused:
    - SMD= -0.18 [95% CI -0.32 to -0.03]
    - Emotional exhaustion score (16.2 intervention, 17.9 control)
  - Organizational focused:
    - SMD= -0.45 [95% CI -0.62 to -0.28]
    - Emotional exhaustion score (13.9 intervention, 17.9 control)

JAMA Intern Med. 2017;77(2):195-205

Approach to Enhancing Well-Being

- Address external and internal factors



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Intervention Strategies: Organization-level

- Make employee/student well-being a priority!
  - Incorporate into mission/vision/values
  - Consistently address issue at meetings
- Educate students/employees on available resources
  - Employee assistance programs
  - Counseling services available on-campus
  - Advisors/mentors available
- Form committees to study and improve culture
- Measure baseline level of burnout in your employees/students
  - Use burnout inventories
  - Perform surveys/focus groups
  - Identify predictor variables in your population

Intervention Strategies: Organization-level

- Design programs to help promote well-being
  - Outside speakers to showcase well-being strategies
- Optimize work environment
  - Person-job fit
    - Reorganize roles/responsibilities to maximize talents
  - Look for ways to reduce inefficiencies

Validated Instruments

Inventory	Comments
Perceived Stress Scale (PSS)	Multiple versions available
Maslach Burnout Inventory	Many options available: HCP, students, faculty, etc.
Copenhagen Burnout Inventory	Differentiates personal and work-related burnout
BRIEF-COPE	Evaluates coping mechanisms used
Beck Anxiety Inventory	21-item
Derogatis Stress Profile	77-item inventory Assesses 11 stress vectors
Various QOL Scales (i.e., HRQOL, SF-12, SF-36)	Measures global quality of life Mental and physical components

Intervention Strategies: Individual

- Mindfulness and Meditation
  - Mindfulness → "being in the moment"

Answer phone on second or third ring

Enjoy food when eating

Feel your feet on the ground when walking

Be present when listening

Take 2-3 min per day to focus on breathing

https://nam.edu/clinicianwellbeing/solutions/individual-strategies/

Intervention Strategies: Resilience Skills

- Thriving despite stress
- The belief that stress can be strengthening
- A dynamic skill that must be fostered
- Working towards personal goals

https://nam.edu/clinicianwellbeing/solutions/individual-strategies/

Intervention Strategies: Resilience Skills

- Attitudes and perspectives
  - Valuing your role, maintaining interest, developing self-awareness, and accepting personal limitations
- Balance and prioritization
  - Setting limits and practicing professional development
- Practice management style
  - Effective practice arrangements
    - Value added clinical work accomplished/Time and energy spent
- Supportive relationships
  - Positive personal relationships, effective professional relationships, and good communication

Jensen PM et al. Can Fam Physician. 2008 May; 54(5): 722–729.

Intervention Strategies: Personal Factors

- Physical well-being
  - Exercise (Consider Office Stretches and Feedback Walks)
  - Optimal nutrition (Access to healthy food)
  - Regular appointments with PCP
- Spiritual well-being
  - Sense of community
  - Sense of meaning

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Intervention Strategies: Personal Factors

- Work life integration
  - Recharge from work stress
  - Clinicians often ignore self-care during training and these habits carry forward

Identify non-negotiable priorities

Set boundaries

Allow personal time

Align values

Saying no allows you to say yes

Intervention Strategies: Personal Factors

- Financial stressors
  - Issue for everyone but especially students
  - Consider financial workshops or integration of material into curriculums
  - Not just student loans, consider insurance, retirement plans, etc.
- Access to mentorship
  - Share your own failures with your mentees
  - Seek out specific mentors for specific issue

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Intervention Strategies: Skills and Abilities

- Continuous Personal Development
  - Not just for Continuing Education!
  - Self-assessment and introspection for skill sets to develop
  - 20 minute "daily pause"
- Communication skills
  - Recognize and mitigate issues within clinical teams or committees
  - Healthcare model is team-based care
- Technology
  - Allows "work after work"
  - Perception is key to avoid seeing technology as a threat

https://nam.edu/clinicianwellbeing/solutions/individual-strategies/

Assessment Question #2

Which of the following is true about personal resilience skills?

a. Resilience skills are similar for all clinicians and static
b. Resilience skills teach us that stress should be avoided
c. Resilience skills are dynamic and need to be fostered
d. Resilience skills focus on organizational goal achievement

Apply wellness intervention strategies to simulated cases.

Interactive Case #1

John is a clinical pharmacist at a large academic medical center. He often finds that there are role redundancies within the pharmacy department. Many times he feels he is doing duplicate clerical work that reduces his time for patient care. Because of the amount of documentation that is required, he cannot complete all of his work within a shift and the organization does not allow for overtime. John will come in early for his shift to start documentation to allow himself time for patient care. He has tried to bring his concerns to organizational leadership, however, he has not been able to set up a meeting.

Interactive Case #1

- What external factors are being affected?
- What internal factors are being affected?
- How could this affect burnout?
- What are some potential solutions?

Interactive Case #2

Jane recently started a new job as a faculty member. She is usually the first person to arrive at the office and the last person to leave. She also works most weekends so she has less time for her hobbies and exercise (but she doesn't mind because she loves teaching!). After 6 months, she notices that her teaching load has increased and she has been assigned to more committees than other junior faculty members. Because of this, she often has to work through lunch or she just eats at her desk. Her department chair also stops by frequently to ask about lectures and research progress.

Interactive Case #2

- What external factors are being affected?
- What internal factors are being affected?
- How could this affect burnout?
- What are some potential solutions?

Available Resources

- ASHP Website
  - https://wellbeing.ashp.org
- National Academy of Medicine
  - www.nam.edu

Concluding Thoughts…

- Pharmacists, technicians, students, faculty: Everyone is at risk for burnout!
  - Openly acknowledge and cultivate a wellness culture
- Wellness is not one entity's responsibility!
  - Need cooperative model that incorporates external and internal approaches

Questions?