Health: One aspect of well-being

- Stress and burnout
- Psychiatric disorders
- Addictive disorders
- Primary medical disorders
- Behavior problems
- A variety of other psychosocial problems
Stress

• An unwanted psychobiological state related to anxiety, characterized, at the extreme, by a subjective sense of being overwhelmed, reflecting that usual coping strategies are inadequate

• At work, the burnout syndrome represents the most serious effect of stress, characterized by emotional exhaustion, diminished sense of personal accomplishment, and detachment

• Highly stressed individuals are vulnerable to feeling depleted/discouraged, overburdened, alone, less meaningful, to becoming ill, and making mistakes
WORK STRESS - MODEL

- High Mental Workload
- Low Decision Latitude
- Biological Vulnerability
- Social Factors
- Personality-Coping
- Stressor

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WORK STRESS

Gender

- Some burnout studies suggest women have greater vulnerability to burnout (60% more likely than men)
  - Risk goes up 12-15% with each 5 hours worked in excess of 40 hours per week (McMurray JE et al. The work lives of women physicians. J Gen Intern Med. 2000;15:372-380)
- Studies are somewhat contradictory
- Women likely experience greater role conflict
- Women likely experience better social support
- Children protective?
Work Stress

Gender

• Women subject to certain stresses in the workplace much more frequently than men:
  • Gender bias
  • Gender discrimination
  • Sexual harassment

• These experiences can be a profound source of stress and may lead to psychological symptoms
Women and Depression

- Increased risk of depression if work role not supported at home (Occ & Health Psych 1999)
- Increased risk of suicide compared to the general population of women
Depression Among Physicians

• Prevalence
  – 12% lifetime – male physicians
  – 19.5% lifetime – females physicians

• Higher rates of suicide in physicians
  – RR 1.1 - 3.4 in male physicians
  – RR 2.5 - 5.7 in females physicians

• Suicide is a disproportionately high cause of mortality in physicians relative to other professionals
Implications of Compulsivity

- Commonly work harder when stressed or overworked
- Guilt and distress about work not done well and on time
- Intolerance of imperfection in self and others
- Feelings of failure: Some patients don’t get better and many patients are dissatisfied despite our best efforts
- Stress increased by
  - Lack of recognition of a job well done
  - Feedback, when received, is often negative or cynical
BURNOUT - Syndrome

- “Depersonalization” - DP
  - Separating the human from the case
  - Detachment from the patient
- Emotional exhaustion - EE
- Diminished sense of personal accomplishment at work - PA

- Course and resolution of burnout variable
- Need for change in both environment and attitude
Burnout

- Associated with:
  - Clinical errors
  - Decreased patient compliance
  - Less empathy for patients
  - Less patient satisfaction
  - Increased malpractice risk
  - More professionals choosing part time work or quitting
The cost of burnout for the individual

- Loss of idealism and commitment
- Loss of sense work is meaningful (cynicism)
  - Among physicians, loss of time for patient care
- Feelings of guilt and unworthiness
- Loss of direction/purpose
Workload and Burnout
(U.S. Surgeons; n=7905)
Balch JACS 211:609

Hours Worked

% Burnout

<40 40-49 50-59 60-69 70-79 80-89
Causes of burnout: Work-Home Interference Model


WORK CHARACTERISTICS:
- Call Schedule
- Workload
- Degree of Autonomy

PERSONAL CHARACTERISTICS:
- Marital Status
- Parental status
- Dual Career
- Childcare responsibilities

WORK HOME INTERFERENCE

BURNOUT

0.43**
0.16*
0.17*
0.51**

* p<0.01
** p<0.001
Errors Among U.S. Surgeons
Annals of Surgery 251:995; 2 JGIM 16:809; 3 JGIM 21:165

- Cross-sectional survey, ACS members (n=7905) (1)
  - “Are you concerned you have made any major medical errors in the last 3 months?”
- Identify events internalized by surgeon as major error
- Self-reported errors high correlation events medical record (2)
  - Do not necessarily cause harm to patient
- 53% self-perceived errors impact patients some (3)
Self-reported Major Medical Errors Among U.S. Surgeons (n=7905)
Shanafelt, Annals of Surgery 251:995

- 9% of Surgeons Report Major Error last 3 months

<table>
<thead>
<tr>
<th></th>
<th>OR Reporting Error</th>
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<tr>
<td>Each 1 point increase EE</td>
<td>1.05</td>
<td>&lt;0.0001</td>
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<tr>
<td>Each 1 point increase DP</td>
<td>1.11</td>
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<tr>
<td>Each 1 point increase PA</td>
<td>1.03</td>
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## Distress Leads to Medical Errors

West JAMA 296:1071

<table>
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<tr>
<th>Variable</th>
<th>Instrument</th>
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<tr>
<td>Burnout</td>
<td>MBI-DP</td>
<td>1.10</td>
<td>.001</td>
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<td>MBI-EE</td>
<td>1.07</td>
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<td>MBI-PA</td>
<td>1.08</td>
<td>.02</td>
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<tr>
<td>Depression</td>
<td>Positive 2-item screen</td>
<td>1.93</td>
<td>.08</td>
</tr>
</tbody>
</table>
Suicidal Ideation Among Surgeons
n=7905
Shanafelt, Archives Surgery 146:54 (2011)

- 501 (6.4%) U.S. surgeons thought of suicide last 12 months
- 26% surgeons suicidal ideation sought psychiatric help
- 60% SI reluctant to seek help for treatment of depression due to fear of repercussions, e.g. effect on medical license
Factors Associated with Suicidal Ideation on Multi-variable Analysis
Shanafelt, Archives Surgery 146:54 (2011)

<table>
<thead>
<tr>
<th>Factor</th>
<th>OR</th>
<th>P</th>
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<tr>
<td>+ Depression screen</td>
<td>7.0</td>
<td>&lt;0.001</td>
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<tr>
<td>Youngest child age 19-22</td>
<td>1.6</td>
<td>0.004</td>
</tr>
<tr>
<td>Married</td>
<td>0.7</td>
<td>0.002</td>
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<tr>
<td>Burnout</td>
<td>1.9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Perceived error last 3 mo</td>
<td>1.9</td>
<td>&lt;0.001</td>
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<tr>
<td>Incentive pay only</td>
<td>0.8</td>
<td>0.035</td>
</tr>
<tr>
<td>Academic practice</td>
<td>0.6</td>
<td>&lt;0.001</td>
</tr>
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</table>
Wellness challenges - Beyond Distress

- Quality of life and well being are more than the absence of distress
- Illness is not the opposite of wellness
- One may be ill but mostly well
- One may not be ill but not at all well
- Wellness is related to quality of life, of which physical and emotional health is only a component
Wellness Dimensions

• Health – maintaining optimal physical and mental health by practicing good self care, obtaining appropriate health care, and following medical/psychiatric advice

• Social – meaningful interpersonal relationships, contributing to one’s world

• Spiritual – experiencing meaning and purposefulness
Wellness Dimensions

- Emotional – awareness, insight as a guide, being positive, creating trusting, interdependent relationships
- Environmental – safe, pleasing
- Financial – planning, aligned with values
- Intellectual – engagement, stimulation, creativity, personal and professional growth
- Occupational – satisfaction and fulfillment, utilizing talent, knowledge, skill; balanced with home
Lawyers: High Degree of Work

• Anticipated demands
  – Long hours
  – Lifelong learning
  – Responsibility
  – Sacrifice

• Unanticipated demands
  – Unhealthy workplace competition
  – Fewer jobs available for graduates
  – Devaluation of the Profession
  – Diminished compensation
  – Subordination of personal values to economic values in a work setting
  – Reduced resources/support with increased profitability expectations of the firm (“billable hours”)
  – Crushing workloads and unrealistic deadlines
The Path to Lawyer Well-Being
Practical Recommendations for Positive Change

• A document created by the National Task Force on Lawyer Well-Being in 2017

• The recommendations focus on 5 central themes:
  – Identify stakeholders and the role each can play in reducing the level of toxicity in the profession
  – Address stigma associated with help seeking
  – Emphasize well-being as indispensable to professionalism and competence
  – Education for lawyers, judges, law students
  – Take small incremental steps to change the culture.
2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

- Of 13,000 practicing lawyers:
  - 21-36% qualify as problem drinkers
  - 28% experiencing symptoms of depression
  - 19% struggling with symptoms of anxiety
  - 23% report some level of “stress”
2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

• Other difficulties identified include:
  – Suicide
  – Social alienation
  – Work Addiction (25% of lawyers vs. 10% gen pop)
  – Sleep deprivation
  – Job dissatisfaction
  – A “diversity crisis”
  – Work-life balance conflicts
  – Incivility
  – Excessive alcohol consumption: Especially among younger lawyers in the first ten years of practice in private law firms.
2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

• Of 3,300 law students at 15 law schools:
  – 17% experienced some level of depression
  – 14% struggled with severe anxiety
  – 23% struggled with mild to moderate anxiety
  – 6% reported serious suicidal thoughts
  – 43% reported binge drinking in the prior 2 weeks
  – 43% of students needed mental health services but only half sought such services.
2016 Study conducted by ABA, CoLAP and Hazelden Betty Ford Foundation

• Law students reluctance to seek help:
  – Perceived threat to bar admission, job or academic status
  – Social stigma
  – Privacy concerns
  – Financial reasons
  – Lack of time
  – Belief that they could independently handle their problems.
Reasons to Take Action

Lawyer well-being contributes to organization success:

- A 2016 survey (Law360) found that 40% of lawyers were likely or very likely to leave their current law firm
- High turnover is expensive with estimated costs for larger firms of $25 million every year
Reasons to Take Action

Lawyer well-being influences ethics and professionalism:

Between 40-70% of disciplinary proceedings and malpractice claims against lawyers involve substance use, depression and often both. Thought to be related to deficits in executive functioning.
Reasons to Take Action

From a humanitarian perspective, promoting well-being is the right thing to do.

“A tree with strong roots laughs at storms”

----- Malay Proverb
Combating Stigma

Create a culture in which help-seeking is encouraged by reframing it as a sign of strength that is important to resilience.

Educate about occupational hazards:
- law schools
- firms employing lawyers
- professional conferences
- telling stories (i.e. lawyers in recovery)
Recommended Resources

COLAP
Coloradolap.ogr

Dimensions:
www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians

AMA Steps Forward:
https://edhub.ama-assn.org/steps-forward

CoLAP
https://www.americanbar.org/groups/lawyer_assistance/

American Bar Association
https://www.americanbar.org/groups/lawyer_assistance/resources/lawyer_wellness/
Apps for relaxation and meditation

- Headspace
- Calm
- Simplybeing
- Bliss
- Quietmindcafe
- For brief mindfulness meditation exercise – Ogradywellbeing.com
- Other websites for tools to manage stress – CMS, AMA, CMA
Isolation

- A social condition in which emotional and/or physical distance from others is the rule
- Individuals exist on a continuum – minimally to maximally isolated
- Isolation deprives individuals of emotional nourishment, stimulation, accurate feedback, and companionship
- Isolated individuals are vulnerable to spiritual depletion, boredom, sluggish personal growth, and loneliness
Isolation

• Few studies of federal judges, but those few demonstrate >70% who complain of isolation

• But judges also experience threats to their privacy, which reinforces isolation

• Some federal judges have described an “invisible wall” which arises over time between them and friends, former classmates, legal colleagues

• Some report that this is one of the most unexpected and unwelcome aspects of judging

After: Zimmerman, I
Isolation from...

- Friends/social circle
- Social activities – restrictions or perceived restrictions related to the code of conduct
- Colleagues at work
- Fellow lawyers, other judges
- Family
  - Bringing work home
  - The emotional burden of certain cases
Isolation

- 30% of federal judges do not feel isolated
- Characteristics
  - More outgoing, extroverted, by nature
  - Specifically work on staying connected to those people and activities most important to them
  - Use the transient feeling of isolation as a signal to more vigorously maintain social connections

After: Zimmerman, I
Isolation

- There may be no one to talk to about the stress of work, exhaustion, worry
  - May not want to burden spouse or family
- Reduces one’s ability to manage stress
- Increases vulnerability to burnout, depression, other maladaptive coping strategies (e.g. substance use)
Vicious Cycle

Stress

Isolation

Depression
Managing stress

• **Fight isolation:**
  – See and talk to: spouse, family, friends, colleagues – invest in relationships
  – Build into schedule
  – Share frustrations, disappointment, guilt and pleasures with others

• **Focus on what is most enjoyable/meaningful about work rather than what is most stressful**

• **Take “refueling” time alone (spiritual activity, contemplation, art/music, outdoors)**
Managing Stress

- Focus on values and choices proactively
  - Active rather than reactive stance
- Principle: A small improvement will feel big
- Address work-home balance
  - Consult with family/friends
Managing Stress

• Practice basic self care (eating sensibly, regular exercise, adequate sleep, avoiding excess alcohol/caffeine)

• Question working harder when stressed

• Leave work at the office

• Obtain a doctor and see your doctor

• Take vacations; don’t work on vacation
Managing stress

- Be realistic about yourself (do the best you can), workload, bad outcomes, others’ satisfaction
- Utilize a mentor
- Participate in workplace design and problem-solving
- Delayed gratification is a poor strategy.
- Neither looking forward to retirement nor planning on working forever are good strategies for coping with the stress of work
Values and Choices

Useful questions

• Is there a thread that binds who I am now with who I was when I was 12? What are my most essential characteristics?

• Am I able to live in such a way that these characteristics have expression?

• What are my core values, and when and how do I live them versus compromise them in my daily life?

• Is my time structured in such a way that attention to my core values is built in to daily life, or weekly or monthly life?

• Why did I become a doctor? Why do I remain a doctor?
Values and Choices
Useful questions

• How have I changed as a person since the days when I first began work as a doctor?
• Are the changes for the better or worse?
• What about work most gratifies and rewards me, or seriously injures or compromises me?
• How do I really feel when I walk out the door of my home on a workday? How do I really feel when I walk back in that door?
• Who are the people in my life that I would choose to be closest to if it were not for obligations?
• Am I devoting enough time to listening to those people and supporting them?
Values and Choices
Useful questions

- Who are those in my support system?
- Do I seek support from them?
- Do I feel at all deprived of love, affection, attention, concern, or understanding?
- Do I need more support? Do I ask for it?
- How do I want to be remembered? And by whom?
“Do first things first, and second things not at all.” - Peter Drucker
Doctors Group

- There is a strong evidence base that meeting regularly with a group of colleagues is effective in reducing stress
  - Weekly/biweekly/monthly
  - Over a meal
  - Spend the first 20 minutes discussing what is stressful and distressing
- At the Mayo Clinic, these are paid for by the institution
Managing stress/enhancing life

- Practice relaxation technique(s)
- Breathing techniques
- Mindfulness and mindfulness mediation
- Transcendental meditation
- Buddhist-derived meditation
- Progressive muscle relaxation
- Recorded guided meditation
Components of Happiness

- Pleasure (positive emotions)
- Engagement (being absorbed)
  - Training for marathon, fly fishing, learning
- Meaning (serving something larger than self)
  - Knowledge, healing/helping, family, community, artistic expression
“Self-love, my liege, is not so vile a sin as self-neglect.”

-Henry V, act 2, scene 4
What hospitals can do

• “Mistakenly, most hospitals, medical centers, and practice groups operate under the framework that burnout and professional satisfaction are solely the responsibility of the individual physician.”

• “Extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burn out.”

  http://dx.doi.org/10.1016/j.mayocp.2016.10.004
  www.mayoclinicproceedings.org
What institutions can do

• Acknowledge and assess the problem
  – Burnout, satisfaction, etc., can be measured and compared to national data

• Harness the power of leadership
  – For each point increase on leadership scale, less burnout and more satisfaction
  – Choose leaders with necessary skills
  – Those led should evaluate leaders
  – Markedly less burnout if professionals can spend 20% of their time doing what is most meaningful

• Develop and implement targeted interventions
  – Efficiency improvement
  – Identify work units that require help
What institutions can do

- **Cultivate community at work**
  - Celebrating achievements, peer support (emotional, ideas)
  - Protected time together
  - Physical space to socialize at work

- **Use rewards and incentives wisely**
  - Financial incentives lead to overwork and burnout
  - Flexibility, protected time for special work interests, more effective

- **Align values and strengthen culture**
  - Identify the values of your institution
  - Obtain feedback from professionals and other staff – are values and reality aligned?
  - Work with professionals and other staff to improve
What institutions can do

• Promote flexibility and work-life integration
  – Less than full time options, when and how to work
• Provide resources to promote resilience and self-care
  – To calibrate stress level, achieve better self-care, improve resilience
  – Assistance programs
• Facilitate and fund organizational science