CREATING A CULTURE OF WELL-BEING

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2022 APSF STOELTING CONFERENCE
On behalf of me and my spouse I have no relevant financial disclosures

I represent the ASA to the NAM Action Collaborative on Clinician Well-being and Resilience
OBJECTIVES

Outline
Outline the evolution in thinking about wellbeing from an individualistic approach to a concerted systemic effort

Describe
Describe aspects of medical culture that reinforce burnout and how national coalitions are facing this head on

Challenge
Challenge us to question aspects of medical culture that are counter to optimal performance and work-life satisfaction
A NEW RESPONSIBILITY?

“In no relationship is the physician more often derelict than in his duty to himself.”

“Begin at once the cultivation of some interest other than the purely professional.”
THE BURNOUT CASCADE –
A TIME-HONORED TRADITION IN MEDICAL EDUCATION

• A compulsion to prove yourself
• You work harder
• You neglect yourself and your needs
• You displace internal conflicts → physical ailments
• You revise your values
• You deny emerging problems
• You withdraw → social isolation
• Your behavior changes → now obvious to others
• You depersonalize experiences
• You feel emptiness
• You become depressed
• You have developed the burnout syndrome

JOURNAL OF SOCIAL ISSUES
VOLUME 30, NUMBER 1, 1974

Staff Burn-Out
Herbert J. Freudenberger
New York, N.Y.

The concept of staff burn-out is explored in terms of the physical signs and the behavioral indicators. There is a discussion of how the cognitive, the judgmental as well as the emotional factors are intruded
“PHYSICIANS IN 2018 ARE THE PROVERBIAL ‘CANARY IN THE COAL MINE.’ WHILE THE CANARY MAY BE SICK, IT IS THE MINE THAT IS TOXIC. CARING FOR THE SICK CANARY IS COMPASSIONATE, BUT LIKELY FUTILE UNTIL THERE IS MORE FRESH AIR IN THE MINE.”

- THOMAS SCHWENK
Taking Action Against Clinician Burnout
A Systems Approach to Professional Well-Being
Burnout Rate and Risk Factors among Anesthesiologists in the United States

Anoushka M. Afonso, M.D., Joshua B. Cadwell, M.B.A., M.S., Steven J. Staffa, M.S., David Zurakowski, Ph.D., Amy E. Vinson, M.D.

*ANESTHESIOLOGY 2021: XXX:00–00*
Figure 3: Risk Factors Associated with Burnout

A. HIGH RISK FOR BURNOUT
- Little to no support at work
- Moderate support at work
- Working 40+ hours per week
- Feel under-represented – Lesbian, gay, bisexual, transgender, questioning, intersex and asexual
- Staffing shortages
- Little to no support at home
- Not having a confidant at work
- Age <50
- Moderate support at home
- Feel under-represented – English as a second language

B. BURNOUT SYNDROME
- Little to no support at work
- Moderate support at work
- Little to no supported at home
- Age <50
- Workplace – Private Practice
- Not having a confidant at work
- Staffing shortages
- Moderate support at home
- Workplace – University Hospital
- Workplace – Community Hospital
Resources for Health Care Worker Well-Being: 6 Essential Elements

- Advance Organizational Commitment
- Cultivate a Culture of Connection & Support
- Strengthen Leadership Behaviors
- Conduct Workplace Assessment
- Examine Policies & Practices
- Enhance Workplace Efficiency

2022
NATIONAL ACADEMY OF MEDICINE RESOURCE COMPENDIUM FOR HEALTHCARE WORKER WELL-BEING
Adapted, with minor changes, from 10 key elements to create a social movement to spread change on a massive scale by Seth Kahan. Original image is available [here](https://visionaryleadership.com/wp-content/uploads/2022/05/10-Key-Elements-to-Create-a-Social-Movement-scaled.jpg) and is licensed under a Creative Commons attribution 4.0 international license ([here](https://creativecommons.org/licenses/by/4.0/)).
Create a plan: immediate and long-term needs of the HC workforce

Get Government involved: multiple government agencies involved, including USSG co-chair

Make the Economic case: estimated $4.6 Billion cost yearly from HCW burnout

Evaluate environment and policy: pragmatic and evidence-based solutions, engaging leadership and major stakeholders

Build a coalition: More than 200 organizations

Strengthen the science: Taking action against clinician burnout

Frame the Crisis: NAM Action collaborative – wellbeing is essential for quality of care
Creating Just Cultures of Support

- Team-based organizational platform (not top-down)
- Two-way communication channels
- No fear of reprisal.
- Accountability, transparency
- Partnership between clinical staff & leadership.
ASA RECOMMENDATIONS: CREATING A CULTURE OF SUPPORT IN MEDICINE

- Destigmatize mental healthcare for healthcare workers
- Accommodate flexible work schedules.
- Provide childcare/family care resource options and support.
ASA RECOMMENDATIONS: CREATING A CULTURE OF SUPPORT IN MEDICINE

Accommodations should be made for loss of academic productivity due to COVID

General wellness initiatives should be deployed
BE KIND
BE CREATIVE
HAVE FUN