

CREATING A CULTURE OF WELL- BEING

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@IMSWIMMING3

2022 APSF STOELTING CONFERENCE

DISCLOSURES

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

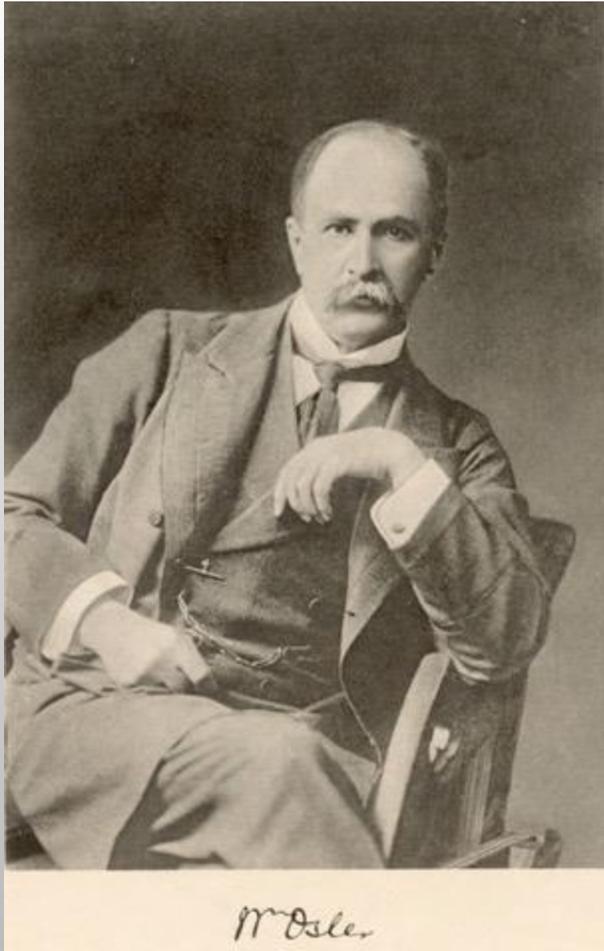
Describe aspects of medical culture that reinforce burnout and how national coalitions are facing this head on

Challenge

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

~1900

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.”

1974

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



VIEWPOINT

Physician Well-being and the Regenerative Power of Caring

Thomas L. Schwenk,
MD
University of Nevada,
Reno School of
Medicine, Reno.

In 1948, *Life magazine* published what has become an iconic and, for many, nostalgic photograph essay depicting the life and work of Dr Ernest Ceriani, a Colorado general practitioner.¹ Among the 38 photographs is one of Dr Ceriani attempting to save the eye of a 2-year-old girl

Numerous essays, commission reports, and workshops have focused on physician well-being, the need for appropriate mental health care, new approaches to rediscovering the joys of practice, and ways to enhance resilience, including a Viewpoint in this issue of *JAMA*.⁸

- *“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

2018

A Systems Approach to
Professional Well-Being

ANESTHESIOLOGY

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

Burnout Rate and Risk Factors among Anesthesiologists in the United States

A national survey completed by 3,898 attending anesthesiologists

Assessed 3 dimensions with Maslach Burnout Inventory Human Services Survey:

- Emotional exhaustion
- Depersonalization
- Feelings of personal accomplishment



- 59% of participants were at high risk of burnout

- 14% met criteria for Burnout Syndrome:

- High scores on emotional exhaustion and depersonalization
- Low personal accomplishment score



Perceived lack of support at work

(odds ratio, 10.0 [95% CI, 5.4 - 18.3])

and home (odds ratio, 2.1 [95% CI, 1.7 - 2.7]) were most strongly associated with Burnout Syndrome



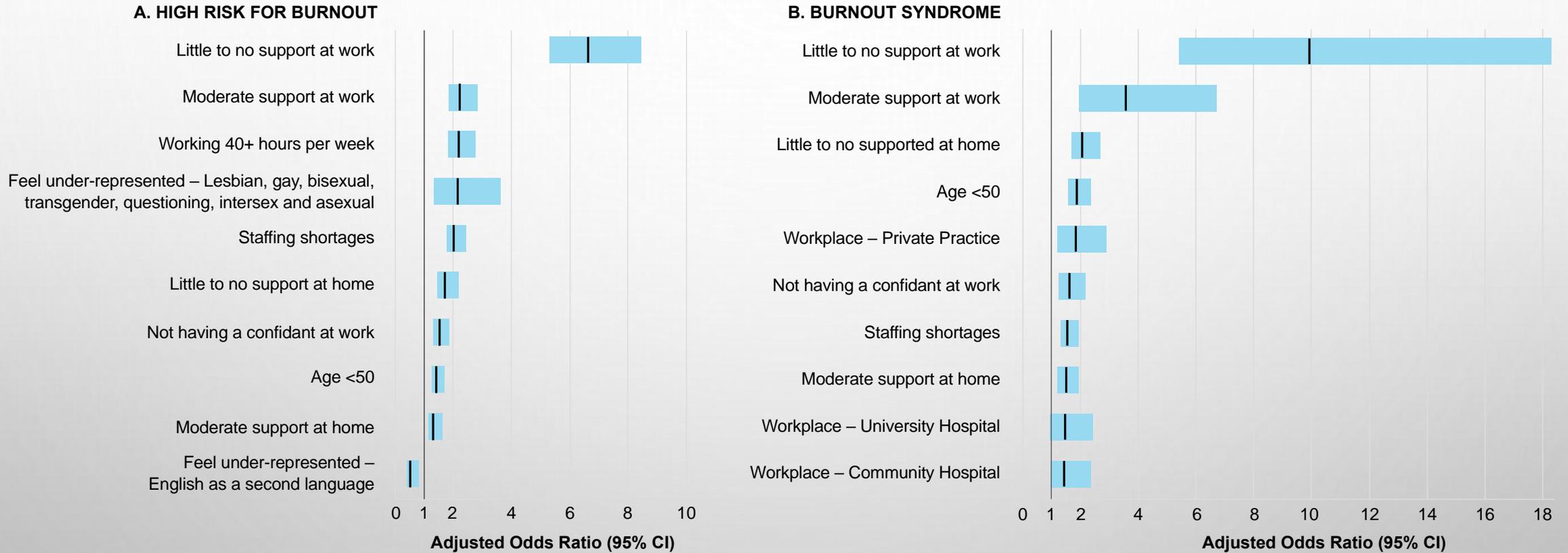
- The prevalence of high risk for burnout and Burnout Syndrome was high in a large, national, survey-based study of attending anesthesiologists.
- Burnout Syndrome was highly associated with workplace factors rather than personal factors.

ANESTHESIOLOGY
Trusted Evidence: Discovery to Practice™

Afonso AM, *et al.* ANESTHESIOLOGY, 2021.

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Figure 3: Risk Factors Associated with Burnout



Resources for Health Care Worker Well-Being: 6 Essential Elements



2022 NATIONAL ACADEMY OF MEDICINE RESOURCE COMPENDIUM FOR HEALTHCARE WORKER WELL-BEING





NATIONAL PLAN for health workforce well-being



Communicate Widely

Activate Change Makers

Inspire Advocacy



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

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 <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 (<https://creativecommons.org/licenses/by/4.0/>).

Frame

Frame the Crisis: NAM Action collaborative – wellbeing is essential for quality of care

Strengthen

Strengthen the science: Taking action against clinician burnout

Build

Build a coalition: More than 200 organizations

Evaluate

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

Make

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

Get

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

Create

Create a plan: immediate and long-term needs of the HC workforce

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.



FLEXIBLE SCHEDULE



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

