Enhancing Provider Well-being

Cathrine Wheeler, MD, FACP
ACP Wellness Champion, Washington Chapter
The company cares deeply about the effects of long hours and stress on the workers.

So they're paying nearly $200 to have an expert on stress-reduction give a talk during lunch.

Just when you think they don't care, something like this comes along. It's scheduled for last Tuesday.
Overview

- What is burnout?
- What are the effects of burnout?
- What factors contribute to burnout?
- What factors protect against burnout?
- Ways to measure burnout
- Strategies to improve well-being.
What is Burnout?
Burnout is more than “work stress”

“Prolonged response to chronic interpersonal stressors on the job” that is characterized by exhaustion, cynicism and detachment, and lack of accomplishment/ ineffectiveness from work... It is not simply the stress response of exhaustion, but includes a deterioration in the quality of one's work with others, and a subsequent negative evaluation of oneself. (Maslach and Leiter, 2016)

“When you’re not clicking with your role, you’re overloaded, and your duties aren’t aligned with your expectations or values, it’s not merely the stress that gets to you; you actually experience a perspective shift. You feel you can’t make progress, you disengage, and you eventually become cynical and pessimistic. So burnout is the flip side of grit... Burnout is the result of a pessimistic attitude toward your job. "This isn’t getting me anywhere. I can’t handle this. It’s never going to get any better.”

(Barking Up the Wrong Tree: The Surprising Science Behind Why Everything You Know About Success Is (Mostly) Wrong by Erik Barker, HarperOne 2017)
Changes in burnout 2011 —> 2014 —> 2017

The Physicians Foundation Survey 2018

- 62% of physicians are pessimistic about the future of medicine
- 55% describe their morale as somewhat or very negative
- 78% sometimes or often experience symptoms of burnout
- 23% of physician time is spent in non-clinical paperwork
- 46% of physicians plan to change career paths
- 49% would not recommend medicine as a career to their children

Costs of Burnout

- Increased absenteeism, higher employee turnover
  
  Estimated that in 1999 turnover cost of one physician was $250,000  
  Buchbinder et al. Am J Manag Care 1999;5:1431-8

  2016 American Physicians Foundation Survey: of 17,000 physicians surveyed, 48% were cutting back on their hours, retiring early, or trying to find other ways to limit patient care secondary to burnout

- Decreased productivity
- Increased errors

Physical Health Effects

- Increased risk of cardiovascular disease and cardiovascular-related events (Melamed et al., 2006) as well as biological markers of neuroendocrine, immune, metabolic, and cardiovascular health (Juster et al., 2011)

Emotional and mental health effects

- Increased rates of anxiety, depression, suicide (Leiter and Maslach, 2000)
- Substance abuse
- Divorce
I need to take an extended medical leave to deal with my job-related stress.

The stress is degrading my cardiovascular system. I could drop dead any minute.

Which part of your job is causing stress? I think it's the work part.
The Economic Cost of Burnout

- Approximately $4.6 billion a year related to physician turnover and reduced productivity is attributable to physician burnout in the United States.

- Estimated turnover costs were generally higher than costs of reduced productivity across all segments.

- Burnout-attributable costs tended to be greater in the younger segment of physicians (those aged <55 years).

- Estimated annual burnout-attributable cost ranged from $2.2 billion to $6.7 billion.

- At an organizational level, costs ranged from $4100 to $10 200 per physician, with 95% of cases ranging from $6100 to $8700 per physician.

Burnout vs Depression

Burnout and Major Depressive Disorder have overlapping symptoms and clinical features

- Stigma of depression within the medical profession
  
  *Burnout*, which indicates a human reaction to something outside oneself, is less stigmatized, allowing it to become a catchall term for emotional distress

  JAMA Psychiatry. Published online July 17, 2019. doi:10.1001/jamapsychiatry.2019.1332

- Curbsiders Podcast: Depression and Suicide, Occupational Hazards of Practicing Medicine
  

- Overlap between Burnout and Depression in Physicians
  
  All physicians in Austria were sent questionnaires on depression and burnout. Risk of depression correlated with severity of burnout scale (increasing rates of depression with increasing severity scores on the burnout scale)


Bottom Line: Mislabling depression as “burnout” can lead to inadequate treatment and leave physicians at risk. We need to continue to work on decreasing the stigma of depression in our profession and support ourselves and others in seeking mental health evaluation and treatment when needed.
The Human Cost

• According to a Mayo Clinic study, 43.9% of physicians reported having 1 or more symptoms of burnout in 2017. More alarming is that beyond the anxiety, depression, insomnia, emotional and physical exhaustion, and loss of cognitive focus associated with physician burnout, an estimated 300 to 400 U.S. physicians take their own lives every year. That number is higher than the suicide rate for the general public by 40% for men and an astonishing 130% for women. In fact, the incidence of suicide among physicians is greater than among combat veterans. Although the fiscal impact of physician burnout is important, we cannot underestimate the urgency, severity, and tragedy of the human cost.


• One doctor commits suicide in the U.S. every day -- the highest suicide rate of any profession. And the number of doctor suicides -- 28 to 40 per 100,000 -- is more than twice that of the general population, new research shows. The rate in the general population is 12.3 per 100,000. "It's very surprising" that the suicide rate among physicians is higher than among those in the military, which is considered a very stressful occupation, Researcher Deepika Tanwar, MD.

Deepika Tanwar, psychiatric program at Harlem Hospital Center in New York. Findings presented at the American Psychiatric Association (APA) 2018 annual meeting.
What can contribute to burnout?
Burnout is Predictable and Preventable

<table>
<thead>
<tr>
<th>Individual</th>
<th>Environmental</th>
<th>Processing of Stressors</th>
<th>Strain</th>
<th>Burnout</th>
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<tbody>
<tr>
<td>• Personality</td>
<td>• Physical</td>
<td>• Stressors are</td>
<td>• Strain results from stresses</td>
<td>• Accumulated strain to the point of</td>
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<td>• Self concept</td>
<td>environment</td>
<td>processed with</td>
<td>that are sub-optimally managed</td>
<td>negatively impacting one’s work</td>
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<tr>
<td>• Ideas and goals</td>
<td>• Emotional</td>
<td>individual coping</td>
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<td>and well-being</td>
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<td>• Expectations</td>
<td>environment</td>
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<tr>
<td>• Personal coping strategies</td>
<td>• Workload</td>
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</table>

Stressors are processed with individual coping strategies.
Burnout is Predictable and Preventable

A mismatch between work stresses and “resources” can progress to burnout.
Opportunities for intervention can occur at each of these steps.
Drivers of Burnout vs Engagement

FIGURE 2. Key drivers of burnout and engagement in physicians.

Factors contributing to burnout

- Time demands (increasing bureaucratic tasks)
- Lack of control (schedule, assignments)
- Lack of voice in important matters
- Workload; feeling overwhelmed at work
- Unclear or conflicting job expectations
- Lack of autonomy
- Financial strain
- Dysfunctional work environment/dynamics (chaotic or “toxic” work environment)
- Leadership factors (mismatch in values, lack of support)
- Culture of medicine
Causes of Burnout in Primary Care

- 22 GIM divisions
- Mini Z survey (50% response)
- Findings: High rates of burnout (33%) due to short visits, complex patients, chaotic environments, lack of control, EMR stress, and poor work home balance.

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tuty, PhD; and George Bliks, MD

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

Design: Quantitative direct observational time and motion study (during office hours) and self-reported diary (after hours).


Participants: 57 U.S. physicians in family medicine, internal medicine, cardiology, and orthopedics who were observed for 430 hours, 21 of whom also completed after-hours diaries.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record [EHR] and desk work, administrative tasks, and other tasks) and self-reported after-hours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

Limitations: Data were gathered in self-selected, high-performing practices and may not be generalizable to other settings. The descriptive study design did not support formal statistical comparisons by physician and practice characteristics.

Conclusion: For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.

Primary Funding Source: American Medical Association.
Key variables increasing the risk of burnout

- Time Pressure (time allotted/time needed)
- Work Control (chaos)
- Work Pace
- Organizational Culture; Value Alignment

**MEMO Study (Minimizing Error, Maximizing Outcome), AHRQ 2002-6**

Lower risk of burnout if

- Professional values well aligned with department leaders
  AND
- Teams work efficiently together

West et al, Lancet 2016;388:2272-2281
Demand-Control Model of Job Stress

Stress increases if demands increase or control decreases.
Increased support can buffer increased demands.
If you standardize (increase demands), then customize (increase control).

YOU WILL NO LONGER HAVE ACCESS TO CODE ON ANY SERVER BUT YOUR OWN.

IS IT MY IMAGINATION, OR ARE ALL OF OUR RULES DESIGNED FOR THE SOLE PURPOSE OF BEING HUGE INCONVENIENCES?

AND STARTING TODAY, ALL PASSWORDS MUST CONTAIN LETTERS, NUMBERS, DOODLES, SIGN LANGUAGE AND SQUIRREL NOISES.
How do we know when someone is burned out?
Symptoms of burnout

- Emotional exhaustion
- Depersonalization (cynicism and detachment from work)
- Inefficiency
Measuring Burnout

Maslach Burnout Inventory (MBI) is an introspective psychological inventory consisting of 22 items pertaining to occupational burnout. Developed >35 years ago. Original measure of burnout and most commonly used.

The MBI measures three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. The MBI takes between 10-15 minutes to complete and can be administered to individuals or groups.

- **Emotional Exhaustion (EE)** feelings of being emotionally overextended and exhausted at one's work.
- **Depersonalization (DP)** unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction.
  
  Cynicism: indifference or a distance attitude towards one's work. The cynicism measured by the scale is a coping mechanism for distancing oneself from exhausting job demands.
- **Personal Accomplishment (PA)** feelings of competence and successful achievement in one's work with people.
  
  Professional Efficacy feelings of competence and successful achievement in one's work. This sense of personal accomplishment emphasizes effectiveness and success in having a beneficial impact on people.
Oldenburg Burnout Survey

Measures two major variables

→ Exhaustion
→ Engagement

Caveat: research hasn’t clearly established a "cut-off score" to quantify levels of burnout.

Mini-Z Survey for Physician Burnout

1. Overall, I am satisfied with my current job:
1- Strongly disagree   2- Disagree   3- Neither agree nor disagree 4- Agree   5- Agree strongly

2. I feel a great deal of stress because of my job
1- Strongly disagree   2- Disagree   3- Neither agree nor disagree 4- Agree   5- Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:
1. I enjoy my work. I have no symptoms of burnout.
2. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.
5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:
1 - Poor    2 - Marginal  3 - Satisfactory   4 - Good   5 - Optimal

5. Sufficiency of time for documentation is:
1 - Poor    2 - Marginal  3 - Satisfactory   4 - Good   5 - Optimal

6. Which number best describes the atmosphere in your primary work area?
Calm       Busy, but reasonable      Hectic, chaotic
1    2   3    4   5

7. My professional values are well aligned with those of my department leaders:
1- Strongly disagree   2- Disagree   3- Neither agree nor disagree 4- Agree   5- Agree strongly

8. The degree to which my care team works efficiently together is:
1 - Poor    2 - Marginal  3 - Satisfactory   4 - Good   5 - Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:
1 - Excessive   2 - Moderately high 3 - Satisfactory   4 - Modest  5 - Minimal/none

10. My proficiency with EMR use is:
1 - Poor   2 - Marginal   3 - Satisfactory   4 - Good   5 - Optimal
Continuum of Well-Being

Struggling

Surviving

Thriving
How do I Improve Workplace Well-Being?
DO YOU MIND IF I TAKE STEVE JOBS' ADVICE AND PRACTICE MEDITATION AND MINDFULNESS?

SCIENCE SAYS MEDITATION CAN REDUCE STRESS AND MAKE ME MORE PRODUCTIVE.

AND OBVIOUSLY IT WORKED FOR STEVE JOBS, SO THERE'S THAT.

TO THE UNTRAINED EYE, IT WILL SEEM AS IF I AM NAPPING.

BUT IN REALITY, I WILL BE QUIETING MY MIND TO BOOST MY CREATIVITY.

MEDITATE ON YOUR OWN TIME.

WOW, THAT JUST STRESSED ME OUT AND SHUT DOWN MY CREATIVE JUICES.

JUST DO YOUR JOB! BECAUSE QUALITY DOESN'T MATTER.
The Stanford Model: Reciprocal Domains of Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.

Culture of Wellness

Efficiency of Practice

Personal Resilience

Source: Patty Purpur de Vries
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Efficiency of practice and culture of wellness are primarily organizational responsibilities, whereas maintaining personal resilience is primarily the obligation of the individual physician.

… Physicians have been hard-hit by the organizational transformation of the health care system, resulting in an epidemic of burnout and declining professional fulfillment. They have suffered a reduction in their sense of professional autonomy, have experienced a significant increase in clerical duties, and are beholden to a growing array of imperfect and inconsistent quality and productivity metrics. Second, medical training has historically acculturated physicians to deny their own self-care in the service of others.

In this context, it is counterproductive to ask physicians to “heal themselves” through superhuman levels of resilience even as the practice environment continues to deteriorate. Yet the majority of interventions and research related to physician wellness have focused on personal resilience (e.g. mindfulness) while organizational interventions are more difficult and only beginning to emerge.

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dybøye, Patricia J Erwin, Tail D Shafafy

Summary

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians’ own care and safety, and the viability of healthcare systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation score (and high depersonalisation). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

Findings We identified 2617 articles, of which 15 randomised trials including 216 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI 3–14%]; p=0·001; I²=13%; 14 studies), emotional exhaustion score decreased from 2·3·82 points to 2·1·17 points (1·45 points [1·07–1·84] p<0·001; P=0·82%; 40 studies), and depersonalisation score decreased from 5·05 to 8·41 (0·84 points [0·12–1·41]; p=0·31; I²=58%; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [9·38–24·38]; p<0·001; I²=40%; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0·0–8·0]; p=0·04; I²=40%; 16 studies).

Interpretation The literature indicates that both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to establish which interventions are most effective in specific populations, as well as how individual and organisational solutions might be combined to deliver even greater improvements in physician wellbeing than those achieved with individual solutions.

Funding Arnold P Gold Foundation Research Institute.

Introduction A more complete understanding than at present of the
To Promote Well-Being: Organizational Strategies

- Medical organizations (ACP “Patients before Paperwork” Initiative, AAFP, AMA, National Academy of Medicine...)

- Academic Health Centers (MayoClinic Program on Physician Well-Being, Cleveland Clinic, NYU and many others are implementing provider wellness programs)

  https://www.mayo.edu/research/centers-programs/program-physician-well-being
  https://wellmd.stanford.edu

  *Cleveland Clinic Physician Well-Being Day launched Jan 2017: Providers can schedule a day off to do something related to well-being*

- National Academy of Medicine

  To provide an opportunity for organizations across the country to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the National Academy of Medicine (NAM) has collected statements describing organizational goals or commitments to action.

  https://nam.edu/initiatives/clinician-resilience-and-well-being/commitment-statements-clinician-well-being/
Improving the Practice and Organizational Environment
Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.

Fostering Local Communities of Well-being
Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.

Advocating for Systems Changes
Policy recommendations through ACP’s Patients Before Paperwork initiative that call for simplifying, streamlining, and reducing excessive administrative tasks that detract from patient care and contribute to physician burnout.

Promoting Individual Well-being
Offering online resources and educational courses at ACP’s Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.

www.acponline.org/physician-well-being
From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

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Abstract

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.
Organizational Strategies to Reduce Burnout and Promote Engagement


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<th>Strategy</th>
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<tr>
<td>Acknowledge and assess the problem</td>
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<td>Harness the power of leadership</td>
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<tr>
<td>Develop and implement targeted work unit interventions a</td>
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<tr>
<td>Cultivate community at work</td>
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<tr>
<td>Use rewards and incentives wisely</td>
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<tr>
<td>Align values and strengthen culture</td>
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<tr>
<td>Promote flexibility and work-life integration</td>
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<tr>
<td>Provide resources to promote resilience and self-care</td>
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<tr>
<td>Facilitate and fund organizational science</td>
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**FIGURE 5.** Organizational strategies to reduce burnout and promote physician engagement. aOften will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).
To Promote Well-Being: Change the Culture of Medicine

“...much of the distress physicians are experiencing is related to insidious issues affecting the cultures of our profession, our health care organizations, and the health care delivery system. Culture refers to the shared and fundamental beliefs of a group that are so widely accepted that they are implicit and often no longer recognized.”

Well-being through increased resources

If burnout is a fundamental state of “resource and demand” mismatch, then prevention and management of burnout can be helped with increased resources.

WORKPLACE RESOURCES

PERSONAL RESOURCES
A Search For Joy in Practice: Innovations and Practices of Highly Functional Primary Care Practices

- Proactive planned care, with pre-visit planning and pre-visit laboratory tests
- Sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management
- Sharing clerical tasks with collaborative documentation (scribing), non-physician order entry, and streamlined prescription management
- Improving communication by verbal messaging and in-box management
- Improving team functioning through co-location, team meetings, and work flow mapping

Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.

Ideas for improving work environment

- Look for opportunities to improve autonomy and control
- Foster positive co-worker interactions.
  - Reach out to people you trust and enjoy at work.
  - Look for ways to interact more with people you find motivating and encouraging.
- Prioritize spending time on the activities that are highest in value and most energizing
- Take breaks
- Develop work “boundaries” (e-mails on vacation or days off)
- Brainstorm with colleagues about ways to modify work processes to make everyone more resourceful and efficient
- Talk to your supervisor about what resources you need to perform at your peak.
  - For instance, if you lack certain skills, request training and support for increased performance, seek regular feedback and mentoring by someone who’s skilled.

“Steps to take when you’re starting to feel burned out.” Harvard Business Review June 20, 2016
To Promote Wellbeing—Personal Strategies

- **Find meaning in your work**
  Burnout is “virtually absent in monasteries, Montessori schools, and religious care centers where people consider their work as a calling rather than merely a job.”
  
  *Cary Cherniss, Professor at Rutgers University, Consortium for Research on Emotional Intelligence in Organizations*

- **Develop personal relationships**
  When you get busy at work, you often make less time for friends and family. That’s the emotional equivalent of being so overworked you stop eating and starve yourself to death.

  “The people who survive stress the best are the ones who actually increase their social investments in the middle of stress, which is the opposite of what most of us do. It turns out that social connection is the greatest predictor of happiness we have when I run them in my studies.”
  
  *Shawn Achor, “Happiness Researcher” at Harvard University, Before Happiness (2013) and The Happiness Advantage (2010)*

- **Foster an attitude of optimism**

  *Barking Up the Wrong Tree: The Surprising Science Behind Why Everything You Know About Success is (Mostly) Wrong, by Eric Barker (HarperOne, 2017)*
## Perspective Matters

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<tr>
<th></th>
<th>Optimistic Perspective</th>
<th>Pessimistic Perspective</th>
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<tbody>
<tr>
<td><strong>Permanence</strong></td>
<td>Difficult situations are temporary.</td>
<td>Bad events or situation will “last forever.”</td>
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<tr>
<td><strong>Pervasiveness</strong></td>
<td>Bad things have a specific cause.</td>
<td>Bad things are universal.</td>
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<tr>
<td><strong>Personal</strong></td>
<td>Bad outcomes aren’t from individual flaws/failures.</td>
<td>Bad outcomes are your own fault.</td>
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*Barking Up the Wrong Tree: The Surprising Science Behind Why Everything You Know About Success Is (Mostly) Wrong, by Eric Barker (HarperOne, 2017)*
Energy Management (vs Time Management)

The core problem with working longer hours is that time is a finite resource. Energy is a different story. Defined in physics as the capacity to work, energy comes from four main wellsprings in human beings: the body, emotions, mind, and spirit. In each, energy can be systematically expanded and regularly renewed by establishing specific rituals—behaviors that are intentionally practiced and precisely scheduled, with the goal of making them unconscious and automatic as quickly as possible.

Tony Schwartz, CEO of the Energy Project, author of “The Way We’re Working Isn’t Working”

1) The Body = Physical Energy
2) The Emotions = Quality of Energy
3) The Mind = Focus of Energy
4) The Human Spirit = Energy of Meaning and Purpose

https://hbr.org/2007/10/manage-your-energy-not-your-time
Energy Management

IDENTIFY GAPS ➔ BUILD A RITUAL
Energy Management: Physical Energy

- Sleep
- Exercise and fitness
- Nutrition
- Breaks during the day (physical break)

https://hbr.org/2007/10/manage-your-energy-not-your-time
Energy Management: Emotional Energy

- **Buy time**
  Can defuse negative emotions: Deep abdominal breathing is one way to do that. Exhaling slowly for five or six seconds induces relaxation and recovery, and turns off the fight-or-flight response.

- **Express appreciation and gratitude**
  A powerful ritual that fuels positive emotions is expressing appreciation to others, a practice that seems to be as beneficial to the giver as to the receiver. It can take the form of a handwritten note, an e-mail, a call, or a conversation—and the more detailed and specific, the higher the impact. As with all rituals, setting aside a particular time to do it vastly increases the chances of success.

- **Change the story**
  Learn to change the story you tell yourself about the events in your life. Often, people in conflict cast themselves in the role of victim, blaming others or external circumstances for their problems. Becoming aware of the difference between the facts in a given situation and the way we interpret those facts can be powerful in itself.

  View the situation through a different lens (alternative perspectives)

  **Reverse lens:** “What would the other person in this conflict say and in what ways might that be true?”
  **Long lens:** “How will I most likely view this situation in six months?”
  **Wide lens:** “Regardless of the outcome of this issue, how can I grow and learn from it?”

[https://hbr.org/2007/10/manage-your-energy-not-your-time](https://hbr.org/2007/10/manage-your-energy-not-your-time)
Energy Management: Mind Energy

Avoid multitasking

Strategize when to do more challenging work
Identify each night the most important challenge for the next day and make it your very first priority when you arrive in the morning

Limit distractions
A temporary shift in attention from one task to another—stopping to answer an e-mail or take a phone call, for instance—increases the amount of time necessary to finish the primary task by as much as 25%, a phenomenon known as “switching time.” It’s far more efficient to fully focus for 90 to 120 minutes, take a true break, and then fully focus on the next activity.

- Controlling the environment (write a note on the door that says, “I’m prone to distractions, please don’t interrupt.”)
- Designate certain times of day to check and answer e-mails (don’t answer in real time)
- Set aside certain “distraction free times” and train people when those times will be

https://hbr.org/2007/10/manage-your-energy-not-your-time
Energy Management: Human Spirit Energy

- Doing what you do best and enjoy most at work (these two things might be different).
  Think of a work experience where you were in your “sweet spot”—feeling effective, effortlessly absorbed, inspired, and fulfilled.
  Deconstruct that experience—what made you feel that way?
  Develop a ritual that allows you to use more of that.
  Spend time each evening thinking about something that day that brought you meaning.

- Consciously allocating time and energy to the areas you deem most important: work, family, health, service to others
  Ritual such as “switching off” for a certain amount of time, or at a certain location in order to be available for family
  Scheduled volunteer opportunities

- Living your core values in your daily behaviors
  What are the qualities that you find most off-putting when you see them in others?” By describing what you can’t stand, you can better understand what you stand for. Then build rituals that reflect your values.

https://hbr.org/2007/10/manage-your-energy-not-your-time
WHEEL OF LIFE EXERCISE

Can be used as self-reflection device to determine areas of imbalance (depleted resources) in personal and professional life.
Ideas for improving “personal” resources

- Build coping skills (counseling, HR employee support programs)
- Emotional self-care
- Prioritize good health practices
  - Sleep
  - Nutrition
  - Exercise
  - Calming practices
- Build supportive relationships
- Recognize and utilize individual strengths
  VIA strength finders tool: viacharacter.org

“Steps to take when you’re starting to feel burned out.” Harvard Business Review June 20, 2016
Factors that Promote Well-Being

P— Positive emotions (people, events, moments that give you pleasure)

E— Engagement (compelling and interesting experiences, being “deep in the moment”)

R— Relationships (what are your most supportive and positive relationships inside and outside of work)

M— Meaning (what keeps you connected in work and personal life that feels “bigger than you are?”)

A— Accomplishment (what accomplishments are you most proud of)
Let’s Practice
Conclusion

- Medical provider burnout is common and has a negative impact on provider well-being, patient care and organizations.
- Factors that increase the risk of burnout include increased demands with decreased control and support. Working in a chaotic or unsupportive work environment and feeling like your values are not aligned with those of your organization (or leaders) also significantly increase the risk of burnout.
- Symptoms of burnout include emotional exhaustion, depersonalization and inefficiency. There are questionnaires that can evaluate for burnout.
- Factors that protect against burnout include finding meaningfulness in work, supportive personal relationships, calm environment and team efficiency.
- There are a variety of strategies to improve well-being across the continuum (struggling → surviving → striving). Efforts to improve both personal and work resources can improve well-being.
Mister Catbert, could you help me see the relevance of my work to the well-being of society?

Your shuffling of unimportant documents helps the air circulate.

All of my documents are E-mail.