

# Caring for the Caregiver



## *Fostering and promoting clinician well-being*

**B**eing a clinician at Christiana Care Health System has its perks. For one, there is the free ice cream that is distributed during quarterly meetings for residents. There, physicians in training are given a break from patient care and encouraged to share any workplace concerns or stressors they may have. Then there are the “OASIS rooms,” open to clinicians any time of the day or night for a respite if they need it. Soft lighting, massage chairs, and candles encourage caregivers to recharge after stressful patient interactions. Clinicians who want to talk to a peer after an adverse event with a patient have access to a peer support program staffed by volunteer caregivers who have been there, done that.

And then there are the dogs. Periodically invited into clinician common rooms, therapy dogs offer affection to stressed hospital staff who could use a little love from a furry friend in the middle of a busy day.

And that is not all. Workshops, seminars, films, shared meals, social gatherings, symposia, and coaching programs meet clinicians where they are and foster their well-being in what can be an inherently stressful environment. These programs are designed to address secondary trauma, reduce stress, and support the psychological, emotional, and physical well-being of the patient care providers who work at Christiana Care.

### **One Doctor’s Journey**

This approach to cultivating clinician health at Christiana Care—a large, nonprofit teaching health system headquartered in Newark, Del.—is a system-wide effort overseen by Heather Farley, MD, MHCDS, FACEP, the organization’s first chief wellness officer. Dr. Farley directs the organization’s strategy to promote the professional fulfillment and personal well-being of its care-givers—and, subsequently, its patients.

When combined with the perennial stressors of patient care, such as repeated exposure to human trauma in a profession that promotes and rewards self-sacrifice and emotional resilience, emotional distress and burnout can sometimes be unavoidable.

An emergency medicine physician, Dr. Farley well knows how stressful her chosen profession can be. One day in the emergency room, after a patient adverse event, Dr. Farley needed emotional support, and she was surprised to find that none was available. “I realized that I worked in a culture in which it is not acceptable to talk to anyone when something goes wrong with a patient,” says Dr. Farley. The experience took a toll on her. “I had a lot of personal and professional distress as a result of that case,” she recalls. “I got to the point where I did not want to be a physician anymore. It took a while for me to realize there was still joy and meaning in practicing medicine.”

The experience opened Dr. Farley’s eyes to what can be a lack of support for clinicians trying to cope with a traumatic patient event or ongoing burnout. “I started doing research into why I had this experience, and I discovered how widespread this issue is for caregivers and how many were suffering in silence,” says Dr. Farley. “I wanted my colleagues to have a different experience when a traumatic event occurred.”



Heather Farley, MD, MHCDS, FACEP, is the first Chief Wellness Officer at Christiana Care Health System, Wilmington, Del.

## A Proactive Approach

Dr. Farley did not want other physicians to experience the trauma that she did. Newly cognizant of how few supportive resources were available to clinicians, she decided to take a different career track.

“I wanted my colleagues to have more resources,” Dr. Farley explains, “so I started a peer support program. Ultimately, I decided to make a career shift and dedicate myself to promoting and preserving caregiver well-being.” Launched in 2014, “Care for the Caregiver” is one of the nation’s earliest and largest organized, institution-wide efforts to promote the well-being of health-care providers.

The “Care for the Caregiver” program is available to the more than 12,000 caregivers that the health system employs, as well as private physicians in the community. The program maintains 45 trained peer support volunteers who provide what Dr. Farley calls “emotional first aid” to caregivers after a patient adverse event or during a time of intense stress. Peer supporters include attending physicians, resident physicians, nurses, respiratory therapists, chaplains, and patient care technicians, to name a few. They are all trained to help caregivers process the difficult emotions that can result from traumatic events in the workplace.

“Many caregivers just want a peer who understands what they are going through when no one else is able to,” says Dr. Farley. “Volunteers are available to meet with the caregivers over coffee and serve as a friendly, confidential ear.” If additional help is necessary, volunteers can offer referrals. Though the decision to make a call for help is voluntary, Dr. Farley says that certain traumatic events—such as the death of a patient—automatically trigger this service. Last year, peer supporters helped more than 300 caregivers. Dr. Farley explains that she implemented automatic triggers to ensure that Christiana Care was reaching out to the specific caregivers who may be most in need of support, regardless of whether they sought it out.

“A lot of peer support programs out there rely only on self-identification to access services,” Dr. Farley explains, “and that is why they fail. Our proactive approach is one reason ‘Care for the Caregiver’ has succeeded; there are multiple people hitting the help button when something occurs.”

Dr. Farley says that Christiana Care’s institutional approach to promoting clinician well-being differs from anti-burnout programs that target individual caregivers. “When programs focus solely on personal resilience, on telling docs they need to take care of themselves, eat better, and exercise more, it can be a bit insulting,” Dr. Farley explains. “These are wellness tips that doctors already know, and many are doing these things, but they are still suffering in the workplace.” Much more effective, says Dr. Farley, are proactive programs that focus on changing the culture of the workplace rather than reacting to situations after they occur.

## Prioritizing Provider Well-Being

With the support of the health system’s executive leadership, Christiana Care expanded its efforts to support its caregivers by

Dr. Farley came to understand that much of the stress put on today’s clinicians is a result of the way medicine has come to be practiced. The burnout that many physicians have come to consider a necessary by-product of their profession is in fact a more recent phenomenon. Though working in medicine is inherently stressful, Dr. Farley says that today’s clinicians are under an unprecedented amount of strain.

According to a 2017 National Academy of Medicine discussion paper, the rise in physician burnout that so often makes today’s medical headlines correlates with what has been a rapid change in the way medicine is practiced in this country.<sup>1</sup> Between 2011 and 2014, the prevalence of burnout increased by 9 percent among physicians while remaining stable among other workers in the United States.<sup>1</sup> Factors helping to create high-pressure work environments for clinicians include:

- New reimbursement and care models
- Electronic health record-related challenges
- Multiplying rules, regulations, and metrics
- Constant pressure to see more patients in less time
- An aging population with increasingly complex health issues.

When combined with the perennial stressors of patient care, such as repeated exposure to human trauma in a profession that promotes and rewards self-sacrifice and emotional resilience, emotional distress and burnout can sometimes be unavoidable. Such distress can have a ripple effect, affecting quality of care and even patient outcomes.

Less often discussed, says Dr. Farley, are the ways in which clinician burnout affects clinicians themselves. “There are tremendous personal consequences to continually stressed caregivers,” says Dr. Farley. “Loss of family and friends, depression, anxiety, substance abuse, family and marital discord, and even suicide are all consequences of neglecting a clinician’s well-being.”

But Dr. Farley says she did not want to just aim to eliminate burnout. “Health is not the absence of disease,” she explains. “We don’t just want clinicians to *not be* burned out; we want them to thrive and flourish in their careers, to have moments of loving working in medicine.”



(Top) Christiana Care’s “PAWS to De-stress” Program brings therapy dogs into hospital common rooms to offer a respite for busy clinical staff. (Center) Dr. Farley directs Christiana Care’s strategy to promote the professional fulfillment and personal well-being of its caregivers. (Bottom) Christiana Care periodically screens thought-provoking films to stimulate productive discussions among clinical staff.

establishing the Center for Provider Wellbeing in 2016. Directed by Dr. Farley, the center is an organization-wide effort that uses a multipronged approach to address individual and institutional sources of provider stress, burnout, and compassion fatigue. Dr. Farley oversees the center’s numerous internal advocacy programs and initiatives that focus on optimizing the experience of providing patient care.

Dr. Farley’s team has created a variety of programs under the umbrella of the center, including:

- Symposia on topics such as preventing physician suicide
- Seminars that give clinician leaders tools to help their teams reap joy from their work
- A coaching program specifically for women physician leaders
- A task force that is addressing the electronic health record user experience
- Ice cream rounds for residents and fellows
- “OASIS rooms,” which provide a relaxing atmosphere for clinicians who need to recharge
- The “PAWS to De-stress” program, which brings therapy dogs into hospital common rooms
- Organized opportunities for clinicians to get together to share experiences, provide mutual support, and socialize outside the workplace.

Dr. Farley says that offering these services to Christiana Care’s providers is part of the health system’s overall commitment to providing excellent patient care. “We need to take care of ourselves if we are to take care of our patients,” says Dr. Farley. “Medicine is a high-risk area of work for its practitioners; we need to foster clinicians’ well-being to deliver on our mission.”

Dr. Farley acknowledges that her mission to maintain the well-being of all of Christiana Care’s providers is a tall order. “It takes an organizational commitment to understand and promote the urgency of this issue,” she says. “It requires infrastructure that is not easy to create.” The best place to begin, says Dr. Farley, is to initiate a conversation about how critical clinician well-being is to quality patient care and the overall health of an entire organization.

“There is no silver bullet,” says Dr. Farley. “But if a lot of people who believe strongly in this are willing to make a commitment, you can make it happen.” 🗨️

## Reference

1. Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Discussion Paper: Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care. National Academy of Medicine; 2017. Available online at: [nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/](https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/). Last accessed April 2, 2019.