



Building Resilience in our Healthcare Workforce: *Insights from Experience*

J. Kim Penberthy, PhD, ABPP

Chester F. Carlson Professor

Psychiatry & Neurobehavioral Sciences

University of Virginia NCI Comprehensive
Cancer Center

Associate Director, Clinician Wellness Program





**Missouri Oncology Society
St. Louis, MO
October 20, 2023**





Learning Objectives

- Describe risk factors for occupational stress and distress in healthcare
- Describe four sources of stress in the healthcare work environment
- Describe effective strategies to address occupational stress and increase resilience



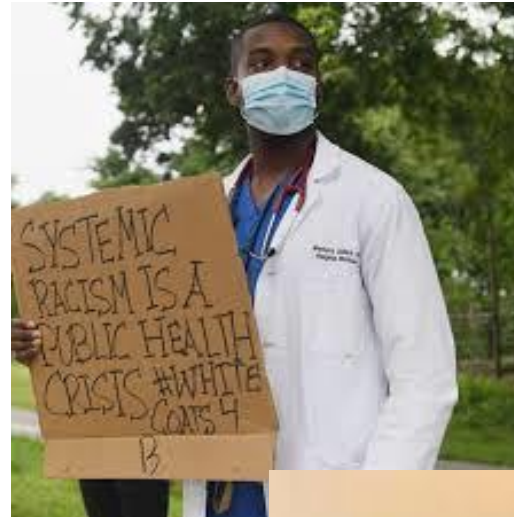
Disclosures

- Dr. Penberthy has published articles and book chapters on this topic and receives royalties
- Dr. Penberthy conducts programs for hospitals and health systems and receives payment for these programs

How are you doing?



Honestly.....



Pause & let your mind catch up with your body



- Breath In
- Breath Out
- Settle and Center
- Attend
- Be Present





Bottom Line Up Front

1. The work you do is stressful, *more so for some, and more so now*
2. Occupational stress creates challenges and risks for *individuals and teams*
3. There are *effective strategies* for improving coping and resilience in stressful environments and maintaining your and your colleagues' mental health



Why is there a problem? *Risk Factors*

1. Characteristics, stress level, and strengths/weaknesses of skills of the **person/team**
2. Characteristics, stress level, and strengths/weaknesses of the **environment/institution/organization**



Why is there a problem?

Risk Factors

1. Characteristics, stress level, and strengths/weaknesses of skills of the **person/team**

Stress is complex and can be compounded

- *Although stress impacts us all, stress is experienced differently by everyone*
- Some characteristics and personality traits increase **vulnerability** to stress:
 - **Female** physicians have 30–60 % increased odds of burnout (Shanafelt, et al. 2015)
 - **Younger physicians** < 55 years of age have 200% increased risk (Center, et al. 2003)
 - **Having a child younger than 21 years old** increases the odds of burnout by 54% (Center, et al. 2003)
 - Having a **spouse/partner who works as a non-physician HCP** increases the odds by 23% (Dyrbye, 2007)



- **Ongoing stressors** from environment/other people (such as poverty, discrimination, harassment) increase vulnerability.
- **Lack of skills** to mitigate stress, including poor coping and communication skills, increase vulnerability to stress.
- **Stress is contagious:** it can spread and impact families, friends, groups, agencies.



Intense or Prolonged Stress

Wear &
Tear

A fatigue injury

Due to the accumulation of stress from all sources over time without sufficient rest and recovery

Life Threat

A traumatic injury

Due to an experience of death-provoking terror, horror, or helplessness

Loss

A grief injury

Due to the loss of cherished people, things or parts of oneself

Inner
Conflict

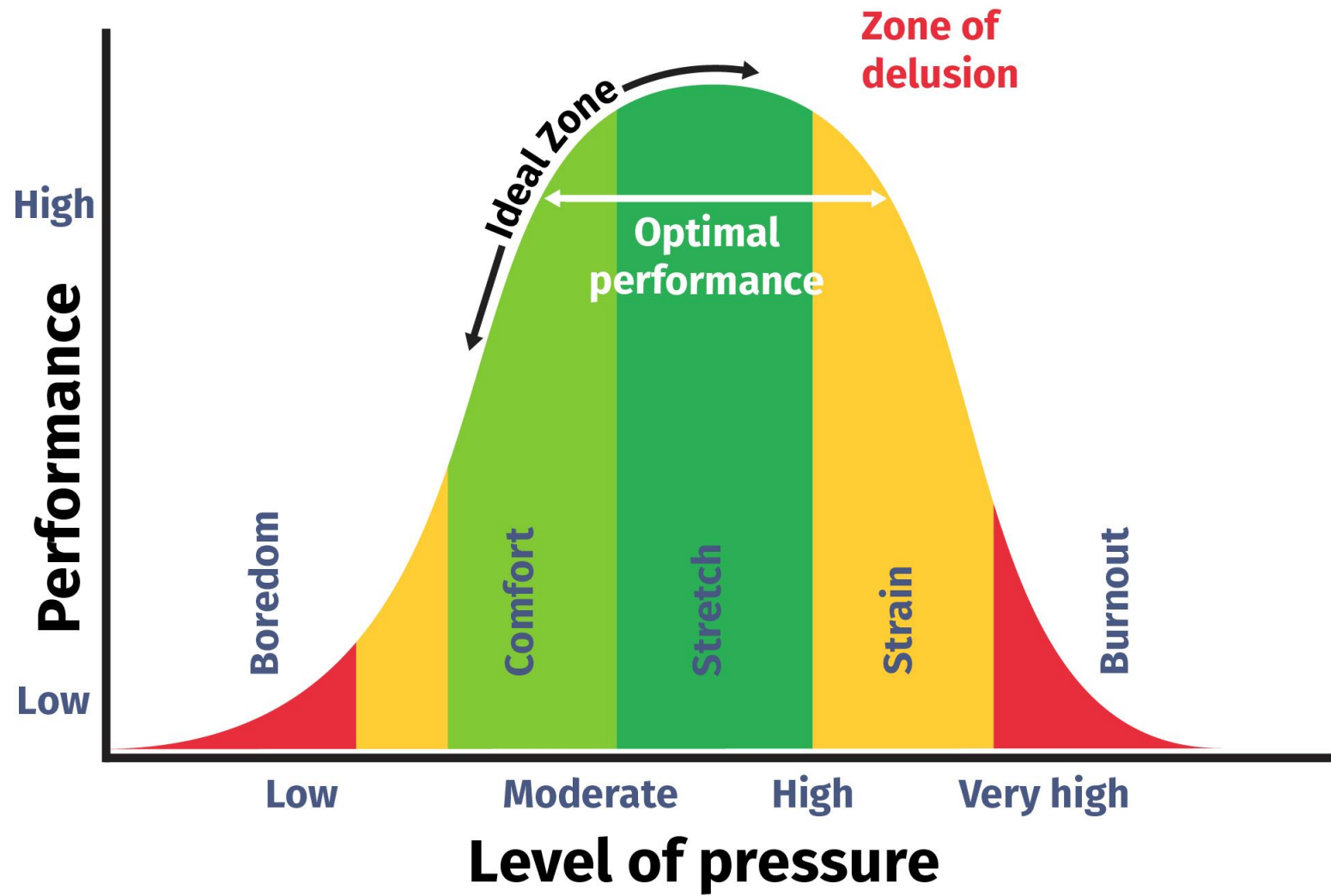
A moral injury

Due to behaviors or the witnessing of behaviors that violate moral values

- Omission
- Commission
- Bearing Witness



Stress & Resilience: The Stress Continuum



Clinician “Burnout”



Caused by **untreated stress over long period of time.**

Can be reliably diagnosed when clinicians manifest one or more of the classic triad:

- 1. Emotional exhaustion**
- 2. Depersonalization, particularly of patients**
- 3. Lack of efficacy, a belief one’s efforts no longer make a difference**

Burnout rates among healthcare workers in general were 54% prior to pandemic and are mid 80% now!



Why is there a problem? *Risk Factors*

2. Characteristics, stress level, and strengths/weaknesses of the **environment/institution/organization**



Healthcare Environment

- Clinicians now spend roughly **two-thirds** of their professional time on non-reimbursed paperwork (Sinsky, et al., 2018).
- Increased numbers of administrators is associated with **increased cost of healthcare but not improved outcomes** (Woolhandler, Campbell & Himmelstein, 2003).
- **Increasing lack of autonomy of providers.**
- ***COVID and all the ramifications that have followed!***



Person X Environment

- Stressed/overworked providers
- Lack of self-care or lack of coping skills
- Impaired interpersonal communication skills
- Feels un- or under-appreciated
- Perceived lack of support or appreciation from environment
- “Responsibility without authority”

= STRESS AND BURNOUT





- **Maslach burnout inventory**

Maslach C., Jackson S.E. The Measurement of Experienced Burnout. (1981) *J. Organ. Behav.*, 2:99–113.

- **emotional exhaustion**
- **depersonalization**
- **personal accomplishment**

- **Burnout Assessment Tool (BAT)**

Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT)-Development, Validity, and Reliability. *International journal of environmental research and public health*, 17(24), 9495.

- **Professional Quality of Life**

Stamm, B. H. (2010). The ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue). Pocatello, ID: ProQOL.org.

- **Compassion satisfaction**
- **Compassion fatigue**
- **Burnout**
- **Secondary trauma**

- **Perceived Stress Scale**

Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.



- 2020 survey of ASCO **45% of medical oncologists** reported experiencing emotional exhaustion and depersonalization related to burnout
- Medscape Oncologist Lifestyle, Happiness & Burnout Report 2023: **28% of male oncologists** reported burnout and/or depressed and **50% of female oncologists** said they felt burned out and/or depressed)
- 2023 study of **cancer care workforce** (mostly nurses and physicians) from around the globe showed significant levels of burnout, diminished coping abilities, and reduced resilience among cancer care professionals
 - Reduced resilience was correlated with increased burnout scores
 - Adaptive coping strategies were associated with lower burnout



- Burnout is associated with higher rates of **personal health complaints, sleep disturbance, anxiety and depressive symptoms, etc.**
- Burnout doubles the prevalence of **suicidal ideation**
- Burnout is linked to **negative patient satisfaction**
- Burnout is linked to **increased medical errors**
- Burnout is strongly associated with **reduced job satisfaction and increased quitting**

Niven, A. S., & Sessler, C. N. (2022). Supporting Professionals in Critical Care Medicine: Burnout, Resiliency, and System-Level Change. *Clinics in Chest Medicine*, 43(3), 563-577.

What are the solutions?

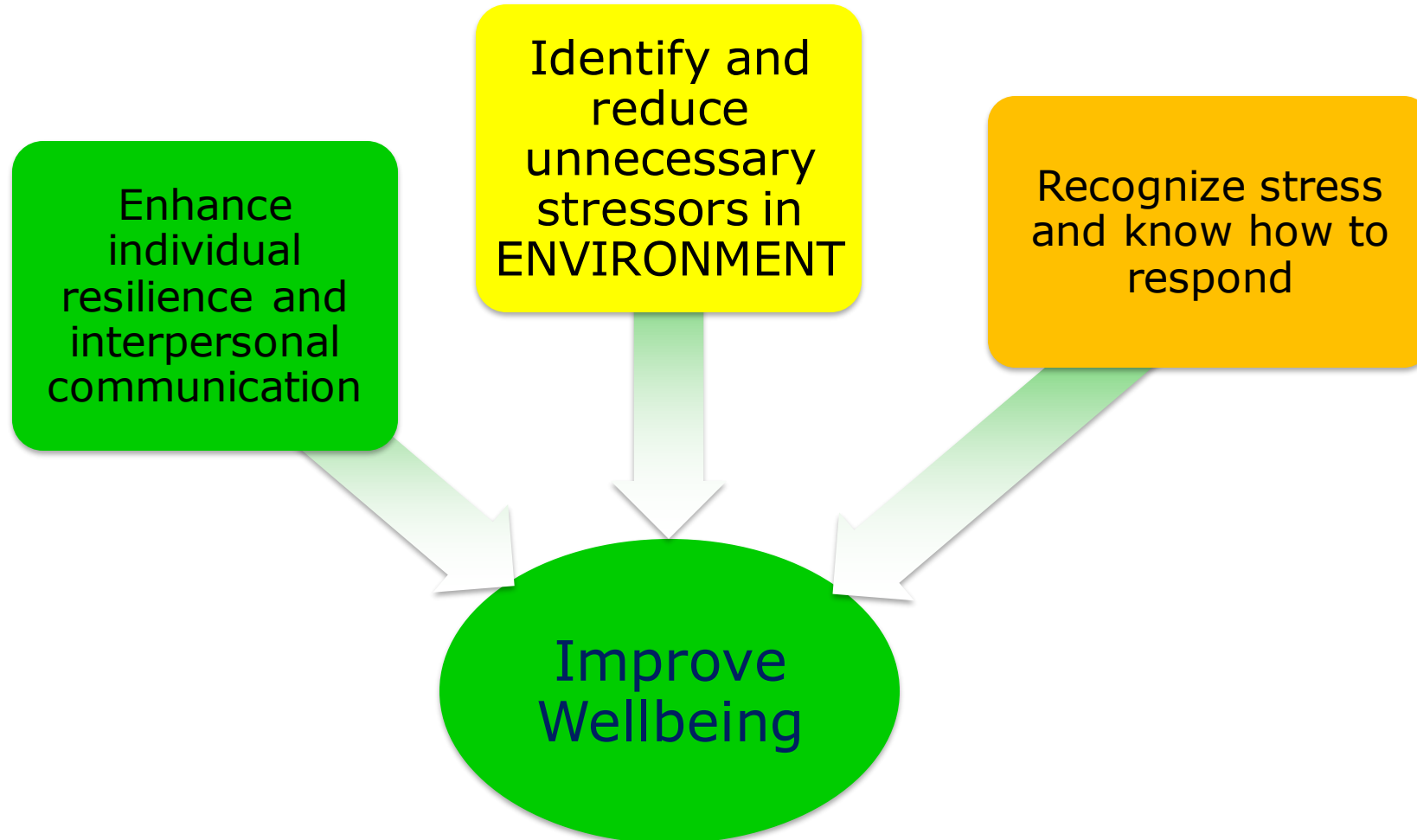


- Things we have less control over
 - systems
 - policies
 - other people
 - COVID!



- **Things we have more control over**
 - **what we pay attention to**
 - **our mood and thoughts**
 - **what we do and say**
 - **how we do and say**





Wellness



Assessment

Self-Check
Resources

Stress
Check
App

Prevention

Positive
practices

Communication skills/
Stress First
Aid

Team
development

Intervention

Department
/ Unit/Team
level
intervention

1:1/
CE
Offerings

Programs at UVA:

- Clinician Wellness Program (CWP)/Fitness for Duty
- COACH: Academic Remediation Program for Residents
- Behavioral Emergency Response Team (BERT)
- Effective Coping & Communication Skills (ECCS) for Clinicians CME
- Wisdom & Wellbeing and Peer Support Program (WWP)
- Stepping In for Respect: Anti-discriminatory Behavior Education & Training
- Compassionate Care Initiative (CCI) with School of Nursing



- **Individual strategies**
- **Work unit/Team strategies**
- **Institution/Organizational strategies**





- The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress
- Resilience can also involve coping skills as well as profound personal growth





- Early supportive developmental history is a plus
- You can learn strategies to increase resilience
- Developing resilience is a personal journey
- Different things work for different people at different times....so it is good to have many options
- Being resilient does not eliminate stress or difficulties

Five Essential Needs When Stressed that Build Resilience



Effective stress interventions need to:

- Promote sense of safety
- Promote calming/reduce physiological arousal
- Promote healthy connectedness
- Promote sense of self- and collective-efficacy
- Promote hope

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry* 70(4), 283-315.

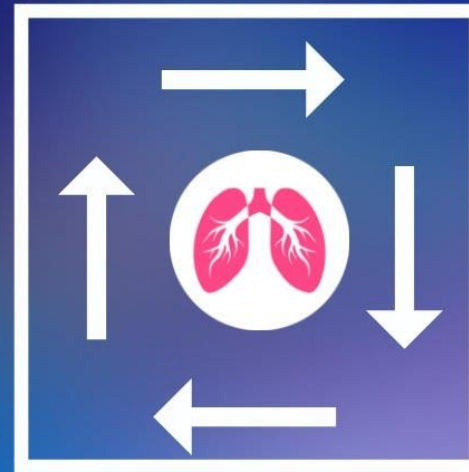


- Check in with yourself
- Resist denial or avoidance
- Recognize what you can and cannot control
- Focus on acceptance



- The Four Square/Box breathing technique
- Using the breath to calm and focus
- Practice several times

BOX BREATHING EXERCISE



NAVY
SEAL
METHOD

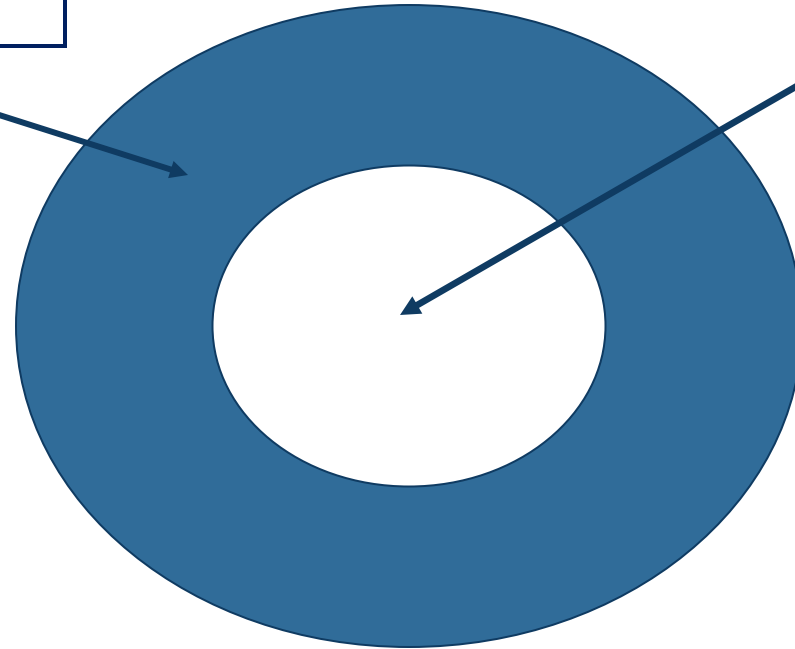
REDUCE ANXIETY & STRESS



Approach and Accept: What can you actually control?

Circle of concern

The weather
What other people do
What other people think
What other people feel
The past
Getting old
Our family
Traffic
The economy



Circle of influence

What I pay attention to
What I do and how I behave
What I say and how I express myself
My attitude
How hard I try
What I think
Where I focus my efforts
My values



STOP Technique

Stop: *pause for a moment*

Take a Breath: *to calm*

Observe: *what am I feeling?*
What are my goals?
What are my choices?

Proceed with awareness





- **Building a positive work environment:** A culture change intervention that focused on improving communication and collaboration among healthcare providers led to a 30% reduction in burnout among physicians (Shanafelt et al., 2016).
- **Supportive leadership:** Leadership intervention that focused on improving leadership skills and providing coaching led to a 12% reduction in burnout among physicians (West et al. 2015).
- **Improving work-life balance:** Implementing flexible work schedules, reducing workload, and providing support for childcare and other personal obligations. One study found that a work-life balance intervention that included coaching, workshops, and organizational changes led to a 17% reduction in burnout among physicians (West et al., 2014).



- **Observe**: Notice if someone is stressed
- **State observations**: Ask about it
- **Clarify Role**: Let them know you want to help, listen, etc.
- **Ask why**: What's up with them? They OK? Anything the matter?
- **Respond**: Provide guided options. Do what you can...even if just to listen





Assuming Positive Intent and QTIP

- Assume that people are showing up with the intention to do good work.
- Often things are not about us – so tell yourself,
“QTIP: Quit Taking It Personally!”





Individual Presenting with Burnout

Challenges

- Excessive workload
- Poor self-care
- Heavy emotional & cognitive load
- Work-life out of balance

Strategies

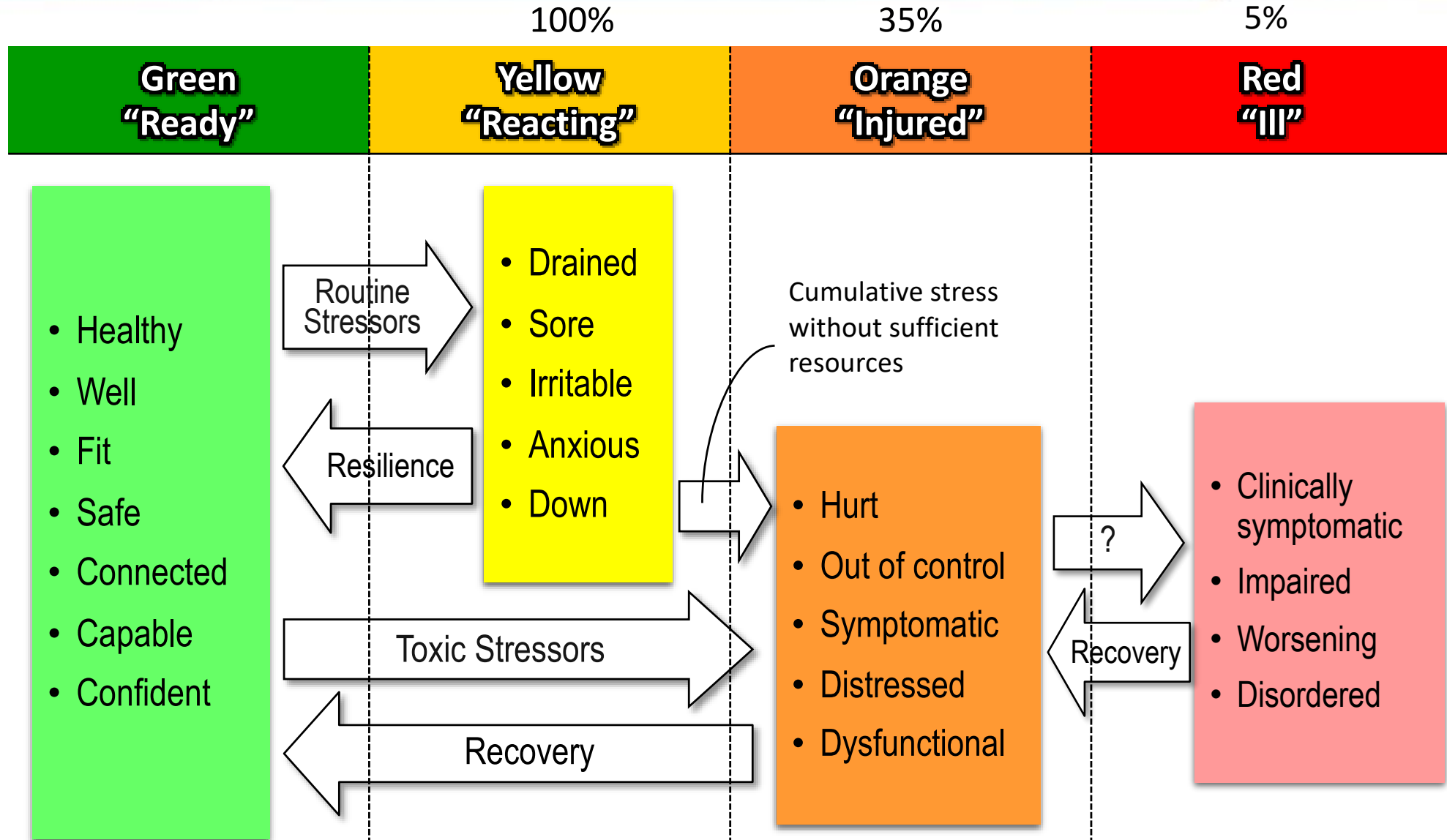
- Prioritize realistic, value-based goals
- Delegate duties you can
- Improve sleep, nutrition, exercise
- Aim for down time
- Cultivate positive social support systems





- **Implementing electronic health record (EHR) optimization:** An EHR optimization intervention led to a 40% reduction in burnout among primary care physicians (Shanafelt et al., 2019).
- **Reducing administrative burden:** A comprehensive administrative burden reduction program led to a 20% reduction in burnout among physicians (Woolf et al., 2018).
- **Promoting team-based care:** A team-based care intervention led to a 30% reduction in burnout among primary care physicians (Sinsky et al., 2017).
- **Improving communication and feedback:** A feedback and communication intervention led to a 26% reduction in burnout among physicians (Shanafelt et al., 2015).
- **Reducing work hours:** Reducing work hours from an average of 60 to 40 hours per week led to a 10% reduction in burnout among physicians (Shanafelt et al., 2016).

Stress Zone Transitions





Check In:
Where are you on the Stress Continuum?
What about the Unit?
UVA?

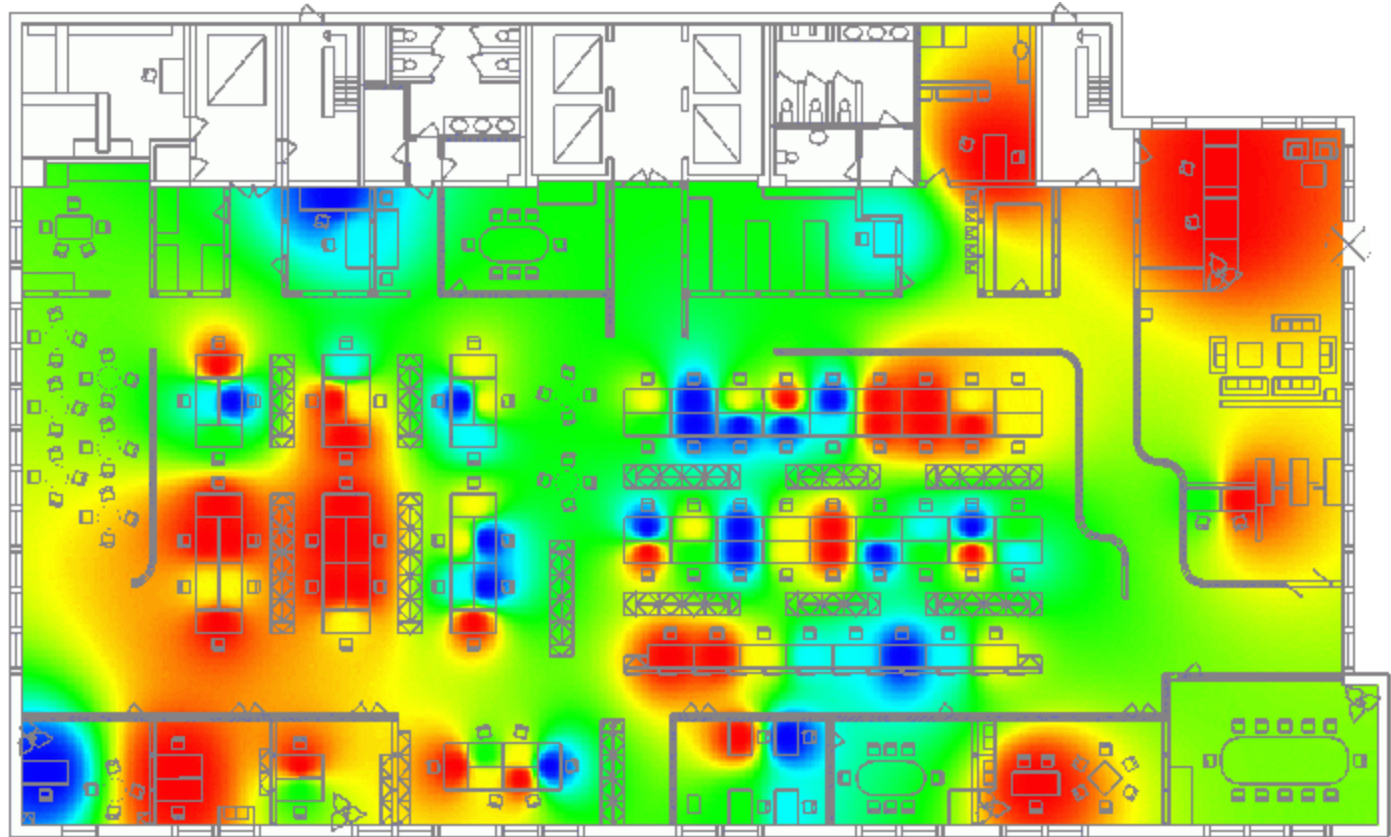


What brings me meaning now?

How might I live in joy right now?



Stress Heat Map



10 Daily Practices



1. Take a few minutes on the way to work to be **quiet** and to **focus** on being in the **present**. Remind yourself why you do the work you do. Remember your **values** and use them as guideposts for decisions.
2. Focus energy on those things under your **control** and practice **letting go** of those things that you **cannot change or influence**.
3. Stop for a few moments before beginning a new activity to re-center. Give yourself time to "**switch gears**" or "**Get in and Breath**"
4. Practice **really listening** and understanding other people's perspectives. Seek first to understand and then to be understood.

10 Daily Practices



5. If a difficult encounter arises with another person use **“STOP.”** Stop. Take a breath. Observe. Proceed with awareness.
6. Remember to **assume positive intent** – we all came to work to do a good job!
7. Write down **three positive things** each day and their causes. Focus on gratitude.
8. During the day, if tension builds, take a moment to focus on breathing - **REMEMBER TO BREATHE!!**
9. Meditate for 5 minutes twice a day!



- Ducar, D. M., Penberthy, J. K., Schorling, J. B., Leavell, V. A., & Calland, J. F. (2020). Mindfulness for healthcare providers fosters professional quality of life and mindful attention among emergency medical technicians. *Explore*, 16(1), 61-68.
- Mayer EN, Lenherr SM, Hanson HA, et al. The impact of COVID-19 on urology resident education: A national survey. *Urology*. 2020;144:44-49.
- Medisauskaite, A., & Kamau, C. (2019). Reducing burnout and anxiety among doctors: Randomized controlled trial. *Psychiatry research*, 274, 383-390.
- Nash, M. W., Westphal, R. J., Watson, P., & Litz, B. (2010). *Combat and Operational Stress First Aid*. Washington DC: Department of Defense.
- Penberthy, J. K., Chhabra, D., Ducar, D. M.,... & Schorling, J. (2018). Impact of coping and communication skills program on physician burnout, quality of life, and emotional flooding. *Safety and health at work*, 9(4), 381-387.
- Pugliese G, Solazzo A, Bozzuto L, et al. Burnout in urology residents: a systematic review. *Minerva Urol Nefrol*. 2021;73(1):87-94.
- Penberthy, J. K, & Penberthy, D. R. (2018). The Physician's Dilemma: Healthcare and Bureaucracy in the Modern World. *Groupthink in Science: Greed, Pathological Altruism, Ideology, Competition, and Culture*. D. Allen and B. Howell, Eds. New York: Springer.
- Watson, P. J. & Westphal, R. J. (2020) *Stress First Aid for Health Care Workers*. National Center for PTSD. <https://www.researchgate.net/publication/344450660>
- Westphal, R. J. *Beyond Burnout and Bullies: Addressing Healthcare Occupational Stress*.
- Voss, J. D., May, N. B., Schorling, J. B., Lyman, J. A., Schectman, J. M., Wolf, A. M., ... & Plews-Ogan, M. (2008). Changing conversations: teaching safety and quality in residency training. *Academic Medicine*, 83(11), 1080-1087.
- Warburton, K.M. & Shahane, A.A. (2020) Mental Health Conditions Among Struggling GME Learners: Results From a Single Center Remediation Program. *J Grad Med Educ*; 12 (6): 773–777.
- Zhao X, Hu J, Wang Y, et al. Burnout among urology residents: a systematic review and meta-analysis. *World J Urol*. 2021;39(2):467-475.

“The world breaks everyone
and afterward many are
strong at the broken places.”

~*Ernest Hemingway*



Thank you!

Thank you!

