Resilience: The Science and Practices for Enhancing Caregiver Well-being

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EXPLORATORY

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INTRODUCTION

There is currently an epidemic of physician burnout in the United States, and it has a pervasive negative effect on all aspects of medical care, including healthcare provider and caregivers’ career satisfaction. According to one researcher, numerous global studies involving nearly every medical and surgical specialty indicate that one in every three physicians is experiencing burnout at any given time (Shanafelt, 2009). The 2015 Medscape Physician Lifestyle Survey reported an even higher burnout rate – 46 percent of physicians, up from 39.8 percent in the 2013 survey. (Medscape Physician Lifestyle Survey, 2015). A third study of 6880 physicians in 2014 showed physicians had a risk of burnout that was twice as great as that of the broader population (Ariely, 2015). Burnout and job dissatisfaction are on the rise with serious implications for our healthcare environment and patient care.

Burnout is directly linked to an impressive list of undesirable outcomes, including: lower patient satisfaction and care quality, higher medical error rates and malpractice risk, higher physician and staff turnover, physician alcohol and drug abuse and addiction, and increased rates of physician suicide (Drummond, 2015). Unfortunately, although physician burnout is increasingly common and damaging, it remains an off limits subject in many workplaces. Stress management and burnout prevention have traditionally not been covered in detail in many medical schools or residency training programs, although there is evidence this is changing. Individual and medical group resiliency is an important issue for administrators to recognize and be knowledgeable about to successfully lead and provide necessary support for their caregivers.

This paper will explore burnout’s origin, symptoms, and causes. There will be an exploration of the topic of resilience as a quality either possessed or learned by individuals and supported by the culture of organizations. The paper will conclude with discussion and presentation of multiple
validated methods to lower stress levels, build personal and professional resilience, and improve wellness leading to a more ideal practice.

To provide research for this paper, a literature review has been conducted which includes peer-reviewed articles from *Harvard Business Review, Family Practice Management, Mayo Clinic, Stanford Medicine WellMD, American Academy of Family Practice*, and other scholarly web sources along with a personal interview of a primary care residency program director.

**BACKGROUND**

What is well-being?

The National Wellness Institute defines wellness as an active process through which people become aware of and make choices toward a more successful existence (*About Wellness*, 2018). Dr. Bill Hettler, co-founder of the National Wellness Institute, developed a well-regarded and concise theory of wellness and lifestyle improvement in 1977. The theory states that in order to lead a vital, fulfilling and balanced life certain lifestyle dimensions need to be met. When one or more dimensions is missing or falls short, the imbalance sets off an effect that throws off the equilibrium and poise of an individual’s life.

The dimensions of wellness are:

**Physical** - The ability to maintain a healthy quality of life that allows a person to get through their daily activities without undue fatigue or physical stress. The ability to recognize behaviors that have a significant impact on wellness and adopting healthy habits while avoiding destructive habits.

**Emotional** - The ability to understand and cope with the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness, or stress; hope, love, joy, and happiness in a productive manner.
Spiritual - The personal matter involving values and beliefs that provide purpose to one’s life.

Environmental - The ability to recognize responsibility for the quality of the air, the water, and the surrounding land. The ability to make a positive impact on the quality of the environment at home, within the community, or around the planet.

Social - The ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends, and co-workers.

Occupational - The ability to get personal fulfillment from a chosen career field while still maintaining balance in life. The desire to contribute in a career to make a positive impact on the organizations we work in and to society as a whole (Seven Dimensions of Wellness, 2018).

It is the full integration of all the dimensions of well-being in balance that leads to a state of well-being. Each of these dimensions act and interact in a way that contributes to a persons’ overall quality of life.

In a recent study, Dr. Ylenio Longo at the University of Nottingham, England, examined similarities and differences across the perspectives on well-being. He identified fourteen distinct and recurring constructs that are used to describe well-being: happiness, vitality, calmness, optimism, involvement, self-awareness, self-acceptance, self-worth, competence, development, purpose, significance, congruence, and connection (Longo, 2017). The study validated these constructs for use in the development of a well-being questionnaire. The increasing complexity of the healthcare environment compounded by the changing pressures of the practice of medicine are putting intense strain on the ability of healthcare providers to maintain their overall well-being as individuals.
What is burnout?

Burnout is the condition that results from chronic inability to emotionally recover from distress of work in down time. Burnout is not simply work stress and overload. It is a three component syndrome that arises in response to chronic stressors on the job (Valcour, 2016). The three major components of provider burnout are: physical and emotional exhaustion, depersonalization or cynicism, and reduced sense of personal accomplishment. Exhaustion is demonstrated as a caregiver’s physical and emotional energy levels being extremely low and in a downward spiral. A common expression at this point is, “I’m not sure how much longer I can keep going like this.” Depersonalization is signaled by cynicism, sarcasm, and the need to vent about patients or the job. This is also known as compassion fatigue. At this stage, caregivers are not emotionally available for patients or anyone else. Lack of efficacy or the beginning of doubting the meaning and quality of the work manifests as thinking, “What’s the use? My work doesn’t really serve a purpose anyway.” (Drummond, 2015). There may also be worry that the caregiver will make a mistake if things don’t get better soon. Behaviors of conflict avoidance or general disengagement are common in provider burnout situations.

Burnout reflects a mismatch between a healthcare provider and their work. Surveys and interviews of more than 10,000 people across a wide range of organizations in several countries revealed that most mismatches fall into six categories:

- Workload (too much work, not enough resources)
- Control (micromanagement, lack of influence, accountability without power)
- Reward (not enough pay, acknowledgement, or satisfaction)
- Community (isolation, conflict, disrespect)
- Fairness (discrimination, favoritism)
- Values (ethical conflicts, meaningless tasks)
These six categories provide a framework of organizing to diagnose which categories are especially troublesome and then to design interventions that target the problems areas (Maslach, 2008).

*What is resilience?*

Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at a minimum psychological and physical cost. Resilient individuals bounce back after challenges while also growing stronger (Zwack, 2013). Developing resilience is the process of learning from experiences to adapt well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It is sometimes referred to as “bouncing back” from difficult experiences (www.apa.org). Resiliency is the capacity to recover from difficulties, the ability to spring back into shape, or the ability to withstand stress and catastrophe.

Generally speaking, resiliency improves with age and exposure to challenging situations where individuals are able to learn to solve problems. Research has shown that resilience is ordinary, not extraordinary. Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, developing resilience is likely to involve considerable emotional distress. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone. Qualitative study over the past 25 years on provider stress suggests that it is possible to enhance resilience (Epstein, 2013). One way resiliency can be deliberately enhanced is by learning self-management skills and connecting with meaning and purpose in one’s life. After researching many theories, Contu concludes that resilient individuals share three unique traits: a resolute acceptance of reality, a sense that life is meaningful, and an exceptional ability to improvise (Coutu, 2002).
In addition to improved physical and mental health, some of the other individual benefits of increased resiliency are: reduced suffering and ability to identify signs of burnout early, increased compassion and empathy, and a reconnection with the joy and purpose of practice. There are also benefits for medical practices such as less staff turnover, reduced or avoided costs to recruit and replace burned out physicians, fewer medical errors, increased patient satisfaction, and an overall improved work environment.

THE CONSEQUENCES OF BURNOUT

The field of medicine can be quite stressful, as it is both emotionally demanding and logistically rigorous, which can be a recipe for suffering burnout. The 24/7 nature of the job constantly being on, with always more to do and regulatory and compliance tasks can create a heavy and sometimes burdensome workload for many healthcare professionals. Healthcare workers are notorious for neglecting their own care and not taking time for their own well-being. Whether a medical practice approaches well-being to improve its employee engagement, retain talent or meet its mission to create a healthier community, well-being drives significant business and patient care outcomes.

Healthcare workers who are thriving in three or more dimensions of well-being are more likely to be at work every day, because they have fewer unhealthy days that prevent them from doing their usual activities than do those with lower well-being. High levels of well-being supports mental health and resiliency. Healthcare workers who are thriving in three or more well-being dimensions are also more likely to report bouncing back quickly from illness, injury or hardship than those who are not (Wood, 2015).

Employees with high well-being in most or all dimensions also save their employers’ money in healthcare costs and turnover, being 81% less likely to seek out a new employer in the next year
comparing with adults who are only thriving in their physical well-being (Wood, 2017). Considering the undeniable link between well-being and performance, it makes sense that many employers offer wellness resources and information. However, there are medical practices that are struggling to get their workplace well-being strategies off the ground.

Cross-sectional studies have linked physician burnout with suboptimal patient care practices as well as with a doubled risk of medical error and a 17% increased odds of being named in a medical malpractice suit (West, 2018). These associations alone do not prove that burnout affects patient care. However, a recent longitudinal Internal Medicine Resident Well-Being (IMWELL) Study found that higher levels of burnout were associated with increased odds of reporting a major medical error in the subsequent three months (West, 2018). Self-perceived major medical errors were also associated with worsening burnout, symptoms of depression, and decrease in quality of life, suggesting a relationship between medical errors and distress. Other studies have associated physician burnout with decreased productivity, job dissatisfaction and more than doubled self-reported intent to leave current practice for reasons other than retirement. The research supports the relationship between burnout symptoms and physicians leaving their clinical practices (West, 2018). In addition to the obvious effects on providers’ lives, these practice changes may reduce patient access to care and further strain healthcare systems already struggling to meet the needs of the populations they serve.

CONTRIBUTORS TO BURNOUT

The practice of clinical medicine itself can be a major stressor. A growing body of evidence suggests that burnout among healthcare workers is an unforeseen result of a demanding and continuously high-stress work environment, time pressures, workload, multiple roles, and emotional issues in the US healthcare system (Tsuchiya, 2017). Being a caregiver has been and
always will be a stressful job. This is a fundamental feature of the profession for the simple reason of dealing with hurt, sick, scared, dying people, and their families. This type of work takes energy even on the best of days. In addition to the stress of caring for patients, each specific caregiver role has its’ own set of unique stresses. They include the hassles of call rotation, compensation formula, the local healthcare politics associated with the hospital and provider group, the personality clashes in the practice, leadership, the care team, and others.

In an ideal world, personal life is the place where a person is able to recharge from the energy drain at work. Multiple situations could arise at home that eliminate the opportunity to recharge. Life outside of practice then switches from a place of recharge and recuperation to an additional source of stress. Cross-sectional studies of physicians have found independent relationships between burnout and physician sex, age, educational debt, relationship status, age of children and spousal/partner occupation. Although sex is not consistently an independent predictor of burnout after adjusting for age and other factors, some studies have found female physicians to have 20–60% increased odds of burnout (West, 2018). A Norwegian study reporting burnout scores found higher exhaustion levels among women, in whom burnout was notably linked with home conflicts, and higher disengagement levels among men in whom burnout was most strongly predicted by workload. Younger physicians also appear to be at increased risk of burnout symptoms, with those less than 55 years old at more than double the risk of those older than 55. Having a child younger than 21 years old has been found to increase the risk of burnout by 54%, and having a spouse/partner who works as a non-physician healthcare professional has been shown to increase burnout risk by 23% (West, 2018). Individual characteristics, such as personality and interpersonal skills, and personal experiences may influence how physicians cope with stress. However, individuals who choose to become physicians do not appear to be inherently more vulnerable to stress and burnout, emphasizing the importance of work-related, organizational and healthcare system factors in the current physician burnout crisis.
Several important character traits essential to graduating from medical school and residency emerge during the pre-med years. The same traits responsible for success as caregivers simultaneously set up for suffering burnout down the road. In addition, caregivers inherently exhibit two prime directives; “The patient comes first”, and the much more powerful “Never show weakness”. Put these personality traits together with extensive training and you have the complete conditioning of a well-trained caregiver. Traits encouraged in training and responsible for success (e.g., perfectionism) may make caregivers more susceptible to burnout (Drummond, 2015).

Outside of healthcare, there is a management saying, “People don’t quit companies; they quit their boss.” There is wide acceptance that work satisfaction and stress levels are powerfully affected by the leadership skills of immediate supervisors. A recent study shows a direct relationship between the quality of the direct supervisor and burnout and job satisfaction levels (Shanafelt, 2015).

ASSESSMENT

The most widely used and accepted standard for burnout diagnosis is the Maslach Burnout Inventory (MBI), developed by Christina Maslach and her colleagues at the University of San Francisco in the 1970’s. Maslach described burnout as “an erosion of the soul caused by a deterioration of one’s values, dignity, spirit, and will” (Maslach, 2008). The MBI is an introspective psychological inventory consisting of 22 items pertaining to occupational burnout. The original form of the MBI was constructed with the goal to assess an individual's experience of burnout. The MBI measures the three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment and takes between 10–15 minutes to complete. There are five versions of the MBI including the Human Services Survey for Medical Personnel (MBI-HSS (MP)). All MBI items are scored using a seven level frequency scale from "never" to “daily." Each scale
measures its own unique dimension of burnout. Scales should not be combined to form a single burnout scale. There are score ranges that define Low, Moderate and High levels of each component/scale based on the 0-6 scoring.

There are a number of other survey methods, but regardless of the method used the importance of understanding and measurement of the impacts to caregivers, patients, and the overall medical group practice is a first step in developing appropriate and meaningful interventions. The most successful approaches are those viewed as a shared responsibility of both the individual and the organization (West, 2018).

A risk for practice administrators is lack of awareness regarding the economic costs of physician burnout and uncertainty regarding what to do to address the problem. The business case to address physician burnout is multifaceted and includes costs associated with turnover, lost revenue associated with decreased productivity, as well as financial risk and threats to the organization’s long-term viability due to the relationship between burnout and lower quality of care, decreased patient satisfaction, and problems with patient safety. Critical ingredients to making progress include prioritization by leadership, physician involvement, organizational learning, metrics, structured interventions, open communication, and promoting culture change at the work unit, leader, and organization level (Shanafelt, 2017).

BUILDING RESILIENCE

There are two elements to addressing caregiver burnout: the individual and the organizational. The first key to building resilience for practice administrators and healthcare leaders is to fully assess and understand the reality of the situation and resist the tendency to use denial as a coping strategy. Facing the true nature of the problem can be a matter of successful survival in today’s healthcare
Increasing the ability of healthcare providers to perform more efficiently under conditions of stress is a realistic way of adding to the value of healthcare.

Developing resilience is a personal journey and people do not all react the same to traumatic and stressful life events. An approach to building resilience that works for one person might not work for another. A person's culture might have an impact on how he or she communicates feelings and deals with adversity, for example, whether and how a person connects with significant others, including extended family members and community resources. The practice administrator plays an important role in supporting caregivers and providing the means and opportunity for a developmental approach that best fits the individual needs.

Using past experiences as sources of personal strength can aid in learning about successful strategies for building resilience. Exploring reactions to challenging life events leads to discovering how to respond effectively during difficult situations. Considering what kinds of events have been most stressful along with how they typically affect an individual can lead to helping identify personal strategies for handling adversity and building resilience for the future (Monitor on Psychology, 2018).

The other key role of healthcare leaders is to create and sustain an organizational environment that optimizes high quality, safe, and effective patient care. The leader’s role is not confined to ensuring the best possible physical environment but also extends to providing an organizational culture that supports healthcare team members in the often stressful work of direct patient care (Pipe, 2010). A positive approach is to empower staff and other healthcare team members with effective skills and techniques to help them transform stressful situations into productive problem-solving scenarios. Adopting effective personal stress management techniques can translate into better self-awareness and lead to more effective communication and an overall safer patient care environment.
A strong safety culture leads to better outcomes for both caregivers and patient health and safety (Minnesota Hospital Association, 2009). Providers suffering burnout often lack the capacity to focus on safety and quality improvement efforts, which can in turn lead to preventable errors and patient harm. Resilient caregivers are effective healthcare team members and are more able to focus on the safety and well-being of their patients and themselves.

Caregivers who exhibit proactive planning traits often anticipate potential problems and take steps to avoid creating imbalance and added stress. Examples included advanced schedule planning, constant fostering of the patient-physician relationship, planning for continuing medical education, setting limits, and developing an environment of mutual support with staff and colleagues. Caregivers prone to exhibit reactive responses generally use stress strategies only after suffering (Lee, 2009).

*Individual Practices for enhancing caregiver resilience*

Scheduling essential personal items before work items on the calendar is an effective tactic for gaining control over time wasters. This practice can increase control and integration of work-life blend. A personal schedule may include the number of hours of sleep that are ideal, frequency and duration of exercise, downtime strictly for recreation, alone time and time for attention to nutrition. The practice of structured scheduling also ensures that if everything does not fit within the time allotment, a prioritizing exercise or skills can be developed. It is essential to replenish physical and emotional energy, along with the capacity to focus, by prioritizing good sleep habits, nutrition, exercise, social connection, and practices that promote equanimity and well-being, like meditating, journaling, and enjoying nature (Finkelstein, 2017).
While rest, relaxation, and replenishment can ease exhaustion, curb cynicism, and enhance efficacy, they do not fully address the root causes of burnout. Back at the office, there may still be the same impossible workload, untenable conflicts, or scarcity of resources. This may necessitate the need to take a closer look at mindset and assumptions. Reflective questioning such as, “What aspects of this situation are truly fixed, and which can be changed?” begin to identify actionable interventions and creative problem solving. Altering of perspective can buffer the negative impact of even the inflexible aspects. If exhaustion is a key problem, asking which tasks could be delegated will free up meaningful time and energy for other important work. This approach may open up ways to reshape a job in order to gain more control or to focus on the most fulfilling tasks. If cynicism is a major issue, examine whether changes can be made to the parts of the organization that frustrate, while engaging in the specific role and the whole enterprise. Determine ways to build positive, supportive relationships to counteract the ones that are draining. If a caregiver is feeling ineffective, determine what assistance or development they might seek out. If recognition is lacking, implement ways to engage in some personal branding to showcase an individual’s work.

An effective strategy particularly when burnout is driven by cynicism and inefficacy, is seeking out rich interpersonal interactions and continual personal and professional development. A practice administrator or provider leader can promote finding coaches and mentors who can help identify and activate positive relationships and learning opportunities. Volunteering to advise others is another effective way of breaking out of a negative cycle. Although it seems counterintuitive to add more to a packed schedule, people who donate their time and expertise in volunteer service often find it easier to attain personal happiness. In general, people who choose a career in medicine have a thirst for knowledge and intrinsic curiosity. After many years in practice, the problems that were initially challenging may become routine and therefore less engaging. Consider promotion of
knowledge by signing up to learn something new. This does not have to be medicine or career-related in order to be effective (Drummond, 2015).

Support and resources for the caregiver

There are several organizations leading the way in supporting caregiver well-being. Stanford Medicine has launched their WellMD program launched in 2011 (https://wellmd.stanford.edu/). They continue to grow the program locally and nationally expanding, refining, and validating the Stanford Physician Wellness Survey. They also created the first Chief Wellness Officer position at a U. S. academic medical center. The Mayo Foundation for Medical Education and Research provided much of the most significant and up to date reference material used in this exploratory paper.

Mindfulness Based Stress Reduction (MBSR) is a program developed in 1979 by Jon Kabat-Zinn at the University of Massachusetts Medical School. This secular program is based on meditation, self and body awareness and communication skills. It was initially used by patients with chronic diseases and chronic pain and the applications of this program continues to grow. The basic program is eight weeks long for approximately two hours per week. There are now other classes based on the original for specific issues, such as eating disorders, relapse prevention for substance use, and management of recurrent depression. There is growing literature that mindfulness based approaches are very useful in mitigating the stress experienced by healthcare providers (Finkelstein, 2017). Some institutions now have courses specifically for healthcare providers. Both the University of Massachusetts and the University of California, Los Angeles have mindfulness training programs.

Burnout in medical residents is also an extensive and critical issue. It is associated with increased rates of depression, suicide, and poor clinical performance. Increased depressive symptoms among
medical residents are associated with factors encountered during residency, including perceived medical errors, long work hours, and stressful life events. Despite increasing attention to physician burnout, few curricula focus on developing resilience skills for residents (Bird, 2016).

Recently, there has been a call by medical educators to increase resilience training in residency programs. The Accreditation Council for Graduate Medical Education’s Clinical Learning Environment Review Program has tasked residency programs with educating residents regarding burnout prevention (Sawyer, 2018).

Organizational strategies for enhancing caregiver well-being

Most organizations and practices operate under the erroneous framework that burnout and professional satisfaction are solely the responsibility of the individual physician. The prevalence of burnout has been widely recognized for over two decades, yet the lack of awareness regarding the economic costs and uncertainty regarding what organizations can do to positively affect it can be barriers to taking action. There is a strong business case for organizations to invest in efforts to reduce provider burnout and promote well-being. Provider turnover results in substantial expense to organizations in terms of direct costs associated with recruitment as well as lost revenue during recruitment. Calculating the cost to replace a provider, including both recruitment and lost revenue begins to formulate the case for investment in well-being and other engagement efforts.

In order to provide comprehensive support for the stressors that providers experience at work, it is important to consider all of the following drivers:

**Workload and job demands** - Setting realistic productivity targets, alignment and method of compensation, and care team structure and make-up (e.g., use of allied health professionals) are foundational to a sustainable practice design and reaching desired outcomes.
Efficiency and resources - Selection and efficient use of an electronic health record, standardization of routine clinical processes and flows, availability of well-trained support staff and their expertise, are all factors that leads to a model of effective integrated care.

Culture and values - The organization’s mission, values, norms and expectations, equity/fairness, and open communication contribute to an environment of meaningful work for caregivers.

Meaning in work - Culture imbues the practice environment, opportunities for professional development, and matching of work to talents and interests of individuals.

Control and flexibility - Providers empowered with some level of control with the scheduling system, degree of flexibility and control of calendars, call schedule, vacation scheduling, and affiliations that do not restrict referrals fosters engagement.

Social support and community at work - Collegiality in practice environment and across the organization, supported by social gatherings, and team structure develop the spirit of community at work.

Work-life integration - Development of time away policies, promotion of flexible scheduling, and clear expectations/role models supports and encourages self-care and a healthy work-life balance. (Shanafelt, 2017).

CONCLUSION

In exploring current literature and professional resources, there are commonalities in successful individuals and organizations that either promote or exhibit positive results in provider well-being. Provider well-being and performance go hand in hand. A dedication to caregiver well-being strategies and initiatives is pivotal to success. A culture of well-being is predicated on an open and welcoming atmosphere. Organizations and leaders that encourage and support the tenets of well-being, empowerment and engagement create a positive, outcome driven culture. Caregivers are more likely to take ownership of their own well-being when their organizations model and truly exemplify living and working in balance.
The four main aspects of caregiver resilience and well-being involve:

**Attitudes and perspectives** - Including valuing the provider role, maintaining ongoing professional interests, developing self-awareness, and accepting personal limitations. Resilient caregivers demonstrate healthy coping and problem solving skills.

**Balance and prioritization** - Setting limits, taking effective approaches to continuing professional development, and learning to set healthy boundaries for self and others.

**Practice management style** - Confidence in leadership that exhibit sound business management, good supporting healthcare staff, and using effective practice arrangements.

**Supportive relations** - Establishing and maintaining strong relationships which include positive personal relationships, effective professional relationships, and good communication.

Measuring progress and quantifying results is difficult during times of rapid change and industry disruption. Additional studies and learning from the experiences of others will be important for medical practice administrators until the current trend reverses.
Bibliography


