The Culture of Health Care: Are We Making Ourselves Unwell?

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2017 Pediatrics in the 21st Century
Chicago, Illinois
September 15, 2017
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I do not intend to discuss an unapproved/investigative use of a commercial product/device in the presentation.
Goals

1. Convey my sense of urgency.
2. Acknowledge complexity, and the short and long term impact of the culture we create.
3. Emphasize our connections, common mission.
4. Highlight opportunities to lead change.
5. Provide tools & resources for your immediate use.
2017: Where is the Burnout Research Leading?

• The toll is significant.
• At least 50% of physicians experience professional burnout.
• Between 2011 and 2014 burnout increased in all medical specialties in the US.
• Systems level, sustainable approaches are needed.
Burnout Myths

• Too expensive to fix.

• Addressing burnout interferes with our organizational goals.

• Focusing on the individual physician is adequate to prevent or remedy burnout.
• Acknowledgement is key.

• The stigma must lift before progress can be made.

• Candid, repeated dialogue with administration develops trust.

• Standardized benchmarks must be developed and measured.

Are We Making Ourselves Unwell?
Wellness, the Opposite of...

Burnout: the feeling of being overextended and depleted of one’s emotional and physical resources.

- Emotional Exhaustion
- Depersonalization
- Loss of a Feeling of Personal Accomplishment
Yerkes-Dodson Curve (1908)

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Yerkes RM, Dodson JD (1908) The relation of strength of stimulus to rapidity of habit formation. J Comparative Neurology and Psychology 18:459-482
## Positive Traits or Risk Factors?

<table>
<thead>
<tr>
<th>Positive Trait</th>
<th>In Exaggerated Form</th>
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<tbody>
<tr>
<td>Altruism</td>
<td>Loss of sense of self, martyr</td>
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<tr>
<td>Compassion</td>
<td>Compassion fatigue, loss of empathy, depression</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Compulsiveness, self doubt, imposter syndrome</td>
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<tr>
<td>Competitiveness</td>
<td>Isolation, alienation of peers</td>
</tr>
<tr>
<td>Resiliency</td>
<td>Sense of invincibility, unsustainable pace, exhaustion</td>
</tr>
<tr>
<td>High Achievers</td>
<td>Workaholic, burnout</td>
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</table>
Wheel of Life Exercise
Where Are You?

• Take a moment for self-reflection.

• Ask yourself, what is going well?

• Where can you identify a strength?

• How do you cultivate this strength?
Why Do We Care?

Strengths ↔ *Healthy Resilience

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Resilience: The ability to **generate positive emotion** and to **recover from negative emotion** is a modifiable factor closely linked to burnout.

The ability to ‘bounce back’ after being psychologically challenged
Resilience is:

• Teachable
• Learnable
• Measurable
**Common Traits of Resilient People**

<table>
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<tr>
<th>Strong social connections</th>
<th>Able to set reasonable goals</th>
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<td>Emotional awareness</td>
<td>Able to ask for help</td>
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<td>Strong sense of purpose</td>
<td>Take good care of themselves</td>
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*McClafferty 2017*

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- Emotional awareness
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- Able to set reasonable goals
- Able to ask for help
- Take good care of themselves
- Sense of optimism

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Resilience Associations in Physicians

- Sense of humor
- Higher levels of intelligence
- Attention to consistent exercise, healthy nutrition, rest, play, relationships, and coping skills
- Spirituality/organized faith community
- Most powerful predictor for physicians: maintaining caring connection with others
Healthy Resilience

Why should we care?
Sobering Statistics

• Nearly half of all medical students report feelings of burnout by the third year of training.

• Strong associations have been identified between burnout and suicidal ideation.
National Pediatric Trainee Data

Pediatric Resident Burnout - Resilience Study Consortium

https://pedsresresilience.com
Pediatric Resident Burnout - Resilience Consortium

- Describe the epidemiology and relationships between burnout, resilience, empathy and confidence in providing compassionate care by pediatric and medicine-pediatric residents.

- Test interventions that positively impact burnout, resilience, empathy, compassion and wellness and generate evidence that may be useful in addressing similar concerns in all residents and fellows.

McClafferty 2017  https://pedsresresilience.com
Pediatric Resident Burnout and Resilience Consortium
PHASE 1 - 1693/2723 (62%) Residents, 34 Institutions

Burnout Rates by Year and Program

Program Type
- Categorical
- Med/Peds

Proportion with burnout (and 95% CI)

PGY-1
PGY-2
PGY-3
Residency Year

https://pedsresresilience.com
Professional’s Mental Health

Stigma, Stoicism, Consequences

- Competency
- Professionalism
- Quality of patient care
- Career satisfaction
- Substance abuse
- Self prescribing
- Motor vehicle accidents
Male physician: Relative risk ratio 1.4 to general male population

Female Physician: Relative risk ratio 2.27 to general female population.

300-400 medical students and physicians complete suicide annually, equivalent to 2 average sized medical school classes.
Recognizing External Stressors

- Chronic elevated stress
- Patient care demands, EMR
- Environmental and infectious exposures, excessive light, noise
- Chronic fatigue, sleep disruption
- Time constraints, strained relationships – personal and professional

- Lack of exercise
- Frequent exposure to conflict, yet lack of conflict resolution training
- Erratic meals, poor quality nutrition
- Deferred gratification
- Unprocessed emotional or spiritual needs – grief, trauma exposure

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Internal Effects of Stress: Highly Pro-inflammatory.

McClafferty 2017
Telomeres and adversity: Too toxic to ignore.
Blackburn EH¹, Epel ES.

OMID: 23060172 [PubMed – indexed for MEDLINE]
Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603,838 individuals.

Leadership is a Critical Predictive Factor, Distinct From:

- Salary
- Culture
- Specialty
- Personality conflicts
- Workload expectations
- Strategic direction of the organization
- Opportunities for professional development

### Barriers to Seeking Help

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<tr>
<th>Barrier</th>
<th>Statement</th>
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<tr>
<td>Denial</td>
<td>“I’m fine”</td>
</tr>
<tr>
<td>Distortion</td>
<td>“I’m the only one struggling”</td>
</tr>
<tr>
<td>Defensiveness</td>
<td>“I’m worried about practice and license implications”</td>
</tr>
<tr>
<td>Deference</td>
<td>Subordinate in a culture that frowns on weakness</td>
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“If you do not change direction, you might end up where you are heading.”

Lao Tzu
In Summary:

• Heighten awareness of the culture we have created.
• Recognize the cost of unmitigated stress.
• Build on your existing strengths.
• Identify personal and professional obstacles to wellness.
• Remain open-minded and identify useful resources.
• Attitudes are changing, time to dispel the culture of silence.

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1. Create urgency
2. Form a powerful coalition
3. Create a vision for change
4. Communicate the vision
5. Empower action
6. Create quick wins
7. Build on the change
8. Make it stick

Creating the climate for change
Engaging & enabling the organization
Implementing & sustaining for change

Dr. John P. Kotter
Professor Emeritus
Harvard Business School
8 Steps to Leading Change
Thank you
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