

# Promoting Wellness for Medical Students

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# Acknowledgments

Supported by SAMHSA grant SM 60482

# Burnout

- “Job burnout is defined as a response to prolonged exposure to demanding interpersonal situations and is characterized by emotional exhaustion, depersonalization and reduced personal accomplishment”

(Maslach, 2002)

# Burnout: a Continuous Variable

(Maslach, 2002)

- Emotional Exhaustion
  - Emotionally over extended and exhausted by work
- Depersonalization
  - Negative, cynical attitude, treating patients/students/co-workers as objects
- Sense of low personal accomplishment:
  - Feelings of incompetence, inefficiency and inadequacy

# Causes of Burnout

- Overwork
- Sleep deprivation
- Low control/high responsibility
- Inadequate support
- Lack of self-awareness
- Imbalance between personal and professional life

(Shanafelt TD, 2003)

# Prevalence

- 25-60% of practicing physician (several)
- 76% of internal medicine residents (Shanafelt 2003)
- 45 % of 3<sup>rd</sup> year medical students (Dyrbye 2006)

# Consequences of Burnout

- Lower empathy
- Poorer patient care, more errors
- Auto accidents
- Stress-related health problems
- Poor relationships, partner/family stress
- Substance abuse
- Quitting practice

# Why is there Burnout with Physicians?



# Bad Equation

High demands of work

+

**Perfectionism**

+

Feelings of lack of control

+

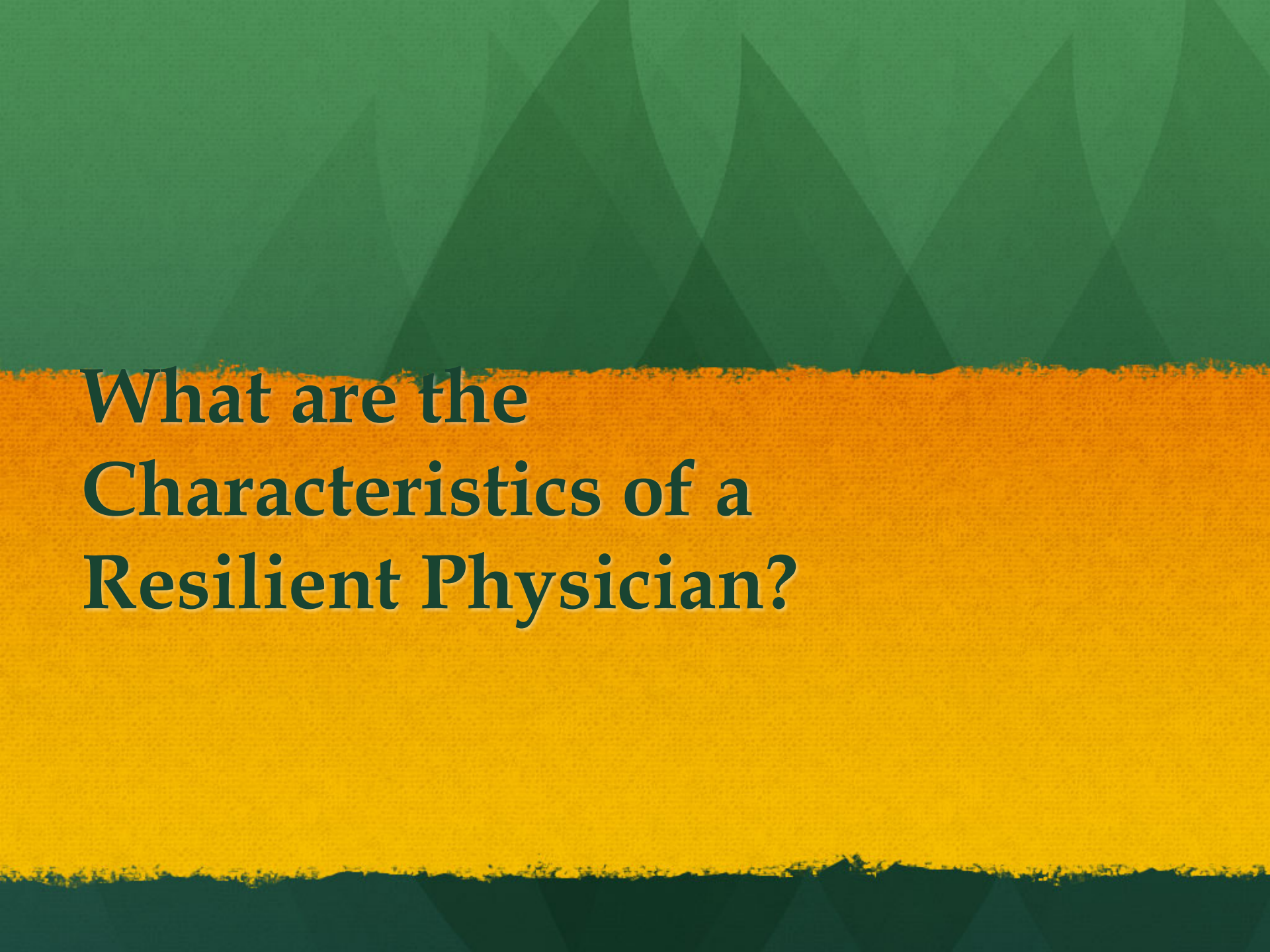
Few Rewards

**= Burnout**

# Psychological strengths and vulnerabilities of physicians (Krasner et al JAMA 2009)

- Thoroughness
- Commitment
- Perfectionism
- Healthy skepticism
- Altruism, stoicism, hard work
- Caring
- Rationality
- Self-criticism
- Over-compulsiveness
- Over commitment
- Inability to make mistakes
- Need for certainty
- Neglecting self-care and family
- Compassion fatigue
- Emotional distance
- Self-deprecation

- **Now lets switch the conversation to what helps protect against burnout!!!**



# **What are the Characteristics of a Resilient Physician?**

**What do you think are characteristics that will help you maintain your personal well-being and help you to be a resilient physician?**

# **If Every Fifth Physician Is Affected by Burnout, What About the Other Four?**

## **Resilience Strategies of Experienced Physicians**

*Julika Zwack, PhD, and Jochen Schweitzer, PhD*

- Goal was to identify **health-promoting strategies** employed by experienced physicians
- Available studies suggest that **burnout levels are high** but what about those physicians who have less burnout

# Resilience Strategies

- Study of Resilience Strategies
- 200 physicians
- 51 general practitioners, 38 psychiatrists, 45 surgeons, and 66 physicians from other disciplines.



# Job Related Gratification

- Gratification from the doctor–patient relationship:

- Interest in the “person behind the symptoms”
- Being **someone whose opinion counts**, who is “given a part to play when there are vital decisions to make”
- Success in establishing good relations between doctor and patient often reflected in patients’ gratitude

- Gratification from medical efficacy:

- Derive energy from the experience of success of healing
- Doing a good job with diagnosis

# Resilience Practices

- Leisure-time activity to reduce stress:

- Physical activity
- Cultural
- Made time to pursue hobbies

## • Contact with colleagues:

- **Exchange of views and experiences with colleagues** → reduction of professional insecurity
- **Feedback from colleagues** → enhanced professional knowledge and expertise
- **Exchanges with colleagues** → reduced emotional pressure caused dealing with difficult patients and complex medical issues

- Cultivation of relations with family and friends:

- Reliable family relations and friendships represented an oasis of stability and understanding.
- They provided relaxation through a change of focus and were beneficial for putting things in perspective.
- Physicians also found it helpful to have relationships with people who are prepared to bring them “down to earth”

- Proactive engagement with the limits of skills, complications, and treatment errors:

- Owning up to uncertainties and not trying to conceal
- Spontaneous phone calls between colleagues;
- Inquiries at lunch with fellow physicians;
- Regular, established quality circles or explicit error management meetings openly addressing misgivings



- Physicians accustomed to **communicating uncertainties and complications openly** and proactively enhance both their emotional and professional security
- Feeling of having learned from one's mistakes by frankly addressing such problems made it easier for many physicians to move on after an adverse event and not to agonize

- Personal reflection:

- Consciously and regularly taking time out to reflect on one's personal situation
- Where am I right now? Where do I want to be?

What we are doing today!!!!

- Self-demarkation:

- **Boundaries between themselves and their patients and between themselves and their colleagues/superiors**

- Professional (e.g., “What do I stand for professionally and what do I reject?”),
- Temporal (e.g., “I refuse to be available at all times”),
- Personal (e.g., “Who do I agree to associate with and who not?”).

## Cultivation of one's own professionalism:

- **Continuing education**, reading medical literature, or attending quality circles played a decisive role in the assurance of professional efficacy.
- One in five participants also took advantage of external assistance in the shape of **supervision, coaching, or psychotherapy**.

## Self-organization:

- Creation of individual routines to deal with work demands to help the subjective experience of efficiency.

## Limitation of working hours:

- Adherence to a time table was regarded as an essential feature of self-care
- The prerequisites was overcoming the belief in one's own indispensability

## Ritualized time-out periods:

- Participants' strategies for guaranteeing regular breaks from work ranged from unchanging vacation schedules to power naps or fixed times for meals or snacks.

## Spiritual practices:

Many participants (particularly psychiatrists) indicated that they obtained support and regeneration from spiritual practices or regular meditation.



# Useful attitudes

Participants were also asked about any attitudes that helped them achieve greater inner freedom in dealing with everyday stressors.

## Acceptance and realism:

- Chief among resilience-promoting attitudes was the ability to refrain from wishful thinking and to accept external realities. **What is healthy /helpful way for me to think about what is happening ?**
- **Realistic expectations** vis-à-vis patients, general parameters, and the professional environment –**KEY ISSUE**

## Self-awareness and reflexivity:

- Active engagement with the downside(s) of the medical profession.
- Participants noted the importance of addressing challenges realistically, especially the express rejection of regarding oneself as a victim.

## Recognizing when change is necessary:

- The inner freedom to change one's professional position, especially in the face of permanent stress
- Notably, younger physicians indicated that staying too long in a debilitating or unsatisfactory first job hinders the development of professional self-confidence.

## Appreciating the good things:

- This strategy referred to the ability to perceive positive events that occur in everyday professional life and not to take them for granted.
- **A Key Strategy- log at end of day what went well; what learned!!!!!!!!!!!!!!**

# Circular Process

## Summary:

- Resilient physicians had a well- diversified pool of:
  - social resources
  - fields of interest
  - realistic expectancies
  - good self-knowledge

How do we address preventing  
and “fixing” burnout for you?

- Where are you now with regard to Burnout?



- **Maybe if we think about work life balance we can help you think of strategies to help with burnout**

# Work-Life Balance

- Define balance for yourself
- Define well-being or wellness for yourself

# Wellness/Well-Being

- “a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle”
- Wellness/Well-Being
  - 6 dimensions:
    - Physical
    - Social
    - Emotional
    - Spiritual
    - Intellectual
    - Occupational

# Narrative exercise

- *Take about 5 minutes and talk to your neighbor about an experience during which you took particularly good care of yourself.*
- It might have been in a small or big way, and it might be in your medical practice or in your personal life, but it should be in a way that was somewhat exceptional or unusual for you.

# Can Medical Students Modify Their Style and Consider Wellness

- Obsessive traits
- High to unrealistic expectations of self
- “Addiction” work
- Competition to do better than others
- Stress is a motivator

# Things you can do...

- **Adopt a healthy philosophical attitude toward life**
  - Not taking yourself too seriously, simplifying, balance, self-forgiveness
- **Find support in the workplace**
  - Good mentoring setting limits, administrative support
- **Engage and find meaning**
  - Sense of self-efficacy, engage the reasons you are an MD

# Things You Can Do...

- **Develop healthy relationship**
  - Time with friends and family, supportive partner, support group
- **Take care of yourself**
  - Exercise, nutrition, treat depressions, avoid intoxicants, vacation
- **Cultivate self-awareness**

Shanafelt TD 2003, 2005

Horowitz 2003

# Activity

## Refueling Your Tank

Where can we make changes??

Just small changes!!!

Maybe just in one area



# Action Plan

- What?
- When?
- How often?
- How much?
- Where?
- Barriers? How overcome?
- Support