

a VITAL WorkLife article

Why It's Time to Get Serious About Physician Resiliency Leaders Need to Do Their Part.

By Liz Ferron, MSW, LICSW



The word, “resilience” makes some physicians and advanced practitioners see red, especially when their healthcare organizations call attention to the need for them to be resilient. Granted, resilience is important for handling stress and avoiding burnout with all of the associated problems, including the impact to quality of care.

Many practitioners believe they are already maximally resilient, persevering under difficult conditions of change and challenges including time constraints, EMRs, productivity requirements, performance measurement, payer-related hassles and much more. Simply put, more attention should be paid to what physicians see as the primary drivers of burnout: the conditions under which they work.

They’ve got a point—an excellent point. The AMA’s Vice President for Professional Satisfaction, Christine Sinsky, MD, estimates 80 percent of physician stress and burnout is directly due to organizational issues.¹ Likely to make this worse is the physician shortage in the United States as many practitioners retire or leave the practice of medicine due to burnout.²

While practitioners certainly have a responsibility to understand what resilience is, maintain it and to recognize the signs of burnout, they can’t—and shouldn’t—be expected to do this on their own. Healthcare leadership needs to embrace their organization’s responsibility, not only to improve working conditions but also to support personal resilience in as many ways as they can.

Coming up in the article:

- A closer look at the importance of resiliency and self-care in healthcare.
- Tools to help leadership understand the importance of building resiliency.
- A practical view on what resiliency is—and isn’t.

Call it an 80-20 partnership.

1. “To Address Burnout’s Causes, Look to Team-Based Care.” AMA Wire, November 2, 2017

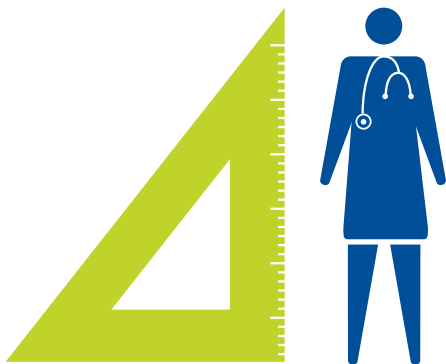
2. “New Research Shows Increasing Physician Shortages in Both Primary and Specialty Care.” AAMC News, April 11, 2018

3 KEY AREAS

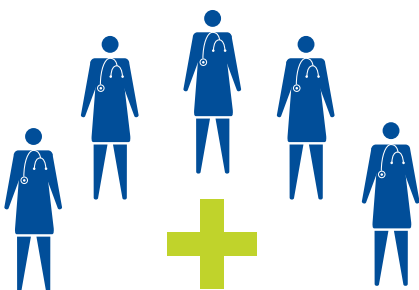
WHERE LEADERSHIP CAN IMPROVE



Increased Staffing



Simple Measurement



Team Based Approach

The 80%: What Leadership Can—and Should—Do

“The men and women upon whom healthcare depends are running out of reserve because of the cumulative effect of well-intended regulation, performance measurement and technology,” writes Dr. Sinsky.³

There are many concerns, but focusing on key areas can make physicians’ lives noticeably better. Dr. Sinsky hones in on three areas:

1. Organizations can increase staffing and rethink workflows in order to give physicians more time with patients—and more time at home.
2. Performance measurement requirements can be kept simple by adding up the total time for compliance with all regulations and measurement criteria. “Less is more,” says Dr. Sinsky.
3. A team-based approach to care can allow everyone to help physicians spend more time delivering care and less time on administrative tasks such as documentation.

There are of course more areas of improvement, including offering more support to help physicians build resiliency. Building resiliency against burnout means creating an overall culture of physician engagement and well being in healthcare organizations. Based on our experience the best practices to this multi-faceted effort include:

- Encouraging physicians to communicate with one another and with leadership about personal and workplace concerns.
- Training leaders on how to listen to those concerns and actions to be taken to build a culture where physicians thrive and fully engage.
- Offering opportunities for peer coaching and informal social interactions to support one another and build collaboration.
- Keeping practitioners informed about the warning signs of excessive stress and burnout.
- Creating well being-focused education and committees.
- Implement an organization wide advocacy program to foster engagement and formalize the intent to develop a culture of well being.

These are the types of tools organizations can utilize to demonstrate to physicians they are as serious about supporting them in maintaining both professional and personal health.

3. “What if Joy in Practice Were a Metric?” NEJM Catalyst, June 2, 2016



Resiliency is more than the ability to “bounce back”.

A balanced approach between Work-Life, Self-Awareness and Self-Care creates the concept as a whole.

What Resilience Is—and Isn't

Of course, practitioners also have an important role to play in staying resilient and avoiding burnout. First, they need to understand what resilience actually is. As emergency physician and life coach Robert Leschke, MD, puts it, “If burnout is your inability to recharge your battery, then resilience is your ability to recharge your battery faster and your ability to keep the battery from running out as quickly in the first place.” Moreover, Ronald M. Epstein, MD and Michael S. Krasner, MD, in a paper published in the journal *Academic Medicine*, call it “the capacity to respond to stress in a healthy way [so] goals are achieved at minimal psychological and physical cost.”⁴

Resilience isn't just endurance. It's more than pushing on when you're tired or anxious, functioning in spite of stresses, heavy demands and obstacles. To keep the “battery” charged and keep psychological and physical costs low, physicians need to preserve and in many cases reclaim a sense of purpose, meaning and joy in serving others. After all, these things motivated them to enter medicine in the first place.

The aforementioned implies self-awareness and self-care: believing they deserve to have work-life balance, noticing signs of stress, understanding how stress can tip over into burnout and taking measures to restore their joy in medicine.

Doing this can mean a shift in thinking. “Our training leads us to believe our strength lies in testing our levels of endurance, our levels of resilience and going beyond them—breaking ourselves down, self-sacrificing for our patients and surviving,” says Dr. Leschke. “That's the definition of a ‘good physician’ and I don't think it's true.”

More and more physicians and organizational leaders are joining Dr. Leschke in rejecting the “iron doc” paradigm, the idea that physicians can—and should—ignore their own needs. For example: a 2017 paper published by the *New England Journal of Medicine Catalyst*, co-authored by 10 physicians from six institutions, called for self-care to be seen as a core competency for physicians and for “abandoning the antiquated and dangerous misconception that self-care and patient care are competing interests.”⁵

4. “Physician Resilience: What It Means, Why It Matters, and How to Promote It.” *Academic Medicine*, March 2013

5. “Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience.” *NEJM Catalyst*, August 7, 2017

Download the Physician & Advanced Practitioner Well Being Solutions Survey to learn how you can help your physicians & advanced practitioners.

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ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a national behavioral health consulting practice supporting all dimensions of well being. Our healthcare solutions are designed specifically to meet the unique needs of physicians and providers. Our team of licensed master's and doctorate level senior consultants, physician peer coaches, psychiatrists and other specialists have deep experience in issues surrounding physician performance, satisfaction and retention. Our ultimate goal is to proactively help physicians and organizations address issues before they escalate to the point of affecting performance and patient safety.



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As our Physician Practice Lead, Liz Ferron manages Physician Well Being Resources services for VITAL WorkLife, as well as oversees all solutions of our healthcare clients. Liz provides training, consultation, counseling and coaching to healthcare adminis-

trators and individual practitioners in many areas, including stress management, change management and conflict resolution. Liz is a Licensed Independent Clinical Social Worker and received her MSW degree in clinical social work from the University of Minnesota. She was also a consultant for the Earl E. Bakken Center for Spirituality & Healing at the University of Minnesota. She has served three terms as President of the Minnesota Employee Assistance Program Administrators and Counselors (MEAPAC) and is a former adjunct faculty member at the College of St. Benedict.

The 20%: The Reality of Self-Care

Self-care can take many forms, but it begins, suggests Annie Nedrow, MD, MBA, Nicole A. Steckler, PhD and Joseph Hardman, MD in Family Practice Management, with some simple mental tactics:

- Noticing negative thoughts (perfectionism, fear of failure, sense of inadequacy) as they come up; acknowledging them; and then using self-compassionate language to, as the authors put it, "balance his or her reactions" and head off feelings of hopelessness: "Every day I do the best I can."
- Reframing: When the physician faces a hard situation and reacts with a sense of victimization—"Why am I the one who always has to handle these difficult patients?"—for example, a healthy reframing might take the form of, "This is hard, and I'm glad the patient acknowledged his suicidal thoughts. It would have been awful if he had followed through on them without telling me."
- Appreciation and gratitude: Making a regular "gratitude list" at the end of the day, even if it's only three items: a success, a value upheld, an acknowledgment of friendship, marriage and physical comforts—whatever is positive. "The practice of repeated appreciation balances the hard work, long hours, tedium and dedication to service and sacrifice that can lead to burnout in our profession," the authors write.⁶

Resilience against burnout is a shared responsibility. But if organizations take the lead in good faith, physicians will be more willing and able to do their part. This collaboration has the power to hold burnout at bay.

VITAL WorkLife works with organizations to identify and implement the most effective tools for helping their physicians rediscover the joy of medicine. Learn more by checking out the VITAL WorkLife offerings at our [Physician Well Being Resources page](#) and see for yourself how resilience and self-care can improve the work-life of your physicians and practitioners.

Sources:

1. "To Address Burnout's Causes, Look to Team-Based Care." AMA Wire, November 2, 2017
2. "New Research Shows Increasing Physician Shortages in Both Primary and Specialty Care." AAMC News, April 11, 2018
3. "What if Joy in Practice Were a Metric?" NEJM Catalyst, June 2, 2016
4. "Physician Resilience: What It Means, Why It Matters, and How to Promote It." Academic Medicine, March 2013
5. "Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience." NEJM Catalyst, August 7, 2017
6. "Physician Resilience and Burnout: Can You Make the Switch?" Family Practice Management, January-February 2013