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Reflections on Staying Well in the Care of Patients

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Goals of session are to describe: key elements of burnout, approaches that promote well-being and the prevention of burnout in clinicians, and the responsibilities of organizations for the fostering of well-being of its workforce.

This following material contains all the text of the presentation slides. Indented (o) references are key supplemental readings:

Burnout

- Maslach C, Leiter M. *New insights into burnout and health care: Strategies for improving civility and alleviating burnout.* Medical Teacher, 2017; 39(2):160-163. ***“Burnout—a psychological syndrome that involves prolonged exposure to chronic interpersonal stressors on the job. Burnout is not a problem of people but of the social environment in which they work. Consists of physical and emotional response of stress, negative, callous or excessively detachment from job, and feelings of incompetence and lack of achievement and productivity at work.”***
- Yerkes RM, Dodson JD. *The relation of strength of stimulus to rapidity of habit-formation.* Journal of Comparative Neurology and Psychology 1908;18:459-82.

Burnout Prevalence in Clinicians & Trainees

- Shanafelt TD, West CP, Sinsky C, Trockel M, et. al. *Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017.* Mayo Clin Proc. 2019 Sep;94(9):1681-1694. **Prevalence of burnout in physicians: 43.9%.**
- Dyrbye LN, West CP, Johnson PO, Cipriano PF et. al. *Burnout and Satisfaction With Work-Life Integration Among Nurses.* J Occup Environ Med. 2019 Aug;61(8):689-698. **Prevalence of burnout in nurses: 38.4%**
- Dyrbye L, Shanafelt T. *A narrative review on burnout experienced by medical students and residents.* Med Educ. 2016 Jan;50(1):132-49. ***“Studies suggest a high prevalence of burnout among trainees...”***
- Restauri N, Sheridan A. *Burnout and Posttraumatic Stress Disorder in the Coronavirus Disease 2019 (COVID-19) Pandemic: Intersection, Impact, and Interventions.* J Am Coll Radiol. 2020 Jul;17(7):921-926. ***“The pandemic has exacerbated stressors in a health care system in which physician [clinician] burnout...is already epidemic.”***

Key drivers of burnout and engagement

- Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout.* Mayo Clin Proc. 2017 Jan;92(1):129-146.

Key drivers of burnout and engagement: meaning in work, work and job demands, control and flexibility, work-life integration, social support and community at work, organizational culture and values, efficiency and resources.

- Shanafelt T, Schein E, Minor L, Trocett M et. al. *Healing the Professional Culture of Medicine*. Mayo Clin Proc. August, 2019;94(8):1556-1566.
- Agarwal SD, Pabo E, Rozenblum R, Sherritt KM. *Professional Dissonance and Burnout in Primary Care: A Qualitative Study* JAMA Intern Med. Jan 6, 2020

Concept of Moral Distress

- Rosa WE, Schlak AE, Rushton CH. *A blueprint for leadership during COVID-19: minimizing burnout and moral distress among the nursing workforce*. Nurs Manage. 2020 Aug;51(8):28-34. **“Moral distress is the anguish that arises from knowing what we ought to do but not being able to act on it because of constraints that imperil the integrity and well-being of clinicians.”**
 - Jameton A. *Nursing practice: the ethical issues*. Prentice-Hall, 1984. Quoted in Oliver D. *Moral distress in hospital doctors*. BMJ, Published 27 March 2018. **Well-being/Wellness/Flourishing**
- Aristotle and Eudaimonia: **Flourishing in the mental, spiritual, social, emotional and physical domains.**
 - Ryff C. *Well-Being With Soul: Science in Pursuit of Human Potential* Perspect Psychol Sci. 2018 Mar;13(2):242-248.
 - Shanafelt TD, Novotny P, Johnson ME, et al. *The well-being and personal wellness promotion strategies of medical oncologists in the north central cancer treatment group*. Oncology. 2005;68(1):23–32. **“Well-being goes beyond the absence of burnout or depression and includes being challenged, thriving and achieving quality of life in mental, physical, emotional, social and spiritual domains.”**
 - Shapiro DE, Duquette C, Abbott LM, Babineau T, Pearl A, Haidet P. *Beyond Burnout: A Physician Wellness Hierarchy Designed to Prioritize Interventions at the Systems Level*. Am J Med. 2019 May;132(5):556-563.
 - Bansal P, Bingemann TA, Greenhawt M, Mosnaim G, Nanda A, Oppenheimer J, Sharma H, Stukus D, Shaker M. *Clinician Wellness During the COVID-19 Pandemic: Extraordinary Times and Unusual Challenges for the Allergist/Immunologist*. J Allergy Clin Immunol Pract. 2020 Jun;8(6):1781-1790. Paper has excellent references and a useful referenced toolkit: <https://www.aaaai.org/practice-resources/running-your-practice/practice-management-resources/wellness> (accessed 05/16/2021)
 - Brigham T, Barden C, Dopp A, Hengerer et. al. *A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience*. National Academy of Medicine Discussion Paper January, 2018. <https://nam.edu/journey-construct-encompassing-conceptual-model-factors-affecting-clinician-well-resilience/> (accessed 05/16/21)

Well-being Strategy #1: Take Care of Yourself

- *Self, significant others, work, life's other parts, with a 'backbone' of personal values.*
- Stanford WellMD; <https://wellmd.stanford.edu> **"Doctors who take care of themselves: Are better role models for their patients. Are better role models for their children. Have higher patient satisfaction and safety scores. Experience less stress and burnout. Live longer."** (accessed 05/16/21).
- Palmer P. Let Your Life Speak. Jossey-Bass., 2000. **"...self-care is never a selfish act...it is simply good stewardship of the only gift I have..."**

Self-care:

- **Among others--exercise, nutrition, sleep, religious practices/spirituality, solitude, & having a personal health provider.**
 - George S, Hanson J, Jackson J. *Physician Heal Thyself: A Qualitative Study of Physician Health Behaviors.* Acad Psychiatry 2014; 38:19-25. **"Physicians commonly neglect their own care and experience barriers to care, some self-generated and some systems based. Physicians often do not have a regular doctor and fail to follow preventive medicine guidelines..."**

Self-care:

- Gautam, M. *Measuring and Maintaining Faculty Health* in Cole TR, Goodrich TJ. *Faculty Health in Academic Medicine.* Humana Press, 2009. **"The stigma of illness persists in the culture of medicine and serves as a barrier to the seeking of help..."**
- Cassandra. *This Is Why.* Ann Intern Med. 2017 May 16;166(10):755-756. **"I write this because I hope for a future in which a medical student fighting mental illness will be seen as someone strong and not as someone dying."**
- Stergiopoulos E, Fragoso L, Meeks L. Cultural Barriers to Help-Seeking in Medical Education. JAMA Intern Med. December 28, 2020. **"Stigma surrounding depression is deeply embedded in medicine. Despite a stated commitment to learner well-being, the culture of medicine continues to foster maladaptive perfectionism and silence for those with depression."**
- Kirch DG. *Physician mental health: My personal journey and professional plea.* Acad Med. 2021;96:618–620. **"While I have progressed through a long, gratifying, and arguably successful career in medicine, I am (and for decades have been) one of those adults who lives with mental illness."**
 - Brower KJ. Professional stigma of mental health issues: Physicians are both the cause and solution. Acad Med. 2021;96:635–640.
 - Feist, J., C. Feist, and P. Cipriano. 2020. *Stigma Compounds the Consequences of Clinician Burnout During COVID-19: A Call to Action to Break the Culture of Silence.* NAM Perspectives. Commentary, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202008b>
 - Jones JTR, North CS, Vogel-Scibilia S, Myers MF, Owen RR. *Medical Licensure Questions About Mental Illness and Compliance with the Americans With Disabilities Act.* J Am Acad Psychiatry Law. 2018 Dec;46(4):458-471.

- Veal C. *We Burn Out, We Break, We Die: Medical Schools Must Change Their Culture to Preserve Medical Student Mental Health*. Acad Med. May 2021; 96(5):629-631
- Oreskovich MR, Shanafelt T, Dyrbye LN, Tan L, et. al. *The prevalence of substance use disorders in American physicians*. Am J Addict. 2015 Jan;24(1):30-8. “...**12.9% of male physicians and 21.4% of female physicians met diagnostic criteria for alcohol abuse or dependence.**”
- National Academy of Medicine: *Action Collaborative on Clinician Well-Being and Resilience*. <https://nam.edu/initiatives/clinician-resilience-and-well-being/> (accessed 03/23/21)
 - Moutier CY, Myers MF, Feist JB, Feist JC, Zisook S. *Preventing Clinician Suicide: A Call to Action During the COVID-19 Pandemic and Beyond*. Acad Med. 2021 May 1;96(5):624-628.
 - **National Suicide Prevention Lifeline/Hours: Available 24 hours. Languages: English, Spanish/1-800-273-8255. <https://suicidepreventionlifeline.org>** (accessed 05/16/2021)

Self-care:

- Gautam M. *When You're the Patient Coping with Stress and Burnout*. The Canadian Journal of Diagnosis / January 2004. P.74-77. “**The number one cause of stress, regardless of the cause, is a sense of lack of control.**” **Ten tips to deal with stress: 1. Take care of yourself first, 2. Time management, 3. Take regular time off, 4. Use support systems, 5. Share your stories, 6. Laugh more often and be positive, 7. Relax. 8. Learn to waste time, 9. Create a financial plan, 10. Let go of your guilt**
 - Hallowell E. *Overloaded circuits: why smart people underperform*. Harv Bus Rev. 2005 Jan;83(1):54-62, 116.
- **COVID & Colleagues:** Bernstein CA, Bhattacharyya S, Adler S, Alpert JE. *Staff Emotional Support at Montefiore Medical Center During the COVID-19 Pandemic*. Jt Comm J Qual Patient Saf. 2021 Mar;47(3):185-189
 - Greenberg N, Docherty M, Gnanapragasam S, Wessely S. *Managing mental health challenges faced by healthcare workers in the covid-19 pandemic*. BMJ. 2020 Mar 26; 368.
 - Southwick SM, Charney DS. *Resilience for Frontline Health Care Workers: Evidence-Based Recommendations*. Am J Med. 2021 Mar 25:S0002-9343(21)00166-2.
- **Patricia Watson, PhD: The 7 C's of the Stress First aid model:** <https://www.theschwartzcenter.org/media/Schwartz-Center-Watson-SFA-Final-PDF.pdf> ((accessed 05/16/2021)
- **Websites dealing with clinician well-being:**
- National Academy of Medicine resources for well-being during Covid-19 pandemic:
- <https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/> (accessed 05/16/2021)
- **American College of Physicians:** <https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment> (accessed 05/16/2021)
- **Stanford:** <https://wellmd.stanford.edu/> (accessed 05/16/2021)
- **National Academies of Sciences, Engineering, and Medicine. 2019. Taking action against clinician burnout: A systems approach to professional well-being. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25521>.** (accessed 05/16/2021)

- Edelman M *Lanterns: A Memoir of Mentors*. Beacon Press, 1999. ***“Be a good ancestor. Stand for something bigger than yourself. Add value to the Earth during your sojourn.”***

Well-Being Strategy #2: Caring for Significant others

- Hicks D. *Dignity: The Essential Role It Plays in Resolving Conflict*. Yale University Press, 2011. ***“...we are more than just individuals hardwired for individual survival...we are social beings that grow and flourish when our relationships are intact; our survival is inextricably linked to the quality of our relationships...”***
- Armstrong K. *Twelve Steps To A Compassionate Life*. Alfred Knopf, 2010, p. 184. ***“In our global village, everybody is our neighbor...”***

Nourish your colleagues

https://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness. TED talk on the results of the decades long Harvard Study of Adult Development and the key role of relationships. (accessed 05/16/2021) ***“The key lesson learned is that health and happiness are not about wealth, fame or working harder. They are about good relationships.” “...3 big lessons about relationships:***

1. ***The first is that social connections are really good for us, and that loneliness is toxic.***
2. ***It isn't the number of friends that you have but the quality of those relationships.***
3. ***Good relationships not only protect our body but our brains as well.”****

“What is it that you find most important in your life?”

Well-Being Strategy #3: Value Work and Its Satisfactions:

Work: challenges in patient care—to name a few/EHR, lack of control, productivity demands, less time for patients, life-work balance, reimbursement, team dysfunction, moral distress, regulations, debt burden, leadership, problems in communication.

- Shanafelt TD, West CP, Sloan JA, et al. *Career fit and burnout among academic faculty*. Arch Intern Med. 2009;169(10): 990-995.

Work: incremental challenges @ Covid-19—again to name a few/fear of dying, fear of transmitting virus, lack of PPE, isolation from family, impact of quarantine on daily life, income loss, constraints in examining patients, access to childcare, disruption of education at all levels, ICU bed resources, clinical teaching during Covid-19, ethical/moral dilemmas.

Work and its satisfactions in patient care

- ***Engage healing, Be mindful, Cultivate curiosity, Adopt an effective diagnostic strategy, Pursue context, Reflect on mistakes, Trust your gut, Accept uncertainty, Embrace “I don't know”, Don't worry alone.***

Schenck D, Churchill L.

- *Healers: Extraordinary Clinicians at Work*. Oxford University Press, 2012. & *Healing Skills for Medical Practice* Ann Intern Med. 2008;149(10):720-724: ***Do the little thing, Take time, Be open and***

listen (be present using your ears, eyes, attention, heart and mind), Let the patient explain, Find something to like, to love, Remove barriers (see Toll E. *The Cost of Technology* JAMA. June 20, 2012;307(23):2497-2498), **Share authority, Be committed and trustworthy.**

- Lawrence E, Carvour M, Camarata C, Andarsio E, Rabow M. *Requiring the Healer's Art Curriculum to Promote Professional Identity Formation Among Medical Students.* J Med Humanit. 2020 Dec;41(4):531-541.

Mindfulness

- **Jon Kabat-Zinn: "Mindfulness is awareness that arises through paying attention, on purpose, in the present moment, non-judgmentally."**
- David M. Bader on Mindfulness: **Be here now. Be somewhere else later. Is that so complicated?**
 - Zulman D, Haverfield M, Shaw J, Brown-Johnson C. et. al. *Practices to Foster Physician Presence and Connection With Patients in the Clinical Encounter.* JAMA. 2020; 323(1):70-81.
 - Feldstein B. *Bridging with the Sacred: Reflections of an MD Chaplain.* Journal of Pain and Symptom Management. July 2011;42(1):155-161.
- Ignatius of Loyola (adapted from writing of James Martin, SJ): **'The Examen'--Be aware of yourself and surroundings, Remember what you are grateful for, Review the day, Ask for forgiveness; reconcile with some you have hurt, Prepare yourself to be aware for the next day.**
 - Rachel Naomi Remen, *The 3 Question Journal: What surprised me today? What touched my heart today? What inspired me today?* <http://www.rachelremen.com/growing-new-eyes>. (accessed 05/16/2021)

Cultivate Curiosity

- Schattner A. *Curoosity. Are you curious enough to read on?* J R Soc Med. 2015 May;108(5):160-4.
 - Fitzgerald F. *Curiosity.* Annals Intern Med. 1999; 130:70-72.
- Friedman T. *The World Is Flat 3.0: A Brief History of the Twenty-first Century. 3rd Edition, Macmillan 2007. Concerning Isidor Issac Rabbi, PhD: Of his mother he said: "She wasn't so much interested in what he had learned that day, but she always inquired, 'Did you ask a good question today?' 'Asking good questions,' Rabi said, 'made me become a scientist.'"**

Adopt an effective diagnostic strategy

- Murtagh J. *General Practice, 6th Revised Edition.* McGraw-Hill Australia, 2015. **What is the most probable diagnosis? What serious disorders must not be missed? What conditions are often missed (pitfalls)? What else can look like this (mimics)? Is this patient trying to tell me something else?**

Understanding context is essential

- Weiner S, Schwartz A. *Contextual Errors in Medical Decision Making: Overlooked and Understudied.* Academic Medicine. May 2016; 91(5);657-662. **"A contextual error is what happens when the clinician is treating the disease rather than the patient who has the disease."** **Contextual 'red flags': competing responsibilities, social support, access to care, financial situation, skills & abilities, emotional state, cultural perspectives/spiritual beliefs, attitude toward illness, relationship with health care team, environment.**

- Aronson L. *Age, Complexity, and Crisis - A Prescription for Progress in Pandemic*. NEJM. July 2, 2020; 383(1):4-6. ***"...treating the social history as extraneous is common."****

Stay current

- Soma Weiss: ***"It is not the number of cases observed, but how well they are observed that count."***

Engage uncertainty

- Simpkin A, Schwartzstein R. *Tolerating Uncertainty—The Next Medical Revolution?* New Engl J Med. 2016 Nov 3;375(18):1713-1715. ***"As faculty, we will have to model for our students the practice of medicine in which it is all right to be uncertain..."***
 - Gheihman G, Johnson M, Simpkin AL. *Twelve tips for thriving in the face of clinical uncertainty*. Med Teach. 2020 May;42(5):493-499.
- Atul Gawande. *Complications: A Surgeon's Notes on an Imperfect Science*. Picador; 1st edition (April 1, 2003) ***"Medicine's ground state is uncertainty. And wisdom--for both patients and doctors--is defined by how one copes with it."***

Embrace "I don't know."

- Richard Feynman: ***"We need to teach how doubt is not to be feared but welcomed. It is OK to say 'I don't know.'"***

Reflect on mistakes

- V/Q challenges

Don't worry alone

- Sir Luke Fildes, *The Doctor*

Well-Being Strategy #4: Look & See

- Mary Oliver, *Sometimes: Instructions for living a life: Pay attention, Be astonished, Tell about it*.
 - Wild Geese: ***"...the world offers itself to your imagination."***
 - Hoag's Object: a circular galaxy

Well-Being Strategy #5: Values for our lives

- Kindness: Henry James: ***"Three things in human life are important: the first is to be kind, the second is to be kind, and the third is to be kind."***
- Humor: ***"What do you think of Western civilization?"*** asked a reporter. ***I think it would be a good idea"***, Gandhi answered.
- Humility: Coulehan J. *On Humility*. Ann Intern Med. 2010;153:200-201. ***"In medicine, humility manifests as 3 qualities: unflinching self-awareness; empathetic openness to others; and a keen appreciation of, and gratitude for, the privilege of caring for sick persons. None of these is easy."***
- Attitude: Viktor Frankl, *Man's Search for Meaning*: ***"We who lived in concentration camps can remember the men who walked through the huts comforting others, given away their last piece of bread. They may have been few in number, but...they offer sufficient proof***

that everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."

"What do you find most meaningful about your work?"

[Epstein R. *What's the Opposite of Burnout?* J Gen Intern Med. 2017 Jul;32(7):723-724.]

Drivers of burnout and engagement in physicians *"The primary causes of burnout are systemic and organizational, and health care organizations should embrace accountability for mitigating the factors driving this epidemic [of burnout]."*

- Shanafelt T, Trockel M, Ripp J, Murphy M et. al. *Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization*. Academic Medicine, online August 2018. **"Burnout among health care professionals is primarily caused by organizational factors rather than problems with personal resilience."**
- Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
- Shanafelt T, Goh J, Sinsky C. *The Business Case for Investing in Physician Well-being*. JAMA Intern Med. 2017 Sep 25. **Understanding the business case to reduce burnout and promote engagement as well as overcoming the misperception that nothing meaningful can be done are key steps for organizations to begin to take action. Evidence suggests that improvement is possible, investment is justified, and return on investment measurable. Addressing this issue is not only the organization's ethical responsibility, it is also the fiscally responsible one.**
- Strategies to Reduce Burnout and Promote Resilience. Shanafelt & Noseworthy, *ibid*.



- Stanford Framework for Action <https://wellmd.stanford.edu/content/dam/sm/wellmd/documents/2017-WellMD-Domain-Definitions-FINAL.pdf> (accessed 05/16/2021)
 - Bingemann TA, Laubach S. *Physician well-being in allergy and immunology: Creating a culture of wellness*. Ann Allergy Asthma Immunol. 2021 Mar;126(3):219-227. **An excellent paper about physician well-being and creating a culture of wellness.**
- Maslach C, Leiter M. *ibid*, p161. **6 potential areas of improvement in life-work engagement/balance: workload, control, reward, community, fairness and values: Do the demands of work exceed capacity? Can one influence work conditions? Is there sufficient recognition/reward to mitigate vulnerability to burnout? What is the quality of job-related**

relationships? Are decisions made at work fair and equitable? Is there a gap between individual and organizational values?

- Hale AJ, Ricotta DN, Freed J, Smith CC, Huang GC. *Adapting Maslow's Hierarchy of Needs as a Framework for Resident Wellness*. Teach Learn Med. 2019 Jan-Mar; 31(1):109-118.
- Sinsky, C. A., L. Daugherty Biddison, A. Mallick, A. Legreid Dopp, J. Perlo, L. Lynn, and C. D. Smith. 2020. *Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being*. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202011a> **Organizational approaches that focus on fixing the workplace (vs. 'fixing the worker'): "[Attention to] six domains: organizational commitment, workforce assessment, leadership...& the emerging role of a chief wellness officer policy, efficiency of the work environment, support"** (accessed 05/16/21).
- Shanafelt T, Ripp J, Trockel M. *Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic*. JAMA. 2020 Jun 2;323(21):2133-2134.
Hear me, Protect me, Prepare me, Support me, Care for me
- Tomer Y, Ng Gong M, Keller M, Southern W. et. al. *Teamwork and Leadership Under Fire at the Epicenter of the COVID-19 Epidemic in the Bronx*. Front Med (Lausanne). 2021 Mar 18; 8: arr. 610100.
- Hulkower A. *Learning from Covid*. Hastings Cent Rep. 2020 May; 50(3):16-17.

What have you or your organization/group done to cultivate wellness for yourself/others?

- Thomas L, Ripp J, West C. *Charter on Physician Well-being*. JAMA April 17, 2018 Volume 319, Number 15, **1541-2**.
- Lown B, Manning C. *The Schwartz Center Rounds: Evaluation of an Interdisciplinary Approach to Enhancing Patient-Centered Communication, Teamwork, and Provider Support*. Academic Medicine, Vol. 85, No. 6 / June 2010
- Del Carmen M, Herman J, Rao S, Hidrue M et. al. *Trends and Factors Associated with Physician Burnout at a Multispecialty Academic Faculty Practice Organization*. JAMA Network Open. 2019; 2(3):e190554.
- Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

Well-Being & Organizational Responsibility: Asking Key Questions

There are also system-wide changes that must be made:

- Downing N, Bates D, Longhurst C. *Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause?* Ann Intern Med. July 3, 2018;169(1):50-52.
- Toll E. *The other office*. J Am Med Inform Assoc. 2019; 26(1): 71-75.
- Swensen S., Shanafelt T. *An Organizational Framework to Reduce Professional Burnout and Bring Back Joy in Practice* The Joint Commission Journal on Quality and Patient Safety, Volume 43, Issue 6, 2017, 308–313. **6 Interventions: Design Organizational Systems to**

- Address Human Needs, Develop Leaders with Participative Management Competency, Build Social Community, Remove Sources of Frustration and Inefficiency, Reduce Preventable Patient Harm and Support Second Victims, Bolster Individual Wellness.***
- Shanafelt T, Trockel M, Rodriguez A, Logan D. *Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment*. Acad Med. May 2021; 96(5):641-651.
 - Serwint JR, Stewart MT. *Cultivating the joy of medicine: A focus on intrinsic factors and the meaning of our work*. Curr Probl Pediatr Adolesc Health Care. 2019 Dec;49(12):100665.
 - Heffernan M, *Beyond Measure: The Big Impact of Small Changes* (TED Books) May 5, 2015. **The cultivation of social capital: “At work, no less than in communities, social connectedness plays a critical role in making individuals and companies more resilient...”**

Key Points:

- **Striving for wellness and life-work balance requires continued attention to self, the significant others in our lives, core elements of effective care, and engagement with all the other elements of our lives.**
- **Explore the expanding resources of the National Academy of Medicine, American College of Physicians, Stanford (see above for relevant URLs).**

Next Best Steps--

- **Continued reflection on these questions: “What do you find most important in your life?” “What do you find most meaningful in your work?”**
- Sinsky, C. A. et. al. *ibid*. **“Organizations must focus on fixing the workplace (vs. ‘fixing the worker’) and implement evidence-based strategies for doing so.”**
- Bingemann TA, Laubach S. [Physician well-being in allergy and immunology: Creating a culture of wellness](#). Ann Allergy Asthma Immunol. 2021 Mar;126(3):219-227. **“[We]...need to change the culture of medicine and refocus the discussion from reducing burnout to promoting physician wellness from the very beginning of medical education.”**
- Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. **IHI Framework for Improving Joy in Work**. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. Donald Berwick “*Joy in work is an essential resource for the enterprise of healing.*” (accessed 05/16/2021)
- <http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>
- Shanafelt T, Swenson S, Woody J, Levin J. et. al. *Physician and Nurse Well-Being: Seven Things Hospital Boards Should Know*. Journal of Healthcare Management. Vol. 63 (6), (Nov/Dec 2018): 363-369. **“1. Burnout is prevalent among healthcare professionals, 2. The well-being of healthcare professionals affects the quality of care, 3. Healthcare professionals’ distress costs organizations a lot of money, 4. Greater personal resilience is not the solution, 5. Different occupations and disciplines have unique needs, 6. Evidence and tactics are available to address the problem, 7. Interventions work.”**

And as for you (and me):

- William James: ***“Act as if what you do makes a difference. It does.”***
 - Rev. Beth Loomis, Director Pastoral Care/Mount Auburn Hospital, Cambridge, MA.:
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- **Where do you find meaning?**
 - **Where do you find love and connection?**
 - **What can you control?**
What is out of your control? And can you let it go?
 - **Where can you find hope?**
-