AHA Team Training

Resilience and TeamSTEPPS: How These Two Processes Can Complement One Another and Lead to a Healthier and More Engaged Team

March 18, 2020

American Hospital Association™
Advancing Health in America

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Rules of engagement

- **Audio for the webinar can be accessed in two ways:**
  - Through the phone (*Please mute your computer speakers)
  - Through your computer

- **A Q&A session will be held at the end of the presentation**

- **Written questions are encouraged throughout the presentation and will be answered during the Q&A session**
  - To submit a question, type it into the Chat Area and send it at any time during the presentation

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Upcoming Team Training Events

COVID-19 Update

National conference still moving forward as planned. Courses resuming this summer.

Webinar

April 8, 2020 | 12:00 – 1:00 PM EST

Register for the April 2020 webinar: Addressing Disruptive Behaviors in Health Care

Contact Information

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Today's Presenter

Robert L. Smith, Ph.D.

Director, Medical Staff Assistance Programs

The MetroHealth System

Resilience and TeamSTEPPS: How These Two Processes Can Complement One Another and Lead to a Healthier and More Engaged Team

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Objectives

Participants will be able to:

- Identify signs and symptoms of burnout among healthcare providers

- Describe the causes / sources of burnout among healthcare providers

- Discuss the research regarding strategies for intervening to reduce and prevent burnout

- Utilize TeamSTEPPS tools and strategies to address/ reduce organizational causes of burnout

- Utilize resilience tools to address personal causes of burnout

Burnout Among Health Professionals and Its Effect on Patient Safety

by Audrey Lyndon, PhD

PUBLIC HEALTH | REVIEW ARTICLE

"Diagnosing" burnout among healthcare professionals: Can we find consensus?

Karolina Doulougeri[1], Katerina Georganta[1] and Anthony Montgomery[1*]

National Academy to Tackle Burnout in Medicine

The academy forms "action collaborative" to address health workers' frustrations.

Burnout rampant in healthcare

Survey reveals 60 percent of healthcare workers experience burnout

Not "burnout," not moral injury—human rights violations

Posted on March 18, 2019 by Pamela Wible MD

BECKER'S
HOSPITAL REVIEW

Viewpoint: Physicians aren't burning out; they're suffering from 'moral injury'

Megan Knowles - Monday, July 30th, 2018

How Healthcare Is Causing 'Moral Injury' to Doctors - Medscape

Mar 13, 2019

The New York Times

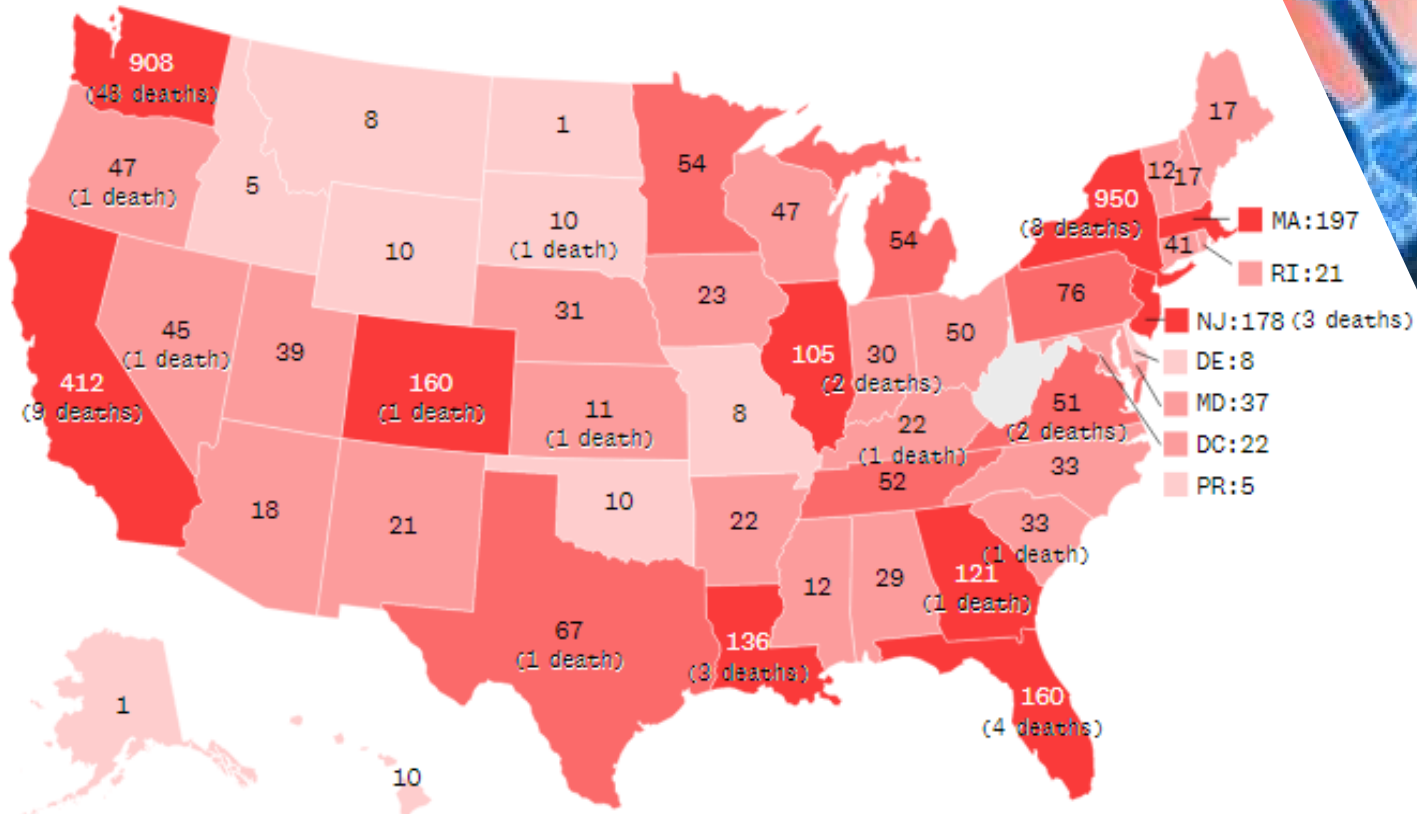## The Business of Health Care Depends on Exploiting Doctors and Nurses

June 8, 2019

Am I on the Road to Burnout?

- You try to meet everyone's expectations and needs
- You get to the end of a hard day at work and you wonder if you have made a meaningful difference
- You identify so strongly with work that you often lack a reasonable balance between work and your personal life
- Your job varies between manageable and chaos
- At times, you feel you have too little control over your work
- You are just beginning to feel that you have a handle on your work and a new change/initiative is announced

Burnout =

loss of enthusiasm for work, feelings of cynicism,

and

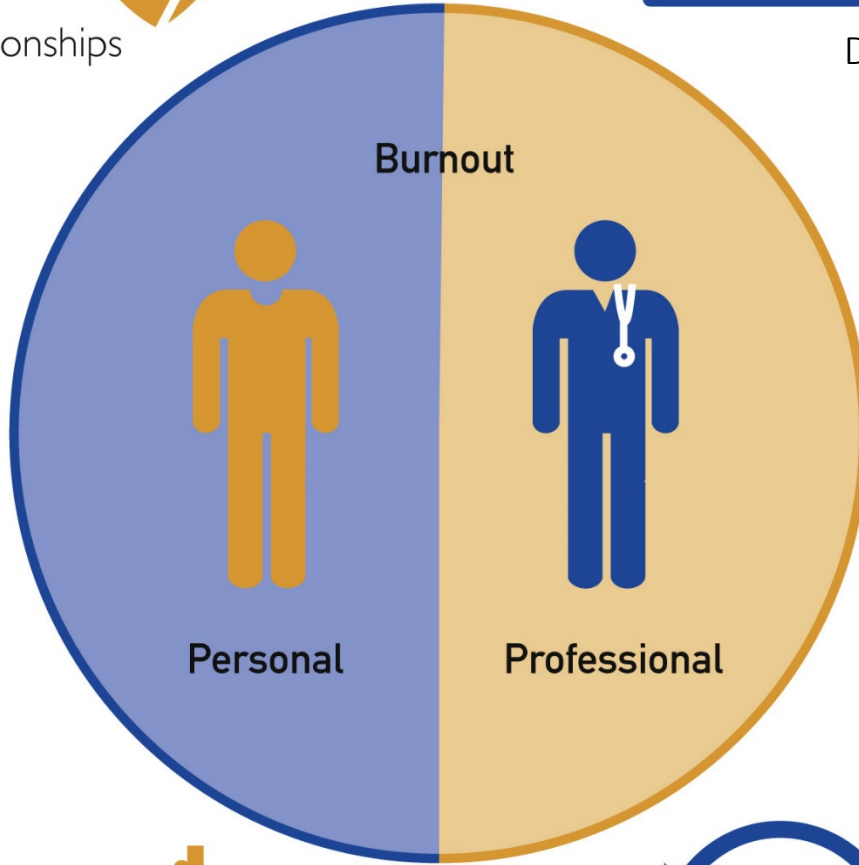a low sense of personal accomplishment.

Kearny, M.K., *JAMA,* 2009; 3001:1155-1164

400 physicians die by suicide each year, a rate more than **2X** that of the general population

Andrew & Brenner, 2015

Physician rates of depression remain alarmingly high at **39%**

Shanafelt, 2015

23-31% Prevalence of emotional exhaustion among primary care nurses

Gomez-Urquiza et al, 2016

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder

Mealer et al., 2007

How can we protect the health of the people who protect our own?

Medical Resident Data

A study of Residents in 2015, found that: 21-43 % of residents reported depression (N=17,500 Residents)

Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis

JAMA. 2015

Medical Resident Data

In a study of residents from 2000 – 2014, it was found that suicide was the leading cause of death for residents (N=380,000) Total of <u>66 suicides</u>.

Causes of Death of Residents in ACGME-Accredited Programs 2000 Through 2014: Implications for the Learning Environment

Journal of Academic Medicine 2017

Staff Burn-Out

Herbert J. Freudenberger

New York, N.Y.

Abstract 1974

Job stress and burnout
C Maslach - Beverly Hill: Sage publications, 1982

1974

"Physician burnout" first appears on my PubMed literature review in *American Medical News* in July, 1981.

- *Emotional exhaustion (depletion of work-related emotional resources)*

- *Depersonalization (treating people as objects, not caring)*

- *Low personal accomplishment (sense of failure / not measuring up)*
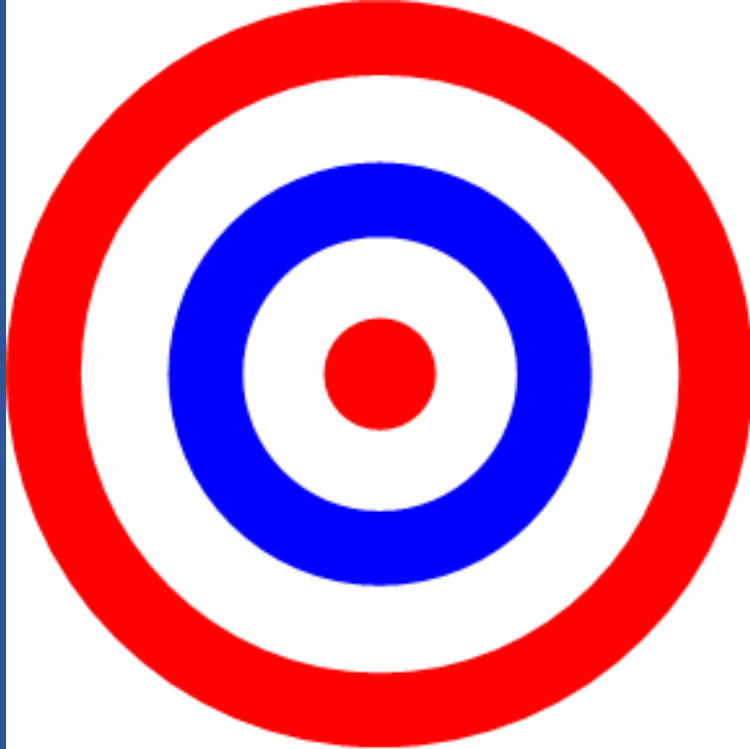
JAMA

Charter on Physician Well-being

Larissa Thomas, Jonathan Ripp, and Colin West

Charter on Physician Well-being

- Foster a Trustworthy and Supportive Culture in Medicine
- Advocate for Policies That Enhance Well-being
- Build Supportive Systems
- Develop Engaged Leadership
- Optimize Highly Functioning Interprofessional Teams
- Anticipate and Respond to Inherent Emotional Challenges of Physician Work
- Prioritize Mental Health Care
- Practice and Promote Self-care

Executive Leadership and Physician Well-being:

Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

When individually focused offerings are not coupled with sincere efforts to address the system based issues contributing to burnout, this approach is typically met with skepticism and resistance by physicians.

In this context, the response to well-intentioned "resilience training" is frequently a cynical one - *"you only want to make me more resilient so you can further increase my workload"*

Although general principles can be established, variability makes it challenging for executive leaders to effectively address burnout at the enterprise level. ==Many of the challenges and solutions are local.==

Information on the prevalence of burnout, engagement, and satisfaction at the division and department level can allow leaders to identify *"high-opportunity work units."*

Sources of Organizational Burnout

- Required documentation
- Lack of adequate staffing
- Patient volume
- Administrative tasks
- Inadequately trained staff
- Amount of time at work
- Completing work at home
- Lack of needed supplies or equipment

- Productivity goals (RVUs)
- Limited autonomy / self-determined activities
- Limited time with patients
- Inefficient clinical processes
- Commuting to or between clinical sites
- Lack of designated space for work

TeamSTEPPS

Team Strategies &Tools to Enhance Performance and Patient Safety

Teamwork is made of various components:

- Leadership
- Situation Monitoring
- Mutual Support
- Communication
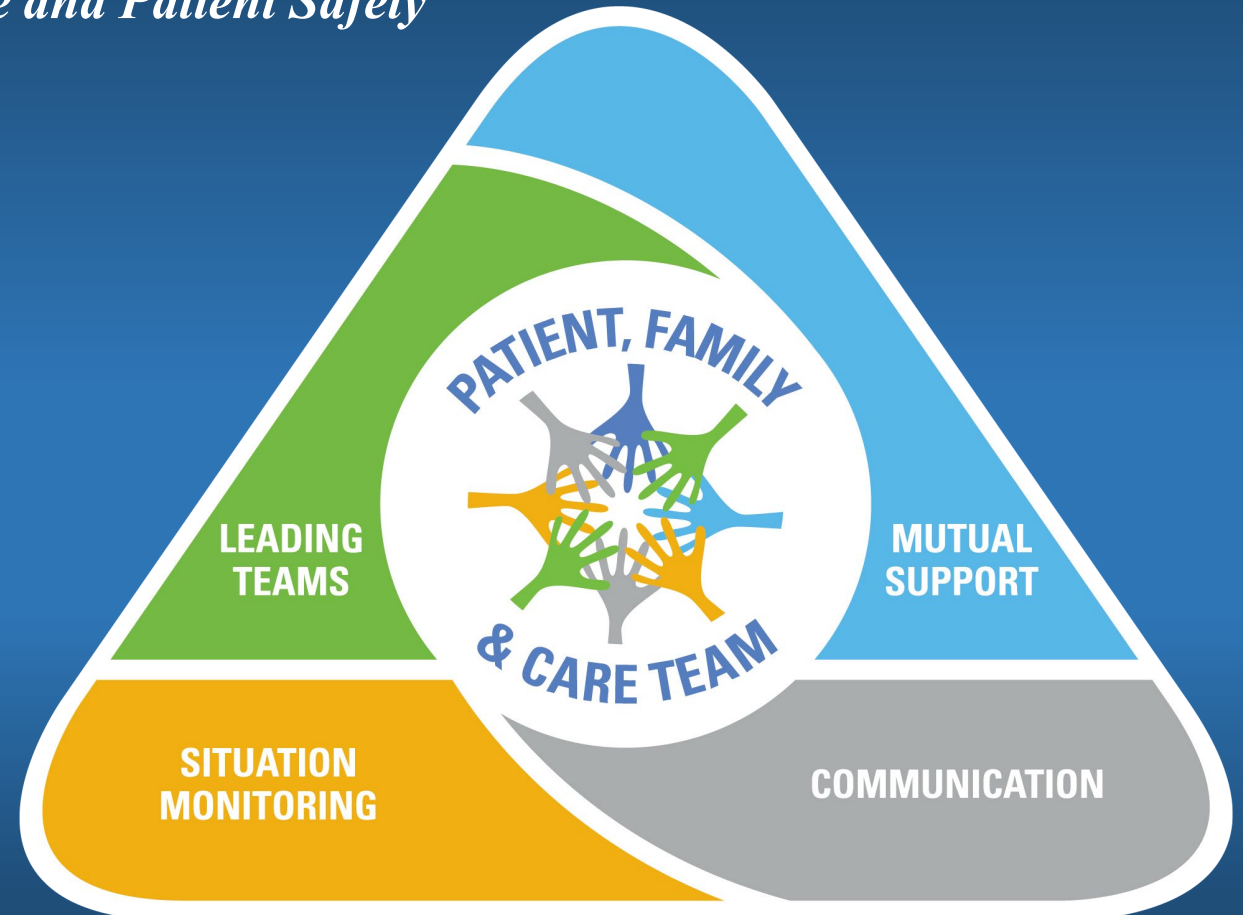
Team Development

- Evidenced based team program. Not an educational program but a process to change organizational culture

- Engages staff to speak up and identify processes that are inefficient or ineffective

- Creates high quality teams that are empowered to use their judgement to improve their work processes

- Improves staff engagement, job satisfaction, retention, performance

TeamSTEPPS Action Councils

- Chaired by front line staff

- Interprofessional membership

- Participation by Leadership

- Address: Patient Safety, Patient Experience, Staff Engagement and Process Efficiencies/Effectiveness

"Although the primary focus for organizations should be to optimize the practice environment and create a healthy organizational culture, they should also provide resources that make it easier for physicians to implement individual strategies to prevent burnout, deal with distress, and promote well-being."

Addressing Burnout on an Organizational Level

Employee Assistance Program

Psychological Debriefing

Schwartz Center Rounds

Resilience Training

Positive Psychology

"…studying human thoughts, feelings and behavior

with a focus on strengths

instead of weaknesses;

building the good in life

instead of repairing the bad;

taking the lives of average people

up to "great…""

Christopher Peterson, 2008

01

According to the APA resilience is the process of adapting well in the face of trauma or tragedy, threats or other significant sources of stress (Southwick et al., 2014)

02

Resilient persons cope with stress, adapt to change, manage their emotions, sustain their personal values and pursue their passions.

Positive Psychology / Resilience Well-being

Introducing a New Theory of Well-Being

PERMA

Positive Emotions · Engagement · Positive Relationships · Meaning · Accomplishment
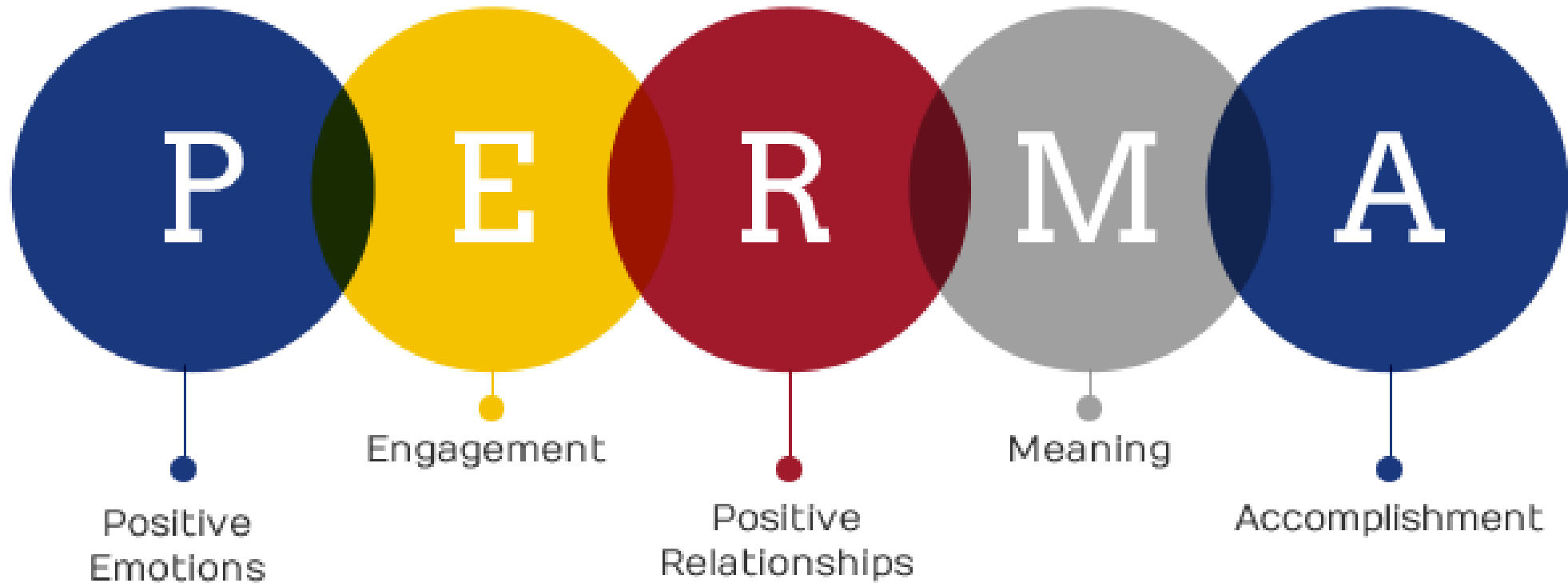
**Mind-Blowing Facts
About Our Amazing Brain**

**One hundred billion
neurons**

**Five hundred trillion
connections**

Take a breath

A quadrillion signals
1,000,000,000,000,000
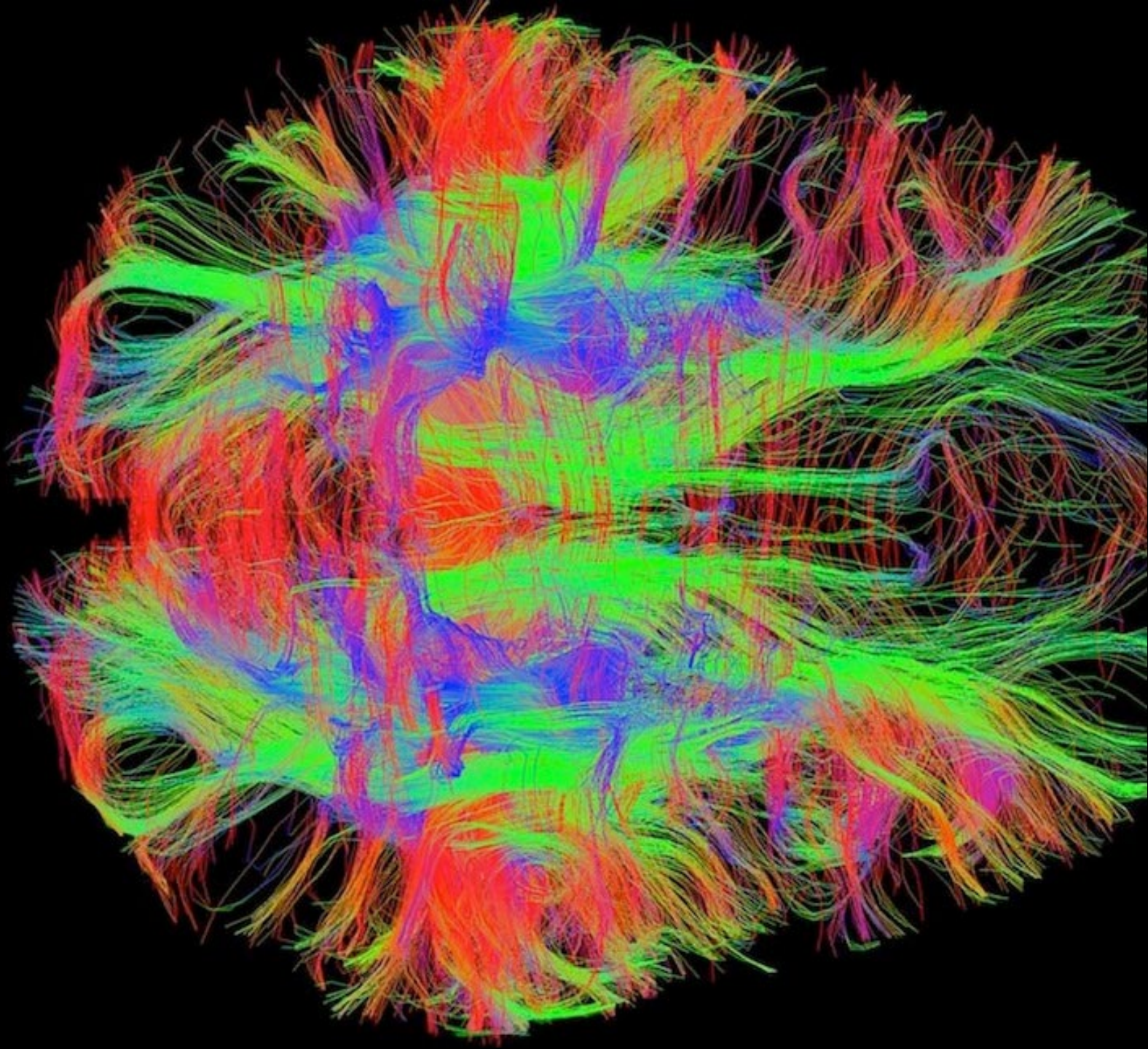
First Fact:
As the Brain changes,
the Mind changes.

If the physical structure of the

Brain has negative changes,

the Mind also suffers.

Second Fact:
Neuroplasticity -
As the Mind changes,
the Brain changes

In response to our thoughts or

neural activity, the brain builds new

neuropathways and infusions of

blood to increase the flow of

oxygen and glucose to busy

regions of the brain.

Positive Psychology Interventions

Emotional Intelligence
Signature Strengths
Three Good Things
Mindfulness
Gratitude
Flow
Awe

Positive Psychology and Resilience

- **Decreased depressive symptoms and increased well being [5,1]**

- **Improved psychological well-being [6]**

- **Improved working memory [2]**

- **Improved sleep [3]**

- **Improved immune system function [4]**

- **Improved relationships [5]**

- **Improved coping with emotional upheavals [6]**

1. Seligman ME, Steen TA, Park N, Peterson C. Positive psychology progress: empirical validation of interventions. Am Psychol 2005;60:410-21.
2. Klein K, Boals A. Expressive writing can increase working memory capacity. J Exp Psychol Gen 2001;130:520-33.
3. de Moor C, Sterner J, Hall M, et al. A pilot study of the effects of expressive writing on psychological and behavioral adjustment in patients enrolled in a Phase II trial of vaccine therapy for metastatic renal cell carcinoma. Health Psychol 2002;21:615-9.
4. Petrie KJ, Booth RJ, Pennebaker JW. The immunological effects of thought suppression. J Pers Soc Psychol 1998;75:1264-72.
5. Slatcher RB, Pennebaker JW. How do I love thee? Let me count the words: the social effects of expressive writing. Psychol Sci 2006;17:660-4.
6. Barclay LJ, Skarlicki DP. Healing the wounds of organizational injustice: examining the benefits of expressive writing. The Journal of applied psychology 2009;94:511-23.

Three Good Things
Martin Seligman, Ph.D.

Good things happen every day!

What have you loved, learned and felt grateful for today?

Three Good Things

- **What went well today?**

- **What was your role in making it happen?**

- **What is the positive emotion that best fits how this good thing made you feel?**

- **Amusement, Awe, Gratitude, Inspiration, Interest, Joy, Hope, Love, Pride, Serenity, or another emotion.**

1) Had a great morning run!
2) Spent quality time with my kids!
3) Got a promotion at work!

General Instructions

- Complete at a time when you are able to relax and reflect.

- Record your three good things every day for four weeks.

- You may do this with your partner, children, etc.

- Practice this exercise now at your table.

3 good things that happened today...
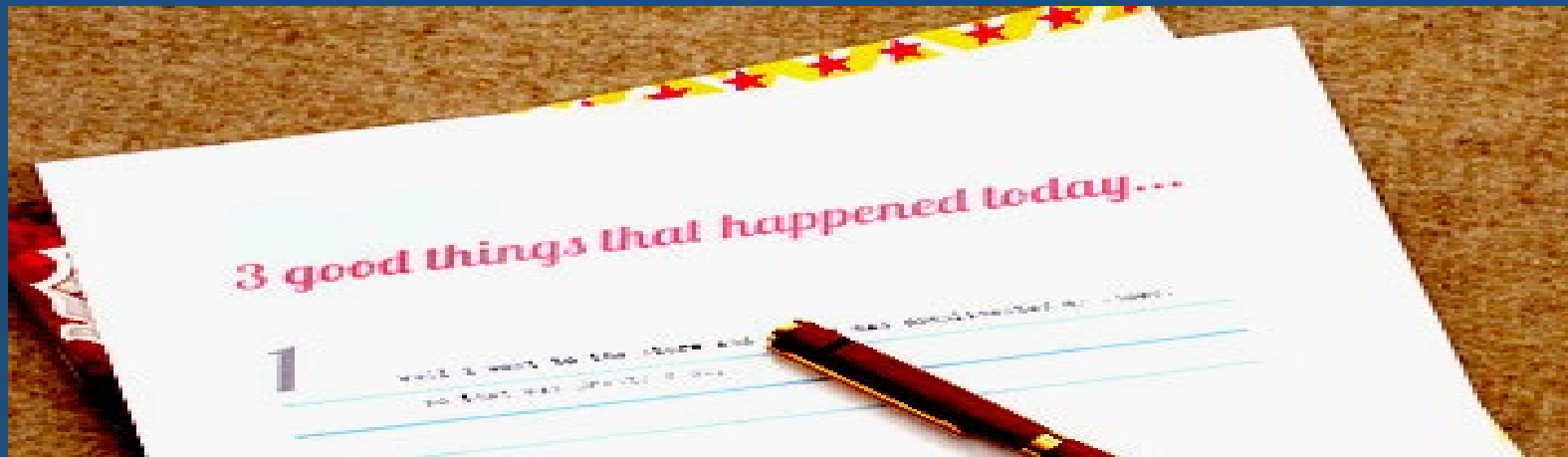
Common Experiences

- First week is "challenging"

- Second week is "easier"

- Third week is "fun"

- Fourth week is "impactful"
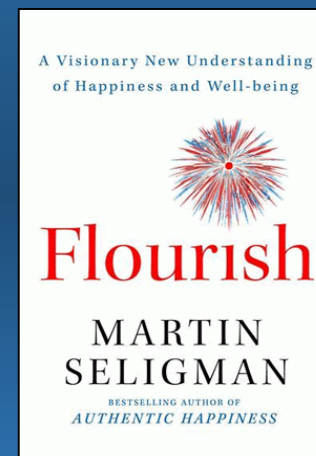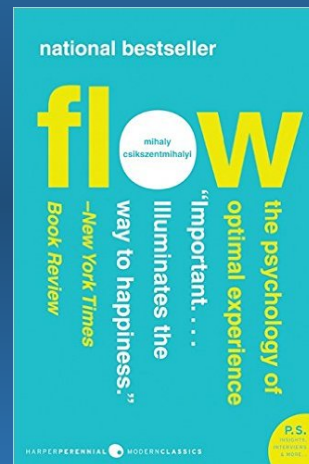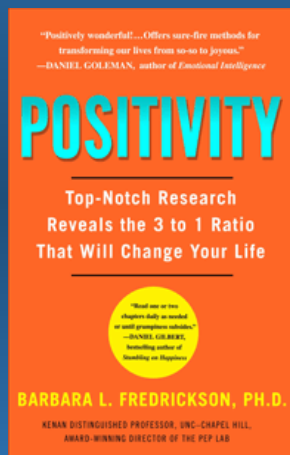
Positive Psychology and Resiliency Training

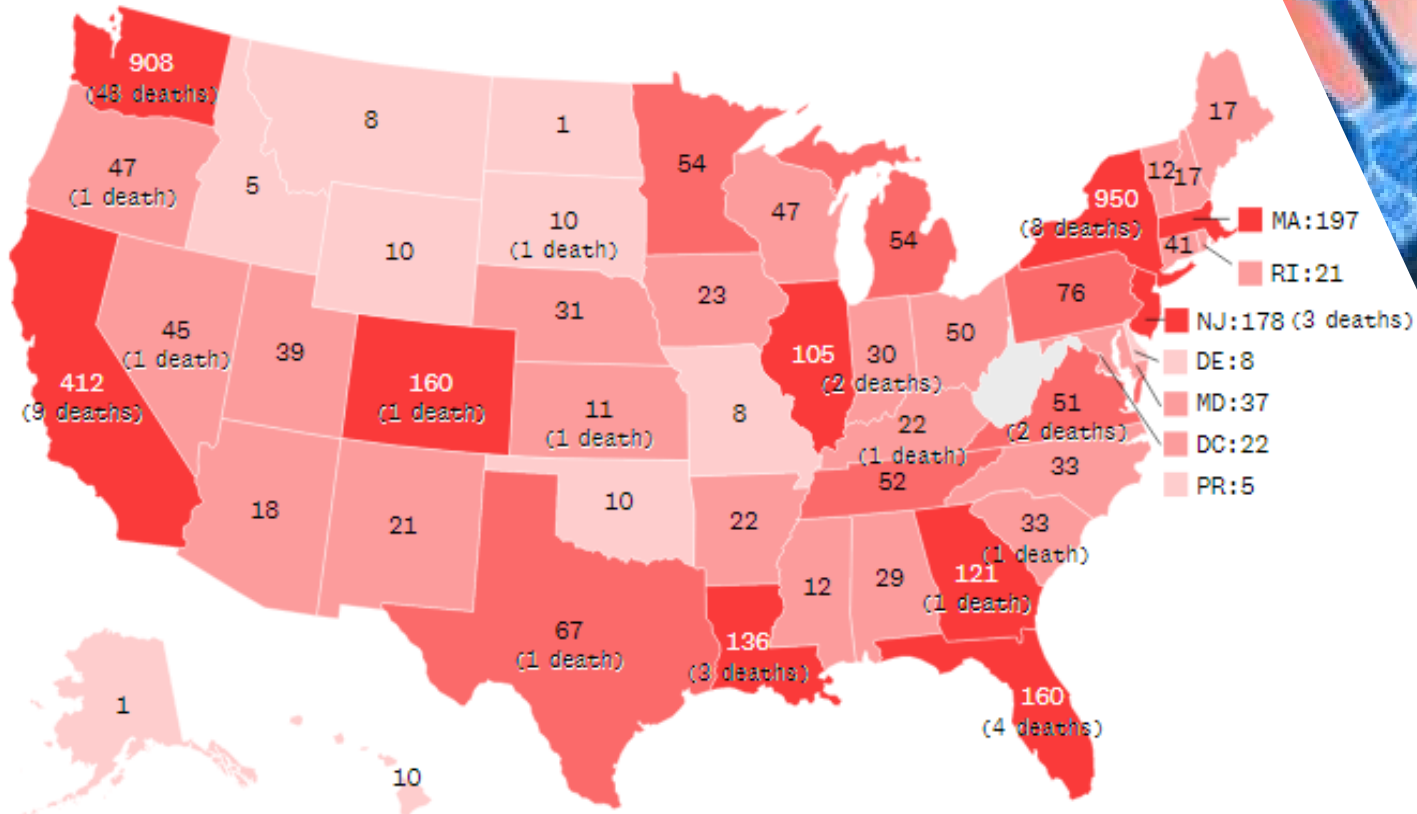
Barbara Fredrickson

Mihaly Csikszentmihalyi

Martin Seligman

Rick Hanson
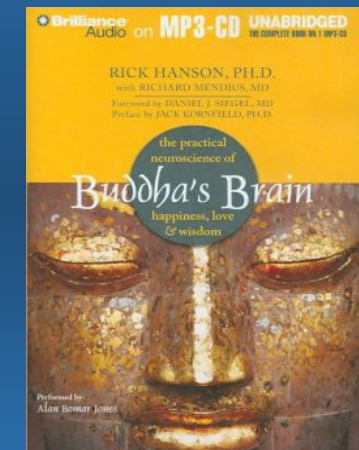
Anxiety and Coronavirus/ COVID-19

It is hard to make sense of a threat we cannot see, do not fully understand and are unable to stop.

Fear, anger, frustration and sadness are normal, but we cannot act impulsively.

Fear and anxiety are intended only to make us cautious and thoughtful.

Stop, gather information, evaluate, and then act.

Coping with Coronavirus / COVID-19

Be informed, but not over-informed. Use official sources and check periodically.

Avoid imagining "worst possible scenarios" and consider "most likely scenarios."

Ask yourself, "Have I interacted with an active case?" If "no," refocus and be positive.

Know the steps to seek care and be prepared for possible quarantine.

Manage risk- scrub your hands 20 seconds; cover coughs ; avoid crowds; maintain safe distance; and stay home if you are sick.

Limit physical contact, but MAINTAIN CONTACT with your family and friends. They need you! Call, text, email, etc.

Demonstrate patience, compassion, gratitude and love.
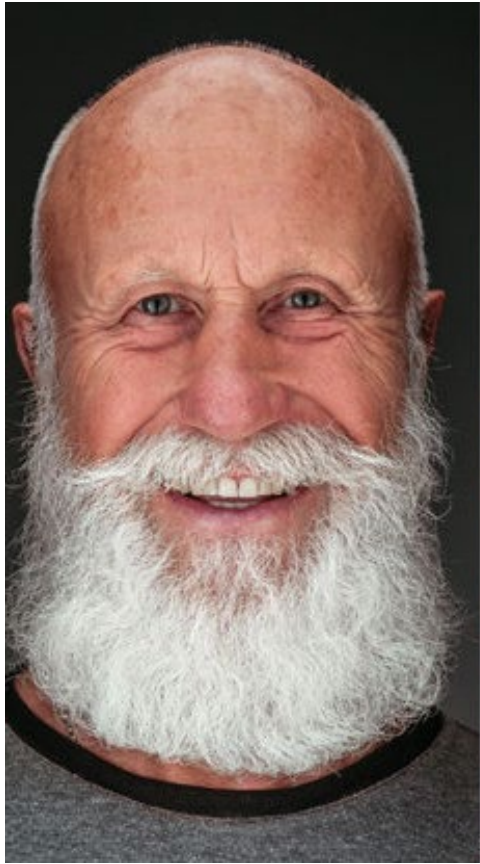
Resilience and Well-being

A Call for Action

References

- <u>Kearney MK</u>, et al. **Self-care of physicians caring for patients at the end of life,** *JAMA,* **2009; 3001:1155-1164**

- **Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis JAMA. 2015**

- **Causes of Death of Residents in ACGME-Accredited Programs 2000 Through 2014: Implications for the Learning Environment Journal of Academic Medicine 2017**

- **Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (2019), The National Academy Press, 2019**

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  http://nap.edu/25521