

Stress Management for Care Providers

Self Care for Those Who Care

Richard E. Berger, MD

<https://depts.washington.edu/abrc/stress>

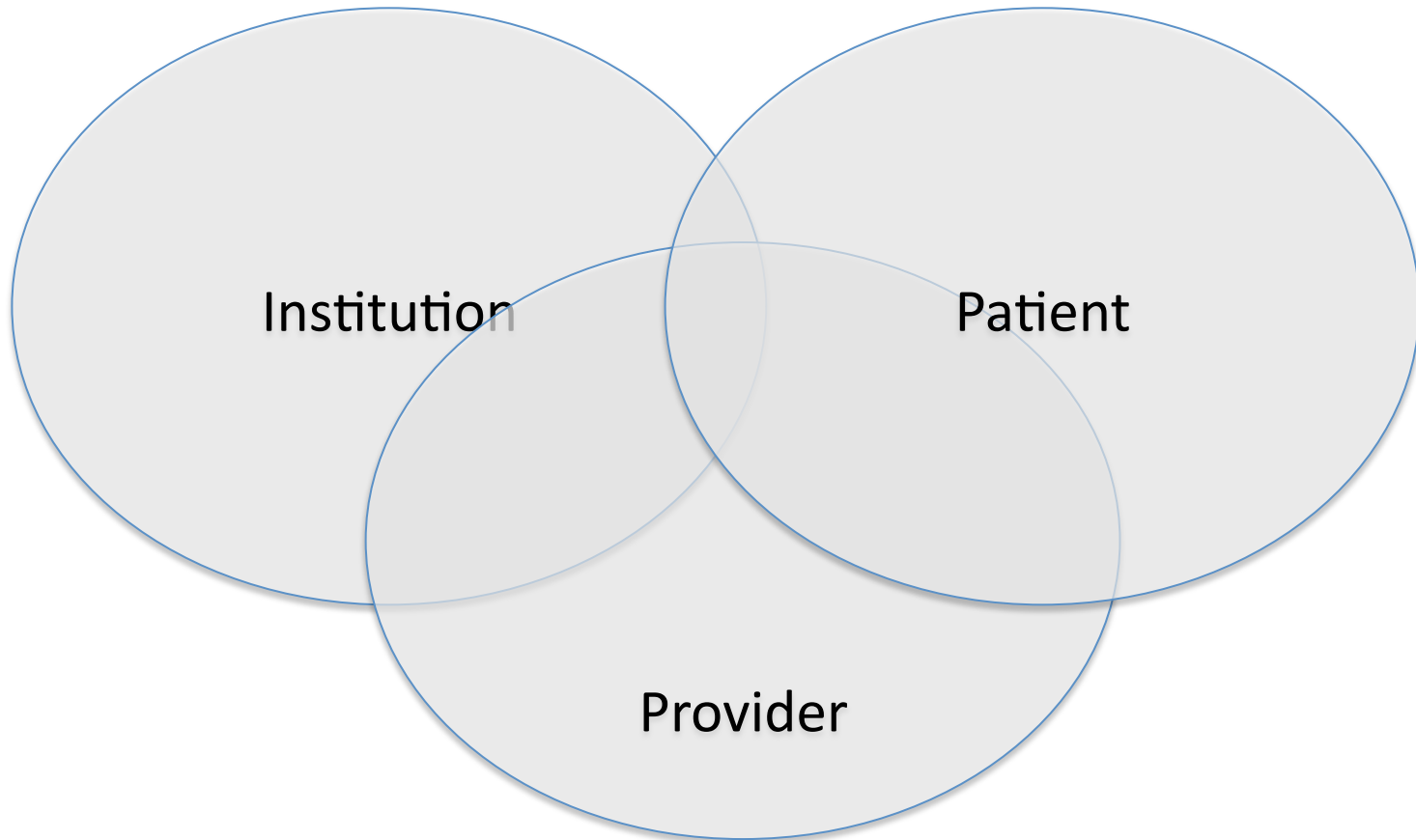
**MINDFULNESS IS PAYING ATTENTION
TO THE PRESENT MOMENT ON
PURPOSE**

MEDITATION IS THE FORMAL PRACTICE OF
MINDFULNESS.

MINDFUL BELL

MULTIPLE ALARMS

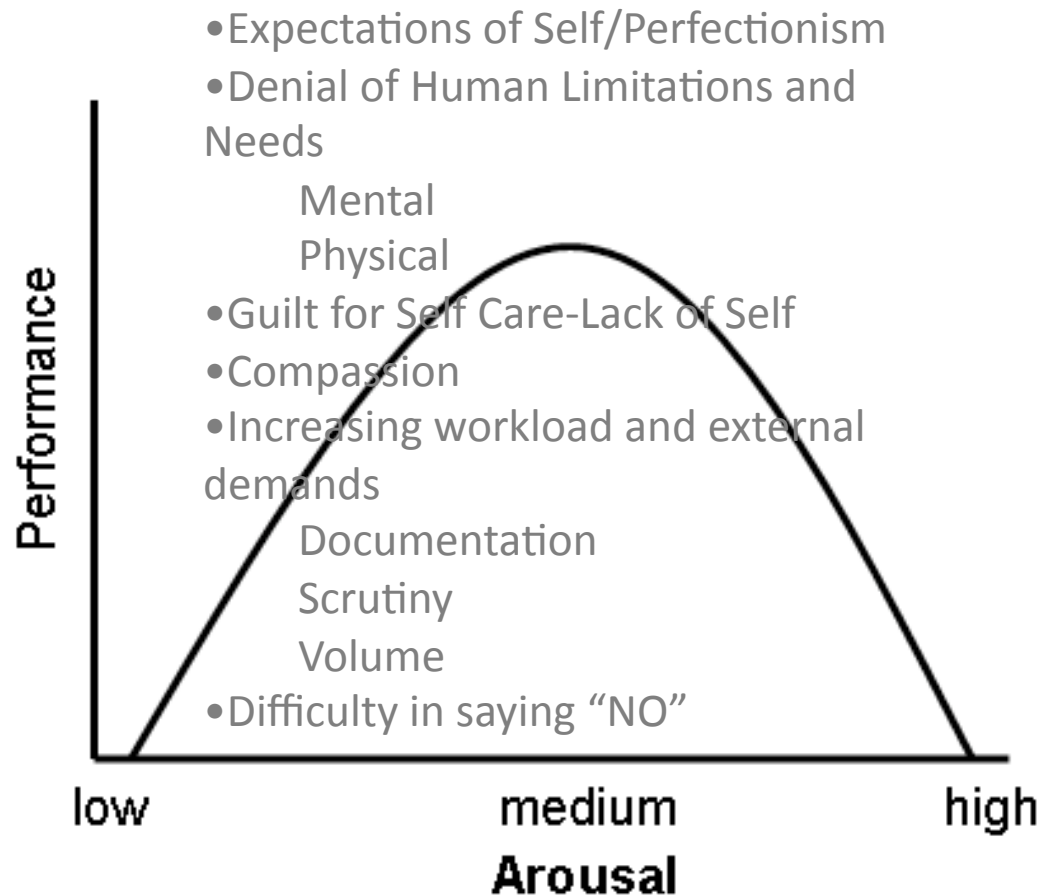
Mindfulness & Patient Care



PROVIDERS

Stressed Providers Effect Patient Care

Yerkes-Dodson Law



We have chosen to function in a very high stress environment.



Trauma surgeon Dr. Michael Sise shows fatigue after a stressful night at Scripps Mercy Hospital in San Diego.

Burnout is...

- **A syndrome present in many individuals under constant pressure or stress over a long period of time**
- **Characterized by:**
 - **Emotional/physical exhaustion (lack of interest/enthusiasm for work)**
 - **depersonalization (treating patients and co-workers as impersonal objects)**
 - **a decreased sense of personal accomplishment (work is not meaningful or important)**

“Just not caring any more”



AMERICAN COLLEGE OF SURGEONS 2008 SURVEY

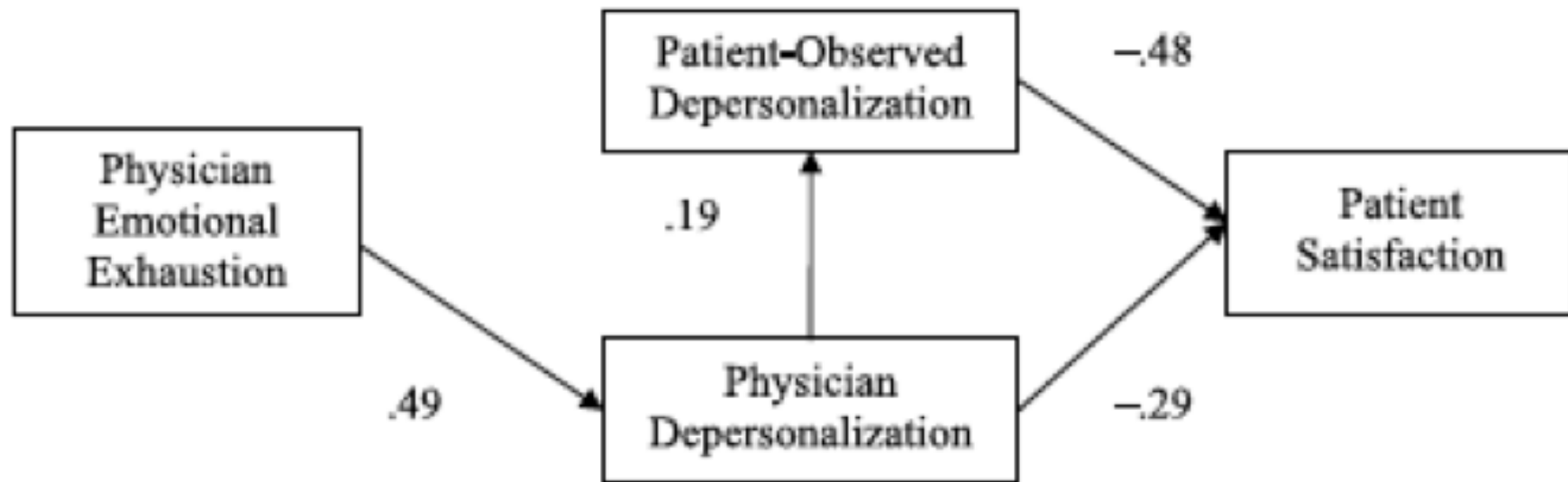
- **40% of responding surgeons were burned out**
- **32% had high emotional exhaustion**
- **30% of study participants screened positive for depression.**
- **26% demonstrated high depersonalization**
- **13% had low sense of personal accomplishment**

The secret to caring for the patient is
to care for the patient.

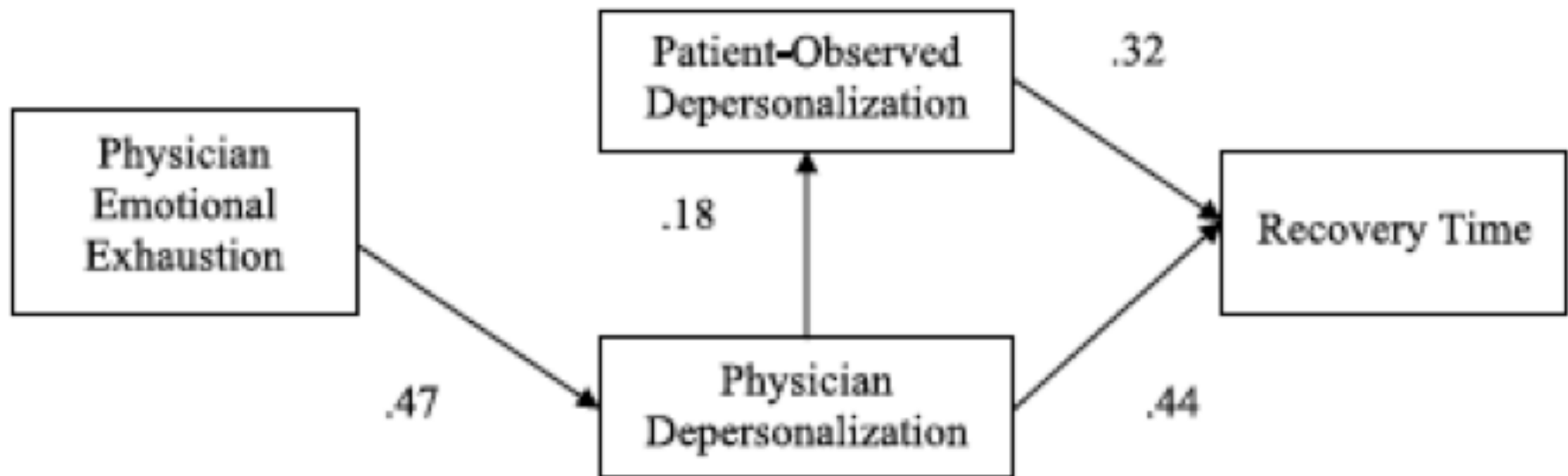
FW Peabody, MD 1925



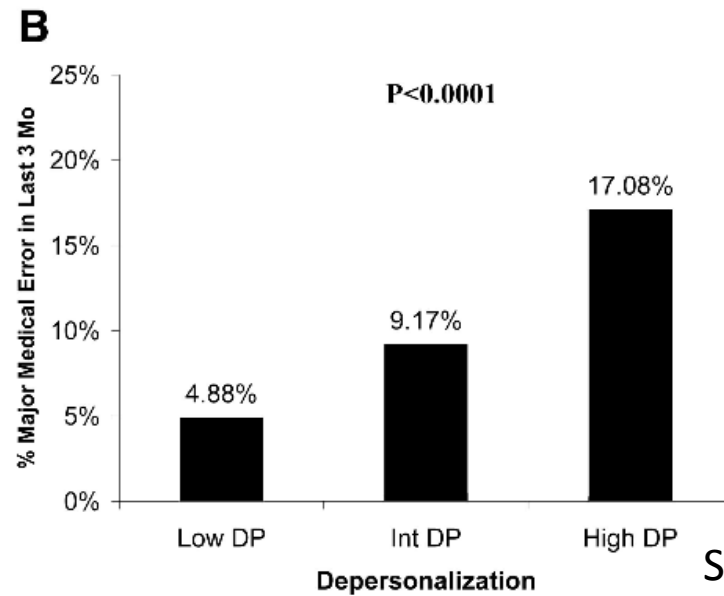
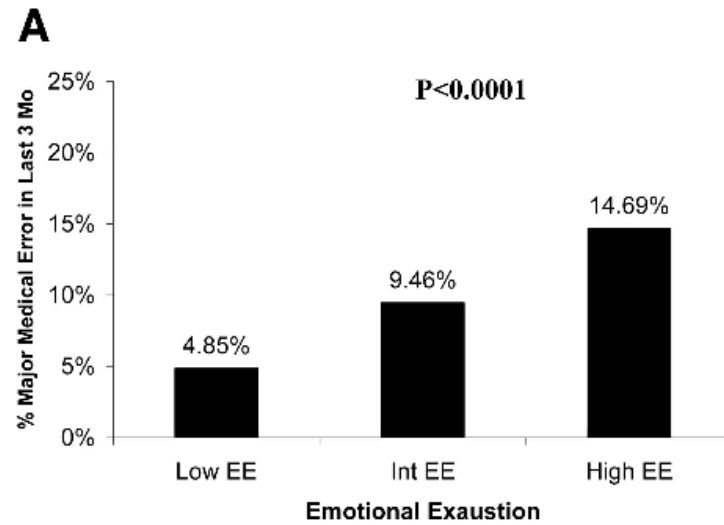
Relationship MD Burnout to Patient Outcomes (n=178)



Relationship MD Burnout to Patient Outcomes (n=178)



Surgical Error & Burnout



Swiss Cheese Model of Harm



Professional consequences of burnout:

- **poor judgment in patient care**
- **difficulty in decision-making**
- **hostility towards patients**
- **medical errors**
- **adverse patient events**
- **diminished commitment and dedication to productive, safe and optimal patient care**
- **Diminished relations with colleagues**



Approximately 15% of all physicians will be impaired at some time in their career and will be unable to meet professional responsibilities because of mental illness, alcoholism or drug dependency

(Boisaubin and Levine: Am J Med Sci 2001;322:31-36.)

Is the Professional Satisfaction of General Internists Associated with Patient Satisfaction?

Jennifer S. Haas, MD, MSPH, E. Francis Cook, ScD, Ann Louise Puopolo, RN, BSN, Helen R. Burstin, MD, MPH, Paul D. Cleary, PhD, Troyen A. Brennan, MD, JD

CONCLUSIONS: The patients of physicians who have higher professional satisfaction may themselves be more satisfied with their care. Further research will need to consider factors that may mediate the relation between patient and physician satisfaction.

J GEN INTERN MED 2000;15:122-128.

Presence Pays

Provider Skills

- Rapport building
- Mindfulness
- Topic Tracking
- Empathetic Response to Social, Emotional cues

Provider Efficiency

- Establish focus
- Elicit patients perspective
- Co-creating a plan

Aligning goals and organized effort with patient ownership requires mindful listening and patient perceived provider presence.

Good care can take less time if patient perceives provider is listening and cares

Mauksch et al. Arch Intern Med 168(13), 2008

IMPROVEMENTS WITH 8 WEEKS MBSR TRAINING

- Mindfulness
- Burnout (all scales)
- Empathy
- Physician Belief Scale
- Mood disturbance
- Personality stability



P<.001

PATIENTS

Stress adds to patient morbidity

Physiological consequences of stress driven by catecholamines and cortisol

↑ heart rate

↑ blood pressure

↑ blood flow to muscles

↓ blood flow to skin

↑ metabolic rate

↓ digestion

↑ blood clotting and
thickness

↑ blood sugar

↑ respiratory rate

↑ fluid retention

↑ alertness

↑ breakdown of fats

↑ triglycerides and LDL
cholesterol

Effects Mindful Practices

- ↓ weight
- ↓ blood sugar
- ↓ bp
- Improved lipid profile
- ↓ cortisone
- ↓ inflammation
- Improved well-being, alertness
- ↓ pain with stress
- ↑ brain size, grey matter
- ↑ quality of life
- ↑ concentration
- ↑ learning
- ↑ sleep quality
- ↑ body awareness
- ↓ depression
- Changes DNA activation

Medical Conditions & Mindfulness

- Coronary artery Disease
- Hypertension
- Cancer
- Chronic Pain
- Fibromyalgia
- Diabetes, I and II
- Irritable bowel
- Anxiety
- Asthma
- Psoriasis
- Headache
- Depression
- Multiple Sclerosis
- Health related QOL



Shutze et al. PAIN. 148 (2010)
120–127

Mindfulness
Associated with
Decreased Pain
intensity &
Catastrophizing.

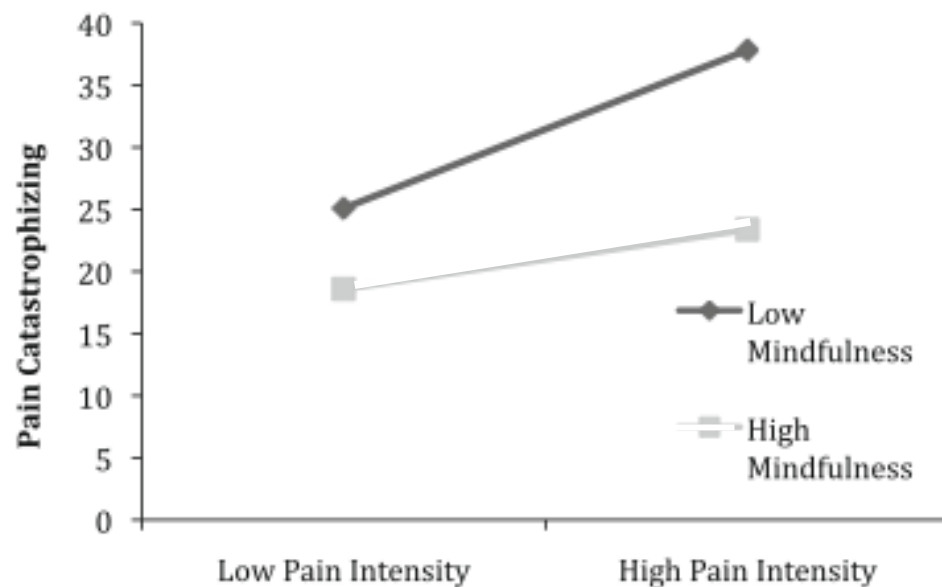


Fig. 2. Plot of the moderating effect of mindfulness on the relationship between pain intensity and pain catastrophizing.

Types Illness Narrative*

- Restorative
- Chaos
- Quest

*Arthur Frank, The Wounded Storey Teller

Restorative Narrative

- I'll be healthy again
- Our institutionalized narrative
- For every suffering there is a remedy
- Turns mysteries into puzzles
- Solution is in following authority-subordination
- Evades question of mortality and impermanence
- No story to fall back on

Chaos Narrative

- Life never gets better, no sequence of causality
- Remedy, progress and professionalism turn to vulnerability, futility and impotence.
- There is no plot to story, no voice, no one is in control
- contingent, monadic, lacking desire and dissociated
- critiques working clinicians
- Requires respect for experience, too easy to dx depression

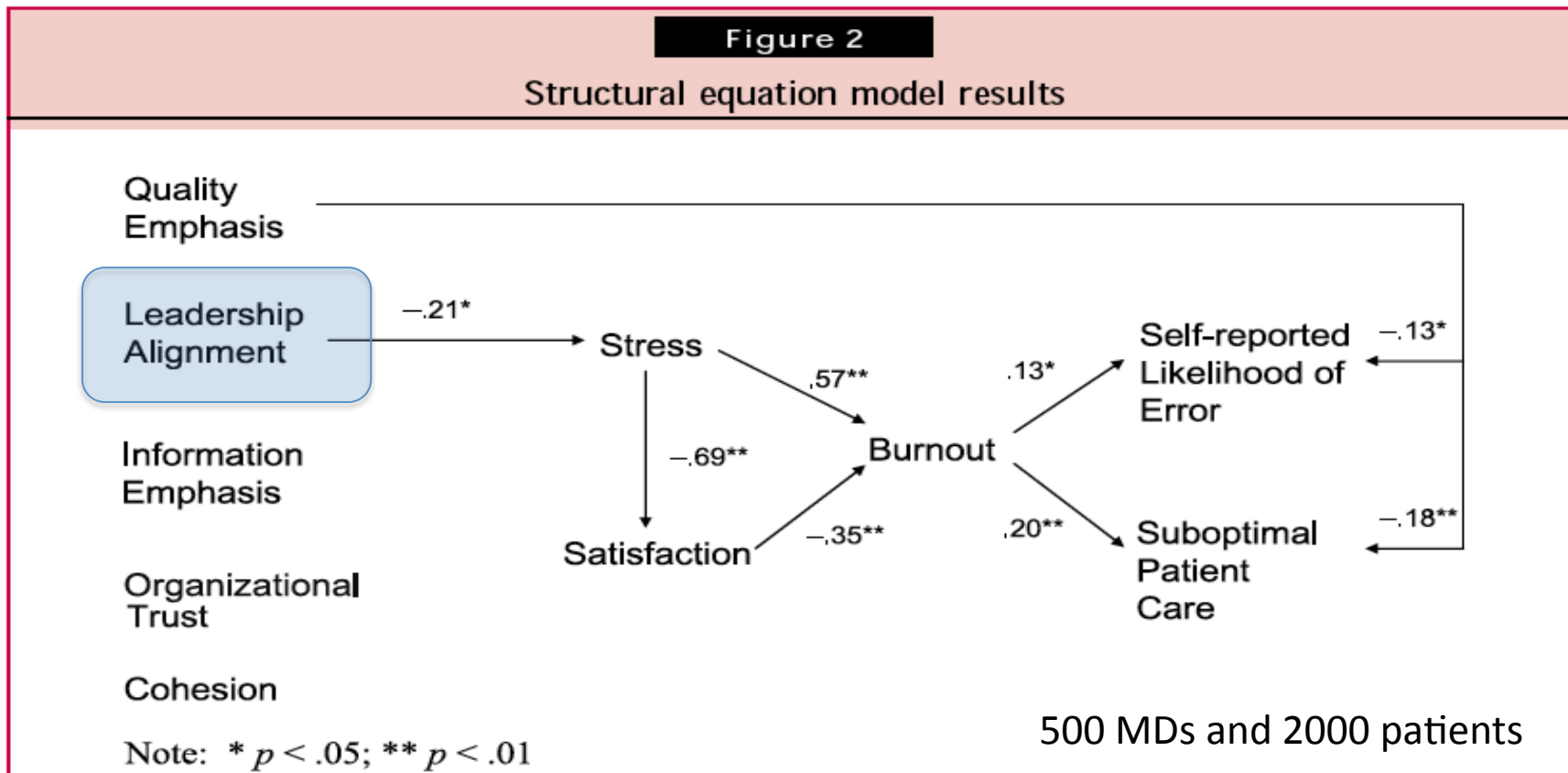
Quest Narrative

- Accept illness and attempt to use it. Illness as journey
- Teller tells own story, not medicines or no story
- Will always “bear the mark of the brotherhood of pain”
- Perseverance.
- Can be memoir, manifesto or automythology
- Definite relationship to others . Empathetic

INSTITUTIONS

Institutions Can Promote Wellness

The relationship of organizational culture, stress, satisfaction, and burnout with physician-reported error and suboptimal patient care: Results from the MEMO study



Williams ES, Manwell LB, Konrad TR, Linzer M. The relationship of organizational culture, stress, satisfaction, and burnout with physician-reported error and suboptimal patient care: results from the MEMO study. *Health Care Manage Rev.* 2007;32:203-212

Stress and Medical Malpractice: Organizational Risk Assessment and Intervention

S

John W. Jones and Bruce N. Barge
The St. Paul Companies
St. Paul, Minnesota

Brian D. Steffy
Industrial Relations Center
University of Minnesota

Lisa M. Fay, Lisa K. Kunz, and Lisa J. Wuebker
The St. Paul Fire and Marine Insurance Company
St. Paul, Minnesota

Subscales and Representative Items From the Human Factors Inventory

61 hospitals

12,000 individuals

Subscale and item

Job Stress

- I experience too much pressure on my job.
- Do you feel fatigued during the workday?
- Has worrying about your job been interfering with your sleep?

Job Dissatisfaction

- I am very satisfied with my job. (R)
- I am paid adequately for what I do. (R)
- Do you feel your work environment is stimulating? (R)

Organizational Stress

- The work in my department is well organized. (R)
- My department is understaffed.
- Staff turnover is high in my department.

Personal Stress

- Have you borrowed more than \$20,000 in the last year?
 - Has a close family member become seriously ill or injured in the last year?
 - Have you obtained a new job in the last year?
-

Workplace stress correlates with number of malpractice claims. ($p < .001$)

Jones & Barge,
J Appl Psych, 73(4)
1988, 727-735

Intervention Program

Intervention-Controlled matched institutions

- Develop better nutrition, exercise, and other health habits
- Develop relaxation routines for coping with stresses
- Develop comprehensive employee assistance and counseling program

Results Intervention

- **½ the medication errors**
- **¼ the malpractice**

Jones & Barge,
J Appl Psych, 73(4)
1988, 727-735

UWMC Stress Management Program

- Web resources
- Lectures-science of mindfulness
- Mindfulness Practice Introduction
- Mindfulness-Based Stress Reduction Courses
 - Quiet mind
 - Awareness/change habits
 - Examine values
 - Promote self-compassion

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Basic Assumption of Medicine:
**People perform better and are
happier when they are mentally
and physically healthy.**

Medical staff are people.



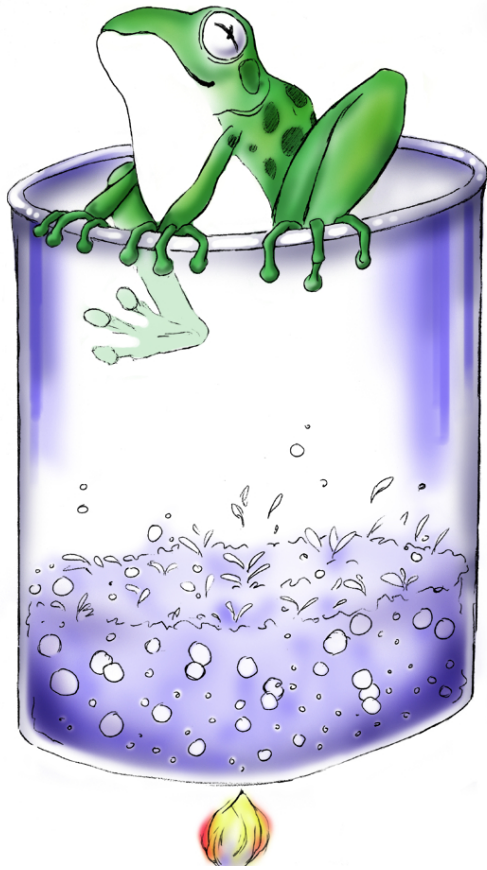
Who Should Participate?

- Role Models
- Stressed and Anxious
- Perfectionists
- Medical Mistakes
- Personal Stressors

PRIORITIES HOSPITAL AND INDIVIDUAL STAFF

- PATIENT CARE
- FINANCIAL RESPONSIBILITY
- RESEARCH/EDUCATION
- *PROVIDER WELLNESS*
 - *PHYSICAL*
 - *MENTAL*





The End