

## Physician Burnout

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During the past month....

Have you felt burned out from your work?

During the past month....

Have you worried that your work is hardening  
you emotionally?

During the past month....

Have you often been bothered by feeling down,  
depressed, or hopeless?

**During the past month...**

**Have you fallen asleep while stopped in traffic or driving?**

**During the past month...**

**Have you felt that all the things you had to do were piling up so high that you could not overcome them?**

**During the past month....**

**Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?**

**During the past month....**

**Has your physical health interfered with your ability to do your daily work at home and/or away from home?**

## Burnout in this New Era of Healthcare

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## Learning Objectives

At the conclusion of this presentation, the participants will be able to:

- Describe the characteristics of the environment that contribute to burnout in this new era of healthcare.
- Identify the important elements of burnout including emotional exhaustion, depersonalization, and low personal accomplishment.
- Recognize the contributions of increased demand, lack of control, and decreased support in the burnout process.
- Develop individualized approaches and understand the role physicians play in institutional strategies to reduce and prevent burnout.

“These are the duties of a physician:  
First...to heal his mind and to give  
help to himself before giving it to  
anyone else”



Epitaph of an Athenian Doctor, 2 AD

Author: The British Museum  
CC BY-NC-SA 4.0

“The young doctor should look about early for  
an avocation, a pastime, that will take him away  
from patients, pills and potions.”

Sir William Osler, 1909



Author: U.S. National Library of Medicine  
Original Repository: Osler Library of the History  
of Medicine, McGill University.

# 50%


# BURNOUT

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**Medical Students**  
**Residents**  
**Practicing Physicians**

## Physician Wellness: A Missing Quality Indicator

“When physicians are unwell, the performance of healthcare systems can be suboptimum. Physicians wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care.”




Source: Wallace JE, Lemaire JB, Ghali WA. Lancet 2009; 374: 1714-21.

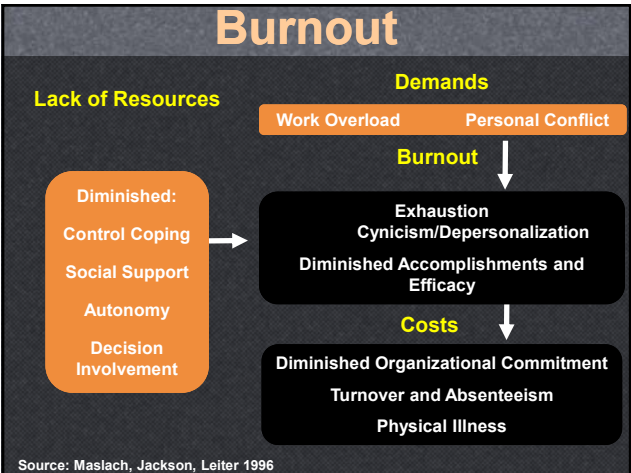
## Burnout

“What started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness.”

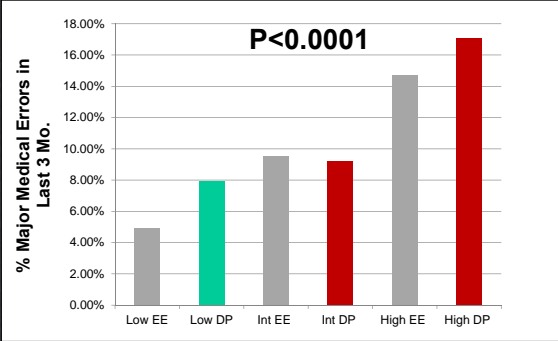
- Emotional exhaustion
- Depersonalization in relationships with co-workers
- A sense of inadequacy or reduced personal accomplishment



Maslach et al. Annu Rev Psychol 2001; 52: 387-422.  
 Maslach, Jackson, Leiter 1996.



## Burnout and Medical Errors Among American Surgeons



Shanafelt, TD., et al. Ann Surg., June 2010. Vol 251 (6). 995-1000.

## The Resilient Physician



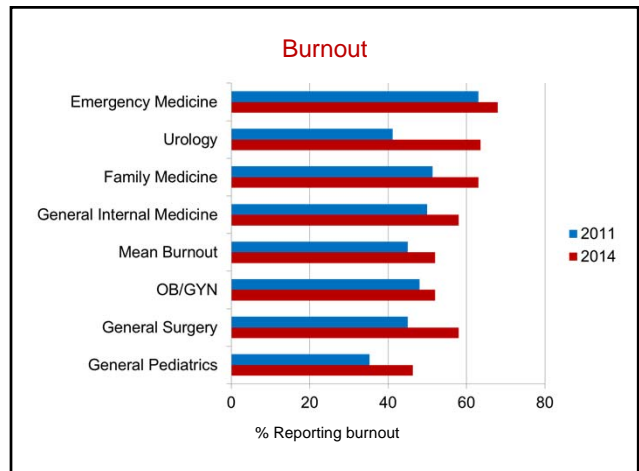
“High demand/low control is bad enough; High demand/low control/low support can be deadly.”

Source: Sotile W, Sotile M, 2002.

## Changes in Burnout and Satisfaction With Work-Life Balance (WLB) in Physicians

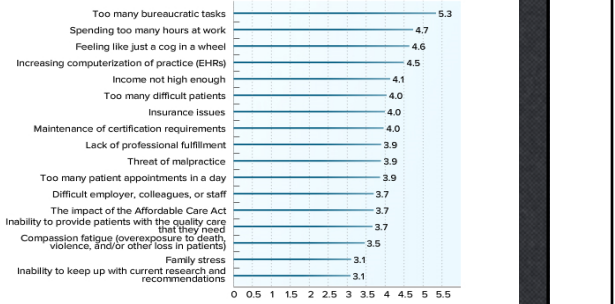
“Burnout is a pervasive problem among physicians that appears to be getting worse. Our findings suggest a 10% increase in the prevalence of burnout among U.S. physicians over the last 3 years. More than half of the U.S. physicians in our survey had symptoms of burnout when assessed using the full MBI, with increased rates of burnout observed across all specialties. A substantial erosion in satisfaction with WLB has also been observed among U.S. physicians over the past 3 years, despite no increase in the median number of hours worked per week.”

Shanafelt, T. et al. Mayo Clin Proc. 2015; 90(12):1600-1613

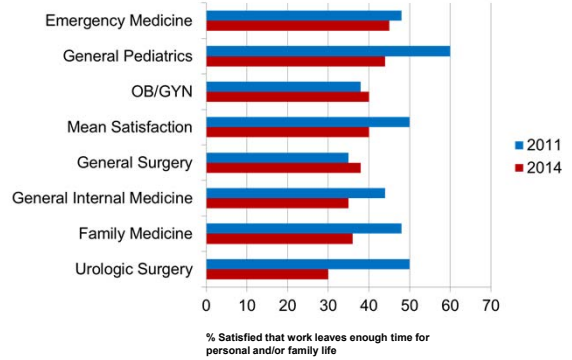


# Medscape Physician Lifestyle Report 2017

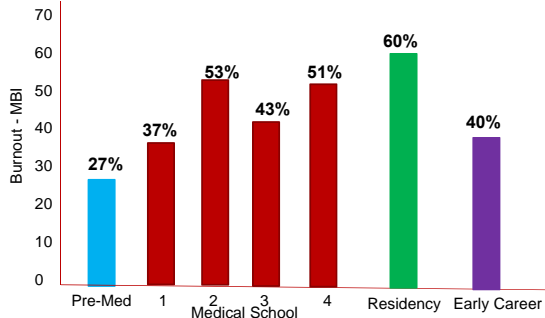
## What Are the Causes of Burnout?



## Satisfaction with Work-Life Balance



## A Longitudinal Timeline of Burnout in Medicine: From Start to Practice



Dybbie LN, et al. Burnout Among U.S. Medical Students. *Academic Medicine*. Vol 89, No. 3 / March 2014

Dybbie LN, et al. Personal Life Events and Medical Student Burnout: A Multicenter Study. *Academic Medicine*. April 2006;80(4):374-84.

Brazeeau C, et al. Distress Among Matriculating Medical Students Relative to the General Population. *Acad. Med.* Vol. 89, No. 11 / November 2014

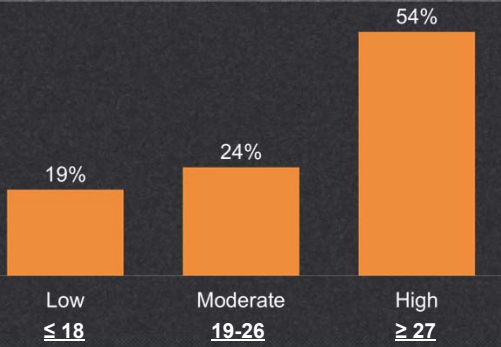
## Who Thought Sitting in a Chair Would Be so Hard?

“As unprecedented reforms pull our complex organizations in new directions, the department chair is arguably the linchpin bearing the most stress.”



Source: Cohen J. *Academic Medicine* 1998; 73: No. 3.

## Emotional Exhaustion

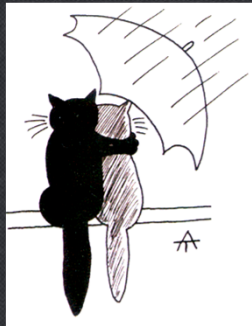


Source: Gabbe et al. Am J Obstet Gynecol 2002; 186: 601-12.

“There is tremendous satisfaction in this job, but every day there are tremendous frustrations. Bureaucracy, endless paperwork, audits, OIG, JCAHO, lawyers, etc. take away much of the enjoyment of being chair.”

Source: Gabbe et al. Am J Obstet Gynecol 2002; 186: 601-12.

“My partner is my greatest support – I couldn’t do what I do without her help.”



“I believe the world we live in is not emotionally healthy. Unless an individual can figure out how to have some quiet time on a daily basis, they will have difficulty dealing with other people’s problems.”



Source: Gabbe et al. Am J Obstet Gynecol 2002; 186: 601-12.

## Stress Management

	<u>Number</u>
• Time with family and friends	93
• Positive approach to life	65
• Hobbies	55
• Exercise	51
• Religion	5
• Alcohol	3

Source: Gabbe et al. Am J Obstet Gynecol 2002; 186: 601-12.

## Drivers of Burnout and Engagement



Shanafelt, TD, Noseworthy, JH, Mayo Clin Proc. 2016 Nov 18. pii: S0025-6196 (16)30625-5

## Who's to Blame for Burnout?

“Either – or” vs. “Both – and”

“Both the person and the organization have a role to play in improving the work place and people’s performance within it.”

Maslach, C., Leiter, M. P., Medical Teacher 2016: 12:1-8.

## Changes in Burnout and Satisfaction With Work-Life Balance (WLB) in Physicians

“There is an urgent need for systematic application of evidence-based interventions addressing the drivers of burnout among physicians. These interventions must address contributing factors in the practice environment rather than focusing exclusively on helping physicians care for themselves and training them to be more resilient.”

Shanafelt, T. et al. Mayo Clin Proc. 2015; 90(12):1600-1613



## Solutions for Physician Burnout:

### Organization or System Level:

1. Focus on efficiency and support in the practice environment.
2. Select and develop leaders with the skills to foster physician engagement.
3. Help physicians optimize “career fit”

Shanafelt, T. et al. Mayo Clin Proc. 2015; 90(12):1600-1613

## Solutions for Physician Burnout:

### Organization or System Level:

4. Cultivate meaning in work:  
- Create an environment that nurtures community, flexibility, and control.
5. Establish principles that facilitate work-life integration

Shanafelt, T. et al. Mayo Clin Proc. 2015; 90(12):1600-1613

## Mayo Clinic Physician Well-Being Index

During the past month . . .

- have you felt burned out from your work?
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- have you often been bothered by feeling down, depressed, or hopeless?
- have you fallen asleep while stopped in traffic or driving?
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- has your physical health interfered with your ability to do your daily work at home and/or away from home?

Dyrbe LN, Satele D, Sloan J, et al. Utility of a brief screening tool to identify physicians in distress. J Gen Intern Med. 2013;28:421-427.

## Solutions for Physician Burnout

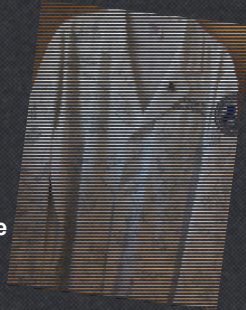
### Individual Level:

1. Identify personal and professional values and how to prioritize them.
2. Train in mindfulness-based stress reduction
3. Pay attention to self-care, developing personal interests, protecting and nurturing relationships

Shanafelt, T. et al. Mayo Clin Proc. 2015; 90(12):1600-1613

## Individual Approaches to Reducing and Preventing Burnout

- Protecting Relationships
- The “Thank You” Folder
- The Quiet Drive to Work
- Small Uplifts:
  - Music
  - Pats on the Back – Gratitude
  - Walking and Breathing
- How Do You Come Home?



## Burnout in Medicine: Is There a Happy Ending?

1. Burnout must be acknowledged
2. The risks for burnout increase as control in the work environment decreases
3. The risks for burnout increase as support in the work environment decreases
4. Burnout is characterized by high emotional exhaustion, high depersonalization, and low personal accomplishment

## Burnout in Medicine: Is There a Happy Ending?

5. The symptoms of burnout include fatigue, insomnia, headaches, and deterioration in relationships with family and friends
6. The medical consequences of burnout include hypertension, myocardial infarction, depression and colitis
7. The social consequences of burnout include increased job turnover, alcoholism and drug abuse, and divorce

## Burnout in Medicine: Is There a Happy Ending?

8. The medical practice consequences of burnout include reduced quality of care, patient satisfaction and safety; increased medical errors; greater likelihood to leave practice.
9. Starting a new position increases the risk for burnout

## Burnout in Medicine: Is There a Happy Ending?

10. The risk for burnout can be decreased by:
- Controlling the number of hours worked per week
  - Spending time with spouse/partner and family
  - Having a mentor
  - Utilizing individualized approaches to reduce stress

“Stress is inevitable. Struggling is optional.”



Wayne and Mary Sotile  
[Letting Go of What's Holding You Back](#)  
Stewart, Tabori, and Chang, 2007

## Physician Burnout

Kenneth R. Yeager, PhD  
Associate Professor, Clinical  
Department of Psychiatry  
The Ohio State University Wexner Medical Center

*Why does having a sense of  
satisfaction and fulfillment as a  
modern doctor seem like such a  
struggle at times?*

## Genetic Dispositions

- Our Darwinian DNA utilizes some negative-emotion mechanisms to help us pass our traits on to offspring.
  - Ability to worry about the future
  - Remember bad things that happen to us
  - Anticipate new things that could go wrong
- These help us with survival, but not happiness!



-- Barbara Fredrickson

## Where it all begins?

### Childhood

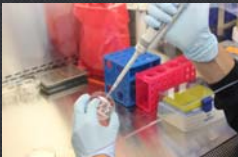
- For some the interest in healthcare begins as early as childhood.
  - Introduction to health and hospitals
  - Introduction via illness or helping others
  - Legacy of healthcare
  - Available so I took it
  - I was good at science and math.



## How this interest progresses

### High School

- Some suggest the beginning of the battle starts here.
- The concept of *delayed gratification* is introduced as you apply yourself to earn the grades you need to get into the college program you hope to attend.
- Focus, hard work and attention to detail and critical thought become the foundation.
- The promise... A better life!



## How interest progresses to reality

### Medical School

- More levels of intensity, introduction to complex labs, independent learning and working with others to complete projects.
- Learning how to interact with others who are distressed.
- Having realization that hearing the problems of others has a high emotional cost.



Author: Lance Cpl. Natalie Reistran

Dyrbye, L. N., West, C. P., Satele, D., Boone, S., Tan, L., Sloan, J., & Shanafelt, T. D. (January 01, 2014). Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Academic Medicine: Journal of the Association of American Medical Colleges*, 89, 3, 443-51.  
Dyrbye LN, Masiello FS Jr, Eschker A, Harper W, Power D, Durning SJ, et al. Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA*. 2010; 304: 117380.

## And Progresses



### Residency

Increased levels of independent practice leads to increased exposure to difficult practice decisions. Interactions that require residents to consider best options for difficult cases.

Increased exposure to families, realizing the degree of families expectations for care.

Greater exposure to larger numbers of patients leads to greater appreciation for relational aspects of care across time and the continuum of care.

Shanafelt TD. Enhancing meaning in work: a prescription for preventing physician burnout and promoting patient-centered care. JAMA 2009; 302: 133840.  
Jagsi (Arch Int Med 2005):

## And Progresses

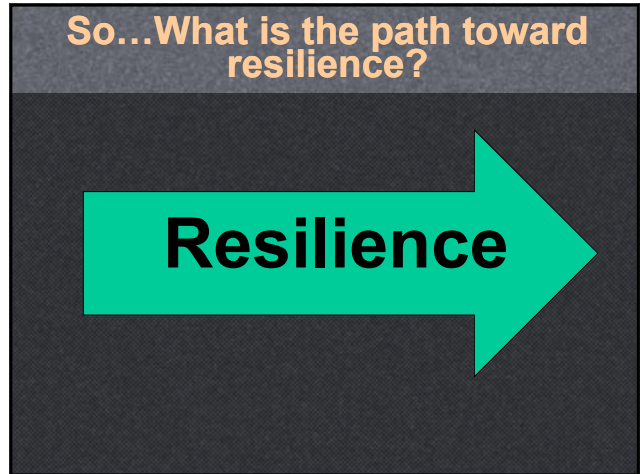
- **Private Practice**  
Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 in 3 doctors are experiencing physician burnout at any given time with some studies showing U.S physician burnout prevalence as high as nearly 48%.
- Realization that the sacrifices made in the past will continue well into the future. Working in private practice often feels like practicing with little to no back-up or support.

Shanafelt TD, Sonja B, Litjen T, Dyrbye LN, Sotile W, Daniel S, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. JAMA Intern Med. 2012; 172: 137785.



## The line between stress and burnout

- The difference between Stress and Physician Burnout is this ability to recover in your time off.
- Physician Burnout begins when you are NOT able to recharge your batteries between call nights or days in the office.
- **You begin a downward spiral that has three distinct symptoms.**
  - **Physical/Emotional Exhaustion**
  - **Depersonalization**
  - **Reduced Sense of Personal Accomplishment**



## So...What is the path toward resilience?

- It is more of a quest or an effort.
- It requires us not to take the path of negativism and quick fixes.

January 22, 2017

## So...What is the path toward resilience?

- It is seeking alternative responses to adversity.
- It requires working against powerful biological forces that lead us to see the negative rather than the positive.
- *It will change what we think we know about ourselves and our world*

## So...What is the path toward resilience?

- It is not a path that comes naturally!



Greitens, Eric (2015) Resilience: Hard-Won Wisdom for Living a Better Life.

## Self-Awareness Continued

- Monitor Burnout using simple metrics:
  - Emotional exhaustion = (time to recover)
  - Depersonalization = (difficulty connecting with others, cynical responses to daily events)
  - Reduced sense of accomplishment ( decreased confidence/satisfaction)



## Begin with – Self-Awareness

- Look for 3 Good Things each day to counter the negative
- Share these with your peers
- Positive Self-Reflection (what did you do well today)
- Enhanced Self-Compassion (how did you talk to yourself today)

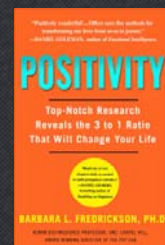


## Cultivating Positive Emotion: 3 to 1 Ratio

### What Is Positivity?

The 10 Forms of Positivity

- Joy
- Gratitude
- Serenity
- Interest
- Hope
- Pride
- Amusement
- Inspiration
- Awe
- Love



## Self-Awareness Continued

- **Building Emotional Intelligence**
  - The ability to motivate oneself and persist in the face of frustrations.
  - Enhanced ability to think through difficult situations
  - Regulate one's moods and keep distress from overwhelming think the issue through
- Emotional intelligence has both inter-personal aspects (i.e. social intelligence) as well as intra-personal elements (i.e. self-awareness).
  - Inter-personal emotional intelligence helps people relate confidently and compassionately to others.
  - Intra-personal emotional intelligence allows people to gain insight into their emotional state, regulate their moods effectively, and build their emotional resources

## Self-Awareness Continued

- **Reflective Ability**
  - In clinical contexts the process of reflection has been found to enhance emotional literacy, and facilitate interpersonal relationships that can buffer workplace stress
  - Enhanced reflective skills have been associated with improved practice in a wide range of helping contexts.
    - Reflect on your practice
    - Understand your personal motivations
    - Explore the nature of and/or impacts on your interactions
    - Developing reflective ability enhances emotional resilience!

## Self-Awareness Continued

More specifically, emotional intelligence will help:

- Manage your emotional reactions and those of others more effectively,
- Recognize the potential impact of emotional states on problem-solving and decision-making abilities,
- Helps professionals build effective emotional boundaries enabling them to deliver compassionate, person-centered care and avoiding over-involvement.

## Self-Awareness Continued

- **Focused Skill Development**
  - Social confidence
  - Communication
  - Conflict resolution
  - Stress Awareness
    - Self-assurance to address conflict
    - Self-assurance to challenge and resist poor clinical practice
    - Willingness to learn equally from both failure and success
    - Awareness of key clinical strengths and weaknesses.



## Self-Awareness Continued

### Supervision/Mentoring

- Provide a safe environment in which professionals can:
  - Reflect on practice
  - Discuss their emotional reactions
  - Developing problem solving skills
  - Foster skill development
    - Stress management skills
    - Strength building
    - Foster optimism
    - Reframe reactions

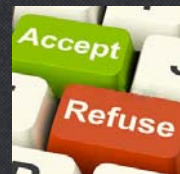
## Self-Awareness Continued

- Experiential learning can enhance many of the competencies associated with emotional resilience.
  - Case studies,
  - Role plays and
  - Simulated practice, can be used to improve emotion regulation, reflective ability, emotional intelligence and empathy.

## Noticing, nonjudgmentally....

### Mindfulness

## Mindfulness



### – Mindfulness: Awareness that is reflective, non-judging and accepting

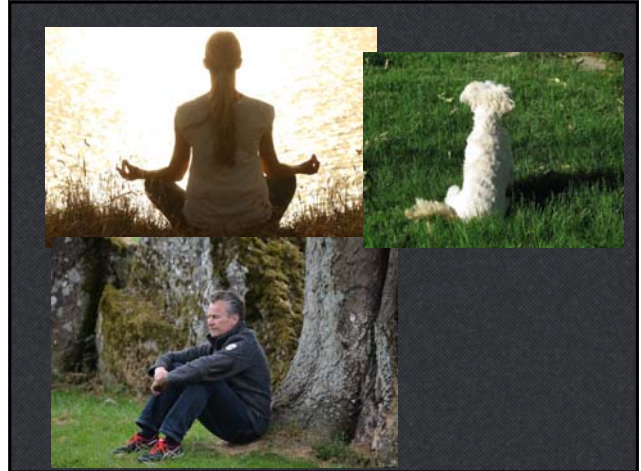
- Deliberately notice the little things without evaluating them
- Seek the humble curiosity of a 5 year old
- Be curiosity about what is going well and why it is going
- Seek support from and interactions with others
- Discover and focus on what interests and motivates you

## Mindfulness

Mindfulness: is a way of attending to the experience of the present moment with full awareness and without judgment or reactivity.

**“If you make your time meaningful to you, the behavior of others matters less...”**

Ellen Langer, PhD  
Kripalu Mindfulness Course,  
Stockbridge, MA  
February 5, 2010



## Mindfulness Continued

- You seen we all compete for energy!
  - Ask yourself...Who or what is taking your energy?
  - What are you doing to rebuild your energy?
  - Are your interactions building or taking energy?

## Mindfulness Continued

- Notice what creates change and positive energy for you
- Keep learning (adopt a stance of humble curiosity)
- Ask yourself –
  - “what can I learn from this situation?”
  - “Is there a better way to approach this challenge?”
  - “What is the best use of my energy?”

## Mindfulness Continued

- What are others doing that seems to be working for them?
- Capture and adopt the positive traits you see and admire in others!
- Clear your mind of clutter and negatives.

## Cultivate Purpose and Meaning

- Remember again what brought you to working with others?
- Consider what is driving your:
  - Current Mindset
  - Levels of Energy
  - Beliefs/Bias
  - Attitudes



## Purpose

### –Cultivate Purpose & Meaning

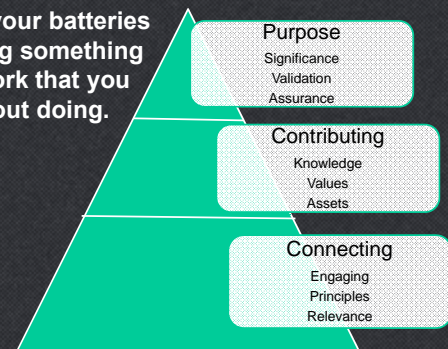
The mindset/attitude we take toward others and toward events.

- Understanding the needs of others
- Frame burnout: a trigger for personal growth and to serve as resilience role model (Post Traumatic Growth)
- Meaning Making Through Resilience
  - How to make sense of what makes no sense
  - Keeping connected with yourself
  - Keep connected with the moment

*“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.” (Viktor Frankl)*

## Purpose Continued

Recharging your batteries means finding something outside of work that you feel good about doing.



## Purpose

### Cultivate Purpose & Meaning

- Think outside of yourself and seek the company of others
  - When someone says something or does something it's not really about us...its about pain, fear or confusion they are having.
  - When you see the needs of others you can begin to seek a realistic balance between your needs and the needs of others.
  - We can tie our daily actions to learning about how our minds, bodies, and habits work together not only to our personal well being, personal satisfaction or success but to how our actions helping others.
  - Understanding how our conscious actions improve the lives and lesson the suffering of others adds greater purpose and meaning to our daily activities.

## Finding your groove

**Flow:** is any activity in your life that you enjoy so much that time stands still when you engage in the activity.

Is there any activity in your life that makes time stand still when you engage in it?

What activity enralls you so much that you find it easy, effortless, to tune out everything else and focus on that activity exclusively?

## Flow

Flow occurs during the pursuit of a task requiring skill and concentration:

- It involves an intense focus on the task
- It is goal-directed. The flowing person is working to achieve some goal.
- Ongoing feedback about how the activity is progressing occurs
- It feels like the activity is effortless
- The flowing person feels very much in control of what he or she is doing
- The flowing person ceases to be self-conscious. It feels like he or she has disappeared and only the activity is left.
- Time seems to stand still

## Flow

- You can feel a sense of flow while working, playing, or even doing routine tasks, such as driving a car.
- You can learn to increase the flow in your life by living more intentionally.
- Four ways to increase the amount of flow in your life:
  - Setting goals
  - Endeavoring to immerse yourself in activities you like
  - Paying attention to what is happening
  - Enjoying the immediate experience

## Self Care... Be Good To Yourself

- We all compete for energy
  - Think about your interactions with others.
    - What builds energy
    - What takes energy
  - Be aware of negativity
    - Replace negativity with a good laugh
- Rest both your brain and body
  - 30-90 minutes of inaccessibility immediately following work
  - Know what simple actions decrease stress and increases energy
  - Build on actions that increase energy
- Fatigue Management
  - Sleep Diet (structure additional sleep into your week);
  - Sleep < 3 or > 5 hours
  - Nap Prophylactically/Stock up on sleep whenever possible

## Self-Care Continued

- Avoid routines that kill creativity and energy
  - Spend time outside
  - Exercise
  - Good food at the right time
  - Unplug! Turn that Television OFF!
  - Vacation (always be planning a vacation!)



## Self Care Embrace Change

- Flexibility is an essential part of resilience.
- By learning how to be more adaptable, you'll be better equipped to respond when faced with a life crisis.



## Most Importantly...Build Relationships

- Remember the most important relationship you have is with yourself
- Imagine if we obsessed about the things we did well AND the things we loved about ourselves



## Relationships Continued

- Remember you spend more time at work than you do at home. Building positive working relationships will strengthen resilience for the majority of your day.
- Build non-work outlets for relationship enhancement, combine relationship building with hobbies, or other non-work interests.
- Consider the content of your self-talk. The most important relationship you have is with yourself!

## Relationships Continued

- Make time away from work for professional development – build new skills – challenge old ways of thinking
- Be a mentor (of) find a mentor
- Build networks of positive influences
- Be around the people you want to be like...because you will be like the people you are around

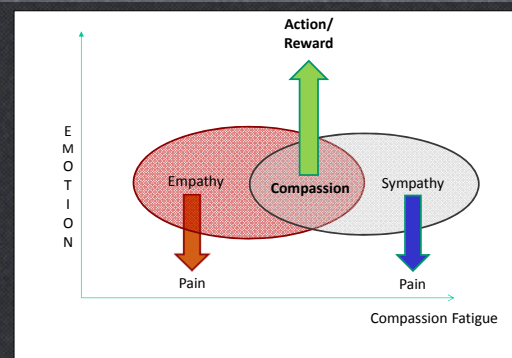


## Relationships Continued

- Acknowledge the fact that we all need relationships in our lives...We are stronger as a group



## Emotional Contagion + Empathy = Compassion



Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R. J., & Frith, C. D. (2004). Empathy for pain involves the affective but not sensory components of pain. *Science*, 303(5661), 1157–1162.

## Ten Commandments of Physician Wellness and Compassion

### I. Thou shall not expect someone else to reduce your stress.

- Do not expect a caring management to keep you comfortable. Ask not what your organization is doing to lower your stress but rather what you are doing to take care of your self!

### II. Thou shall not resist change.

- High functioning and performing persons do not handle change well, they frequently are critical, conservative and cautious and frequently waste more emotional energy hanging on to old habits and belief that it takes to embrace the changes

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

### III. Thou shall not take thyself in vain.

- Physicians are caregivers they take care of others, and often put others needs first.
- The demand to sustain high performance in medicine dwarfs the challenges faced by any athlete. Sustainability and performance depends as much on how you renew and recover as on how you expend your energy.
- The goal is to build secondary competencies like endurance, strength, flexibility, self control and focus by attending to the physical, mental, emotional and spiritual aspects of performance as professional athletes must do

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

### IV. Remember what is holy to thee.

- Physician-hood cannot be lived in isolation from total life beliefs. One needs a moral compass.
  - *Connect with your purpose.* Purpose is an energizing force. It inspires and invigorates. This helps us look at the totality of life rather than the events of the day. True happiness is found in using one's *signature strengths* in the service of something much larger than the individual.
  - *Connect with the moment.* Pause mindfully before each patient. Mindfulness practice has been shown to reduce burnout. Meditation is not simply sitting, clearing your head, and chanting. It is focusing attention; finding your center.
  - *Connect with yourself.* It is easy to lose your center when attending to other people all day. Take time every day to quietly reflect, write, or just be present. •
  - *Begin each day with gratitude.* Count your blessings daily. Make thankfulness a habit.

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

### V. Honor thy limits

- There are limits to the workload we can carry. "I can always do more" is a formula for making one's self and everybody else miserable, because one does not know when to quit. Come to know your limits.
  - Create clearer boundaries between work and home. Having electronic medical records can be dangerous. We take our work home, do e-mails and dictations 24/7, much to our demise.
  - Deliberately develop a role shedding ritual at the end of the day; hang up the white coat and put away the laptop. Use the drive home to decompress, and greet your family as if you have not seen them for a week. The most precious thing you can give to your patients and your family is your attention.
  - Sometimes patients make unreasonable demands. We need to set limits rather than bending over backwards trying to make everyone happy.

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

#### VI. Thou shall not work alone.

- In the workplace, a key factor that contributes to satisfaction is getting along with the people one works with. We spend more time at work than we do at home. Today physicians practice in silos, hardly having time to talk to colleagues, much less having lunch together, or joining specialty societies. As a result, they deprive themselves of a source of support.
- Collegiality means spending time with colleagues, having a mentor and being a mentor, giving back to your profession, knowing your team, and supporting your team.

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

#### VII. Thou shall not kill or take it out on others.

- This refers to the hostile work place and how we treat our staff and each other. Having a good medical assistant or nurse can make or break one's day, and these relationships need to be cultivated.

#### VIII. Thou shall not work harder. Thou shall work smarter.

- Decreasing stress for electronic health records has been identified as a key in relieving burnout. Using templates and structured documents, getting rid of busy work, unloading activities that do not contribute, all help make one more efficient. What we decide not to do is as important as what we do.

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

#### IX. Seek to find joy and mastery in thy work.

- Many of us became doctors because we wanted to help people or make a contribution. Burnout is about the loss of that passion.. We need to rediscover joy in our pursuits—not just survive but thrive. Daniel Pink in his book, *Drive* describes that motivation comes not from financial reward but engaging in an activity that is challenging with autonomy, mastery, and purpose.

#### X . Thou shall continue to learn.

- We are good learners. We are bright people, with lots of interests. We grow and change in our careers. That means periodically reinventing one's self and rediscovering what turns you on.

Adapted from Edward J. Krall, MD (2014) Clinical Medicine & Research. Vol 12, No1-2

## Final Thoughts

- To a great deal we have focused on individual attributes of emotional resilience and emotional resilience.
- Organizations have a responsibility to protect the wellbeing of their employees
- Even highly emotionally resilient professionals will experience difficulty if not provided with
  - Adequate resources,
  - Sufficient job control and support and
  - Role clarity



## The Collapse of Sensemaking in Organizations

Karl Weick supplies a “recipe” for the collapse of sensemaking:

- Thrust people into unfamiliar roles;
- Leave some key roles unfilled;
- Make the task more ambiguous;
- Discredit the role system;
- *And make all of these changes in a context in which small things can combine into something monstrous.*

Karl E. Weick. Reprinted from *The Collapse of Sensemaking in Organizations: The Mann Gulch Disaster* by Karl E. Weick published in *Administrative Science Quarterly* Volume 38 (1993): 628-652 by permission of *Administrative Science Quarterly*. © 1993 by Cornell University 0001-8392/93/3804-0628.