NETWORK RECORDING DECLARATION

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the General Data Protection Regulations (GDPR) under that law we need you to be aware that this Data will be stored with password protection on the internet.

This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
Dr Ros Taylor MBE, Clinical Associate Hospice UK & Medical Director St Giles Hospice
RESILIENCE & BURNOUT

• Dr Ros Taylor MBE

• @hospicedoctor
Individual – bounce back from stress & thrive in adversity

Organisational—respond flexibly to new demands
Why is resilience important?

Because you bring yourself to the bedside!
Resilient people

- Change welcomed
- Sense of commitment
- Perform under pressure
- Optimistic
- Courage
- Humour
- Capacity to reframe adversity

Seligman
1998
Moral distress

"Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action."

Jameton 1984
Compassion Fatigue

*Joinson 1992*

- Loss of capacity to be empathic
- Stems from the work you do, rather than where you work
- Fatigue, avoidance, irritable, lack of joy
• Emotional exhaustion
• Depersonalisation
• Low sense of achievement

Burnout specific to the work environment
Relationship with work

Burnout

Compassion Fatigue

Moral distress

Relationship with patient

Relationship with self
A report on the welfare, morale and experiences of anaesthetists in training: the need to listen

December 2017

5,000
The number of anaesthetists in training in the UK

Up to 78%
of anaesthetists in training have experienced a detrimental impact to their health as a direct result of their employment

62%
of respondents had worked through a full shift without a meal

75%
of respondents had been through a shift without sufficient hydration
Prevalence and Predictors of Burnout Among Hospice and Palliative Care Clinicians in the U.S.


Electronic survey 1357 responses
Maslach Burnout Inventory

62% BURNOUT RATE
Smaller organisations, longer hours, Weekends
Younger > 50

www.hospiceuk.org
I am a burnt-out doctor. This is why it matters

The shocking number of physician suicides indicates a culture and system that fails to value the profession.
Effects of burnout

- Broken relationships
- Decreased quality of care and increased medical errors
- Alcohol and substance use
- Decreased patient satisfaction
- Depression
- Decreased productivity and professional effort
- Suicide
- Physician turnover

Shanafelt Mayo Clin Proc 2016 1-18
Burnout and safety

Impact on errors
Impact on communication
Impact on colleagues

Hall 2016
21/30 studies that measured burnout correlated with patient safety

Errors cost the NHS £1.3 billion in litigation
The health and well-being of front line staff determines the quality of patient care

- Staff experience shapes patients’ experience, not the other way round
- Care providers who suffer chronic, stress and burn-out are more likely to make mistakes and to de-personalise relationships
Symptoms of burnout

Emotional: irritable, negativity
Cognitive: cynicism, rumination
Behavioural: work avoidance
Physical: fatigue, sleep disorder
What is driving

- Resources depletion
- Ageing population
- Greater expectations
- Holistic model at risk
Resilient Organisations
Resilient Teams

Meetings – clear decisions
Time together
Supervision
Goals shared
Training together
Boundaries clear
Resilient Health Professionals
To be fully engaged, we need to be fully present.
To be fully present we must be physically energized, emotionally connected, mentally focused and spiritually aligned with a purpose beyond our own immediate self-interest.

Schwartz and Loehr 2015
Maslow’s Hierarchy of Need  1943

- Physiological
- Safety
- Love/belonging
- Esteem
- Self-actualization
Contributors to resilience

Energy
Focus
Sense of calling
Psychological safety
Work-life
Coping strategies
Emotional exhaustion
Energy
Focus
Loehr & Schwartz: energy check

High Energy

Defiant
Annoyed
Fearful
Angry
Frustrated
Impatient
Defensive
Irritable
Worried
Anxious
Incensed
Envious

Challenged
Optimistic
Confident
Engaged
Receptive
Eager
Excited
Enthusiastic
Proud
Happy
Stimulated
Astonished

Low Energy

Exhausted
Sad
Depressed
Empty
Hopeless
Tired

Carefree
Calm
Peaceful
Mellow
Relieved
Passive
Serene
At ease

‘Survival’ Zone
‘Performance’ Zone
‘Burnout’ Zone
‘Recovery’ Zone

Negative Energy
Positive Energy
how much time are you spending in each quadrant?
The Power of Full Engagement — Managing Energy, Not Time, is the Key to High Performance and Personal Renewal

JUNE 08, 2015 | READING TIME: 6 MINUTES

www.hospiceuk.org
Fixed mind-set versus Growth mind-set

Seek feedback
Learn from error
Humility
Welcomes challenge
Personal accomplishment

Sense of calling
Why did you go into hospice care?
What do you still find satisfying?
Do you enjoy talking about your work to others?
When did you last celebrate success?
Measuring a ‘sense of calling’

- “I find my work rewarding”
- “My work is one of the most important things in my life”
- “My work makes the world a better place”
- “I enjoy talking about my work to others”
- “I would choose my current work life again if I had the opportunity”
- “If I were financially secure, I would continue with my current line of work even if I were no longer paid”
Association Between Physician Burnout and Identification With Medicine as a Calling

Andrew J. Jager, MA, Michael A. Tutty, PhD, Audiey C. Kao, MD, PhD
What’s your mission statement?
Psychological safety
climate

overtime, autonomy, supervision, thanks, change, flexibility, debriefing
Psychological safety
climate
alignment
abundance
authenticity
Kindness
Iceberg of ignorance

Problems known to Executives: 4%
Problems known to Team Managers: 9%
Problems known to Team Leaders: 74%
Problems known to staff: 100%
Problems hidden from senior management:

Adapted from "Quality Improvement and TQC Management at Calsonic in Japan and Overseas" by Sydney Yoshida.
Work-life balance
Proactive coping

Stories
Training
Planning
Uncertainty
How do you cope?

Mind

Body

Spirit
“Five minutes of play a day keeps the doctor and priest away!”

Portia Tung
Fight and flight.....
Contradictions and paradoxes in palliative care

- Great moments of sorrow and joy
- Great moments of bereavement and growth
- Great moments of loss and gain
- Great moments of adversity and achievement
Tasks for Patient and Families

Who is cheering you on from the towpath?
Who might help you anticipate the next waterfall?
What is the next waterfall – what is your life jacket that will stop you from drowning?

Tasks for Patient and Families

Identify your ‘oars’ – ie what helped you when you hit the last ‘whirlpool’ in your life
Appreciate the new scenery and accept that you cannot climb back up the waterfall
Who is in the boat with you and perhaps who would you not like in the boat?

Hospice of St Francis Berkhamsted UK 2012
What are your stressors?

- Internal
- External
IHI Framework for Improving Joy at Work

‘Take away the junk!’
‘Joy is a resource for excellence’

https://www.youtube.com/watch?v=3JTdHStR6KI
Impediments to Joy at Work
Prof Trissa Torres IHI

https://www.youtube.com/watch?v=dXFF76l9W-U
Recovery:
Less time in burnout and survival zone:
Delegate
Reframe negative thoughts

Rituals and marginal gains
Rest
Remember mission
Literature Review
Papers from the last 10 years relevant to hospices

www.hospiceuk.org
Main findings

1. Staff are under stress but the hospice environment appears protective.

2. Working with people who are terminally ill can cause stress, but most stress is caused by the way the organisation is managed and the approach to change.

3. The “soft” skills of leaders and a culture that encourages participation in change (doing rather than being ‘done to’) are key.
What supports resilience?

- The opportunity to develop
- The chance to share ideas
- Leaders who make decisions about what not to do
- An adequate working environment
What supports resilience?

• Self-care plan
• What can you influence?
• Engage with what you value
• The chance to stay yourself
• The opportunity to belong
Buffers to maintain resilience

- Manage your energy
- Be kind to yourself
- Pay attention to capacity: be curious
What supports resilience?

• A more positive response to risk
• Learning about coping with change and loss - catching confidence
“Sometimes when people are under stress, they hate to think, and it's the time when they most need to think.”
Building resilient people and teams programme

What does the programme entail?
This programme is made-up of 10 sessions, each focused on a critical aspect of being resilient. Jess brings extensive professional experience and draws on the expertise of hospice professionals who have worked with Jess at our previous events.

These sessions run monthly and will last 45-60 mins. All sessions will be recorded so that you can refer to them again in the future.

In addition, there will be a video clip linked to each of the sessions recorded during the pilot in whom Jess demonstrates how to use the tools she refers to in each of the sessions.

What can you expect to get from the programme?
- You will learn more about how to develop a workforce that is motivated, healthy and committed.
- You will understand the concepts and practices that help to develop resilience.
- You will have the techniques that enable you to take action that promotes these concepts and practices in your workplace.
- You will have the opportunity to create an offline and online community and build a bank of useful resources as you go.

The 10 sessions
1. Understanding the importance of resilience for you and your team (6 October 2016)
2. Exploring self-resilience and peer coaching (3 November 2016)
3. Harnessing your energy (1 December 2016)
4. Knowing and using your strengths (5 January 2017)
5. Understanding influence and what you can control (2 February 2017)
6. Promoting team resilience (2 March 2017)
7. Generating a positive mindset (4 May 2017)
8. Analysing emotional labour - there is a cost when we care (1 June 2017)
10. Being valued for your contribution - recognition (3 August)
Further reading:


Goodrich J. (2012) Supporting hospital staff to provide compassionate care:

Patients Come Second: Leading Change by Changing the Way You Lead

Paul Spiegelman

Britt Berrett
Medical students chosen for academic abilities rather than mastery or collaboration. Physicians trained to be clinicians, not team players, leaders or managers.
A Piece of My Mind

March 8, 2016

Where Do You Put the Pain?

Amy-Lee Bredlau, MD, MSCI

October 5, 2018

Physician well-being and the regenerative power of caring

By Thomas L. Schwenk, M.D.

Thomas Schwenk

JAMA. 2018;319(15):1543-1544
1. HIGHLY ENGAGED
   - What can I do for others?
   - I inspire others to do their best
   - I love it working here
   - I'm a high flyer

2. ENGAGED
   - I'm a vital part of the business
   - I feel important at work
   - I'm really busy and very likely I'm highly stressed
   - I'm an achiever
   - I'll leave if something much better comes along

3. ALMOST ENGAGED
   - I know I'm part of something bigger
   - I'm almost engaged but there are times when I'm not
   - I'm proud to work here but I wouldn't necessarily shout it from the rooftops
   - I might leave if I'm tempted
   - There are no career development prospects here

4. NOT ENGAGED
   - I'm interested in overtime
   - I have more sick days than I should
   - I have poor working conditions
   - I don't like my manager or working in my team
   - I don't like my job much, but I get on with it
   - I read job ads

5. DISENGAGED
   - I'm here for the money
   - I'm leaving when I can
   - I'm not satisfied with the job I do
   - My work doesn't excite me
   - I'm a clock watcher
   - I'm a jobsworth