Mindfulness in the Workplace

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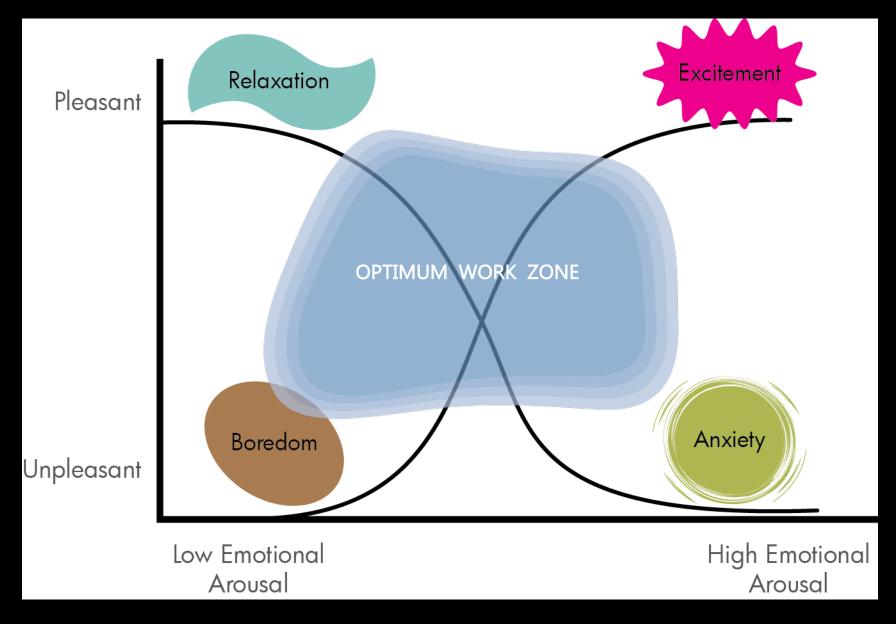
Turn to your neighbor

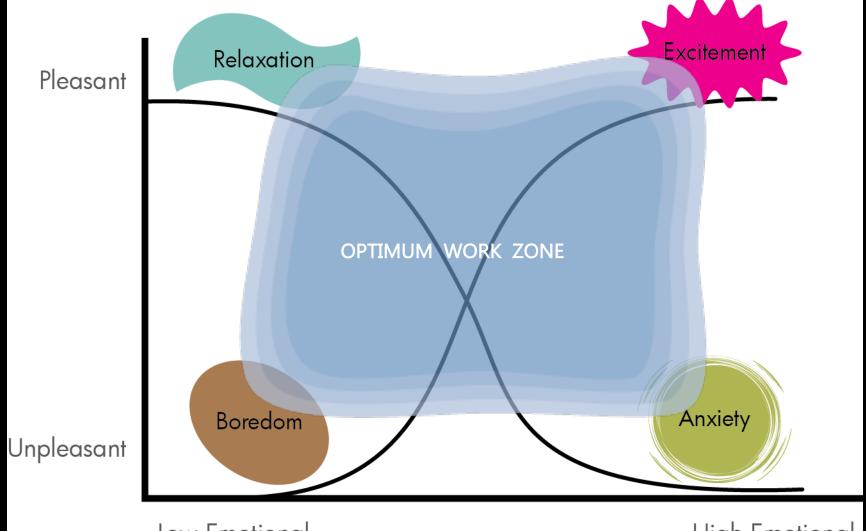
What are the most satisfying and meaningful aspects of your job?

For what are you most grateful in your work life?

HYPOTHESES:

Resilience is a capacity that can be grown





Low Emotional Arousal High Emotional Arousal

Well-being is about engagement, not withdrawal

Mindfulness is a community activity

Today

Share a word about resilience (and burnout)

Consider a few important questions about your work life

Inhabit your own capacity for resilience

Gather momentum to change our work environment, even in a small way





The ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost;

Resilient individuals not only "bounce back" rapidly after challenges but also grow stronger in the process.



Epstein & Krasner 2013

Howe A et al 2012

Think about your healthy and unhealthy responses to stress



Unhealthy reactions

Unhelpful behaviors that you feel "you can't keep yourself" from doing

"Survival skills"

These may help you get through a tough time, but may be destructive if habitual (avoid being *proud* of these)

Mindful responsiveness, resilience and growth

Important to your long term development as a professional and as a person

Why burnout matters – studies of clinicians

Quality of care

- Lower quality of technical care
- Riskier prescribing practices
- Medication errors
- Lower adherence

Patient-physician relationship

- Poor relationships
- Poor communication
- Lower patient satisfaction
- Erosion of altruism and empathy

Safety

- Unsafe behaviors
- Not following protocols

Professionalism

- Unprofessional conduct
- Poor relationships with staff
- Substance abuse

Costs

- Attrition and job turnover
- Recruitment costs

Fahrenkopf et al. 2008; DiMatteo et al. 1991; Williams et al. 2009; Shanafelt et al. 2005; Dyrbye et al. 2010; Haas et al 2000; Sundquist et al 2000; Krasner et al. 2009; Buchbinder et al. 2001

A word about burnout

Three components:

- Emotional exhaustion
- Depersonalization
- Low personal accomplishment

Burnout

Erosion of the soul (Maslach)

Deterioration of values, dignity, spirit and will (Spickard)

Silent anguish of healers (Neuwirth)

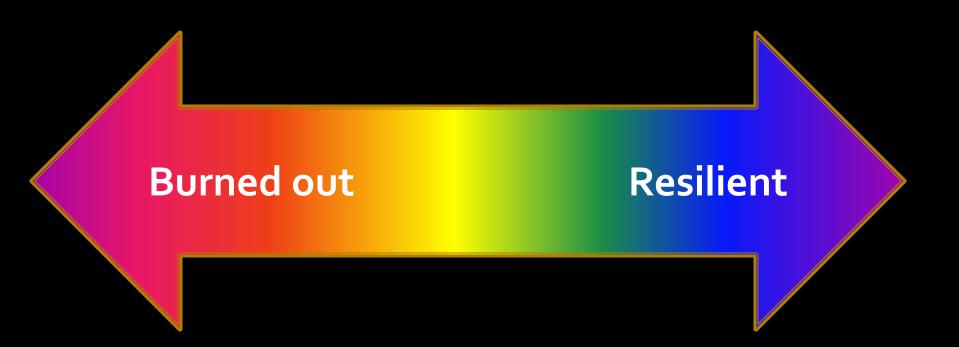
Culture of endurance (Shanafelt)

Failure of adaptive reserve (Beckman)

Proposing a continuum

Burnout	Resilience
Withdrawn	Present
Emotionally exhausted	Energized
Defeated	Bouncing back
Going through the motions	Fully engaged
Brittle, rigid	Bending, not breaking
Cynical, hopeless	Capacity for positivity
Hypercritical	A light touch
Feeling ineffective	Becoming stronger
Treading water	Moving forward
AFGO	Welcoming change

Right now, where are you?



Talk to your neighbour

WHAT ARE YOUR MOST COMMON SOURCES OF STRESS?

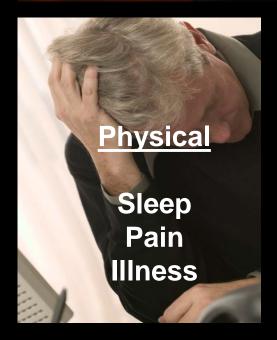
What causes burnout?



Work Environment

Unsupportive
Competitive
Productivity pressures
Too many demands
Not enough time
Too much change
Low control / high
responsibility





Psychological

Alienation
Moral distress
Affect regulation
Mental stability
Self-awareness
Self-monitoring

- Fragmentation of the self
- Disconnection from calling
- Misdirected anger and frustration
- Inability to tolerate uncertainty, ambiguity and change
- Projection and defensiveness

... the extent to which an individual is able to focus their effort on the aspect of work that they find most meaningful

CAREER FIT

PROMOTING RESILIENCE AND WELL-BEING

Keys to resilience: not just talking about it

Self-awareness: "How can I become more aware of my state of resilience? Burnout? Eudaimonia?"

Self-monitoring: "How am I doing, right now?"

Self-regulation: "What can I do to restore balance, creativity and gratitude?"

Self-compassion: "How can I best promote my own growth in the service of becoming a better clinician/teacher/colleague/researcher?"

Communities of care: "How can we change the work environment?"

Becoming aware

- What are some of the late warning signs of stress and burnout?
- What are some of the early warning signs (start with the body)?
- What thoughts and feelings accompany these signs of stress?
- Discuss with a partner



Gratitude

- "Gratitude is not only the greatest of virtues, but the parent of all others." (Cicero)
- Universal concept across world cultures
- The feeling that occurs when a person attributes a benefit they have received to another (Emmons, 2004)
- The thoughts, emotions and physical sensations that occur when a person is mindful of something good (beauty, kindness, generosity, elegance, etc.)

Mindfulness and Gratitude

- Holding a conscious intention to be grateful
- Calling your attention to goodness in the world (over and over again)
- Cultivating an attitude of gratitude
 - Habits of Mind:
 - Curiosity
 - Beginner's mind (jamais vu)
 - Presence (moment-to-moment attunement)
 - Actions in the world:
 - Practicing Compassion
 - Caring
 - Being Clear
 - Connecting

Benefits of Gratitude

- Association with:
 - More frequent positive emotions (McCullogh, Emmons, Tsang 2002)
 - Energy
 - Alertness
 - Enthusiasm
 - Happiness (Watkins, Woodward, Stone and Kolts, 2003)
 - Improved physical well-being
 - Muscle relaxation
 - Societal benefits
 - Grateful people are better to others (Algoe and Haidt 2009)

Benefits of Gratitude

Pair Up



Think of a time *outside of work* when you experienced profound gratitude.

- Pair Up/Go Deep (we will time you)
 - For the listener: Ask the speaker to respond to the following questions: "What do you experience when you are grateful about something?" Listen intently without interrupting.
 - For the speaker: Share your thoughts, emotions and sensations. Take 60 seconds to respond.
- Now repeat this again without switching
- Now repeat this a third time without switching
- Now switch roles and repeat the whole process.

Think of a time at work when you experienced profound gratitude.

- Pair Up/Go Deep (we will time you)
 - For the listener: Ask the speaker to respond to the following questions: "What do you experience when you are grateful about something?" Listen intently without interrupting.
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Gather Up



WHAT ABOUT THE WORK ENVIRONMENT?



Individuals – you and me
Teams
Units / Centers / Departments
Senior leadership, deans
Clinical enterprises and their CEOs

Whose responsibility is the resilience, effectiveness and well-being of the workforce?

What institutions can do (and some do)

- Value the formation of people, not just the production of "products"
- Give those working in the organization a greater sense of autonomy and control
- Promote a culture of respect (and don't tolerate disrespect)
- Reduce real and perceived sense of isolation

- Articulate a (caring) mission and keep to it
- Require, develop and reward skills of deep and appreciative listening
- Focus on enhancing the positive, not just solving problems
- Share stories, not just strategies
- "Walk in beauty"

How??

- Win-win control over the work environment
- Centers for professional well-being
- Ongoing discussion groups addressing important issues
- Measure well-being ("The missing health care quality indicator," Wallace, Lancet 2009)

- Skills training to develop habits of mindful practice, mindful communication, stress management, conflict management
- Identify those at highest risk
- Reactive approaches peer coaching and interventions for distressed/disruptive colleagues

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

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RIMARY CARE PHYSICIANS REport alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, 1-4 defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy.2,5-7 Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported. 4.8-10 Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout2.11 and there are strong associations between medical student burnout and suicidal ideation.12

For editorial comment see p 1338.



CME available online at www.jamaarchivescme.com and guestions on p 1374. **Context** Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.0; Δ =-6.8; 95% CI, -4.8 to -8.8; depersonalization, 8.4 to 5.9; Δ =-2.5; 95% CI, -1.4 to -3.6; and personal accomplishment, 40.2 to 42.6; Δ =2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ =4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ =-4.1; 95% CI, -1.8 to -6.4); total mood disturbance (33.2 to 16.1; Δ =-17.1; 95% CI, -11 to -23.2), and personality (conscientiousness, 6.5 to 6.8; Δ =0.3; 95% CI, 0.1 to 5 and emotional stability, 6.1 to 6.6; Δ =0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance (r=-0.39, P<-0.01), perspective taking subscale of physician empathy (r=0.31, P<-0.01), burnout (emotional exhaustion and personal accomplishment subscales, r=-0.32 and 0.33, respectively; P<-0.01), and personality factors (conscientiousness and emotional stability, r=0.29 and 0.25, respectively; P<-0.001).

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.

JAMA. 2009;302(12):1284-1293

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The consequences of burnout among practicing physicians include not only poorer quality of life and lower quality of care but also a decline in the sta-

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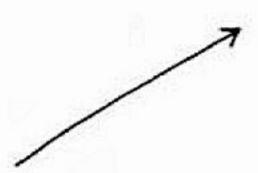
The bottom line

- Participation in a mindful communication program was associated with sustained improvements (<.001) in:
 - Patient-centered care (empathy, psychosocial orientation)
 - Well-being (burnout, mood)
 - Personality (increased attentiveness and emotional stability)
- Associations were mediated by changes in mindfulness.
- Participants identified three themes: community, skills development, and giving oneself permission to take time for self-development

RESILIENCE = INTENTION + SKILLS + COMMUNITY + INSTITUTIONAL SUPPORT

Success

Success



25

what people think it looks like

what it really looks like

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