COPING STRATEGIES IN THE HOSPITAL WORK ENVIRONMENT

Jane Lemaire MD FRCPC

Australasian Doctors' Health Conference 22 – 23 November 2019 Perth Australia

DISCLOSURES



Well Doc Alberta is funded by the Canadian Medical Association, Scotiabank, and MD Financial Management

LEARNING OBJECTIVES

At the end of this session, you will be able to

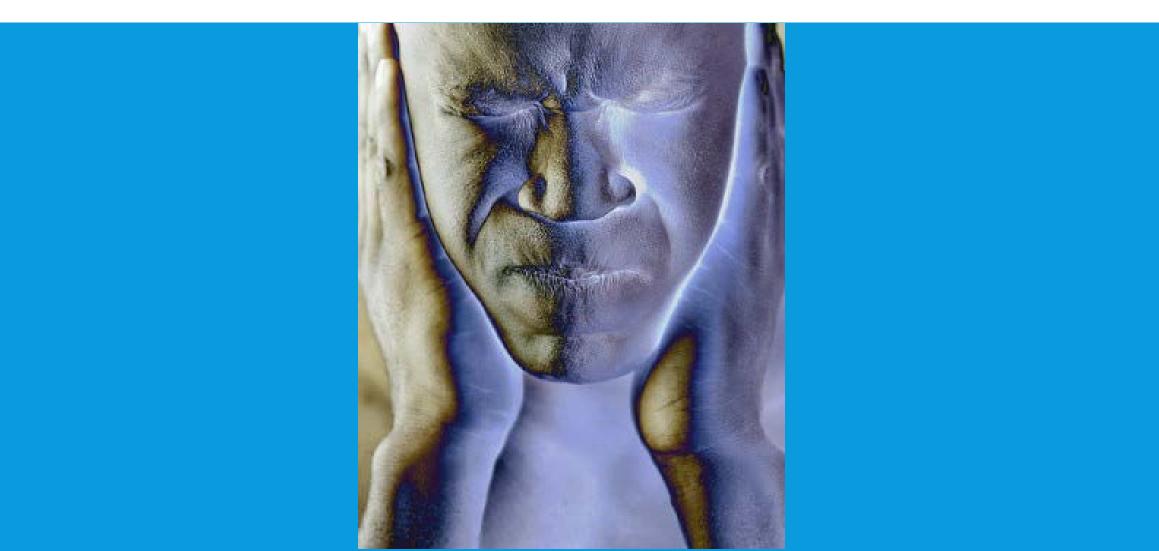
Recall how you respond to stress in the work environment Discuss various coping and resilience strategies Identify behaviors that may mitigate contextual tensions in the workplace

INDIVIDUAL

SYSTEM



RECALL A STRESSFUL EVENT



HOW DID YOU FEEL?

Angry	Depressed	Confused	Helpless	Indifferent	Afraid	Hurt	Sad
irritated	lousy	upset	incapable	insensitive	fearful	crushed	tearful
enraged	disappointed	doubtful	alone	dull	terrified	tormented	sorrowful
hostile	discouraged	uncertain	paralyzed	nonchalant	suspicious	deprived	pained
insulted	ashamed	indecisive	fatigued	neutral	anxious	pained	grieved
annoyed	powerless	perplexed	useless	reserved	alarmed	tortured	anguished
upset	diminished	embarrassed	inferior	weary	panicked	dejected	desolate
hateful	guilty	hesitant	vulnerable	bored	nervous	rejected	desperate
unpleasant	dissatisfied	uneasy	empty	preoccupied	scared	injured	unhappy
offensive	miserable	stupefied	pathetic	cold	worried	offended	lonely
bitter	detestable	disillusioned	hesitant	disinterested	timid	afflicted	grieved
aggressive	repugnant	unbelieving	frustrated	lifeless	shaky	aching	mournful
resentful	despicable	skeptical	woeful		restless	victimized	dismayed
inflamed	disgusted	distrustful	tragic		threatened	heartbroken	pessimistic
provoked	terrible	pessimistic	dominated		cowardly	humiliated	
indignant	in despair	tense	distressed		menaced	wronged	
infuriated		unsure	in a stew		wary	alienated	

WHAT DID YOU DO TO COPE?



A wide range of cognitive and behavioral strategies that individuals may use in avoiding, evaluating or altering stressful situations or easing their undesirable effects

PROBLEM FOCUSED OR ACTIVE COPING

Used when we feel we can have some control over the situation Aimed at eliminating or altering the source of stress

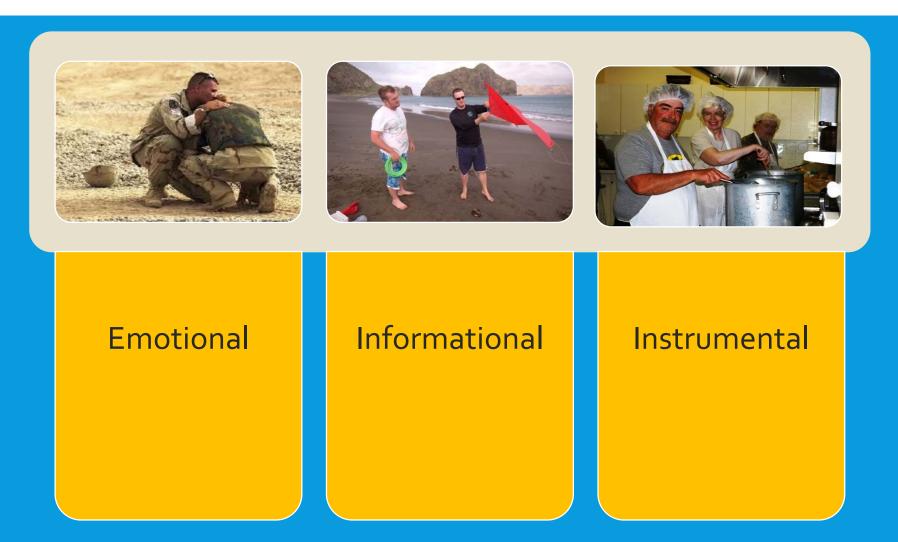


EMOTION FOCUSED COPING

Used when source of stress is beyond our control Aimed at reducing or managing the emotional distress or psychosomatic symptoms



SEEKING SUPPORT



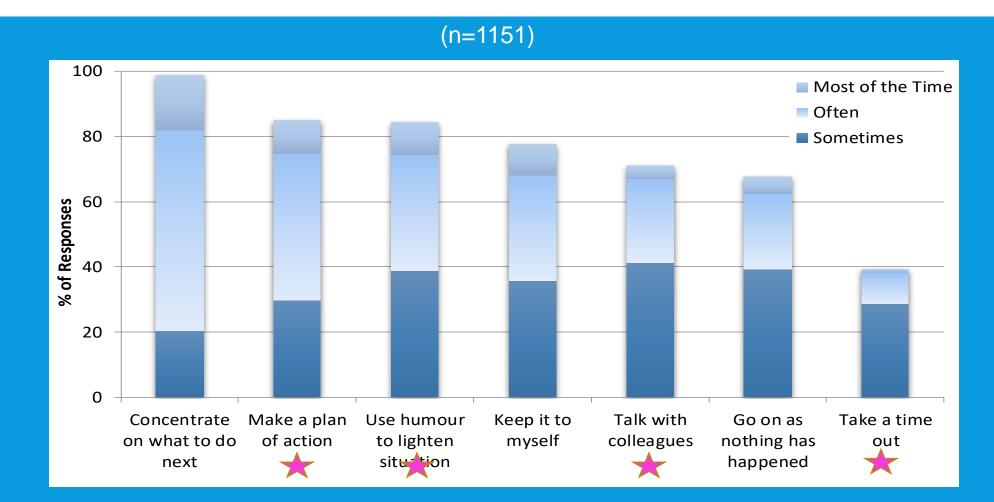
MALADAPTIVE COPING STRATEGIES

Substance use disorders, disordered eating, gambling, shopping Denial or avoidance of the problem or the feelings of stress



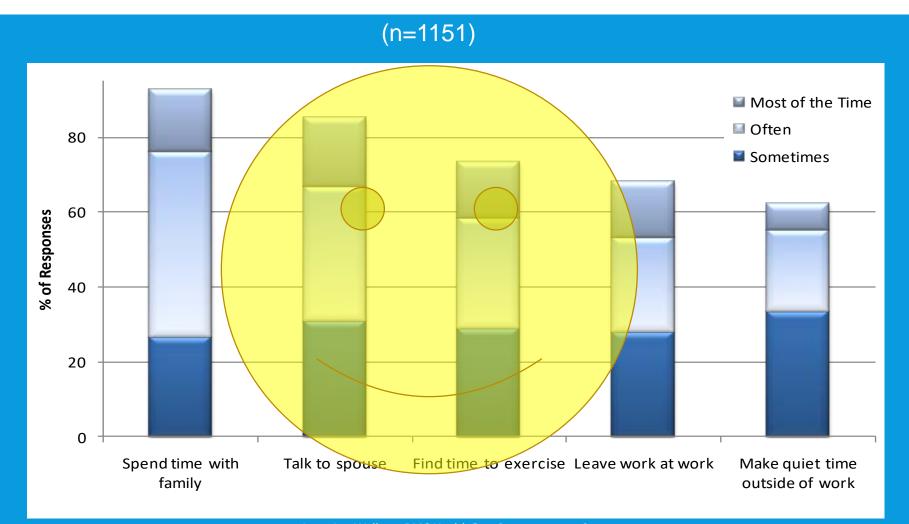


PHYSICIAN COPING STRATEGIES (WORK)

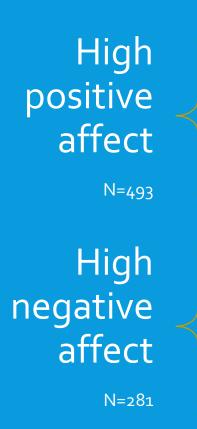


Lemaire, Wallace BMC Health Serv Res. 2010;10:208.

PHYSICIAN COPING STRATEGIES (HOME)



COPING STYLES AND AFFECT



More problem solving

• More seeking support

More time outs

More denialMore keeping to self

Wallace, Lemaire . Indus relations. 2013;68;187-209.

REVIEW YOUR COPING STRATEGY WAS IT...

Active? where you tried to solve the problem

Emotion-focused? where you tried to alter your reaction

Support seeking? where you sought help from friends or colleagues

Maladaptive? where you potentially did harm

The capacity to respond to stress in a healthy way The ability to recover quickly from illness, change, or misfortune; buoyancy



https://www.google.ca/search?q=resilience+definition

Job-related sources of gratifications from the doctor-patient relationship from medical efficacy

Resilience practices Leisure time activity Quest for and cultivation of relationships with colleagues, family and friends Personal reflection and goal setting Self-demarcation and limitation of work hours Self-organization Ritualized time outs Spiritual practices

Useful attitudes

Acceptance and realism Self-awareness and reflexivity Recognizing when change is necessary Appreciating the good things (e.g. 3 good things)



A DAY IN THE LIFE..... BY SARAH NEWMAN



CHAOS IN THE WORKPLACE



BEST PRACTICES: PART I

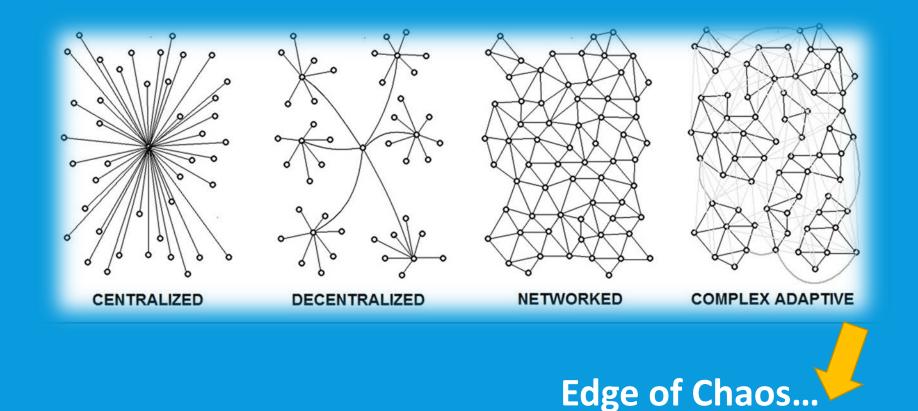
CHAOS IN MEDICAL PRACTICE: AN IMPORTANT AND REMEDIABLE CONTRIBUTOR TO PHYSICIAN BURNOUT

Jane B. Lemaire, MD; Diane W. Shannon, MD, MPH; Elizabeth Goelz, MD; Mark Linzer, MD, MACP

Dr. Lemaire (lemaire@ucalgary.ca) is clinical professor and vice chair for physician wellness and vitality, Department of Medicine and W21C Research and Innovation Center, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada. Dr. Shannon (dshannon@mdwriter.com) is a healthcare writer and author, Boston, MA. Dr. Goelz (elizabeth.goelz@hcmed.org) is associate director, Institute for Professional Worklife, Hennepin Healthcare, assistant professor of medicine, University of Minnesota, Minneapolis, MN. Dr. Linzer (Mark.Linzer@hcmed.org) is M. Thomas Stillman Endowed Chair and vice chief for education, mentorship and scholarship, Hennepin Healthcare, and professor, Department of Medicine, University of Minnesota, Minneapolis, MN.

"Chaos: a state of total confusion with no order".1

COMPLEX ADAPTIVE SYSTEMS



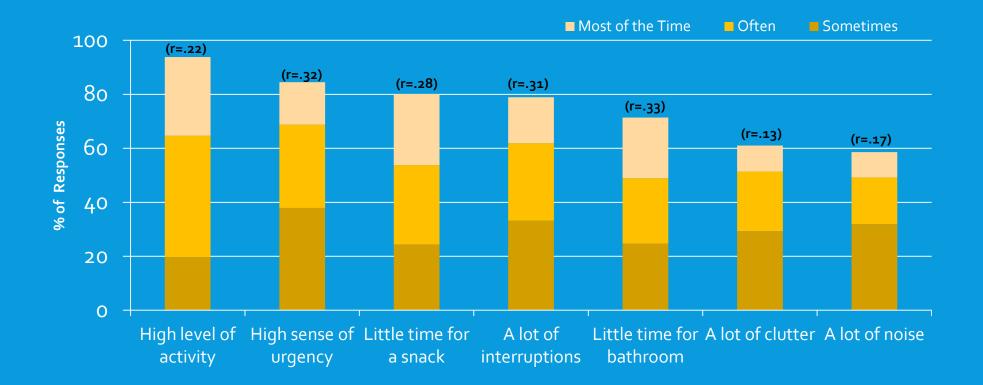
Systems with multiple elements adapting or reacting to the pattern these elements create (Arthur 1990's)

CONTEXT MATTERS

Chaotic work environments are associated with burnout We can't always control the contextual factors that lead to chaos

HEALTHCARE SYSTEMS: WORK ENVIRONMENT

Frequency of stressful work environment characteristics and correlations with emotional exhaustion (N=1178)



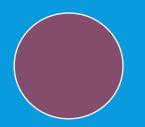
WORK ENVIRONMENT

What does a Medical Teaching Unit preceptor physician do?



THE THREE "CS" OF THE JOB

Competence The execution of traditional physician competencies



Context The environment in which the role is carried out

Often = sources of workplace stress

Lemaire, Wallace et al. Acad Med 2017



The work The team The institutional setting and physical space

Lemaire, Wallace et al. Acad Med 2017

THE WORK

Nature of the Work

Intense work and environment Heavy workload and diversity of tasks Complexity of patient care Difficult encounters Invisible labor and redundancy Transitions of patients and team Information density

Work Flow

Interruptions Waits and delays Unpredictability and urgency Structured and routine approaches to patient care Scheduled events

Work Demands

Emotion work Physical work Cognitive work Unrestricted access to preceptor

THETEAM

Membership and Structure

Diverse membership Composition and transitions Different skillsets and experience Schedules and conflicts Structure, routine and rituals

Teamwork

Teamwork skills Cohesion and cooperation Virtual borders to healthcare team

THE INSTITUTIONAL SETTING

Physical Space

Vast spaces Lack of quiet, private spaces Virtual borders Disorganization of physical resources

Technology

Inefficiencies

Healthcare System

Inefficiencies Inadequate resources Gaps in process and responsibility

THE THREE "CS" OF THE JOB

Competence The execution of traditional physician competencies



Context The environment in which the role is carried out

Conduct

The manner of acting, or behaviors and attitudes in the role

Often = how we mitigate workplace stress

Lemaire, Wallace et al. Acad Med 2017

CONDUCT

Adaptability and flexibility Relationality (humanism) Wellness behaviors Creativity and using the art of medicine

NEGOTIATING THE CONTEXT

Being adaptable and flexible Juggling roles, responsibilities and expectations Balancing efficiency and professionalism Dealing with distractions and interruptions

INTERPERSONAL SKILLS

Relational with team and learners Empathy, compassion, respect, sincere interest Relational with patients Non-examining touch, endearing terms, hearing concerns Relational with self Displaying satisfaction around intellectual challenges, and enjoyment of teaching

Maintaining positivity

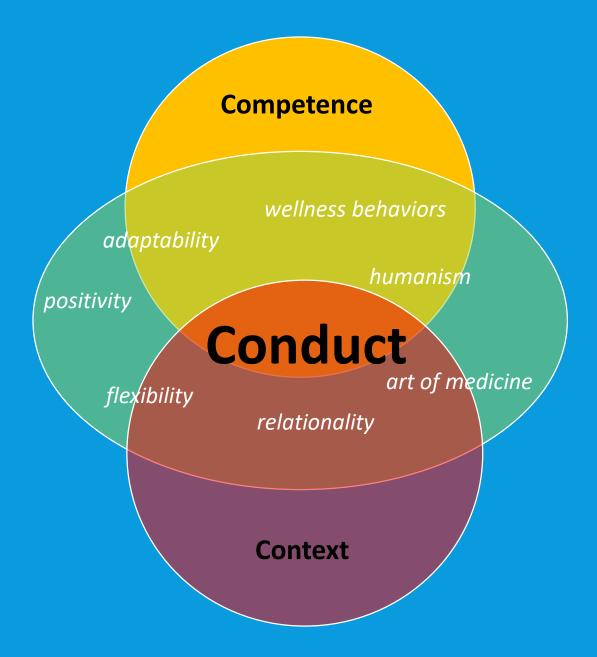
WELLNESS BEHAVIORS

Effecting personal wellness Using humor and irony, often to diffuse stress Providing and receiving collegial support Promoting wellness to others

PRECEPTORS USED CONDUCT TO...

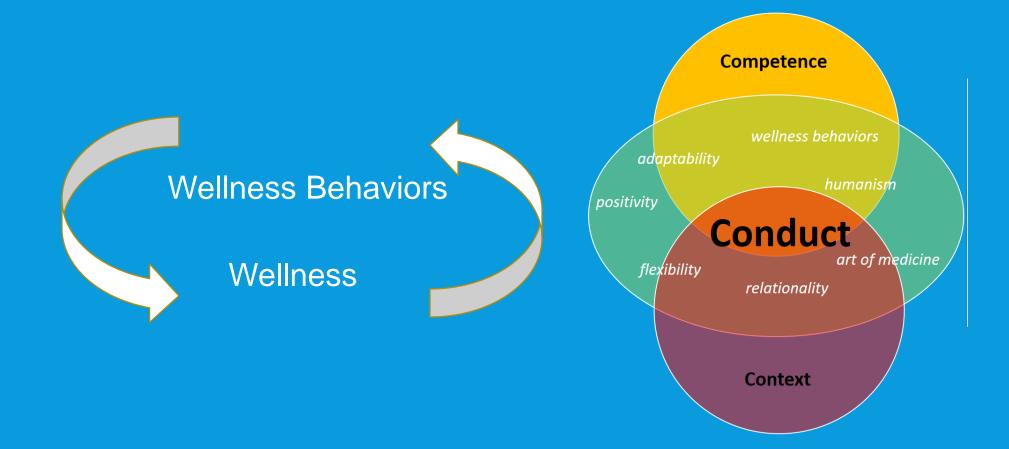
...negotiate the stressful and complex work environment

...mitigate the negative influence of contextual factors



Lemaire, Wallace et al. Acad Med 2017

Conduct = Skills that should be <u>explicitly taught</u> to help deal with the chaotic hospital work environment



UNDERSTAND THE WORK ENVIRONMENT COPE WITH STRESSFUL WORK FACTORS IDENTIFY AREAS OF IMPROVEMENT



Harness the power of leadership

- Develop and implement targeted work unit interventions^a
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
 - Provide resources to promote resilience and self-care
- Facilitate and fund organizational science

Shanafelt, Noseworthy. Mayo Clin Proc 2017

LIST 3 WORK FACTORS THAT CREATE STRESS IN YOUR HOSPITAL ENVIRONMENT

Are they potentially modifiable?

Do you have any control?

What could you do to improve things?

LEARNING OBJECTIVES

At the end of this session, you will be able to

Recall how you respond to stress in the work environment Discuss various coping and resilience strategies Identify behaviors that may mitigate contextual tensions in the workplace

COPING STRATEGIES AND RESILIENCE

Take a time out, laugh and smile Talk with colleagues, friends, family, take care of each other Take time away from work!

Review your resilience strategies

CHAOTIC WORK ENVIRONMENTS

Cultivate "conduct" Consider what contextual factors you have control over Make a plan of action

REFERENCES

Lemaire JB, Wallace JE. Not all coping strategies are created equal: a mixed methods study exploring physicians' self-reported coping strategies. *BMC Health Serv Res*. 2010;10:208.

Wallace JE, Lemaire JB. Physician coping styles and emotional exhaustion. *Indus relations*. 2013;68;187-209.

Lemaire JB, Shannon D, Goelz E, Linzer M. Chaos in Medical Practice: An important and remediable contributor to physician burnout. *SGIM Forum* 2019. 42 (5): 1, 9, 14.

Lemaire JB, Wallace JE, Sargious P, Bacchus M, Zarnke K, Ward DR, Ghali W. How attending physician preceptors negotiate their complex work environment: A collective ethnography. *Acad Med*. 2017 Dec 22:92(12):1765-1773.

Bacchus M, Ward DR, Grood J, Lemaire JB. How evidence from observing attending physicians links to a competency-based framework. *Med Educ*. 2017 Jun 1;51(6):633-44.