Critical Conversations: Challenges to Clinician Well-being and Resilience in Hospice and Palliative Care

Town Hall with AAHPM, HPNA and NHPCO

Moderator
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Panelists
Constance Dahlin, MSN ANP-BC ACHPN FPCN FAAN, HPNA
John Mastrojohn III, MSN MBA, NHPCO
Joe Rotella, MD, MBA, HMDC, FAAHPM, AAHPM

Disclosures
Iris Cohen Fineberg
• No relevant disclosures
Constance Dahlin
• No relevant disclosures
John Mastrojohn
• No relevant disclosures
Joe Rotella
• Founder and owner of CatalystHPM, a healthcare consulting company

Session Objectives
1. Express one’s own personal experience of distress or suffering related to working in hospice and palliative care
2. Describe the impact of work-related distress or suffering on well-being, quality of care, and workforce sustainability
3. Discuss the complex interplay of personal, team, organizational, and systemic factors that put clinicians at risk for distress and burnout
4. Identify three national initiatives that provide resources to support the well-being of health professionals

The Importance of Clinician Well-Being
Preserving high quality patient and family care
Preventing clinician distress and promoting quality of life
Preventing burnout and related clinician attrition in hospice and palliative care
Promoting, supporting and building a healthy hospice and palliative workforce

Terminology
That which we aim to reduce:
• Moral distress
• Compassion fatigue
• Burnout
• Vicarious traumatization
• Secondary traumatic stress

That which we aim to strengthen:
• Well-being
• Resilience
• Self care
• Vicarious resilience
• Post-traumatic growth
2018 Annual Assembly of Hospice and Palliative Care

Key Concepts
- Recognizing unique environmental stressors in hospice and palliative care
  - Loss and grief
  - Sadness and suffering
  - Mortality
- Threats and strains arise from both within ourselves and multiple layers outside ourselves (teams, departments, organizations, communities, governments). The external factors often cause the greater strain.

Key Concepts
- Those same sources contain opportunities for strengthening well-being and resilience.
  - Hospice and palliative care environments are infused with
    - Compassion and empathy
    - Meaning
    - Spirituality
    - Human connection
    - Hope

Panel Presentations and Discussion
- Each of the panelists from HPNA, NHPCO and AAHPM will share perspectives on clinician well-being, including:
  - Prevalence and consequences of work-related distress for their members
  - Resources they offer to promote well-being
  - Collaborations with other national initiatives

Hospice & Palliative Nurses Association
Constance Dahlin, MSN ANP-BC ACHPN FPCN FAAN
Director of Professional Practice

Emotional Distress
Compassion Fatigue
A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress

Moral Distress
When you know the ethically appropriate action to take, but are unable to act upon it.
When you act in manner contrary to your personal and professional values, which undermines your integrity and authenticity.

### Signs of Moral Distress

<table>
<thead>
<tr>
<th>Category</th>
<th>Signs of Moral Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Fatigue, sleep problems, headaches, forgetfulness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Anger, fear, anxiety, frustration</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Addictions, boundary violations, apathy, hostility</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Loss of meaning, loss of self worth, disconnection from others</td>
</tr>
</tbody>
</table>

*Rushton & Westphal (2004)*

### American Nurses Association

#### 2017 Year of the Healthy Nurse

<table>
<thead>
<tr>
<th>Work Environment</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence</td>
<td>• Fatigue</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>• Men's Health</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>• Women's Health</td>
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<tr>
<td>Influenza</td>
<td>• Tobacco Use</td>
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*http://www.nursingworld.org/HealthyNurse-HealthyNation*

### American Association of Critical Care Nurses

#### The 4A’s to Rise Above Moral Distress - an AACN Framework

- Ask - affirm moral distress present
- Affirm - commit to addressing moral distress
- Assess - your and unit readiness to change/act
- Act - develop plan for self and others/unit

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Organizational Impact

• Negative Consequences
  • Increased turn-over
  • More medical errors
  • Lower satisfaction scores

• Responsibility of Organizational Leaders
  • Assess organizational factors
  • Collaborate with clinicians and other team members
  • Develop interventions & a culture that support resilience

Building a Culture that Supports Resilience

• Recognize and reward behavior that sustains resilience
• Provide a safe environment for communication and problem solving
• Enhance tools that relieve data collection requirements
• Develop a fair and equitable compensation system
• Flexible work hours when possible
• Opportunities for personal and professional growth
• Training in the development of common resilience skills

Conceptual Model

• Based on the assumption that clinician well-being is impacted by personal resources and the work environment
  • Training in 8 resilience skills based on common challenges faced by clinicians
  • Survey of work demands & workplace engagement factors


NHPCO Resources/Activities

• Conference Sessions
  • MLC – The Mindful Leader, Heather Stang (preconference session)
  • IDC – Concurrent sessions on a variety of related topics
• Annual Webinar
  • Cultivating Emotional Intelligence, Joy Berger
• Memorial Services
  • Each year at IDC and first on-line memorial service in January 2018
• Self-Care Activities/Options
  • “Reflection Room” at IDC
  • Meditation
  • Yoga

Schwartz Center Rounds

• Unique multidisciplinary forum where clinical caregivers discuss difficult emotional and social issues that arise
• Prevalent in hospitals and health systems
• Evaluation of Rounds
  • 84% of participants feel more compassion toward patients and families
  • 88% report a sense of belonging to a team
  • 93% gain new appreciation for the knowledge of colleagues from other disciplines
• Collaborating with NHPCO to broadly intro Schwartz Rounds in Hospice

Lown, BA, Manning, CF, Academic Medicine, 2010

American Academy of Hospice and Palliative Medicine

Joe Rotella, MD, MBA, HMDC, FAAHPM
Chief Medical Officer

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Burnout in HPM

- 1,241 HPM clinicians, 30% response, 68% doctors
- 62% reported high distress on either Emotional Exhaustion or Depersonalization scales
- Younger doctors, those working > 50 h/wk and those with fewer colleagues were at greatest risk
- Burnout rate of 62% compares to 45% for medical oncology

Quadruple aim

- "Care of the Patient Requires Care of the Provider"

Consequences of burnout

- Depression, irritability, suicide
- Risk of med errors and patient harm
- Susceptibility to physical illness
- Tendency to alcohol and drug abuse
- Turnover, job loss
- Experienced workforce

Assembly activities to support resilience

- Sessions:
  - A Morning at the Museum: Using Art to Find Meaning and Enhance Teaching (P13)
  - Solace: The Art of Asking the Beautiful Question (Plenary 102)
  - Evolving from Individual Wellness to Departmental Wellbeing: How to Achieve Resilience and Longevity in Palliative Medicine (FR433)
- Other Activities:
  - Mindfulness Meditation
  - Quiet Space with Labyrinth (includes community journal)
  - Career Coaching
  - Service of Remembrance and Celebration
  - Community Service Project (blanket making)
  - Life music and pet therapy in common areas

“It Is Like Heart Failure. It Is Chronic, and It Will Kill You”

- Focus group of 20 HPM clinicians held at 2014 AAHPM/HPNA Annual Assembly
- Individual, interpersonal, organizational and regulatory causes identified
- Deep concerns expressed about ability to sustain the workload and provide high quality care

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Academy activities

- Strategic Goal: Support Workforce and Career Development
  - Identify effective strategies to increase resiliency and career sustainability
- Leadership Ascend in Chicago in October 2017
  - Theme: Leading and Sustaining a Resilient Team
- Council of Medical Specialty Societies Workgroup on Physician Burnout and Resiliency
  - Chaired by our AAHPM Council Representative

National initiatives

- National Academy of Medicine Action Collaborative on Clinician Well-being and Resilience
  - https://nam.edu/initiatives/clinician-resilience-and-well-being/
- AMA Joy in Medicine
- NEJM Catalyst Leadership
  - http://catalyst.nejm.org/physicians

Sometimes I’ve felt like I was carrying the weight of the world

- It’s not OK to suffer in silence
- You are not alone
- We can help each other thrive

Town Hall Topics

- We invite you to share your experiences on the front lines:
  - What triggers distress and frustration?
  - What have you found helpful for coping with work-related stress?
  - What can teams or departments do to support clinician well-being?
  - What can organizations or larger systems do to support clinician well-being?
  - What training, tools or other resources have you found helpful?
  - What policy changes (and at what level) might make a difference?

Town Hall Participation

- We hope to hear from as many people as possible.
- If you have questions or comments, come to the microphones in the aisles on both sides of the room.
- Share solutions, best practices, questions, etc.
- We want this to be a safe place to talk, so...
  - This session is not being recorded.
  - If you are tweeting, respect and protect the privacy of participants

Please keep remarks brief and focused

Last Word—Harnessing Palliative Care Principles

- Palliative care posits a holistic approach that prioritizes high quality of life, high quality of care, and the minimization of suffering. These principles should apply to clinicians as well as patients and families.
- The interdisciplinary / interprofessional model of palliative care offers opportunities for us to learn from each other’s strengths and to assist each other, both with internal and external factors that affect well-being.
- Working together as professions, we can advocate for change in organizations, systems and policies.