

2018 Annual Assembly of Hospice and Palliative Care

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

Town Hall with AAHPM, HPNA and NHPCO

Moderator

Iris Cohen Fineberg, PhD, MSW, OSW-C, *Stony Brook University*

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 work force 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

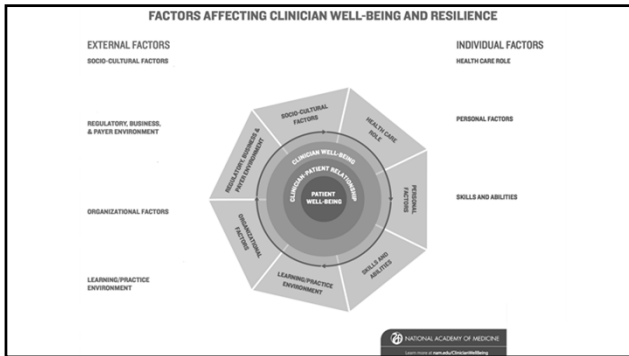
Promoting, supporting and building a healthy hospice and palliative workforce

Terminology

That which we aim to reduce: **That which we aim to strengthen:**

- | | |
|------------------------------|-------------------------|
| • Moral distress | • Well-being |
| • Compassion fatigue | • Resilience |
| • Burnout | • Self care |
| • Vicarious traumatization | • Vicarious resilience |
| • Secondary traumatic stress | • 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

<p>Compassion Fatigue</p> <p>A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress</p> <p><small>Anewalt (2009), Figley (1995)</small></p>	<p>Moral Distress</p> <p>When you know the ethically appropriate action to take, but are unable to act upon it.</p> <p>When you act in manner contrary to your personal and professional values, which undermines your integrity and authenticity.</p> <p><small>Rushton & Westphal (2004)</small></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2018 Annual Assembly of Hospice and Palliative Care

Hospice and Palliative Nurses Association

Ethics Survey

- The results of the survey have been used to help plan SIG activities
- The ethics series published in the Journal of Hospice and Palliative Nursing.
- Bioethics SIG
- Content in Clinical Practice Forum

Jooyoung Cheon, Nessa Coyle, Debra L. Wiegand, Sally Welsh, MSN, RN, NEA-BC. Ethical Issues Experienced by Hospice and Palliative Nurses. *Journal of Hospice and Palliative Nursing*. 2015, 17 (1):7 – 13

American Nurses Association and Hospice and Palliative Nurses Association

Call to Action: Nurses Lead and Transform Palliative Care. 2017

- Recommendation 9 - Conduct intervention studies testing strategies to alleviate compassion fatigue and moral distress to maintain a healthy workforce.

<http://www.nursingworld.org/CallforAction-NursesLeadTransformPalliativeCare>

Signs of Moral Distress

Physical

- Fatigue, sleep problems, headaches, forgetfulness

Emotional

- Anger, fear, anxiety, frustration

Behavioral

- Addictions, boundary violations, apathy, hostility

Spiritual

- Loss of meaning, loss of self worth, disconnection from others

Rushton & Westphal (2004)

American Nurses Association

2017 Year of the Healthy Nurse

Work Environment

- Incivility, Bully, and Workplace Violence

Health

- Substance Abuse
- Healthy Sleep
- Healthy Weight
- Influenza Preventions

Safety

- Fatigue

Wellness

- Men's Health
- Women's Health
- Tobacco Use

<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

Rushton, C. & Westphal, C. (2004), http://www.emergingrnleader.com/wp-content/uploads/2012/06/4As_to_Rise_Above_Moral_Distress.pdf

National Hospice and Palliative Care Organization

John Mastrojohn III, MSN MBA
Chief Operating Officer

2018 Annual Assembly of Hospice and Palliative Care

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

Back, A., Steinhauer, K., Kamal, A., Jackson, V. Building Resilience for Palliative Care Clinicians... *Journal of Pain & Symptom Management*, 2016 Aug; 52(2) 284-91.

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

2018 Annual Assembly of Hospice and Palliative Care

400 die by suicide each year, a rate more than **2X** that of the general population (Gandhi & Nelson, 2012)

Physician rates of depression remain alarmingly high at **39%** (Mazzocco, 2015)

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder (Henderson et al., 2007)

23-31% prevalence of emotional exhaustion among primary care nurses (Grossman, Hays et al., 2016)

How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing @theNAMedicine

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

A. Kamal, et al, J Pain Symptom Manage. 2016 Apr;51(4):690-6. doi: 10.1016/j.jpainsymman.2015.10.020. Epub 2015 Nov 24

“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

D Kavalieratos, et al, J Pain Symptom Manage. 2017 May; 53(5): 901-910. <http://dx.doi.org/10.1016/j.jpainsymman.2016.12.337>

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

Quadruple aim

- “Care of the Patient Requires Care of the Provider”



T Bodenheimer and C Sinsky (2014). Annals of Family Medicine (12)6 p573-76

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

2018 Annual Assembly of Hospice and Palliative Care

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
 - <https://www.ama-assn.org/events/2017-american-conference-physician-health>
- NEJM Catalyst Leadership
 - <http://catalyst.nejm.org/physicians-leading-leading-physicians/>

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



Image by Joe Rotella, used with permission

- 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.