

# Practicing What We Preach: Approach Provider Wellness Integratively

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# Objectives

- Participants will leave with an understanding of the relationship between provider wellness and patient care.
- Participants will leave with an understanding of what it means to be personally well, the skills to demonstrate resilience and what if any steps they need to take to get there.
- Participants will leave with the beginnings of a personal wellness plan.



# N.F.

- N.F. is a 48 yo nurse who has worked at the hospital for many years
- Works on a medical floor and overall feels her job has gone well but recently finding herself not enjoying it as much as in past
- Has begun to notice that she has felt slightly more dull and down over past couple months
- Still enjoying things but not as much and finding her motivation toward self-care has decreased

- No history of depression
- Lives at home with her husband
- Her 2<sup>nd</sup> and youngest child just left for college 6 months ago
- Reports she and her husband haven't adjusted and are not spending much time together
- Recent re-organization in her work administrative structure has increased paperwork and decreased time with patients



- Walking several days a week 1-2mile with her dog (not aerobic)
- Nutrition has suffered since her son has gone to college – eating at home less and motivation to cook has decreased
- Sleeping okay but finds herself waking up early each morning
- Identifies no spiritual beliefs that are at forefront – h/o going to Catholic church but has not in many years.

# A.M.

- 28 yo second year medical student
- Came to medical school following an MPH
- Recently married, feeling she is coping well with the stressors of medical school
- h/o depression in past in response to grief/trauma but always resolved in appropriate timeframe
- Strong family history of depression, trauma, addiction (father with alcoholism)

- Presents to care with symptoms of worsening depression over last 6 weeks
- No inciting event
- Biggest symptoms are anhedonia and lethargy
  - Feels she can barely get out of bed
  - Spending large amounts of time staring at the wall if left to her own devices
  - Unable to concentrate for any extended period of time
  - Reading and re-reading without comprehension



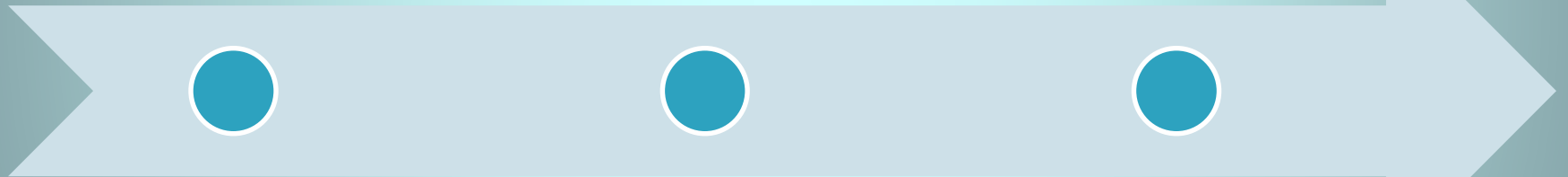
- Still reports good coping and social support
- Started in counseling after 3-4 weeks of not improving and finding that helpful
- No other strategies employed
- Has reached out to medical school to ask for decreased work load and here to see you to consider medication treatment due to severity
- PHQ 9 score of 27 – no thoughts of self harm

- No exercise at present – used to be very active in yoga and trying to get to a class now and then
- Nutrition – husband is cooking for her and encouraging her to eat healthy meals full of vegetables. Appetite has decreased with mood change
- Sleeping only for a couple hours at a time but feels she could always fall back asleep again. Trying to work on sleep hygiene

# Continuum of Wellness

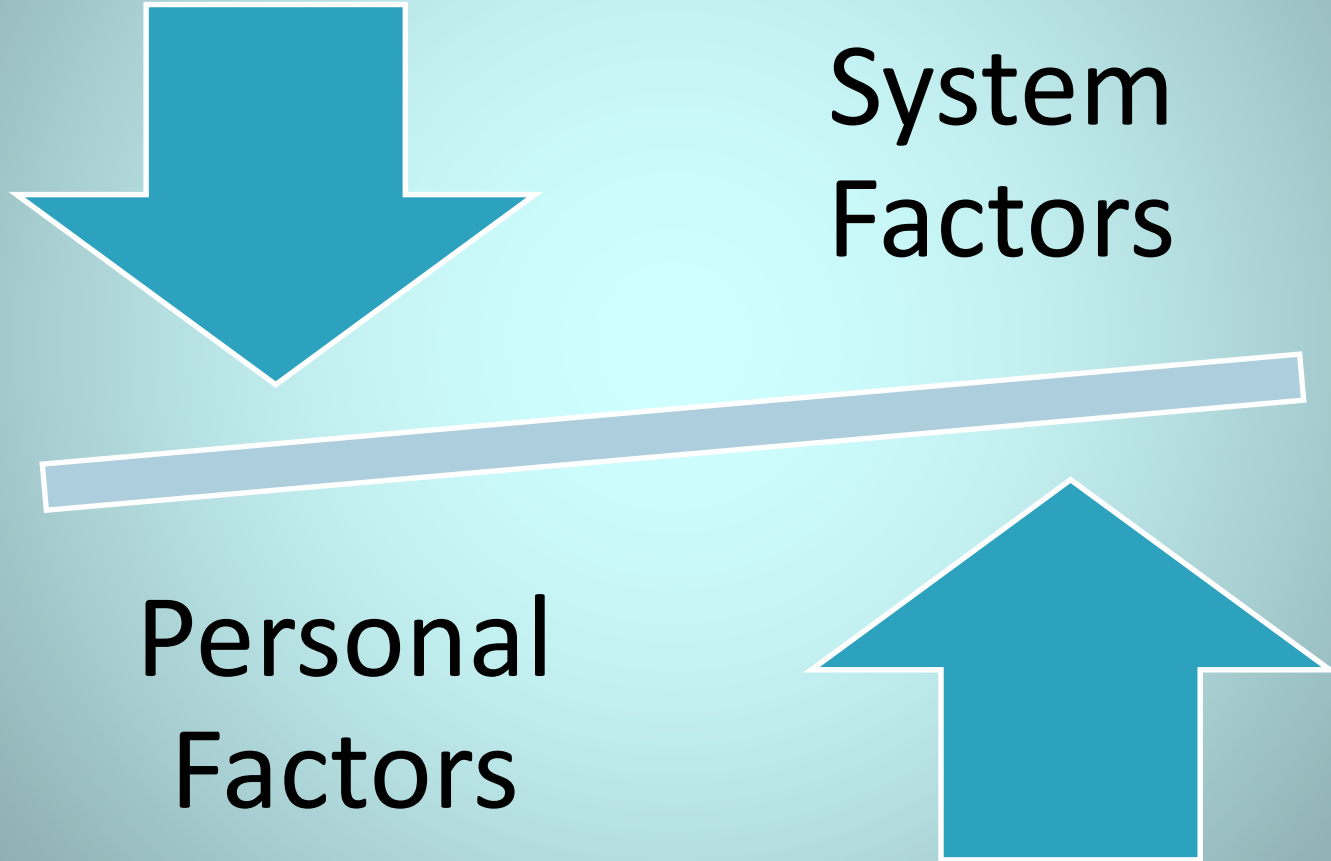
Depressed &  
Burned Out

Well-Balanced  
& Resilient



Maintaining  
but with some  
symptoms

# Wellness Conversation



# Definitions

- Burnout: a work related syndrome involving emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment<sup>1</sup>
- Depression:
  - a state of feeling sad
  - a serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way<sup>2</sup>



# DSM V: Depression

- Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- **Note:** Do not include symptoms that are clearly attributable to another medical condition.
- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

# Epidemiology

- Almost 50% of all US physicians are reporting positive findings of burnout on MBI testing<sup>1</sup>
- Rates of burnout among all physicians increased by 10% between 2011 and 2014<sup>2</sup>
- 28.8% of residents are depressed – increases with each year of training<sup>3</sup>
- Family physicians lead the way with highest rates of burnout and depression<sup>1</sup>

# Epidemiology

- Physicians are twice as likely to commit suicide as non-physicians<sup>1</sup>
- Gold et al. Survey of female physicians
  - 2106 women responded, representing all 50 states and the District of Columbia
  - aged 30–59
  - Almost 50% of women believed that they had met the criteria for mental illness but had not sought treatment
  - Key reasons for avoiding care included:
    - a belief they could manage independently
    - limited time
    - fear of reporting to a medical licensing board
    - belief that the diagnosis was embarrassing or shameful
  - Only 6% of physicians with formal diagnosis or treatment of mental illness had disclosed to their state<sup>2</sup>

1. Schernhammer ES, Colditz GA. *The American journal of psychiatry*. 2004. 2. Gold KJ et al. *General hospital psychiatry*. 2016.

# Why

- Physicians may be considered an “at risk” population
- Physician role requires many sacrifices
  - long hours
  - isolation from friends and family
  - psychological stress
  - responsibility in caring for very sick patients
  - tolerance of uncertainty
  - sleep deprivation
  - huge economic burdens following many years of costly education<sup>1</sup>

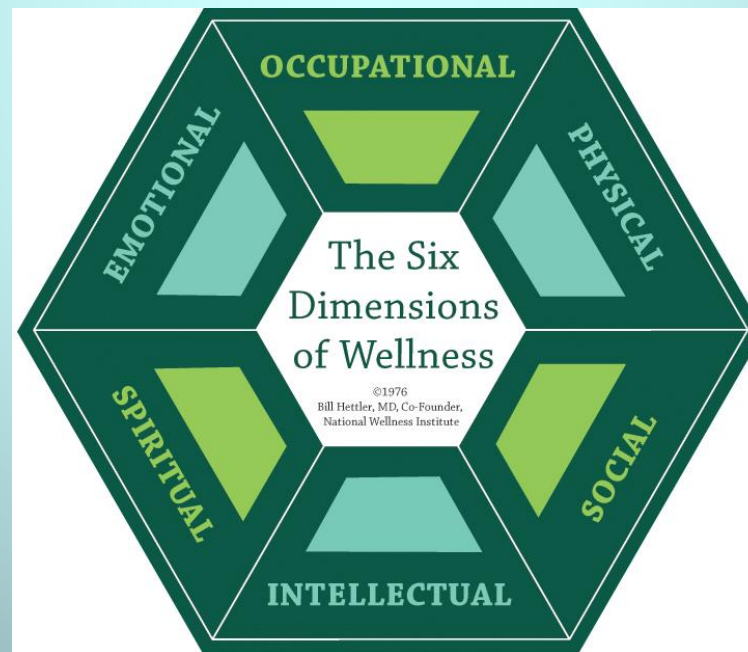
# Goal?

- Is our goal simply the absence of the negative?
- Is wellness simply the absence of depression and burnout?



# Wellness

- *Wellness is an active process through which people become aware of, and make choices toward, a more successful existence.*



# Resilience

- re·sil·ience; *noun*
- **1.** the ability of a substance or object to spring back into shape; elasticity.
- **2.** the capacity to recover quickly from difficulties; toughness.<sup>1</sup>

1. Miriam Webster Dictionary.

# Resilience

- 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<sup>1</sup>

# Conservation of Resources

- Theory of stress presented by Steven Hobfoll
- Humans attempt to conserve, protect and build resources
- Either real or perceived loss of resources is threatening and leads to stress<sup>1</sup>
- Zwack study found that things that build resources in a variety of ways helps “power the positive spiral toward more resilience”<sup>2</sup>


1. Hobfoll SE. Conservation of resources. *The American psychologist*. 1989. 2. Zwack J, Schweitzer J. *Academic medicine : journal of the Association of American Medical Colleges*. 2013.

# Upward Spiral

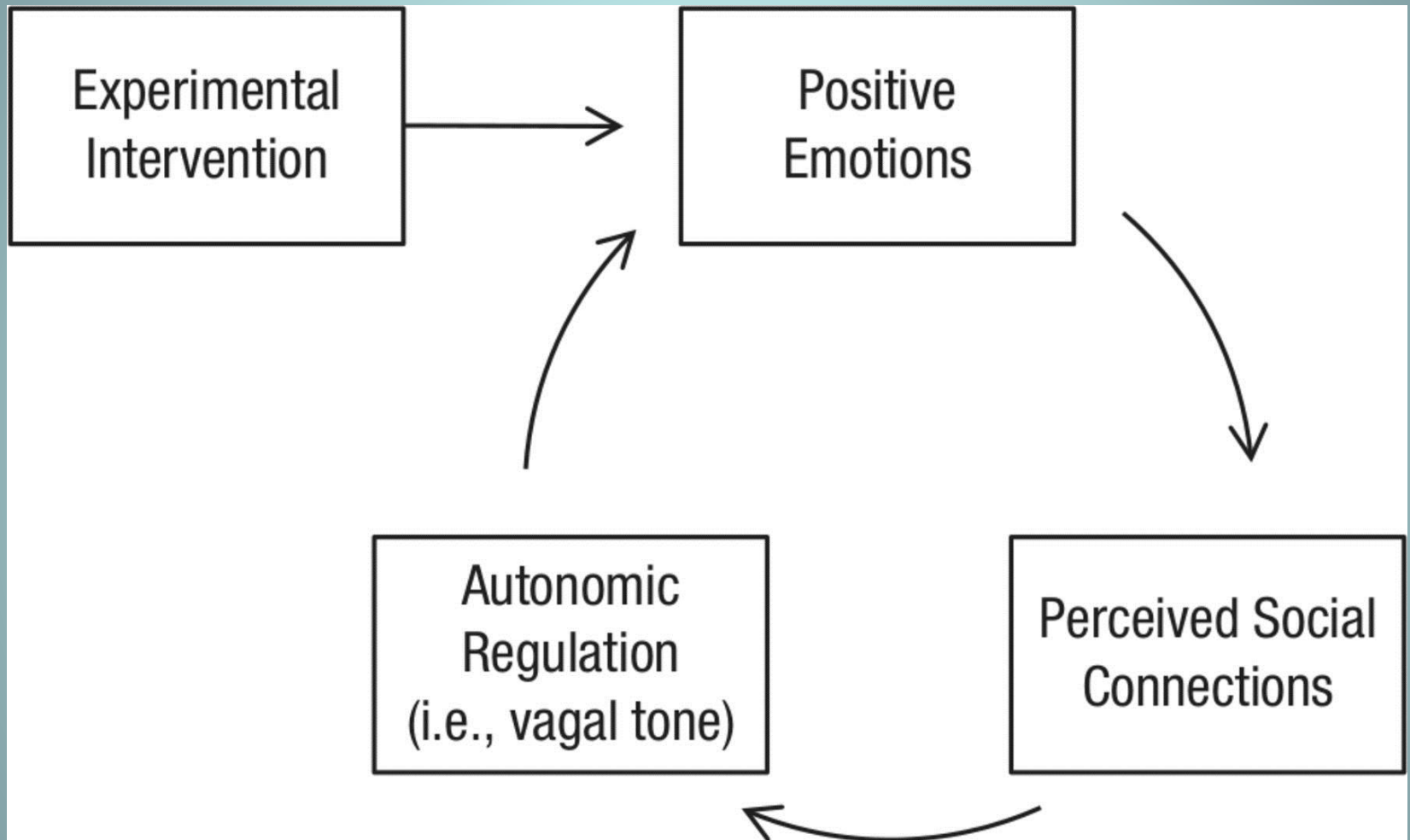




# Mind-Body Connection

- Broaden and Build
  - positive emotions  more resources
    - Physical, emotional, psychological
    - Leads to better moment to moment choices
- RCT with 65 participants vs wait list control
  - Intervention was generation of positive emotions through loving-kindness meditation
  - They then rated how they felt during social interactions common to their day
  - Measured vagal tone

**Fig. 1. Conceptual model describing the relationships among the experimental intervention, vagal tone, positive emotions, and social connections.**



# Activity and Wellness

- Increased physical activity is correlated with an increase in positive emotions
- Increased sedentary behavior is correlated with increased negative emotions
- Level of activity was seen to indirectly impact a person's assessment of their psychosocial resources<sup>1</sup>
  - Higher levels of activity = higher positive emotions = higher assessment of psychosocial resources

# Activity and Wellness

- Sedentary behavior increases risk of depression<sup>1</sup>
- Increases in physical activity are preventative for depression
  - Lower levels of cardiorespiratory fitness correlated to higher risks of developing depression<sup>2</sup>
- Increased exercise improves depressive symptoms<sup>3</sup>

# Nutrition and Wellness

- Increased intake of fruits and vegetables decreased risk of depression<sup>1,2</sup>
- Omega 3 Fatty Acids
  - Jury is still out but possibly link to improvement in depression<sup>3</sup>



# Sleep

- Get it when you can
- Afternoon naps of 20-40 minutes can be very restorative
- If you lose sleep to shift work or call catching up with a full sleep cycle the next day can help mitigate the sleep deficit

# Forest for the Trees





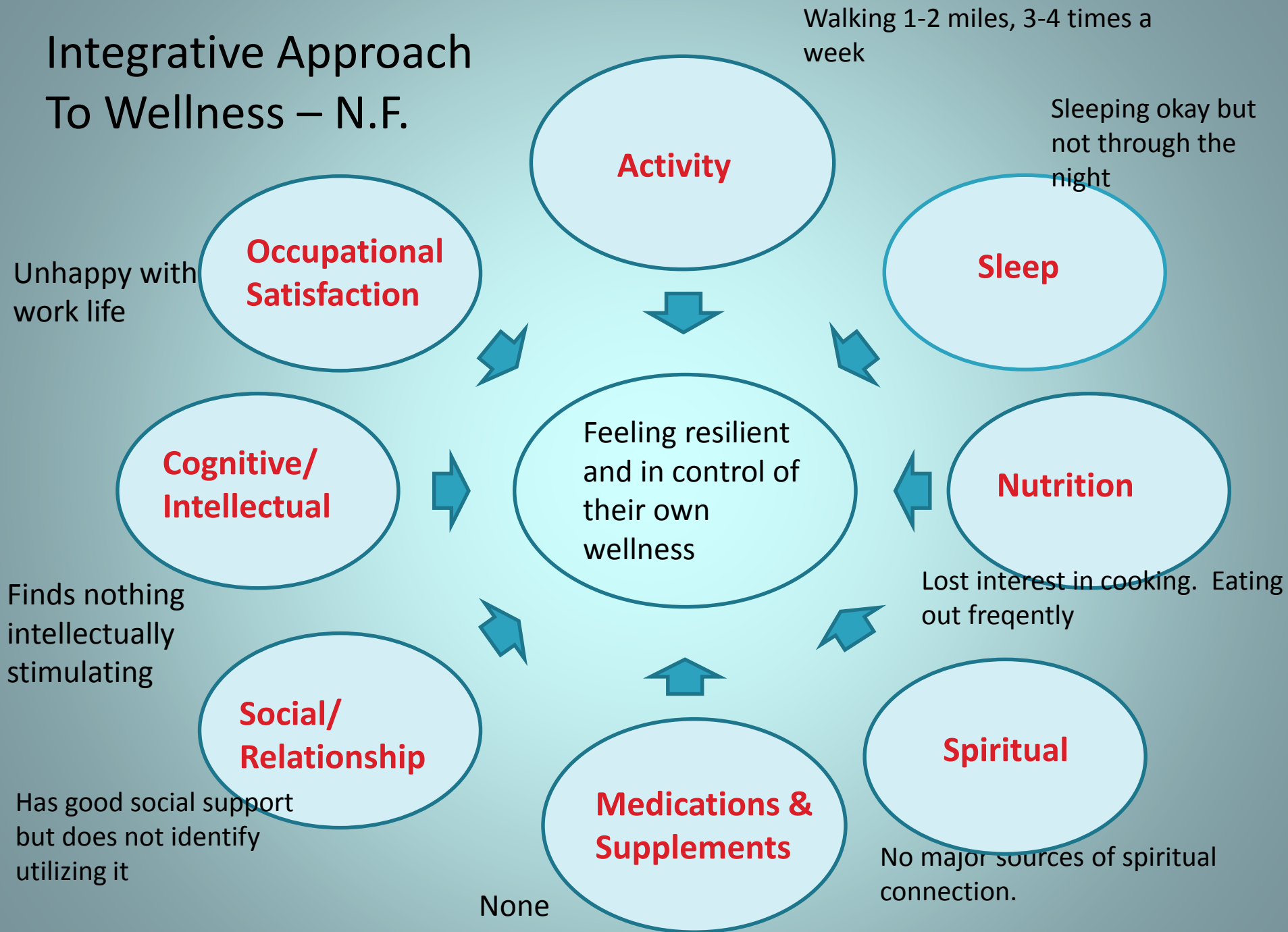
# Integrative Approach To Wellness



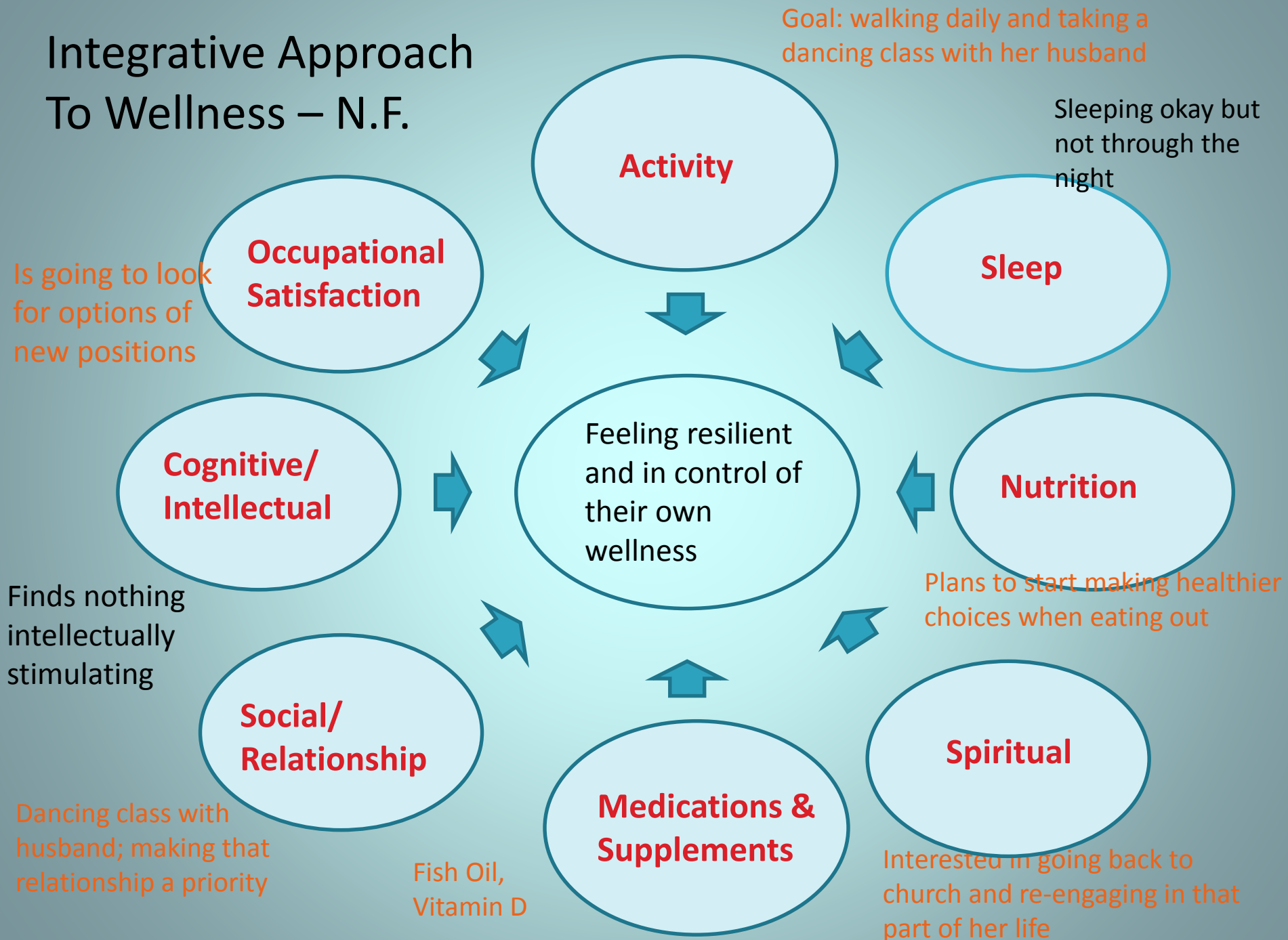
# N.F.

- N.F. is a 48 yo nurse who has worked at the hospital for many years
- Goal is to revive her enjoyment in her career and her life and to invest time in her own wellness

# Integrative Approach To Wellness – N.F.



# Integrative Approach To Wellness – N.F.





# A.M.

- 28 yo second year medical student
- Recently has become significantly depressed
- Strong family history of mental illness and personal history of adverse childhood events/trauma
- Very good insight and utilizing coping strategies

# Integrative Approach To Wellness – A.M.

Occasional yoga class

Not sleeping well.  
Couple hours at a  
time.

**Activity**

**Occupational  
Satisfaction**

**Sleep**

Loves medical  
school

Feeling resilient  
and in control of  
their own  
wellness

**Cognitive/  
Intellectual**

**Nutrition**

Struggling to concentrate  
and think but loves what  
she is learning

Husband cooking for her but  
poor appetite

**Social/  
Relationship**

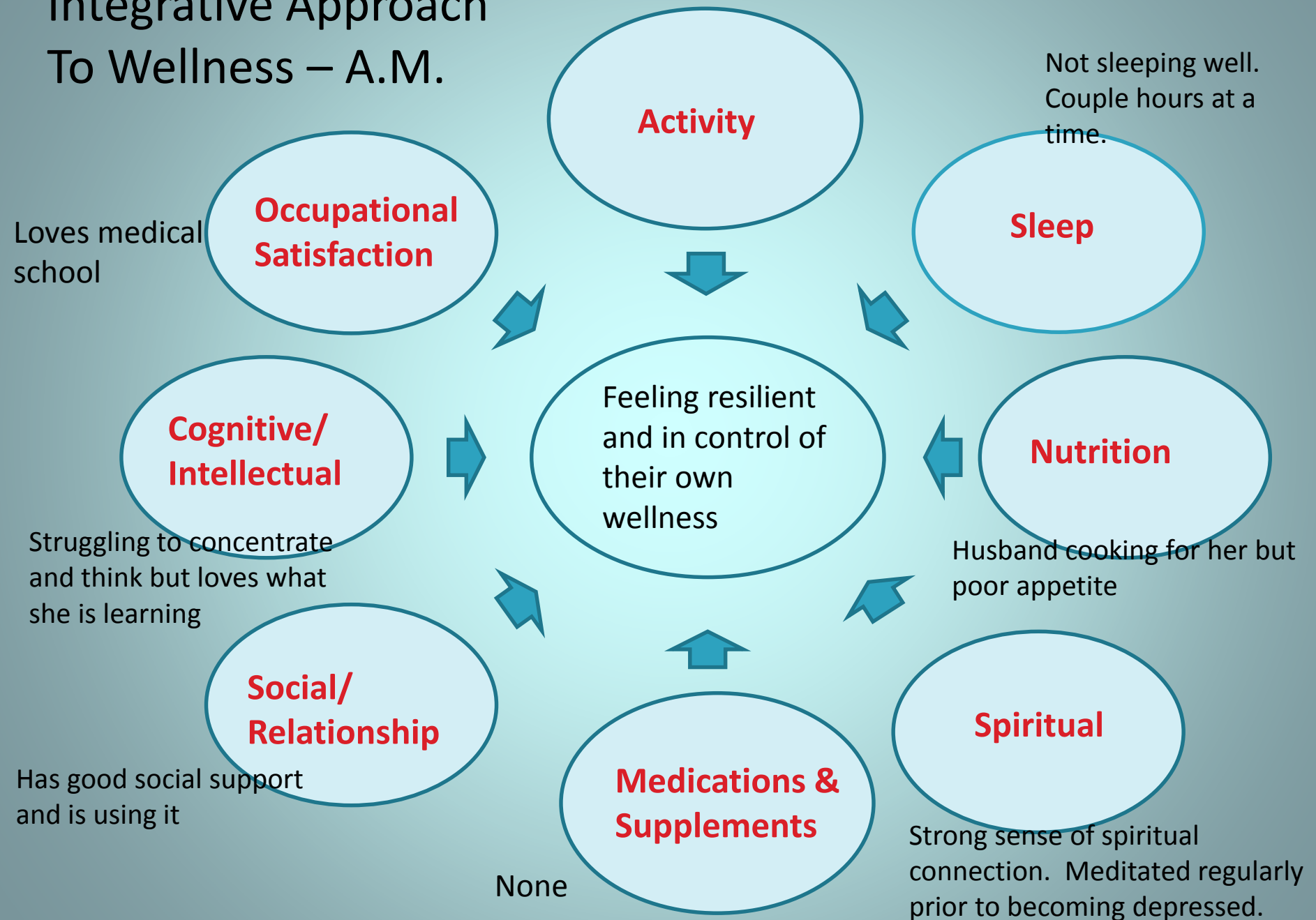
**Spiritual**

Has good social support  
and is using it

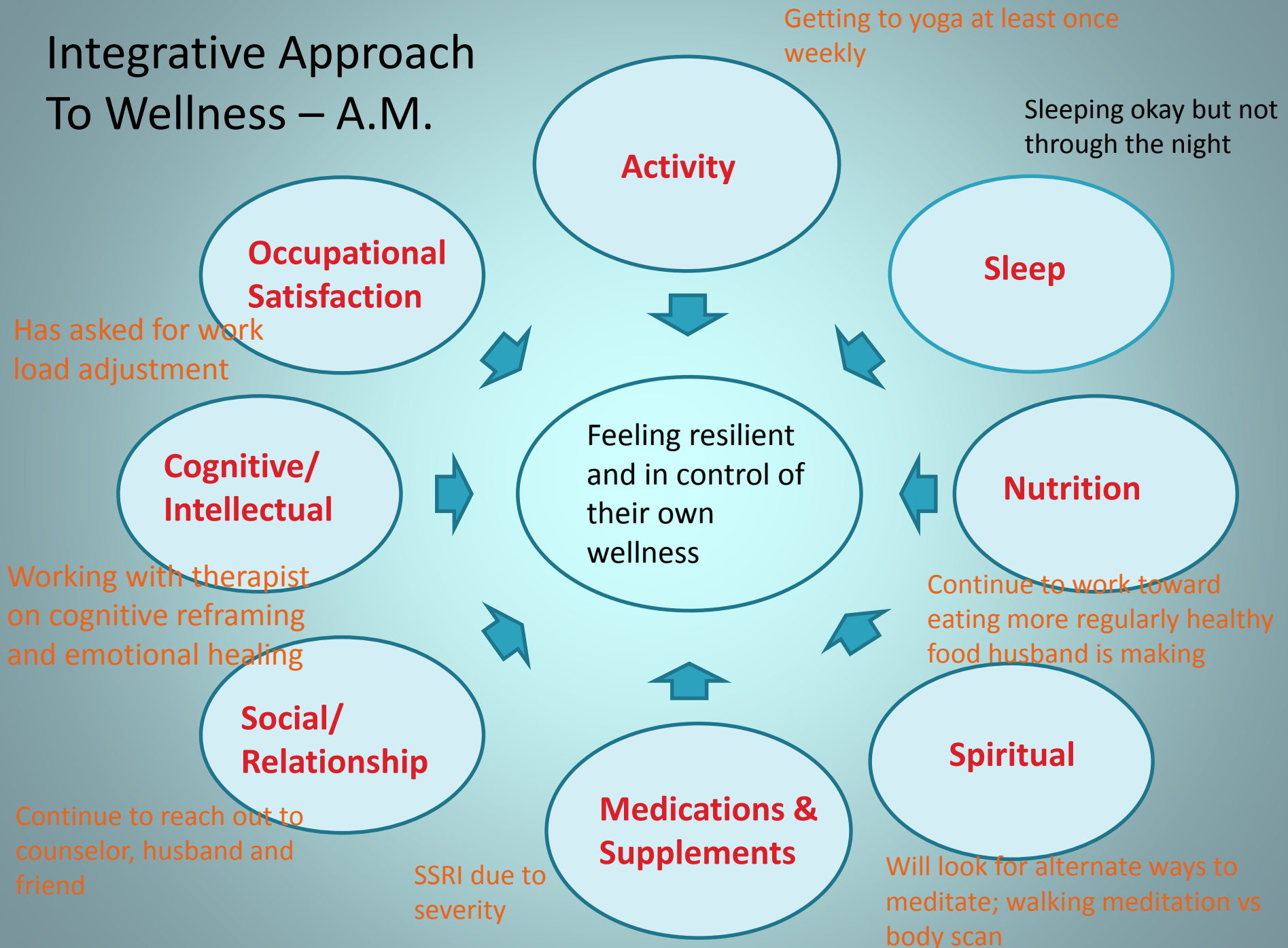
**Medications &  
Supplements**

Strong sense of spiritual  
connection. Meditated regularly  
prior to becoming depressed.

None



# Integrative Approach To Wellness – A.M.



# Personal Wellness Exercise

- Are there any areas you feel need more support?
- If you feel not as resilient as you want to be, where do you feel you would be able to start the upward spiral?

# Summary

- Wellness is the sum of all the pieces of our being
  - Physical
  - Emotional
  - Spiritual
  - Mental
- Broaden and build
  - Positive emotions are super powerful