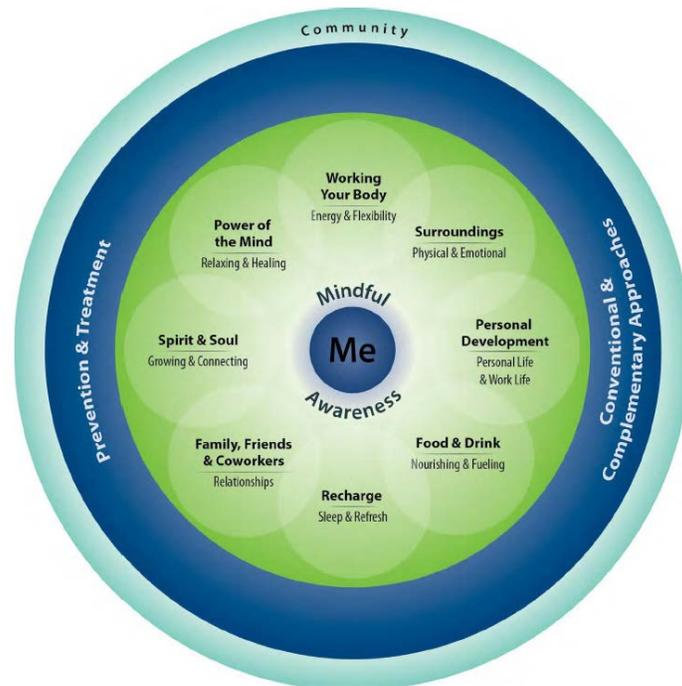


# WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of  
Personalized, Proactive, Patient-Driven Care

## Clinician Self-Care: *You* in the Center of the Circle of Health Educational Overview



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

# WHOLE HEALTH: CHANGE THE CONVERSATION

## Clinician Self-Care: *You* in the Center of the Circle of Health

### Educational Overview

*Engrossed late and soon in professional cares...you may so lay waste that you may find, too late, with hearts given way, that there is no place in your habit-stricken souls for those gentler influences which make life worth living. —William Osler*

“How are you?”

As a clinician, you probably ask that question more often of others than you ask it of yourself. *How are you, really?* Contained within that question are many others.



### Mindful Awareness Moment

Pause for a moment and consider the following. Try to spend a few minutes with each group of questions:

- How are you doing with taking care of yourself?
  - What are you doing to enhance your own health?
  - Do you bring mindful awareness into your activities at work and home?
  - Do you have a team that supports your care? Are you aware of, and seeking, as appropriate, the conventional and complementary care you need?
  - Do you pay attention to the eight areas of proactive self-care *as they relate to you*? How are you doing with nutrition? Sleep? Movement, using the power of the mind, and your surroundings? What about spirituality, personal development, and your relationships?
  - What are your greatest goals? Do you live by them?
  
- How are you doing in terms of your work?
  - Are you experiencing symptoms of burnout? If not, what are you doing to prevent it? If you are experiencing burnout, what steps are you taking to help yourself?
  - Are you able to role model good health practices for your patients?
  - Are you part of a healthy team of colleagues? Is your workplace healthy?

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This module centers around your answers to these questions. As you know, in the Components of Proactive Health and Well-Being (**Circle of Health**), the word “Me” is at the center. That “Me” can represent a patient, and it can also represent you, the clinician. Your health is of fundamental importance in its own right, of course. It is also important to many other people in addition to you; how well you take care of yourself has a significant impact on your family members, your friends, your colleagues, and (as we will be discussing in some detail in this module) your patients. As they say, “You can’t give what you don’t have.”

Various patient vignettes are presented throughout this curriculum. Other patients may be mentioned in this module, but ultimately, the module is, at its core, about you.

### Patient Vignette: You

Fill in the blanks below:

\_\_\_\_\_ is a \_\_\_\_\_ year-old \_\_\_\_\_ who has been in practice for  
(Your name) (Your age) (Your profession)

\_\_\_\_\_ years. \_\_\_\_\_ chose this profession for 3 main reasons:  
(Years in practice) (Your name again)

List the three main reasons you went into your current profession:

- 1.
- 2.
- 3.

Please answer the following questions about how you currently relate to your work:

When asked about work, \_\_\_\_\_ notes the following. One of the best things a  
(Your name)  
about work is: (Describe what excites you most about your work.)

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The most challenging thing is: (Describe what is most challenging in your work.)

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\_\_\_\_\_ is exploring ways to bring greater attention to Whole Health, in  
(Your name)  
both personal and professional life. How might this happen? How can \_\_\_\_\_  
(Your name)  
minimize risk of burnout and maximize resiliency?

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*At this point, you are encouraged to complete the **Personal Health Inventory** yourself. After you have finished, take some time to consider your responses. (Some people find it is helpful to wait a day or two and look at the PHI with a fresh perspective.) What would a self-care focused, Personal Health Plan look like for you? You can access the **Draft Template for a Personal Health Plan** from the **Whole Health: Change the Conversation website**.*

## Learning Objectives

After completing this module, you will be able to:

- Outline specific challenges clinicians face with regard to their self-care
- Describe the three main components of burnout, give examples of internal and external causes, and list consequences of burnout
- Describe the connection between clinician health and satisfaction and patient health and satisfaction
- List the themes of contributors to clinician resilience
- Support the creation of your own health plan

## The Challenge of Clinician Self-Care

### The Wounded Healer

*Until we became wounded, however, we were unaware of the part of ourselves that is invulnerable to being wounded... The wound itself is the very instrument through which our intrinsic wholeness prior to our wounding becomes consciously realized in time – the present moment – the only “place” where our wholeness can be realized.<sup>1</sup>*

The term “wounded healer” was first used by Carl Jung in 1951,<sup>2</sup> but the idea of the wounded healer is universal; legends and myths from cultures around the world have featured the wounded healer as an archetypal hero throughout human history. Wounded healers endure suffering, loss, and sometimes even complete disintegration, before moving into a place of greater wholeness where they can claim the wisdom and abilities needed to heal themselves and others.

Many clinicians enter our profession after having experienced a healing crisis themselves or witnessing one in a loved one. Others are wounded during training, which exacts costs not only in terms of time and money, but also in terms of abuses that many learners suffer during medical school and other health care training.<sup>3</sup> Our training can actually be a “wounding” experience itself. For example, a 2008 study at the University of Arkansas found a significant drop in empathy as students moved through four years of medical school.<sup>4</sup>

**What are some ways that this “wounding” can manifest?**

These challenges do not end when training is over. There are risks associated with being a health care professional and needing to routinely address the suffering of others that arise regardless of how long one has been in practice.

**1. Suicide**

Every year 250 physicians commit suicide in the United States,<sup>5</sup> at a rate of 28-40 per 100,000 people versus 12 per 100,000 in the general population. This is higher than for most other professions.<sup>6</sup> Rates of suicide in women physicians are four times higher than for the general female population.<sup>7</sup> For an honest and sobering description of the impact of a physician suicide, see Middleton’s article, “Today I’m Grieving a Physician Suicide,” which describes the impact of losing a valued clinical colleague.<sup>8</sup>

**2. Substance misuse**

It is not as easy to find data on substance misuse rates in clinicians, though it is clear that this also takes its toll. In 2001 more than seven percent (7.3%) of the U.S. population over age 12 met criteria for abuse or dependence on illicit drugs or alcohol.<sup>9</sup> Physician findings vary, ranging from below the population norm (4%) to above it (8%), depending on the study.<sup>10</sup> A particular challenge, even if one concludes that the rate is close to the population baseline, is that physicians and other clinicians are much more likely to cover up their substance use and require more time in treatment to recover. They also tend to abuse prescription drugs at a higher rate.<sup>11</sup> Additionally there is a tendency among co-workers not to report substance misuse by their colleagues. A study focusing on nurses found that 17% had engaged in binge drinking in the past year (similar to the general population) and 10% had used illicit drugs.<sup>12</sup> Twelve percent of a group of 751 social workers in North Carolina were found to be “at serious risk” for abuse of alcohol and other drugs.<sup>13</sup>

**3. Poor self-care practices**

The expectation placed on many clinicians is that they should devote their time and energy to the care of others. Altruism and self-sacrifice are characteristics many of us value highly, but they can have a dark side. There is a risk that clinicians will resist asking for help for themselves. As Miller and colleagues put it,

*The expectation that being a physician implies being able to perform professionally without faltering, and to meet all expectations without experiencing distress or dysfunction, means that personal problems can be perceived as professional failings. This can foster denial of personal vulnerability. The consequences can be tragic.<sup>7</sup>*

Most of the data related to clinician self-care comes from studies of physicians. For example, a survey of surgeons found that less than half had

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seen their primary care clinician in the last 12 months. More than 20% had not seen their primary care clinician in the past four years.<sup>14</sup> The unspoken code among surgeons (and others) is to go to work early and stay late, work weekends and nights, do a lot of procedures, meet multiple deadlines, and do all of that while preventing personal problems and emotions from getting in the way.<sup>15</sup>

A 2008 study of 763 physicians from California found that 7% were clinically depressed, 35% reported “no” or “occasional” exercise, 34% slept less than 6 hours a day, and 27% rarely or never ate breakfast.<sup>16</sup> A study of 963 medical students, residents and attending physicians suggested that medical training prevents the maintenance of healthy behaviors and likely decreases the likelihood that they will be practiced later in life.<sup>17</sup> When taken in sum, most physicians report being in very good health, but there is substantial room for improvement in self-care practices.<sup>18</sup>

#### 4. **Burnout**

Burnout is by far the most commonly studied way the challenges of clinical practice manifest. It is closely linked to suicide, substance misuse, and poor self-care, as well as many other challenges clinicians face. Any discussion of clinician self-care requires that burnout be taken into account.

## **Burnout**

### **What is burnout?**

Burnout is a term first used in the 1970s by psychologist Herbert Freudenberger. He defined it as “a state of mental exhaustion caused by one’s professional life.”<sup>19</sup> There are three main ingredients that characterize burnout. Often these are measured separately on various burnout scales, such as the Maslach Burnout Inventory. These three ingredients include the following:<sup>20</sup>

#### 1. **Emotional exhaustion**

People experiencing burnout feel that they have no more emotional resources to bring forth to encounters with others. They feel overextended and overworked.

#### 2. **Depersonalization**

Those suffering from burnout tend to treat colleagues and patients as objects rather than as human beings. They are often cynical and detached.

#### 3. **A sense of low personal accomplishment**

Individuals experiencing burnout feel that that their work does not make a real difference. They have a sense of low-efficacy and negative feelings about themselves.

Burnout involves the presence of the above symptoms for a prolonged period of time (weeks to months). It most often arises in professional relationships where the person experiencing burnout is in the role of being a “helper.”<sup>20</sup> There is a close link

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between burnout and compassion fatigue, a term coined by Joinson in 1992 to describe the “secondary victimization” that can occur for nurses who struggle with absorbing the stress and trauma of those they help as they offer empathy and heartfelt caring.<sup>21</sup> One of the challenges in our busy society is that there is limited time for recovery from stress. People tend to take work home with them; there is no rejuvenation in the evening before the next workday occurs. Stress follows people on vacation, too. Technology, be it phones, pagers, social media, etc., is omnipresent. All these factors increase burnout risk.

### **Who experiences burnout?**

Anyone in a caring profession can experience burnout. Up to 60% of practicing physicians report symptoms of burnout,<sup>22</sup> while a survey of Internal Medicine faculty physicians found that 34% were currently experiencing burnout.<sup>23</sup> Women physicians are 1.6 times more likely to report burnout than men.<sup>24</sup> For physicians, burnout begins early in training; 53% of medical students surveyed at seven medical schools in a recent study have symptoms of burnout.<sup>25</sup> A study of 1,272 emergency physicians found that 60% taking the Maslach Burnout Inventory rated in the moderate to high ranges for burnout.<sup>26</sup> A Medscape Survey of nearly 24,000 practicing physicians found the following levels of burnout by specialty (Figure 1):<sup>27</sup>

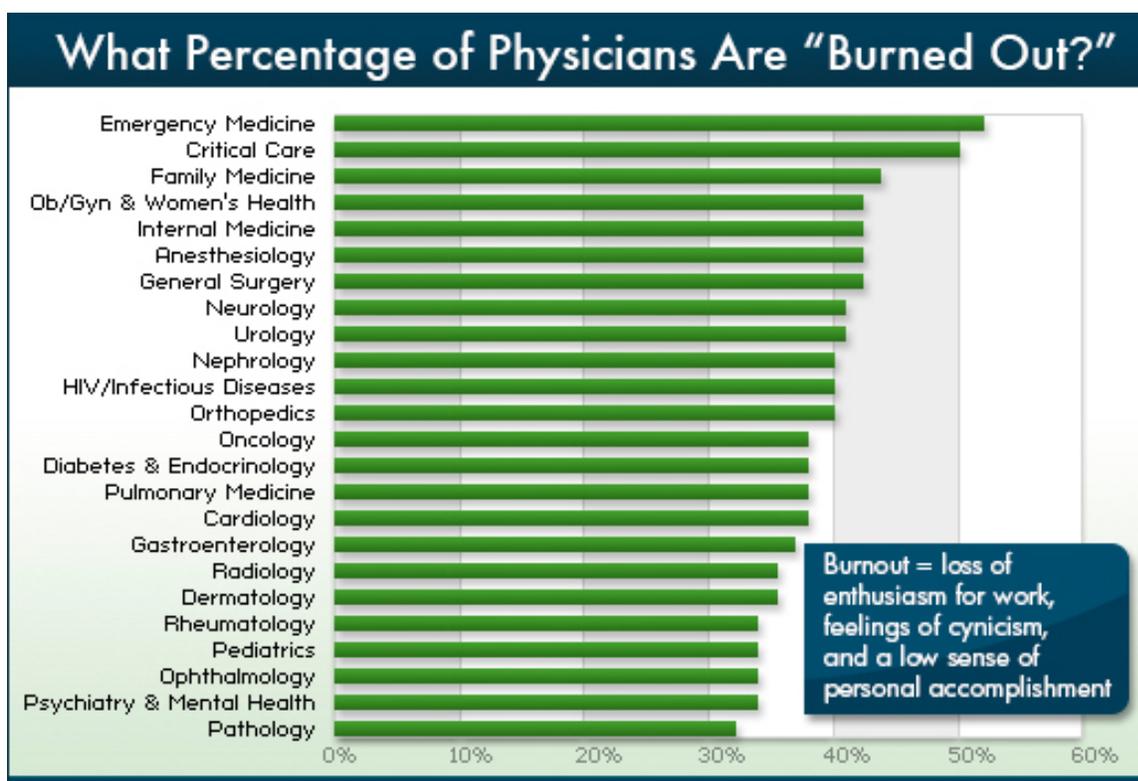


Figure 1. Burnout rate by physician specialty. Graph reprinted with permission from Medscape (<http://www.medscape.com>), 2013, available at <http://www.medscape.com/features/slideshow/lifestyle/2013/public.27>

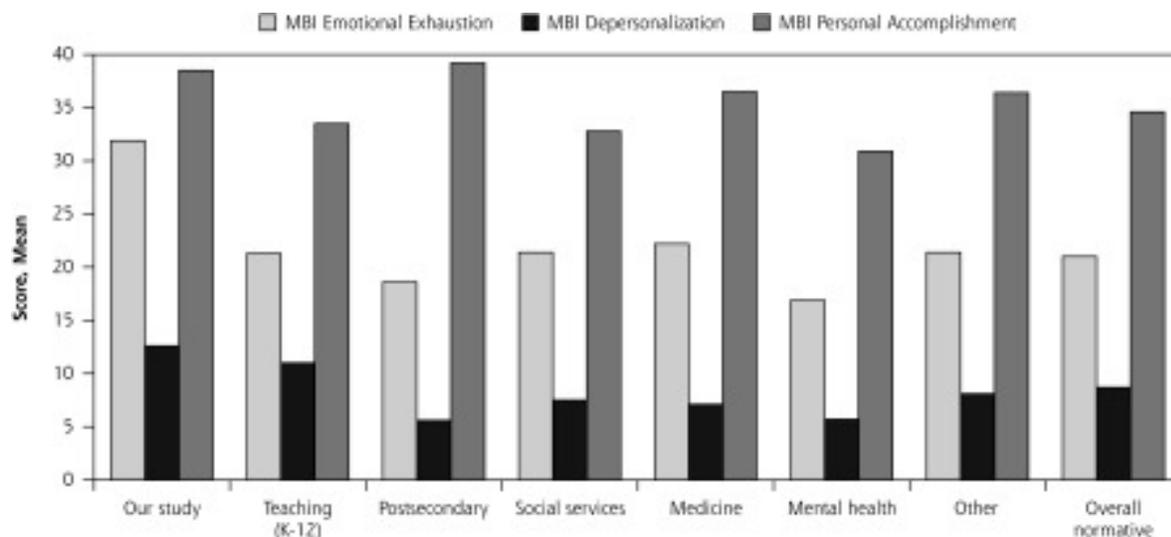
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The American College of Surgeons Burnout Survey compiled data from 7,905 surgeons:<sup>15</sup> 40% met burnout criteria, 32% experienced high levels of exhaustion, 26% experienced high levels of depersonalization, 13% had a low sense of personal accomplishment, 30% screened positive for depression, 6.4% had suicidal ideation. Suicidal ideation prevalence was directly correlated to the severity of burnout.<sup>28</sup> This link between burnout severity and degree of suicidal ideation has also been found in medical students.<sup>29</sup>

Burnout may be even more common in other health professions. According to many sources, nurses suffer more stress and burnout than any other professional group.<sup>30</sup> Only two-thirds of staff nurses in hospitals and two-fifths in nursing homes report satisfaction with their work.<sup>31</sup> Well over 40% of nurses report burnout symptoms.<sup>32</sup> In addition, as many as 60% of psychologists also struggle with burnout.<sup>32</sup> A 2005 study of 751 practicing social workers found a current burnout rate of 39% and a lifetime rate of 75%.<sup>33</sup>

Unfortunately, clinicians are not alone in their risk for burnout; burnout is an epidemic faced by people in a variety of professions, as illustrated in the graph below.<sup>34</sup>



*Figure 2. Comparison of the levels of three aspects of burnout in 30 clinicians (labeled 'our study') versus a number of other professions. Reprinted with permission from American Academy of Family Physicians.<sup>34</sup>*

### **What are the main causes of burnout?**

It seems that the very traits that are considered some of the best traits of a good clinician – dedication, responsibility, motivation, conscientiousness, attention to detail – are those that can increase vulnerability to burnout. Nedrow and colleagues<sup>35</sup> describe how these different values (which lead so many into a health care profession) have dark sides that can arise due to the challenges and culture of medical training. For example:

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1. The desire to offer service can lead to a certain degree of **self-deprivation**. This can lead to compassion fatigue (emotional exhaustion) and entitlement.
2. The constant sense of wanting to offer excellent care can lead to an **obsession with seeming invincible**. Perfectionism allows no room for mistakes, and clinicians may not deal with errors in a healthy way (or even acknowledge them), especially if there are no safe venues to discuss them.
3. The desire for curative competence can lead to a sense that a clinician **should have more control over outcomes than is actually the case**. Various metrics and quality measures can leave clinicians with the sense that they must always take action and do so successfully. For example, if surgical outcomes drive actions, medical decision-making may be negatively influenced.
4. The feeling of compassion can morph into **isolation**. The regular witnessing of suffering in someone who is not able to process through it, can lead to emotional dissociation.

In the Medscape survey of nearly 24,000 physicians described above, those surveyed listed a number of different factors as causes or contributors of their burnout, noted in the figure below.<sup>27</sup>

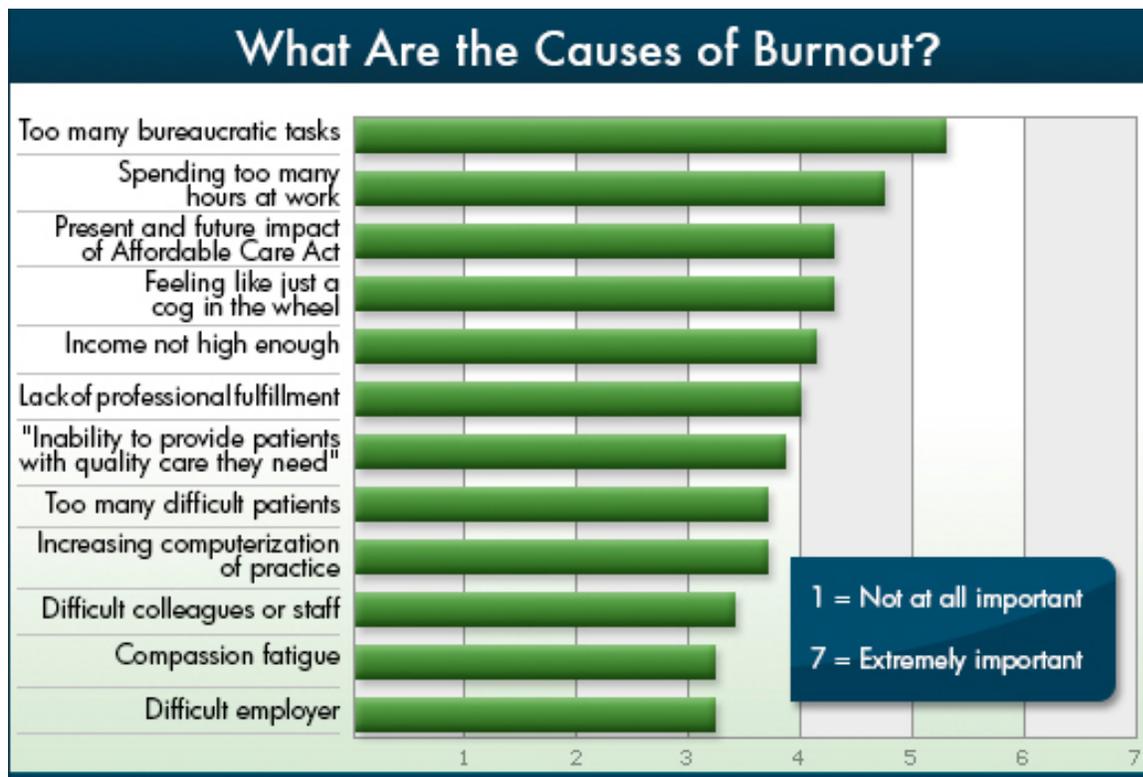


Figure 3. Factors contributing to burnout. Graph reprinted with permission from Medscape (<http://www.medscape.com>), 2013, available at <http://www.medscape.com/features/slideshow/lifestyle/2013/public>.<sup>27</sup>

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In other studies, burnout is associated with several factors.<sup>36,37</sup> These can be classed as external or internal in nature.

#### ***External causes of burnout***

- Larger patient panels
- Higher productivity requirements
- Decreasing resources
- Overall culture of medicine, as discussed above
- Lack of autonomy
- Problems with balancing professional and personal life
- Excessive administrative tasks
- New expectations and demands
- Hostile workplace, including challenges that arise related to gender and age
- Malpractice suits, which, while decreasing, occur in the United States at a rate of 7.4% of all physicians each year<sup>38</sup>

Interestingly, number of hours worked does not always correlate with burnout in various studies, particularly if autonomy is maintained. Similarly, it seems that those from racial minorities tend to have lower burnout rates.<sup>15</sup>

#### ***Internal factors leading to burnout***

- Specific character/personality traits, such as:<sup>39</sup>
  - Low “hardiness” (limited involvement in daily events, sense of no control over events, and unwillingness to change)
  - External locus of control (feeling as though chance or other people have more power to bring about change than oneself)
  - Time-pressured, competitive, hostile, and controlling by nature
  - Perfectionism
  - Unrealistic expectations for patient outcomes
  - Passive coping styles
- Lack of a sense of meaning<sup>40</sup>
- Mentality of delayed gratification; i.e., there is a sense of needing to put off one’s needs until something else happens (“I’ll change after I finish my medical training,” or “I’ll take more vacations once I am more established in my job.”)
- Guilt and an exaggerated sense of personal responsibility

For social workers, some of the variables that correlated most strongly with the presence of burnout were number of hours worked, vacation days, material resources, coworker support, percentage of stressful clients, ethical compromises, need for approval, perfectionism, and difficulty asking for help.<sup>13</sup>



## Mindful Awareness Moment Which Burnout Factors Affect You?

Take a moment to review the lists of external and internal factor that lead to burnout.

- Which ones are present in your life?
- How might you make changes so that these factors are less present, or even removed altogether?

Consider asking someone who knows you well for an honest (and preferably gently offered) opinion about how much you have the personality traits listed above that can lead to burnout. Do you agree with the person's assessment?

Try not to make judgments about what you discover. Learn from this exercise, rather than criticizing yourself.

How can you bring those states of mind with you into other situations?

### **What Are the Consequences of Burnout?**

Burnout has many negative consequences. Substance misuse and suicidality arise with burnout,<sup>15</sup> and other problems do as well, including:<sup>15,32,41,42</sup>

- Marital and family discord<sup>43</sup>
- Medical errors and adverse patient events. For example, in an American College of Surgeons survey, nine percent of respondents reported making a major medical error in the past three months, and there was a strong link between all domains of burnout and reporting a perceived error.<sup>44</sup>
- Poorer decision-making in general
- Accidents
- Decreased attention and concentration
- **Poorer communication**
- **Less empathy**
- **Decreased meaningful relationships with patients**
- Personal health problems, including:<sup>32</sup>
  - Depression
  - Anxiety
  - Fatigue
  - Insomnia
  - Heart disease
  - Obesity
  - Hypertension
  - Infection
  - Cancer
  - Diabetes
  - Premature aging
- Early retirement
- Difficult co-worker relationships
- Changing jobs at a high rate of turnover

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Clearly, burnout is a significant problem with far-reaching effects. Items that are in bold font are directly related to the ability to offer patient-centered care. Potential solutions for it are discussed next, but before solutions are offered, it is important for you to have the opportunity to take stock of your own current state of affairs. How well are you doing with self-care? What is your level of burnout?

## Taking Stock of Your Own Personal and Professional Health

*An unexamined life is not worth living. —Socrates*

It is helpful to be aware of the definitions and causes of burnout and the general importance of clinician self-care, but of foremost importance is how you, specifically, are doing. Again, how are you... really? In order to assess this in more depth, you are invited to complete the following surveys and forms.

If you have not already done so, begin by completing the **Personal Health Inventory**. The first survey is entitled, **Walking the Circle of Health: How Are You Doing?** The second is the [Professional Quality of Life Scale](#), a validated instrument that assesses compassion satisfaction, burnout, and traumatic stress.

If you ever need to do a quick burnout check-in (and it is highly recommended that you do so, as it has been found that scores vary greatly from day to day or week to week), there are two questions from the Maslach Burnout Inventory which, according to a 2009 study, correlated well with the score of the full 22-item test.<sup>45</sup> These questions are:

1. I feel emotionally burned out or emotionally depleted from my work.
2. I have become more callous toward people since I took this job – treating patients and colleagues as objects instead of humans.

Strong positive responses to those questions correlate with a high likelihood of burnout.

## Why Does Your Health as a Clinician Matter?

*My belief is that doctors will have a greater capacity to know their patient as a person if they know themselves. That kind of knowledge requires a sense of balance and understanding, of why they chose to become a doctor. It comes down to their capacity to be an empathic, caring and compassionate provider; and it comes not from their medical knowledge but from their soul... This is something we should never sacrifice, even temporarily.<sup>46</sup>*

As with anyone's health, the health of clinicians is important in its own right. It is more broadly important as well, in that clinicians' own health has a significant impact on their patients.

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#### **Your satisfaction = patient satisfaction**

Physicians who report that their own satisfaction is high are much more likely to have patients who are satisfied; in fact patients of satisfied physicians are known to rank themselves much more highly on standardized patient satisfaction surveys.<sup>47</sup>

#### **Effects on adherence**

Furthermore, better clinician well-being is also linked to better adherence by patients to treatment recommendations. In a 2000 Swedish study, general practitioners who had a high sense of professional fulfillment had patients who were much more likely to take their medications, exercise, and eat a healthy diet.<sup>48</sup> A 1993 study of 186 physicians from a variety of specialties also found that global job satisfaction for physicians had a positive effect on general adherence. In other words, being happy in one's work seemed to make patients more likely to follow through with their doctor's recommendations.<sup>49</sup>

#### **Role modeling matters**

As a clinician, how you model your health also speaks volumes to patients. A study by Frank and colleagues<sup>50</sup> showed one of two different education videos, focused on improving diet and exercise, to 131 different patients from an Atlanta general medical clinic. In one video, the featured physician revealed an additional 30 seconds about her personal health practices and had a bike helmet and apple visible on her desk; in the other there was no disclosure, helmet, or apple. People felt that the first of the two videos was much more motivating, and they rated the physician to be much more believable and inspiring when it came to exercise and diet.

#### **You preach what you practice**

Another study by Frank and a different group of colleagues<sup>51</sup> reviewed data from 4501 respondents to the Women Physicians' Health Study that involved women physicians from all over the United States. Practicing a related health habit oneself significantly correlated with the tendency for a given physician to mention that behavior to patients. The study concluded, "Our findings confirm intuition: health care providers report that they preach what they practice." This was confirmed again in a 2013 study by Frank and colleagues of 1,488 physicians and nearly 1.9 million patients in Israel.<sup>52</sup>

### **Suggestions for Enhancing Resilience and Minimizing Burnout**

*The secret of the care of the patient is caring for oneself while caring for the patient.*<sup>53</sup>

The suggestions offered throughout many of these learning modules are designed to have potential benefit for everyone, and clinicians are no exception. A simple bit of advice is to take time to work with the different elements within the Circle of Health yourself. Explore how you are doing with each of the areas of self-care. Experience

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complementary therapies firsthand, so that you can more effectively discuss them and suggest them for your patients.

A significant body of research that is specific to clinician well-being and the avoidance and treatment of burnout – and enhancing its opposite, resilience - has emerged in recent years. That research will be the focus of the remainder of this module.

Resilience is defined as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.”<sup>54</sup> It is the flip side of burnout, and it can be cultivated in a number of ways. A model for resilience can be drawn from the Circle of Health, as illustrated in Figure 4.



Figure 4. Components of Whole Health and Contributions to Resilience.

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Resiliency arises through a combination of being very clear on what you need and value yourself both personally and professionally (Me at the Center of the Circle), cultivating insight (working with mindful awareness), taking care of yourself (the green circles of Proactive Self-Care, and making the best use you can of the help and support of others. Each of these is worth a closer look.

More information on cultivating resiliency can be found in the [Ways to Enhance Resilience and Prevent Burnout](#) clinical tool.

Let us take a moment to consider each of these four elements in greater detail.

#### **1. Cultivating insight: mindful awareness in clinician self-care and burnout**

*Health is a state of complete harmony of the body, mind and spirit. When one is free from physical disabilities and mental distractions, the gates of the soul open.*

—BKS Iyengar

There is increasing evidence that mindful awareness can help to enhance clinician well-being. In 2009, Krasner and colleagues<sup>22</sup> evaluated how a course on mindful communication affected burnout and several other measures of well-being. The course was offered to a group of 70 primary care physicians in the Rochester, New York, area. The course included an eight-week intensive phase (2 ½ hours per week), followed by a maintenance phase (2 ½ hours of training a month for 10 months). Not only did participants demonstrate improvements in mindfulness scores, they also showed significant improvement in terms of scores in the three main aspects of burnout. Emotional exhaustion dropped an average of nearly 7 points on a 54-point scale. Depersonalization dropped an average of 2.5 points on a 30 point measure. Personal accomplishment, for which a higher score rather than a lower score represents improvement, increased by 2.4 points on average on a 48-point measure. Improvements in burnout, mood disturbance, emotional stability, and empathy scores correlated with the degree of improvement subjects showed on measures of mindful awareness.

The mindfulness intervention consisted of several specific meditation exercises, including:

- The body scan
- Sitting meditation
- Walking meditation
- Mindful movement

Interestingly, mindfulness scores showed the largest effect sizes at 15 months. In other words, the benefits of mindfulness practice were not only maintained, but actually became more pronounced over time.

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For more on mindful awareness and specific meditation techniques, see the modules entitled, **Mindful Awareness** and **Power of the Mind** and the clinical tools related to them.

In addition to mindfulness, the course Krasner describes wove in two other elements. One of these was appreciative inquiry. As they note, “Appreciative inquiry proposes that analysis and reinforcement of positive experiences are more likely to change behavior in desired directions than an exploration of negative experiences or deficiencies.”<sup>22</sup> Participants explored the ways they worked through challenges and the qualities they possessed that allowed them to do so.

After the exploration occurred, participants shared what they learned through this exploration in small and large groups. They did this through the use of the third key element of the course, narrative medicine. Narrative medicine, which is featured in the in-person Whole Health course, involves sharing stories (both giving and receiving them) and cultivating skills surrounding acknowledgement, interpretation, and appropriate action related to those stories.<sup>55</sup>

For more information about incorporating these two areas into your own practice, see the **Aspiration, Appreciation, Gratitude and Optimism: Focusing on What’s Going Right** clinical tool and the module entitled **Narrative Medicine** with its associated resources and clinical tools.

Based on their findings, Krasner and colleagues concluded the following, which is highly relevant to Whole Health and care that is personalized, proactive, and patient driven:

*Our study demonstrated that primary care physicians participating in a CME program that focused on self awareness experienced improved personal well-being, including burnout (emotional exhaustion, depersonalization, and personal accomplishment) and improved mood (total and depression, vigor, tension, anger, and fatigue). They also experienced positive changes in empathy and psychosocial beliefs, both indicators of a patient-centered orientation to medical care that has been associated with patient-centered behaviors such as attending to the patient’s experience of illness and its psychosocial context and promoting patient participation in care. Furthermore, these patient-centered behaviors have been associated with improved patient trust, appropriate prescribing, reduction in health care disparities, and lower health care costs.<sup>22</sup>*

Drs. Krasner, Epstein, and colleagues periodically offer Mindful Practice® programs for a variety of health care professionals. The programs focus on common challenges encountered by health professionals and include the three components discussed above: mindfulness meditation, narrative medicine, and appreciative inquiry. For a

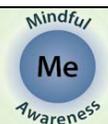
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more detailed description of their work and the programs they offer, see their website at <http://www.urmc.rochester.edu/family-medicine/mindful-practice.aspx>. On the other coast at the University of California San Diego, the UCSD Center for Mindfulness is also a leader in the area of mindfulness-based professional training. Their Professional Training Institute website <http://ucsdcfm.wordpress.com/professional-training/> provides information on the trainings they offer. You may also want to see the **Mindful Awareness** module which is part of this Whole Health curriculum. This module offers a number of tools that are informed by and/or used in these training courses.

Other mindfulness interventions have shown similar benefit. For example, Fortney and colleagues<sup>34</sup> found that an abbreviated mindfulness course for 30 primary care clinicians resulted – even at 9 months follow up – in improvements in all Maslach Burnout Inventory subscales (emotional exhaustion  $P=0.009$ ; depersonalization  $P=0.005$ ; personal accomplishment  $P<0.001$ ). There were also statistically significant improvements in measures of depression, anxiety, and stress.

Another study of 93 different types of health care providers, including nurses, social workers and psychologists also found that all three subscales of the Maslach Burnout Inventory showed improvement for participants after they took an eight-week mindfulness-based stress reduction course.<sup>56</sup>



### **Mindful Awareness Moment** **An Exercise for the End of the Day**

As you are making your way home from work after a shift, take five minutes (or even less, if needed) to reflect on the following questions:

1. What did I learn today? Is there anything I will do differently based on what I learned?
2. What am I grateful for today? Think of three things that you could share with another person that were positive. (Doing this can actually change the way you look at the day as you start anticipating the need to highlight some of the positives and begin mindfully watching for them.)
3. After my workday, what do I need right now to best care for myself? What is one way I can spend five minutes on my arrival home to meet that need? This may take many forms – consider the elements contained within the Circle of Health, as needed, to guide you.

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*We must remember that it is our inner world that keeps us grounded. By taking a few simple steps to enhance our self-awareness, we can gain new insight about ourselves and our work and renewed enthusiasm for the practice of medicine.<sup>57</sup>*

## **2. What Really Matters? Keeping Yourself at the Center of the Circle**

What is needed to address burnout (both preventing it and treating it) will vary from person to person. However, research findings suggest there are several ingredients that have relevance for everyone.<sup>58</sup> Reflection about personal values is one of these ingredients. Take some time to pause and consider what you value most highly in your work and in your life in general. For more elaboration on your values, see the **Values** clinical tool.

Four of the most commonly-mentioned values that are associated with clinician resilience are individual autonomy, work-life balance, relationships, and being involved with institutional changes that support well-being. Some of the following research findings offer additional insights about the specific values and their relationship to burnout:

- **Individual autonomy**

A study of 420,599 people in 63 countries<sup>59</sup> concluded that individualism was linked to well-being much more strongly than wealth, as something that informed respondents' work-related choices. In short, autonomy is more important to people than how much money they make. For the health professions, research makes it clear that how much autonomy you have plays a key role in preventing, developing, or treating burnout. You will be much better off if you have control of your work hours, patient visit lengths, and the number of patients you are expected to see daily. You will also be more likely to thrive if you have a voice in changes at the institutional level.<sup>14</sup>

It may be worth it to think about the relative value of time versus money; one option is to live less affluently in exchange for having more freedom to spend your time the way you would like.<sup>35</sup>

- **Work-life balance**

It is clear that work-life balance is closely linked to clinician well-being.<sup>60,61</sup> There is controversy about what specifically it means, and of course, there is much more to work-life balance than simply having the opportunity to substitute work at home (e.g., child care) for work away from home. It may help to identify the conflicts that exist between professional and personal values and then rank them in order of importance.<sup>58</sup> It is also important to allow for healthy boundaries between work and personal life, so that there is actually a sense that one has had time to recuperate from a busy workday before it starts again. Work-life balance can be particularly challenging to establish if a person is treated negatively by coworkers when he or she

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chooses to work less; finding balance should not be equated with a poor work ethic or less commitment to one's patients.

- **Relationships and shared values**

A 2010 survey of 1,482 physicians in the Midwest found that social relationships are much stronger predictors of family physician satisfaction than are staff support, job control, income, or even time pressure.<sup>59</sup> Can you connect with others in your facility around shared goals or values? Some of the most successful health care teams are those which are focused on a shared mission and support each other in accomplishing it. Often, those organizations seem to thrive even when resources and leadership support are scarce.<sup>62</sup>

It can be helpful to create teams that collaborate to identify the qualities desired in colleagues who will join those teams. There may be benefit in conducting annual performance reviews of team members to ensure that teams are aligned and working together well. Intentional human resources hiring practices can support strong teams that function well together with shared values in mind. All members of a team should be given a voice, with the support of a leader who is a collaborator, not a micro-manager. Collegiality is valued over hierarchy.

- **Participation in institutional changes that support clinician well-being**

Clinicians are less likely to experience burnout if they are part of a supportive organization. This is what can potentially happen within VHA as the Whole Health approach is increasingly applied, particularly if VHA clinicians are encouraged to explore the process firsthand and determine what local, regional, and national level changes would be most conducive to promoting clinician well-being. Now is the time to think creatively and offer suggestions about novel approaches to creating Whole Health care for patients. Evaluating your values and prioritizing your goals can help create your ideal work environment.

A 2009 systematic search for primary intervention studies involving institutional change identified 25 studies that met criteria. Seventeen were person-directed, two were organization-directed, and six were a combination of both. The person-directed programs usually included measures such as cognitive behavioral training, counseling, communication skills training, social support, as well as other interventions, such as relaxation training and music therapy. Organizational programs focused on work process restructuring, work performance appraisals, shift readjustments, and job evaluation. In most cases, interventions were most likely to affect emotional exhaustion. It was noted that refresher sessions were needed to maintain the effects of interventions for longer than six months.<sup>20</sup>

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Krasner et al. commented on a primary care group in Legacy Health System in Portland, Oregon:

*Ideally, institutional approaches to reducing burnout should complement person-centered approaches such as this type of intervention. For example, with the support of institutional leadership, one health care organization enacted systems-level changes that provided physicians greater control over hours and procedures, improved efficiency and teamwork in practices, and provided meaning by integrating improvements in patients' experience of care into administrative meetings. This program showed improvements in their practitioners' emotional exhaustion sub-scale of the Maslach Burnout Inventory.<sup>22</sup>*

Dunn and colleagues, who developed this program, noted that it was built upon interventions related to three "Core Principles,"<sup>40</sup> which included:

- **Control**  
Group meetings were held to elicit physician concerns. Work flow was customized to meet clinician goals. Work schedules were flexible, templates were customized to individual needs, and specific interests, such as preferences for teaching, research, and inpatient versus outpatient care, were accommodated.
- **Order**  
Office design was efficient, and having high-quality staff was made a priority. Care management was given more of a role, and the group began using hospitalists and an electronic medical record. They also adopted the IHI "Idealized Design of Clinical Office Practice."<sup>63</sup>
- **Meaning**  
Interventions were also done with the intent of enhancing satisfaction with offering care. Clinical site meetings gave clinical issues precedence over administrative issues. Intentional pauses were offered to grieve the loss of deceased patients. Group meetings began with patient presentations.

### **3. Self-care: creating—and following—your own Personal Health Plan**

Fostering self-care is at the crux of the Whole Health approach. Earlier, you paused to do some self-evaluation. Now, take the time to create your own health plan. This can be as simple as writing down three different suggestions for yourself to start doing, or it can be more elaborate, where you use the full [Draft Template for a Personal Health Plan](#). For more information, see the clinical tool, [Healing the Healer: Writing Your Own Health Plan](#). Following are some additional self-care suggestions, compiled from a variety of sources.

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In a 2012 study by Shanafelt and colleagues, the following differences were noted between members of a group of nearly 7,200 surgeons who were - or were not - experiencing burnout.<sup>14</sup> They found that the following statements were significantly different on a scale of 0-4 in people who were burned out versus not burned out:

- I find meaning in my work.
- I protect time away from work with my spouse, family, and friends.
- I focus on what is most important to me in life.
- I try to take a positive outlook on things.
- I take vacations.
- I participate in recreation, hobbies, and exercise.
- I talk with family, significant other, or friends about how I am feeling.
- I have developed an approach/ philosophy for dealing with patients' suffering and death.
- I incorporate a life philosophy stressing balance in my personal and professional life.
- I look forward to retirement.
- I discuss stressful aspects of work with colleagues.
- I nurture the religious/spiritual aspects of myself.
- I am involved in non-patient care activities (e.g., research, education, administration).
- I engage in contemplative practices or other mindfulness activities such as meditation, narrative medicine, or appreciative inquiry, etc.
- I engage in reflective writing or other journaling techniques.
- I have regular meetings with a psychologist/ psychiatrist to discuss stress.

Within the content of these statements, one can find a number of potential means for preventing or treating burnout. Meaning and purpose, optimism, sufficient breaks and leisure time activities, reflection, coping mechanisms, and support from colleagues, health care professionals, loved ones and one's faith all appear to make an important difference.

Other suggestions can be found throughout the literature. For example, surgeons have been better at preventing or healing burnout if they engage in the following behaviors:<sup>15</sup>

- Nurture personal relationships
- Participate in research
- Dedicate time to continuing education activities
- Cultivate a spiritual practice or practices
- Recognize the importance of their work

Table 1 summarizes ways to cultivate resilience based on a synthesis of suggestions compiled from many different sources:<sup>15,21,42,57,64-66</sup>

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**Table 1. Contributors to Clinician Resilience**

Themes	Related Suggestions
Attitudes and Perspectives	<ul style="list-style-type: none"> <li>• Find a sense of meaning related to the work you do</li> <li>• Foster a sense of contribution</li> <li>• Stay interested in your role</li> <li>• Accept professional demands</li> <li>• Come to terms with personal limitations (self-acceptance) and confront perfectionism</li> <li>• Work with thinking patterns</li> <li>• Develop a health philosophy for dealing with suffering and death</li> <li>• Exercise self-compassion</li> <li>• Give up the notion that you have to figure everything out</li> <li>• Practice mindful awareness</li> <li>• Interject creativity into work; consider an array of different therapeutic options, as appropriate</li> <li>• Treat everyone you see as though they were sent to teach you something important</li> <li>• Identify what energizes you and what drains you, seeking out the former</li> </ul>
Balance and Priorities	<ul style="list-style-type: none"> <li>• Be aware of both personal and work goals</li> <li>• Balance work life and home life effectively</li> <li>• Set appropriate limits</li> <li>• Maintain professional development</li> <li>• Honor yourself</li> <li>• Exercise</li> <li>• Find time for recreation</li> <li>• Take regular vacations</li> <li>• Engage in community activities</li> <li>• Experience the arts</li> <li>• Cultivate a spiritual practice</li> <li>• Budget your time just as you might your finances, planning ahead when possible</li> </ul>
Practice Management	<ul style="list-style-type: none"> <li>• Identify areas of work that are most personally meaningful (patient care, education, teaching, research, leadership, etc.) and shape your career accordingly</li> <li>• Create a workplace environment that is as comfortable as it can be</li> <li>• Stay organized at work</li> <li>• Maintain a manageable workload (easier said than done!)</li> <li>• Make optimal use of electronic records</li> <li>• Delegate appropriately</li> <li>• Create a safe place for discussing medical errors with colleagues</li> </ul>
Supportive Relations	<ul style="list-style-type: none"> <li>• Seek and offer peer support</li> <li>• Network with peers</li> <li>• Find a supportive mentor</li> <li>• See your own primary care provider</li> <li>• Consider having your own psychologist or counselor</li> <li>• Nurture healthy family, friend, and partner relationships</li> </ul>

#### **4. Professional care and community: the importance of support from others**

*In the shelter of each other, we live. —Anonymous*

Health care professionals tend to be mavericks; many of us are fiercely independent, (perhaps even a bit controlling?), and many of us gain a strong sense of purpose from being needed by others.<sup>67</sup> This can be a strength, and it can also be a challenge, if we forget that we need others too. Resiliency is not something that one cultivates by oneself. As social beings, we need to ask for support as well.

Take a moment to review the last row of Table 2 above. Note that “Supportive Relations” are a key contributor to resilience. Peer support, mentors, networking, and seeing your own primary care provider all make an important contribution to your ability to continue to care for others without experiencing burnout. Similarly, in Table 1, above, note that discussing the stress of work with colleagues also made an important difference.

As you focus on Whole Health, continually “return full circle” to asking about how the principles you are learning to apply in patient care can also apply to yourself.

#### **Putting it All Together: Back to the Vignette About You**

*Life is not merely to be alive, but to be well. -Marcus Valerius Martial*

In this particular module, it is up to you to decide how the vignette plays out. Here is one possibility:

*[Your name] invests some time on evaluating how well s/he is practicing self-care and how burned out s/he is. [Your name] also completes the Personal Health Inventory and begins to develop a Personal Health Plan. This plan focuses on the three main areas that foster resilience and decrease burnout:*

- 1. Cultivating insight through mindful awareness*
- 2. Living by one’s values*
- 3. Diligently engaging in self-care*

*As [your name] works with this, s/he finds work to be more energizing and fulfilling. [Your name] also finds the experience helpful in terms of identifying ways that VHA can facilitate this on the local, regional and national levels.*

*Over time, everyone starts to notice that not only does [Your name] seem happier at work, but [Your name]’s patients start to do better as well.*

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As you consider self-care, keep all of the above tools in mind. Remember:

- Burnout harms your health, and it also harms the health of your patients. It can be healed, however.
- There are many ways to foster resilience and prevent and treat burnout. It is important to decide which methods work best for you. Take time to consider how you are doing in terms of being mindfully aware, living according to your values, and taking care of yourself.
- Be sure to apply the Whole Health approach and the Components of Proactive Health and Well-Being to your own self-care, too. You might be pleasantly surprised at how much it helps you to do the same for your patients.
- Choose just a few of the items suggested for cultivating resilience and reversing burnout at a time.
- Have fun with all of this. Do not perceive it as another task to be done. It does not have to become another expression of the perfectionism so many of us display as clinicians.
- Remember that one of the best things about answering the question, “How are you?” is that you actually have a lot of control over what the best answer is to that question.

*People travel to wonder at the height of the mountains, at the huge waves of the seas, at the long course of the rivers, at the vast compass of the ocean, at the circular motion of the stars, and yet they pass by themselves without wondering.*

—St Augustine (354-430 CE)

### Clinician Self-Care Clinical Tools

- Work-Life Balance: Tips and Resources
- Burnout Part 1: Origins
- Burnout Part 2: Solutions
- Give Me a Break: How Taking Breaks from Work Leads to Whole Health
- Healing the Healer: Writing Your Own Health Plan
- Ways to Enhance Resilience and Prevent Burnout: Some Evidence-Based Suggestions

### Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?  
Browse our website for information on personal and professional care.

<http://projects.hsl.wisc.edu/SERVICE/index.php>

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## References

1. Levy P. The Wounded Healer, Part 1. Awaken in the Dream website. <http://www.awakeninthedream.com/wordpress/the-wounded-healer-part-1/>. 2010. Accessed March 21, 2014.
2. Jung CG. Fundamental questions of psychotherapy. *Collected Works of C.G. Jung*. Vol 16. Princeton, NJ: Princeton University Press; 2014.
3. Kassebaum DG, Cutler ER. On the culture of student abuse in medical school. *Acad Med*. 1998;73(11):1149-1158.
4. Newton BW, Barber L, Clardy J, Cleveland E, O'Sullivan P. Is there hardening of the heart during medical school? *Acad Med*. 2008;83(3):244-249.
5. Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: a consensus statement. *JAMA*. 2003;289(23):3161-3166.
6. Black D. When physicians commit suicide. *Iowa Med*. 1992;82(2):58-61.
7. Miller NM, McGowen RK. The painful truth: physicians are not invincible. *South Med J*. 2000;93(10):966-973.
8. Middleton JL. Today I'm grieving a physician suicide. *Ann Fam Med*. 2008;6(3):267-269.
9. Substance Abuse and Mental Health Services Admin (SAMHSA). *Results From the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings*. Rockville, MD: Substance Abuse and Mental Health Services Admin (SAMHSA); 2002.
10. Siebert DC. Help seeking for AOD misuse among social workers: patterns, barriers, and implications. *Soc Work*. 2005;50(1):65-75.
11. O'Connor PG, Spickard A, Jr. Physician impairment by substance abuse. *Med Clin North Am*. 1997;81(4):1037-1052.
12. Trinkoff AM, Storr CL. Substance use among nurses: differences between specialties. *Am J Public Health*. 1998;88(4):581-585.
13. Siebert DC. Denial of AOD use: an issue for social workers and the profession. *Health Soc Work*. 2003;28(2):89-97.
14. Shanafelt TD, Oreskovich MR, Dyrbye LN, et al. Avoiding burnout: the personal health habits and wellness practices of US surgeons. *Ann Surg*. 2012;255(4):625-633.
15. Balch CM, Shanafelt T. Combating stress and burnout in surgical practice: a review. *Adv Surg*. 2010;44:29-47.
16. Bazargan M, Makar M, Bazargan-Hejazi S, Ani C, Wolf KE. Preventive, lifestyle, and personal health behaviors among physicians. *Acad Psychiatry*. 2009;33(4):289-295.

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17. Hull SK, DiLalla LF, Dorsey JK. Prevalence of health-related behaviors among physicians and medical trainees. *Acad Psychiatry*. 2008;32(1):31-38.
18. Frank E. STUDENTJAMA. Physician health and patient care. *JAMA*. 2004;291(5):637.
19. Freudenberger HJ, Richelson G. *Burn-out: The High Cost of High Achievement*. New York: Bantam Books; 1980.
20. Awa WL, Plaumann M, Walter U. Burnout prevention: a review of intervention programs. *Patient Educ Couns*. 2010;78(2):184-190.
21. Najjar N, Davis LW, Beck-Coon K, Carney Doebbeling C. Compassion fatigue: a review of the research to date and relevance to cancer-care providers. *J Health Psychol*. 2009;14(2):267-277.
22. Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. 2009;302(12):1284-1293.
23. Shanafelt TD, West CP, Sloan JA, et al. Career fit and burnout among academic faculty. *Arch Intern Med*. 2009;169(10):990-995.
24. McMurray JE, Linzer M, Konrad TR, Douglas J, Shugerman R, Nelson K. The work lives of women physicians results from the physician work life study. The SGIM Career Satisfaction Study Group. *J Gen Intern Med*. 2000;15(6):372-380.
25. Dyrbye LN, Massie FS, Jr., Eacker A, et al. Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA*. 2010;304(11):1173-1180.
26. Goldberg R, Boss RW, Chan L, et al. Burnout and its correlates in emergency physicians: four years' experience with a wellness booth. *Acad Emerg Med*. 1996;3(12):1156-1164.
27. Peckham C. Physician lifestyles – Linking to Burnout: a Medscape survey. Medscape website. <http://www.medscape.com/features/slideshow/lifestyle/2013/public>. Published March 28, 2013. Accessed April 1, 2014.
28. Shanafelt TD, Balch CM, Dyrbye L, et al. Special report: suicidal ideation among American surgeons. *Arch Surg*. 2011;146(1):54-62.
29. Dyrbye LN, Thomas MR, Massie FS, et al. Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med*. 2008;149(5):334-341.
30. Davies WR. Mindful meditation: healing burnout in critical care nursing. *Holist Nurs Pract*. 2008;22(1):32-36.
31. Spratley E, Johnson A, Sochalski J, Fritz M, Spencer W. *The Registered Nurse Population, March 2000. Findings from the National Sample Survey of Registered Nurses*. Washington D.C.: US Dept of Health and Human Services, Health Resources and Service Administration, Bureau of Health Professions, Division of Nursing;2001.
32. Irving JA, Dobkin PL, Park J. Cultivating mindfulness in health care professionals: a review of empirical studies of mindfulness-based stress reduction (MBSR). *Complement Ther Clin Pract*. 2009;15(2):61-66.
33. Siebert DC. Personal and occupational factors in burnout among practicing social workers. *Journal of Social Service Research*. 2006;32(2):25-44.

## WHOLE HEALTH: CHANGE THE CONVERSATION

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34. Fortney L, Luchterhand C, Zakletskaia L, Zgierska A, Rakel D. Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. *Ann Fam Med*. 2013;11(5):412-420.
35. Nedrow A, Steckler NA, Hardman J. Physician resilience and burnout: can you make the switch? *Fam Pract Manag*. 2013;20(1):25-30.
36. Balch CM, Freischlag JA, Shanafelt TD. Stress and burnout among surgeons: understanding and managing the syndrome and avoiding the adverse consequences. *Arch Surg*. 2009;144(4):371-376.
37. Mechanic D. Physician discontent: challenges and opportunities. *JAMA*. 2003;290(7):941-946.
38. Jena AB, Seabury S, Lakdawalla D, Chandra A. Malpractice risk according to physician specialty. *N Engl J Med*. 2011;365(7):629-636.
39. Espeland KE. Overcoming burnout: how to revitalize your career. *J Contin Educ Nurs*. 2006;37(4):178-184.
40. Dunn PM, Arnetz BB, Christensen JF, Homer L. Meeting the imperative to improve physician well-being: assessment of an innovative program. *J Gen Intern Med*. 2007;22(11):1544-1552.
41. Spickard A, Jr., Gabbe SG, Christensen JF. Mid-career burnout in generalist and specialist physicians. *JAMA*. 2002;288(12):1447-1450.
42. Surawicz CM. J. Edward Berk distinguished lecture: avoiding burnout: finding balance between work and everything else. *Am J Gastroenterol*. 2014;109(4):511-514.
43. Doherty WJ, Burge SK. Divorce among physicians. Comparisons with other occupational groups. *JAMA*. 1989;261(16):2374-2377.
44. Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Ann Surg*. 2010;251(6):995-1000.
45. West CP, Dyrbye LN, Sloan JA, Shanafelt TD. Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals. *J Gen Intern Med*. 2009;24(12):1318-1321.
46. Ratanawongsa N. Quoted in Chen PW. Taking Time for the Self on the Path to Becoming a Doctor. New York Times. <http://www.nytimes.com/2009/06/18/health/18chen.html?pagewanted=all&r=0>. June 18, 2009. Accessed April 1, 2014.
47. Haas JS, Cook EF, Puopolo AL, Burstin HR, Cleary PD, Brennan TA. Is the professional satisfaction of general internists associated with patient satisfaction? *J Gen Intern Med*. 2000;15(2):122-128.
48. Sundquist J, Johansson SE. High demand, low control, and impaired general health: working conditions in a sample of Swedish general practitioners. *Scandinavian journal of public health*. 2000;28(2):123-131.
49. DiMatteo MR, Sherbourne CD, Hays RD, et al. Physicians' characteristics influence patients' adherence to medical treatment: results from the Medical Outcomes Study. *Health Psychol*. 1993;12(2):93-102.
50. Frank E, Breyan J, Elon L. Physician disclosure of healthy personal behaviors improves credibility and ability to motivate. *Arch Fam Med*. 2000;9(3):287-290.

## WHOLE HEALTH: CHANGE THE CONVERSATION

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51. Frank E, Rothenberg R, Lewis C, Belodoff BF. Correlates of physicians' prevention-related practices. Findings from the Women Physicians' Health Study. *Arch Fam Med*. 2000;9(4):359-367.
52. Frank E, Dresner Y, Shani M, Vinker S. The association between physicians' and patients' preventive health practices. *CMAJ*. 2013;185(8):649-653.
53. Candib LM. *Medicine and the Family: A Feminist Perspective*. New York: BasicBooks; 1995.
54. The Road to resilience: what is resilience? American Psychological Association website. <http://www.apa.org/helpcenter/road-resilience.aspx#>. Accessed April 1, 2014.
55. Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA*. 2001;286(15):1897-1902.
56. Goodman MJ, Schorling JB. A mindfulness course decreases burnout and improves well-being among healthcare providers. *Int J Psychiatry Med*. 2012;43(2):119-128.
57. Thiedke CC. Rediscovering the joy of family practice. *Fam Pract Manag*. 2003;10(9):57-61.
58. Shanafelt TD. Finding meaning, balance, and personal satisfaction in the practice of oncology. *J Support Oncol*. 2005;3(2):157-162, 164.
59. Fischer R, Boer D. What is more important for national well-being: money or autonomy? A meta-analysis of well-being, burnout, and anxiety across 63 societies. *J Pers Soc Psychol*. 2011;101(1):164-184.
60. Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. *Am J Med*. 2003;114(6):513-519.
61. Coster JS, Schwebel M. Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*. 1997;28(1):5-13.
62. Craigie FC, Jr. Weaving spirituality into organizational life. Suggestions for processes and programs. *Health Prog*. 1998;79(2):25-28, 32.
63. Berwick D, Kilo C. Idealized design of clinical office practice: an interview with Donald Berwick and Charles Kilo of the Institute for Healthcare Improvement. *Manag Care Q*. 1999;7(4):62-69.
64. Huggard P. Compassion fatigue: how much can I give? *Med Educ*. 2003;37(2):163-164.
65. Joinson C. Coping with compassion fatigue. *Nursing*. 1992;22(4):116, 118-119, 120.
66. Shanafelt T. A career in surgical oncology: finding meaning, balance, and personal satisfaction. *Ann Surg Oncol*. 2008;15(2):400-406.
67. Sotile WM, Sotile MO. Beyond physician burnout: keys to effective emotional management. *J Med Pract Manage*. 2003;18(6):314-318.