

# Physician Wellness

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# Disclosures

I HAVE NO RELEVANT FINANCIAL RELATIONSHIPS OR AFFILIATIONS WITH  
COMMERCIAL INTERESTS TO DISCLOSE.

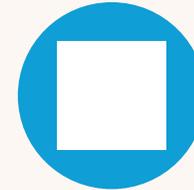
# Learning Objectives: Heal the Healer ECHO



Define physician wellness, describe the Stanford model



Describe the physician burnout and moral injury



Describe suicide rates in physicians

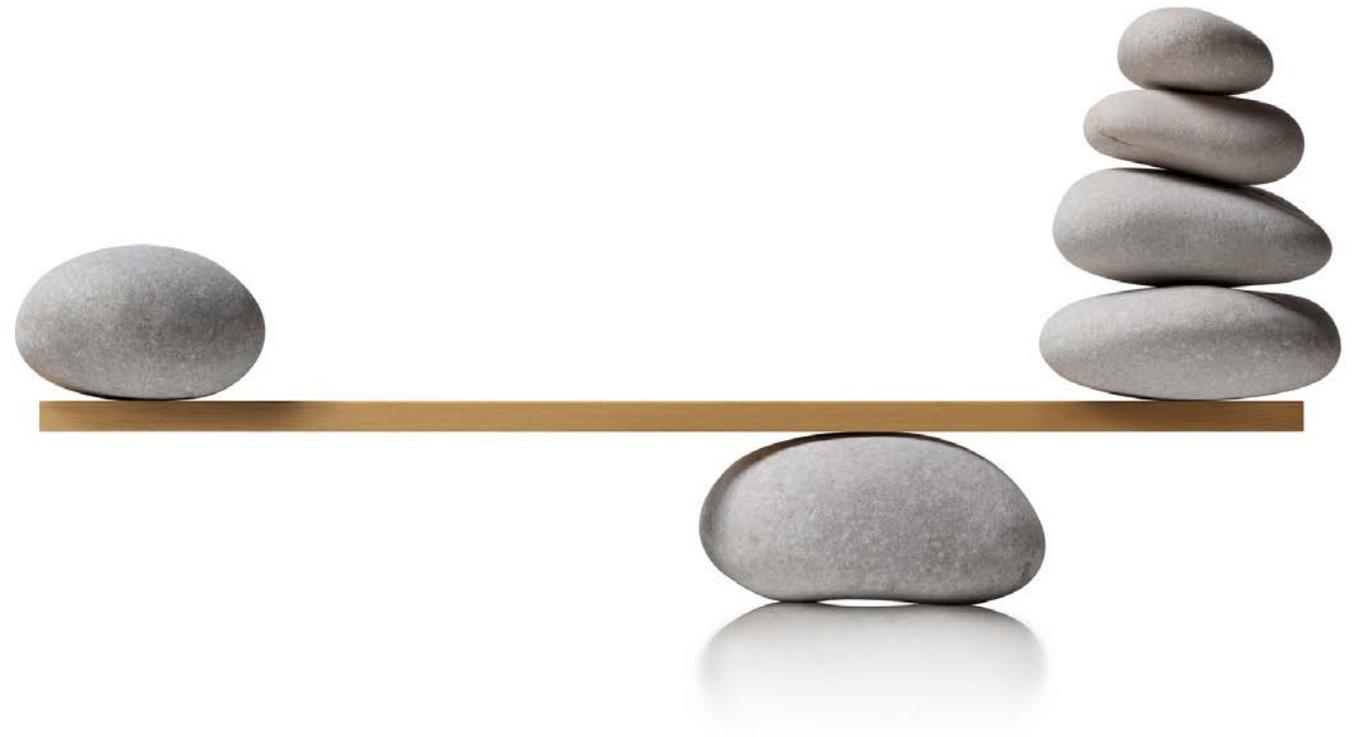


Describes key aspects of self-compassion



Provide resources on Wellness

# Define Wellness





# Definition

Physician wellness (well-being) is defined by quality of life

- absence of ill-being
- presence of positive physical, mental, social,
- integrated well-being experienced in connection with activities and environments
- allow physicians to develop their full potentials
- across personal and work-life domains.

# Physician wellness and Quality of health care

Lancet

## Physician wellness: a missing quality indicator

*Jean E Wallace, Jane B Lemaire, William A Ghali*

**Lancet 2009; 374: 1714–21**

See **Editorial** page 1653

Department of Sociology,  
Faculty of Social Sciences  
(Prof J E Wallace PhD),

Department of Medicine,  
Faculty of Medicine  
(Prof J B Lemaire MD,

Prof W A Ghali MD), and  
Department of Community  
Health Sciences, Faculty of  
Medicine (Prof W A Ghali),

**When physicians are unwell, the performance of health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to health-care systems. We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.**

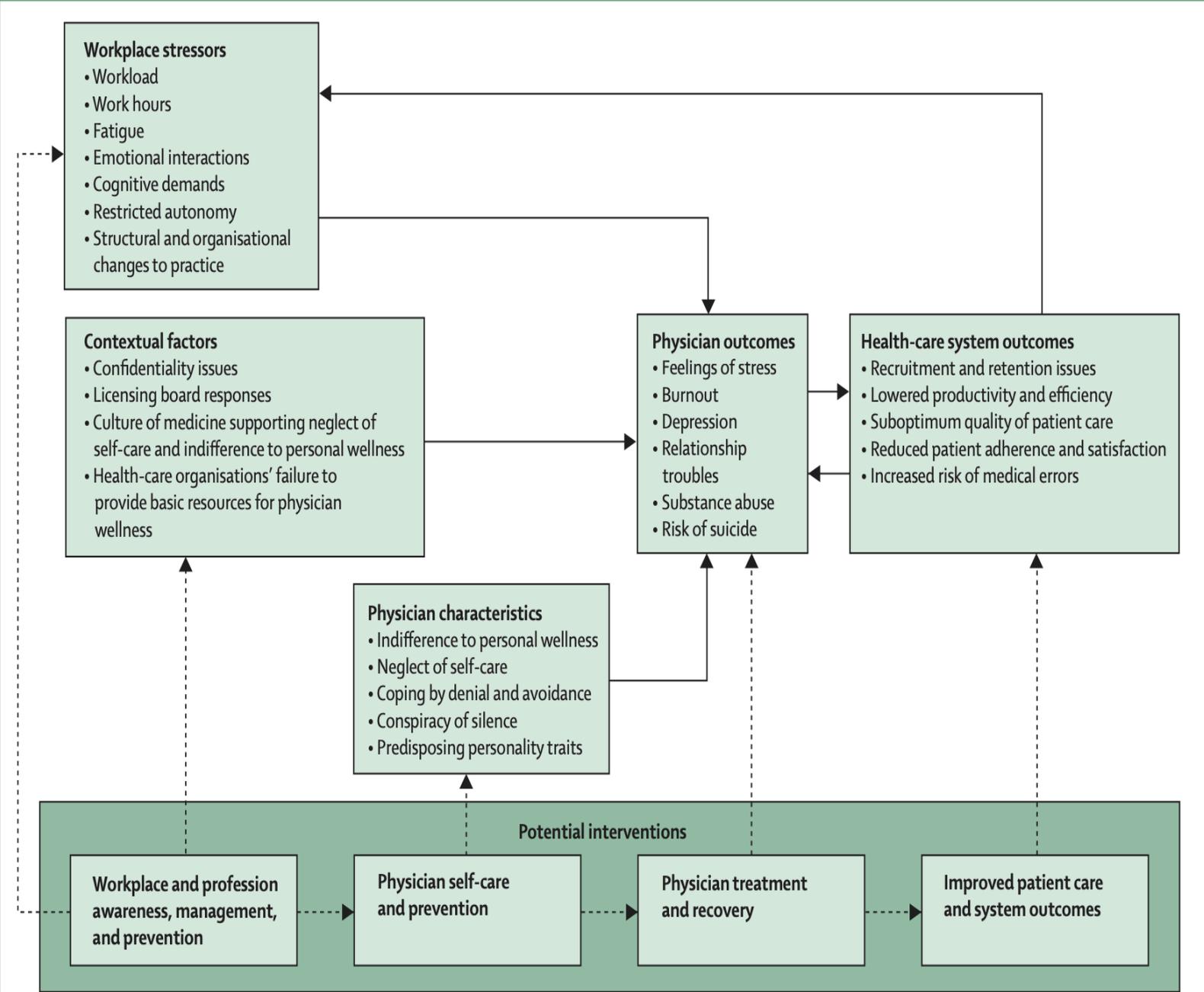
### Introduction

“Healthy citizens are the greatest asset any country can have.”

*Sir Winston Churchill*

review the potential consequences of self-neglect by physicians, both individually and at the level of health-care systems. We also address why health systems should routinely measure physician wellness as an

# Unwell physicians negatively affect health-care systems



Swapna Deshpande, MD FAPA, DFAACAP, ABOM

Figure: A model of physician ill health and the links with health-care system outcomes, and potential interventions to improve physician and system outcomes



**Figure** Health professional wellness hierarchy.

# Stanford BeWell Model



# The Stanford Model of Professional Fulfillment™



The premise that promoting professional fulfillment and mitigating burnout requires organization-wide change is foundational to the work of the WellMD & WellPhD Center. Our Stanford Model of Professional Fulfillment™ illustrates that framework, showing that well-being is driven not only by individual Personal Resilience but also through an organization's dedication to fostering a Culture of Wellness and Efficiency of Practice.

## Culture of Wellness

This dimension describes the organizational work environment, values and behaviors that promote self-care, personal and professional growth, and compassion that physicians and scientists have for themselves, their colleagues and their patients and beneficiaries of their innovations.

Key success factors of this dimension include:

- Leadership support, commitment, and accountability for wellness
- Infrastructure and resources to support wellness
- Regular measurement of well-being and professional fulfillment
- Recognition and appreciation
- Fairness and inclusiveness
- Transparency and values alignment

## Efficiency of Practice

This dimension depends on workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.

Key success factors include:

- Identification and redesign of inefficient work
- Involvement of physicians in redesign of clinical processes and flows
- Teamwork models of practice
- Design of workspace for interpersonal proximity for improved communication
- Use of efficient communication methods to minimize e-mail time burden
- Designing roles to practice at top of licensure
- Streamlining EHR and other IT interfaces
- Realistic staffing and scheduling that recognizes predictable absences

## Personal Resilience

While the organization is responsible for the majority of factors related to well-being, the individual still plays a critical role. Personal Resilience refers to the individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being.

Key success factors include:

- Self-care assessment and support systems
- Safety net systems for crisis interventions
- Worksite evidence-based health promotion
- Encouragement of peer support
- Financial management counseling
- Life-needs support mechanisms (e.g. child and elder care, after-hours meals, and more)

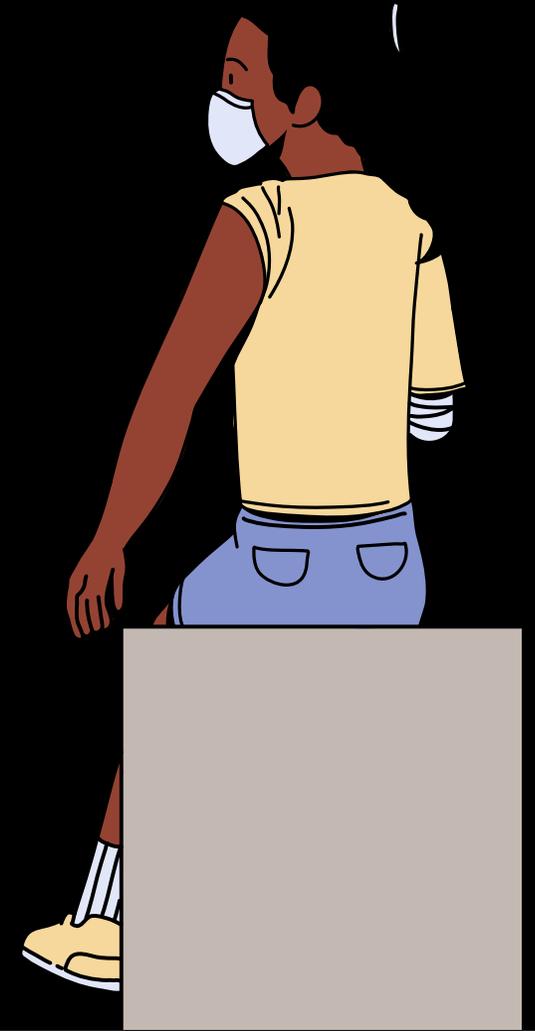


Describe the physician  
burnout and moral injury

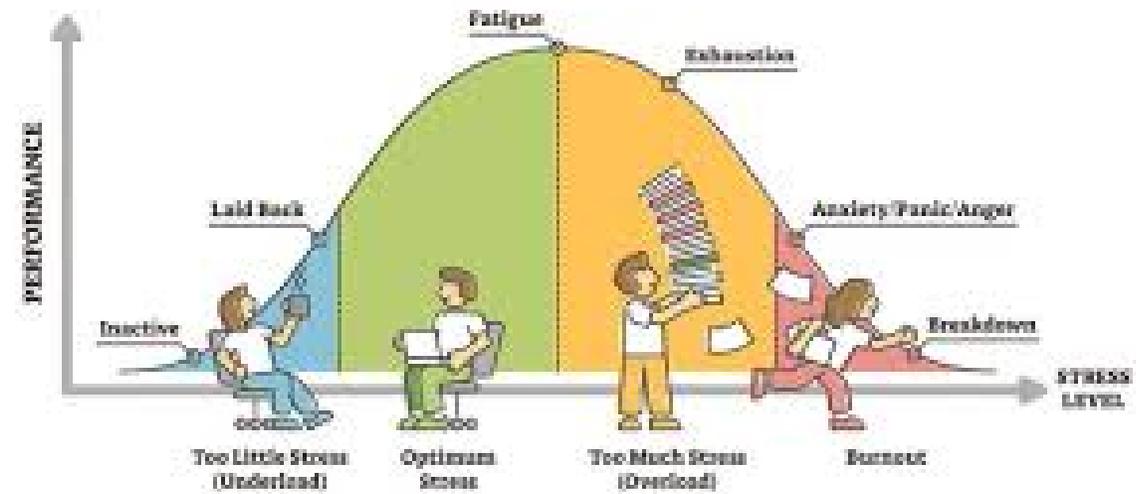
# Stress

"Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being"

Richard Lazarus



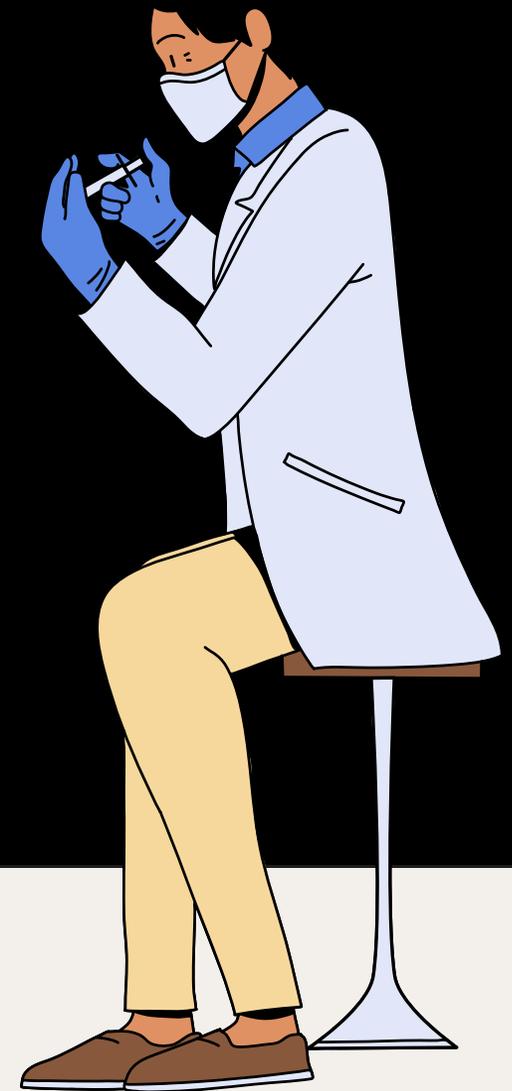
## STRESS CURVE



# Burnout

Syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job or feelings negative towards one's career
- Reduced professional productivity



World Health Organization

# STAT

## Physicians aren't 'burning out.' They're suffering from moral injury

By Simon G. Talbot *and* Wendy Dean

July 26, 2018



Supporting troops of the 1st Australian Division form a silhouette as they pass towards the front line in Belgium during the first World War. *Frank Hurley/Hulton Archive/Getty Images*

Physicians on the front lines of health care today are sometimes described as going to battle. It's an apt metaphor. Physicians, like combat soldiers, often face a profound and unrecognized threat to their well-being: moral injury.

# Moral injury (MI)



MI was initially identified and studied in veterans and recently has been expanded to be applied to physicians.



MI is a helpful lens to understand the psychological impact of working in a difficult system for physicians/ other health care workers



We choose medicine as a calling rather than a career path . We experience many pressures from the health care system.



# Moral injury (MI)

- MI has been described as “a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs” (Brock and Lettini2012).
- Additionally, MI can also be conceived as “a betrayal of what’s right, by someone who holds legitimate authority, in a ‘high-stakes situation’” (Shay1994,2014).



# Consequences of Moral Injury

- Medical Errors
- Burnout
- Depression/ Suicidal thoughts
- Alienation from colleagues
- Guilt/Shame
- Inability to forgive
- demoralization

Science shows that suicide, while complex, is still a health outcome.

## Suicide Related Statistics

# Major public health issue

- 48% of the population knew at least one person who died by suicide in their lifetime.
- People with lived experience may suffer long-term health and mental health consequences.

(Stone, CDC 2017)



## **Preventing Suicide: A Technical Package of Policy, Programs, and Practices**

National Center for Injury Prevention and Control  
Division of Violence Prevention

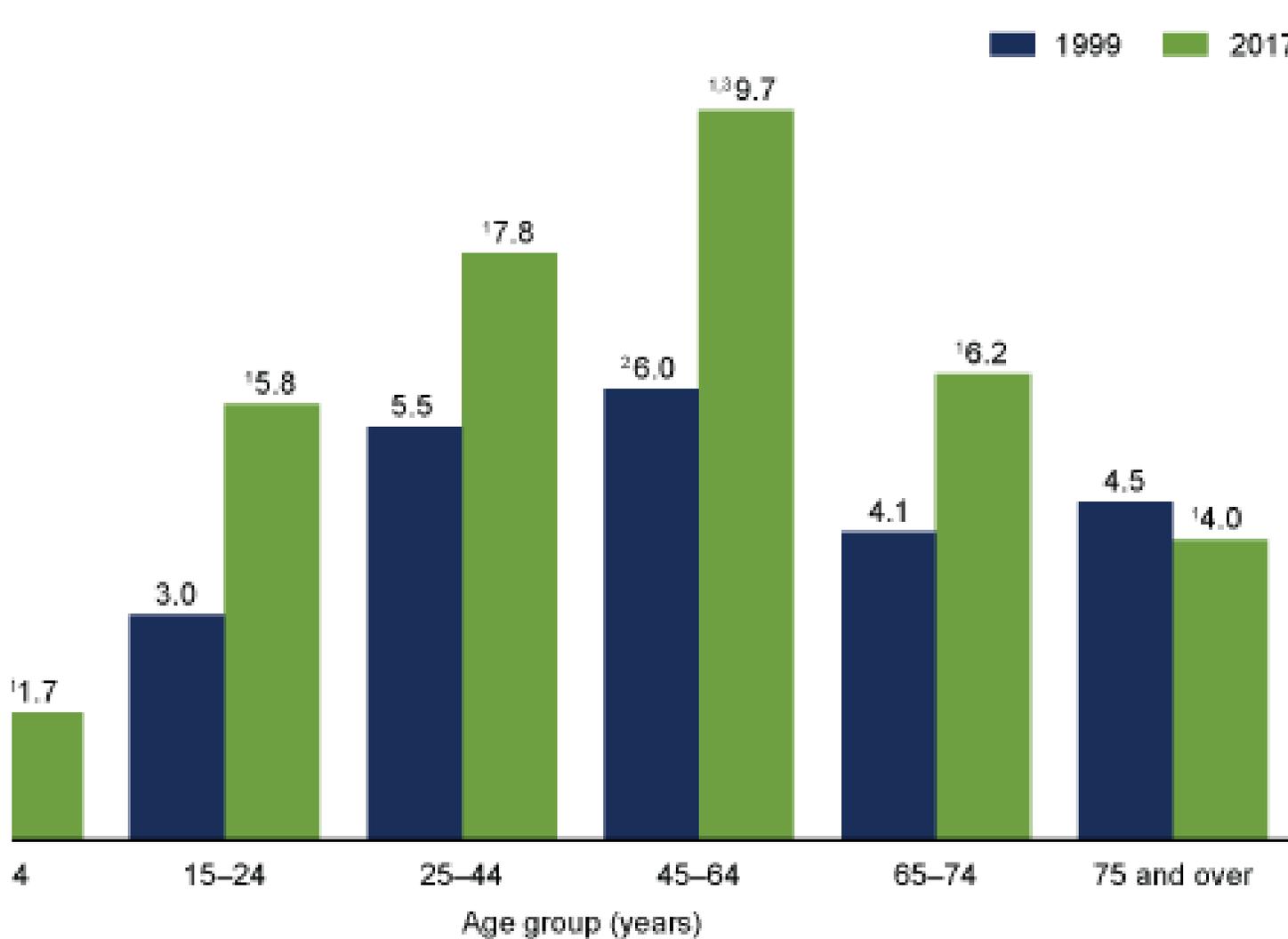


# Suicide : 10th leading cause

In 2015, suicide ranked as the 10th leading cause of death and has been among the top 12 leading causes of death since 1975 in the U.S.

Overall suicide rates increased 35% from 2000 to 2018.

(Stone, CDC 2017)

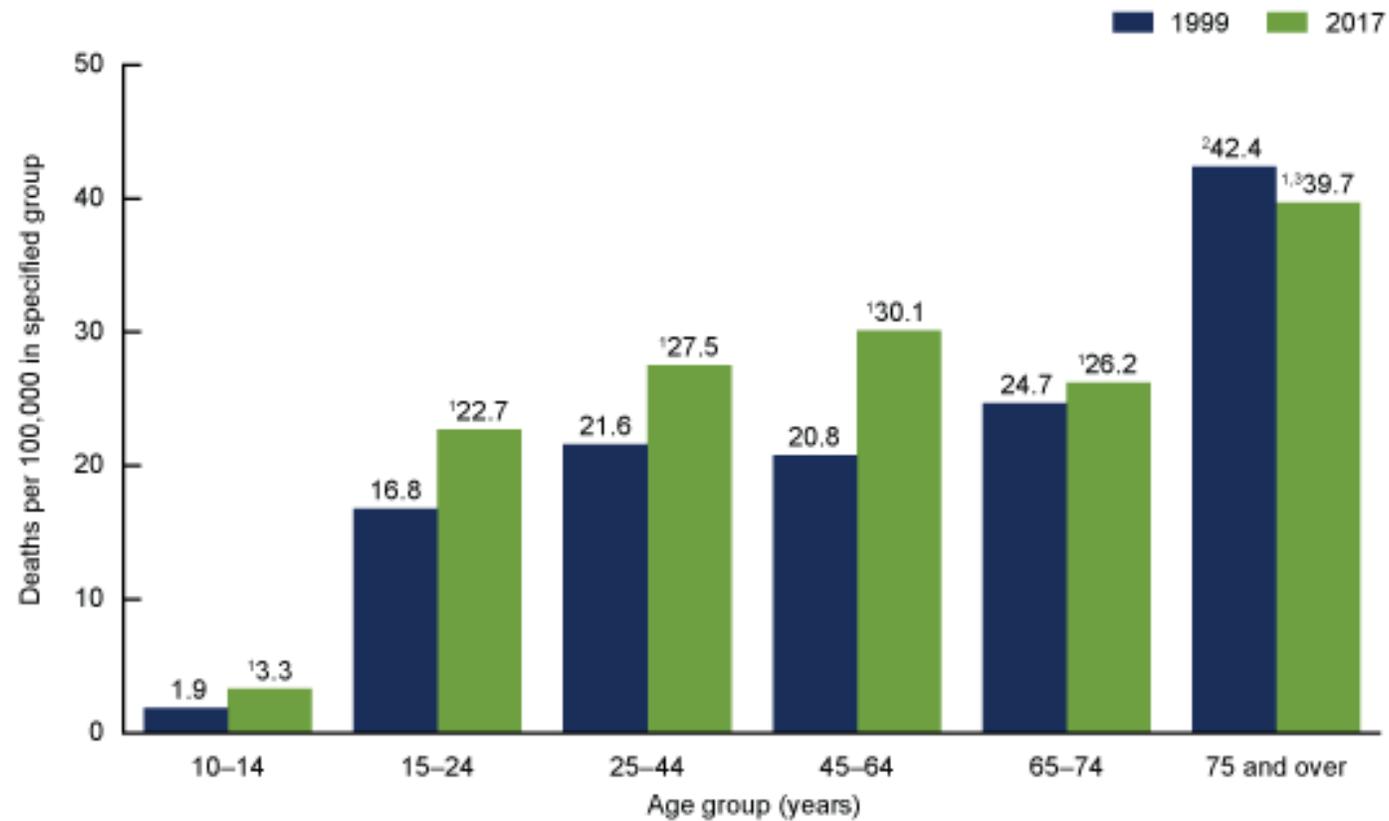


## Female Suicides : 1999 vs. 2017 (CDC)

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# Male Suicides : 1999 vs. 2017

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# 10 FACTS ABOUT PHYSICIAN SUICIDE AND MENTAL HEALTH

1. Suicide generally is caused by the convergence of multiple risk factors — the most common being untreated or inadequately managed mental health conditions.
2. An estimated 300 physicians die by suicide in the U.S. per year.<sup>1</sup>
3. Physicians who took their lives were less likely to be receiving mental health treatment compared with nonphysicians who took their lives even though depression was found to be a significant risk factor at approximately the same rate in both groups.<sup>2</sup>
4. The suicide rate among male physicians is 1.41 times higher than the general male population. And among female physicians, the relative risk is even more pronounced — 2.27 times greater than the general female population.<sup>3</sup>
5. Suicide is the second-leading cause of death in the 24–34 age range (Accidents are the first).<sup>4</sup>
6. Twenty-eight percent of residents experience a major depressive episode during training versus 7–8 percent of similarly aged individuals in the U.S. general population.<sup>5</sup>
7. Among physicians, risk for suicide increases when mental health conditions go unaddressed, and self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms. Although self-medicating, mainly with prescription medications, may reduce some symptoms, the underlying health problem is not effectively treated. This can lead to a tragic outcome.
8. In one study, 23 percent of interns had suicidal thoughts. However, among those interns who completed four sessions of web-based cognitive behavior therapy, suicidal ideation decreased by nearly 50 percent.<sup>6</sup>
9. Drivers of burnout include workload, work inefficiency, lack of autonomy and meaning in work, and work-home conflict.
10. Unaddressed mental health conditions, in the long run, are more likely to have a negative impact on a physician's professional reputation and practice than reaching out for help early.

Research

JAMA Psychiatry | [Original Investigation](#)

# Male and Female Physician Suicidality A Systematic Review and Meta-analysis

Dante Duarte, MD, PhD; Mirret M. El-Hagrassy, MD; Tiago Castro e Couto, MD, PhD; Wagner Gurgel, MD; Felipe Fregni, MD, PhD, MPH; Humberto Correa, MD, PhD

**IMPORTANCE** Population-based findings on physician suicide are of great relevance because this is an important and understudied topic.

**OBJECTIVE** To evaluate male and female physician suicide risks compared with the general population from 1980 to date and test whether there is a reduction of SMR in cohorts after 1980 compared with before 1980 via a meta-analysis, modeling studies, and a systematic review emphasizing physician suicide risk factors.

**DATA SOURCES** This study uses studies retrieved from PubMed, Scielo, PsycINFO, and Lilacs for human studies published by October 3, 2019, using the search term "(((suicide) OR



# Male and Female Physician Suicidality A Systematic Review and Meta-analysis

Male and female physician suicide risks compared with the general population from 1980 to 2020



Meta-analysis showed a significantly higher suicides in female physicians compared with women in general



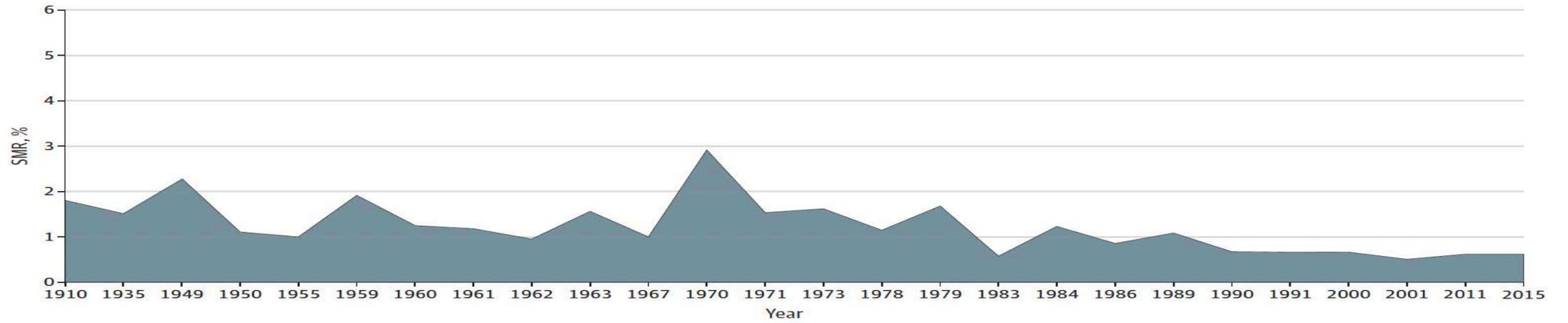
Significantly lower suicides in male physicians compared with men in general



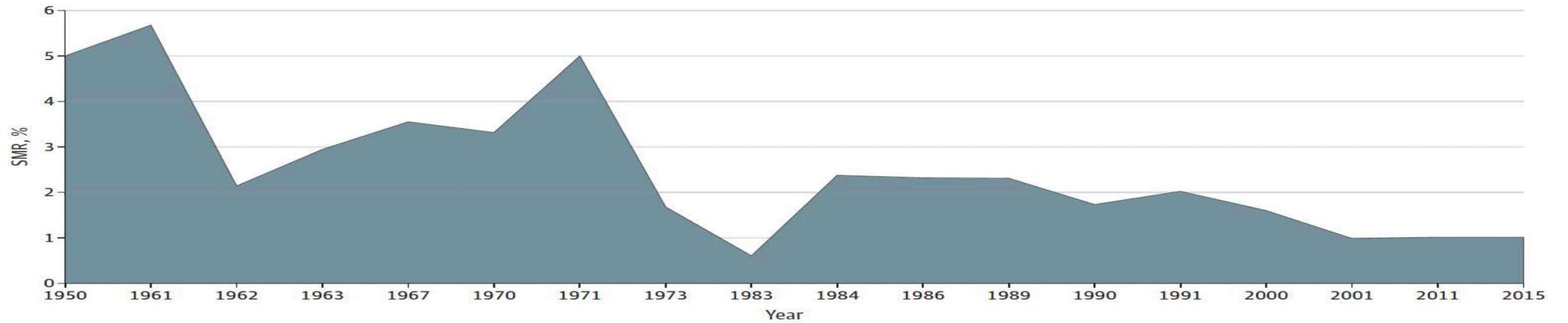
Male and female physician Suicides significantly decreased after 1980 vs before 1980

**Figure 3. Age-Standardized Mortality Ratio (SMR) for Suicide Trends Over Time**

**A** Male physician SMR over time



**B** Female physician SMR over time



A. Male physicians. B. Female physicians. Cohort years reflect the first year of each cohort, except for 2015, which reflects the last year of the last cohort. Pre-1980 cohort data were taken from a meta-analysis by Schernhammer and

Colditz<sup>11</sup>; all post-1980 data were taken from the meta-analysis data sets, except for 3 studies in Schernhammer and Colditz.<sup>11</sup>

# Physician specific factors

1. Fear of punitive consequences
2. Loss of colleague's esteem as a result of acknowledging mental health struggles
3. Physicians commonly cloak experiences of anxiety, worry, shame
4. Physicians loathe to draw attention to self-perceived weakness
5. Worry about being an imposter



# Physicians who died by suicide...

- Fewer physicians who died by suicide were in treatment for their mental health problems.
- Physicians who died by suicide were less likely to have had a recent death of a friend or family member
- Physicians who died by suicide were more likely to have experienced a job-related problem (three times greater likelihood) than the suicide decedents from the general population group.

# Physicians who died by suicide...

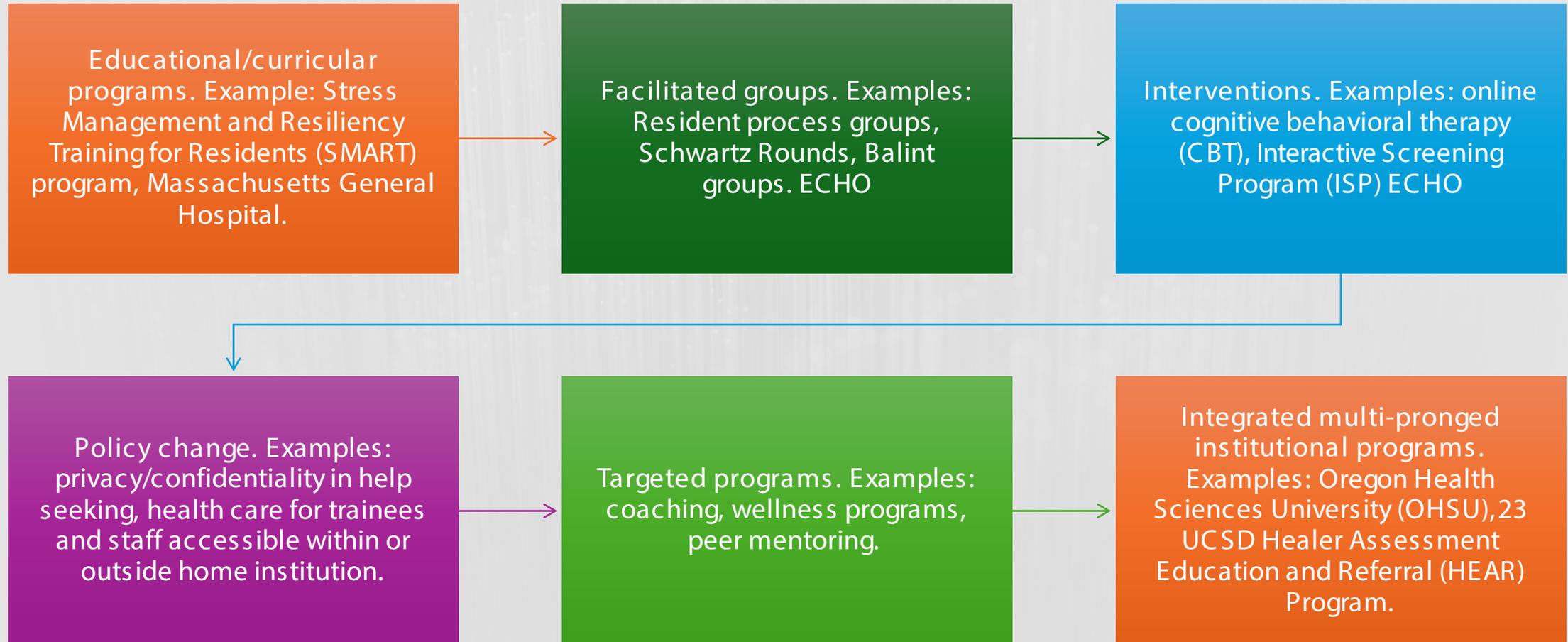
- Had presence of measurable levels of antipsychotics, benzodiazepines and barbiturates occurred at rather shocking rates of 20 to 40 times that of non-physicians.
- Raised the possibility of concerning practices of self-medicating during times of risk.
- Had a stoic culture of self-sufficiency alongside real and/or perceived barriers to help-seeking allow deterioration in well-being to go unaddressed and to potentially spiral into more severe, entrenched mental health problems.
- One major addressable factor stems from widespread perceptions concerning discriminatory practices related to mental health by state medical boards and hospital privileging procedures, which has driven mental health problems underground within the medical community.

# UCSD story

- A program at the University of California, San Diego (UCSD) School of Medicine, which was developed after the loss of more than 10 physicians and trainees to suicide over a period of 15 years,
- Aimed to reduce suicide risk and enhance wellness via education and an online Interactive Screening Program (ISP)

<https://afsp.org/interactive-screening-program/>

# Systemic Programs



# Video

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- <https://www.aamc.org/news/creating-safety-net-preventing-physician-suicide>





# Describe Self- Compassion

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# What is Self-Compassion?

Informal definition:

TREATING YOURSELF LIKE YOU  
WOULD TREAT A CLOSE FRIEND.



Dr. Kristin Neff's  
model  
Self -  
Compassion  
three  
components

Mindfulness

Kindness

Common humanity

# Mindfulness

Allows us to “be” with painful feelings as they are

Avoids extremes of suppressing or running away with painful feeling



# Kindness

## Self-Kindness vs. Self-Judgment

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Treating self with care and understanding rather than harsh judgment

Desire to alleviate suffering

## Common humanity vs. Isolation

Seeing own experience as part of  
larger human experience not isolating  
or abnormal

Recognizing that life is imperfect (us  
too!)



# Benefits

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**GREATER PERSISTENCE  
AFTER FAILURE**



**WELL-BEING**



**REWARD AND  
MOTIVATION  
NEUROSCIENCE**



**IMPROVING  
INTERPERSONAL AND  
SOCIAL RELATIONSHIPS**

References: (Breines & Chen, 2012)(Zessin, Dickhauser, Garbadee 2015)(Morelli et al., 2012)(Crocker & Canevello, 2012)

## Self-Compassion Scale Short Form (SCS-SF)

### HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. Indicate how often you behave in the stated manner, using the following scale:

Almost never					Almost always
1	2	3	4	5	

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1. When I fail at something important to me I become consumed by feelings of inadequacy.
2. I try to be understanding and patient towards those aspects of my personality I don't like.
3. When something painful happens I try to take a balanced view of the situation.
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
5. I try to see my failings as part of the human condition.
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
7. When something upsets me I try to keep my emotions in balance.
8. When I fail at something that's important to me, I tend to feel alone in my failure
9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm disapproving and judgmental about my own flaws and inadequacies.
12. I'm intolerant and impatient towards those aspects of my personality I don't like.

#### Reference:

[Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. \(2011\). Construction and factorial validation of a short form of the Self-Compassion Scale. \*Clinical Psychology & Psychotherapy\*. 18, 250-255](#)

# Short Self Compassion Scale

# FIERCE SELF-COMPASSION

DR. KRISTIN NEFF  
self-compassion.org

## TENDER SELF-COMPASSION

ACCEPTING OURSELVES  
TO ALLEVIATE SUFFERING

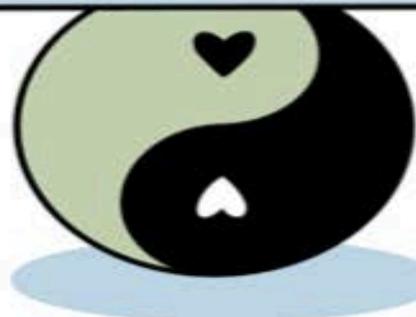


## FIERCE SELF-COMPASSION

TAKING ACTION  
TO ALLEVIATE SUFFERING



BALANCE  
OF BOTH  
ENERGIES FOR  
WHOLENESS



INNER HEALING

TENDER

OUTER CHANGE

FIERCE

together

CREATES A

CARING FORCE



ALLOWING US TO THRIVE

### PROTECTING

DRAWING  
BOUNDARIES

AND SAYING **NO**

### PROVIDING

AND SAYING **YES**  
TO OUR NEEDS

### MOTIVATING

TO LEARN,  
GROW AND  
CHANGE  
THE WORLD



**NO**

**YES**



### OUR AUTHENTIC SELF

CLAIMS BOTH OUR  
TENDER & FIERCE SIDES  
COUNTERING THE  
GENDER ROLE  
SOCIALIZATION  
WE HAVE ALL BEEN  
STEEPED IN



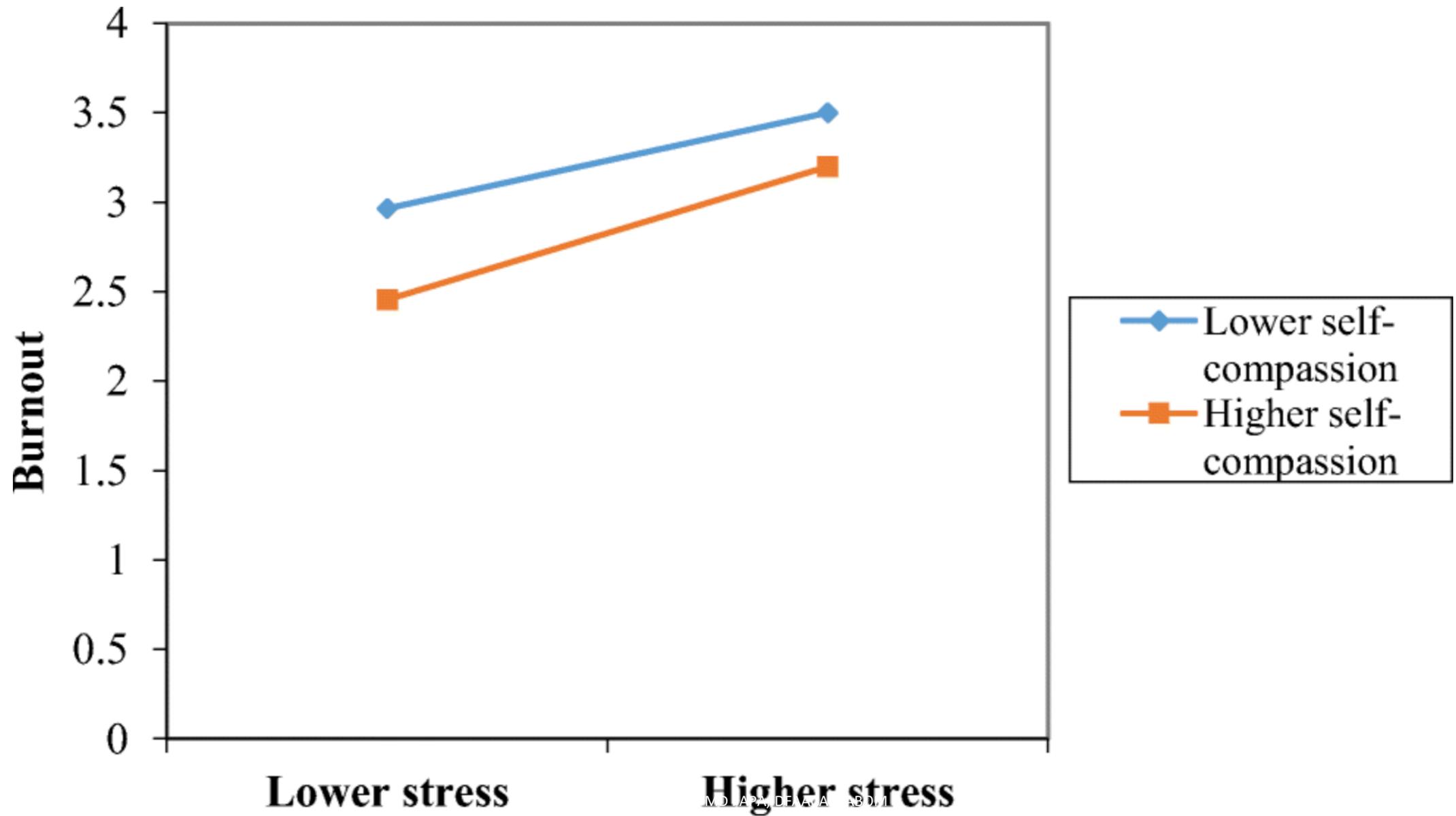
# Self-compassion as a Stress Moderator

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Objective : Could self compassion be a buffer to work stress

Methods: Cross sectional study of 1700 doctors, nurses, medical students completed Burnout inventory, Satisfaction with Life Scale and Self Compassion Scale

**From: Self-compassion as a Stress Moderator: A Cross-sectional Study of 1700 Doctors, Nurses, and Medical Students**



# Components of Lifestyle Medicine-

# Intentional Self care



# Food



**EAT THE RAINBOW**

A PART OF TRILLIUM HEALTH RESOURCES

Blue/Purple	Green	White	Orange/Yellow	Red
Blackberries	Avocado	Bananas	Bananas	Apples
Blueberries	Apples	Pears	Apples	Cherries
Cabbage	Grapes	Nectarines	Apricots	Cranberries
Currants	Honeydew Melon	White Peaches	Cantaloupe	Raspberries
Eggplant	Kiwi	Cauliflower	Grapefruit	Watermelon
Grapes	Limes	Garlic	Oranges	Strawberries
Plums	Pears	Ginger	Mangoes	Pomegranate
Raisins	Artichoke	Artichoke	Nectarines	Peppers
Purple Potatoes	Arugula	Jicama	Peaches	Tomatoes
Figs	Asparagus	Mushrooms	Pineapple	Radishes
Beets	Broccoli	Onions	Tangerine	Rhubarb
Purple asparagus	Brussels Sprouts	Parsnips	Melon	Red Onion
	Cabbage	Coconut	Beets	Red Potatoes
	Celery	Shallots	Squash	Red Pears
	Cucumber	Turnips	Corn	
	Lettuce	Corn	Peppers	
	Peas		Carrots	
	Peppers		Pumpkin	
	Spinach		Sweet Potato	
	Zucchini		Pears	

Pick at least 1-2 of each color of fruit and vegetables a day to make total 5- 8 servings.

# Exercise or Movement

1. Recommendation is to have 150 minutes of moderate intensity physical activity per week with 2 days of strength training
2. Exercise snacking habit

## How much activity do I need?

### Moderate-intensity aerobic activity

Anything that gets your heart beating faster counts.



AND

### Muscle-strengthening activity

Do activities that make your muscles work harder than usual.



Tight on time this week? Start with just 5 minutes. It all adds up!

# Sleep It's a habit

Consistent wake up time

Create darkness

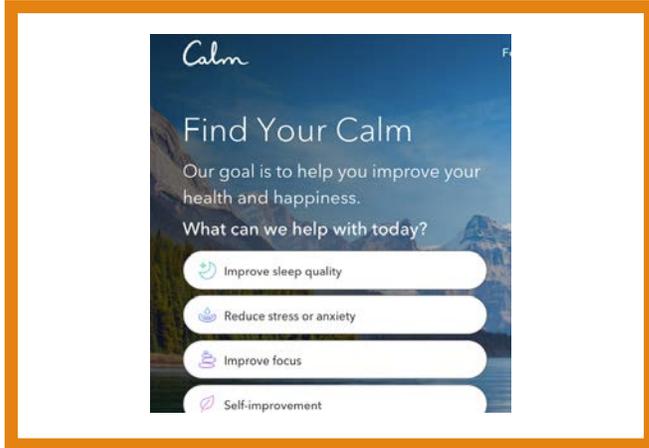
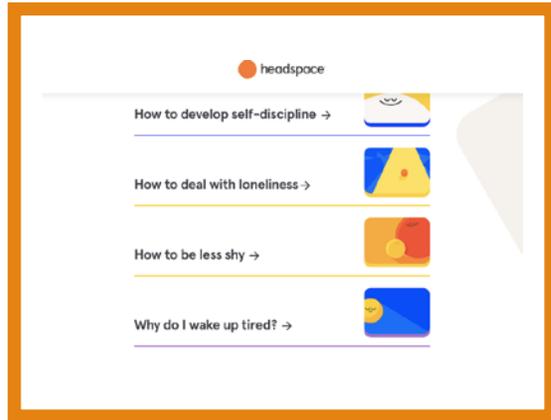
Early morning sunshine

Bedtime routine and possibly meditation

Avoid late Caffeine & alcohol

Melatonin short term only or with breaks





# Apps, audio books

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Insight timer

Calm

Headspace

Stanford app : CBT I coach

Yale : Science of Well  
Being

[https://news.yale.edu/  
2018/02/20/yales-  
most-popular-class-  
ever-be-available-  
coursera](https://news.yale.edu/2018/02/20/yales-most-popular-class-ever-be-available-coursera)



# Gratitude and Wellbeing

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Positive Relationships

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Higher life satisfaction

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More optimism and joy

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Correlations between gratitude and 30 aspects of Big Five

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(Wood et.al)



# Gratitude practice

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Three good things

Journalling

The What-Went Well method

Writing Thank you letter

Gratitude affirmations

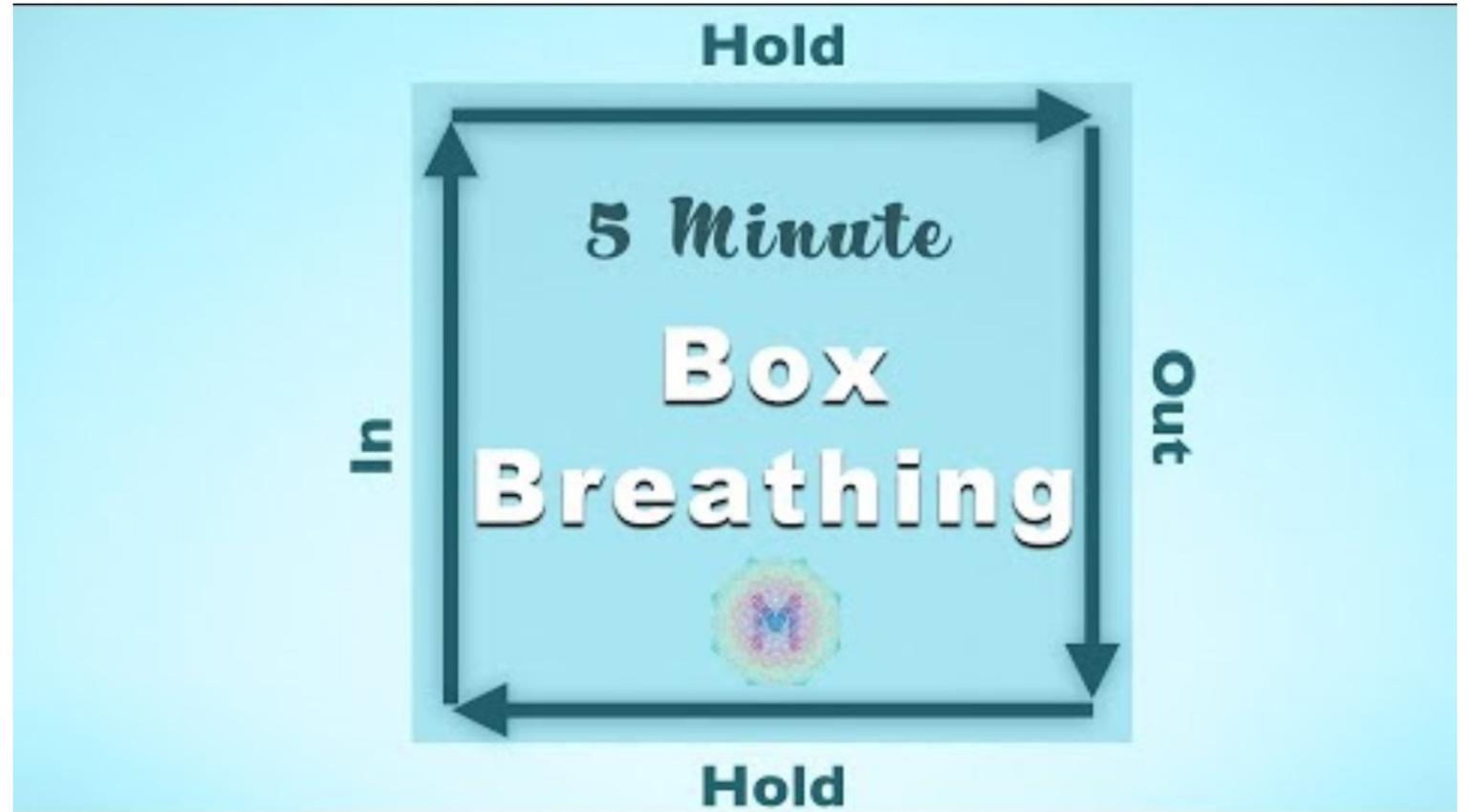


# Workplace Gratitude

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1. Gratitude is about the whole person
2. Gratitude isn't one-size-fits-all
3. Gratitude must be embraced by leaders
4. Gratitude has to be part of the culture

# Box breathing



# ProjectECHO™

## Help for the Healer ECHO

Fridays from 12:30 – 1:30 PM/CST via Zoom

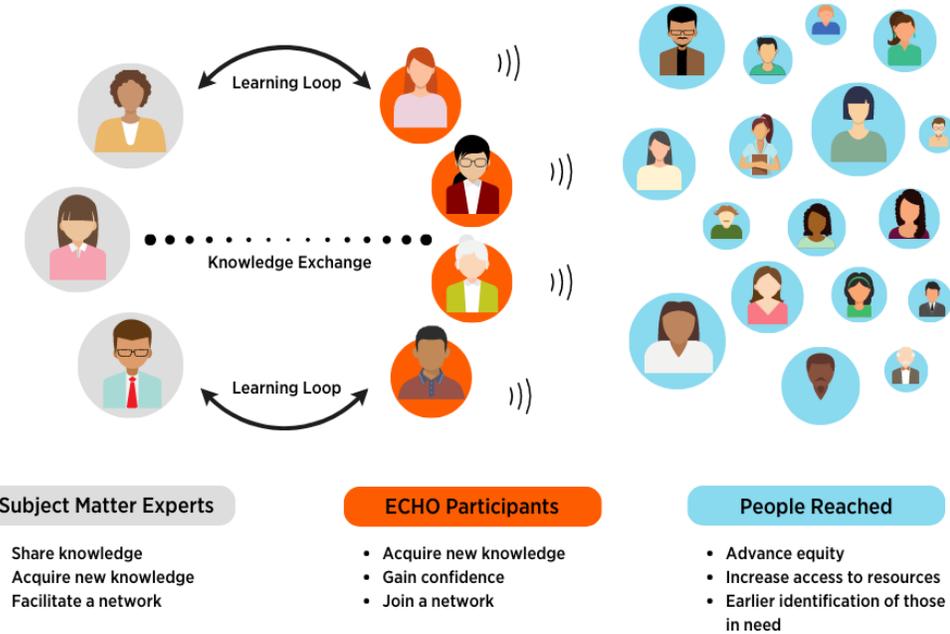
### What does ECHO offer?

- Free CME for healthcare professionals
- Get expert knowledge in a virtual learning network with mental health and wellness experts.
- Support for resilience, self-care, and organizational aspects of wellness for workers and administrators.
- Uses the socio-ecological framework to provide solutions from an individual, interpersonal, institutional, community, and policy framework to help participants become aware of the opportunities for proactive solutions to burnout.

### Topics Include:

- Stress and the Body: Fundamentals of the Mind/Body Connection
- Supporting Health Relationships
- Gratitude
- Parenting in the Time of Uncertainty
- Grief and Moral Injury
- Life after COVID
- How Do You Heal? The 8 Dimensions of Wellness

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## Moving knowledge, not people

For more information, you can visit [medicine.okstate.edu/echo](http://medicine.okstate.edu/echo) or scan the QR code.





# Thank you for your time !

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