

THE WELLBEING COLLABORATIVE

of Arizona Health Professionals

December 2023

As we approach the end of another year, it's a time for reflection and forward-thinking. This December edition of our newsletter is dedicated to deepening our understanding and reinforcing the case for prioritizing wellbeing in our professional lives.

The Case for Wellbeing

Below is a curated list of key research and studies from the **keynote of Dr. Tait Shanafelt** that shed light on the various facets of burnout, depression, and wellbeing among healthcare workers.

Understanding Burnout in Healthcare: Scope and Impacts

This category provides an overview and insights into the prevalence and consequences of burnout and depression in healthcare.

- Menon et al, JAMA Netw Open. 2020 Dec 1;3(12):e2028780
- Shanafelt, Archives Internal Med 2012
- Shanafelt, Mayo Clinic Proceedings 94:1681
- Shanafelt et al, Mayo Clinic Proceedings 97:2248
- Sexton et al, JAMA Open 5:e2232748

Technological and Pandemic-Related Stressors in Healthcare

This category focuses on specific stressors like EHR systems and the pandemic's impact on healthcare workers.



- Sinsky, Annals Internal Medicine 165:753
- Holmgren AJ et al. JAMIA epub Dec 9, 2021

Strategies for Mitigating Burnout: Leadership and Organizational Approaches

This section highlights the importance of leadership, organizational strategies, and workplace interventions in addressing burnout.

- Shanafelt et al, Mayo Clinic Proceed 90:432
- Dyrbye et al, Mayo Clinic Proceed 95:698
- Dyrbye et al, Mayo Clinic Proceed 96:2598
- Shanafelt et al. Academic Medicine 96:641
- Swensen, Journal Health Care Management 61:105
- West, Lancet 388:2272; Panagioti, JAMA Internal Medicine 177:195

Personal Wellbeing and Resilience in Healthcare Professionals

This category focuses on personal strategies for wellbeing and resilience, including professional coaching and career satisfaction.



- Dyrbye, JAMA Int Med 179:1406 (x2)
- Southwick and Charney. Resilience. Cambridge Press. 2012.
- West JAMA Open July 2020; 3:e209385
- Shanafelt et al, Mayo Clinic Proceedings 98:163 (January 2023)

Specific Challenges and Solutions in Healthcare Sectors

This final category addresses the unique challenges and potential solutions in various sectors of healthcare.

- Shanafelt, Mayo Clinic Proceedings 92:129
- Tawfik et al; Annals Internal Medicine 171:555
- Shanafelt Academic Medicine 94:156
- Shanafelt, Archives IM 169:990

Continue reading...

To hear the impact stories of 2 of our Wellbeing Collaborative members!



STORY HIGHLIGHT

CARISA BAMFORD'S STORY



Carisa Bamford is a Sr. Director of Clinician Experience and Development. (MS, MT.) at Banner Health.

Yes, patients matter, so do you.

I was working late yet again, wishing I was home with my husband and three little boys. I knew that this work schedule was not going to work for me and my family long term. Instead of being at home reading stories and giving baths, I was in the lab, crossmatching blood, running complete blood counts, plating petri dishes, and running liver enzymes. That's when a call came: **"Carisa, we need you in bay 4 for a stat lab draw."**

I went quickly to draw the patient's blood, ready to help. When I arrived, nurses were talking in a hush, some seemed to even have misty eyes. That's when **Doctor Brown** pulled me aside and said, *"this patient is 30 years old and experiencing what we think is an abdominal aortic aneurysm. We don't think she will make it"*. The ED was slammed, and other patients were vying for care, so everyone rushed off in a hurry as I left the nursing station.

I quickly gathered myself and knocked on the door. When I went inside, **I found a found Olivia shattered and crying.** I sat down and grabbed her hand. She looked up with tears streaming down her face and told me how scared she was to die. She told me she didn't think she'd get to say goodbye to her husband and three young children. She was all alone. In that moment, **I felt like I was looking in the mirror.** Olivia, the young mother and wife could have easily been me. Nurses and doctors outside the door were beside themselves with grief and heartache but had to keep working to care for the ED full of people who probably had a chance.

That's when I knew **I could not leave Olivia alone.** I ran the blood back to the lab and asked Steph, my co-worker for the night, to process everything while I went back to the ED. I stayed with Olivia for what seemed like hours, but on the clock showed it was less than 50 minutes, while we waited for her husband, children, and the helicopter to arrive. **I held her hand, listened to her stories, and was just simply there.**

As I left Olivia's room after they strapped her to the gurney and wheeled her away, the nurses and doctors hugged me and cried. *"We are so thankful that you could do everything for her. Especially the things we couldn't."* I hadn't felt like I had really done anything at all; I honestly felt hopeless the entire time. But as I walked out of the ED, went back to the lab, and eventually into my car to drive home to my family, I realized that while the tragedy of a young mother and wife losing her life too young was terrible, **another looming tragedy was that the nurses and doctors felt like they could not do what they knew was right; they didn't have time, they weren't truly empowered, and they felt hopeless when faced with being there for Olivia.** I knew then that while there might not be anything left to do for Olivia, *there was a lot that could be done for my comrades and co-workers.* I knew that we had to take better care of them to allow them to care for others.

That's why I now lead an entire team and movement around helping physicians, APPs, and nurses connect to their purpose and live their best day in medicine **EVERY. SINGLE. DAY.**

STORY HIGHLIGHT

A HEALTHCARE EXECUTIVE'S STORY



While this executive leader wishes to remain anonymous, they were brave and compassionate in wanting to share their story with the hope that it will inspire others.

From Humiliation to Success

Despite **four years** of medical school, I had found myself as a first-year medical intern (*aka: a know nothing, inexperienced, lacking confidence, fledgling doctor*). I did not expect this to be **where my leadership journey would begin!**

At the height of the AIDS epidemic, I spent every third night in an **800 bed hospital in New York**, on call for 36 hours: providing coverage for unbelievable number of sick and dying patients while admitting an average of 12-14 new patients. With **no sleep** and an overwhelming amount of physical and mental fatigue, I was expected to present all new patient cases the following morning to my supervising physician, "**Dr. Critical**". The critique provided by Dr. Critical was designed to enhance my skills as a young doctor.

On this frightful morning, after admitting the last of my 12 new patients at 4am, I was past exhaustion and the last presentation I gave reflective my lethargic state. As a result, **Dr. Critical dismantled my presentation and humiliated me** in front of my team. He then proceeded to march my team and I to the bedside of my patient. He demonstrated to us all **how to perform a detailed history and physical examination**. This was followed up by **chastising me** for one of **the worst history's & physical ever**. Needless to say, *I was humiliated and angry* that there was **no consideration** given by Dr. Critical for MY overall well-being. I was filled with a sense of **retribution** which fueled my drive to prove Dr. Critical wrong and *become the best physician I could be*.

Over the next 2 years, I committed myself to perfecting my skills as an internist: learning how to perform a stellar detailed history, physical exam and critical decision making with documentation that reflected the necessary details. With this, I gained recognition of being one of the **MOST** highly skilled residents across my colleagues, attending physicians and even *Dr. Critical*.

This achievement was ultimately recognized by my Department Director when he selected me along with 3 other colleagues to be **Chief Residents**. This was the highest achievement that any resident could attain! Upon receiving this recognition, **Dr. Critical** personally congratulated me on my success and recognized the diligence and resilience that I demonstrated throughout my career to reach this level of success.

However, I never forgot that humiliating moment with Dr. Critical.

Which is why, as an executive leader, I am highly attuned and aware of *the well-being of those under my leadership*.

And why, as an executive leader, *I try to be the person I wished Dr. Critical was for me in my time of need*.