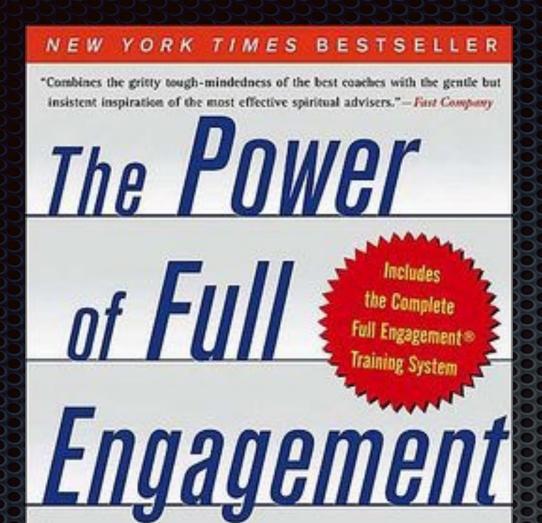
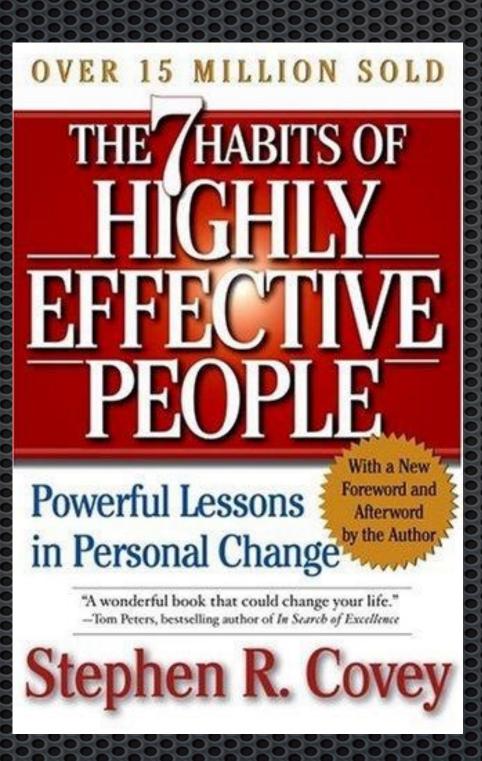
Work Life Balance

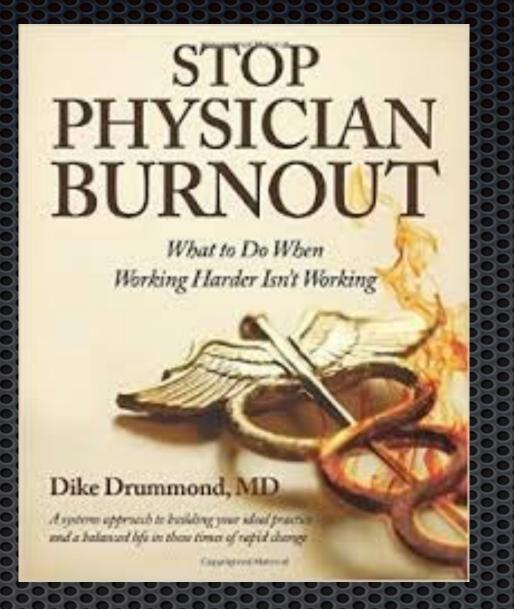
Frank Lee, MD FACEP
Special Administrative Consultant TeamHealth
Residency Education Outreach Consultant
TeamHealth

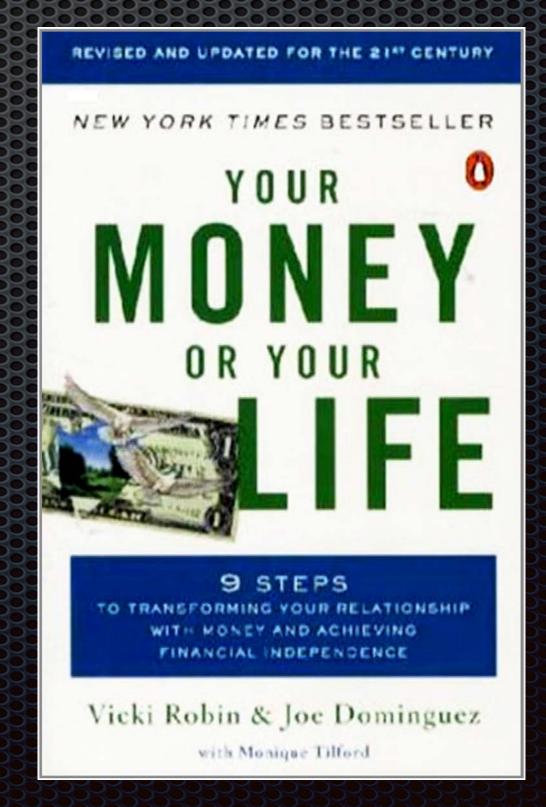


Managing Energy, Not Time,
Is the Key to High Performance
and Personal Renewal

JIM LOEHR and TONY SCHWARTZ







Agenda

- What Is Work Life Balance
- Why Is this important
- Getting started towards balance

What is Work Life Balance?

What is Work Life Balance

- Equilibrium achieved between an employee's primary priorities of their employment position and their private lifestyle
- Proper prioritization between work (career/ambition) and lifestyle (health, pleasure, leisure, family and spiritual development)

My definition

 Being able to achieve and accomplish goals whether it be on the work end or personal end all the while not going too far to the extreme on either for any EXTENDED period of time

Do you have Balance?

Simple Exercise

- In the MIDDLE of a sheet of paper, put down 5 equally spaced lines from top to bottom and list out your top 4 priorities
- Save an extra spot at the end

■ Family

Travel

Sports

Reading

Simple Exercise

Put the last thing on your list WORK

Family

Travel

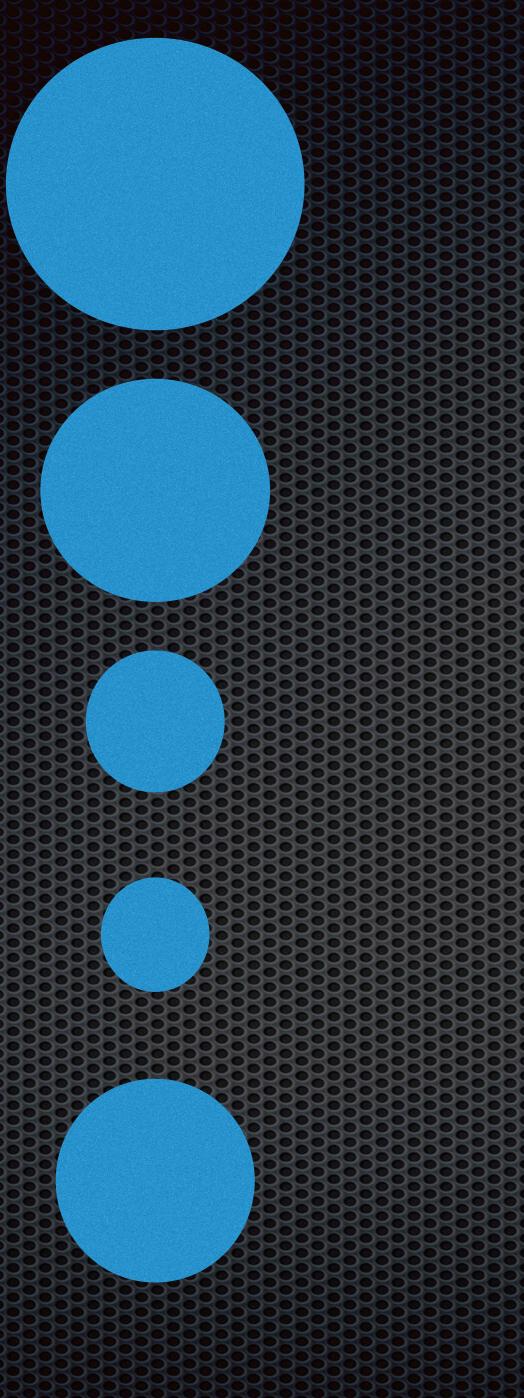
Sports

Reading

Work

Simple Exercise

Now draw a circle on the LEFT of the list in reference to how important the priority is in your life



■ Family

Travel

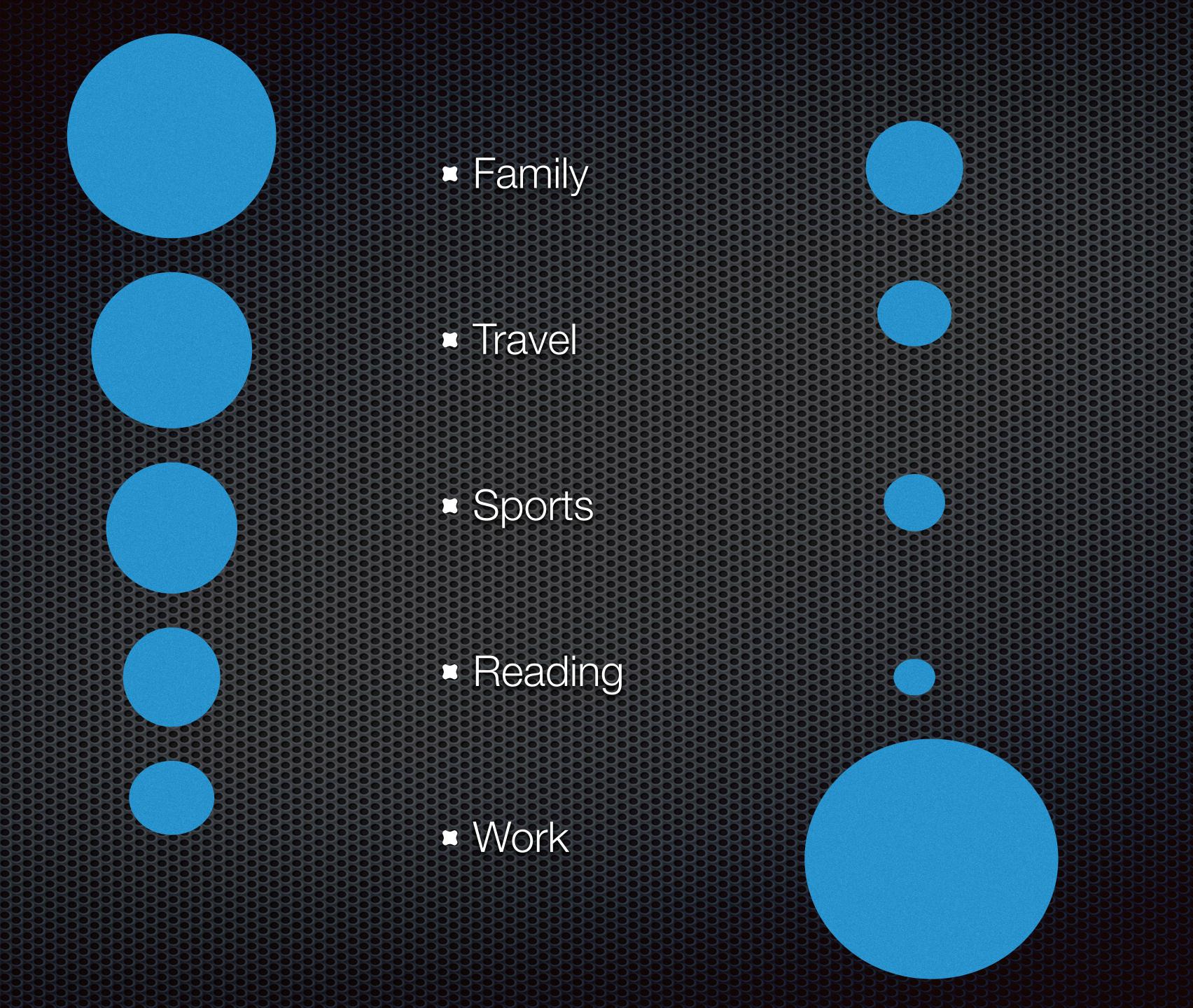
Sports

Reading

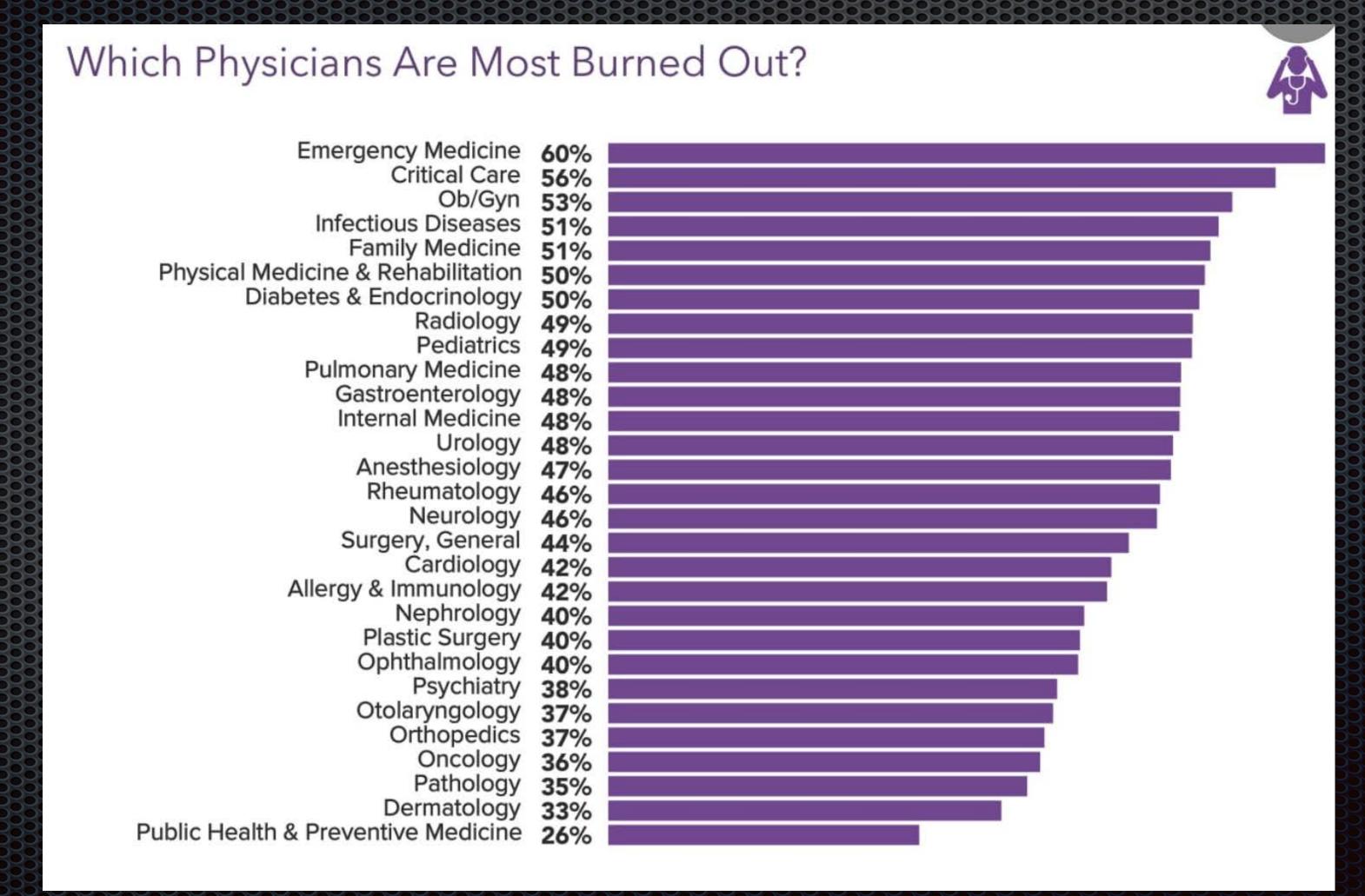
■ Work

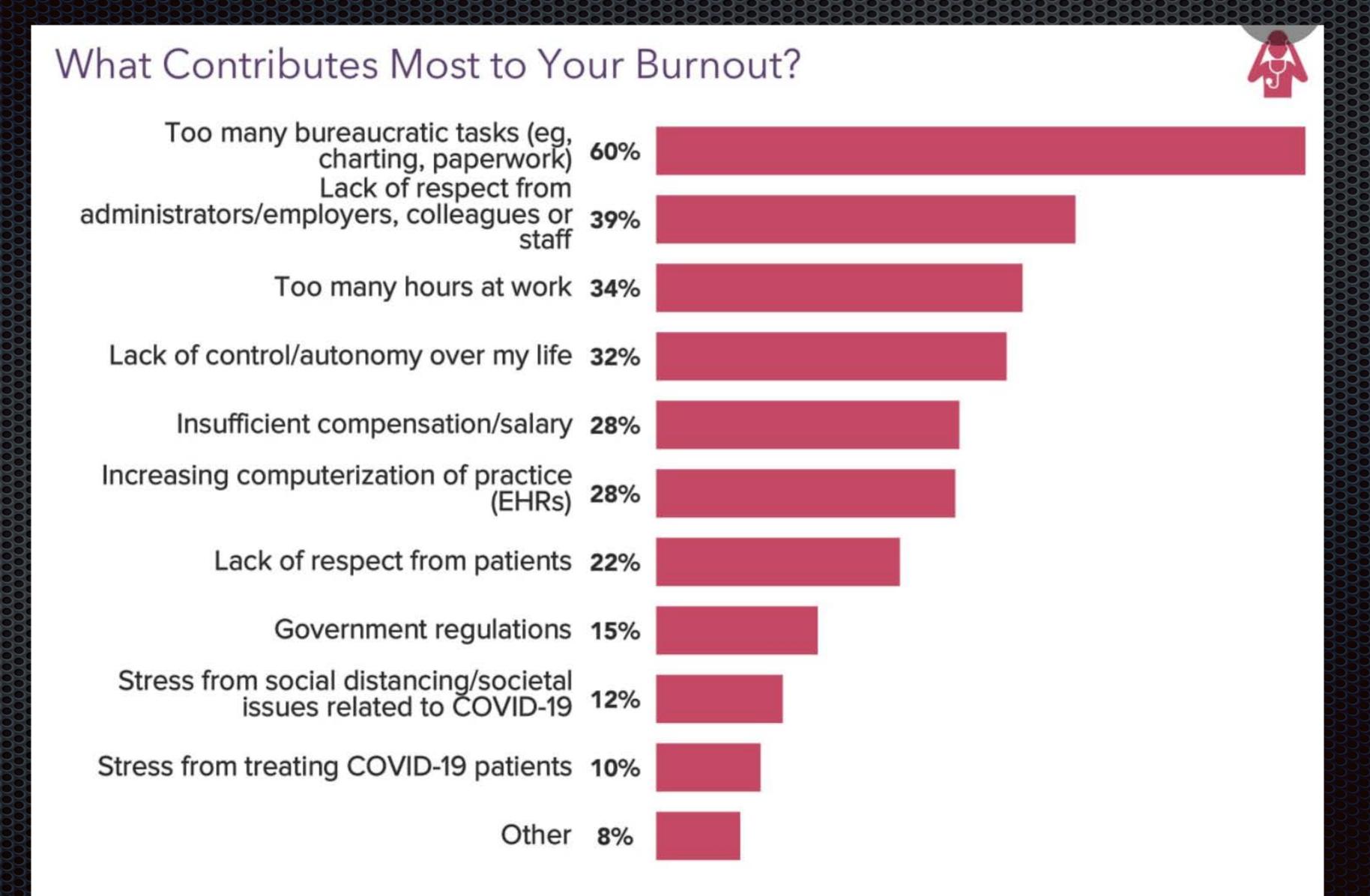
Simple Exercise

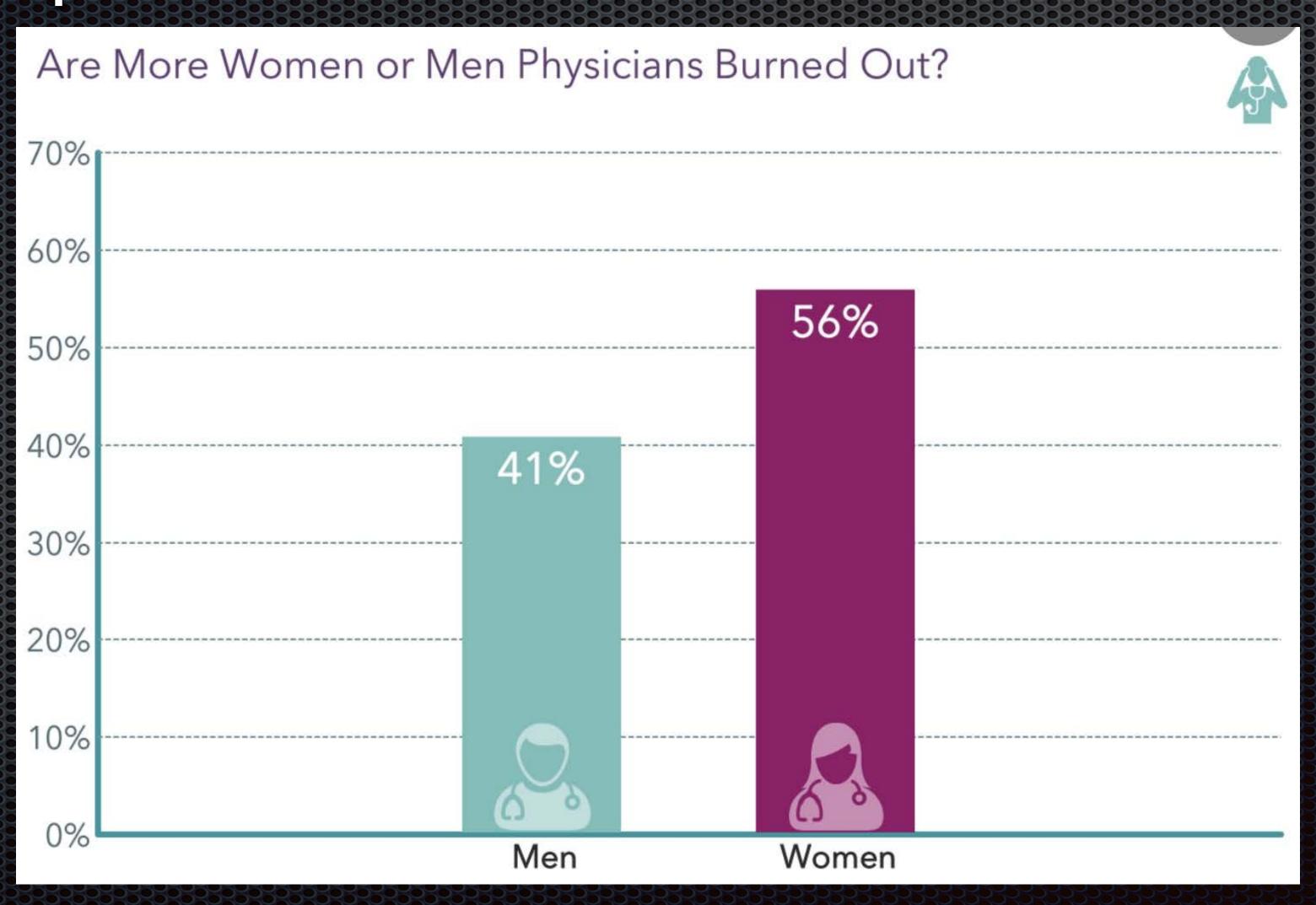
Now draw a circle on the RIGHT that reflects the amount of time and resource you spend on each of those priorities including work

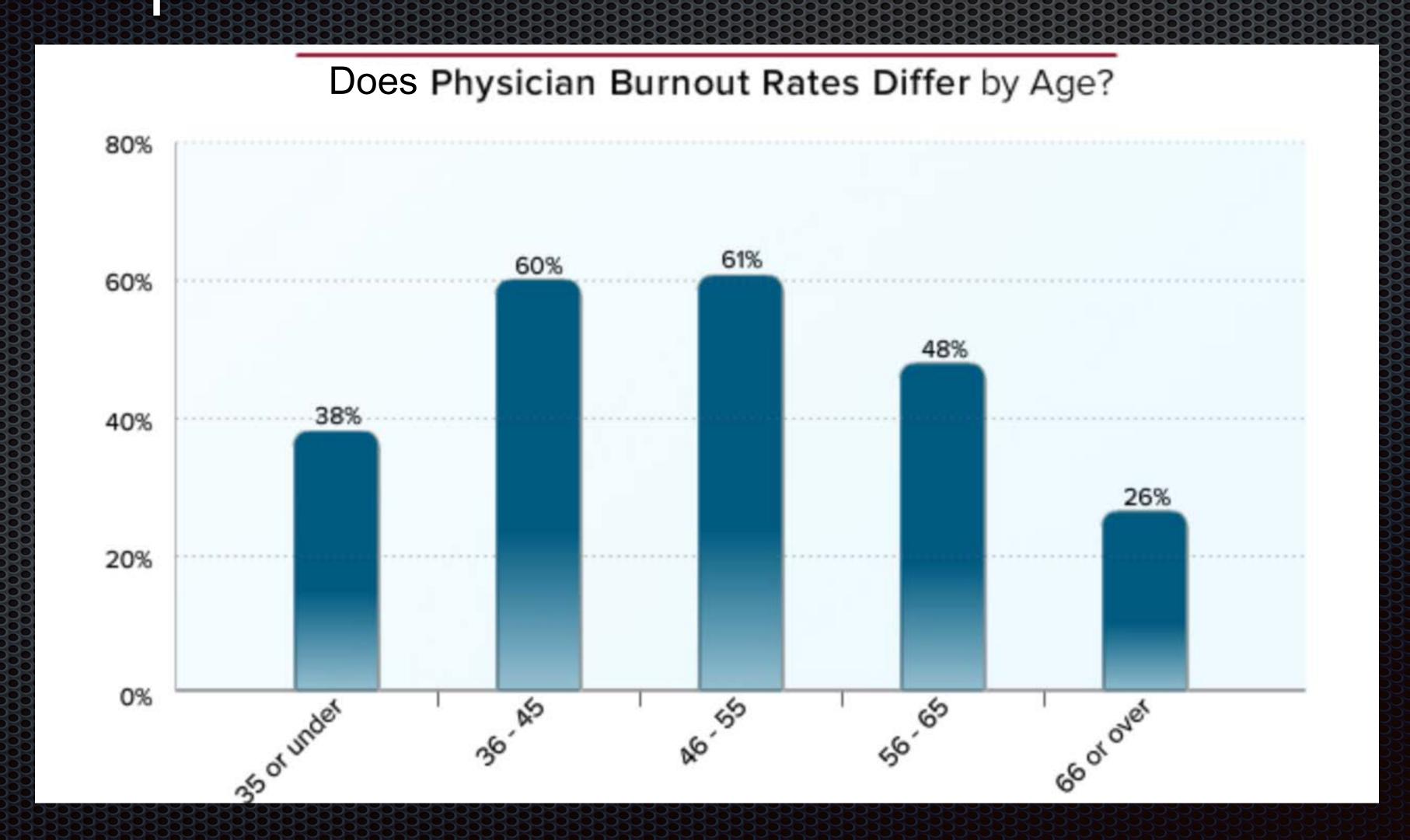


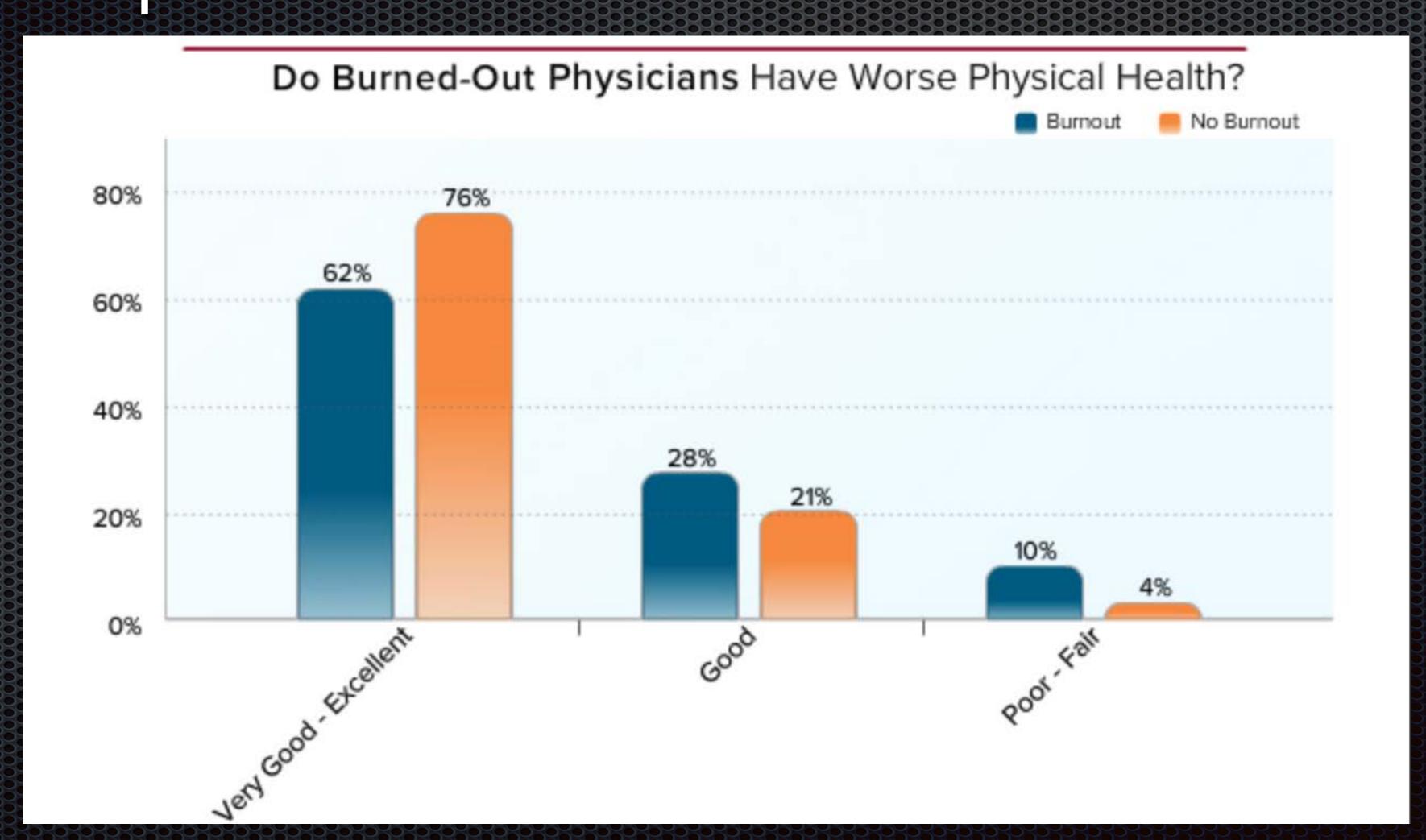
Why is this important?

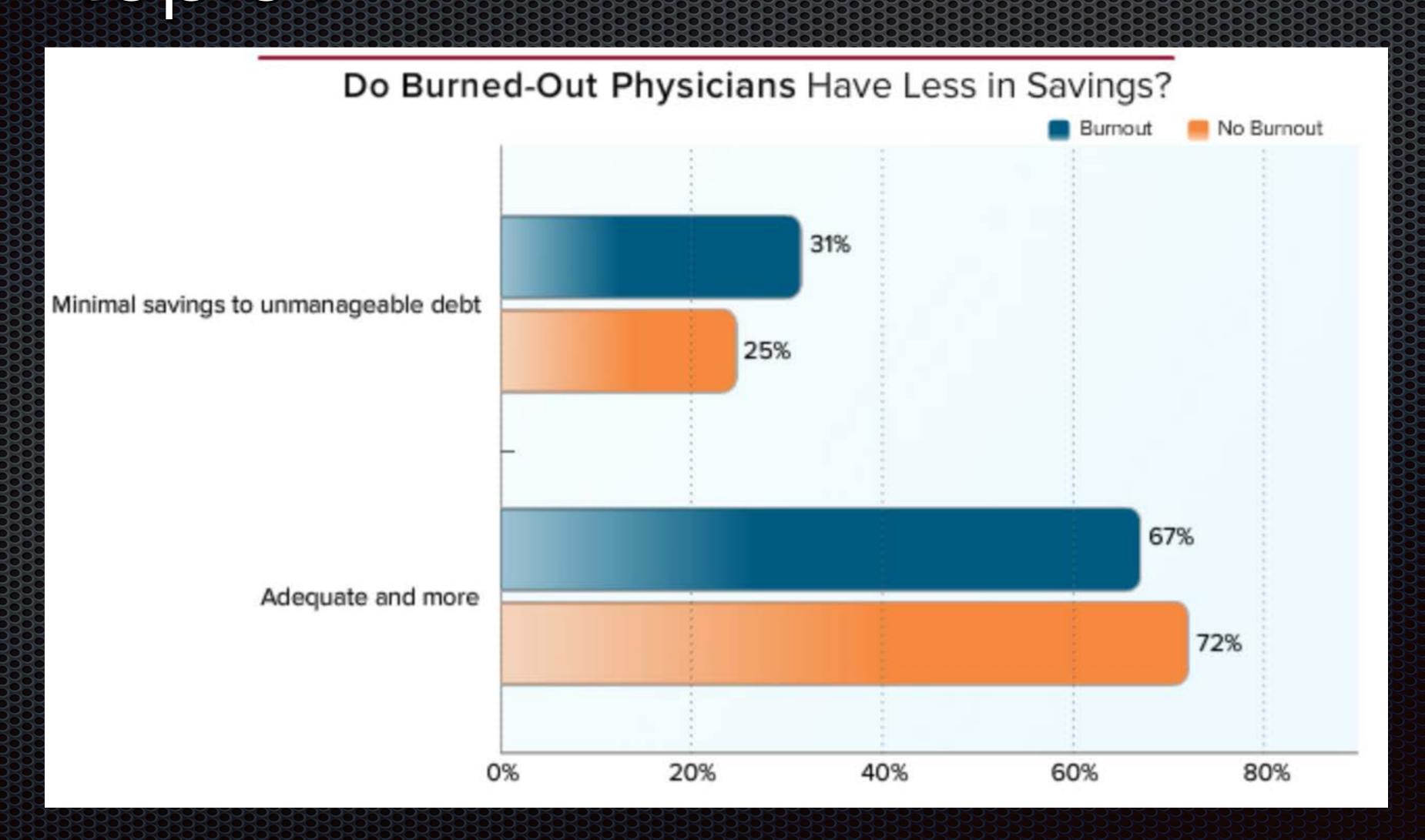












Why is this an important

topic?

Physician burnout is an obstacle to patient safety

BOB WACHTER, MD | PHYSICIAN | MARCH 11, 2013

These should be the best of times for the patient safety movement. After all, it was concerns over medical mistakes that launched the transformation of our delivery and payment models, from one focused on volume to one that rewards performance. The new system (currently a work-in-progress) promises to put skin in the patient safety game as never before.

Yet I've never been more worried about the safety movement than I am today. My fear is that we will look back on the years between 2000 and 2012 as the Golden Era of Patient Safety, which would be okay if we'd fixed all the problems. But we have not.

A little history will help illuminate my concerns. The modern patient safety movement began with the December 1999 publication of the IOM report on medical errors, which famously documented 44,000-98,000 deaths per year in the U.S. from medical

we just passed the f accident.) The IOM | Datients changes in accredita promotion of health movements focused

new focus on impro

mistakes, the equiva Burned-out nurses linked to more infections in

Monday Jul 30, 2012 5:39 AM

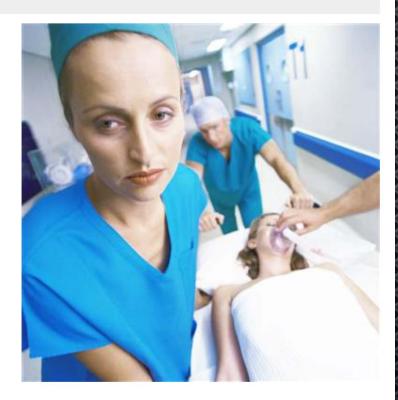
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Heavy patient loads and chronic As I walk around UC burnout have long been among the top complaints of nurses at the nation's hospital bedsides. But a new study shows that those problems affect not only the nurses themselves, but also the number of infections in the people they care

> For every extra patient added to a nurse's workload, there was roughly one additional hospital-acquired infection logged per 1,000 patients, according to researchers from the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.

For each 10 percent jump in the proportion of nurses who logged



Getty Images stock

Adding extra patients to nurses' already heavy loads, or logging more nurses with high levels of

Burnout Nurses Make Poor Patient Care Decisions

By American Sentinel on Mon, Jul 1, 2013

Sentinel U

changes a

washing a



Nearly seven million hospitalized patients each year acquire infections while being treated for other conditions. The culprit, according to a study published in the *American*

Burnout in doctors and stressed physicians hurt patients

KEVIN PHO, MD | PHYSICIAN | AUGUST 25, 2010

The following op-ed was published on July 18th, 2010 in USA Today.

nurses to A new patient recently said he was referred to me after his last doctor had left medicine. normal lo His old doctor always looked unhappy and burned out, he noted. Ph.D., MS

> Burnout affects more than half of doctors, according to researchers at the University of Rochester School of Medicine. Beyond mere job dissatisfaction, these doctors are emotionally exhausted to the point where they lose focus. They tend to be more depressed — perhaps one reason why doctors have a higher suicide rate than the general population.

While burnout can happen in any profession, the performance of stressed-out doctors can hurt someone else: patients.

Studies show these doctors exhibit less empathy, which erodes the doctor-patient relationship. More ominous is how physician burnout can lead to medical mistakes. A Mayo Clinic study released last month found that burnout in surgeons correlated to a higher rate of major medical errors. That corroborated last year's finding in The Journal of the American Medical Association of a similar effect among internal medicine

Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients

Halbesleben, Jonathon R. B.; Rathert, Cheryl

─ Abstract

Background: Although patient outcomes of hospital stays have been widely explored, particularly patient satisfaction, there is a dearth of research linking health care provider burnout and patient outcomes at a dyadic level. In this article, we develop and test a model to explain the relationship between dimensions of burnout and patient outcomes, including patient satisfaction and recovery time.

Purpose: The purpose of this article is to explore the relationship between physician burnout and patient satisfaction and the time required to regain normal functioning after hospital discharge.

Methods: This study was based upon a survey of 178 matched pairs of patients and physicians. The patients were people who had been hospitalized within the previous year.

Results: We found support for the notion that the depersonalization dimension of physician burnout was associated with patient outcomes of lower satisfaction and longer post discharge recovery time (after controlling for severity of illness and other demographic factors).

Implications for Practice: The findings suggest that physician burnout has an impact on patient outcomes. Although this is a preliminary study, it suggests that organizations that take proactive steps to reduce burnout through system wide intervention programs will see greater benefits in terms of patient satisfaction and recovery.

Nurse Burnout and Patient Satisfaction

<u>Doris C. Vahey</u>, PhD, RN, Linda H. Aiken, PhD, RN, Douglas M. Sloane, PhD, Sean P. Clarke, PhD, RN, and Delfino Vargas, PhD

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Abstract

Go to: 🖂

Background

Amid a national nurse shortage, there is growing concern that high levels of nurse burnout could adversely affect patient outcomes.

Objectives

This study examines the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients' satisfaction with their nursing care.

congress Degian/Subjects

Physician Well-Being: A Powerful Way to Improve the Patient Experience

By Diane Shannon, MD, MPH

In this article...

Take a look at the factors that lead to physician burnout and see how managing them could also affect the way patients view their doctors. physician well-being, improving the care experience for physicians and patients while strengthening the sustainability of their organizations.

Dissatisfaction and burnout

Evidence suggests that considerable physician dissatisfaction has existed for several decades, and it is increasing. In 2001, 87 percent of about 2,600 physicians reported that

Physician Burnout and Medical Liability Risk

August 14th, 2014



[To download a pdf version of this article on Physician Burnout and Medical Liability Risk, click here.]

Burnout among physicians is reaching epidemic proportions.

A major national study conducted by Dr. Tait Shanafelt and published in 2012 found that 45% of physicians report feeling at least one of the three principal

- Physicians are twice as likely as non physicians to kill themselves
- 400 doctors commit suicide annually
- Nurses are four times more likely to commit suicide as compared to people working outside of medicine

- Goal should be to number one recognize and take care of the problem if it affects you
- Recognize and help others

- "Just say no"
- Put things on calendar
- Take vacations

Just say no

Just say no



Put things on calendar



- Take vacations
 - Mini vacations



Tools

What defines you?

Goals

What defines you?

Tools

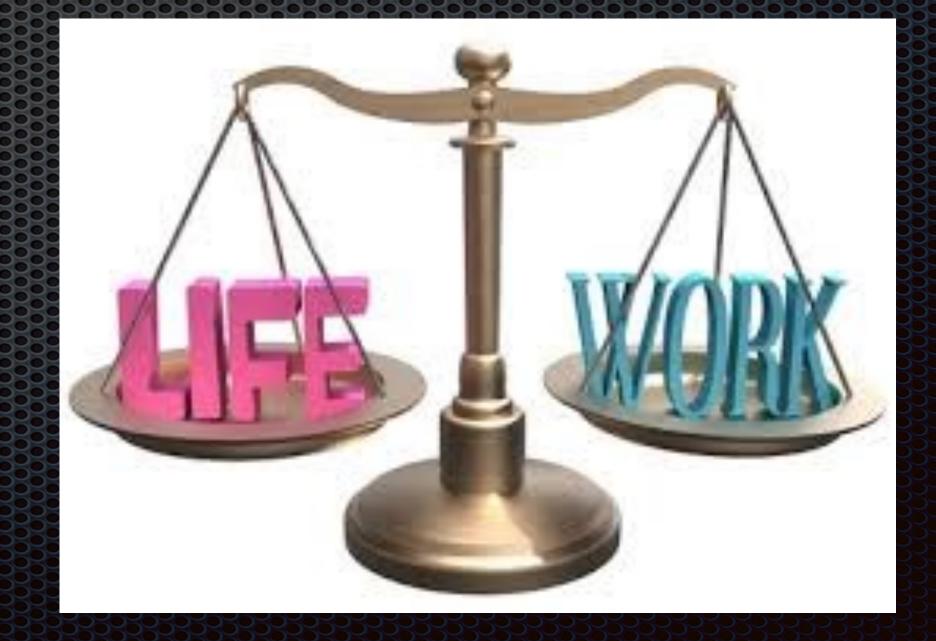
Priorities

Tools









Tools

What should be your #1 priority?



Tools







- You should be the #1 priority on any list
 - This means taking care of yourself first
 - Without you, the rest of the priorities are MEANINGLESS
 - You can ONLY control TWO things in your life
 - What you do
 - What you eat

- Case study
 - Me

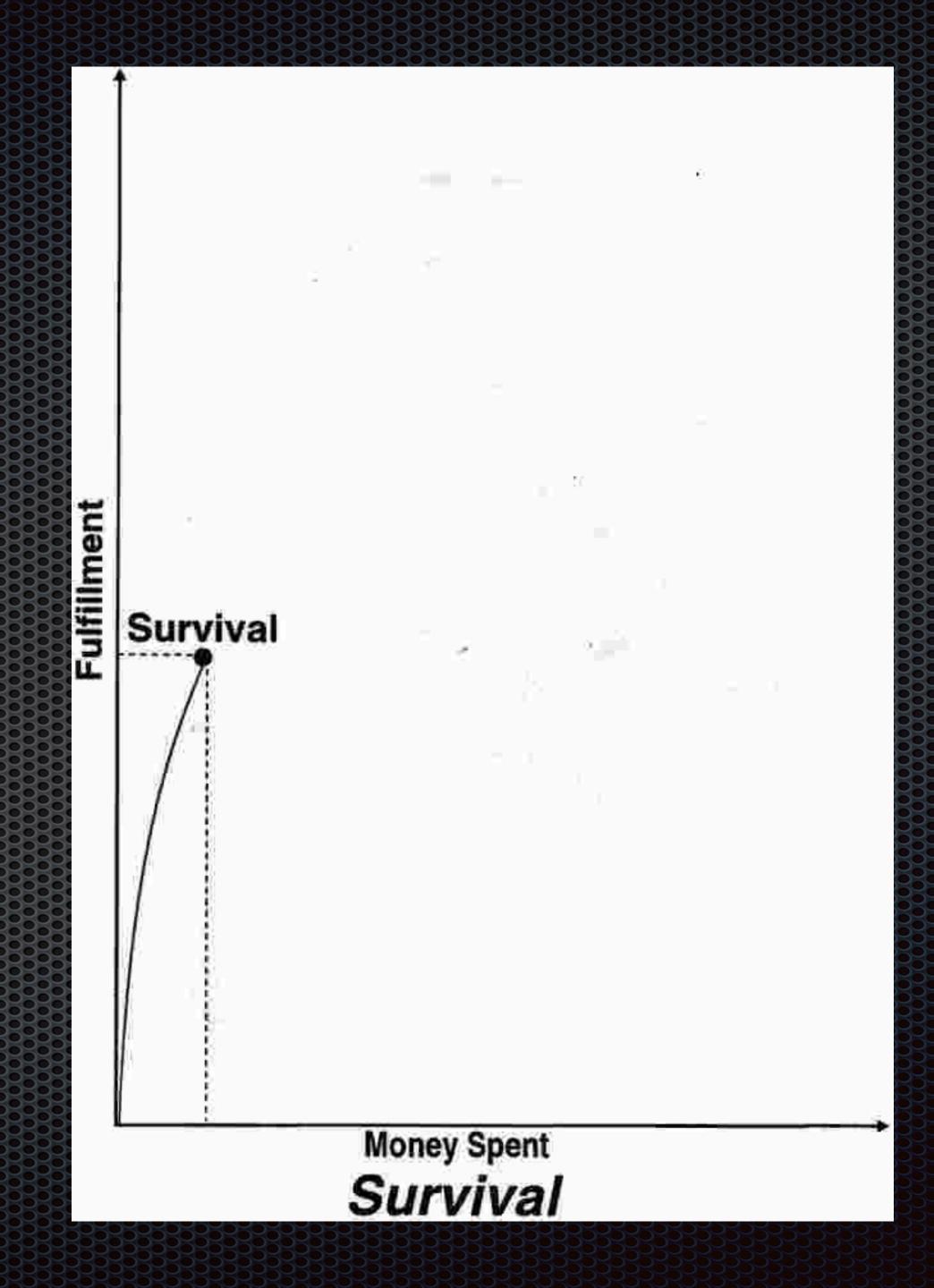


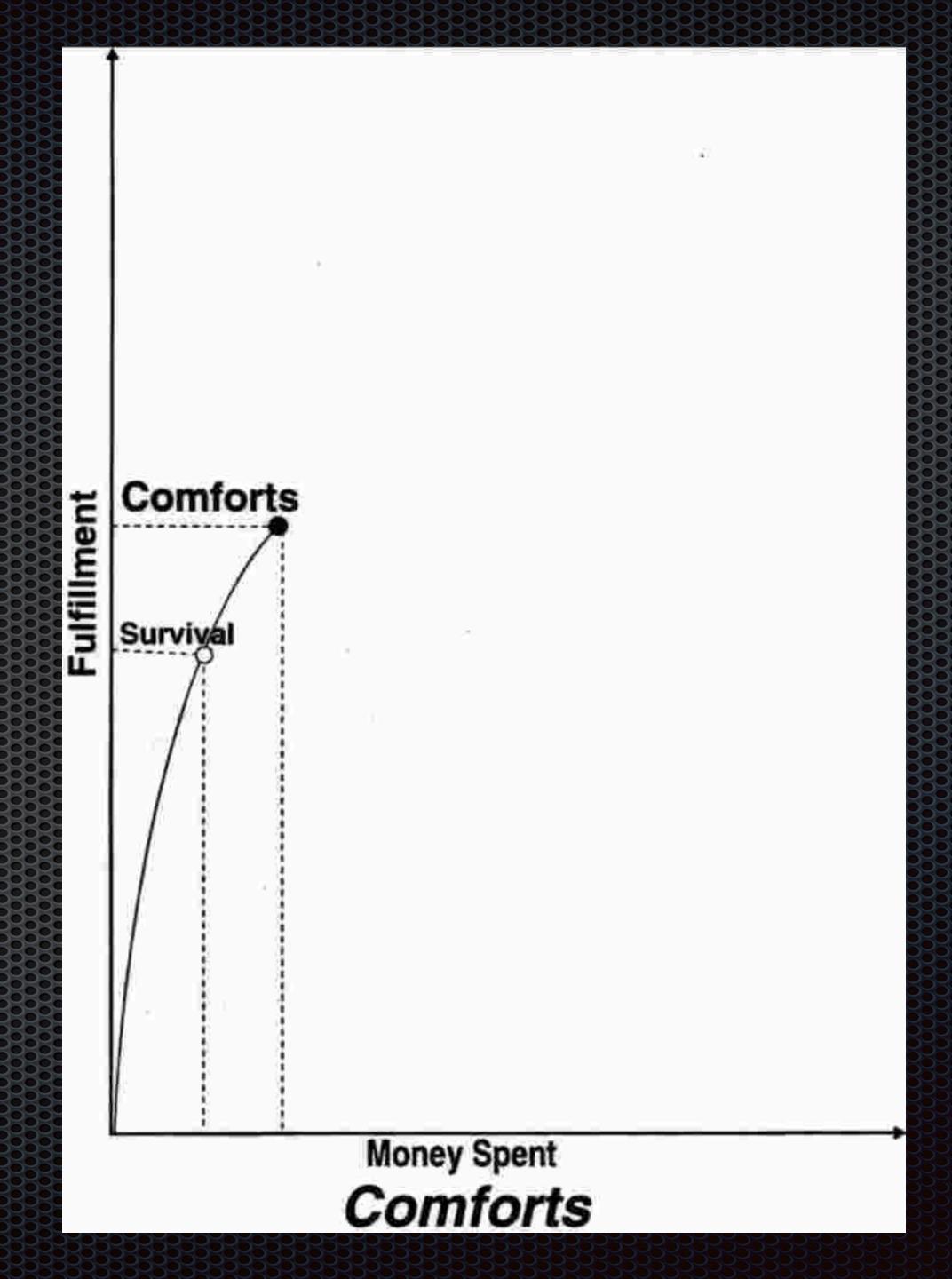


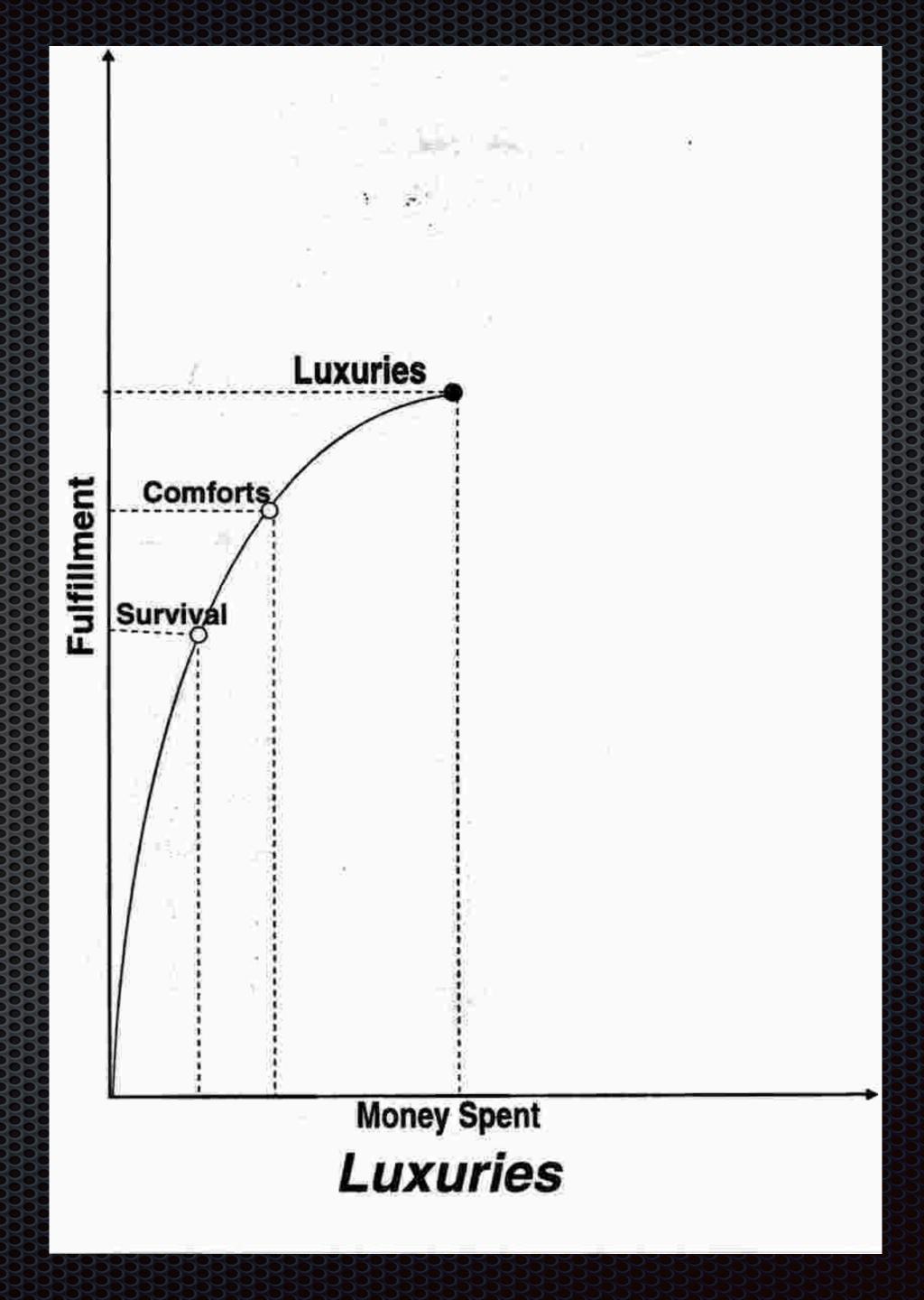
Choose priorities wisely

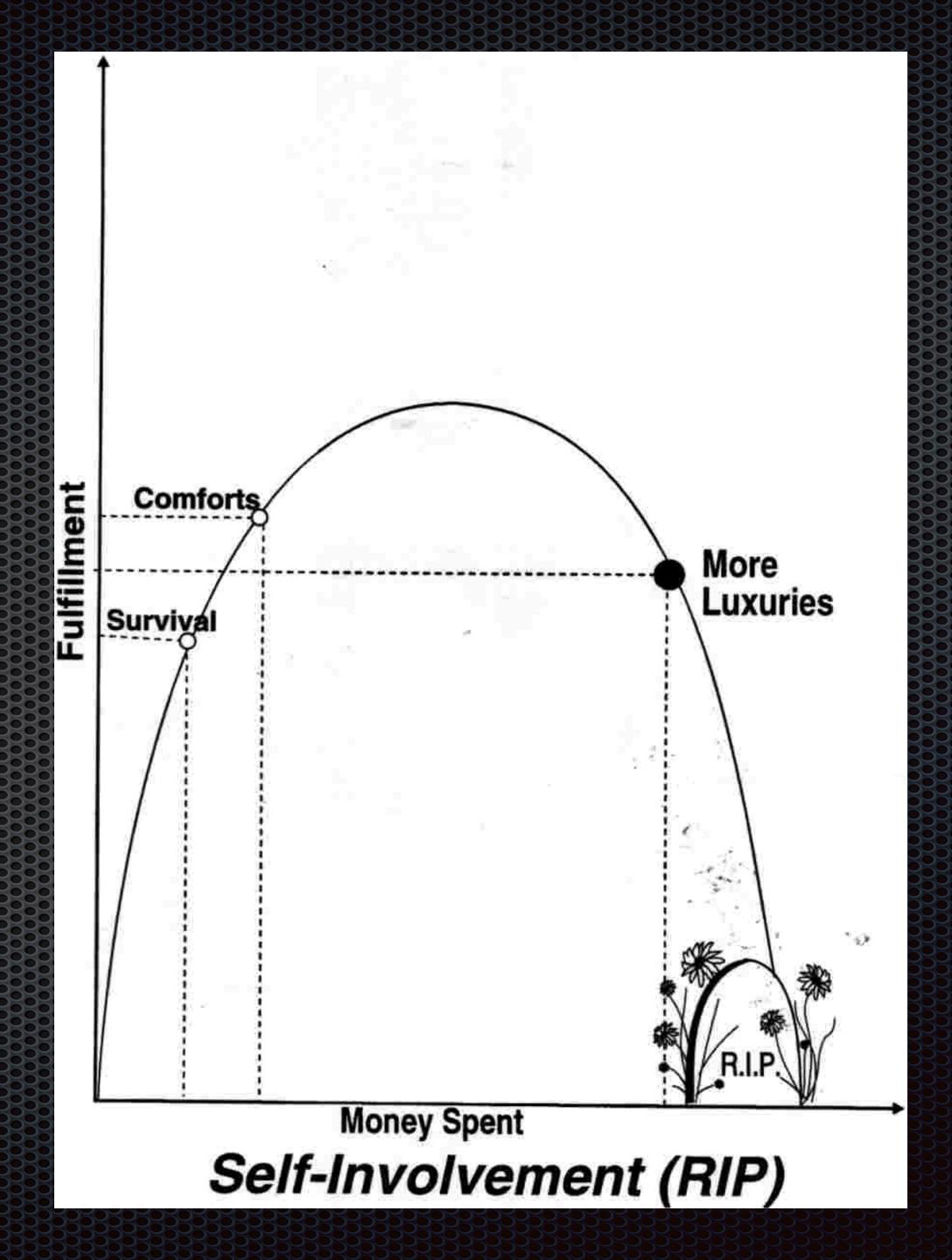
Case study

- Reevaluate your priorities
- It is ok to want nice things but just make sure it doesn't supersede your true priorities



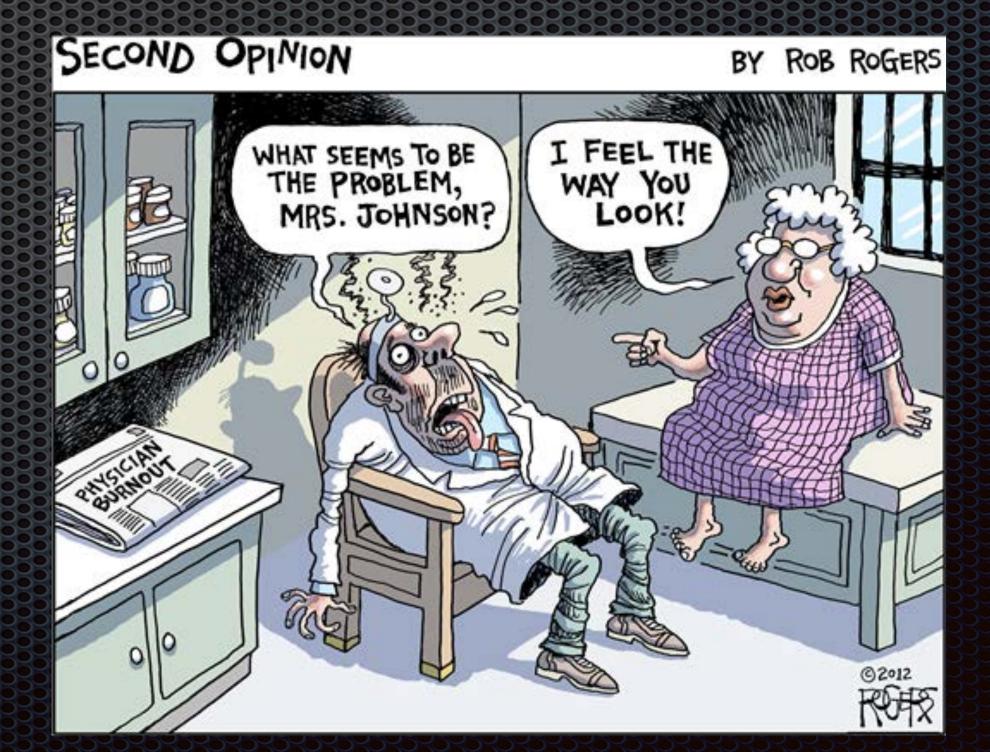






Burned out provider

Recognize providers who are burning out Mood changes
Behavioral changes
Working more shifts
Getting in late/calling off
Staying late after shifts
Can talk to them
Can get HR involved



Questions?

Follow me: ExtremeLEE Frank Facebook Youtube Instagram TikTok

frankmlee@gmail.com