

The 17th Annual Northwest Patient Safety Conference
Raising the Bar on Compassion for Patients and Providers

Towards a More Compassionate Workplace

Michael J. Goldberg, MD

The Schwartz Center for Compassionate Healthcare

Boston, MA USA

Seattle Children's Hospital

Seattle, WA USA

Disclosure: Michael J. Goldberg

I do not have any relevant financial relationship(s) with any commercial interest that pertain to the content of my presentation.

Towards a more compassionate workplace



Patient & Family Experience

*We wouldn't go
anywhere else
for our family's
care.*



Caregiver Experience

*I wouldn't want
to work
anywhere else.*



**The Foundation for both is
Organizational Culture**



Think about an experience in which you received or observed compassionate healthcare

Tell your neighbor the story about that experience:



What did the person do that made the experience compassionate?
What words and/or behaviors made this a compassionate experience.



Patients report that compassionate caregivers possess these qualities:

- Empathy and kindness to me and my family
- Attentiveness and presence
- Understanding of my needs, my concerns
- Nonjudgmental curiosity
- Acting “in my interest”
- Recognition of my uniqueness and context



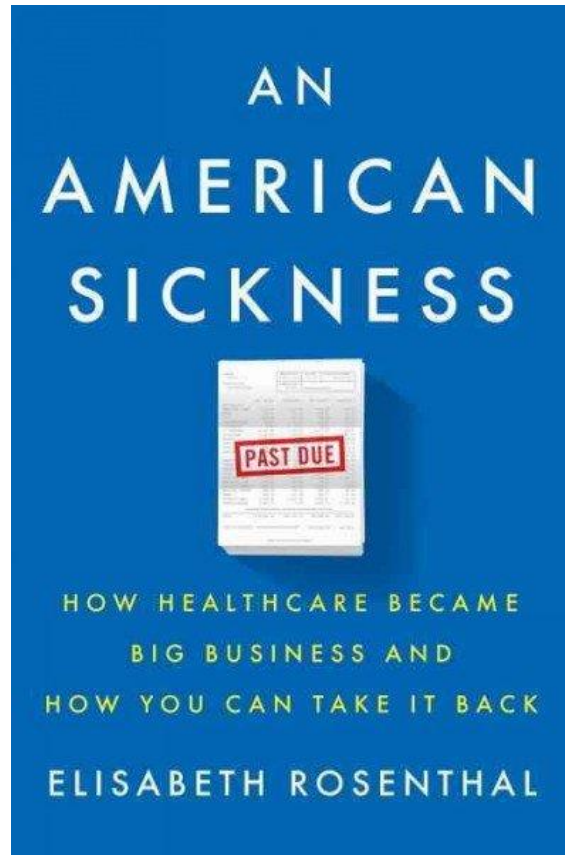
99% of patients, doctors, and nurses agree that compassionate care is important. BUT

In 2011, only 53% of patients and 58% of physicians, said that the healthcare system provided compassionate care.

In 2017 only 47% of physicians and 40% of nurses felt that the healthcare system provides compassionate care.



the schwartz center
FOR COMPASSIONATE HEALTHCARE



While we have become more like industry with billing, corporate practices, and efficiency, we have become less like industry with customer service and workforce well being.

1988

Howard Schultz

Founder and CEO Starbucks Coffee



“ You can't expect your employees to exceed the expectations of your customers if you don't exceed the employees' expectations of management.”

The experience of the worker drives the experience of the customer

The experience of the clinician drives the experience of the patient and family.





E. Toll "The cost of technology" JAMA 2012: 307:2497

Burnout

Burnout is a mental state characterized by:

- **Emotional exhaustion**

“I am emotionally depleted by my work.”

- **Depersonalization**

“I see patients not as people.”

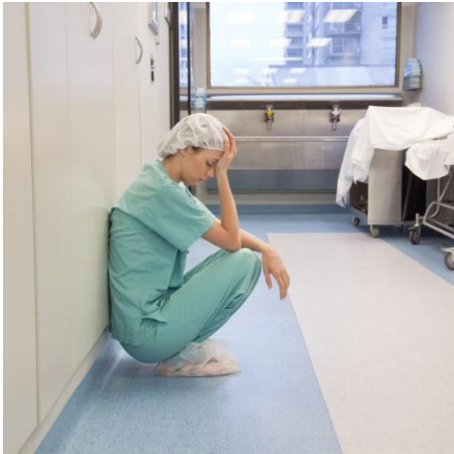
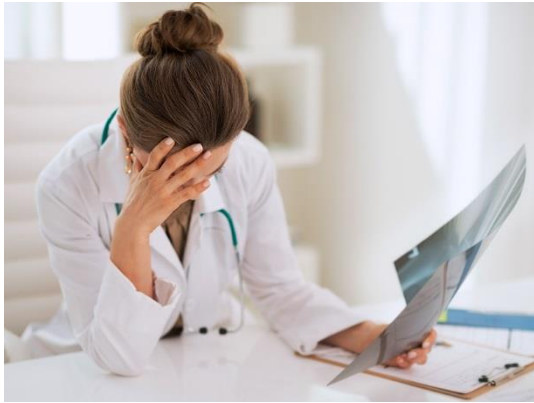
- **Decreased sense of personal accomplishment**

“I feel ineffective.”

- May appear to others as frustrated, cynical, and even callous.



There is an epidemic of
BURNOUT
No Clinical Caregiver is
immune



Rampant Burnout Among Stock Photo Models Who Pose As Burned- Out Doctors



“I am getting so burned out portraying these burned out doctors.”

Tom Frieden CDC <http://gomerblog.com/2016/07/burned-out-doctors>.

Consequences of Burnout

- Increased medical errors
- Poor patient outcomes
- Low family and patient experience scores
- High workforce turnover
- More work-life-home conflicts.

Association between physician burnout and patient safety, professionalism, and patient satisfaction. A systematic review and meta-analysis.

M Panagioti, et. al. JAMA Internal Medicine 2018; 178(10):1317-1330

- 47 studies on 42,473 physicians
- Burnout is associated with a 2-fold increased risk for unsafe care, unprofessional behaviors, and low patient satisfaction.
- Burnout = suboptimal care



The New York Times

THE DAILY BEAST



The Washington Post

The rate of physician suicide is increasing.
400 physicians die from suicide each year.

The equivalent of one entire Medical School



Burnout is an individual's response to their work conditions. It is not a medical condition. The system needs treatment.

Depression is a medical condition. The patient needs treatment without stigma or regulatory bias.

Burnout is the result of a chronic mismatch between people and their work setting.

- Workload (too much, wrong kind)
- Control (lack autonomy or control of resources)
- Reward (insufficient financial or social)
- Community (loss of positive connection)
- Fairness (inequity of workload, pay, promotion)
- Values (conflict with organizational values).

*Compassion is the antidote for
burnout!*

*And compassion is where we
should focus.*

First, a word about semantics...



How do we define sympathy, empathy, and compassion?

Sympathy

Sympathy is the feeling of pity and sorrow for someone else's misfortune.

Empathy

Empathy is the ability to understand and share the feelings of another.

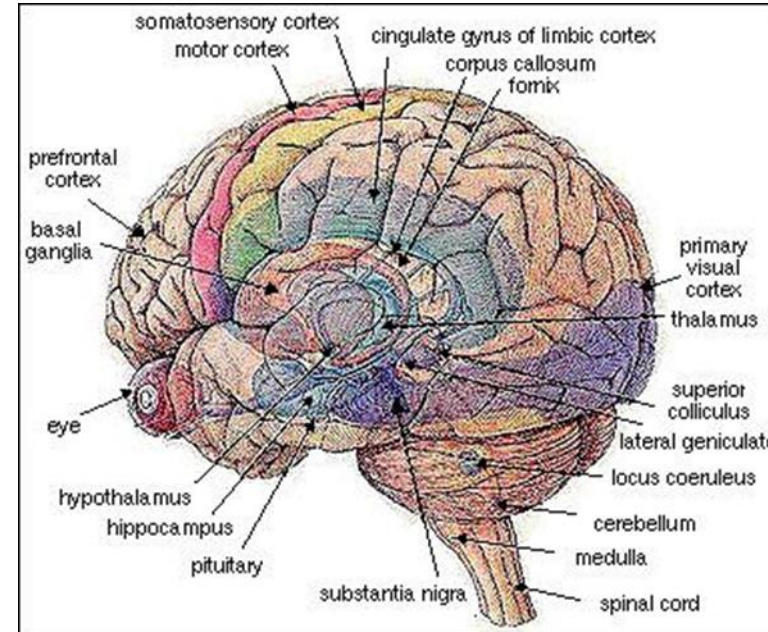
Compassion

Is the deep feeling that arises when confronted with another's suffering,

coupled with

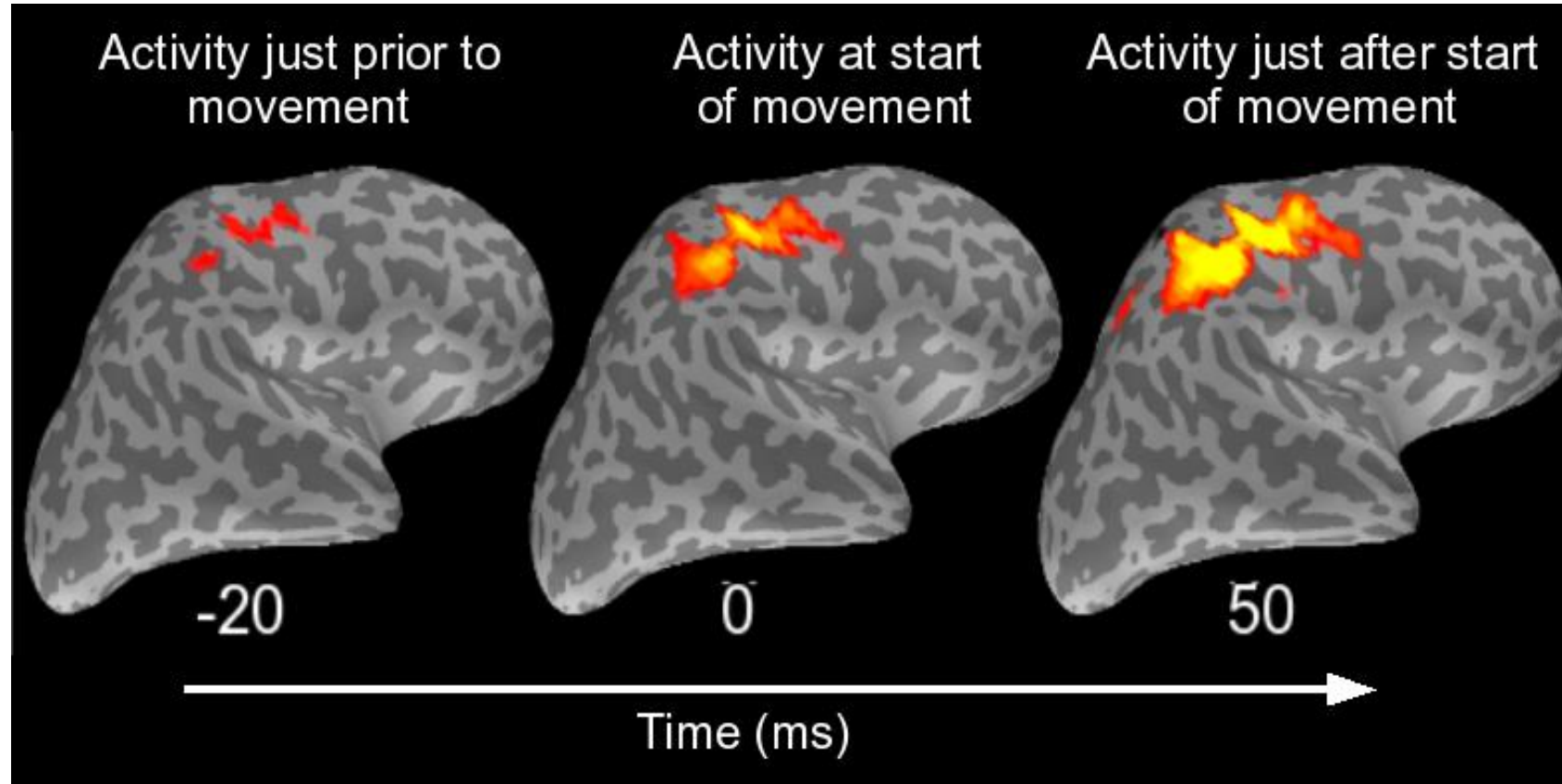
a strong desire to alleviate that suffering.

Empathy and compassion are much more than semantics –



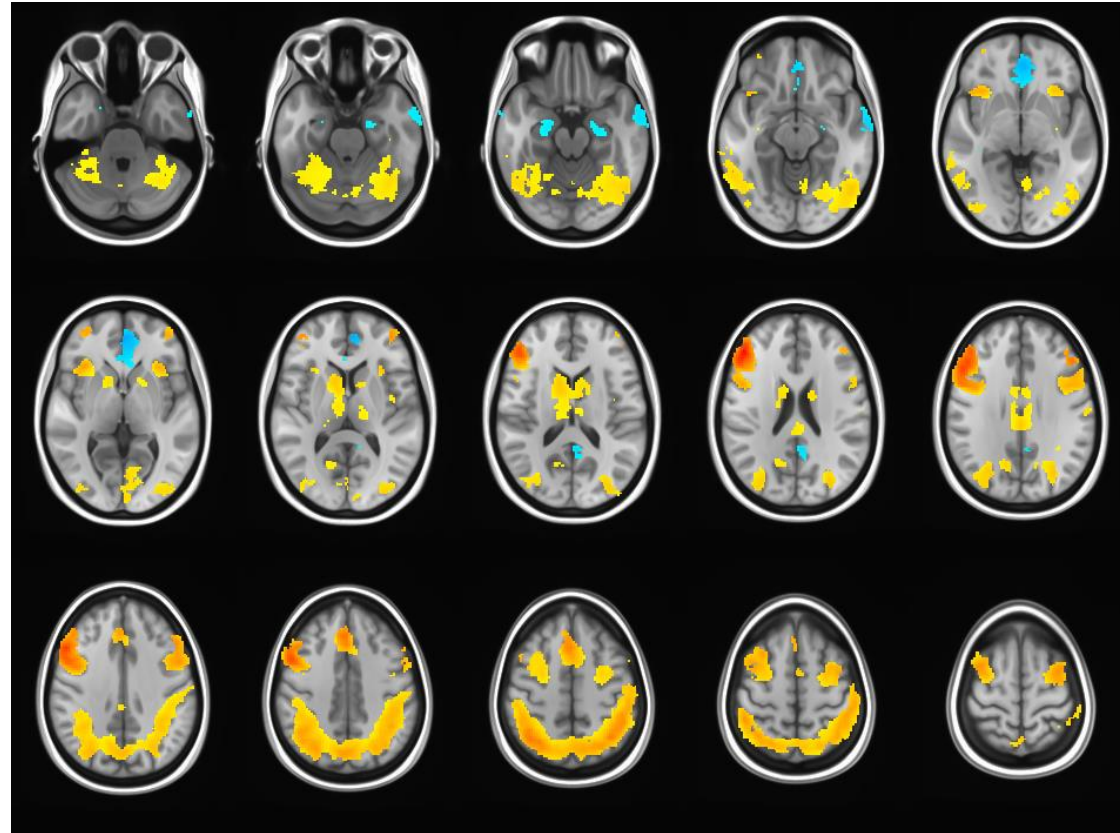
it's cognition, it's emotion, **AND** we are
hard-wired!!

Functional MRI of Hand Movement



Athinoula, A., Martinos Center for Biomedical Imaging at MGH, Boston

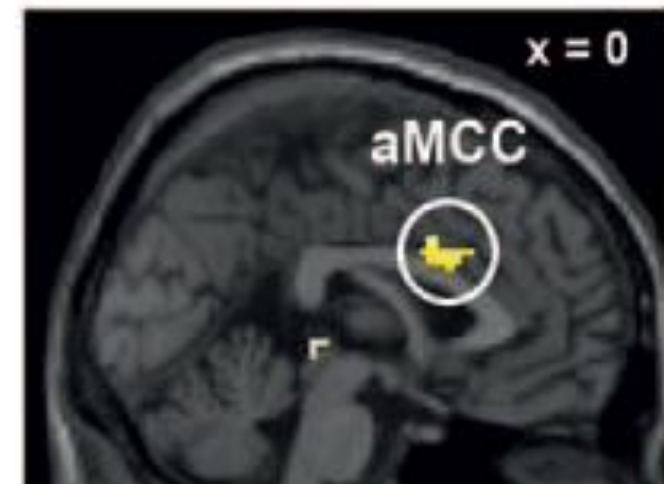
Functional MRI of Complex Emotions: Depression, Schizophrenia



Athinoula, A., Martinos Center for Biomedical Imaging at MGH, Boston

fMRI of Empathy and Compassion

- A core neural network involving anterior insula and anterior and middle cingulate.
- Empathy for others' pain activates regions involved with having a direct pain experience.
- Compassion activates areas involved with positive affect and reward.



Lamm C., Singer T., The role of anterior insular cortex in social emotions. Brain Struct Funct (2010) 214:579-591

Possessing a brain hard-wired for empathy and compassion raises many interesting questions.



1. Do we all have brains that are hard-wired for empathy and compassion?



People vary in their ability to experience and respond to the emotions of others.

- Empathy has a **cognitive (intellectual)** component and an **emotional (feeling)** component.
- A spectrum of empathy: Some people have more cognitive empathy while others are all emotional.

2. Can we teach brains to modify their structure so their owners can express even more empathy and compassion?





Klimecki OM, Singer T, et. al.

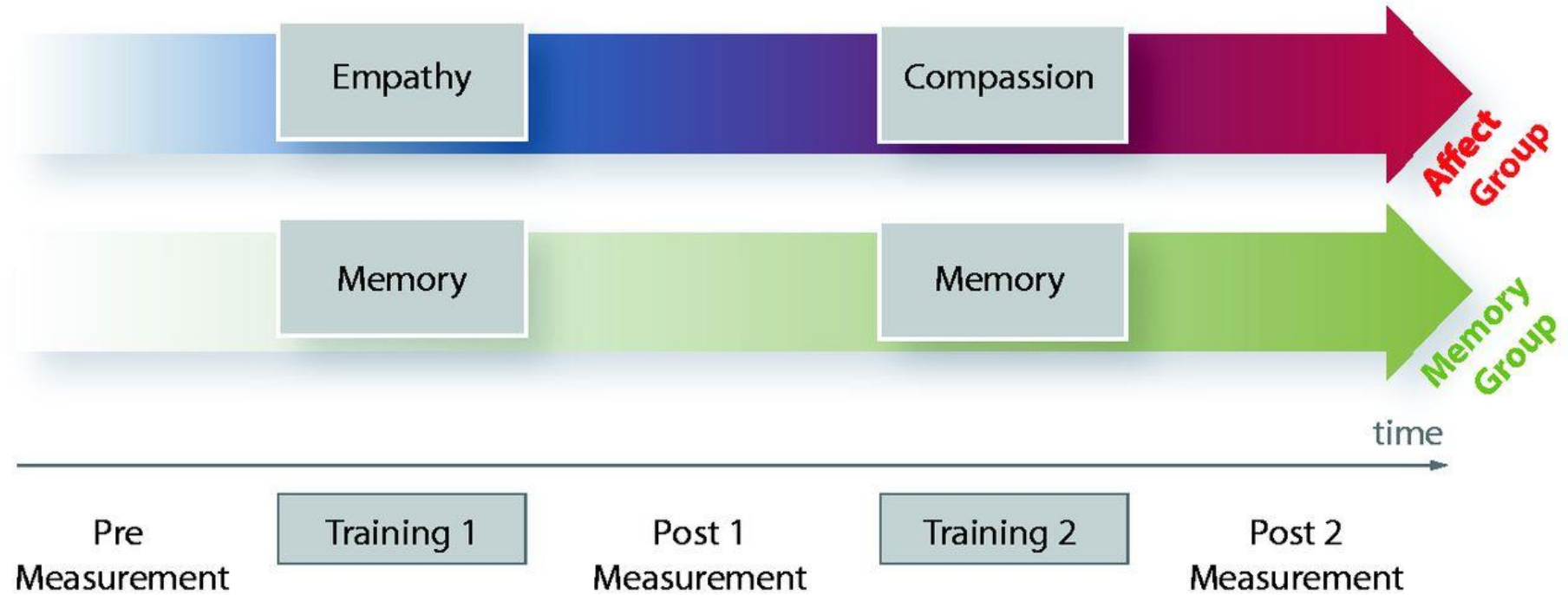
Differential patterns of functional brain plasticity after compassion and empathy training.

Soc Cogn Affect Neurosci (2014) 6: 873-8.

Engen HG, Bernhardt BC, Singer T

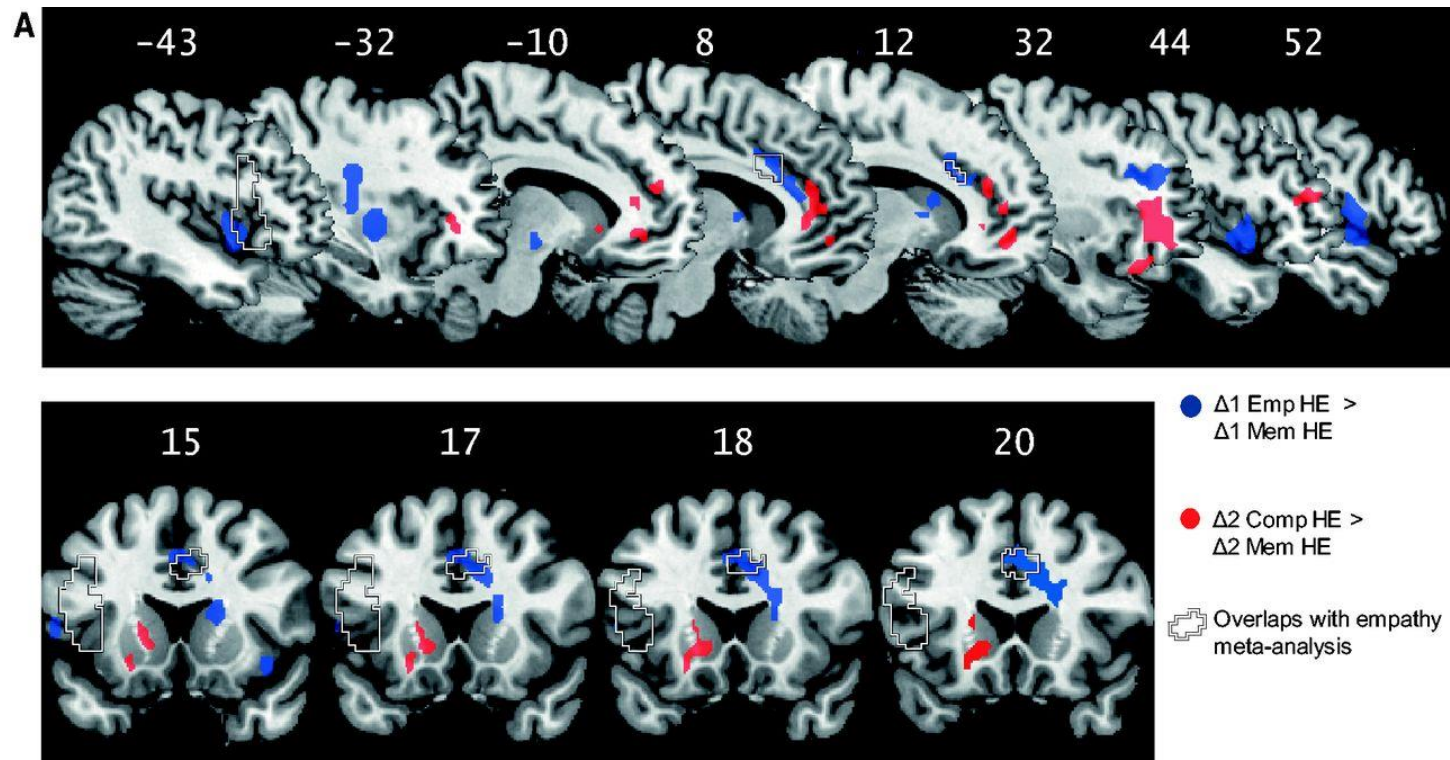
Structural changes in socio-affective networks: Multi-modal MRI findings in long-term meditation practitioners. Neuropsychologia (2018)

116:26-31.



- **Empathy Training:** Visualize one's own past suffering; resonate with another's suffering extending from self to others
- **Compassion Training:** Visualize one's own past suffering; cultivate feelings of loving kindness extending from self to others
- **Memory Training**

Functional neural changes related to empathy training (blue) and to compassion training (red) increased in comparison with the memory control group ($p < 0.05$).



Klimecki, OM, et al. Soc Cogn Affect Neurosci (2013)

3. Do internal or external factors influence a brain that is hard-wired for empathy and compassion?



Internal Factors Unconscious Bias

BE AWARE
BE PREPARED

To experience empathetic concern, one must value the distressed person:

- One person versus many people
- Similarity and dissimilarity (in-group and out- group membership)
- Stereotypes and bias
- Managing pain in patients with different conditions or the same condition in different patients



External Factors



Distractions (alarms, alerts, telephone interruptions and computers) interfere with compassionate behaviors.

- Distractions shift our attention away from patients' verbal and non-verbal expressions of distress.
- Distraction diminishes our own pain. Distractions diminish empathy for another's pain.
- Deactivation of pain-empathy pathways by cognitive demanding tasks. (Gu X, Han S. Neuroimage (2007) 36:256-267)

Ambiguous Images



17



(b)



(c)



(a)



(b)

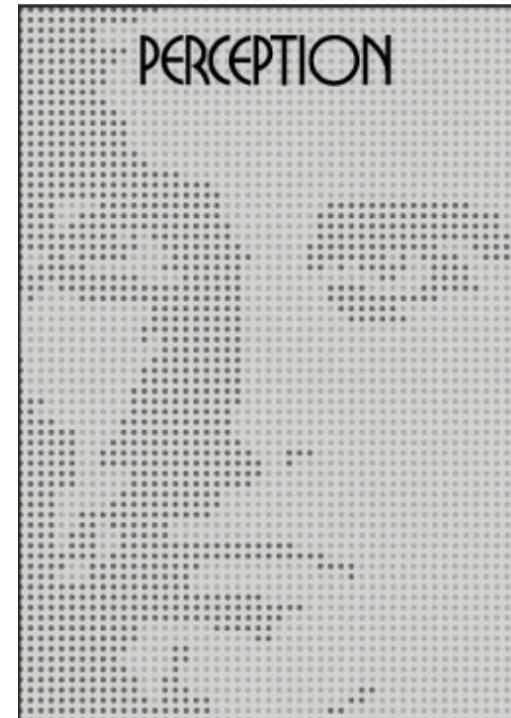


(c)

Prinz J. Seidel A.

Alligator or squirrel: musically induced fear reveals threat in ambiguous figures.

Perception (2012) 41(12): 1535-9



Possessing a brain hard-wired for empathy and compassion raises many interesting questions:

1. Do we all have it? **YES**
2. Can it be taught? **YES**
3. Do internal or external factors influence it? **YES**

My simpler view as to the cause of burnout:

Burnout occurs when you know what the patients need, but you are unable to give it to them.

- 10 more minutes in clinic or at the bedside
- A bit more patient education; tell them again
- Medications, tests, and services not covered by their insurance even after pre-authorization.
- Consultants not available till next November

Harvey Fineberg, MD, PhD
President, Institute of
Medicine 2013

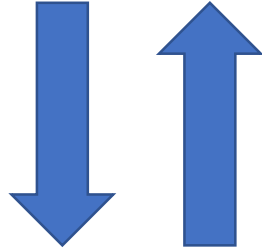


“The greatest inhibitor to individual caregivers showing compassion is that they themselves are disrespected, under stress, and not permitted to express their full professional engagement and responsibility.”

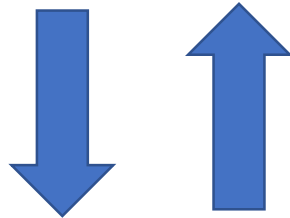
Let's build a Compassionate-Care-Anti-Burnout- Caregiver-Wellbeing Toolbox



Leadership

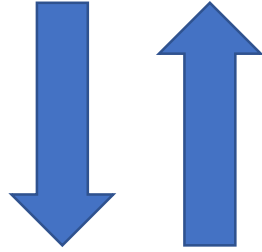


Team or Unit

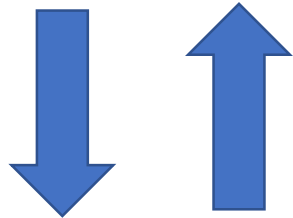


Caregiver

Leadership



Team or Unit



Caregiver

Caregiver

Personal resilience contributes to provider well-being.

Example: Mindfulness

No amount of resilience can withstand a toxic or non-supportive environment.

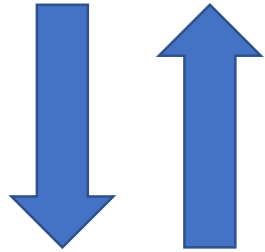
Canary



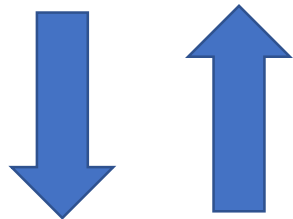
Coalmine



Leadership



Team or Unit



Caregiver

Team or Unit

Implement programs that nourish
Provider to Provider Compassion

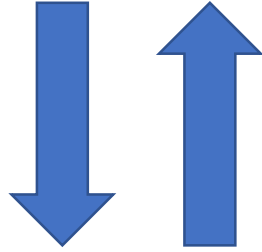
Example: Schwartz Rounds



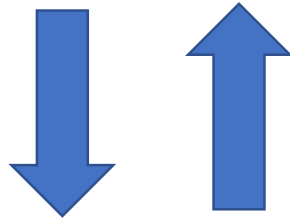
A multidisciplinary conference to share and talk about the experience of caring for patients.
Rather than the patient's story, it is the caregivers' story.



Leadership



Team or Unit



Caregiver

Leadership

Leadership opportunities to support the delivery of compassionate care

Burnout is a problem of the whole health care organization, rather than the individual.

Example: Assess workforce mental health and reduce stigma

A “Check-Up from the Neck-Up” Mental Health Screening Kiosks at Drexel University

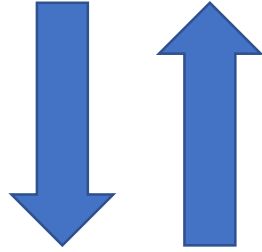


Challenge: Reducing the stigma and barriers to mental health care and eliminating job discrimination.

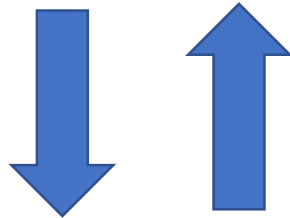
Now, let's build a
Compassionate-Care-Anti-Burnout-
Caregiver-Wellbeing Toolbox



Leadership



Team or Unit



Caregiver

Leadership opportunities to support the delivery of compassionate care

- Monitor the emotional health of the workforce
- Policy after adverse events
- Include emotional harm in serious event reporting
- Address the Electronic Medical Record

Leadership opportunities to support the delivery of compassionate care

- Monitor the emotional health of the workforce
- **Policy after adverse events**
- Include emotional harm in serious event reporting
- Address the Electronic Medical Record

Managing Adverse Events: An Airline Story

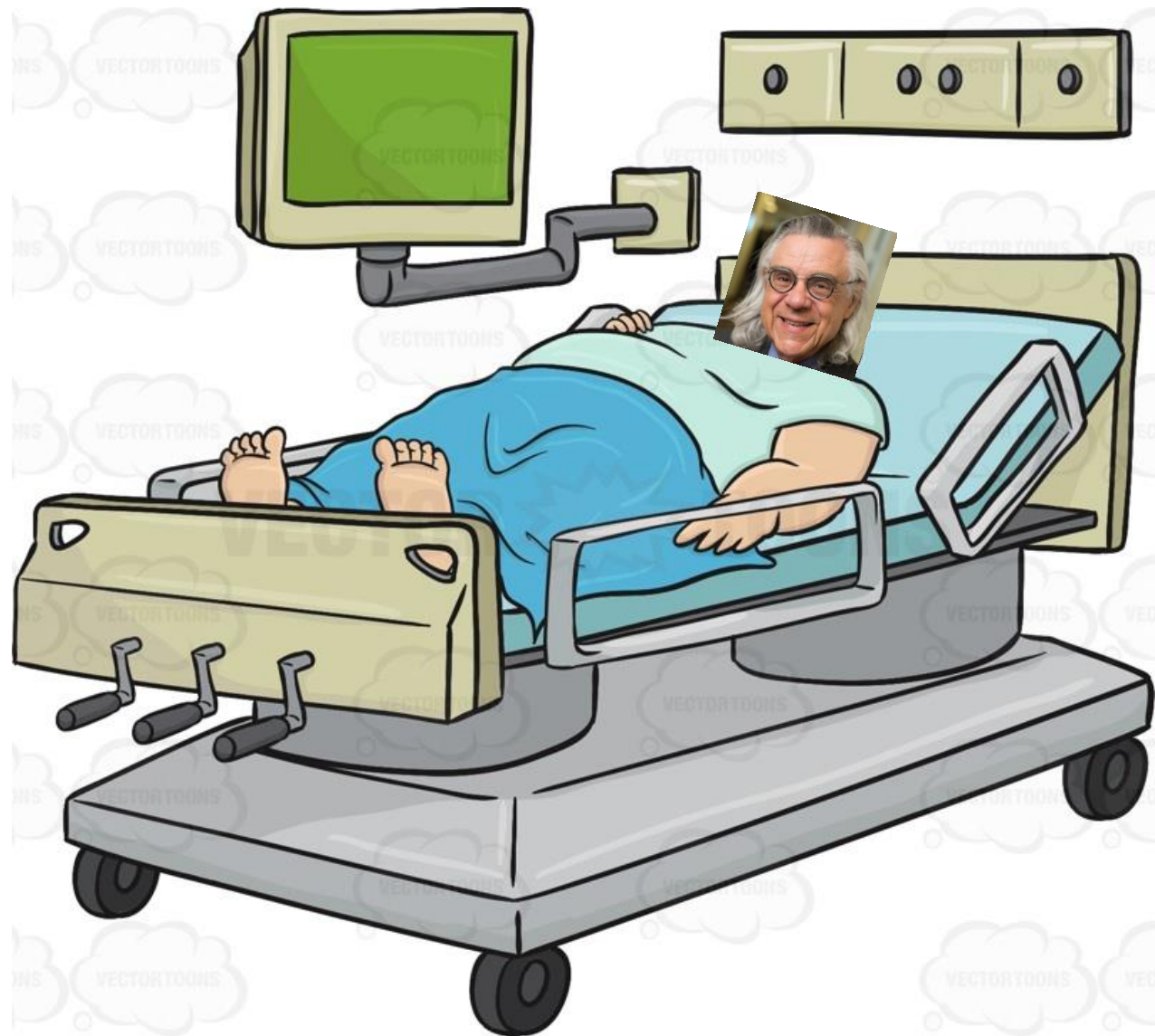


Managing Adverse Events: A Hospital Story



Leadership opportunities to support the delivery of compassionate care

- Monitor the emotional health of the workforce
- Policy after adverse events
- **Include emotional harm in serious event reporting**
- Address the Electronic Medical Record

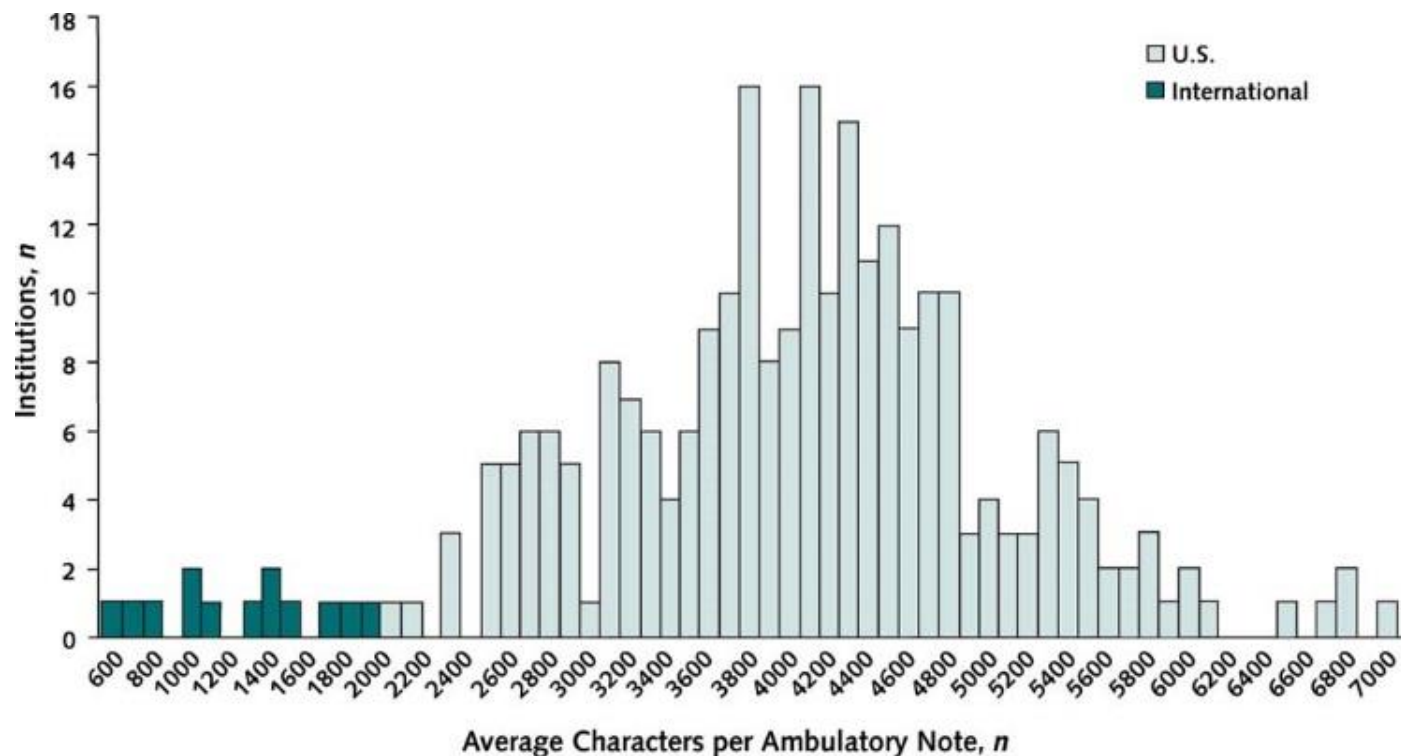


Leadership opportunities to support the delivery of compassionate care

- Monitor the emotional health of the workforce
- Policy after adverse events
- Include emotional harm in serious event reporting
- Address the Electronic Medical Record

Physician burnout in the electronic health record era: Are we ignoring the real cause.

Downing HL, Bates DW, Longhurst CA Ann Int Med 2018; 169:50-51

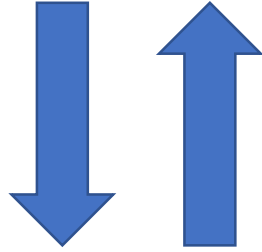


Clinical notes in the USA are 4 times longer than those in other countries due to reimbursement and compliance documentation requirements.

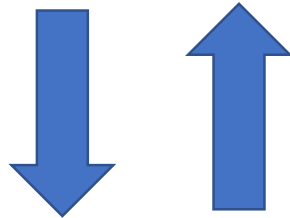
We can build a
Compassionate-Care-Anti-Burnout-
Caregiver-Wellbeing Toolbox



Leadership



Team or Unit



Caregiver

