

# Centering Self and Systems:

*Returning Joy & Hope to Resilient (and Resolute) Clinical Teams*

Ellen L. Singer, MD, FAAP, FACP, CPCC

The Foundation for Medical Excellence

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[esinger@tfme.org](mailto:esinger@tfme.org)



# Disclosures

Disclosure Statement

*I have no conflict of interest to disclose*



# Creating Resilient Culture: The Steps

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**Stabilize the foundation**

**Know the "play" (and the players)**

**Follow the money**

**Predict the trendlines**

**Build connections – with self, team and community**





# Creating Resilient Culture: Learning Objectives

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**To honor where we have come from**

**To honor and hold space for where we are now**

**To name some of the drivers of distress**

**To begin a new dialogue – with self and colleagues**

**To review ideas for small changes that may evoke transformation**



# The Lens of Time

*Who we were and are*

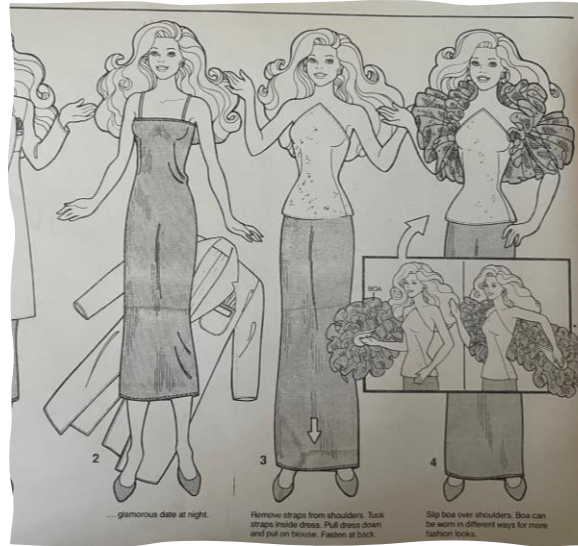
*Where we work*

*What demands attention*

*What needs attention*

*Who are we becoming*

*Where we can go together*



# Placeholder for audience response

What is your memory of health care in the 1980s-1990s

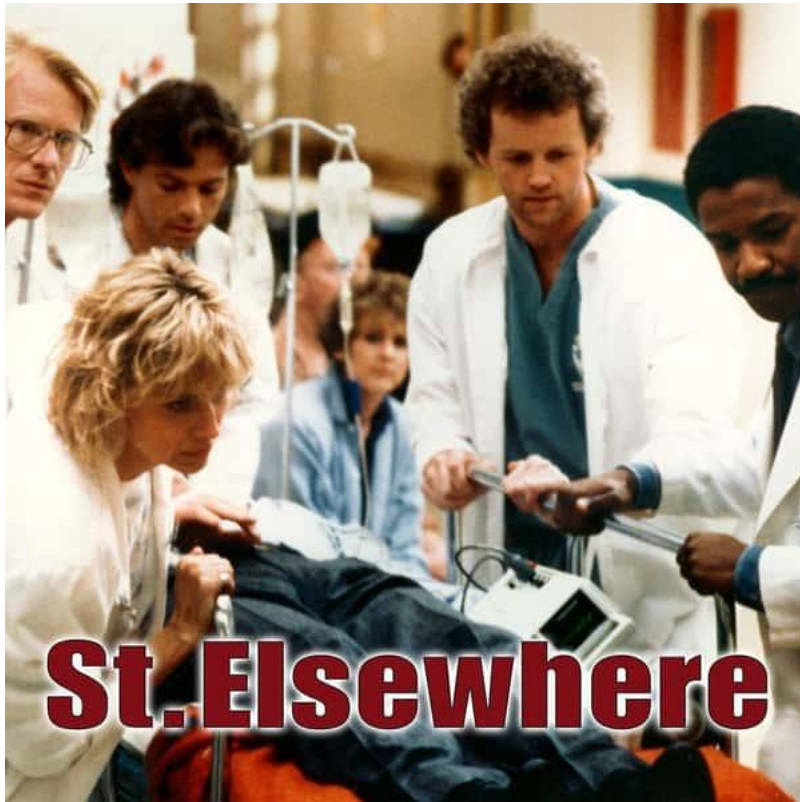
# What's your memory of health care in the 1980s-1990s?

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# 1980s "throwback" *What we saw...*



"Parenthood  
is like  
pro ball:  
there's  
ten times  
more  
going on  
than  
you  
expected."

For  
birth  
control  
information  
call your  
local clinic.

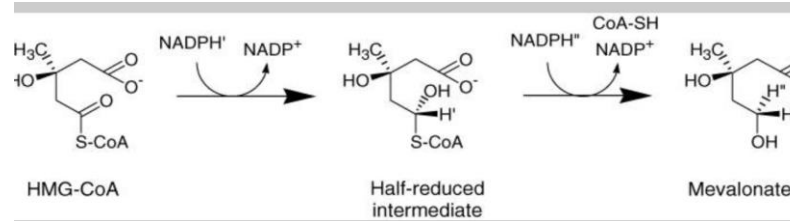


Julius Erving  
Philadelphia 76ers



# 1980s throwback

## Some of what we did...



Date 11/25/85

### ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number, building, Agency/Post) Initials Date

1. *John Anderson*

2.

3.

4.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

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no harm in new microprocessor based  
user interface to tables.  
Let's use GRATEFUL MED.  
It's just too good to pass up.  
Microprocessors can't accurately give you  
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Donald A. B. Lindberg, M.D. 2E17 38  
Director, NLM Phone No.  
495-6221

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Placeholder for audience response

What are the foundational elements in healthcare?

# Lessons from the 1980s

## *Burnout or Resilience in the 2023 “reboot”*

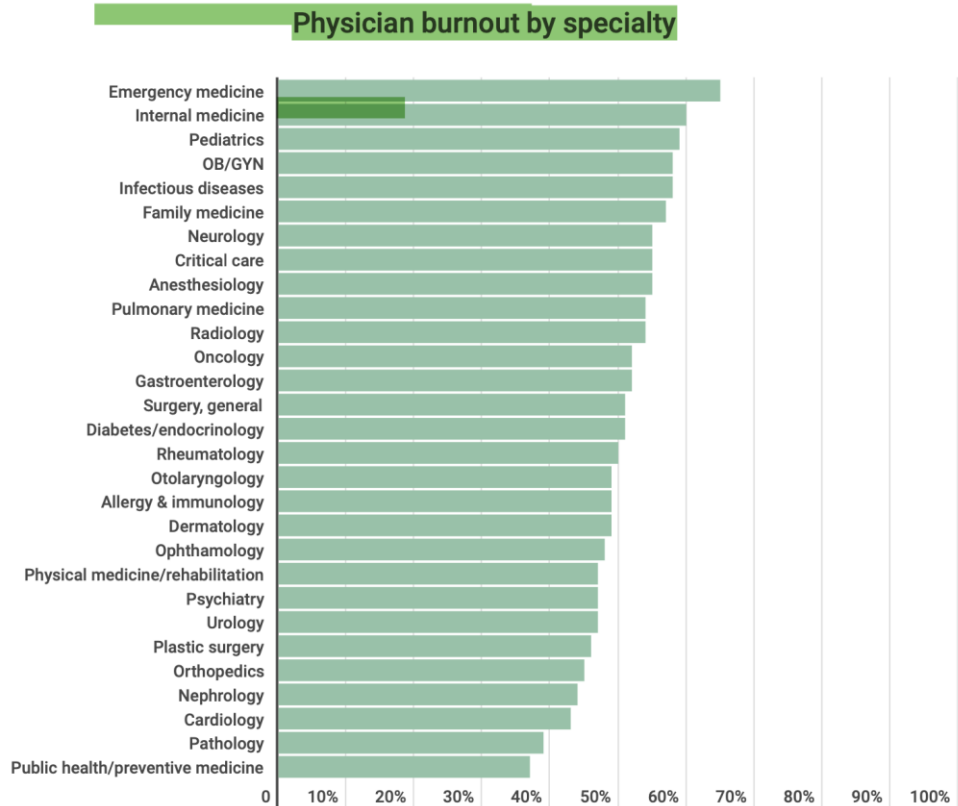
“Burnout” is characterized by these factors:

Emotional Exhaustion

Depersonalization/Cynicism

Loss of Personal Accomplishment/Agency

“Resilience” is characterized by the individual ability to maintain a healthy, psychological state in the face of adversity or risk and capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development



Medscape, 2023 Physician Burnout & Depression Report, 1/27

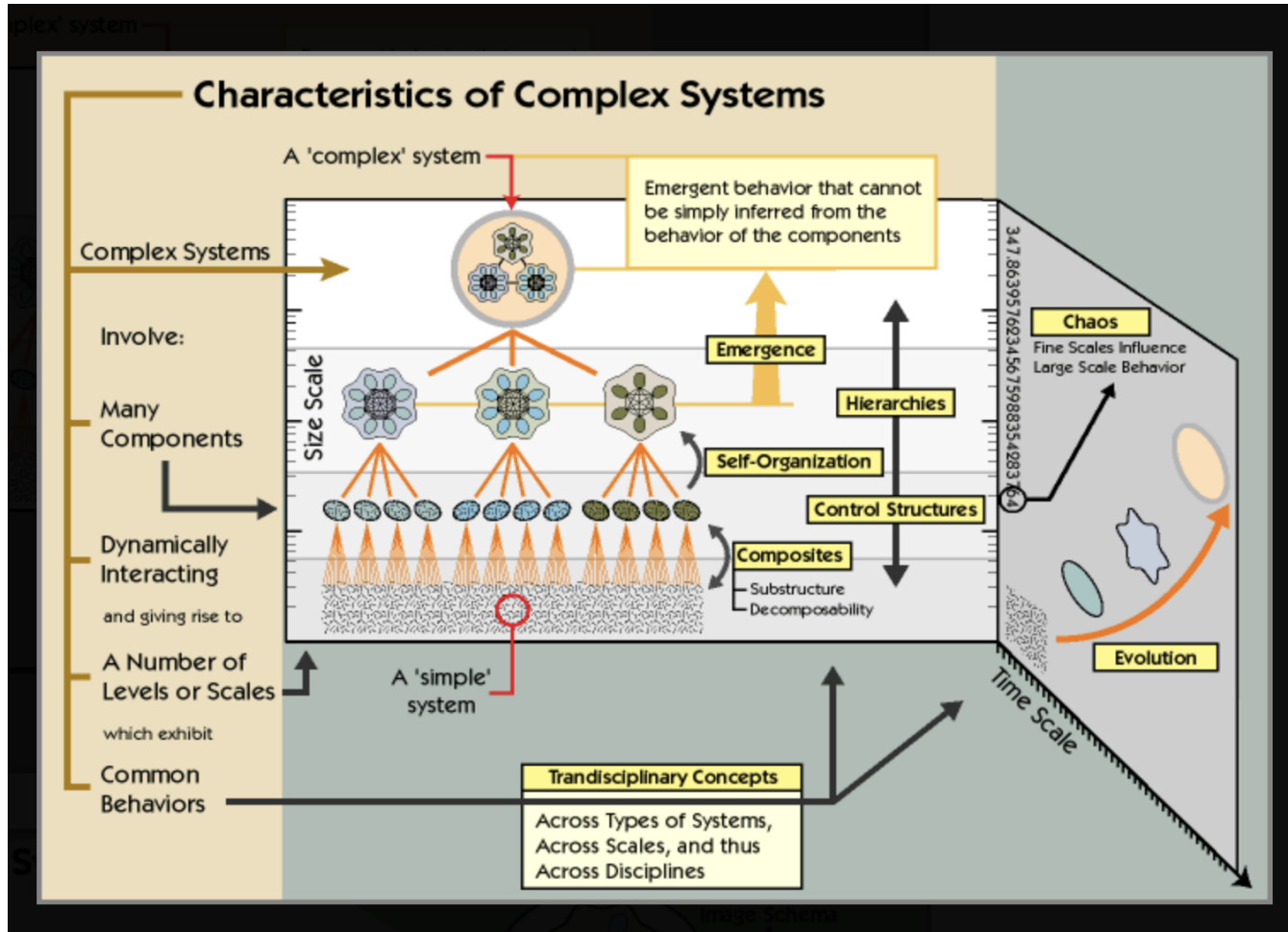
Maslach, C.; Jackson, S.E. (1981). [\*The measurement of experienced burnout\*](#). *Journal of Occupational Behavior*. 2 (2): 99–113. doi:[10.1002/job.4030020205](https://doi.org/10.1002/job.4030020205)

Werner, E. (1993). *Risk, resilience, and recovery: Perspectives from the Kauai Longitudinal Study*. *Development and Psychopathology*, 5(4), 503–515. doi:[10.1017/S095457940000612X](https://doi.org/10.1017/S095457940000612X)



# The 2023 "Post Pandemic" Reboot

*What is here in this moment?*



**Convolved Finances**

**Complicated Job Roles**

**Competing Demands (for attention, time)**

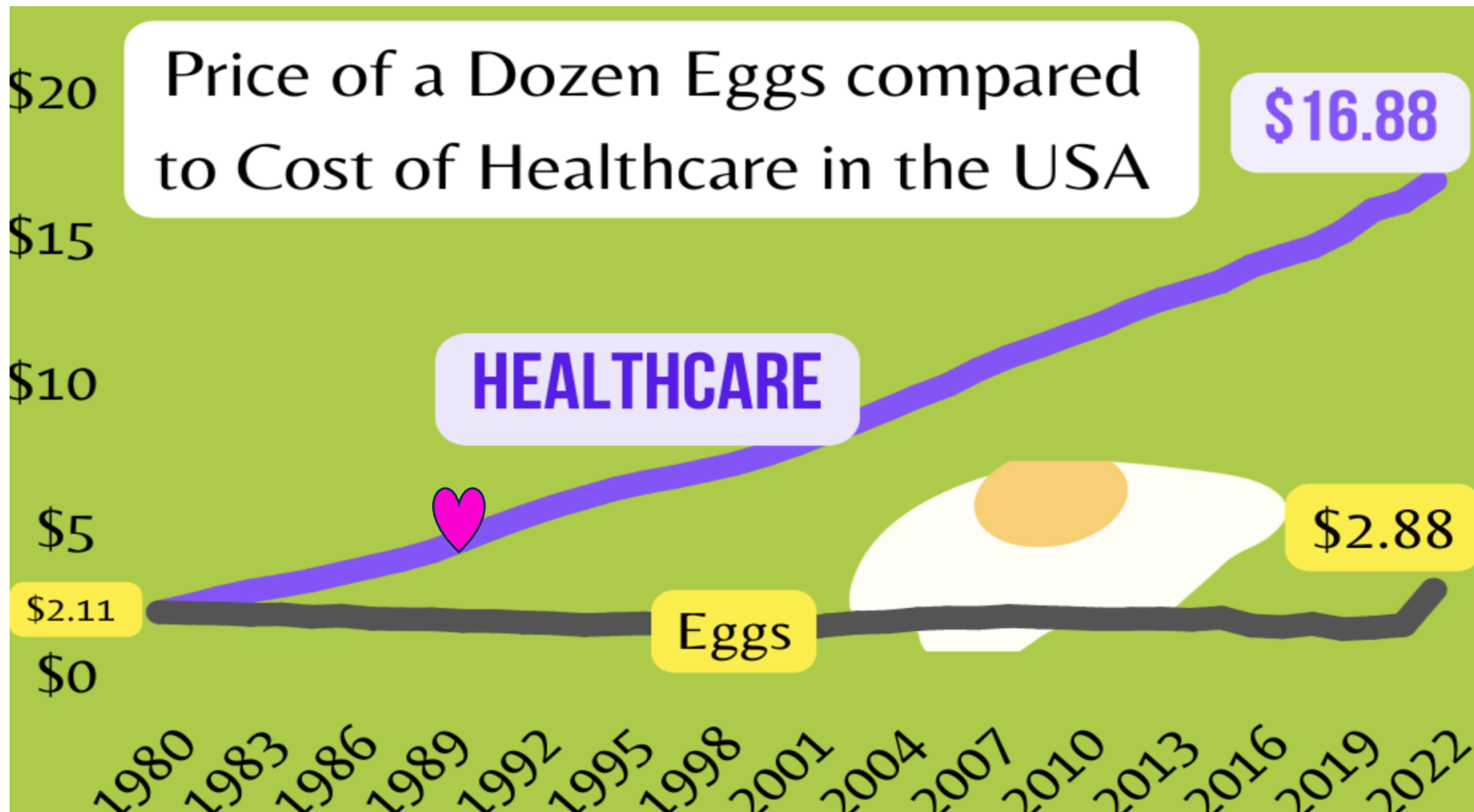
**Consistent Demand**

**Constant Scarcity (staff, appointments, time)**

**Curtailed (but not lost) Creativity**

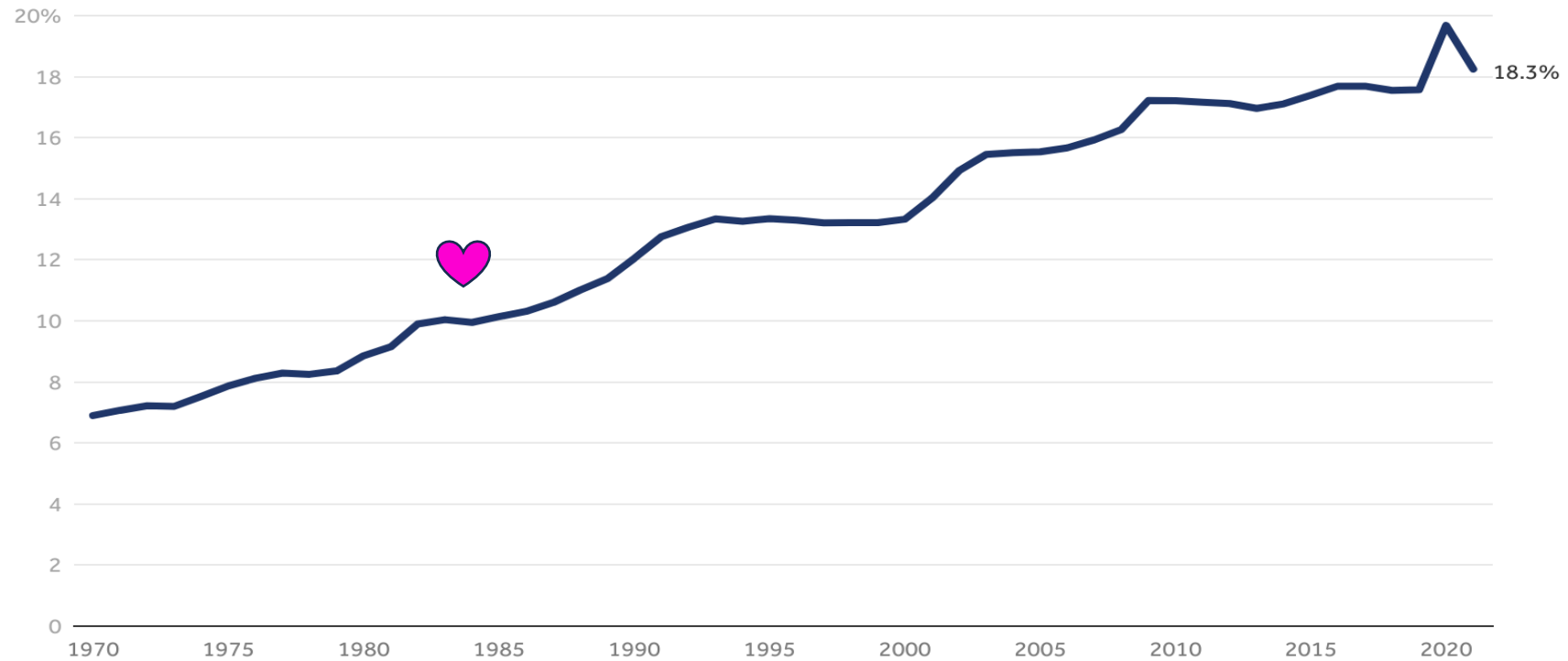
*What can we do to build adaptability into our systems? For individuals? Teams? Communities?*

# Follow the Money: The Never-ending Cost Curve



# Follow the Money: The Never-ending Cost Curve

Total national health expenditures as a percent of Gross Domestic Product, 1970-2021

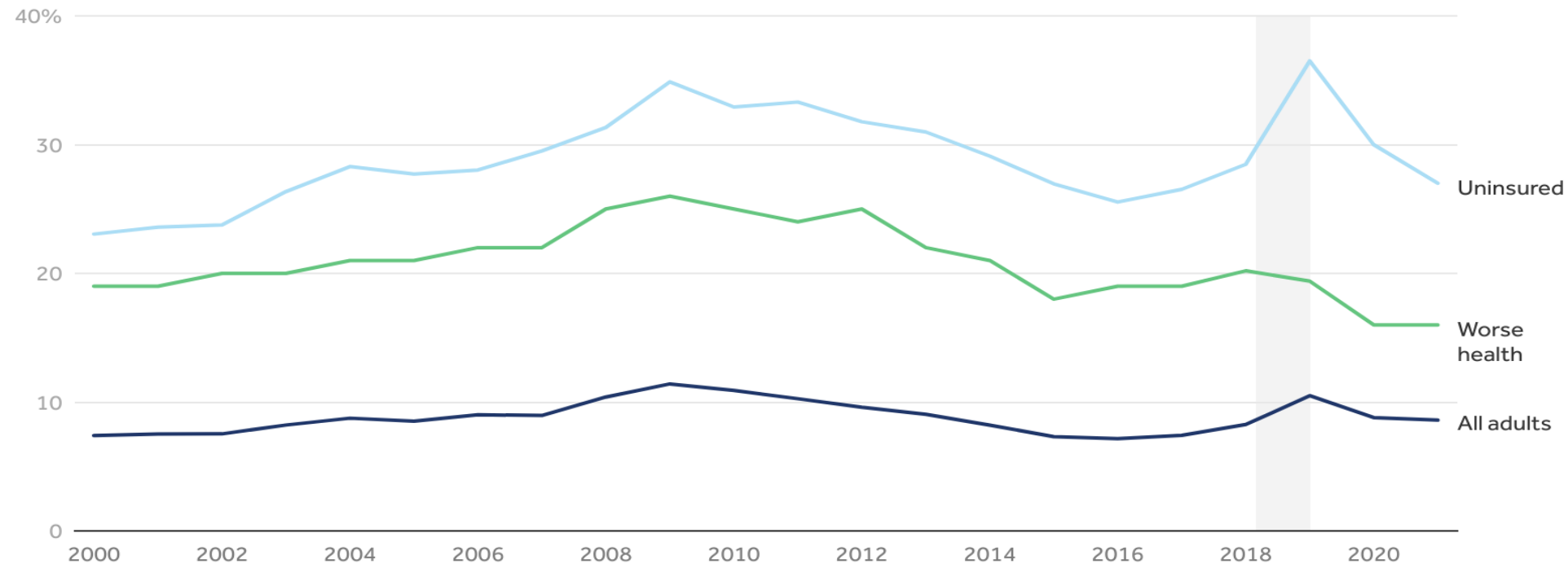


Source: KFF analysis of National Health Expenditure (NHE) data



# Follow the Money: Deferred and Delayed Care due to Cost

Percent of adults (age 18 years and older) reporting delaying or going without medical care due to costs, by selected characteristics, 2000-2021



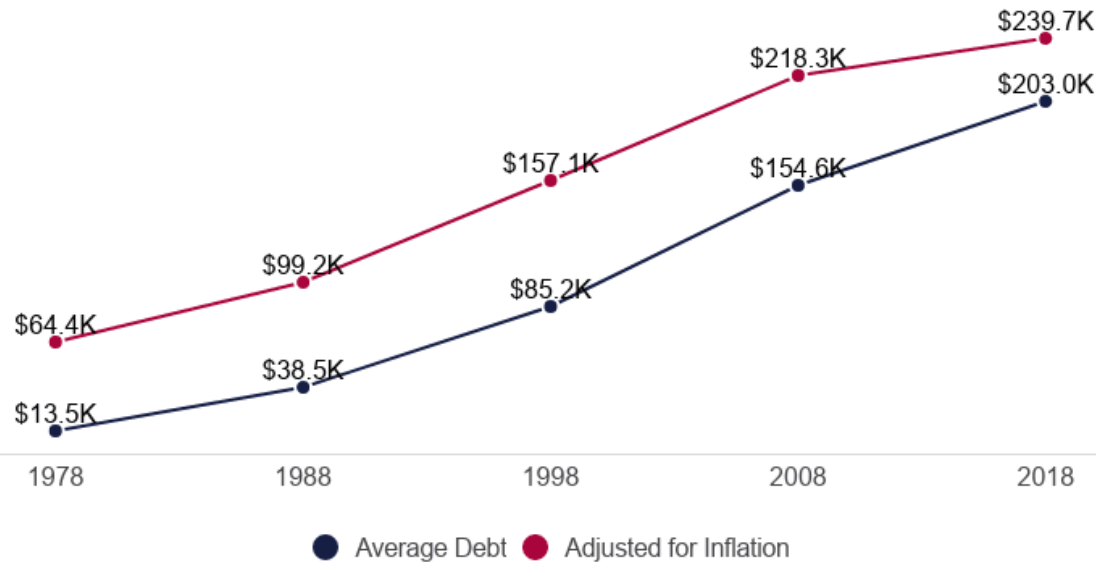
Note: Gray region represents the CDC redesign of NHIS. Changes from 2018 to 2019 are at least in part due to the NHIS questionnaire redesign, the updated weighting approach, or both, in addition to any actual change over time

Source: KFF analysis of National Health Interview Survey data

# Follow the Money: The Duplicated Medical Student Debt Curve

*(and the impact on primary care recruitment)*

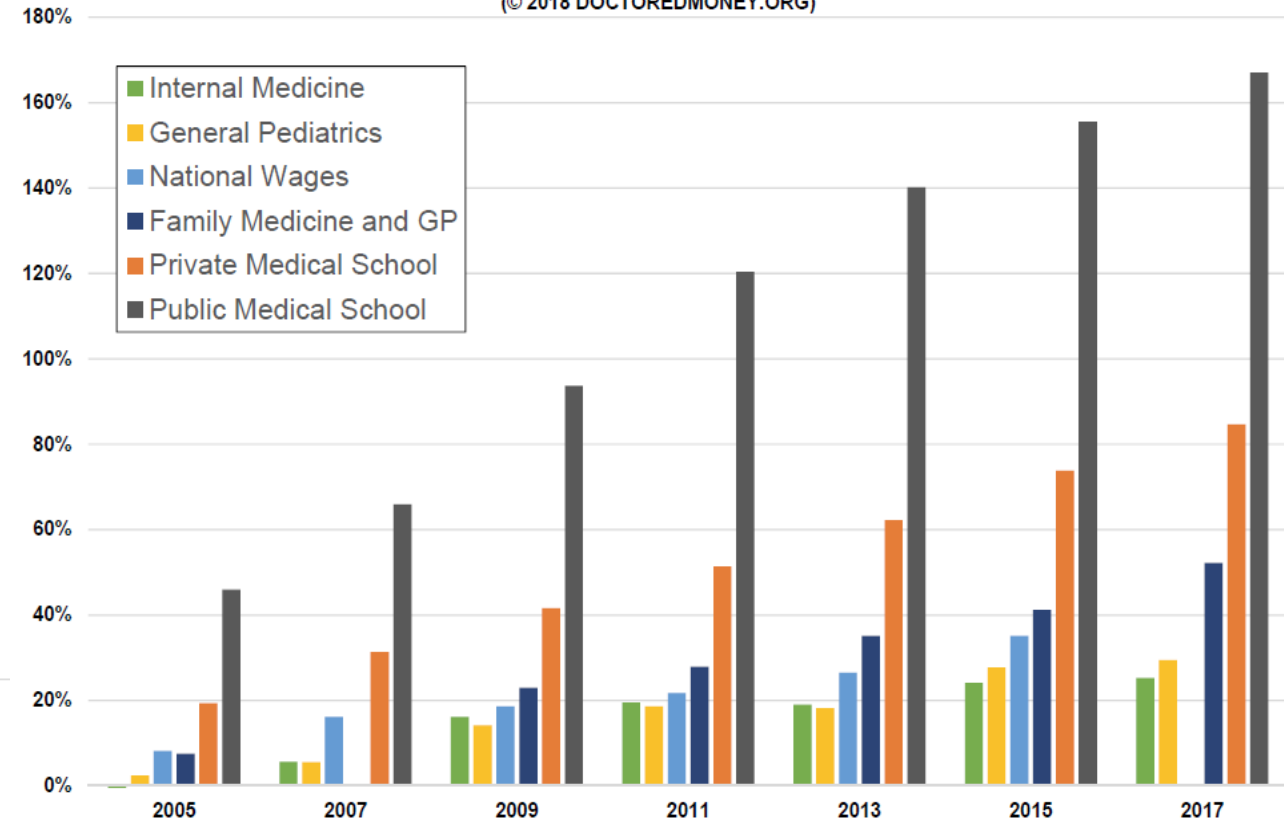
**Average Medical School Graduate Debt Over Time**



Source: AAMC

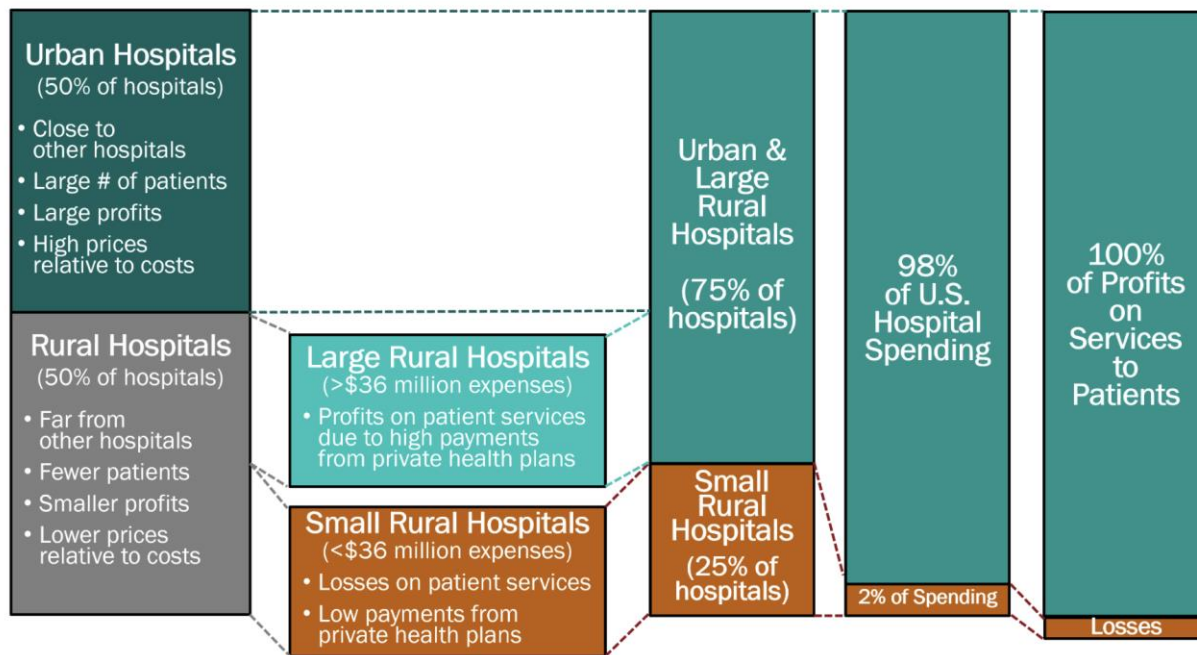
**Primary Care Wages and Medical School Costs Relative to 2002**

(© 2018 DOCTOREDMONEY.ORG)

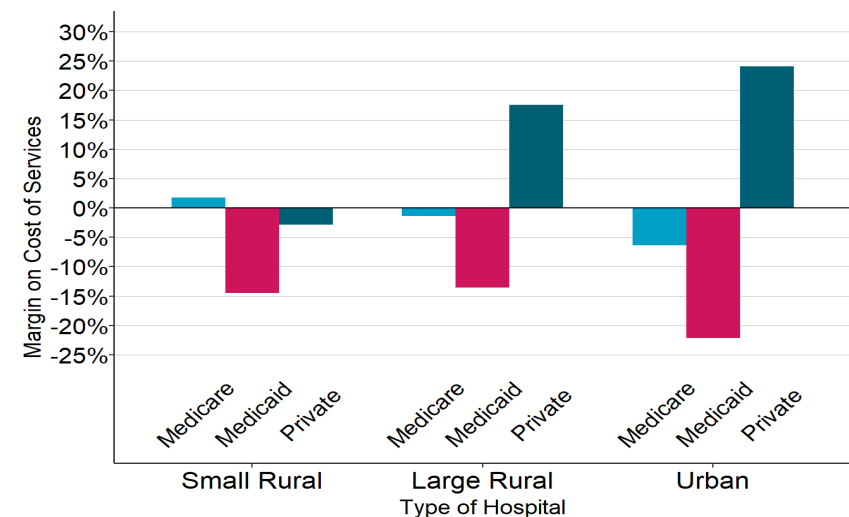
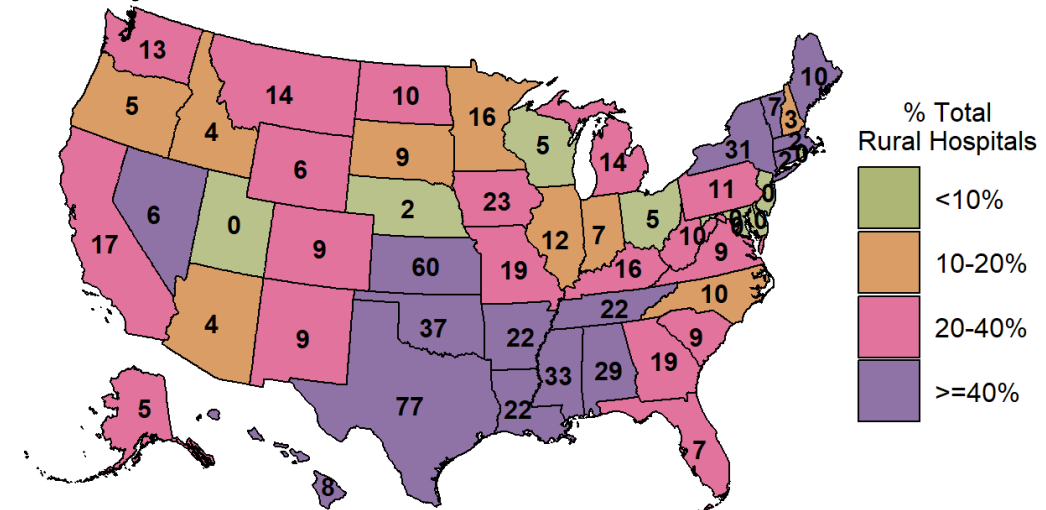


# Follow the Money: Financial Risks to Rural Health Systems *(and the impact to specialty and surgical care)*

The Two Types of Hospitals in the U.S.



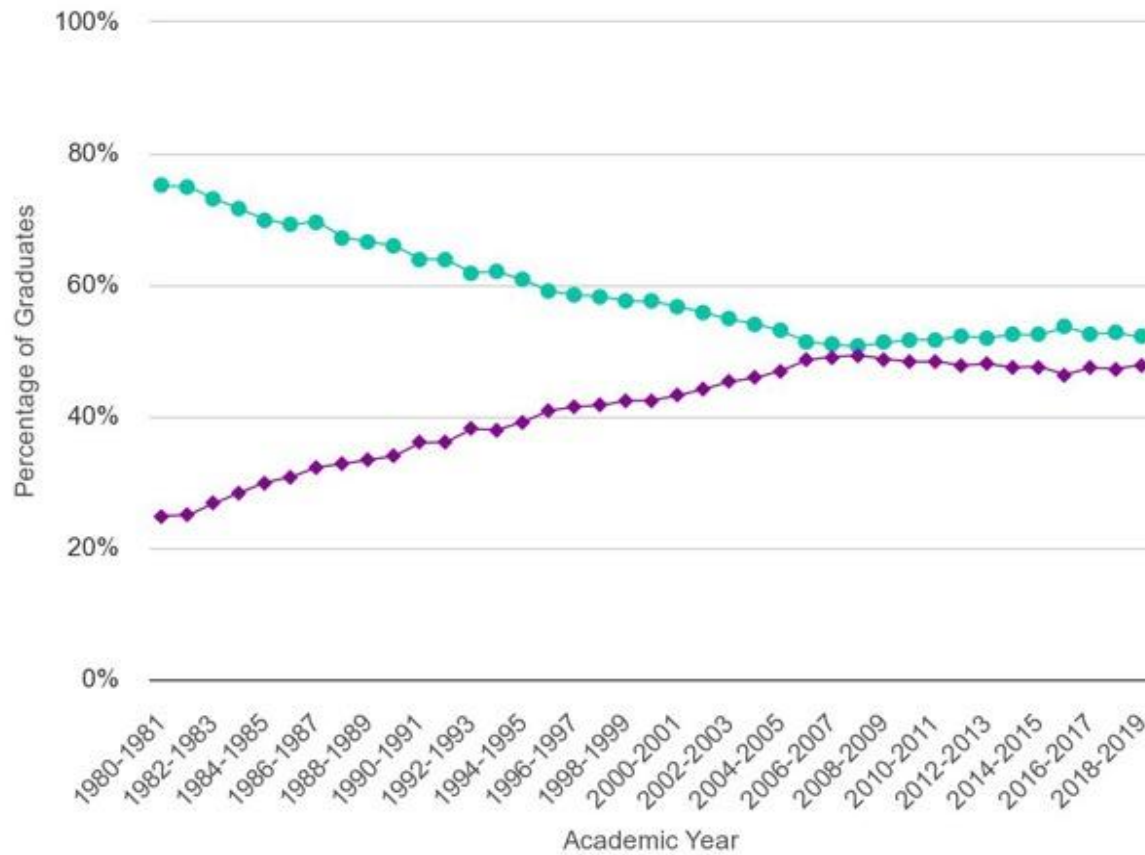
<https://ruralhospitals.chqpr.org/Data1.html>





# A Changing Workforce

Figure 12. Percentage of U.S. medical school graduates by sex, academic years 1980-1981 through 2018-2019.



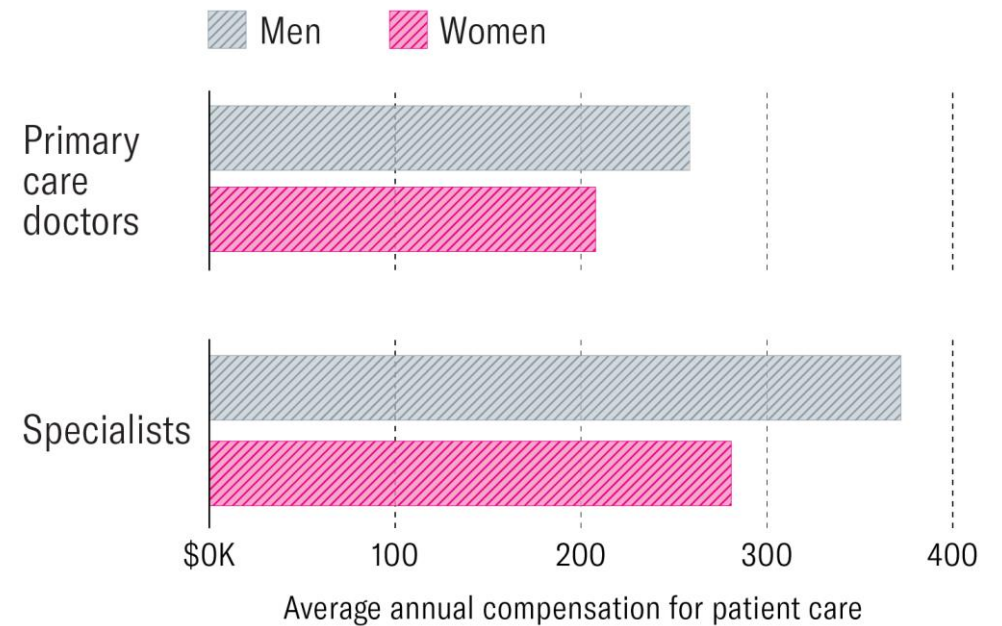
Click on legend item below to add or remove a line from the report.

Female Male

Source: AAMC Data Warehouse: STUDENT as of Aug. 16, 2019.

## Doctors' Glaring Pay Gap

Across the board, women physicians in the U.S. make substantially less than their male counterparts.



Source: Medscape Physician Compensation Report 2019

HBR

# Incongruence: Between Artifacts and Espoused Values in Medicine

Domain	Espoused value (what we say)	Artifact (our behavior)	What it reveals
Culture of our organizations and health care system	Physicians are professionals (we trust them)	Preauthorization and excessive documentation required to justify billing and prevent malpractice suits	We do not trust you
	Physicians are our most highly trained and expensive workers (we should maximize their efforts)	Excessive clerical burden and ineffective use of time	Your time is not valuable
	High-quality care is our top priority	A delivery system that drives fatigue and burnout which erode quality of care	Economic priorities are more important than quality
		Focus on relative value units/volume/net operating income	Commoditization of physicians and patients
	We value patient autonomy, shared decision making, and tailoring care to individual needs	Visit lengths and limited staff support preclude shared decision making and tailoring care to individual patient needs	Economic priorities are more important than patient agency
	We believe in social justice and fair distribution of resources for our patients and communities	Organizational tactics that tailor access to optimize payer mix and care for highly reimbursed medical conditions rather than patient need	Economic priorities are more important than social justice assumptions

[https://www.mayoclinicproceedings.org/article/S0025-6196\(19\)30345-3/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(19)30345-3/fulltext)

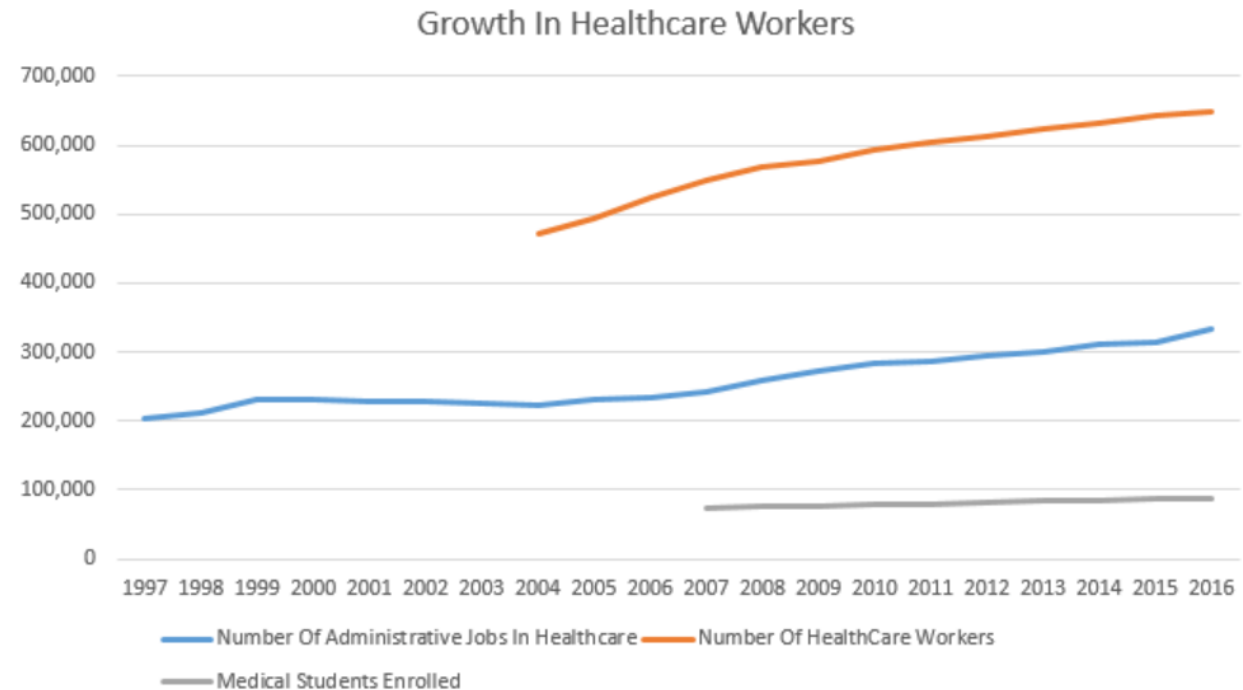
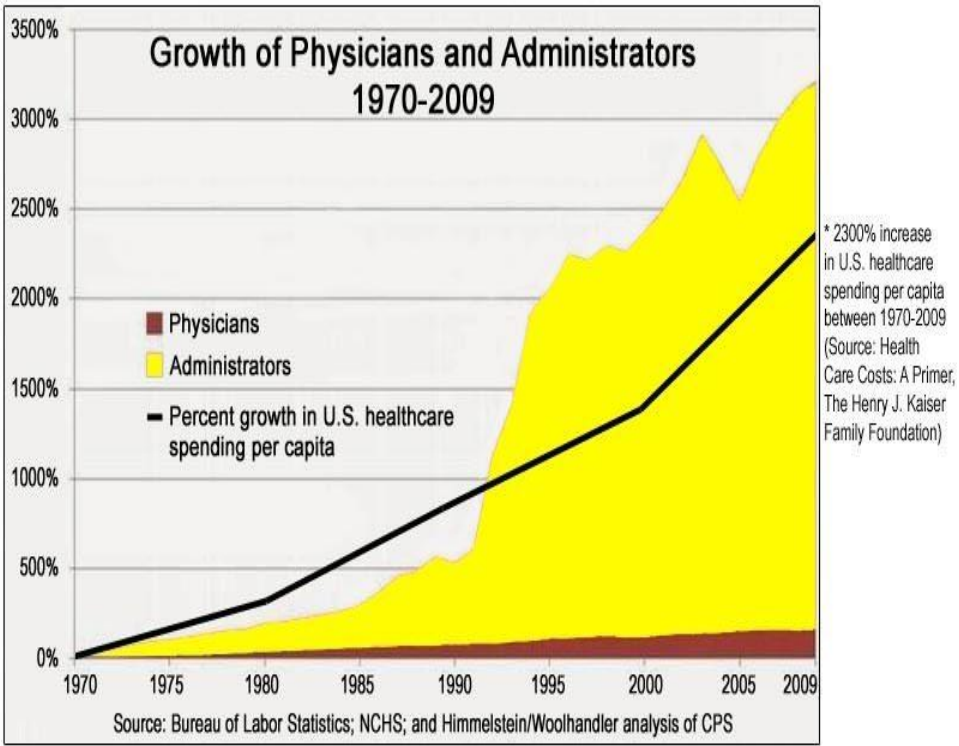
# Incongruence: Between Artifacts and Espoused Values in Medicine

Domain	Espoused value (what we say)	Artifact (our behavior)	What it reveals
Professional culture	Self-care is important	Excessive hours, work always first, and often do not take care of ourselves (diet, exercise, sleep, and preventive health care)	Self-care is not important; short-term productivity is more important than sustainability
	Prevention is better than treatment	We do not attend to our own health needs	Physician health is not important
	To err is human	A professional culture of perfectionism, lack of vulnerability, and low self-compassion Belief that mistakes are the fault of the individual and are unacceptable	Physicians expected to be superhuman We have not yet internalized many of the lessons of the quality movement that errors are inevitable in complex systems
	Fatigue impairs performance	Excessive work hours; work even when ill	We do not believe this adage applies to physicians or we are too arrogant to admit it does



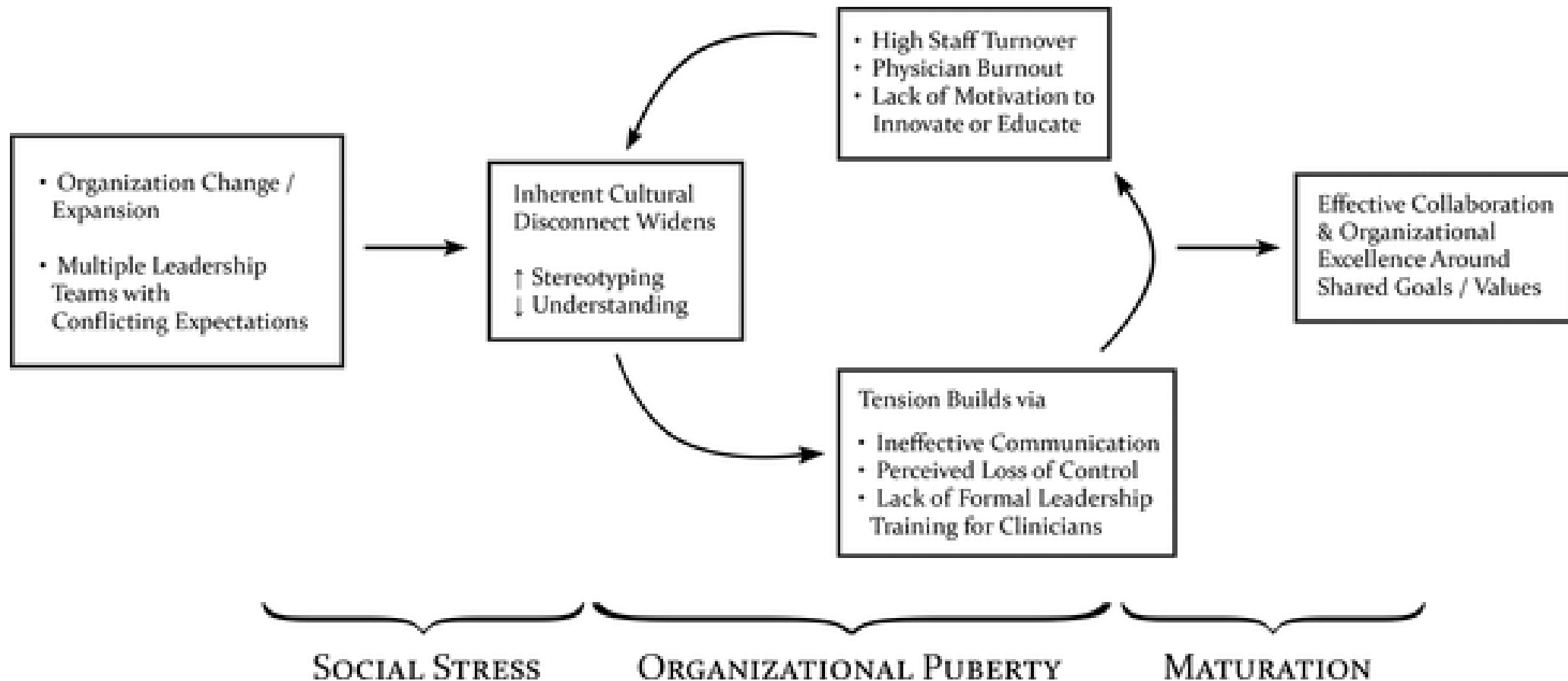
# Complexity and Care Delivery: Added Costs

## *Who bears the cost of this?*



Data from the Kaiser Family Foundation

# We end up with a “Work Around”



Keller EJ, Giafaglione B, Chrisman HB, Collins JD, Vogelzang RL (2019) The growing pains of physician-administration relationships in an academic medical center and the effects on physician engagement. *PLOS ONE* 14(2): e0212014.  
<https://doi.org/10.1371/journal.pone.0212014>  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0212014>

# How do we prevent a crash?







# Steps to Creating a Resilient Culture

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**Stabilize the foundation**

**Know the "play" (and the players)**

**Follow the money**

**Predict the trendlines**

**Build connections – with self, team and community**



# Steps to Healthy Work and Systems

*Are you a guardian or a trader? And why?*

## **Guardians:**

- ”Superior/inferior” label
- Value hierarchy and loyalty
- Exert prowess and expertise
- Are obedient and disciplined
- Adhere to tradition
- Make rich use of leisure
- Treasure honor

## **Traders:**

- Shun force, be honest, dissent
- Collaborate and compete
- Respect contracts
- Are industrious, thrifty, optimistic, efficient, inventive
- Respect contracts
- Come to voluntary agreements

# Steps to Healthy Work and Systems

## *Be intentional with self and others*

### For you

Know yourself – both what rewards you and your hot buttons

Use your time wisely and well

Get your work done efficiently. Work down your back log. Do today's work today.

Set boundaries around “24/7/365” work and hold to them

Take advantage of resources

### ***Oregon Wellness Program***

<https://oregonwellnessprogram.org>

### ***Oregon Physician Coach Collective***

<https://oregonphysiciancoaches.org>



# Steps to Healthy Work and Systems

## *Be intentional with self and others*

### For systems and teams

**Delegate work wisely**

*Don't assume that adding another person makes the job better or easier*

**Gather with intention**

Design meetings that work – don't overpack agenda. "Flip" the work if needed

Allow time for debate and conscious decision making

Highlight values statements in budget priorities. There will always be scarcity

Praise in public, provide meaningful feedback, recognize effort daily

Celebrate abundance



# Steps to Healthy Work and Systems

## *Abundance is the opposite of scarcity*

### For you

Honor and celebrate the significant role you play for your patients, colleagues and community

Do your job with integrity

Allow moments to reflect on what touched your spirit or your soul – during the day and everyday

Have fun – laugh, dance, smile, dress up, take photos, build community

### For systems and teams

Create and reiterate a vision - -why we're here, who are we here for, why we do what we do.

Tell that story everyday – and more than once per day

Start small changes, then build on these – scale at a rate that works

Trust the people

Change is constant -- “Be like water”

Brown, Adrienne: “Emergent Strategy” AK Press 2017





# Steps to Healthy Work and Systems

## *Follow the Money (and use it wisely)*

### For you

Know your value

Negotiate your value

Know your contract

Track your finances

Save for now, save for the future, spend on what you need

### For systems and teams

Budgeting is a values based – make it so

Invest in relationships as well as technology

Simplify the problem solving and limit “rework”

When investing in external customer upgrades take the time to simplify internal workflows

Meetings are expensive, so are interruptions. Be thoughtful about these.

People are not “vending machines”. Recognizing effort with \$ only goes so far



# Steps to Healthy Work and Systems

*Watch the trendlines. -- these will change*

Stay ahead of legislative and payment changes in rules

Avoid technical solutions to adaptive challenges

Sensibly adopt new technologies (e.g. ChatGPT)

Simplify workflows --focus on internal customer service

Subtract (and don't add) agency problems

It's a 24/7 information economy – set reasonable limits and expectations



# Steps to Healthy Self & Systems

## *May each day be a good day!*

Say thank you -- often, unprompted, daily

Embrace change and learn from it

Lean into complexity (and simplify when you can)

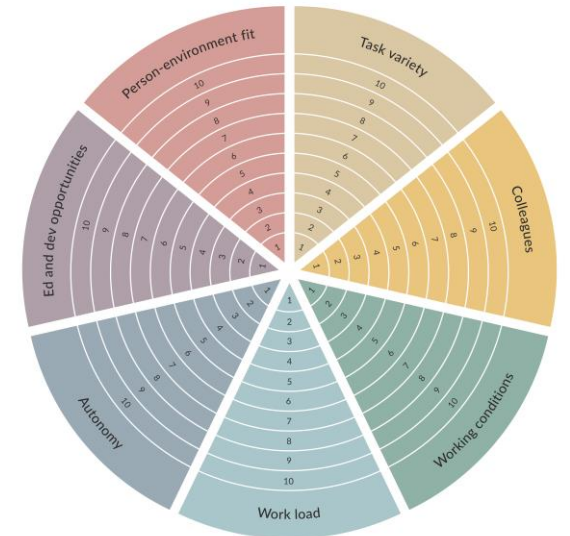
Consider a counselor and /or a coach if you are feeling “stuck”

Celebrate something every day!

<https://pro.positivepsychology.com/opt-in/resilience-pack/>



THE JOB SATISFACTION WHEEL



Roelen, C. A. M., Koopmans, P. C., & Groothoff, J. W. (2008). Which work factors determine job satisfaction? *Work*, 30, 433-439.

PositivePsychology.com



# Suggested Readings and Websites

Birsel, Ayse “Design the Long Life You Love” Running Press Adult, 2022

Eyal, Nir “Indistractable” BonBella Books, 2019

Haifetz, Ron et al “The Practice of Adaptive Leadership” Harvard Press, 2009

Parker, Priya “The Art of Gathering” Penguin, 2020

Scott, Kim et al “Radical Candor” St. Martin’s Press, 2019

Stone, Douglas et al “Difficult Conversations” Penguin, 2010

(new edition coming soon!)

## **Web Resources**

<https://www.thewholephysician.com> (The Drive Time Debrief Podcast)

<https://coachingforleaders.com> (Coaching for Leaders Podcast and more)

<https://conscious.is> (The Conscious Leadership Group)

<https://www.leaderfactor.com> (Psychological Safety Training & Transformation)