



The slide has a dark purple background with faint, stylized musical notes and a treble clef. In the top right corner, the NAMSS 46th Educational Conference + Exhibition logo is present, with "NAMSS" in small white text above the large "46TH" in white and teal, and "EDUCATIONAL CONFERENCE + EXHIBITION" in small white text below it.

**“Nobody Says ‘We’re Fine’”
Moral Distress, Burnout, and Disruptive
Communication and Behavior”**

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Today's Topics

- A troubled landscape
 - Great resignation
 - Burnout, depression, moral distress/injury
- Impact of these issues on communication and behavior
- Examples of disruptive communication or behavior
- Practical guidance on managing disruptive communication issues
- When and how to intervene

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Dramatic Decline in the Healthcare Workforce

- Eighteen percent of healthcare staff have quit since the pandemic began
- Twelve percent have been laid off
- Another 31% have thought about leaving
- One Colorado system reported losing 50 senior nurses in one week

Becker's Hospital Review: 11/17/2021

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Medscape Physician Burnout & Depression Report 2022: *Stress, Anxiety, and Anger*

Burnout

- 13,029 respondents across 29 specialties
- Reported overall burnout increased from 42% in 2020 to 47% in 2021
 - Burnout in emergency medicine increased from 43% in 2020 to 60% in 2021
- 54% say it has a strong or severe impact on their life
 - 22% say it has a moderate impact on their life

Medscape Physician Burnout & Depression Report 2022: *Stress, Anxiety, and Anger*: Accessed 8/2/2022



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Medscape Physician Burnout & Depression Report 2022: *Stress, Anxiety, and Anger*

Burnout

- How does burnout affect your day?
 - “I have little motivation to reach out to others; my patience is decreased and my irritability is increased”
 - “I’m grumpy and unpleasant to be around, I don’t care about anyone anymore”
- 45% of respondents reported they cope with burnout by “isolating myself from others”

Medscape Physician Burnout & Depression Report 2022: *Stress, Anxiety, and Anger*: Accessed 8/2/2022



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Medscape Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger

Depression

- Of the 13,029 responding physicians, 21% of reported they were depressed. *Of those*,
 - 24% report clinical depression
 - 64% report “colloquial” depression (feeling down or sad)
- Eighteen percent of respondents said they were unhappy with their work-life prior to the pandemic
- Thirty-six percent said they were currently unhappy with their work-life

Medscape Physician Burnout & Depression Report 2022: *Stress, Anxiety, and Anger*: Accessed 8/2/2022



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Moral Injury and Distress

- Moral distress is the result of a perceived violation of one’s core values and duties, concurrent with a feeling of being constrained from taking ethically appropriate action.
- “One knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (Andrew Jameton)
- Nursing literature commonly refers to this phenomena as “moral distress,” while physician literature commonly refers to “moral injury”

Colorado Healthcare Ethics Resource: <https://cohwcovidsupport.org/>



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Common Root Causes of Moral Distress

In General

- Providing potentially non-beneficial treatment
- Prolonging the dying process through aggressive treatment
- Providing false hope/lack of truth-telling

COVID-Specific

- Decisions about allocating limited resources or a lack of resources
- Being put at personal risk by an unprepared healthcare system
- Visitation restrictions for the critically ill and dying

Colorado Healthcare Ethics Resource: <https://cohwcovidsupport.org/>



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How has COVID-19 Impacted the Emotional/Psychological Wellbeing of Healthcare Professionals?

- “No one gets a day off, you feel guilty if you do, and the tank is always half-full”
- “Shift from ‘healthcare heroes’ to ‘COVID is a hoax’ was a blow”
 - “People claimed it was a hoax while we had truckloads of bodies in our parking lot – it was soul crushing.”



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How has COVID-19 Impacted the Emotional/Psychological Wellbeing of Healthcare Professionals?

- Hopelessness: “More people died today in my presence than in my first five years as a provider”
 - “We got our asses kicked and it was demoralizing”
- “Making decisions about things like “who gets the vent” was really hard. Even then, once they were intubated that had an 80% chance of dying”



How has COVID-19 impacted the emotional/psychological wellbeing healthcare professionals?

- “Most consistent and COVID specific concern is no opportunity for staff to grieve with families, no closure – hold up an iPad for family to say goodbye and that’s it”
- “Watching families say goodbye to loved ones over FaceTime – a piece of you dies every time”



How do these impacts influence communication?

- “There were rifts between hospital leadership and boots on the ground. Clinicians were getting sick and dying, there was lots of acting out and inappropriate use of social media”
- “Everybody was snapping at each other and at patients”
- “Status physicians became more selfish; servant physicians before more selfless”
- “Window of tolerance has decreased”



Decreased “Window of Tolerance”

- Window of tolerance = comfort zone
 - Ability to self-regulate
 - Productive relationships/interactions
- Fight or flight response
 - Anxiety
 - Chaotic responses
 - Anger, aggressive outbursts
- Freeze response
 - Disconnected
 - Flat affect, no display of emotions



Examples of Inappropriate Communication

- “Referred to nurses as ‘brain dead’ to their face”
- “Yells at residents in front of patients, ‘makes them feel inept”
- “Communications were ‘intimidating’, ‘bullying’, ‘harassing’, ‘belittling’, ‘condescending’, ‘nasty”
- “Gender-charged comments and comments viewed as racially insensitive”
- “Belittling, demeaning or unfairly critical comments”
- “Using nicknames that are not preferred by staff”



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Impacts on Patients and Staff

- “Staff have sometimes asked to transfer a patient out of our hospital instead of having to call this physician”
- “Makes the patient feel insecure if the team is not on the same page”
- “The issues regarding this provider led to a day when scrub techs and OR nurses refused to scrub Dr. XXXX's cases”
- “Managers working at the site have felt it necessary to “shield” their staff from this clinician and have put themselves in harm’s way to protect their staff”



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Opportunities for MSPs: *Know the Rules*

- Get to know the medical staff bylaws and other “guiding documents”
 - ***“The documents should be the driver” of any response to a violation***
- Medical staff leadership may experience frequent turnover or lack adequate training
- MSPs can become unique resources - repositories of institutional knowledge and history and facilitators of the process

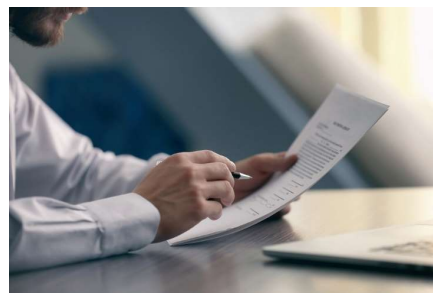


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Opportunities for MSPs: *Know the Policies*

- Medical Staff Bylaws
- Physician Behavior Policies
- Wellness Committee Policies
- Code of Conduct
- Sexual Harassment/Discrimination Policies
- Relevant Human Resources Policies



Consistent application is key!



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Opportunities for MSPs: *Know the Your Policies*

- Be Aware of Deadlines
 - May be required timeframes concerning:
 - Notifying physician of complaint
 - Interviewing complainant, physician, and witnesses
 - Completing the Investigation within so many days
- Bylaws/Policies may require certain correspondence to the Complainant and/or the Physician

Opportunities for MSPs: *Relationships are Key*

- Relationships with medical staff and executive leadership
 - “All successful MSPs have the ability to gain and build respect from the medical executive committee.”
 - “Relationships with medical staff leadership are really important – work to build that trust and don’t get sucked into the medical staff politics.”
 - “Sometimes you have to make *your* idea seem like *their* idea!”



Opportunities for MSPs: *Relationships are Key*

- Relationships with the process
 - “The most important role...is to facilitate the process”
 - “Learn to be objective. Stick to the facts and avoid emotional reactions – and don’t make clinical recommendations”
 - “Make sure that leadership actions are consistent with the institution’s guiding documents - don’t stray!”
- Seeking alignment with human resources
 - “A uniform mechanism should be in place to consistently address problems with disruption”
 - “Understanding the two lanes helps avoid missteps”

Opportunities for MSPs: *Relationships are Key*

- Relationships with those who are the object of a report
 - “Make sure the physician is treated fairly, but stay neutral in the process. Don’t be overly sympathetic even when you’re tempted to”
 - “Whether you are new at this or veteran, the importance of confidentiality cannot be stressed enough”



Opportunities for MSPs: *Relationships are Key*

- Relationships with peers
 - “Even when you try to avoid politics you are still dealing with “heavy hitters” within the institution...so it can be important to find a mentor”
 - “Networking across the MSP profession can help...Get to know folks at other institutions in your area”
 - **“Get involved with your state chapter of NAMSS.”**
 - Directory of State Chapters can be found at:
<http://www.namss.org/About/StateAssociationWebsites.aspx>



Time to Intervene

Time to Intervene

- You hear that:
 - Team members are avoiding/unwilling to approach a certain physician
 - Team members/colleagues are unwilling to “page” a particular physician
 - Team members are requesting to not work with a certain provider
 - Staff members are leaving department or organization
- Questions to ask yourself:
 - Is the physician aware of the impact of their behavior?
 - What is the cause of people “working around”/avoiding a physician?
 - Does the situation impact the morale/workings of the team?
 - Do you believe patient care has been impacted?

Internal Strategies

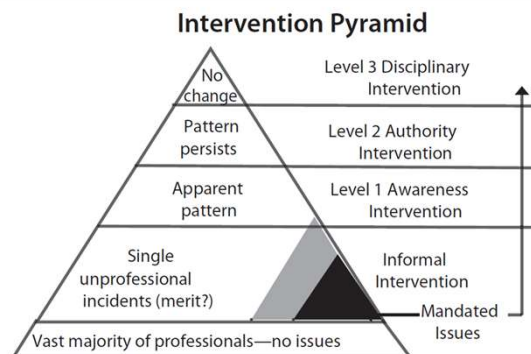
- Establish an explicit a policy and process to respond to inappropriate behaviors
- Ensure top down support and role modeling
- Address system issues

Internal Strategies

- Conduct staff training
- Educate all staff regarding expectations
- Train on team dynamics/communication
- Consider team building programs – TeamSTEPPS
- Provide mentoring - start with residents

Internal Strategies

FIGURE 28.2 A Tiered Approach to Promoting Professional Behavior³⁹



Adapted from Hickson G, Pichert JW, Webb LE, & Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*: Nov 2007; 82(11):1040–1048.

Intervention and Remediation Options

- Formal peer mentorship
- Traditional CME
- Intensive, skill-building education
 - Communication
 - Ethics and professionalism
- Comprehensive health evaluations
- Intensive, multi-disciplinary evaluations and interventions in therapeutic environments

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General Peer Review Steps

- Receive complaint
- Interview complainant and witnesses
- Collect documents, text messages, etc.
- Notify Physician of complaint
- Interview Physician
- Complete Investigation
- Arrive at Conclusion

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Significant Incident?

- Policies often provide progressive steps for discipline
- If an incident is significant enough, may move straight to:
 - Skip steps in policy
 - Summary suspension of privileges
 - Filing criminal charges
 - Other disciplinary action



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Peer Review Outcomes

- Ultimate responses to complaints with merit may be on a continuum
 - No Action, But Letter of Warning
 - Behavior Improvement Plan with Letter of Warning
 - Formalized Boundaries Training with Letter of Warning
 - Suspension of Privileges (less than or greater than 30 days)
 - If greater than 30 days, triggers right to hearing
 - Recommendation to Terminate Privileges
 - Triggers right to hearing
 - Reporting Criminal Acts to Authorities



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External Strategies

- Intensive inter-professional communication and behavior seminars
- Observation/consultation by outside expert
- Professional coaching
- Physician Health Programs



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Intensive Seminars

- Consider seminars with these features
 - Limited enrollment and highly interactive
 - Options for skill-building/roll-play
 - Personalized to the physician's specific situation
 - Longer duration (12-18 hours of instruction)
 - Provide faculty reports after the session
 - Recommend options for follow-up if needed



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Common Recommendations from Seminar

- Share insights and intentions identified in class with appropriate team members – review Action Plan regularly
- Be clear with team members, in particular those staff you have not worked with before, regarding your work/communication style
- Recognize your “style under stress” – your tone and non-verbal communication
- Identify an internal “accountability partner” and meet regularly
- Engage a professional coach



Consultation by Outside Expert

- Expertise in communication, interpersonal skills, or conflict management
- Empowered by administration and ideally by colleagues
- Initially collects relevant background information
- Injects self into day to day process (may require permission forms)
- Provides real time feedback to physician and medical team
- Provides summary and recommendations at exit

Coaching

- Look for certification – ICF/CCF or physician coach
- Various specialties – EI, communication, wellness
- Delivery of coaching services – (convenience)
- Releases signed so able to communicate with organization
- Assessments or 360 surveys
- 8-12 session commitment
- Consider physician paying all/portion of cost

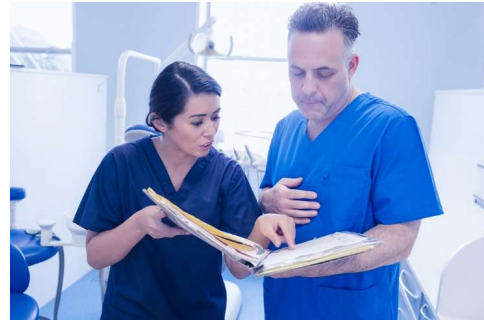


Physician Health Programs

- Provide peer assistance services
- Aid individuals who have health or mental health problems that could affect ability to practice – including substance related concerns
- Are non-disciplinary and confidential; in place of Medical Board referral
- Are available in most states – scope of services provided varies

Follow up and Support

- Follow-up supports long-term success and helps maintain behavior change
- Personal Action Plan
- On-going, “real-time” feedback
- Accountability Partner
- Coaching



Maintaining change can be a challenge for anyone...
So supporting behavior change and giving timely feedback is important



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Resources

- Colorado Healthcare Ethics Resource:
<https://cohcwcovidsupport.org/>
- Moral Distress Education Project:
<https://moraldistressproject.med.uky.edu/>
- Coalition for Physician Enhancement: <http://cpe.memberlodge.org/>
- Federation of State Physician Health Programs:
<https://www.fsphp.org/>



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Putting it all together

- Start from the top
- Have clear, written policies and procedures
- Educate, educate, educate
- Empower people to speak up
- Implement the policies consistently and follow-up
- Offer resources and help to physicians



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Thank You

- Questions
- Comments
- Take Aways
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