



Provider Wellness In Low Resource Settings

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Disclosures

Mark Wardle, DO

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Objectives

By the end of this presentation, learners will be able to:

- Explore the challenges that make providers vulnerable to burnout in low resource settings
- Discover practice environments and characteristics that are more protective of burnout
- Investigate ways to combat burnout on different levels in healthcare
- Explore ways to increase resiliency and personal wellness
- Commit to personal goals to improve resiliency, personal wellness, and reduce burnout



Why does it matter?

- Burnout undermines quality of care, patient safety, and workforce retention
- In Malawi, 62% of healthcare workers providing HIV care met criteria for burnout
 - Burnout was the only factor independently associated with self-reported suboptimal patient care
- Burnout's Retention Impact is oversized in remote areas:
 - Global physician deficit in LMICs estimated at 2.8 million by 2030
 - In the US, 5,357 primary care health professional shortage areas are in rural areas (66% of all shortage areas)
- Physician wellness is not a luxury; it is a patient safety & access issue



What is Burnout

- Maslach Burnout Inventory:
 - Emotional exhaustion
 - Depersonalization
 - Reduced sense of accomplishment
- In low-resource settings, burnout often coexists with anxiety and depression
 - 59% burnout, 20% anxiety, 21% depression among South African physicians at resource-constrained hospitals
 - NEJM review (2024) argues depression may be a more effective construct for measuring physician well-being

BURNOUT PREVALENCE

- 48.3% in US Rural (2019) & 51.4% globally (2020)
- Sub-Saharan Africa systematic review (2019): 65 studies — all healthcare provider groups showed high burnout; highest among nurses
- FQHCs: 30% of providers reported burnout
- Community Health Centers: Up to 77% of direct clinical service professionals endorsed at least one symptom of burnout



CHALLENGE: EXCESSIVE WORKLOAD AND STAFFING SHORTAGES

- Perceived high workload: 2.38× more likely to experience burnout (Ghana study, n=1,264)
- In US rural settings: Stress (OR 8.53), lack of workload control (OR 3.06), and busy/chaotic environments (OR 2.53) were the strongest predictors of burnout among rural clinicians
- CHC data (n=52,568): Work-life balance (0.281) and workload (0.174) were the most significant structural equation model predictors of burnout
- Night shifts: 1.86× odds of burnout
- Working hours = strongest predictor of burnout among Egyptian HCPs
- Limited days off = strongest predictor among Sudanese HCPs

CHALLENGE: RESOURCE CONSTRAINTS AND INFRASTRUCTURE

- Lack of equipment, medications, and basic supplies creates moral distress
 - Working at a lower resource center in Malawi: OR 2.02 for burnout
- FQHC clinicians describe a "mismatch between job demands and resources"
 - not enough staff, not enough time, not enough referral options
- Physicians in LMICs comprise a smaller proportion of the healthcare workforce, with greater reliance on non-specialist, lower-skilled providers
- Lack of supervisor support and hospital resources significantly associated with burnout in South African physicians
 - In Malawi, lack of a very supportive supervisor: OR 2.38 for burnout



CHALLENGE: COMPASSION FATIGUE AND MORAL INJURY

- Limited Options
 - Highlights entrenched social injustices, broken system
 - Leads to precarious discharge options, "revolving door" readmissions
- Barriers to building trust with patients
 - Highlights communication chasms, patient fear and mistrust
 - Leads to frustration and lower satisfaction for patients and providers
- Administrative burden
 - Criticism and High Demands hamper meaningful care
- Providers feel personally responsible when unable to provide optimal care
 - Moral Injury leads to Compassion fatigue
 - Self-blame, withdrawing, emotional and psychological exhaustion



CHALLENGE: SAFETY, CONFLICT, AND CRISES

- Providers in LMICs can face threats to personal and family safety
- Conflict and Outbreaks can amplify existing stressors:
 - 75% burnout among HCPs in Egyptian and Sudanese COVID isolation facilities
 - 98.6% had high emotional exhaustion
 - Lebanese physicians during multi-layered crises: 90.7% moderate-to-high burnout
- When providers in limited recourse settings develop mental health concerns, they may be less able to access care themselves



Can it be protective?

- Some evidence suggesting that rural and global health practices may have certain burnout protective factors
- One study published in 2015 that surveyed 479 rural physicians found less burnout with Physicians who reported:
 - Higher levels of satisfaction with their rural practice
 - Higher levels of autonomy and control over their work environment
- Studies surveying global health professionals found less burnout in those who reported having:
 - Supportive colleagues
 - A positive work environment
 - Adequate resources
 - Clear job expectations
 - Feeling valued by their organization
 - A good work-life integration were less likely to experience burnout.



PROTECTIVE FACTOR: FEELING VALUED

- JAMA Health Forum study (2022): Clinicians who felt valued by their organizations had >30 percentage points **lower** burnout rates
- Only 45% of clinicians felt valued in 2021
- How to make clinicians feel valued:
 - receptive leadership
 - tangible changes based on feedback
 - organizational support for work-life integration

PROTECTIVE FACTOR: WORK CONTROL AND AUTONOMY

- Lack of autonomy → elevated odds of burnout
- Chaotic (fast-paced) workplaces and lack of control of workload → higher burnout and intent to leave
 - Giving providers greater control of their own schedules can mitigate stress
- Strategies:
 - Improve physician autonomy
 - job security
 - leave policies
 - reduce work-family conflicts

PROTECTIVE FACTOR: TEAMWORK, SUPPORT STAFF, AND STABLE TEAMS

- Good teamwork associated with favorable burnout outcomes
 - Differences exceeding 30–40 percentage points!
- Study in FQHC confirmed Medical assistants, scribes, and other support staff play a crucial role in the wellness of the entire team
 - Dissatisfaction with work/team interaction: OR 1.76 for burnout (Malawi)
- Supervisor who empowers and respects → significantly reduced odds of burnout
 - Leadership Walk Rounds, regular check-ins, and inclusion of frontline workers in decision-making recommended!

PROTECTIVE FACTOR: MISSION, PURPOSE, AND ADVOCACY

- Solidarity with underserved communities, fervent advocacy, and patient gratitude are protective
 - FQHC providers: Satisfaction from patient relationships & mission
 - Advocacy for patients can be counterbalance – gives meaning and purpose
- Mindful awareness and a sense of purpose were significantly inversely associated with odds of burnout
 - Wellness programs should harness and support this intrinsic motivation

Bottom Line

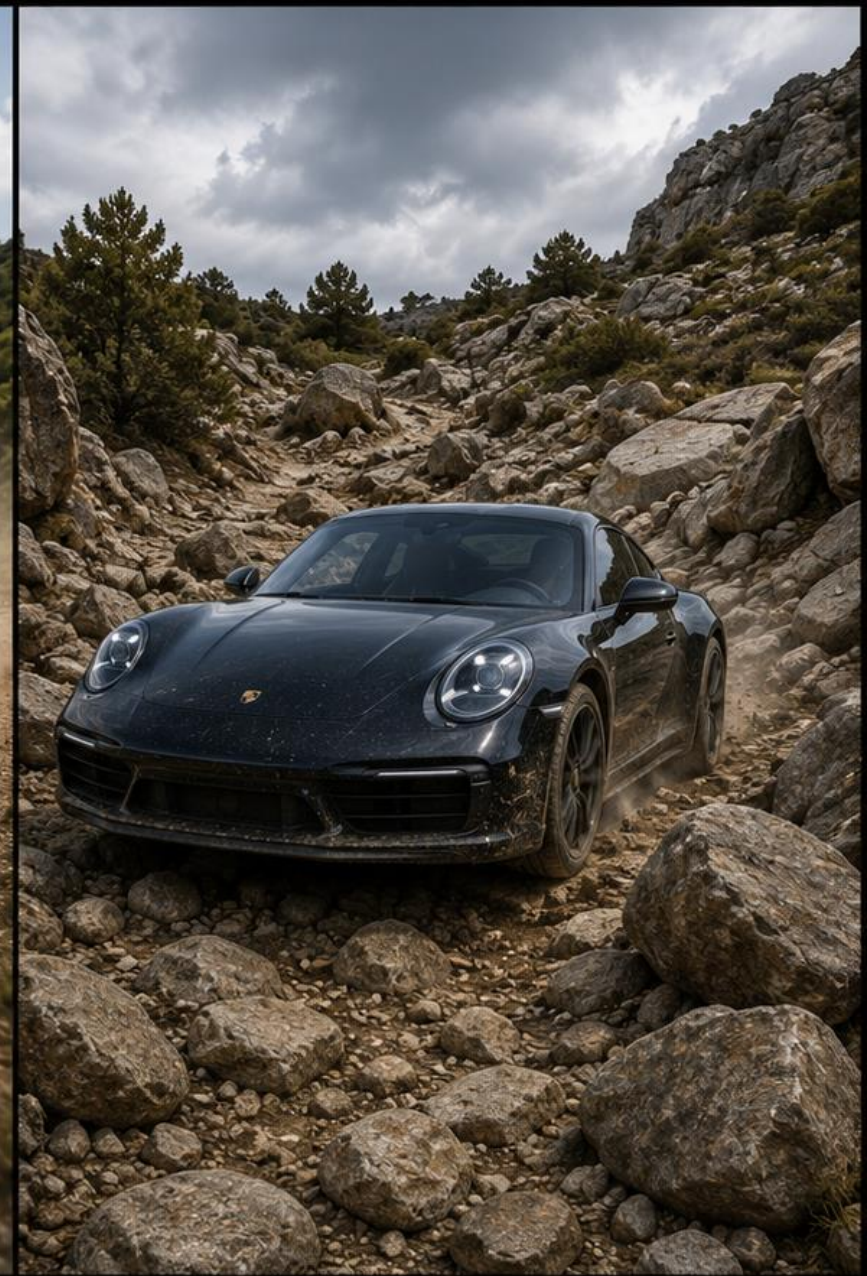
- **Stresses of providing care in low-resource / high-demand settings can increase burnout**

- **Managing both Internal and External Environments can be protective for self and others**

So How Do We Fix It/Prevent It?

- **Health care system level** — Federal and State Requirements, Prior Auth, Malpractice, Payment Models, Patient Access, Educational debt, etc.
 - Become advocates for system reforms
- **Organizational level** — Administrative burdens, Leadership & Vision, EMR, staffing, payments, culture
 - Seek leadership roles and push back on time-wasting tasks that don't have meaning
- **Practice level** — workflow, scheduling, messages, etc.
 - Maximize your team to minimize your stress (delegation and efficiency)
- **Physician culture level** — Unspoken expectations, conflicting priorities, hiding struggles
 - Stop expecting too much of yourself or your colleagues.
 - Show each other support and compassion and seek and encourage counseling/help when needed
- **Individual level** — Physical, Mental, Spiritual, Financial, etc.
 - Nurture personal wellness and understand and employ stress management techniques





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THE KEY INSIGHT: ENVIRONMENT > THAN INDIVIDUAL GRIT

- Meta-analysis (JAMA Internal Medicine, 2017): Organization-directed interventions have significantly greater effects on burnout than physician-directed interventions
- Burnout is fundamentally an organizational problem, not an individual failing
- The question is not "How do we make tougher doctors?" but "How do we build better systems?"



Solutions: Choosing a Good Partner

- Shared Mission, Vision, and Values
 - Mutual Respect
 - Teamwork/Unity
 - Positive Atmosphere
 - Right mix of Support and Autonomy
 - Clear Expectations & Positive workload strategies
 - Care about **provider** satisfaction as much as **patient** satisfaction & profits
 - Etc.
- “If everyone is moving forward together, then success takes care of itself.”
– Henry Ford



Solutions: Addressing Workload

- Workload is the strongest and most consistent factor associated with burnout
 - Burnout decreased from 45.5% (2011) to 38.0% (2020) with decrease in work hours
- Key strategies:
 - Eliminate nonessential tasks & redundant documentation, and mandatory overtime
 - Add support team members (scribes, clerical support, medical assistants)
 - Cluster-randomized trial: Reassigning tasks from physicians to MAs, nurses, and PAs → significant reduction in burnout
 - Flexible staff scheduling with cross-coverage (≥ 1 work-free day/week)

Solution: Good Fences...



- **Set Boundaries:** Establish clear boundaries between work and personal time
 - Pitfall: Always There for Everyone All the Time
 - Strategies:
 - Be Where You Are
 - Protected Spaces and Times (Clark vs Superman)
 - Communicate Clear Expectations
 - Increase Self-Compassion
 - Knowing limits, accepting that you are doing your best

Solution: Pass the Baton...



- **Delegate and Collaborate:** Delegate tasks, collaborate, and share responsibilities
 - Pitfall: If you want something done right... / Lack of Direction
 - Strategy:
 - Empower Others
 - Leverage Strengths and Invest in Training
 - Communicate Clearly
 - Provide Context and Guidance
 - Practice Gratitude and Grace
 - Giving and receiving

Solution: Team Spirit!

- **Be A TEAM Player**

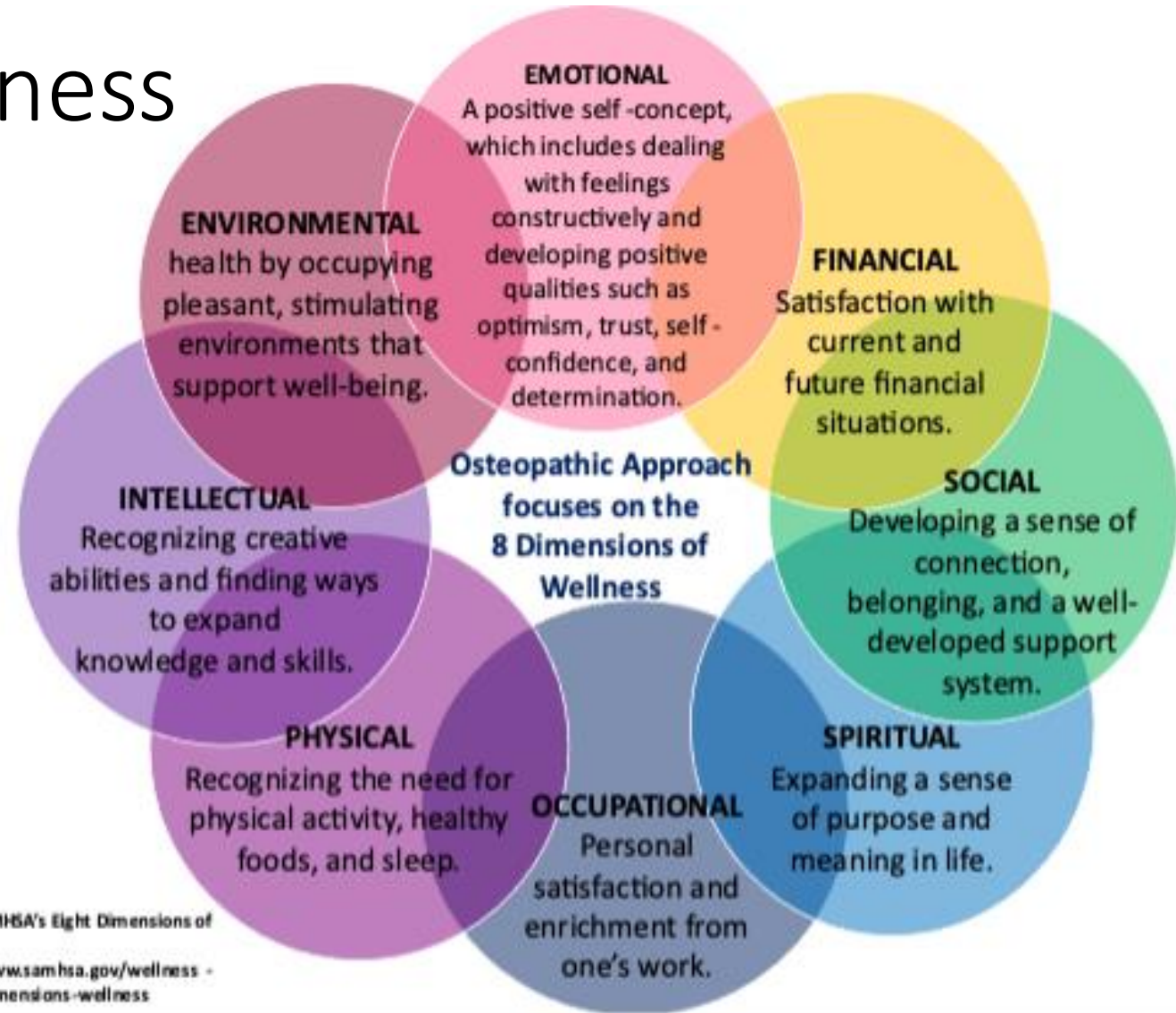
- Pitfall: Becoming a Complainer
- Strategy:
 - Contribute MORE than you Consume
 - Recognize Problems, Focus on Solutions
 - Be Creative, Think Win-Win
 - Negotiate schedules that fit your life/goals
 - Cultivate a Growth Mindset
 - 3 Good Things ; Gratitude Journal

We've got SPIRIT, Yes we do!
We've got SPIRIT, How 'bout you?



8 Dimensions of Wellness

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual



The Pros and Cons of RESILIENCE

- PROS:

- Empowers Individuals
 - Promotes personal power to act
- Teaches Coping Mechanisms
 - Gives tools, skills, and resources
- Normalizes Struggles/Challenges
 - Recognizes problems are common for everyone

- Cons:

- Shifts Blame to Individuals instead of System
 - You are the issue / You just need to be stronger
- Ignores Valid Concerns
 - If not paired with systemic change, leadership seen as dismissive
- Can Overburden
 - One more thing to do for already burnt-out



Top 3 Evidence Based Ways To Build Resilience

1. Positive Psychology (PERMA)
2. Mindfulness
3. Cognitive Behavioral Therapy



Positive Psychology: PERMA

- **Positive Emotion (P)**
 - Cultivating feelings of joy, gratitude, hope, and contentment
- **Engagement (E)**
 - Finding "flow" by being fully absorbed and interested in activities, utilizing personal strengths
- **Relationships (R)**
 - Feeling loved, supported, and valued by others; building authentic connections
- **Meaning (M)**
 - Serving something bigger than oneself and having a sense of purpose
- **Accomplishment (A)**
 - Pursuing goals, mastering skills, and achieving tasks that bring pride.

PERMA – Positive Emotion: Values Exercise

- Identify top few values that make you feel the most happy or proud.
- Examples: acceptance, adventure, beauty, challenge, contribution, creativity, family, freedom, fun, humor, growth, love, purpose, safety, service, tradition, peace.
- Reflect:
 - Did these lead you to medicine?
 - Are they reflected in your life each day?
 - How can you integrate them into work, home and leisure?
 - What boundaries need to be set to prevent these from going...to the Dark Side?



PERMA – Positive Emotion: “3 Good Things”

- Before you go to bed, identify 3 good things that happened that day
 - Journal about why they happened, what made them good
 - Reflect on them as you drift off to sleep
- 2 weeks shown to boost happiness, reduce depression, reduce burnout, and improve overall well-being
 - Effects last up to 6 months
 - Comparable effects to SSRI



PERMA - Engagement

- Focus on the tasks/roles that are most important to you

	URGENT	Not Urgent
Important	High Risk for Burnout	<u>FOCUS AREA</u>
Not Important	Delegate / Minimize Effort	AVOID/ELIMINATE

- Utilize Mindfulness
 - Being present/aware, paying attention, purposefully (intentionally), in the moment
 - Goal: create space between what is happening and what you are thinking
 - To appreciate the good and positive things around you
 - To recognize thoughts and behaviors that do not support wellness

PERMA - Relationships

- **Build a Support Network:** Surround yourself supportive family, friends, and colleagues who lift, encourage, and support you
 - Pitfall: Neglecting your loved ones / Going it alone
 - Strategies:
 - Strengthen/Maintain your current positive relationships
 - Be the friend you want to have
 - Grow you Network
 - Join groups/clubs of interest...find your soulmates
 - Show Appreciation
 - Remember Your Value (i.e. avoid Toxic Relationships)



PERMA - Meaning

- Know your Why
 - “Physicians who experience more burnout are less likely to identify with medicine as a calling.”
 - You can’t lose yourself in the service of God/Others if you lose your purpose!
- Accept CHANGE and DIFFICULTIES as a part of life
 - Let go of what you cannot control, Focus on what you can control
 - Find Meaning in the Challenge!
- Learn to say “No”
 - Doesn’t align with values? Doesn’t align with purpose? → No.
 - It’s not selfishness, it’s intentionality



PERMA - Accomplishment



Your Inner Child
Is Calling!

- **Engage in Hobbies and Interests:** Make time for activities that bring you joy and fulfillment.
 - Pitfall: Putting it off until things slow down
 - Strategy:
 - Make regular downtime/fun-time a ROUTINE (daily, weekly, monthly, etc.)
 - Schedule the Tried and True: Do those things you know you love!
 - Try New Things, Experiment with new activities
 - Break the Routine every once in a while! Get out of your comfort zone
 - Positive Self-Talk: Sharpening the Saw makes you more productive!

In Summary:

The work in under resourced areas is hard,
the need is real, and the impact is profound—
but none of it lasts if you don't.

Your wellness is not a luxury when caring for others;
it is the strategy.



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