
Jeffrey Auerbach, Ph.D., Ricki Bander, Ph.D., Relly Nadler, Psy.D.  
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Acknowledgments

Steven Adelman, MD
Harris Berman, MD
James Dwyer, DO
Journey
Positive Psychology
Definition

The scientific study of positive human functioning and flourishing on multiple levels that include the biological, personal, relational, institutional, cultural, and global dimensions of life.


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Objectives

- Use a four-step coaching model to increase client well-being as measured on a well-being satisfaction scale.
- Describe characteristics common to a physician who is a high performer in the "Influencer in Chief" role.
- Explain at least four ways that a health care organization can stimulate innovation designed to increase joy in the professional practice of healthcare.
- Describe at least three competencies critical for health care executive leaders to deploy.
- Identify three coaching techniques to help health care leaders or health care providers have greater well-being.
- State that I had the opportunity to practice a four-step coaching model.
Well-Being Coaching Resources
Five Types of Well-being
Rath and Harter, Gallup 150 Countries

1. Career well-being: finding meaning in one’s paid work
2. Social well-being: having strong and positive relationships
3. Financial well-being: maintaining sufficient, balanced finances
4. Physical well-being: living a healthy life
5. Community well-being: feeling engaged in one’s community

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Positive Psychology Overview

Positive Psychology is the scientific study of the strengths that enable individuals and communities to thrive.

The field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play.

Positive Psychology Center University of Pennsylvania

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What Leads to Well-Being?
Why Physician Executive Well-Being?

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What are Intrapersonal Reasons for Burnout?

What are Cultural Reasons for Burnout?
PERMA: Pleasant, Engaged, Meaningful, Achieving and Connected

Accomplishment
Meaning
Relationships
Engagement
Positive Emotions

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Physician as Chief Influencer: Emotions are Contagious

- The leader is the emotional thermostat for your team.
- We are Wired to Connect
- “Our emotions mold not just our experience but our biology.”
- “Nourishing relationships benefit our health while toxic ones act like a slow poison to our health.”


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Emotional Intelligence

EI is an array of non-IQ capabilities, competencies, and skills that influence one’s ability to succeed in coping with environmental demands and pressures.

Reuven Bar-On, Ph.D., 1997

- Emotional Intelligence (EI) as a component to what leads to the “good life” and star performing leadership

- Positive Psychology and it’s subcomponent, EI, provides us competencies and tools
Dr. Steven Adelman’s and Dr. Harris Berman’s Eight Suggestions

1. Upgrade Medical School Admissions Process (to emphasize Emotional Intelligence)
2. Reduce Medical School Debt Burden
3. Increase GME Focus on Primary Care
4. More $ for Primary Care and Health Maintenance
5. Migrate from FFS to Value-Based Care
6. Promote Work-Life Balance and Self-Care
7. Decrease Technological Degradation of Care Experience
8. Promote Comprehensive Team-Based Care

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Scaled Behaviors for Influence Competency
Hay Group, 2001

Influence

1. Concern with image
2. Persuades based on reason
3. Anticipates impact
4. Uses indirect influence
5. Uses complex strategies

Behaviors Increase by degree of difficulty
Defining Burnout

- Emotional Exhaustion
- Depersonalization
- No longer feel effective (Maslach, 1982; Maslach & Goldberg, 1998; Maslach & Leiter, 2003)

The chronic condition of perceived demands outweighing perceived resources! (Gentry and Baranowsky, 1998)

Preventing burnout is an individual and organization’s responsibility – and actually benefits patients, colleagues, family and friends!

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Power of Influential Leadership

Leaders

Climate

Bottom Line

50-70% Influence over

Explains up to 28% variance in

Revenue, employee satisfaction, patient satisfaction

Hay Group, 2001
Emotional Intelligence
Building Tools

LEADING WITH EMOTIONAL INTELLIGENCE
HANDS-ON STRATEGIES FOR BUILDING CONFIDENT AND COLLABORATIVE STAR PERFORMERS
RELDAN S. NADLER, Psy.D.
Why Talk About Physicians’ Burn-Out Rates?

- Physician burnout rates (20-30%; 50%+)
- Physician lack of engagement (15-20%)
- 2012 survey 60% would retire immediately if they had the means
- Higher rates of depression, substance/drug abuse, and suicide; boundary violations; ethical misconduct
- Higher levels of medical errors & physician and staff turnover; compassion fatigue
- Lower quality of care, lower patient satisfaction & higher malpractice risk
- Physician culture (more to do/learn, perfection, sacrifice, work when you’re ill, self-treat, poor work/life balance)

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Statistics

- 2013: 39.8% of physicians responded that they were burned out.
- 2015: 46% of MDs burned out AND 51% female MDs across all specialties
- 2016: over 50% in Mayo study
- 2016 annual Medscape Lifestyle survey: over 50% in at least 10 specialties – and at 55% in Critical Care and EM
Self-Assessment

- Professional Quality of Life Scale (ProQOL; Hudnall Stamm, 2009) Professional Quality of Life Scale
  - Compassion Satisfaction
  - Compassion Fatigue
  - Burnout
HAPPINESS IS A MOMENT…

This is why the dog is happier

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The conventional wisdom is that burnout is primarily a problem of the individual. That is, people burn out because of flaws in their character, behavior or productivity...but our research argues most emphatically otherwise. As a result of extensive study, we believe that burnout is not a problem of people themselves but of the social environment in which people work (Maslach & Leiter, 1997, p. 18).

Person? Environment? Both?
As Culture Shifts to New Focus on Health and Well-being...

- Programmatic Interventions - e.g. 2nd Victim, ISP, Peer-to-Peer, Mindfulness Training, Social Opportunities, CE programs
- Mindset shifts from doc as super-hero to human who is valued (e.g. protected time, scribes, growth opportunities)
- Manageable patient loads
- Self-care on checklist for re-credentialing
- Increased part-time & position sharing opportunities (comes with other risks - e.g. handoffs, unwilling pts.)
- Leadership exposes system dependent on a “whole” rather than “silos” (e.g. ER admits impacted by timely Med-Surg discharges; nursing calls/pages/questions reflect care not intrusion to doc’s life or autonomy)

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What you Project, Directs: Where to Put your Attention?

128 Studies

**Short-term increases**: Review found that *attentional deployment, cognitive change, and response modulation* strategies have received the most empirical support.

**Longer-term increases** in positive emotions, strategies such as *situation selection* during an event. *Attentional deployment* before, during, and after an event have received strong empirical support and are at the center of many positive interventions.

Organizational Responses to System Erosion

- Have you measured your “vulnerability”? Which areas are most vulnerable to burnout, retirement, patient safety risks?
- What do you know about your docs in crisis?
- What support is available to them?
  - 2nd Victim Programs, ISP, Peer/Mentor Programs, EAP
- Do you know why doctors leave your system?
  - Do you conduct exit interviews? (Is there a story or theme?)
  - How replaceable are your losses? How long will it take? Why would a doc join your system?

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Strategies for Team Culture Shift

- Focus on INTERACTIONS: motivating, reciprocal, collaborative, respectful of personal practices & diversity. Provide sense of BEING HEARD.
  - Build insight, habits, connection, integrate work and wellness
  - Let team come up with its plan (not Top Down demand)- e.g. floats for predictable events, protected time, scribes, use well-being indicators, control over work environment
**How Compassion Helps**

**Prepares us** – release oxytocin – flood of hormones- fine tunes the brain, better understand others, more empathic accuracy, inhibits fear, increases courage, molecules of courage, the “cuddle hormone”

Heart has receptors for oxytocin, strengthens heart
- Anti inflammatory
- Help recover from stress
- Less loneliness and social anxiety
- Linked to happiness, health and longevity
- Key source of meaning and hope
- Can be powerful medicine for own suffering

Center for Compassion and Care - Stanford
Physician Leadership Competencies

- **Clarity of Purpose** – Evaluate commitment to make changes
- **Sustaining vision focus to others** – Articulate a vision and help others work towards vision
- **Building trust and credibility** – be trusted and understand current issues
- **Persistence when challenged** – must pursue goals steadfastly
- **Political savvy** – strong influence and negotiation / persuasion skills
- **Service attitude** – relinquish control to allow others to be leaders and appreciate diversity of opinions
- **Praise and recognition** – maintains enthusiasm and team commitment
- **Self-awareness** – pursuit of self-knowledge through introspection
- **Have a mentor** – Promotes learning and personal support system
- **More formal education** with emphasis on human side of leadership


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Individual Resilience

- Sleep, nutrition, exercise, social connections
- Self-regulation practices
- Renewal (vs. deprivation)
- Reframing (expanding perspective)
- Self-compassion/emotional knowledge
- Empathy with boundaries

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Compassionate Presence: Meditate for person – May you be safe and secure – healthy comfortable free of suffering. Also touch knee.

- HR and breathing synchronization,
- Recipient stress 5.5 to 2.2, Peacefulness 3.8-9.0
Perceptions of Physician Leadership Attributes

- Interpersonal and communication skills +
- Professional ethics and social responsibility +
- Influencing peers to adopt new approaches in medicine *
- Administrative responsibility in a healthcare organization*
- On-job experience (e.g. a management position)
- Technical skills and knowledge - operational, financial, human resources, etc.
- Industry knowledge - clinical processes, regulation, and healthcare trends
- Problem-solving skills
- Emotional Intelligence
- Commitment to lifelong learning


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Coaching Technique Examples to Boost Well-Being

**Four Examples**

- Fine-Tuning Utilization of Strengths for Best Deployment Level
- Reflection of Best Self
- Amplification of Positivity Moments to Broaden and Build
- GOOD Coaching Model to Increase Goal Attainment
Self Awareness: Emotional Audit - Know Self and Patterns

1. What am I thinking?
2. What am I feeling?
3. What do I want to happen now?
4. How am I getting in my own way?
5. What do I need to do differently now?
Skills to be Developed

- Mission and strategy development, alignment and deployment
- Understanding consumer healthcare expectations and requirements
- Quality measurement and improvement
- Team building and management
- Adoption of healthcare clinical information technology
- Information, communication and risk management
- Personal leadership skills – effective negotiation with colleagues and administrators
- Understanding finance and cost management
- Balancing individual ethics of care with community care

http://www.barlowmccarthy.com/articles/recruitment-2/interviewing-physician-leaders-key-competencies

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Increase Understanding of “Personal Best” to Increase Future Potential

Positive Organizational Scholarship (POS) : Organizational behavior research focusing on positive dynamics (such as strengths, resilience, vitality, and trust) that lead to positive effects (like improved productivity and performance). University of Michigan

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THE WELL-BEING COACHING WORKBOOK

EVERYTHING NEEDED FOR THE COACHING PARTICIPANT

FORMS | TOOLS | EXERCISES | LEARNING JOURNAL

JEFFREY ETHAN AUERBACH, PH.D.

www.executivecoachcollege.com
Presenters

Jeffrey E. Auerbach, Ph.D; ja@executivecoachcollege.com

Ricki Bander, Ph.D; rbanderphd@gmail.com

Relly Nadler, Psy.D; rnadler@truenorthleadership.com

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