

Raw Transcript: Do This Not That Katherine Meese Full Video

SPEAKERS

Harjot Singh, Katherine Meese

Harjot Singh 00:17

Hey healthcare leader, do you want to know about the two most common problems? It's almost like barriers, the big barriers in the way of organizational well-being. Another one is how to measure well-being, burnout, engagement, or whatever you want to call it. And second, is conceptualizing well-being. In that case, that one hit wonder like a thing not being burned out or having enough money or having a better EMR or so. Getting away from that conceptually and understanding well-being, and engagement burnout at a much bigger level. If you are interested in that. Do I have a treat for you?

We have a very special guest here today. Dr. Katherine Meese. She is an assistant professor in healthcare administration at the University of Alabama at Birmingham. But not only that, she is a researcher in physician well-being, engagement, and burnout. There are very few people on the planet who have industry experience like her working in 10 countries, 4 continents, and doing research. Research and application combined together. So welcome, Dr. Meese.

Katherine Meese 01:34

Thank you so much for having me.

Harjot Singh 01:35

It's a pleasure to be here. Oh, yes, this is healthcare leadership Insider. And this is part of our special series, Do This Not That for Physician Engagement, Burnout, and Well-being. It's a hot topic because it's related to physician retention, turnover, recruitment, effort, and burnout. She is my co author of these twin books and has a physician engagement. And as you can see from the pens, I'm always reading them, and the books on strategy and tactics. So let's get going with Dr. Meese.

So tell me you have two chapters, the first one is on flourishing, and physician engagement. And second is how to measure physician engagement. But tell us why should any healthcare leader read these chapters? Or why would they benefit from them?

Katherine Meese 02:25

Right, so thanks for asking, you know, the first chapter helps us conceptualize what are we really aiming for. And what I hear in our industry often is people use the phrase, we need to reduce burnout, how can we minimize burnout, as if just not burned out is the goal, right? That's the same way as saying that just not dead is the goal of our patient care, right? There's a long road between excellent and not dead, we're not just shooting for not dead, we're shooting for the best possible outcome for the patient. And in the same way, we must sort of shift our focus not only on how we talk about it but on what we're shooting

for, with our employees. We don't just want someone who's clearly not burned out. We want someone who's flourishing at work. And there's a great model of flourishing called the Perma model developed by Dr. Martin Seligman. And it helps give us a little bit of a guidepost for what we can be aiming for, rather than just not being burned out. And this model includes several different elements, positive emotions, these are things like gratitude, happiness, and hope. People experience that to different degrees, right? So you may not be a cheery, happy person.

Harjot Singh 03:33

Let me pull that up from the book so people can actually see it as you're talking about it. So yeah, let me see where I have it here. This is a treat, to understand the Perma model, and to see how it is so much better than just talking about burnout. So please go ahead. This is from Dr. Meese chapter in the book.

Katherine Meese 03:57

As you can see here, these are the elements of Perma. And the first one is a positive emotion, which is happiness, gratitude, or hope. People experience this to different degrees. But there are evidence based things that you can do to increase these feelings. For example, write down three things that you're thankful for each day, and take a couple of minutes. And it has been shown to statistically significantly improve happiness over time and reduce depressive symptoms after just doing it for one week. That's powerful. Then we have engagement, which is the ability to be fully absorbed in the moment or in flow. And there are so many things here that get interrupted in our modern healthcare workforce, right in our modern environment. You can imagine the number of alerts and task switching and interruptions that one might have in their day, trying to manage so many different patients and interdisciplinary teams. Sometimes it's very hard to get into that state of flow. There's always something keeping the pager going off, you know, your inbox messages coming from the EHR and So that's really difficult in our modern environment, then there are relationships, which is the connection to others. Whether you're an introvert or an extrovert, everybody needs some level of connection. But sometimes we are so vigilant in our efforts to crank up those RV use more productivity, see more patients that we have, and have designed work in such a way that people feel turned up like they're on an assembly line. So if you don't have time to go pee during the day, you're not going to have time to ask somebody, how was your kid's soccer game and form a relationship. And so that really diminishes people's well-being at work. Additionally, if you're working long hours, you're doing a lot of pajama time documenting in the EHR, etc, then your ability to foster those good relationships outside of work also suffers. Meaning, which is being part of something bigger than yourself, this one, healthcare hits this one out of the park, right? So we found in our research that across the entire healthcare team, from administration to nursing, that 89% of people find their work to be deeply meaningful. So we're doing really good with this one. But our job as leaders is to get out of the way of that, how can we reduce friction in the work to allow people to stay connected to that sense of meaning? And lastly, accomplishment, which is achievement, success, or mastery, if you feel like all you do is now this one little element of patient care, because we've become so hyper-specialized, your feelings of mastery might improve, but you may have a diminished feeling of success because you never get to see the end product of your results. You get to see this slice of the patient before they're shuttled off to someone else. So we've got some opportunities to try to improve that and healthcare.

Harjot Singh 06:43

This is such a better full-spectrum understanding of well-being than just one dimension, not a burden. I actually like for example, not being dead, that's not the goal. Yes, I hope we don't think about ourselves like that. So when a leader is, let's say, trying to do it to themselves or to other people? What are the most important things that they should or shouldn't do?

Katherine Meese 07:08

Right? That's a great question. So we're learning a lot from our research in this area. And one of the things that has become so obvious to us perhaps, is that statistically, when we look at all of the different elements that are associated with distress, okay? This is not just being stressed out, this is an increased risk of suicidal ideation, and increased risk of burnout, etc. So when we look at the different predictors driving those distress scores, we're controlling for things like age, race, gender, and non work stressors, like divorce, or the death of a loved one. We're looking at things like work, design, relationships, at work, etc. And what we see is that, overwhelmingly, the drivers of that distress, it's the work, which was so shocking to me, because I thought, surely COVID, childcare, all the stuff that's going on outside, it's the work, it's increased. work demands, its heavy workload, and long hours. It's things like lack of trust in senior leadership, and lack of trust, and supervisory. So anything that we can do to improve the work, get rid of stupid stuff, or can we reduce inefficiencies that are unnecessary, I don't mean improve efficiency by telling people to work faster and harder by cranking them up. But getting the friction out of the work that's not necessary, can make a huge difference in terms of people's well-being at work. But that, in many instances requires system-level change, right? And some of us may be listening or watching are not up here in the C suite with the ability to enact that kind of change. And so what can you do right now in your own life and in your own microcosm? Interestingly, our research has also shown us that individual resilience tends to be a lower predictor of well-being, and in some instances is not even statistically significant. And I think the reason for that is that our healthcare workforce tends to be exceedingly resilient because of the type of training that you go through. And so their resilience scores are much higher than the average US population. But all of that said, there's still value in doing things that you can do that are within your control, and that can improve your own resilience. These are things like gratitude, rest, sleep, exercise, all of the things that you hear that sometimes it's easy to get cynical about, like, don't tell me to put lavender oil on it when the work is so broken, but those are things that you can do right now. In the absence of a larger system change, that's not going to fix the issue, right? Other things that you can do include thoughtful work design, so making sure that people have the opportunity to complete a full task without constant task switching, or making sure that they have variety in their work that we haven't taken such an assembly line approach to health care that you feel like a machine. Those are things that you can do. Other things you can do include forming good relationships, and supportive relationships within your team, we're seeing that there's a huge incidence of PTSD and healthcare workers after the COVID-19 pandemic, which you can understand the high prevalence of moral distress and compassion fatigue. So we need each other there are not enough counselors in this world to give everybody the health care mental health care services that they need. We have to be able to support each other as peers. And sometimes that can be something as simple as a morning huddle or an Evening Huddle at the beginning and end of the day, where you check in and say, Hey, how's everybody doing right now? That was a really tough patient, or this has been a tough day. I just want to make sure you're okay. Or my favorite question. Like, if you need that one. Good question. It's before you go home today,

I want to make sure you're okay. And that question can save a life. And so we need routine eyes that prop that process of just small acts of empathy, micro empathy.

Harjot Singh 11:04

Yes, tell us more. That's such a fantastic thing. You talk about micro-empathy. What's that?

Katherine Meese 11:09

Right? Well, sometimes we think about, you know, if we're going to do something around wellbeing, it has got to be this big project, it has to be this large effort. Or if we're, we're going to do peer support, it has to be this really, you know, structured program, and those things are good and important. But sometimes it's just small, repeated acts of empathy to the people around you. And that might be your physician peers, that might be, you know, your nurses that could be the environmental services worker who's feeling discouraged. These small acts of empathy have an additive effect, to help improve people's sense of belonging, relatedness, and overall well-being and flourishing. It doesn't have to be a grand show. And it's similar to the concept of microaggression, which slowly erodes people over time. But it's the opposite something that slowly builds people in relational capital over time.

Harjot Singh 12:01

What have you found? What's the most common mistake people make in this whole application or idea of flourishing, happiness, well-being, or engagement?

Katherine Meese 12:14

Right? I mean, I think sometimes people tend to think that the part positive emotion or the PE part of, o the flourishing model, is the only part that matters. Like, if I don't feel happy, then I must not be well. And so what this model gives us is a more nuanced understanding of there are many ways for people to feel alive and that they're thriving feelings of happiness are just one element. And so there are things you can do to cultivate these other elements of well-being, even if you're not having grant feelings of happiness all the time. So I think that's a common mistake.

Harjot Singh 12:54

When you're a teacher to so far, an aspiring healthcare leader or administration leader, what's the one thing you want them to know about this?

Katherine Meese 13:05

You know, I think my deepest desire when I'm training future healthcare leaders is that we would have just an unwavering passion and acknowledgment for the people of healthcare is humans, working with humans to heal humans at its very core, that's what it is. And so for all of these things that we've done to systemize healthcare, we have to get back to that most basic understanding. And if we're not taking care of the humans, then the rest is not going to go well. But if we're taking care of our humans, everything else will follow, the performance will follow, and the quality will follow. And so I think re-humanizing the work of healthcare is critically important.

Harjot Singh 13:44

Now, I was wondering, is there a story behind all of this? What inspired you to write this chapter?

Katherine Meese 13:50

Yeah, that's a great question. And it's a personal one, which I'm excited to answer. So when I was working in oil and gas finance, my husband was in his fourth year of medical school, and then transitioned to residency and I remember sitting at my cubicle, my very normal nine-to-five job with great benefits, and everybody's treating each other well thinking his experience, you know, 30 hour back to back shifts, or whatever it is, if this was happening in any other industry, it would literally be on the front page of the news like, but it's so normal in healthcare to have those conditions. And I think that we built a system on the altruism of our healthcare providers. And I don't think that's sustainable. And so if we really want to improve the health of our community, which should be our goal, ultimately, right to have a healthy community. We can't do that without providing healthy work for our workforce. So typically, healthcare employers, hospitals, and health systems are the largest employers in their communities. So if they're not providing healthy work, you cannot get to the health of the community. And so that really gives me a lot of passion around this topic.

Harjot Singh 14:57

This is so important that we can put Our own loved ones in front of us and think of them and we are trying to do this thank you very much for coming here and teaching us all of this today. We have Dr. Katherine Meese teach us about flourishing the full spectrum idea of well-being. Thank you Dr. Meese.