

Understanding the Landscape: Recognizing, Naming, & Measuring Distress

Mark Schildt, MD, FAAFP



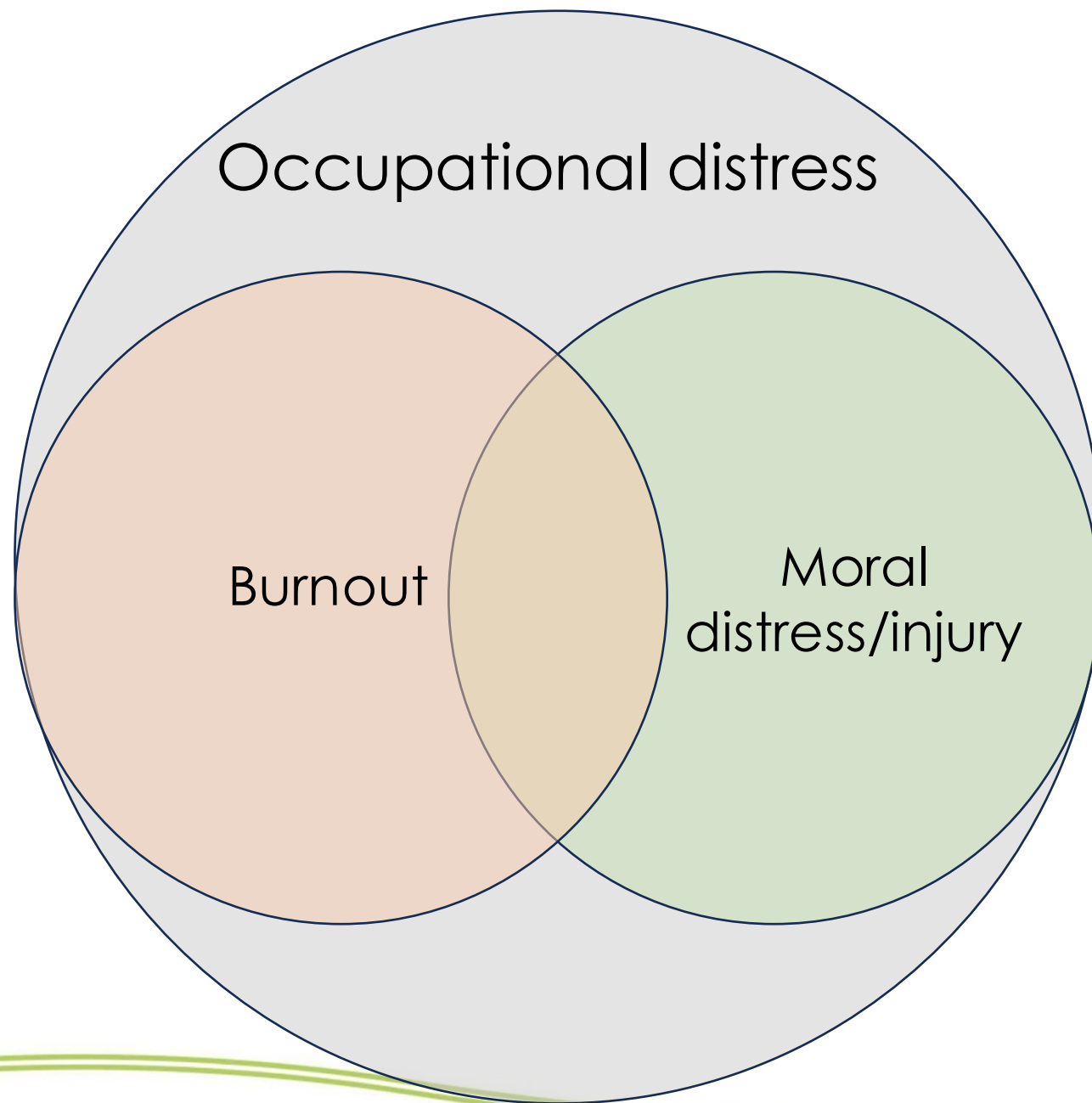


Stress vs distress

Figure 1: The Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> • Optimal functioning • Adaptive growth • Wellness <p>FEATURES</p> <ul style="list-style-type: none"> • At one's best • Well trained and prepared • In control • Physically, mentally, and spiritually fit • Mission-focused • Motivated • Calm and steady • Having fun • Behaving ethically and legally 	<p>DEFINITION</p> <ul style="list-style-type: none"> • Mild and transient distress or impairment • Always goes away • Low risk <p>FEATURES</p> <ul style="list-style-type: none"> • Feeling irritable, anxious or down • Loss of motivation • Loss of focus • Difficulty sleep • Muscle tension, heightened heart rate, breathing, or other physical changes • Not having fun <p>CAUSES</p> <ul style="list-style-type: none"> • Any stressor / trigger 	<p>DEFINITION</p> <ul style="list-style-type: none"> • More severe and persistent distress or impairment • Leaves an emotional/mental "scar" • Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> • Loss of control • Panic, rage, or depression • No longer feeling like normal self • Excessive guilt, shame, or blame <p>CAUSES</p> <ul style="list-style-type: none"> • Life threat • Loss • Inner conflict • Excessive wear and tear 	<p>DEFINITION</p> <ul style="list-style-type: none"> • Persistent and disabling distress or loss of function • Clinical mental disorders • Unhealed stress injuries <p>FEATURES</p> <ul style="list-style-type: none"> • Symptoms persist and worsen over time • Severe distress or social or occupational impairment • Hopelessness <p>TYPES</p> <ul style="list-style-type: none"> • PTSD • Depression • Anxiety • Substance abuse

Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. *Combat and operational behavioral health*, 107-119.

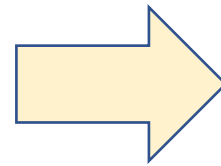


Burnout

- Exhaustion of physical/emotional strength usually as a result of prolonged workplace stress or frustration
- Progressive loss of idealism, energy, and purpose experienced by people in the helping professions **as a result of the conditions of their work**

Well-being

- Energy/Motivation
- Compassion/Hope/Empathy
- Accomplishment



Burnout

- Emotional Fatigue/ Disengagement
- Callousness/Cynicism
- Poor Performance

Tait 2015, Kearney 2009

Dimensions of burnout

Emotional exhaustion

“Worn out”

- Physical and emotional manifestations

Depersonalization

“Checked out”

- Uncaring feelings
- Hostility towards patients/colleagues
- Do least amount possible to get by

Loss of sense of accomplishment

“Bummed out”

- Feel ineffective
- Decreased sense of meaning and purpose

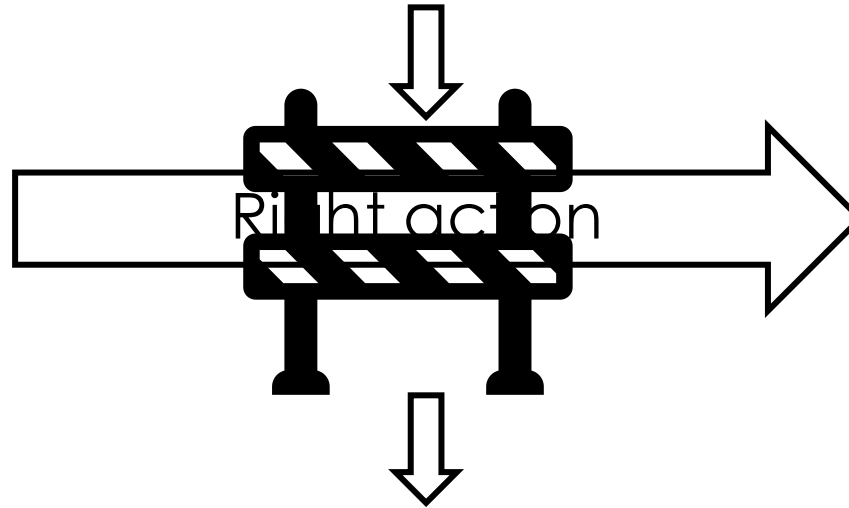
Maslach, 2003; Newell & MacNeil, 2010; Skinner, 2015; WHO, 2019

Moral Distress

Clinical training
Personal values



Lack of resources Competing demands
Organizational policies
Patient expectations Ethical dilemmas
Perception of powerlessness



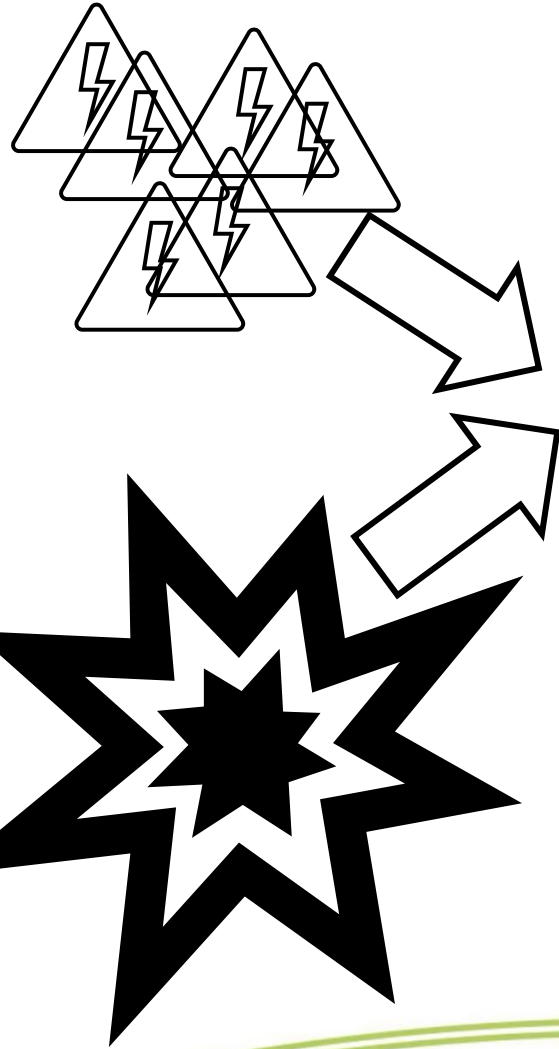
Moral Distress

Moral Distress

- Associated emotions are conscious and stressful but do not affect central aspects of self-perception.
- “It’s terrible that this happened.”
- Effect on psychological and social functioning is **moderate** and **short-term**



Moral Injury

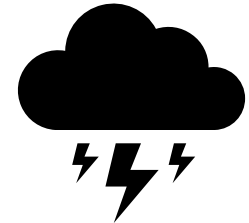
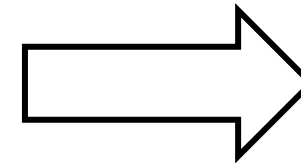


Moral Injury

- **Severe** and **persistent** social, psychological, and spiritual harm that arises from a betrayal of one's core values.
- Negative effects on self-valuation.
- "This happened because I'm a terrible person."



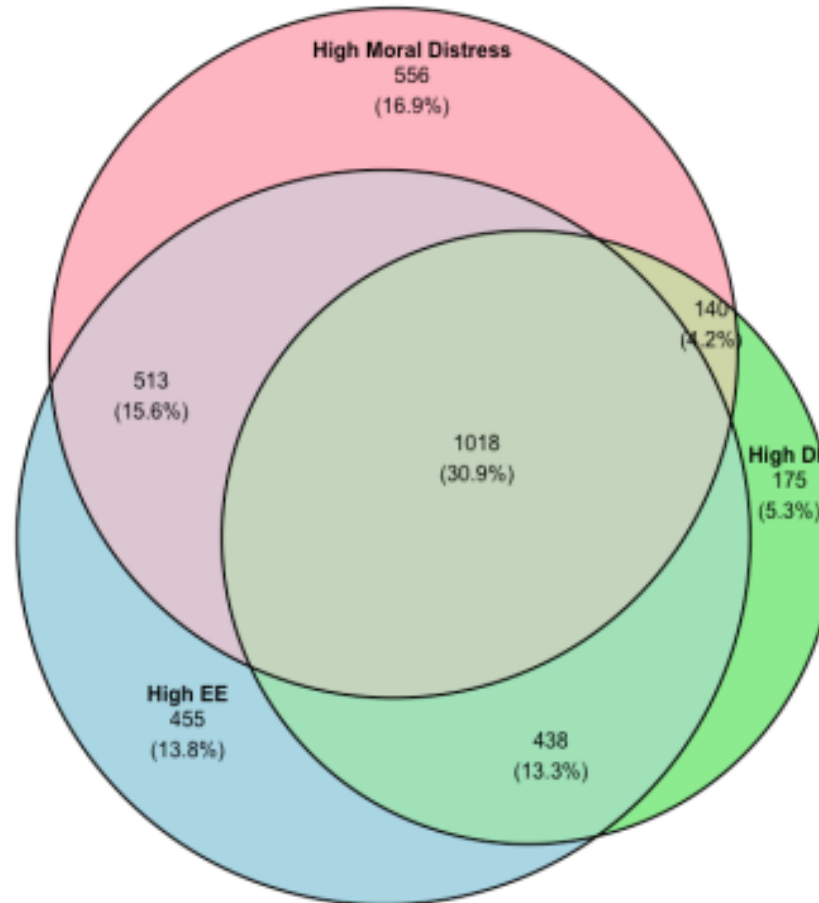
Social withdrawal
Guilt/shame
Anger/betrayal
Anxiety/depression



Social
Psychological
Spiritual

Moral Distress and Occupational Burnout in US Physicians

Michael A. Tutty, PhD, MHA; Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Hanhan Wang, MPS; Lindsey E. Carlasare, MBA; Christine A. Sinsky, MD; Mickey Trockel, MD, PhD; Tait D. Shanafelt, MD



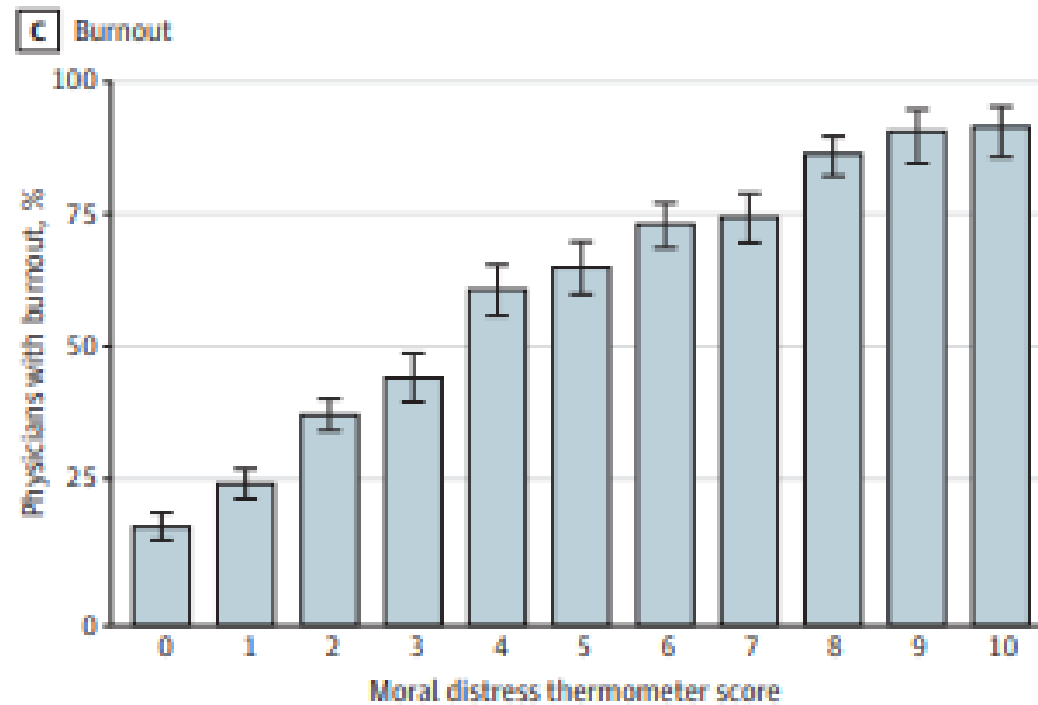
“While work-related moral distress and burnout are correlated and frequently co-occur, they remain distinct constructs.”

eFigure 2: Relationships between high moral distress, high emotional exhaustion and high depersonalization among physicians with one or more conditions (N=3295)

Original Investigation | Health Policy

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- In aggregate, approximately **2 of every 5 physicians** reported experiencing a high level of moral distress associated with work in the last 2 weeks.
- After adjusting for age, gender, relationship status, hours worked per week, and education, physicians remained at **higher odds for moral distress compared with US workers in other fields.**
- **Women physicians** and **those working more hours** per week had higher odds of moral distress, while those who were older or married had lower odds.



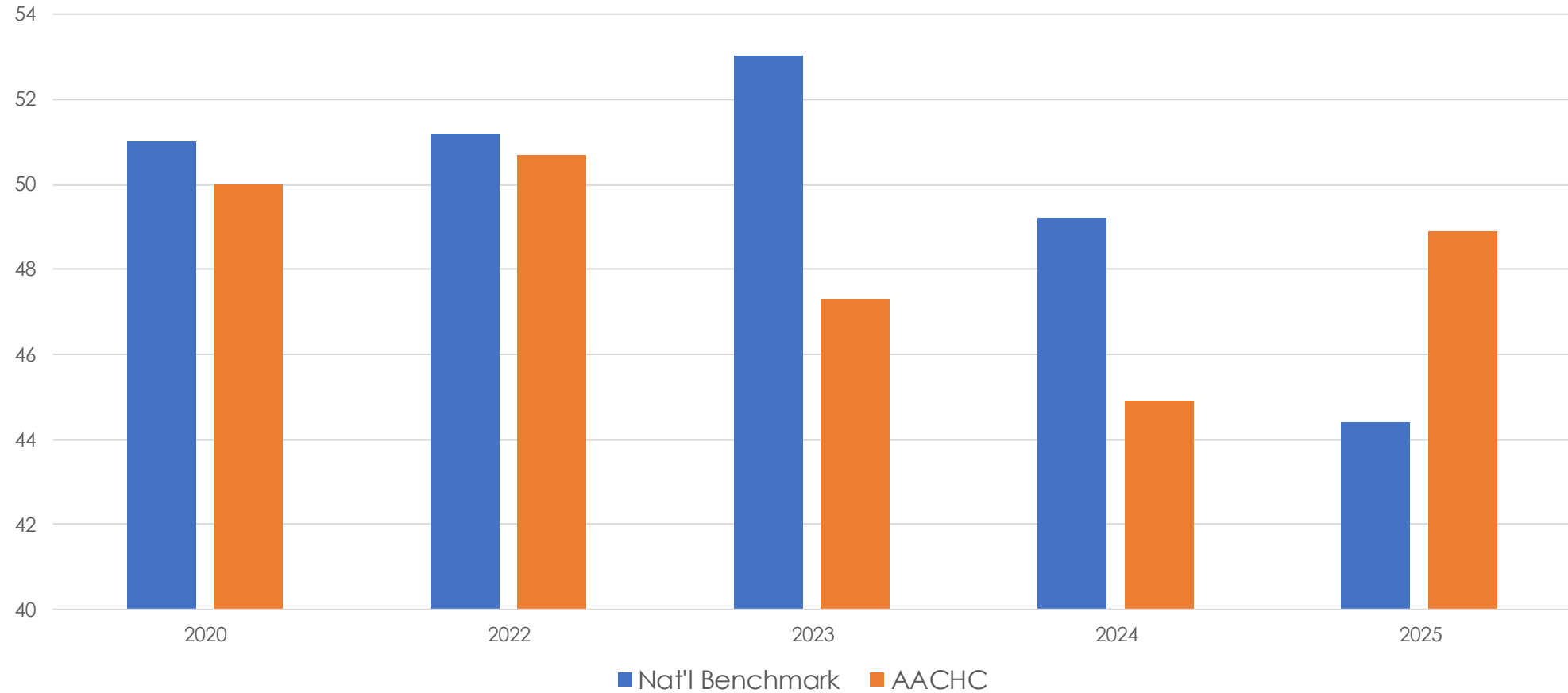
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Table 2. Association Between Demographic and Practice Characteristics and High Moral Distress

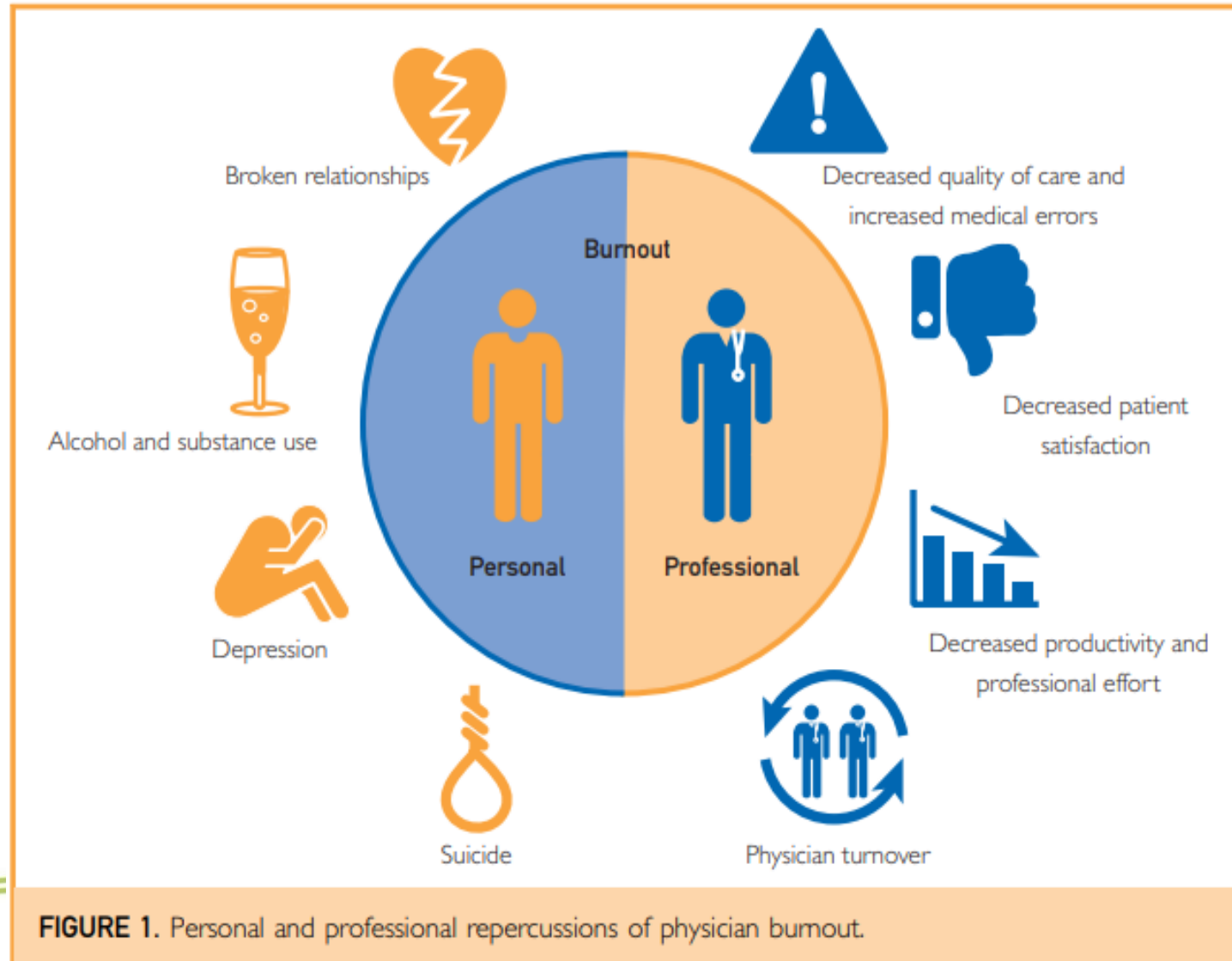
Outcome or estimator	OR (95% CI)	P value	Overall P value
Moral distress (score ≥ 4)^a			
Gender			
Man	1 [Reference]	NA	
Woman	1.29 (1.12-1.48)	<.001	<.001
Other	1.72 (0.94-3.19)	.08	
Practice settings			
Private practice	1 [Reference]	NA	
Academic medical center	0.98 (0.84-1.14)	.80	
Veterans' hospital	0.75 (0.49-1.13)	.17	
Federally qualified health care center	1.36 (0.93-1.99)	.11	.003
Active military practice	1.48 (0.63-3.44)	.36	
Other	1.43 (1.16-1.75)	.001	

Burnout rate



AMA Organizational Biopsy survey

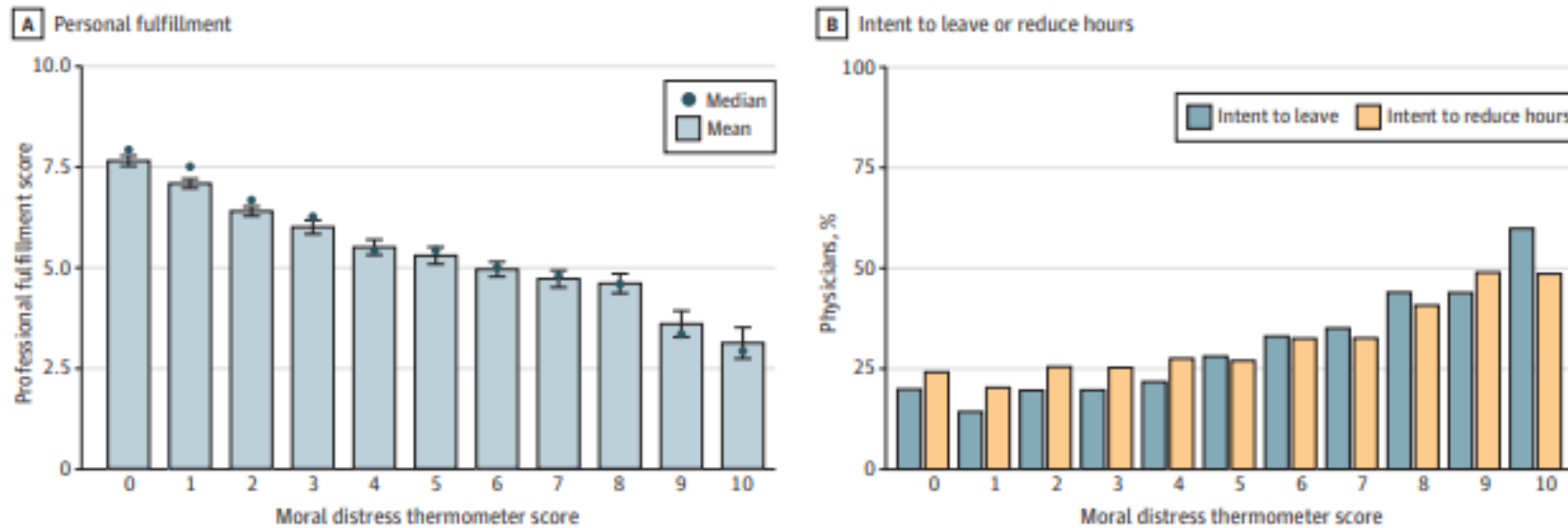
Impact of occupational distress



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Figure 2. Bar Graph of Association Between Moral Distress and Professional Fulfillment Among Physicians and Proportion of Physicians Across Moral Distress Scores Who Intend to Reduce Hours or Leave Practice



Error bars indicate 95% CIs.

Contributors

Burnout



Suboptimal teamwork
Inadequate flexibility/control
Excessive documentation burden
Perceived values misalignment

Moral distress



Structural barriers to acting ethically
Limited resources
Competing demands
Perceived values misalignment

What about individual factors?

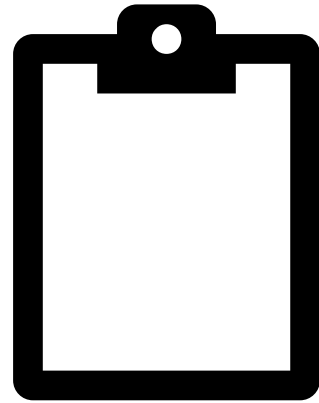
**Resilience is, simply put,
a person's ability to
respond to and grow
after facing adversity
or stress¹.**


¹. South Australian Health and Medical Research Institute.

Resilience matters, but...

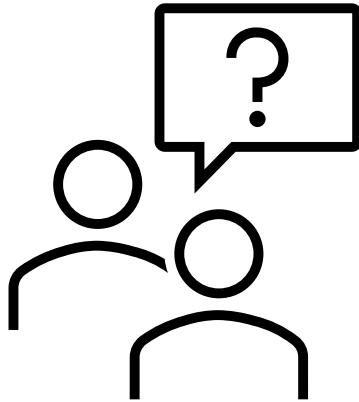
- Each 1 point increase in resilience score associated w/ 36% decreased odds of burnout, but...
- Physicians on average had statistically significant higher personal resiliency scores compared to workers in other fields
- 29% of physicians in highest possible resilience score were burned out

Measuring distress/well-being

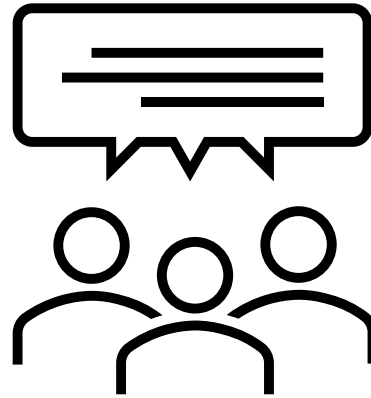


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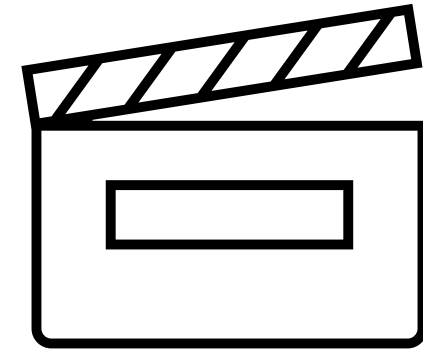
Using the data to drive change



Share



Discuss



Action!

