

# Purpose-driven Fulfillment: Recognizing the Impact of Your Work and Becoming the Example

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University of Pittsburgh School of Medicine

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# Objectives



## Discuss

- current *trends* in anesthesiology well-being



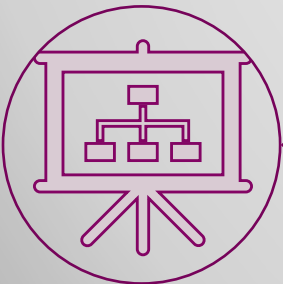
## Discuss

- how *challenges* can fuel better well-being, not deter it



## Compare

- *realism* against pessimism and optimism, in particular, unrealistic optimism



## Summarize

- how the three *basic psychological needs* can influence well-being

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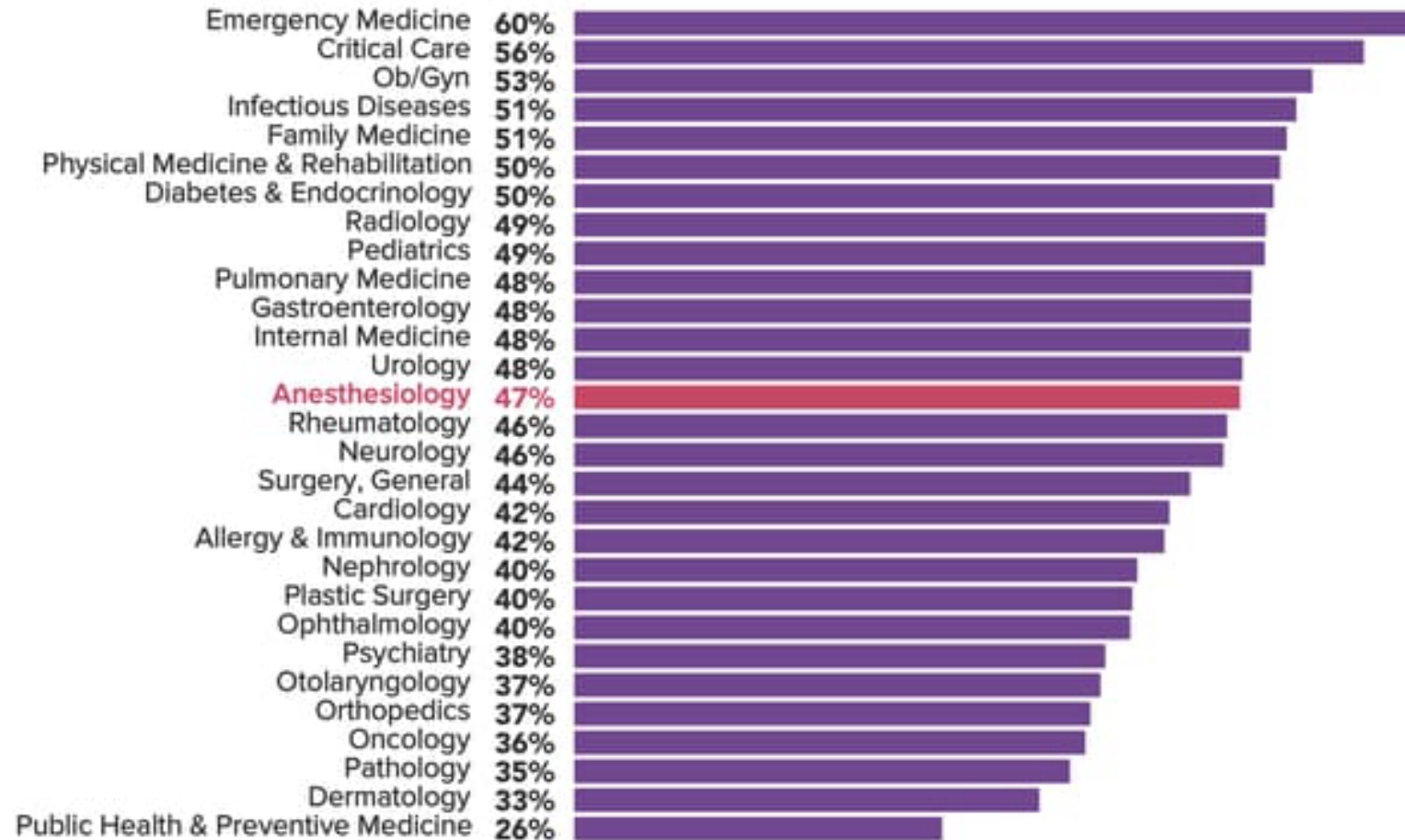
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- how the three *basic psychological needs* can influence well-being

# Medscape Anesthesiologist Lifestyle, Happiness & Burnout Report 2022

Sylvie M. Baggett; Keith L. Martin | February 18, 2022 | [Contributor Information](#)

## Which Physicians Are Most Burned Out?



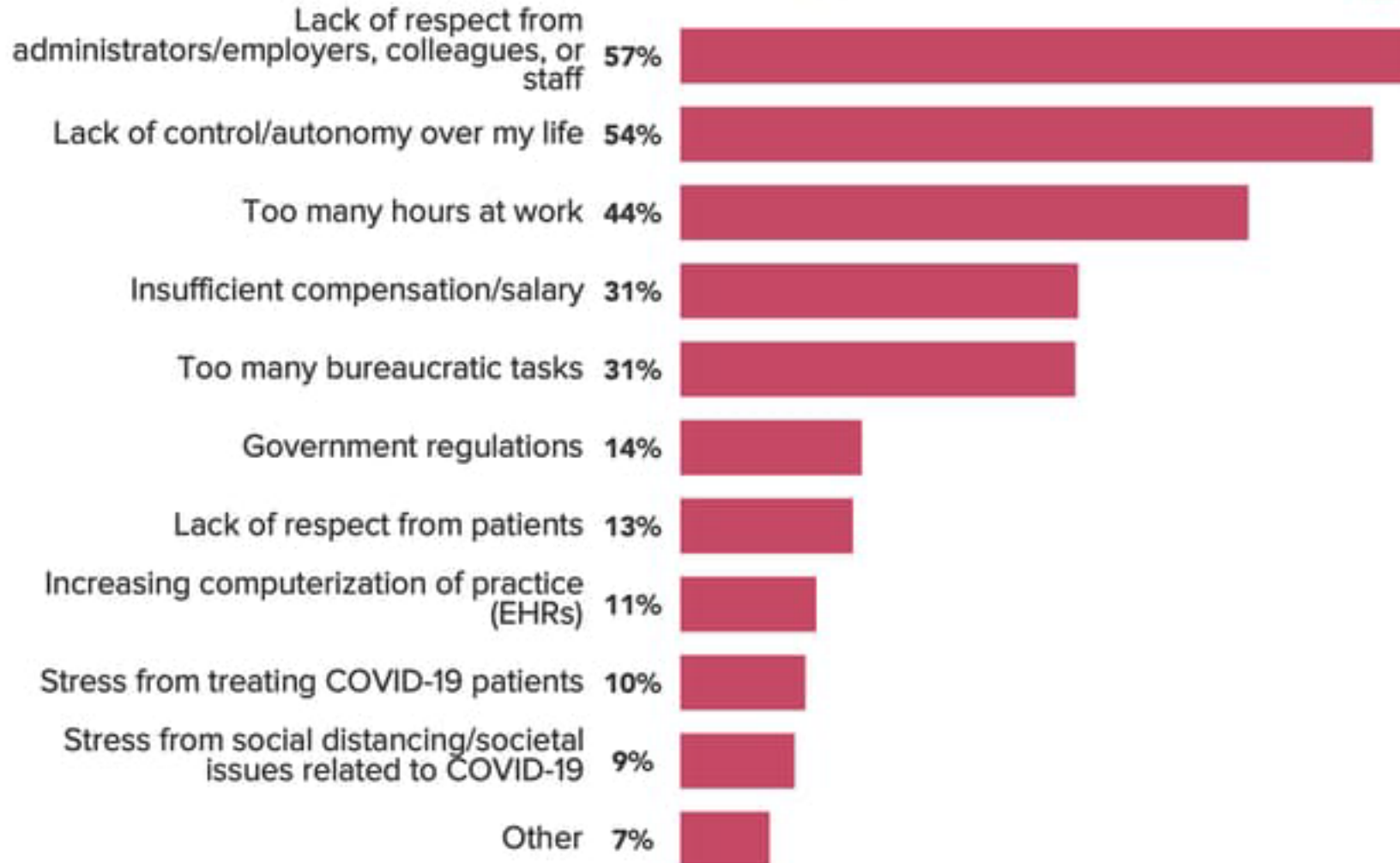
2020 – 41%  
2021 – 42%

> 13,000 Physicians from 29 specialties

# Medscape Anesthesiologist Lifestyle, Happiness & Burnout Report 2022

Sylvie M. Baggett; Keith L. Martin | February 18, 2022 | [Contributor Information](#)

## What Contributes Most to Anesthesiologists' Burnout?



### Drivers:

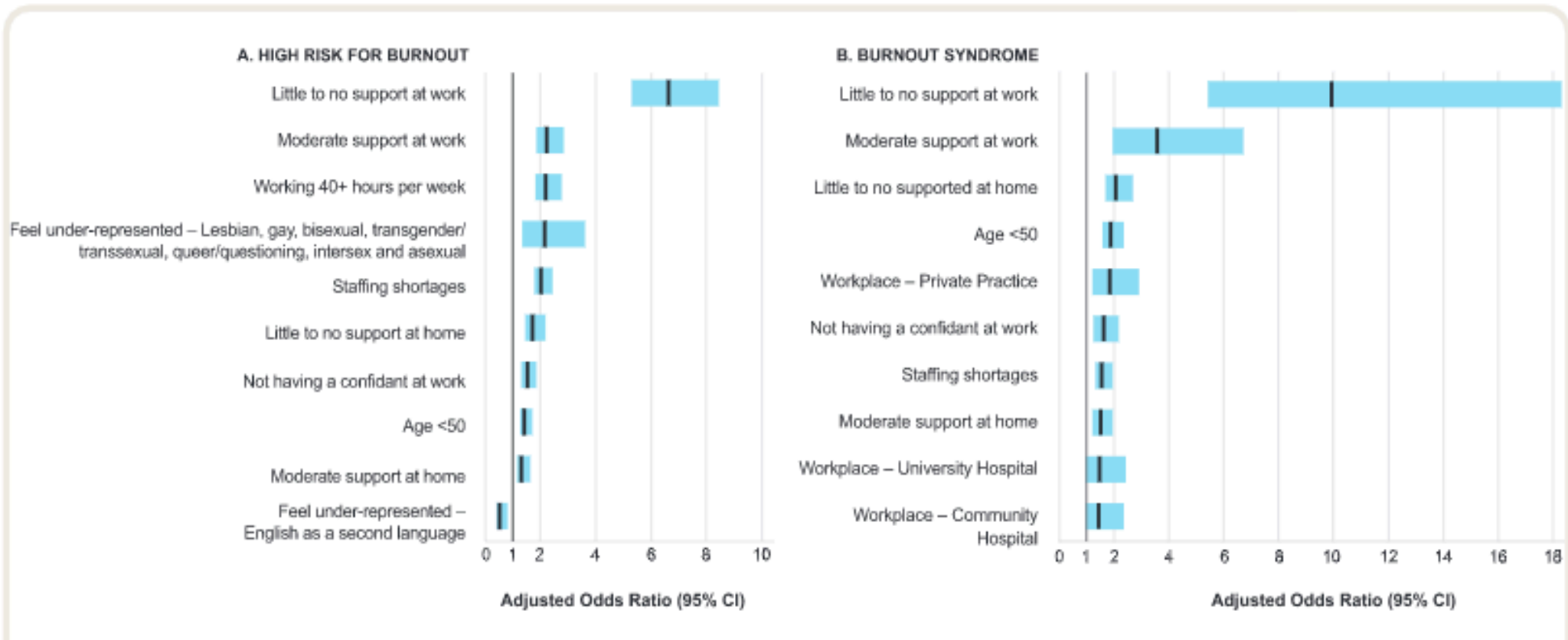
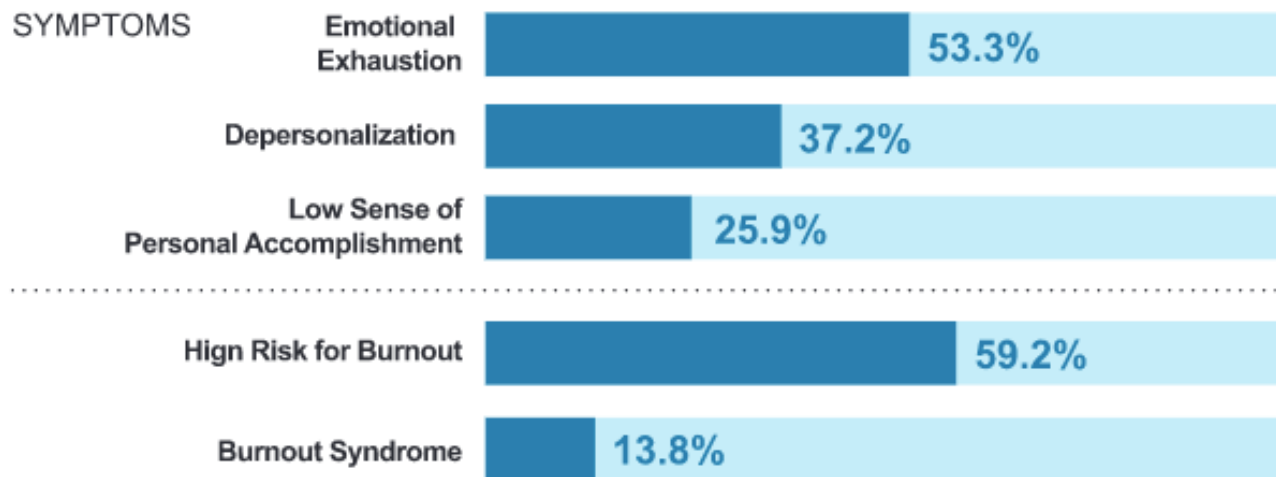
- Respect
- Autonomy
- Work hours
- Salary
- Bureaucratic tasks

# ANESTHESIOLOGY

## Burnout Rate and Risk Factors among Anesthesiologists in the United States

Anoushka M. Afonso, M.D., Joshua B. Cadwell, M.B.A., M.S., Steven J. Staffa, M.S., David Zurakowski, Ph.D., Amy E. Vinson, M.D.

*ANESTHESIOLOGY* 2021; 134:683–96





PUBLIC HEALTH

# When Doctors Struggle With Suicide, Their Profession Often Fails Them

July 31, 2018 · 5:06 AM ET  
Heard on [Morning Edition](#)



- 300 to 400 die by suicide each year
- A rate of 28 to 40 per 100,000
- More than double that of general population



So, what's going on?



## Mean Annual Salaries

|  |           |
|--|-----------|
| Anesthesiologists  | \$271,440 |
| Surgeons (Except Ophthalmologists)                             | \$251,650 |
| Obstetricians and Gynecologists                                | \$239,120 |
| Orthodontists  | \$237,990 |
| Oral and Maxillofacial Surgeons                                | \$234,990 |
| Physicians (All Other) and Ophthalmologists (Except Pediatric) | \$218,850 |
| Psychiatrists  | \$217,100 |
| Prosthodontists  | \$214,870 |
| Family Medicine Physicians                                     | \$214,370 |
| General Internal Medicine Physicians                           | \$210,960 |
| Chief Executives   | \$197,840 |
| Dentists (All Other Specialists)                               | \$194,930 |
| Nurse Anesthetists   | \$189,190 |
| Airline Pilots, Copilots, and Flight Engineers                 | \$186,870 |
| Pediatricians (General)  | \$184,570 |

# 25 Highest Paid Occupations in the U.S.

Government data show that healthcare dominates the salary ladder

By EUNY HONG Updated November 27, 2021

Reviewed by DORETHA CLEMON

Fact checked by VIKKI VELASQUEZ



#1 Anesthesiologists  
13/15 in medical field

## CLINICAL INVESTIGATIONS

Anesthesiology 2000; 93:922-30

© 2000 American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.

### Cause-specific Mortality Risks of Anesthesiologists

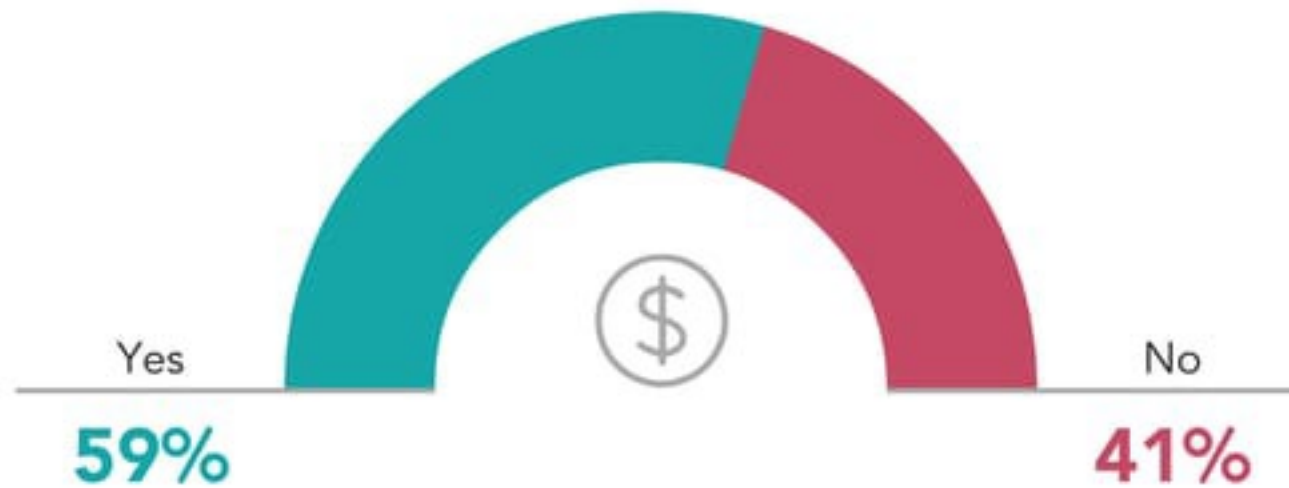
Bruce H. Alexander, Ph.D.,\* Harvey Checkoway, Ph.D.,† Sonia I. Nagahama, B.A., ‡  
Karen B. Domino, M.D., M.P.H.§

Anesthesiologists compared to internists:

- Nearly 50% excess risk of suicide (RR = 1.45)
- Rate ratio for drug-related suicide was more than doubled (RR = 2.21)



Would Anesthesiologists Take a Salary Reduction to Have Better Work-Life Balance?





## Work-related boredom and depressed mood from a daily perspective: the moderating roles of work centrality and need satisfaction

Madelon L. M. van Hooff<sup>a</sup> and Edwin A. J. van Hooft<sup>b</sup>

<sup>a</sup>Behavioural Science Institute, Radboud University, Nijmegen, The Netherlands; <sup>b</sup>Department of Psychology, University of Amsterdam, Amsterdam, The Netherlands

WORK & STRESS, 2016 VOL. 30, NO. 3, 209–227

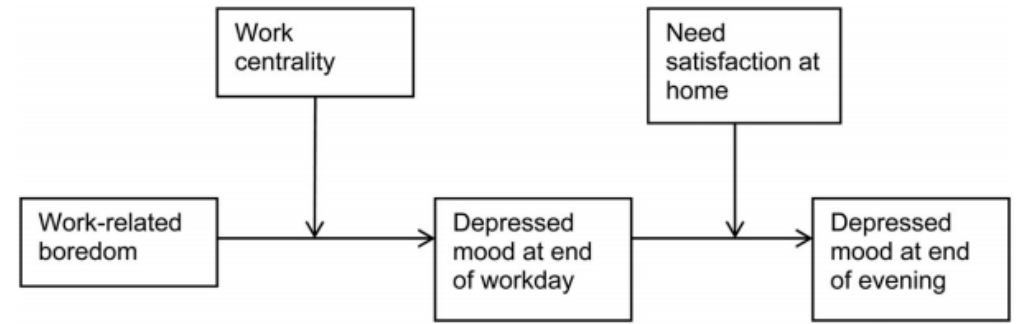


Figure 1. Graphical representation of the research model.

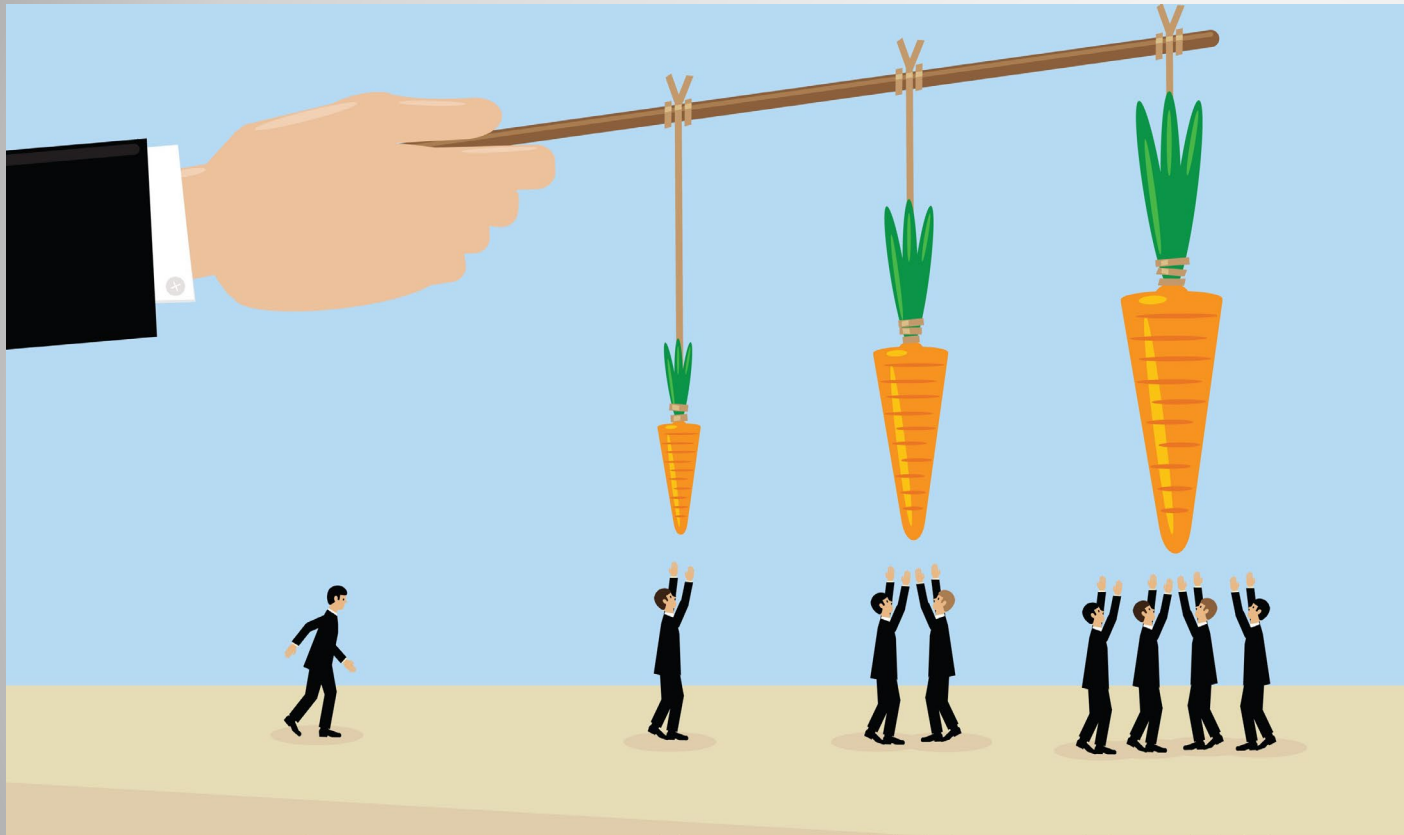
- 106 employees, end-of-day (88% resp) and end-of-evening (77% resp) questionnaires for 5 workdays in a row
- **Work-related boredom was positively related to both depressed mood at the end of the workday and depressed mood in the evening**
- This was more prevalent for employees with high work centrality
- Daily need satisfaction after work mitigated the indirect relation between work-related boredom and depressed mood in the evening

## Situational meaningfulness and state boredom: Cross-sectional and experience-sampling findings

Christian S. Chan<sup>1</sup> · Wijnand A. P. van Tilburg<sup>2</sup> · Eric R. Igou<sup>3</sup> · Cyanea Y. S. Poon<sup>1</sup> · Katy Y. Y. Tam<sup>1</sup> · Venus U. T. Wong<sup>1</sup> · S. K. Cheung<sup>1</sup>

Motivation and Emotion (2018) 42:555–565

- Boredom associated with situational meaningfulness (controlling for sadness, personality, boredom proneness)
- The presence of others seemed to have amplified the association between perceived meaningfulness and state boredom.



- Job satisfaction
- Professional fulfillment
- Empathy
- Workplace civility
- Interpersonal relationships
- Lifestyle habits



## **Self-care as a professional imperative: physician burnout, depression, and suicide**

## **Prendre soin de soi, un impératif professionnel: l'épuisement professionnel, la dépression et le suicide chez les médecins**

Catherine M. Kuhn, MD · Ellen M. Flanagan, MD


**Conclusion** *The concept of physician well-being is multidimensional and includes factors related to each physician as an individual as well as to the working environment. Anesthesiologists must actively engage in self-care. Anesthesiology practices and healthcare organizations should evaluate the balance between demands they place on physicians and the resources provided to sustain an engaged, productive, and satisfied physician workforce. National efforts must be rallied to support physicians seeking help for physical and psychological health problems.*

[Click here to view the Editorial Comment by R. Tyssen](#)

doi: 10.1111/joim.12752

# Physician burnout: contributors, consequences and solutions

■ C. P. West<sup>1,2</sup> , L. N. Dyrbye<sup>1</sup> & T. D. Shanafelt<sup>3</sup>

■ C. P. West<sup>1,2</sup> , L. N. Dyrbye<sup>1</sup> & T. D. Shanafelt<sup>3</sup>

Rates of burnout symptoms that have been associated with adverse effects on patients, the healthcare workforce, costs and physician health exceed 50% in studies of both physicians-in-training and practicing physicians. This problem represents a public health crisis with negative impacts on individual physicians, patients and healthcare organizations and systems. Drivers of this epidemic are largely rooted within health-care organizations and systems and include excessive workloads, inefficient work processes, clerical burdens, work–home conflicts, lack of input or control for physicians with respect to issues affecting their work lives, organizational support structures and leadership culture.



# Objectives



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- current *trends* in anesthesiology well-being



## Compare

- *realism* against pessimism and optimism, in particular, unrealistic optimism



## Summarize

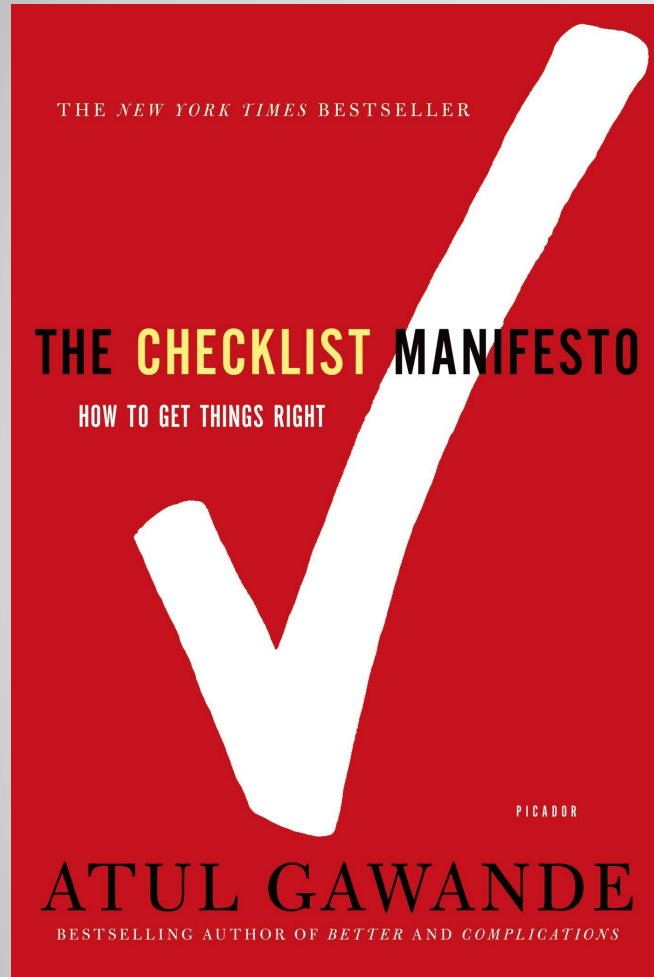
- how the three *basic psychological needs* can influence well-being



## Discuss

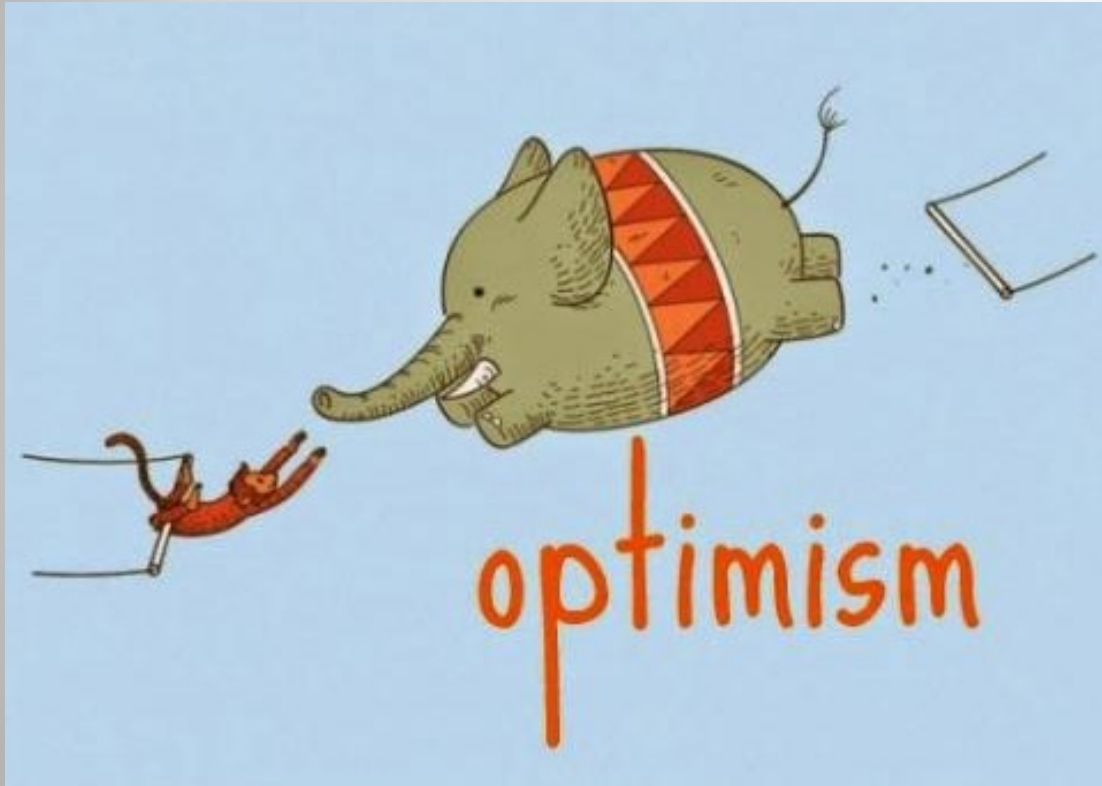
- how *challenges* can fuel better well-being, not deter it





- Wake up on time
- Eat a healthy breakfast
- Make it to work on time
- Eat a healthy lunch
- Work full clinical shift
- Go to gym
- Make it home in time for dinner
- Finish meeting abstract
- Fix broken light
- Make it to bed so I get 7 hours of sleep

# REALISM



- Wake up on time – Hit snooze button 5 times
- Eat a healthy breakfast – Grab granola bar
- Make it to work on time – Run in 5 minutes late
- Eat a healthy lunch – Skip lunch
- Work full clinical shift... and then some**
- Go to gym – What's a gym?
- Make it home in time for dinner – Microwave leftovers
- Finish meeting abstract - Put these off
- Fix broken light
- Make it to bed so I get 7 hours of sleep – 5 hours will do

# A Primer on Unrealistic Optimism

**James A. Shepperd<sup>1</sup>, Erika A. Waters<sup>2</sup>, Neil D. Weinstein<sup>3</sup>,  
and William M. P. Klein<sup>4</sup>**

<sup>1</sup>Department of Psychology, University of Florida; <sup>2</sup>Department of Surgery, Division of Public Health Sciences, Washington University in St. Louis; <sup>3</sup>Department of Human Ecology, Rutgers University; and <sup>4</sup>National Cancer Institute, Bethesda, Maryland



*Curr Dir Psychol Sci.* 2015;24(3):232-237.

Predict that a personal future outcome will be more favorable than that suggested by a relevant, objective standard (unrealistic absolute optimism)

Unduly predict that their personal outcomes will be more favorable than the outcomes of peers (unrealistic comparative optimism)

Distinct from *dispositional optimism*: a personality trait representing generally positive expectations about the future

# How being realistic can be key to your wellbeing

*By Chris Dawson, University of Bath and David de Meza, London School of*

22nd July

*Economics*



2020

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**Read more from The Conversation**

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Lots of studies over the years have shown optimists to be healthy and happy. But being a measured realist might be even better for your mental health, researchers say.

# Neither an Optimist Nor a Pessimist Be: Mistaken Expectations Lower Well-Being

David de Meza<sup>1</sup> and Chris Dawson<sup>2</sup> 

Personality and Social Psychology Bulletin. 2020:014616722093457.

- 1,601 individuals followed longitudinally for 18 years (91-09)
- Assessed optimism regarding finances, well-being, and demographics
- Long-run well-being is higher for realists—those who exhibit long-run accuracy in forecasting their financial outcomes—than for either optimists or pessimists

## Pessimists v. Realists

37.2% higher level of psychological stress

21.8% lower life satisfaction

## Optimists v. Realists

11.8% higher level of psychological stress

13.5% lower life satisfaction

how to tell your boss "no"



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About 1,290,000,000 results (0.73 seconds)

### 13 Clever Ways to Tell Your Boss "No"

1. Give them a valid reason.
2. Always offer alternative solutions.
3. Remind **your boss** of **your** existing workload.
4. Show **your** gratitude.
5. Find someone else to do it.
6. Be empathetic.
7. Buy yourself some time.
8. Don't beat around the bush.



[More items...](#) • Jul 24, 2018

### 13 Clever Ways to Tell Your Boss "No" | Best Life

<https://bestlifeonline.com> › [say-no-to-boss](#)



About Featured Snippets



Feedback

# PRIORITIZE



## Defect Tracking

Severity

VS

Priority

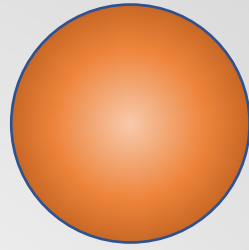
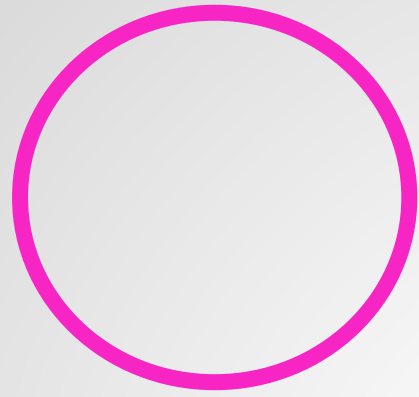
### Severity vs. Priority

Severity of a defect is related to how severe a bug is. Usually the severity is defined in terms of financial loss, damage to environment, company's reputation and loss of life.

Priority of a defect is related to how quickly a bug should be fixed and deployed to live servers. When a defect is of high severity, most likely it will also have a high priority. Likewise, a low severity defect will normally have a low priority as well.



Severity



Priority





Family/Friends/  
Hobbies

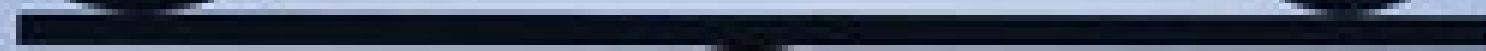
Academic

Clinical

Work



My well-being





# Objectives



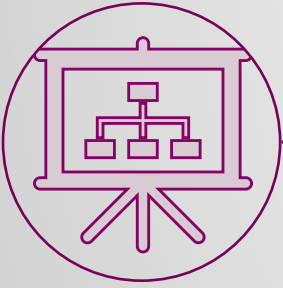
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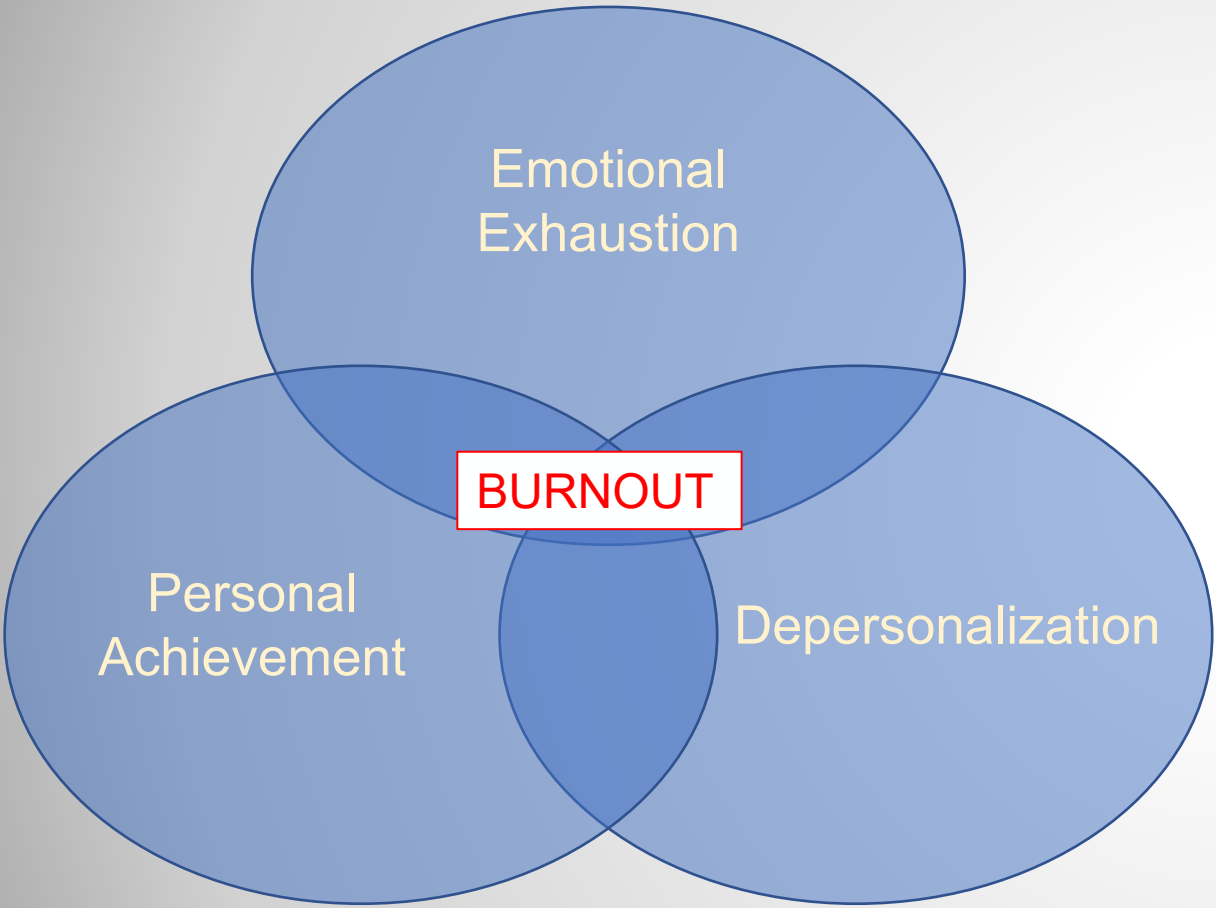


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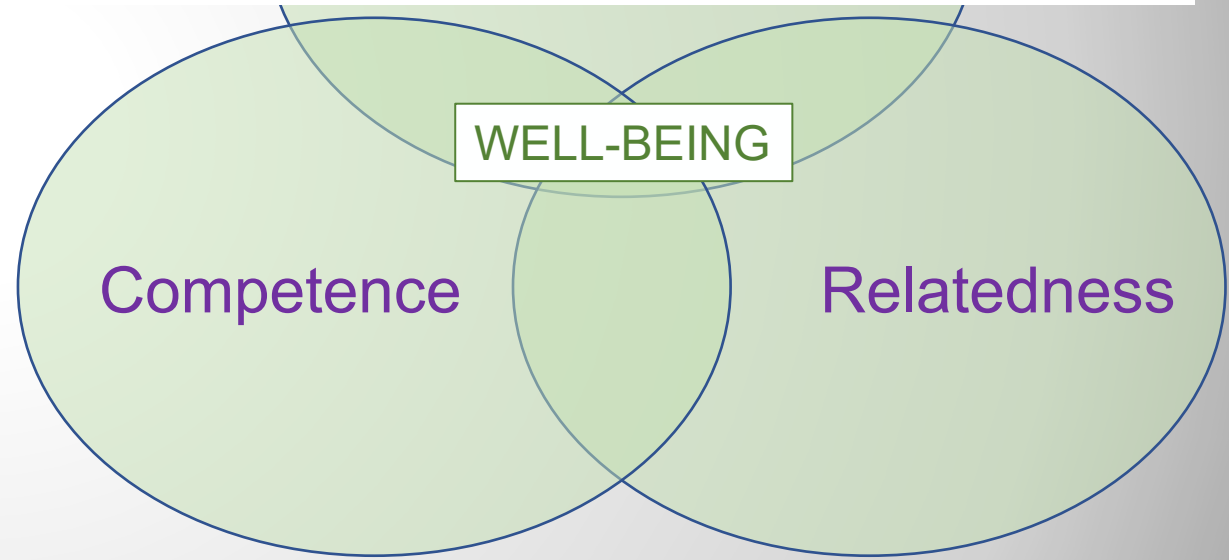
# SELF-DETERMINATION





**AUTONOMY AS THE BASIC NEED**

The article by Devine, Camfield, and Gough has the concept of autonomy at its core, suggesting that autonomy is *the basic human need*. They then argue that although it is often said to



***Autonomy*** is the psychological need to experience self-direction and personal endorsement, volitional action, ownership

***Competence*** is the psychological need to be effective in one's interactions with the environment, mastery, progress

***Relatedness*** is the psychological need to establish close emotional bonds and attachments with other people, giving/receiving care and benevolence



Self-determination theory's (SDT) most basic propositions are, first, **that all people possess an inherent set of psychological needs** and, second, that **autonomy, competence, and relatedness** are the three critical psychological satisfactions needed to maintain and promote *personal growth and well-being*.

SPECIAL ISSUE MANUSCRIPT

WILEY

## A neuroscientific perspective on basic psychological needs

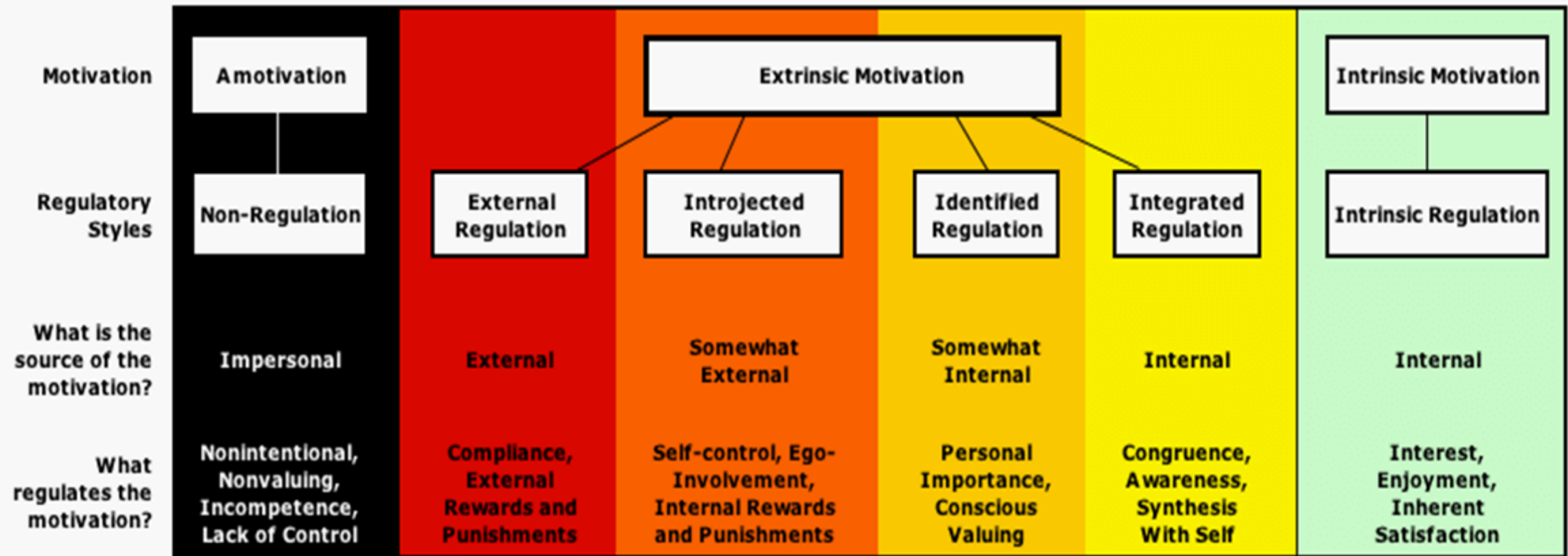
Johnmarshall Reeve<sup>1</sup>  | Woogul Lee<sup>2</sup>

*Journal of Personality*. 2019;87:102–114.

## The Self-Determination Continuum

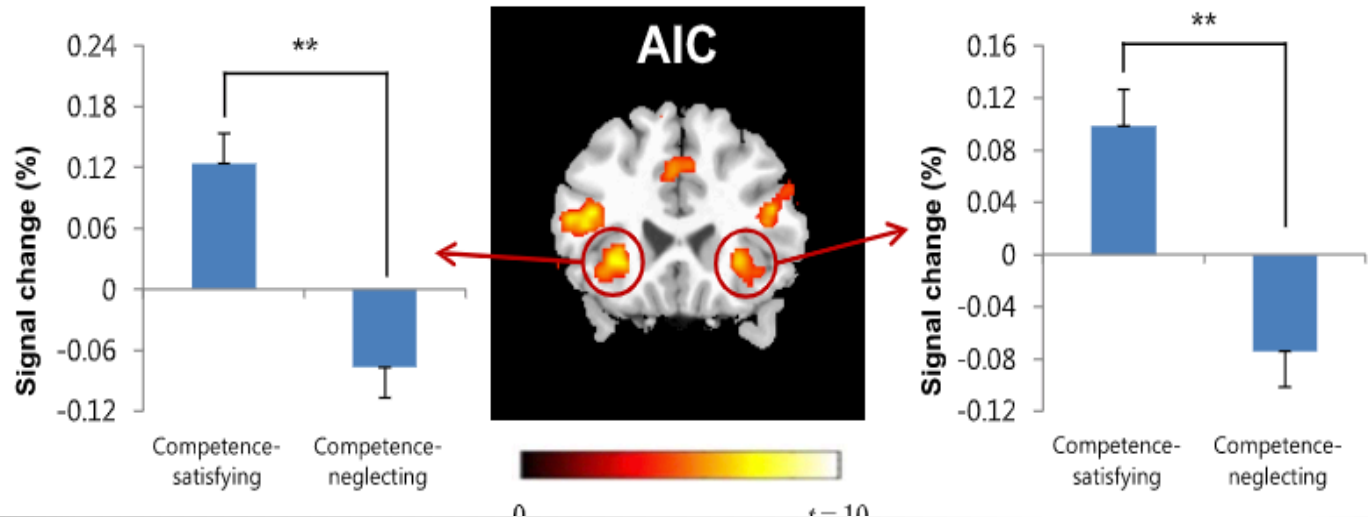
**Nonself-Determined**

**Self-Determined**



*(Based on Ryan, R.M. & Deci, E.L. (2000). Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being. American Psychologist. 55(1), 68-78.)*





## Intrinsic Motivation

### **Based on Competence**

Significantly greater AIC activation when they solved optimally challenging and competence-satisfying anagrams than when they solved too-easy and competence-neglecting anagrams.

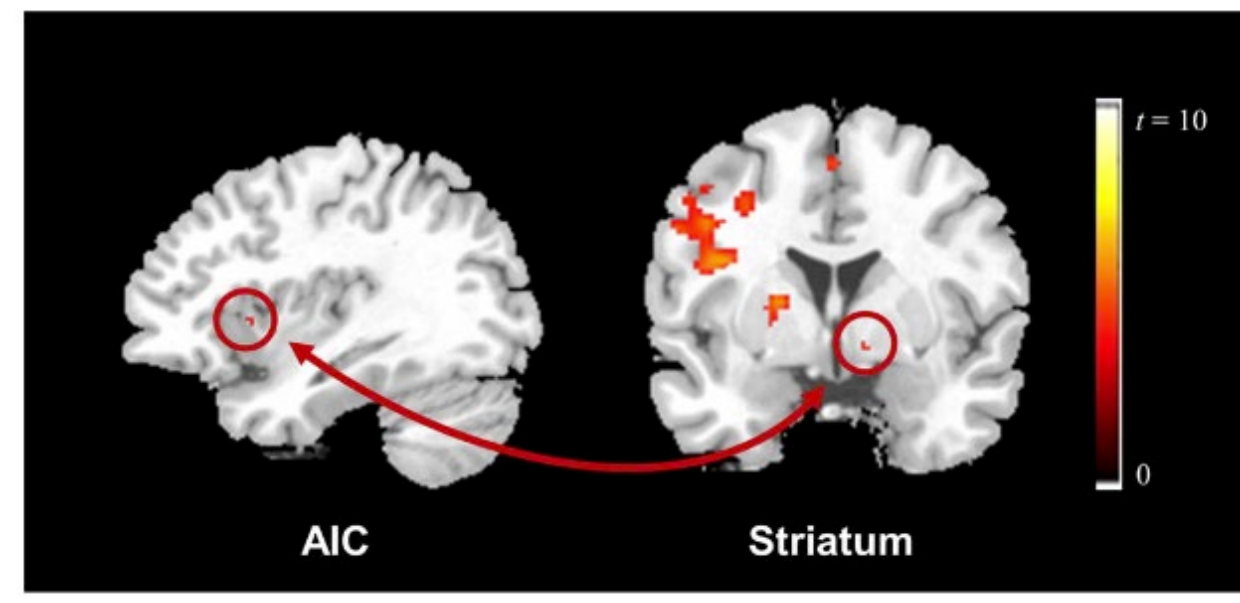
### **Based on Autonomy**

Similar results when given choice vs. no choice

### **Based on Relatedness**

Mothers seeing pictures of own children vs. other children

\*Anterior insular cortex (AIC) – self processing  
Striatum – reward processing



# Self-determination theory

- **The need for growth drives behavior.** The first assumption of self-determination theory is that people are actively directed toward growth.  
**Anti-boredom**
- **Autonomous motivation is important.** While people are often motivated to act by external rewards such as money, prizes, and acclaim (known as extrinsic motivation), self-determination theory focuses primarily on internal sources of motivation such as a need to gain knowledge or independence.  
**Money/rewards aren't everything**



**Frank Martela, PhD, Well-being Editor,**

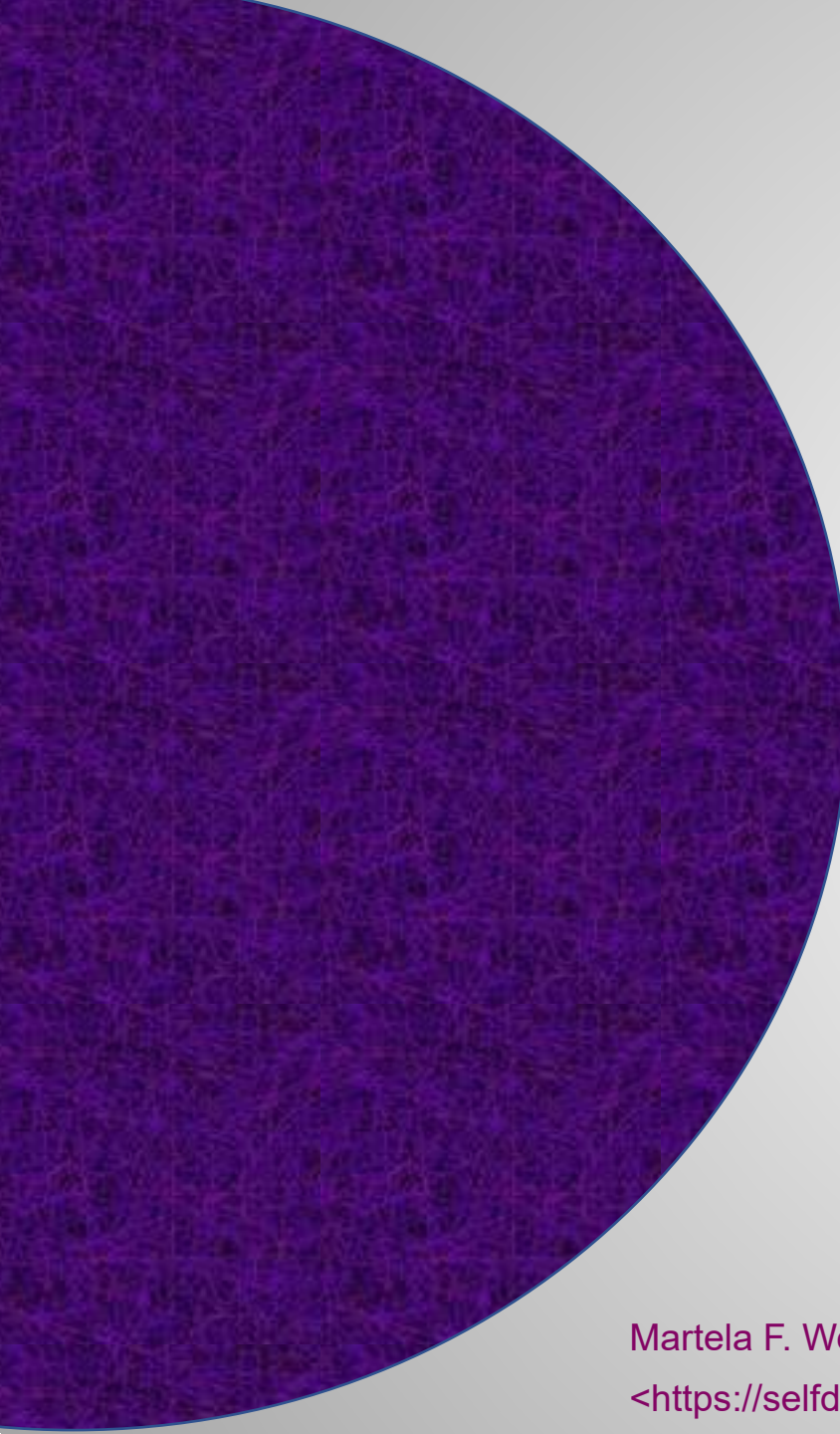
is a post-doctoral researcher at Aalto University, Finland. His research has focused on examining the basic psychological needs and their relations to well-being, vitality, and meaning in life of human beings, with a special focus on the role of prosocial behavior and doing good to others in this equation. Having PhD's in both philosophy and organizational research, he is also interested in the normative and moral implications of basic psychological needs, and how managers can support the intrinsic motivation and well-being of employees using the principles of SDT.



**Overview**



**CENTER FOR  
SELF-DETERMINATION  
THEORY**

- 
- SDT argues that well-being as such must be understood as a richer notion than mere hedonic balance between pleasure and pain.
  - Vitality is about feeling alive, vigorous, and having energy available to the self.
  - **Eudaimonia is about a life well lived.** Thus, rather than being a particular type of experience, it is more about ways of living and behaving that are intrinsically worthy and in accordance with our human nature.
  - Meaning in life is the subjective sense that life is valuable and worth living, and basic psychological needs could play a key role in making life feel meaningful.

# QUOTE OF THE WEEK

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Happiness is not the absence  
of conflict, but the ability to  
cope with it!

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# What does 'quiet quitting' look like at hospitals?

Kelly Gooch - Tuesday, August 30th, 2022



The trend of "quiet quitting" has recently gained traction on social media, referring to a phenomenon in which workers to reduce their enthusiasm at work and stick to the minimum expectations of their role. Some professionals, including Generation Z workers, have [embraced the concept](#) as an increased form of work-life balance, and others [see it as a lesser-version](#) of actually quitting. Regardless of how an individual interprets the idea, the concept is not new among the U.S. workforce or in healthcare, according to Jeremy Sadlier, executive director of the American Society for Healthcare Human Resources Administration.

BECKER'S  
**HOSPITAL REVIEW**





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Review Article

# A systematic review of factors that enable psychological safety in healthcare teams

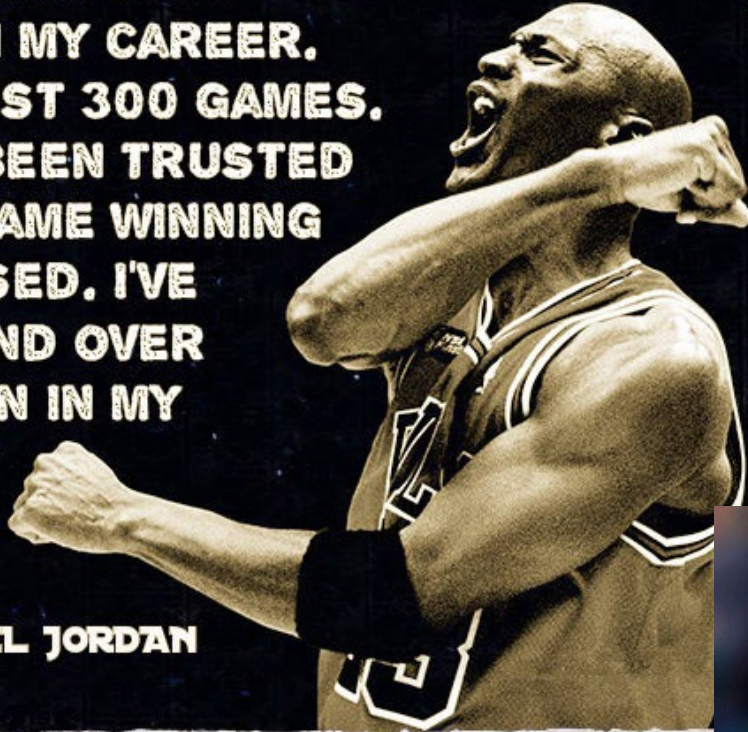
RÓISÍN O'DONOVAN, and EILISH MCAULIFFE

**Table 4** Enablers identified across levels of healthcare organizations

| Organizational                 | Team                                | Individual                  |
|--------------------------------|-------------------------------------|-----------------------------|
| Safety culture                 | Leader behavioural integrity        | Professional responsibility |
| Continuous improvement culture | Status, hierarchy and inclusiveness | Individual differences      |
| Organizational support         | Change-oriented leadership          |                             |
| Familiarity across teams       | Leader support                      |                             |
|                                | Peer support                        |                             |
|                                | Familiarity leader                  |                             |
|                                | Familiarity team members            |                             |

"I'VE MISSED MORE THAN  
9000 SHOTS IN MY CAREER.  
I'VE LOST ALMOST 300 GAMES.  
26 TIMES I'VE BEEN TRUSTED  
TO TAKE THE GAME WINNING  
SHOT AND MISSED. I'VE  
FAILED OVER AND OVER  
AND OVER AGAIN IN MY  
LIFE. AND THAT  
IS WHY  
I SUCCEED."

MICHAEL JORDAN



I really think a  
**champion** is  
defined not by  
their **wins** but by  
how they can  
**recover** when they  
**fall.**

~ SERENA WILLIAMS

THEORIES > COGNITIVE PSYCHOLOGY

# How the Overjustification Effect Reduces Motivation

By [Kendra Cherry](#) | Updated on February 18, 2022

 [Fact checked](#) by [Shereen Lehman, MS](#)



AMERICAN PSYCHOLOGICAL ASSOCIATION

# APA Dictionary of Psychology

## overjustification effect



a paradoxical effect in which rewarding (or offering to reward) a person for his or her performance can lead to lower, rather than higher, interest in the activity. It occurs when the introduction of an **extrinsic reward** weakens the strong **intrinsic motivation** that was the key to the person's original high performance. Compare **insufficient justification effect**.

# How the Overjustification Effect Reduces Motivation

By [Kendra Cherry](#) | Updated on February 18, 2022

✓ [Fact checked](#) by [Shereen Lehman, MS](#)

- when extrinsic motivation (such as money and prizes) are given for actions that people already find intrinsically rewarding, they will become less internally motivated to pursue those activities in the future
- people tend to pay more attention to these external rewards rather than their own enjoyment of the activity

# In summary

**My message of well-being is one of self-awareness and self-regulation; individualized to your own self**

- Control of assessment – realism
  - Things most often aren't as bad, or as good as they seem
- Control of motivation – self-determination
  - It's not always the easiest route that is the most fulfilling
- Control of adversity – flourishing
  - Freedom to fail, courage to overcome, psychological safety as a route to personal achievement

# What's next?

HEALTH PSYCHOLOGY REVIEW  
<https://doi.org/10.1080/17437199.2020.1718529>



OPEN ACCESS Check for updates

## **A meta-analysis of self-determination theory-informed intervention studies in the health domain: effects on motivation, health behavior, physical, and psychological health**

Nikos Ntoumanis <sup>a,b</sup>, Johan Y.Y. Ng<sup>c</sup>, Andrew Prestwich <sup>d</sup>, Eleanor Qusted <sup>a,b</sup>, Jennie E. Hancox<sup>e</sup>, Cecilie Thøgersen-Ntoumani <sup>a,b</sup>, Edward L. Deci <sup>f,g</sup>, Richard M. Ryan<sup>h</sup>, Chris Lonsdale <sup>h</sup> and Geoffrey C. Williams<sup>i</sup>

In conclusion, SDT-informed interventions positively affect indices of health; these effects are modest, heterogeneous, and partly due to increases in self-determined motivation and support from social agents.

## Ecological Momentary Assessment

Saul Shiffman,<sup>1</sup> Arthur A. Stone,<sup>2</sup>  
and Michael R. Hufford<sup>3</sup>

<sup>1</sup>Department of Psychology, University of Pittsburgh, Pittsburgh, Pennsylvania 15260; email: Shiffman@pitt.edu

<sup>2</sup>Psychiatry and Behavioral Sciences Department, State University of New York, Stony Brook, Stony Brook, New York 11794-8790; email: Arthur.stone@sunysb.edu

<sup>3</sup>Cypress Bioscience, Inc., San Diego, California 92121; email: mhufford@cypressbio.com

Annu Rev Clin Psychol. 2008;4:1-32



Thank you