

Organizational Approaches To Improve Well-being for Healthcare Professionals



Lisa MacLean, M.D.
Director of Physician Wellness

*Many concepts and ideas came from Dr. Tait Shanafelt



Sheppard Pratt OCD & Anxiety Lecture Series

Friday, May 21, 2021, 9:00 a.m. – 12:15 p.m.

Online Broadcast

Inhibitory Learning Theory in Exposure-based Treatment of
Obsessive-Compulsive Disorder - Jonathan Abramowitz, PhD

&

Disgust and Not Just Right Experiences in
Obsessive-Compulsive Disorder - Dean McKay, PhD

3.0 Contact hours for physicians, nurses, psychologists, counselors,
marriage and family therapists, and mental health professionals.

Register Today!

Psychology Workshop

Friday, May 7, 2021, 9:00 am – 12:15 pm

Online Broadcast

**A Workshop on Motivational Interviewing: Gaining Traction
with Patients Who Feel Stuck – Rachel Smolowitz, PhD**

3.0 Contact hours for physicians, nurses, psychologists, counselors,
marriage and family therapists, and mental health professionals.

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Organizational Approaches To Improve Well-being for Healthcare Professionals



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Objectives

- Review and analyze data on burnout in medical students, nurses, APP's, residents and faculty.
- Describe the individual tools discussed to cope with burnout.
- Discuss organizational approaches presented to mitigate burnout.



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You have to name it, to tame it.....



Dissatisfaction with Medical Practice

Changes in Care stress and burnout among critical care and medical surgical nurses:

Primary Burnout in internal medicine physicians:

Differences between residents and specialists

Recognising and combating compassion fatigue in nursing.

Burnout among intensive care nurses.

Moral Distress in Physicians and Nurses: care.

Burno **Confronting Depression and Suicide in Physicians**

A Consensus Statement



~~CRISIS~~

OPPORTUNITY

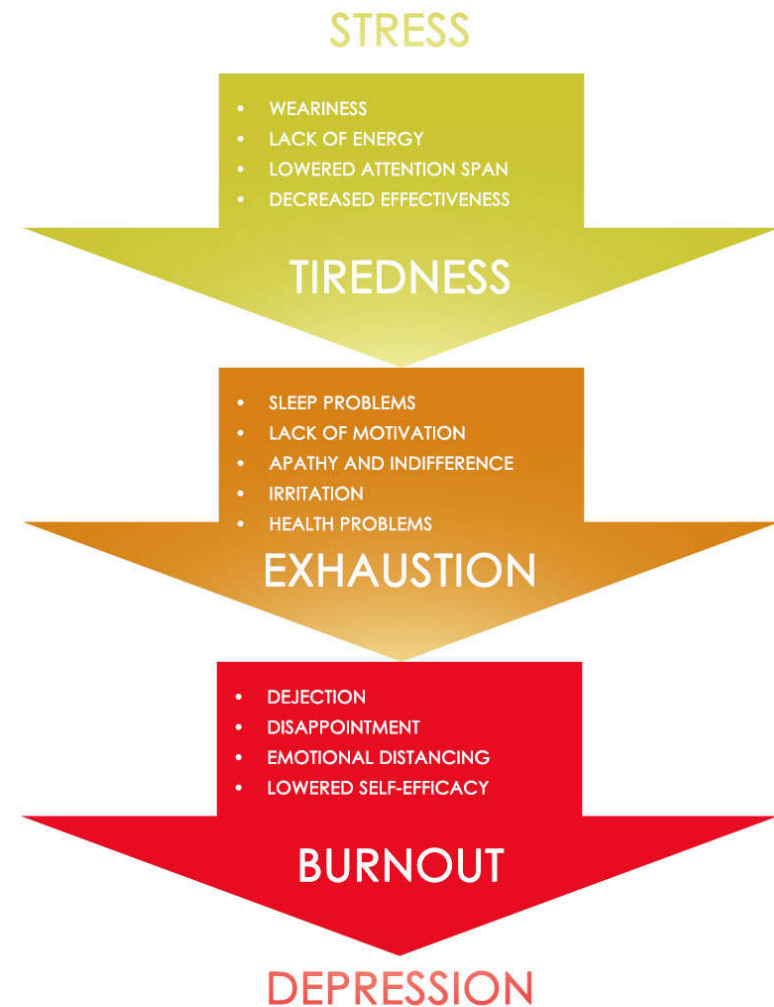
What is Burnout?

- Loss of enthusiasm and energy for work
- Feelings of apathy, a loss of empathy and cynicism
- Loss of self-efficacy

Peckham C. Medscape Pediatrician Lifestyle Report, 2013. March 28, 2013.

Accessed http://www.medscape.com/features/slideshow/lifestyle/2013/pediatrics?src=wnl_edit_specol#1
ShanafeltTD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012;172:1377-1385. <http://archinte.jamanetwork.com/article.aspx?articleid=1351351> Accessed February 7, 2013

STAGES OF EXHAUSTION AND THEIR SYMPTOMS



<http://project-burnout.wzks.uj.edu.pl>

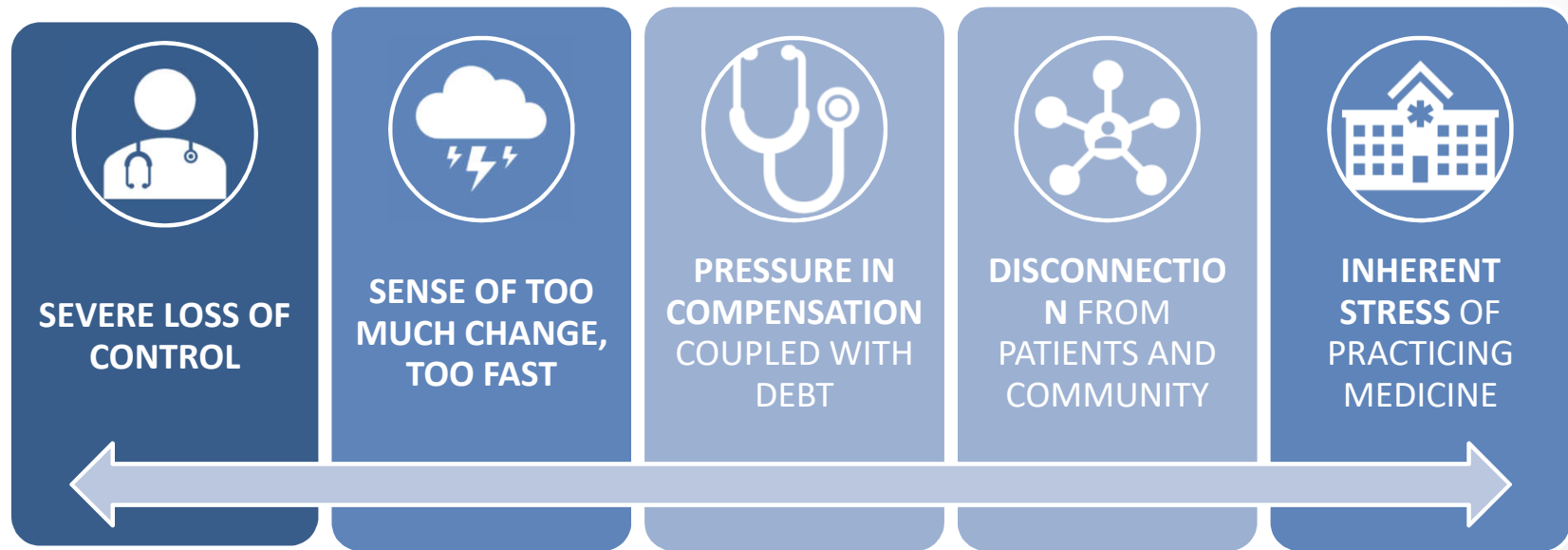


What Does Burnout Look Like?

- How can I get through the day?
- I am going to scream if I get one more interruption.
- Another patient complaint.
- How much longer can I do this?
- I'm working harder but I can't catch up.
- This not what I signed up for.
- Am I crazy? What is wrong with me?
- I can't think straight.



Psychological Factors Associated with Physician Burnout



Stress	Burnout
You put in too much effort	It's hard to put in any effort
You feel emotions more strongly	Your emotions feel blunted
You feel hyperactive and anxious	You feel drained and helpless
You have less energy	You have less motivation
It takes a physical toll	It takes an emotional toll

Dr Craig Dike, 2017



“APGAR” Signs of Burnout

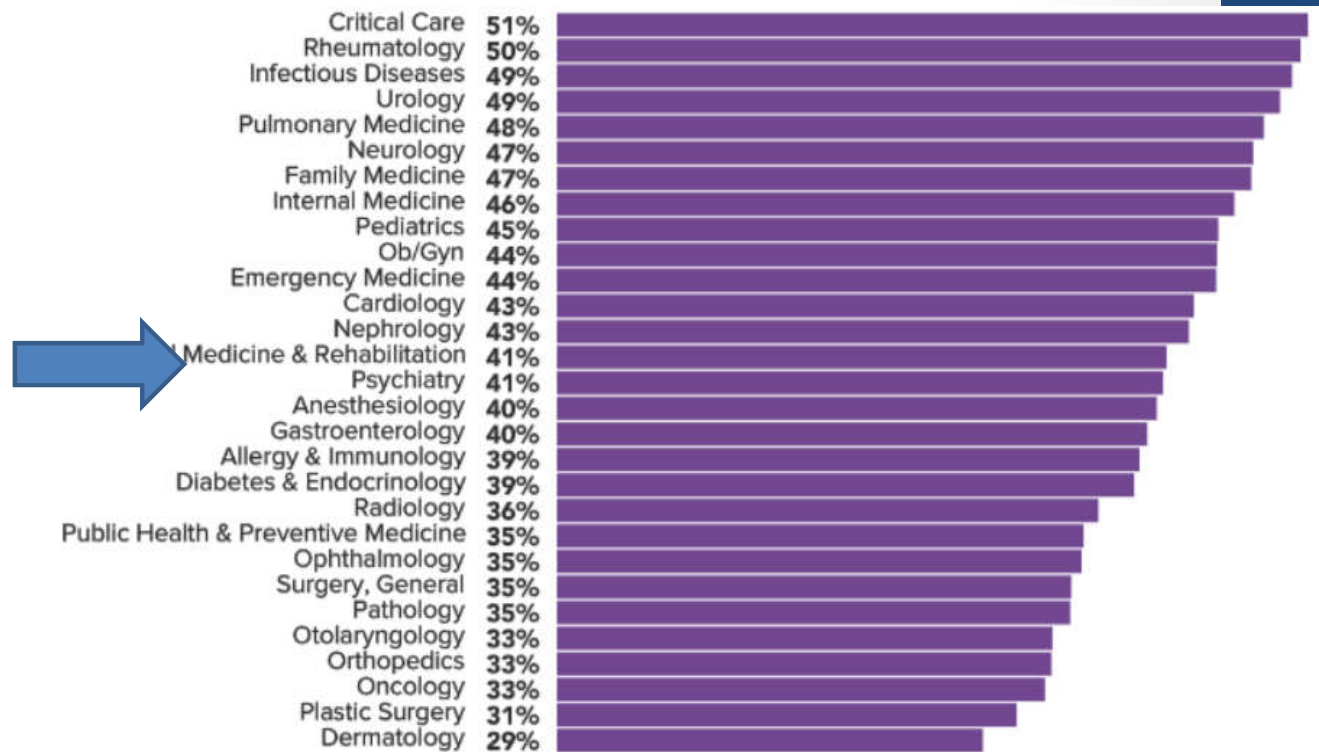
- Apppearance: decline in self-care, fatigue, changes in weight
- Performance: decrease in performance or workaholism
- Growth Tension: apathy, irritability or feeling overwhelmed
- Affect Control: moodiness and difficulty managing emotions
- Relationships: relationship struggles or social isolation

Hellwig, Harvard Business Review (2017)



Burnout by Medical Specialty

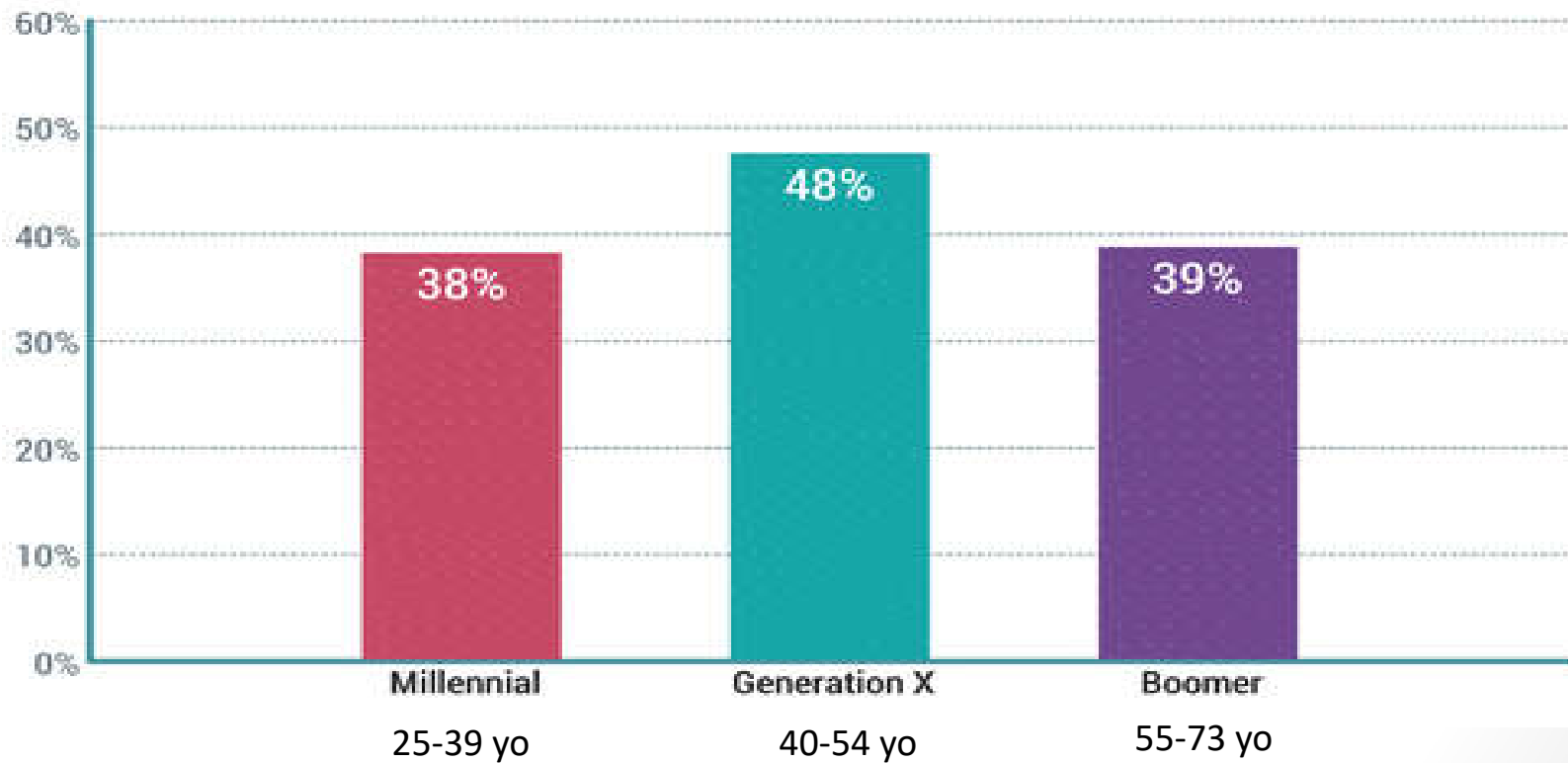
- Physicians from **29** specialties (N=12,339) graded the severity of their burnout in a recent survey
- **42%** of physicians reported that they are burned out, down from **46%** six years ago.



General Population 28%

Generational Divide.....

Which Generation Is Most Burned Out?

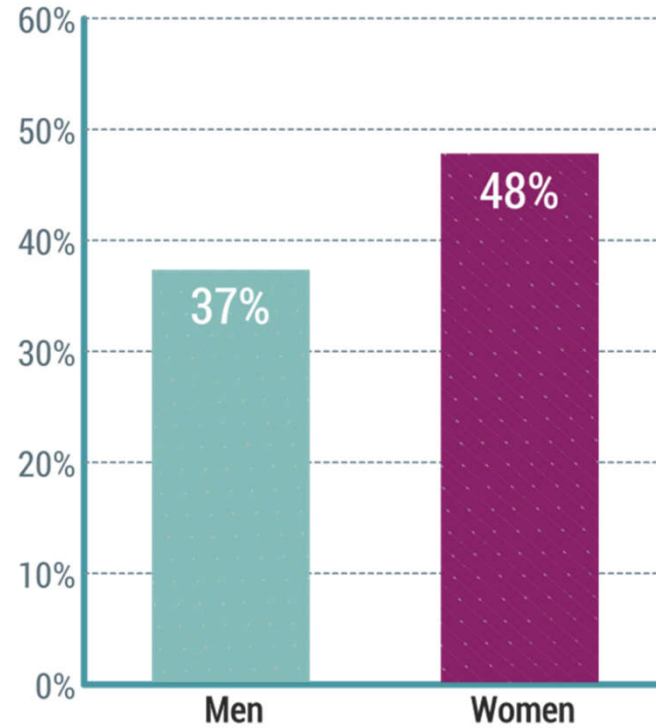


Medscape Lifestyle Report, 2020



Women vs. Men

Are More Women or Men Physicians Burned Out?

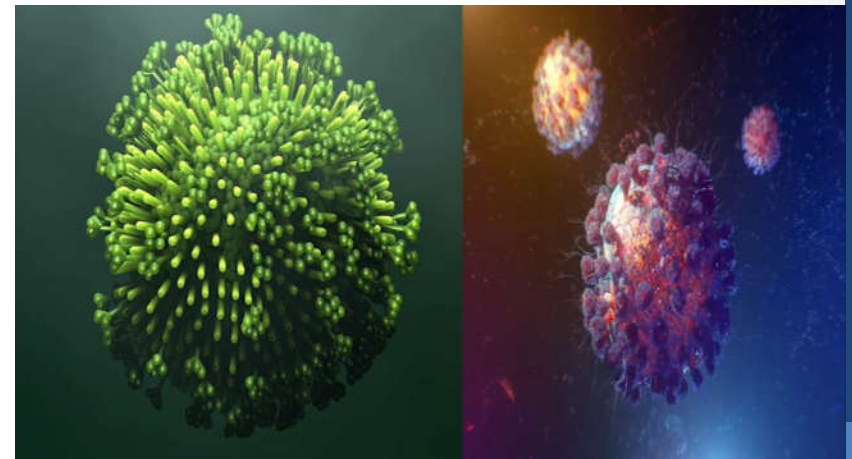


Direct contact with affected patients associated with higher odds of PTSD and psychological distress.

- **Risk Factors:**

- Younger
- Early career
- Parents of dependent children
- Infected family member
- Longer quarantine
- Lack of support

Kisley, Steve BMJ 2020;369



Physicians vs. Employed U.S. Population

	Physicians n=6179	Population n=3442	p
Hrs/Wk (median)	50	40	<0.001
Burnout*	38%	28%	<0.001
Dissatisfied WLI	40%	23%	<0.001

Shanafelt, JAMA Int Med 172:1137 (2011)

* As assessed using the single-item measures for emotional exhaustion and depersonalization adapted from the full MBI. Area under the ROC curve for the EE and DP single items relative to that of their respective full MBI domain score in previous studies were 0.94 and 0.93



Pooled Multi-variate Analysis Physicians and Population

- **Adjusting for:**

- Age, gender, relationship status, hours worked/week, education

- **Factors associated burnout (all $p < 0.0001$):**

- Increasing age (OR: 0.986 each year older)
- Married (OR vs. single 0.71)
- Hours worked (OR=1.017 each hour)

- **Education¹:**

- **Bachelors degree: OR=0.8**
- **Masters degree: OR=0.71**
- **Doctorate or non-MD/DO professional degree: OR=0.6**
- **MD/DO: OR=1.36**

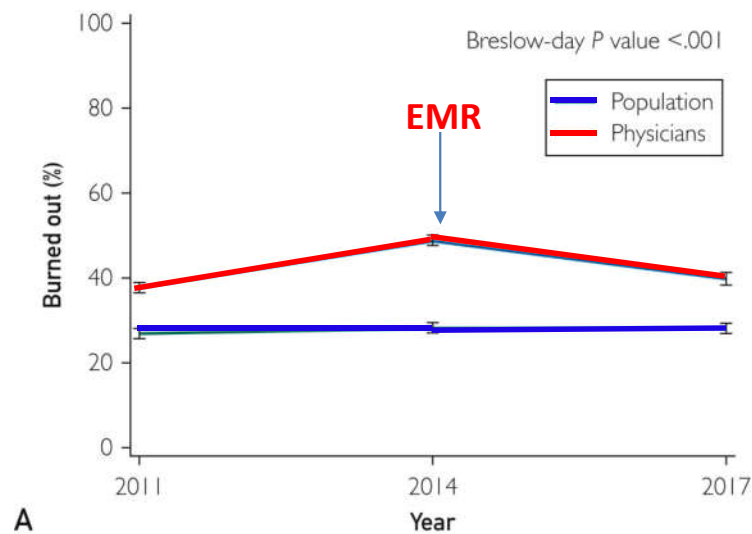
¹ reference group high school graduate

Shanafelt, JAMA Int Med 172:1137 (2011)

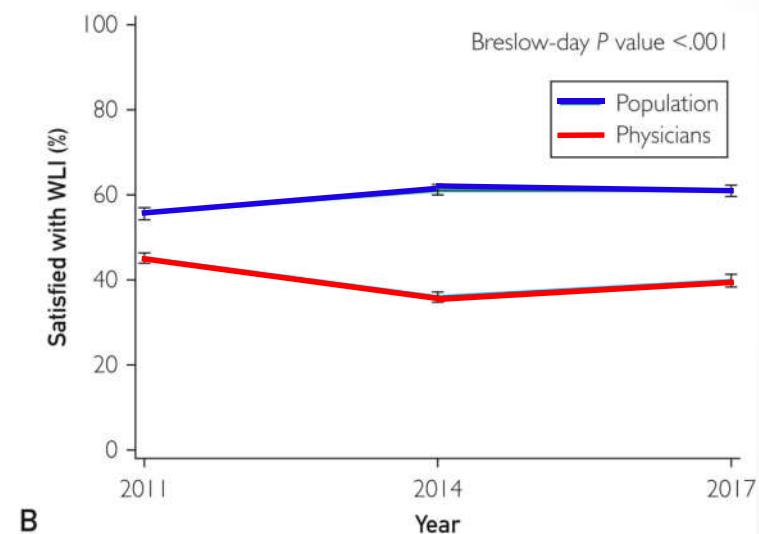


Physicians & Population

Burnout



Satisfaction Work-life Balance



*Nurses were more likely to report poor satisfaction with work-life balance but not burnout and APP's were more likely to report burnout but not work life balance issues.

Shanafelt, Mayo Clinic Proceedings e-pub March 2019



Burnout Among Nurses

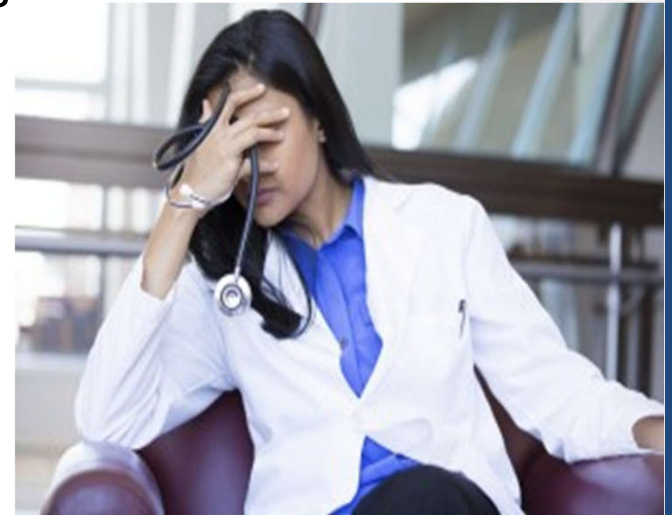
- 10,184 hospital based nurses in Pennsylvania
- 43% burned out
- Patient - nurse staffing ratios strongly related to burnout and job satisfaction
- Approximately 23% increased risk burnout for each 1 additional patient per nurse
- Intent to leave current job next 12 months:
 - Burned out nurses = 43%
 - Nurses without burnout = 11%

Aiken JAMA 288:1987 (2002)



When does Burnout Start?

- Matriculating medical students better mental health than college graduates pursuing other fields
 - Lower burnout
 - Less depression
 - Higher QOL (overall, mental, emotional, physical)
- Pattern reversed by 2nd year medical school
- Burnout crescendos during residency
- In practicing physicians, burnout and dissatisfaction WLB peaks mid-career (10-19 years in practice)



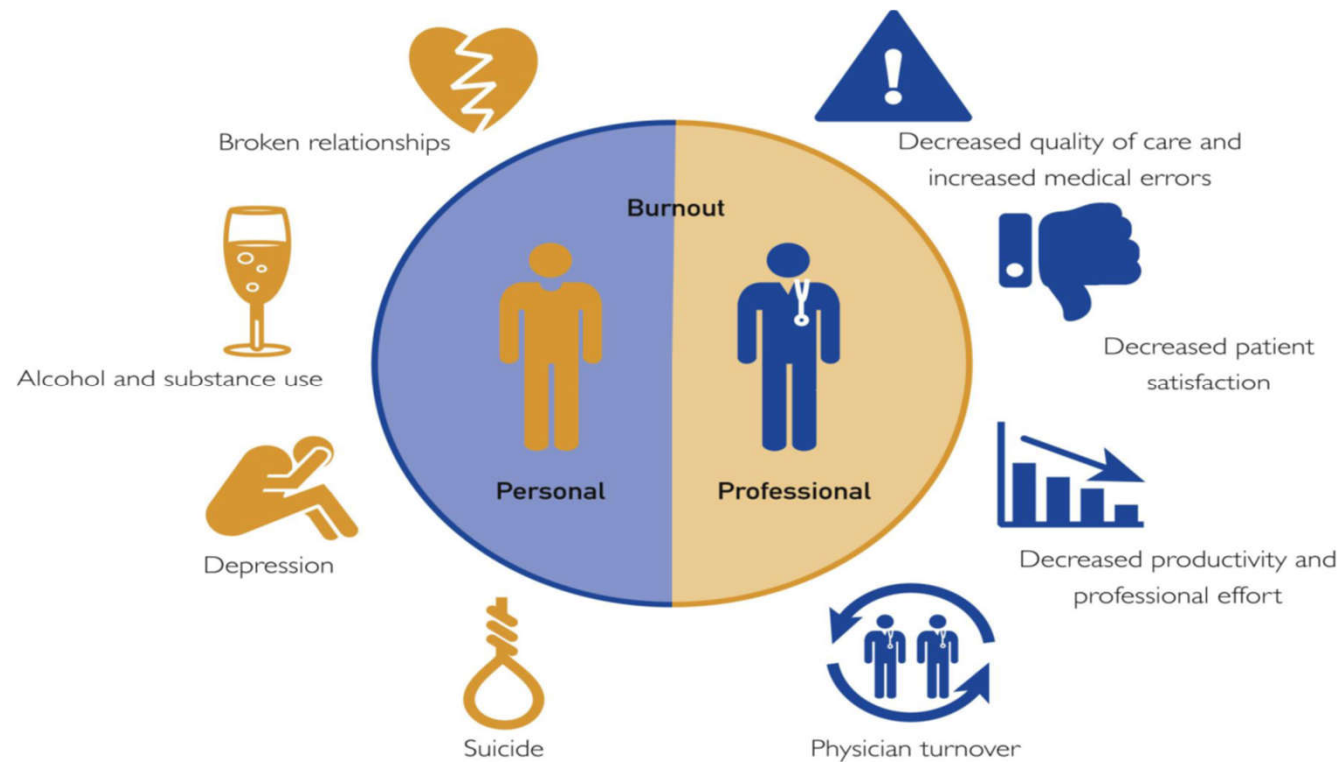
Brazeau Academic Med 89:1520; Dyrbye Mayo Clinic Proc 88:1358

Why Should We Care?

James W Lynch Professor of Medicine , University of Florida. "The Epidemic of Burnout, Depression and Suicide in Medicine: One Doctor's Story." *The Conversation*, 16 Feb. 2018, theconversation.com/the-epidemic-of-burnout-depression-and-suicide-in-medicine-one-doctors-story-41800.



Professional & Personal Consequences



Mayo Clinic Proceedings 92:129

¹JAMA 296:1071, ²JAMA 304:1173, ³JAMA 302:1294, ⁴Annals IM 136:358, ⁵Annals Surg 251:995, ⁶JAMA 306:952, ⁷Health Psych 12:93, ⁸JACS 212:42, ⁹Annals IM 149:334, ¹⁰ Arch Surg 146:54

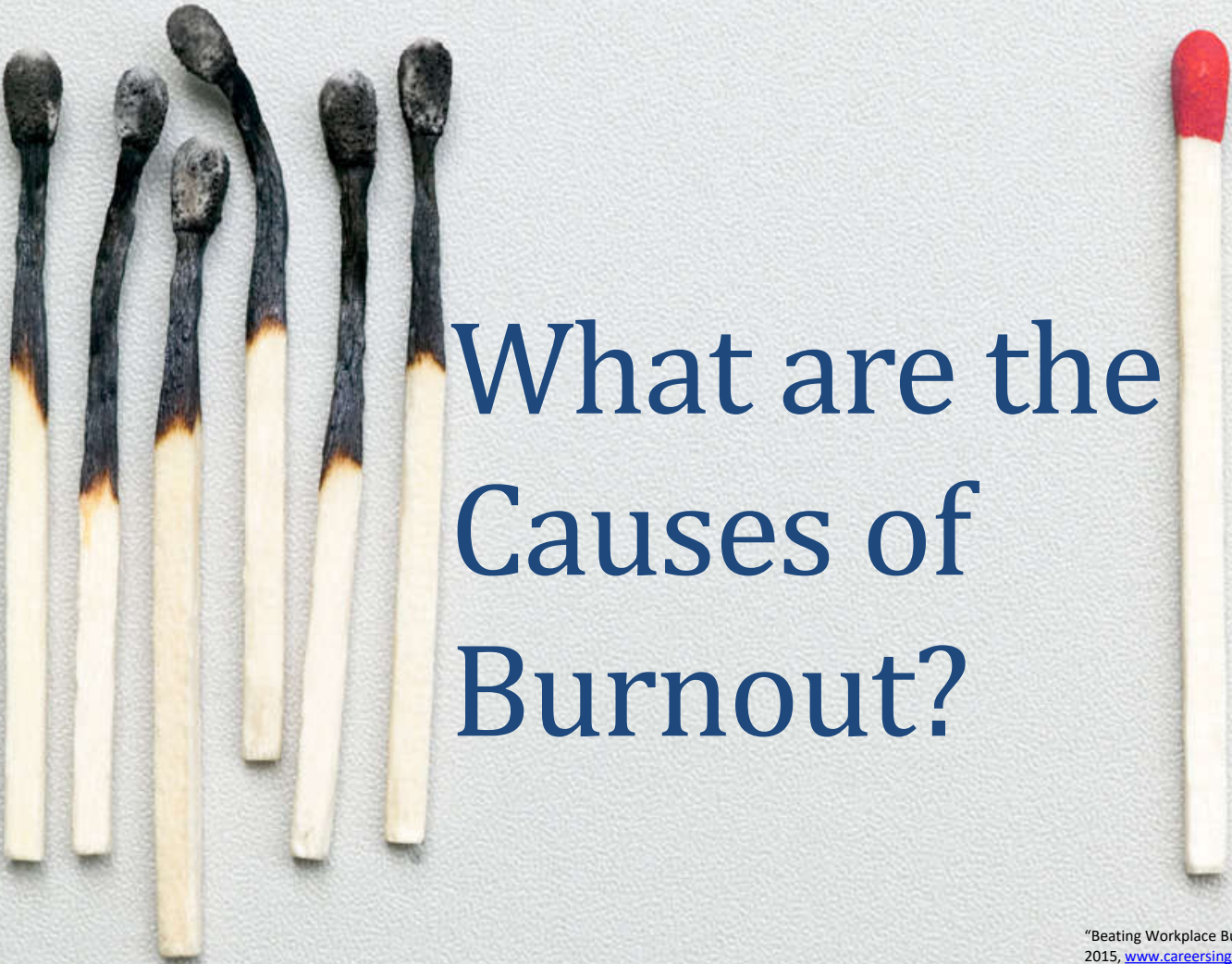


Quadruple Aim

Achieving our mission is no longer possible without addressing Clinician Wellness



Bodenheimer Annals Family Med 12:573, 2014



What are the Causes of Burnout?

"Beating Workplace Burnout." *Careers in Government*, 11 Apr. 2015, www.careersingovernment.com/tools/gov-talk/career-advice/on-the-job/beating-workplace-burnout/



Exercise

How could you make it worse? If you wanted to drive burnout to 100%, what would you do/implement?



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Evidence-based Contributors to Physician Burnout



EMRs

EMRs have been shown to increase clerical burden, alter patient-physician interactions, and distract from more meaningful aspects of practice (Mayo, 2016)



Work hours

A systematic review demonstrated that focusing on duty hours alone does not result in improvements in patient care or resident well-being and may have a negative effect on resident education (JGME, 2017)



Administrative tasks

In one study 43% of physicians reported spending >30% of their workday on administrative tasks (Care-Cloud, 2014)



Evidence-based Contributors to Physician Burnout



Loss of connectedness

Authentic, humanistic interactions with patients and colleagues enhance well-being, and in turn, results in better care and higher quality practice of medicine (AMA, 2018)



Loss of meaning

When incentivizes are monetary only (as opposed to reflective purpose or meaning), it misaligns with the best interest of patients and communities (Swenson, 2018)



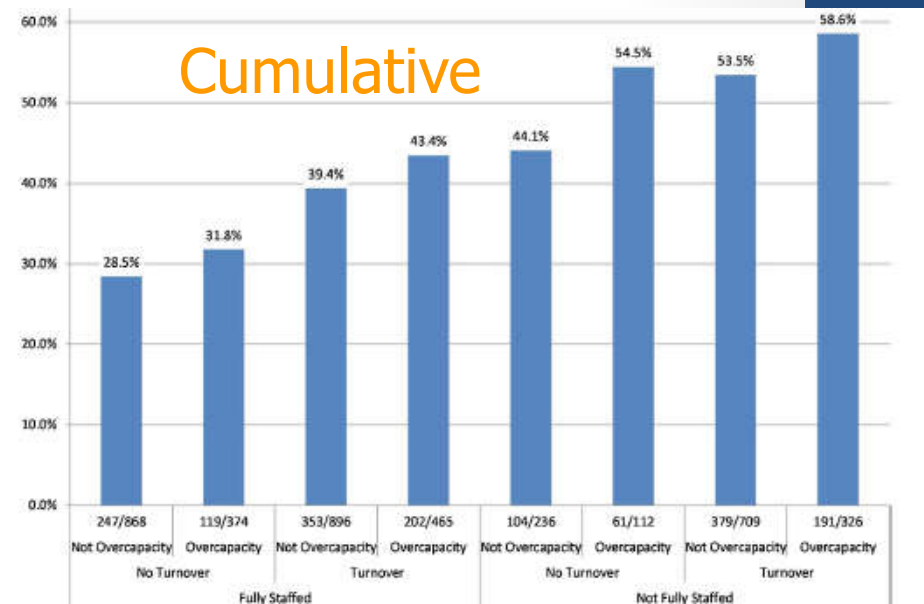
Sleep deprivation

Sleep disruption is common among physicians. Long term effects are correlated to everything from susceptibility to the common cold to depression, heart disease, and even mortality (Philibert, 2005)



Staffing and Burnout in Primary Care

- Survey MD, NP/PA, RN, LPN, clerical assistants (CA) (n=4010)
- Assessed:
 - Panel size (within or overcapacity)
 - Panel co-morbidity
 - After hours work (M-F; weekend)
 - Team currently at full staff (1 provider, 1 RN, 1 LPN, 1 CA)
 - Turnover on team last 12 mo
- Symptoms of burnout:
 - MD: 49%
 - RN: 42%
 - LPN: 32%
 - CA: 36%



Helfrich, JGIM 32:760



Published Key Drivers of Burnout

- Heavy workload
- No control
- Work-life integration
- Community
- Values
- Resources
- Meaning is central!

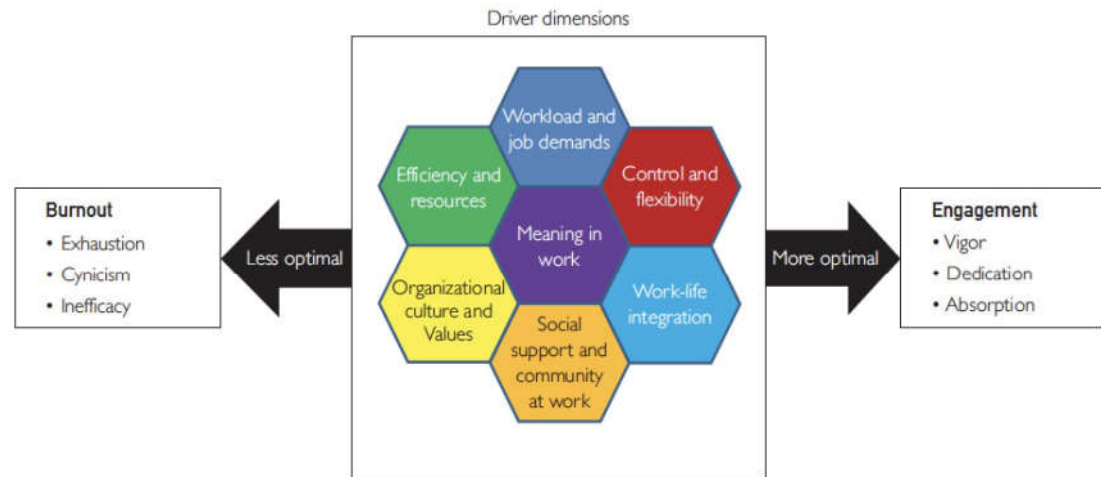


FIGURE 2. Key drivers of burnout and engagement in physicians.

Protective Factors



- Better teaching
- Explicit training about certain end of life topics
- Direct observation
- Reciprocal relationships
- Opportunities for learning

- Stressful relationships
- Little emotional support
- Not enough teaching
- Insufficient responsibility
- High attending demands
- Lack of time feedback

Prins Med Educ 42:721; Attenello J Neurosurg 2018, Dyrbye Med Educ 50: 132-149

How Do We Navigate This?



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Organizational Strategies to Reduce Burnout & Promote Engagement



Acknowledge & Assess the Problem



Harness the Power of Leadership



Targeted Interventions to Improve Efficiency



Cultivate Community at Work



Rewards and Incentives



Value Alignment and Culture



Promote Flexibility & Work-life Integration



Resources to Promote Resilience and Self-care



Organizational Science

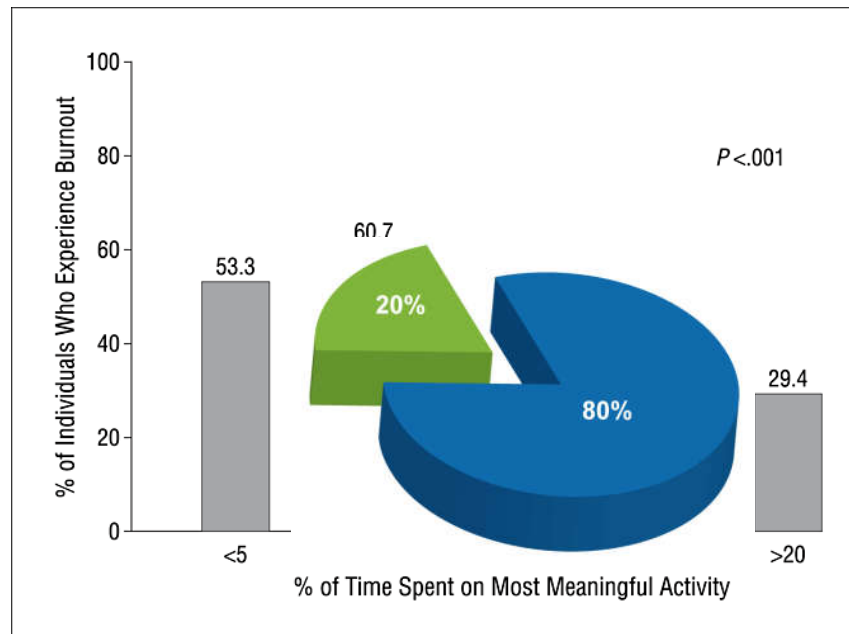
CAUTION

What Can I Do for Myself?

- **Identify and Live your Values**
 - Debunk the myth of delayed gratification
 - What matters to you most?
 - Integration of personal and professional life
- **Optimize and Connect with Meaning in Work**
 - Workflow
 - Choose/limit type of practice
 - Environment
- **Nurture Personal Wellness Activities**
 - Connectivity and relationships personally and professionally
 - Religious/spiritual practice
 - Personal interests (hobbies)
 - Self-care (exercise, sleep, regular medical care)

Meaning: Career “Fit”

- 465 Internal medicine physicians
- Most personally meaningful aspect of work:
- **Spending <20% effort in most meaningful activity strongly associated with burnout:**
 - (53.8% vs. 29.9%; $p < 0.001$)



Shanafelt, Archives IM 169:990

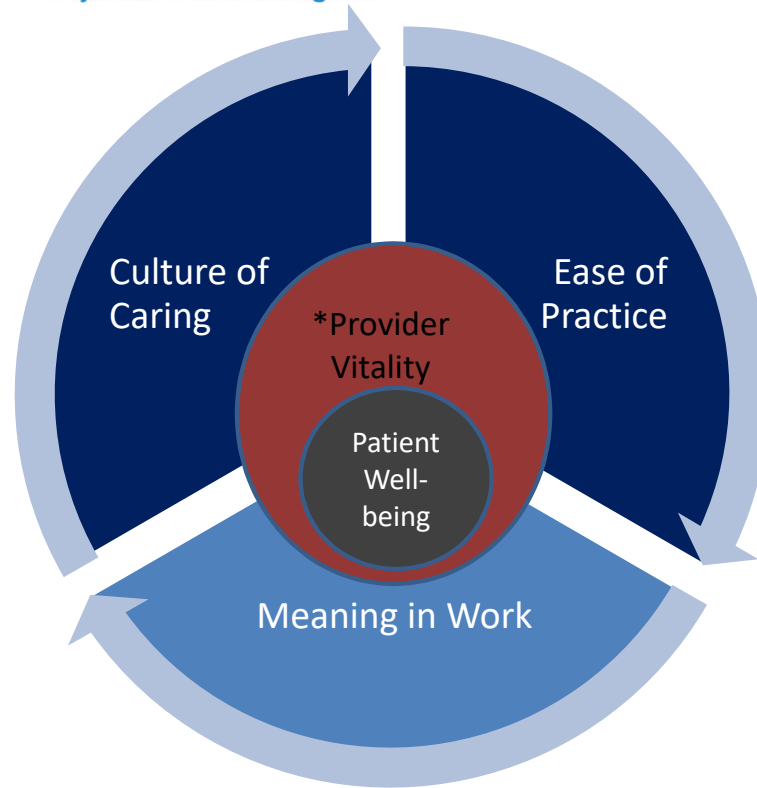


So What Can Organizations Do?



Henry Ford *We Care* Strategy

Physician Wellness Program

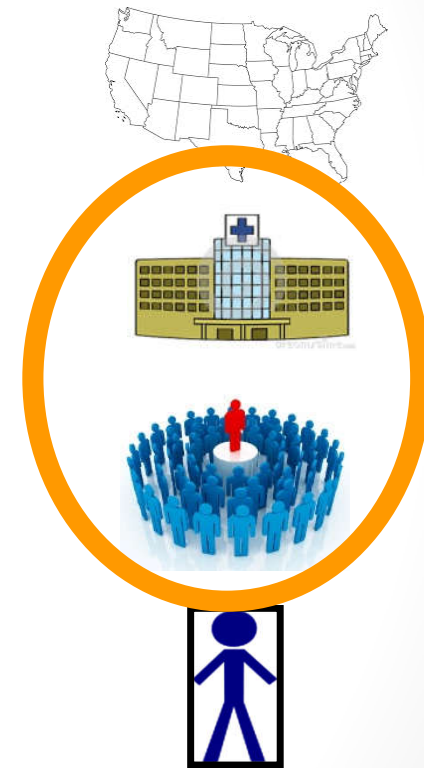


*Provider Vitality =
Happiness, self-worth,
self-efficacy and
personal/work
satisfaction

Adapted from the Stanford WellIMD Model
















Solutions: Where to Focus



Shanafelt, Mayo Clinic Proceedings 91:422

Organizational Strategies to Reduce Burnout & Promote Engagement

-   **Acknowledge & Assess the Problem**
-   **Harness the Power of Leadership**
-   **Targeted Interventions to Improve Efficiency**
-   **Cultivate Community at Work**
-  **Rewards and Incentives**
-  **Value Alignment and Culture**
-  **Promote Flexibility & Work-life Integration**
-  **Resources to Promote Resilience and Self-care**
-  **Organizational Science**

CAUTION



Acknowledge & Assess the Problem

Do Physicians Accurately Calibrate Their Distress/Well-being?

- **1150 surgeons surveyed 2013**
- **Subjective assessment well-being poor**
- Completed physician well-being index



- **Surgeons greater distress, more likely plan changes in each dimension**

Rates of suicide are higher in physicians than the general population. If you've had thoughts of suicide, please call the National Suicide

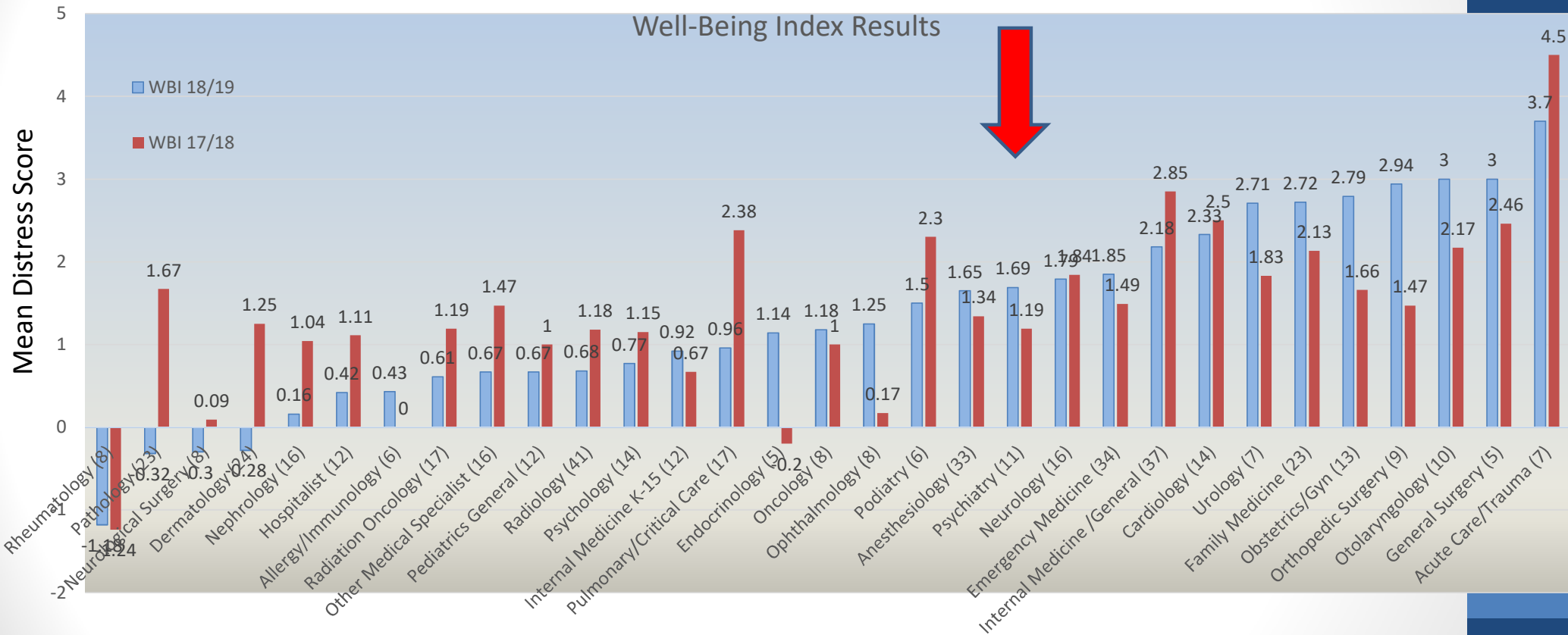
82, 2013





Acknowledge & Assess the Problem

HFH Mean Physician Well-Being Index by Specialty





Acknowledge & Assess the Problem



Additional Self-Tests for Burnout

APA offers the Oldenburg Burnout Inventory online:

<https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/assess-yourself>

An intuitive but less validated burnout tool can be found on Mindtools:

https://www.mindtools.com/pages/article/newTCS_08.htm





Harness the Power of Leadership

Why Does Strong Leadership Matter?

- Increases team engagement
- Improves overall quality of care
- Increases productivity
- Improves patient satisfaction
- Reduces staff and physician turnover
- Overall improves performance and results in better outcomes!

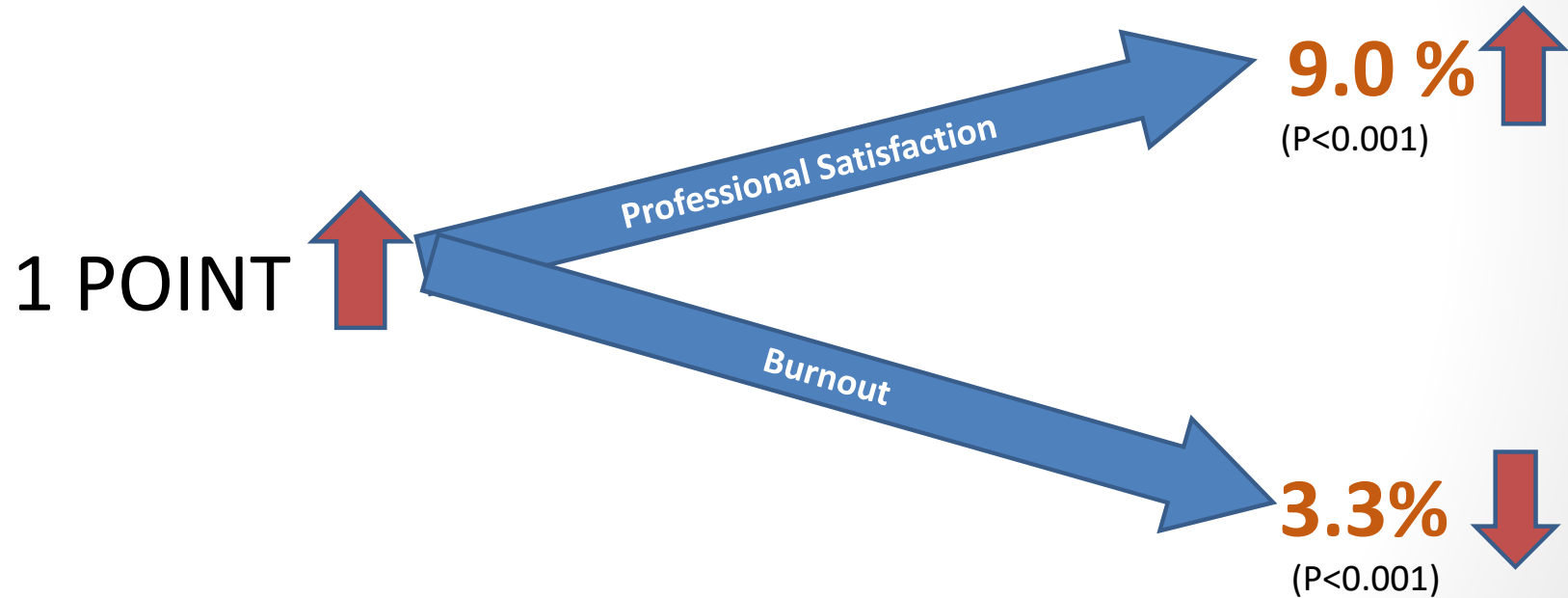
Swensen, Stephen, et. Al. J of Man. Dev. 35.4 (2016):549-570





Harness the Power of Leadership

12 Dimension Leadership Index



Shanafelt, Menaker, Buskirk, Gorridge, Swensen. 12 Leadership Dimensions. Mayo Clinic Proceeding. April 2015: 90(4): 432-440





Harness the Power of Leadership

Quantitative Data Collection: Leadership Index

My immediate supervisor:

- Holds career development conversations with me
- Empowers me to do my job
- Encourages me to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching on my performance
- Recognizes me for a job well done
- Keeps me informed about changes taking place
- Encourages me to develop my talents and skills
- Overall, how satisfied are you with your immediate supervisor



Shanafelt, Menaker, Buskirk, Gorridge, Swensen. 12 Leadership Dimensions. Mayo Clinic Proceeding. April 2015: 90(4): 432-440



Harness the Power of Leadership

What Were Key Leadership Behaviors?

- **Five key behaviors:**
 1. Includes
 2. Informs
 3. Humble Inquiry: asks suggestions how improve work unit
 4. Develops
 5. Recognizes job well done
- **How demonstrated?**¹⁻³
 - Annual review process
 - Leadership rounds
 - Structure, format, content of department meetings



¹Frankel Health Serv Res 43:2050; ²Thomas BMC Health Serv Res 5:28
³Shanafelt Am J Med Qual 32:563



Give a Voice: Collaborative Action Planning

- Use drivers as a framework for discussion
- Join the IHI Joy in Work Collaborative
- How to approach:
 - Ask
 - Listen
 - Measure
 - Tell
 - Develop
 - Implement
 - Measure
 - Ask Again



Swensen, Journal Health Care Management 61:105



Targeted Interventions to Improve Efficiency

Give a Voice: Collaborative Action Planning

- **When you've seen one unit you've seen one unit**
 - "The system can ask the questions but the answer is local."
- **It works**
 - All units decrease burnout (median absolute decrease 11%)
 - 70% units improve satisfaction (median absolute improve 8%)
- **Breeds engagement**
 - Professionals and leaders working together constructively
 - Change is possible
 - Health care professional as partner rather than victim
 - Empowered
 - "It was our idea"

Swensen, Journal Health Care Management 61:105





Targeted Interventions to Improve Efficiency

ICU Nurse Training Program

- Randomized trial nurses from 8 ICU's France
 - Intervention Group: n=101
 - 5 day course nursing theory during work time
 - Situational role-play
 - Debriefing
 - Control Group: n=97
 - Opportunity to receive the education/training after completion of trial
- Measure job strain, absenteeism, turnover



El Khamali, JAMA 320:1988



Targeted Interventions to Improve Efficiency

Curriculum & Simulation

Stressful clinical situations

- cardiac arrest
- respiratory failure
- end of life issues

Situational stressors

- interruptions
- role ambiguity
- workload distribution

Work conditions

- lack communication
- lack recognition
- lack autonomy



El Khamali, JAMA 320:1988



Targeted Interventions to Improve Efficiency

6 Month Outcomes

	Intervention	Control	p
Job strain	13%	67%	<.001
Job satisfaction	82.5	54.9	<.001
Meaning work	87.2	66.6	<.001
Trust colleagues	79.5	49.6	<.001
Absenteeism	1%	8%	.03
Turnover	4%	8%	.04

El Khamali, JAMA 320:1988

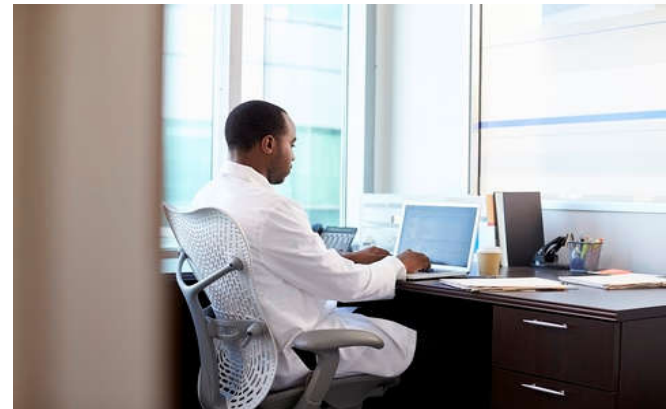




Fostering Community and Support From Colleagues

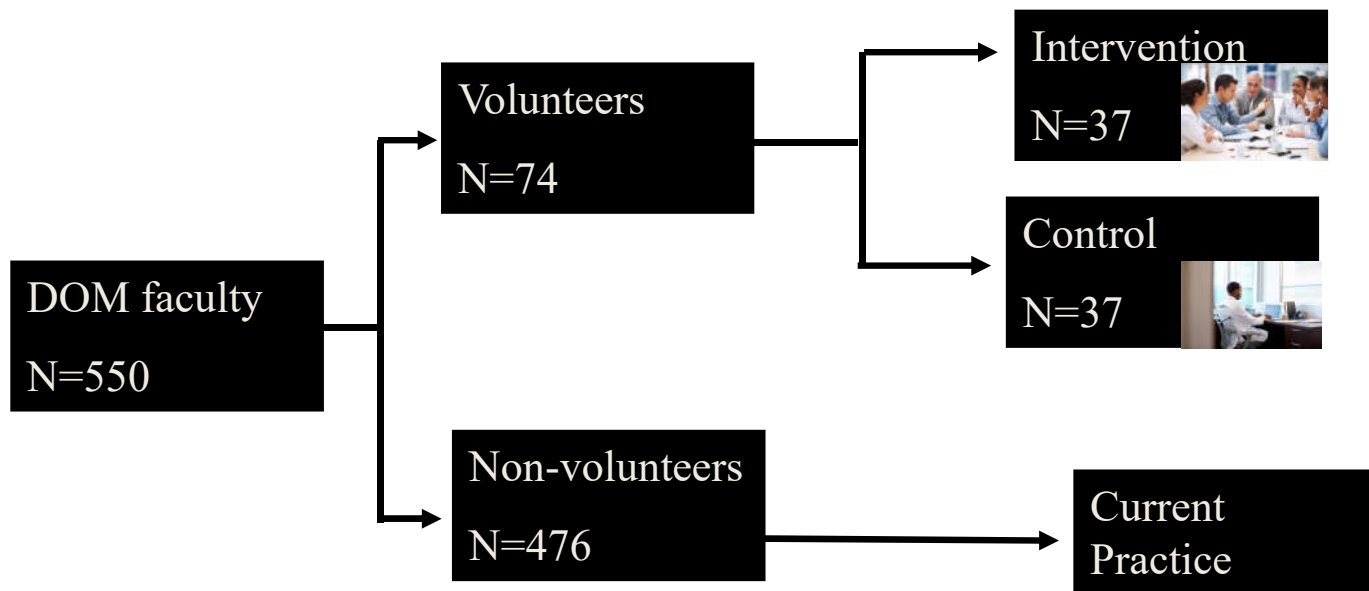
- Randomized controlled trial physicians
 - Arm A (Group): n=37
 - meet 60 minutes every other wk for 9 months
 - Facilitated curriculum small group colleagues
 - Cognitive knowledge, shared experience, solutions
 - Arm B (Admin Time): n=37
 - Receive 60 minutes every other wk for 9 months
 - professional/administrative tasks (~1% FTE)
- Non-trial: n=476
- Measure meaning in work, satisfaction, well-being

West JAMA Internal Medicine 174:527





Randomized Trial

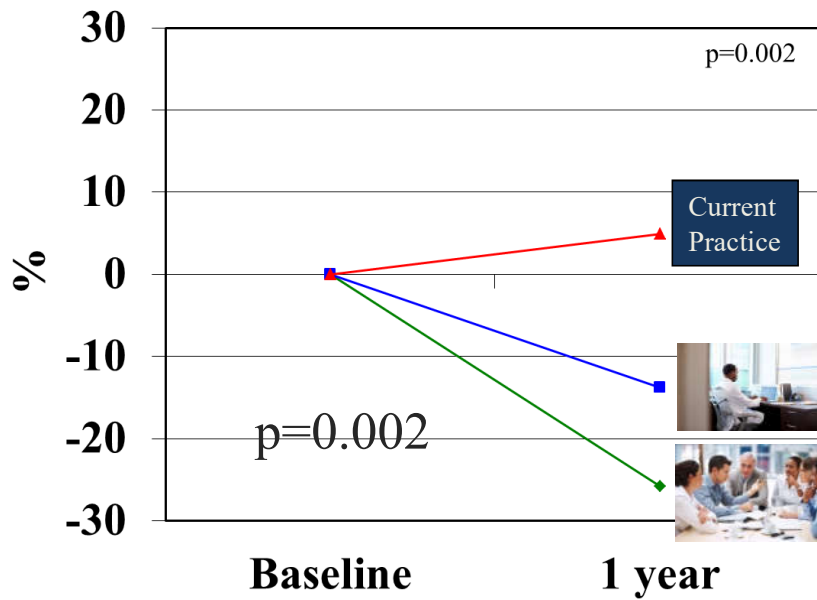


West JAMA Internal Medicine 174:527

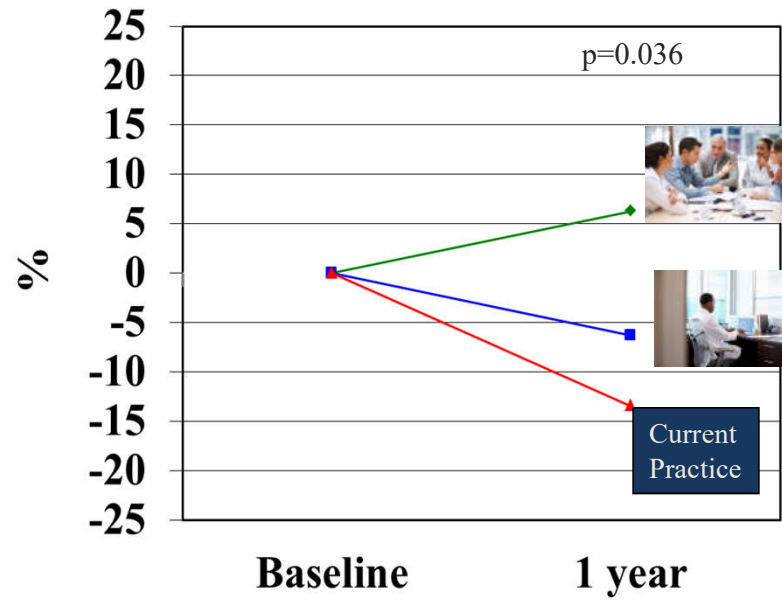


Outcomes

Burnout



Meaning in work



West JAMA Internal Medicine 174:527



Iteration 2

- Sign up group 6-7 colleagues
- Dinner together every 2 weeks
- Sent 5 questions
 - Choose 1 to discuss for 15 minutes
 - Avoid devolving to gripe session
 - Engage topic related physician hood not discussed day to day
- Enjoy each other's company
- **Similar benefits burnout and meaning**
 - Now standard benefit



West JGIM 3:S89 (2015)



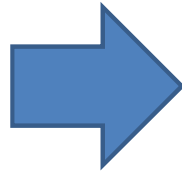
HFHS Version: Connect the Docs

- Sign up group 6-10 colleagues
- Lunch/Dinner together every 1-2 months – reimburse \$30 per meal per meeting
- Set Curriculum
 - Choose 1 of 13 topics
 - Read the poem and discuss 3 questions
 - Avoid devolving to gripe session
 - The topic is related physician hood not discussed day to day
- Enjoy each other's company



Social Support

- Builds resiliency
- Buffers against stress
- High job satisfaction



Thriving

- Exercise
- Talk with spouse/family/friends
- Protect time away
- Recreation/hobbies
- Avoid mentality delayed gratification
- Few work hours, nights on call

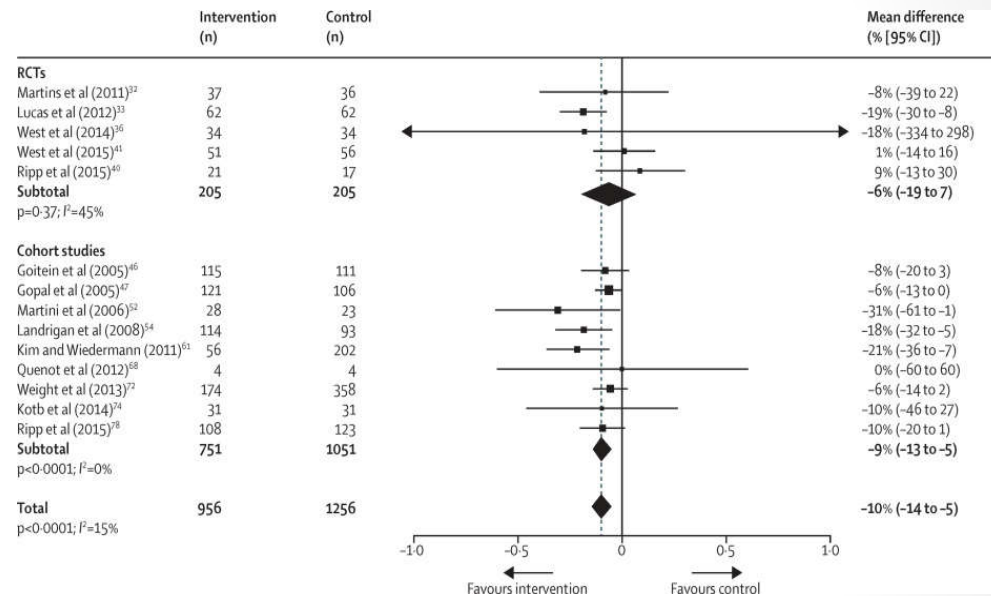
BOTTOM LINE

A hand holding a red marker is shown underlining the text 'BOTTOM LINE' written in a bold, black, hand-drawn font on a white background.

Do Wellness
Interventions Work?

Systematic Review: Interventions to Reduce Burnout

- Systematic review identified 37 studies
 - 37 cohort
 - 15 randomized controlled trials
- Interventions do work
- Individual and system interventions complementary
- We need to do both!



West, Lancet 388:2272; Panagioti, JAMA Internal Medicine 177:195

Designing Well-Being Systems

GOOD NEWS

- Commitment
- Leadership
- Infrastructure
- Resources
- Accountability
- Culture

BAD NEWS

- No quick fix
- No single solution

ESSENTIALS

- Long run
- Target various work system factors
- Everyone needs to lean in



makeameme.org

