

Clinician Well-Being and Staff Turnover:

Strategies to address burnout and overcome it

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Introductions



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Session Outline

- Reconnect with joy in work
- Brainstorm current challenges
- Discuss key features of high performing teams and practical ways to implement
- Discuss personal strategies to promote well-being
- Select one or two strategies to implement

Reconnect

1. If you scan over the past month, can you find a moment at work when you felt really great?
2. Turn to the person sitting next to you and share it with them
3. Switch roles after 2 minutes



Debrief



What was that like?

Burnout affects 54% the nation's health care workforce

HEALTH

Physician burnout is on the rise

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GETTY IMAGES

"Burned-out doctors are more likely than other doctors to leave medicine."

By Barbara Sadick, Chicago Tribune

ORIGINAL ARTICLE



Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD

Abstract

Objective: To evaluate the prevalence of burnout and satisfaction with work-life balance in physicians and US workers in 2014 relative to 2011.

Patients and Methods: From August 28, 2014, to October 6, 2014, we surveyed both US physicians and a probability-based sample of the general US population using the methods and measures used in our 2011 study. Burnout was measured using validated metrics, and satisfaction with work-life balance was assessed using standard tools.

Results: Of the 35,922 physicians who received an invitation to participate, 6880 (19.2%) completed surveys. When assessed using the Maslach Burnout Inventory, 54.4% (n=3680) of the physicians reported at least 1 symptom of burnout in 2014 compared with 45.5% (n=3310) in 2011 ($P<.001$). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; $P<.001$). Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty. In contrast to the trends in physicians, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working US adults, resulting in an increasing disparity in burnout and satisfaction with work-life balance in physicians relative to the general US working population. After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; $P<.001$) and were less likely to be satisfied with work-life balance (odds

background

Background

Changes to US Healthcare System

Goal of:

- Better Care
- Improved Health
- Lower Costs
- Staff satisfaction

Changes Affecting Clinical Practice

- New payment models
- New delivery approaches
- Electronic Health Records
- Patient Portals
- Publicly reported quality metrics
- Staff Turnover

Changing Landscape

- How care is provided
- How care is documented
- How care is reimbursed

Why must we address burnout?

- Providers are leaving healthcare
- It is the “elephant in the room” that is not often discussed but always lurking
- Call out the human aspect of “compassion fatigue” for caregivers
- Bring the “joy” and balance back into our day to day work

What is Burnout?

Burnout is a state of chronic stress that leads to:

1. physical and emotional exhaustion
2. cynicism and detachment
3. feelings of ineffectiveness and lack of accomplishment

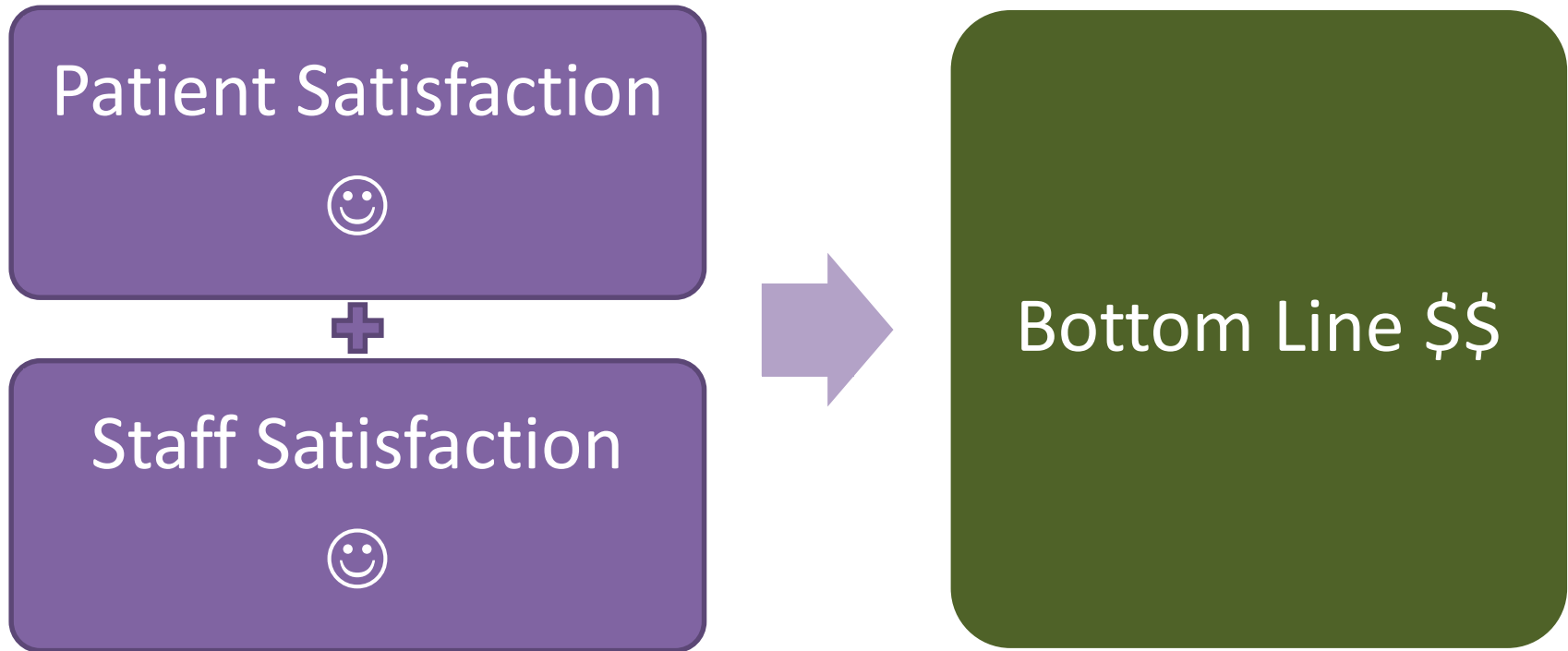
Background: Burnout and quality of care

- Negative feelings by clinicians correlates with a higher prescription rates and with giving little explanation to patients. ¹
- 50% of clinicians concerned lowered standards of care; 40% expressed irritability or anger; 7% expressed concern with serious mistakes. ²
- Poor quality of care tied to: tiredness (57%) and the pressure of overwork (28%), depression or anxiety (8%), and the effects of alcohol (5%). ²

1. Grof R. et. al (2015). Workforce satisfaction of general practitioners and the quality of patient care. Fam Pract. 2015;2(3):128-135.

2. Firth-Cozens, J. et. al. (2016). Clinician's perceptions of the links between stress and lowered clinical care. Social Science Medicine. 2016;44(7):1017-10122

Joy in Work and the bottom line



identify techniques to address burnout:
personal and organizational

Practical Strategies: Mutual Trust



- Leadership role modeling
- Meetings with meaning (and food!)
- Inside scoop
- Encourage mutual feedback
- Actively listen and follow up

Promote Personal Well-being

- Practice positive psychology
- Seek joy
- Honor your values
- Do what you love
- Assume best intentions
- Ergonomics evaluation
- Mindfulness
- Avoid cynicism
- Exercise
- Sleep
- Healthy eating



Promoting **Self-Care and empowerment** at work

- Advocate for your needs (personal and professional)
- Request a “check in” with leadership regularly
- Reread your job description: rewrite it if needed and share with leadership
- Be part of the solution to needed changes

Teamwork Matters: Don't Worry Alone



- Participants were asked to stand at the base of a hill and estimate how steep the climb would be
- Hill appeared steeper to those alone than those accompanied by a friend
- Relationship quality mediated the effect (more supportive relationships worked better)

Schnall S, Harber KD, Stefanucci JK, Proffitt DR. Social Support and the Perception of Geographical Slant. J Exp Soc Psychol. 2008 Sep 1;44(5):1246-1255.

Recognizing High-performing Teams

High-performing Teams

What are characteristics of high-performing teams?

What differentiates teams that meet their goals from those that do not?

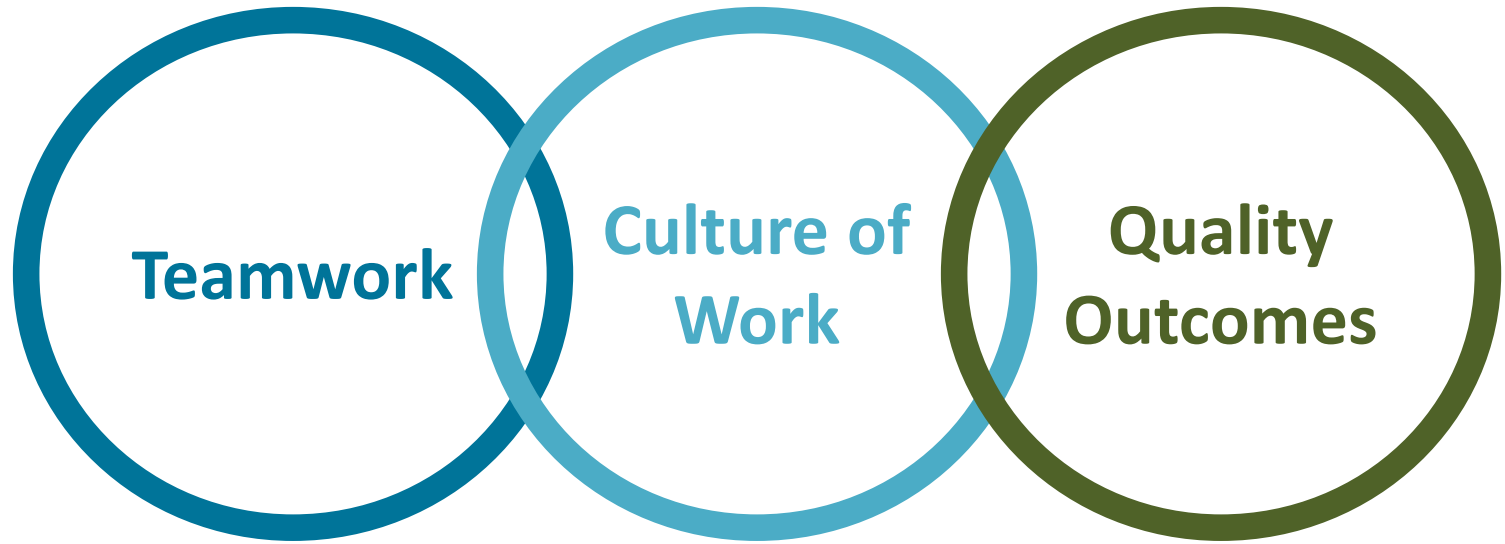
High Performing Teams: Key Features

- Effective Communication
- Clear Roles
- Shared Measurable Goals
- Mutual Trust (psychological safety)



National Academy of Medicine

Action Collaborative on
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Effective Communication

CLEAR CONSISTENT COMMUNICATION



Practical Strategies: Effective Communication

- Pre-visit planning
- Huddles
- Care protocols
- Standing orders



1. Pre-visit Planning



- Scheduling patients for future appointments at the conclusion of each visit
- Arranging for pre-visit lab testing
- Reviewing the schedule in advance and gathering the necessary information for upcoming visits
- Can be combined with huddles

2. Huddles



Huddles are short, daily meetings in which a “teamlet” or pod (a Primary Care Provider/Clinician and a Medical Assistant and other support staff) reviews their patient list for the day for coordination, continuity, and efficiency.

3. Care Protocols

4. Standing Orders



- Care Protocols: algorithms for managing certain common conditions in your practice (checking a blood sugar on all pts on insulin)
- Standing orders: treatments performed before contacting the clinician for an order (vaccinations)
- Both may be added to the rooming or discharge processes in offices or to telephone triage processes

Defining Team Roles and Responsibilities

Roles and Responsibilities for Effective Teamwork

- All roles are understood and respected
- Scope and responsibilities of each role are explicit
- Each team member understands how his/her role fits in the work of the team

Role Clarity

- Competencies
- Scope of practice
- Licensure
- Values and ethics
- Education / accreditation standards

Optimizing Team Roles

Team Redesign

- All team members work to their highest level of expertise, skill and licensure
- Team composition driven by:
 - Patient/family/population needs and
 - Characteristics of practice.
- Look for potential for cross-training to maximize flexibility and flow

Outcomes of Role Clarity and Optimization

Practice Outcomes

- Realistic expectations of team members
- Efficient workflow
- Improved decision-making
- Team member satisfaction, perception of being valued
- Less conflict

How to Measure

- Enhanced job description with defined roles.
- Wait times, time spent rooming, etc.
- Use of standing orders
- Satisfaction surveys, assessment

Recognizing Success: Teams

- Objective: Measuring Interprofessional “Teamness”
- Tool: Assessment for Collaborative Environments (ACE-15)
- Measures:
 - Effective communication
 - Clear roles
 - Shared goals
 - Mutual trust
 - Measureable process and outcomes
 - Organizational support

(15 questions, 5 minutes)

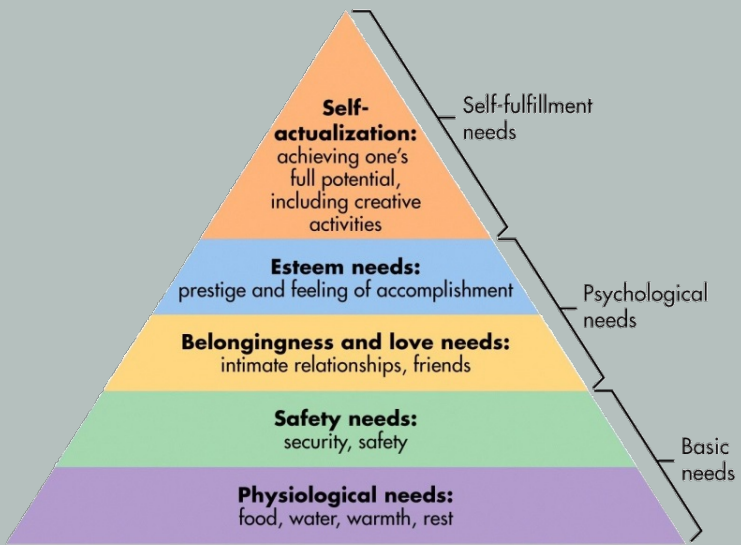
leadership strategies for moving
beyond burnout

Use of the “Stay Interview”

Stay Interview: one-on-one interviews with staff

- What opportunities for self-improvement would you like to have that go beyond your current role?
- What talents, interests or skills do you have that we haven't made the most of?
- What have you felt good about accomplishing in your job and in your time here?
- If you could change one thing about your job, team or company, what would it be?





Maslow's Hierarchy of Needs



Figure 2. IHI Framework for Improving Joy in Work



Perlo J, Balik B, Swensen S, Kabacene A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

Maslow, A.H. (1943). "A theory of human motivation". Psychological Review. 50 (4): 370–96. doi:10.1037/h0054346 – via psychclassics.yorku.ca.

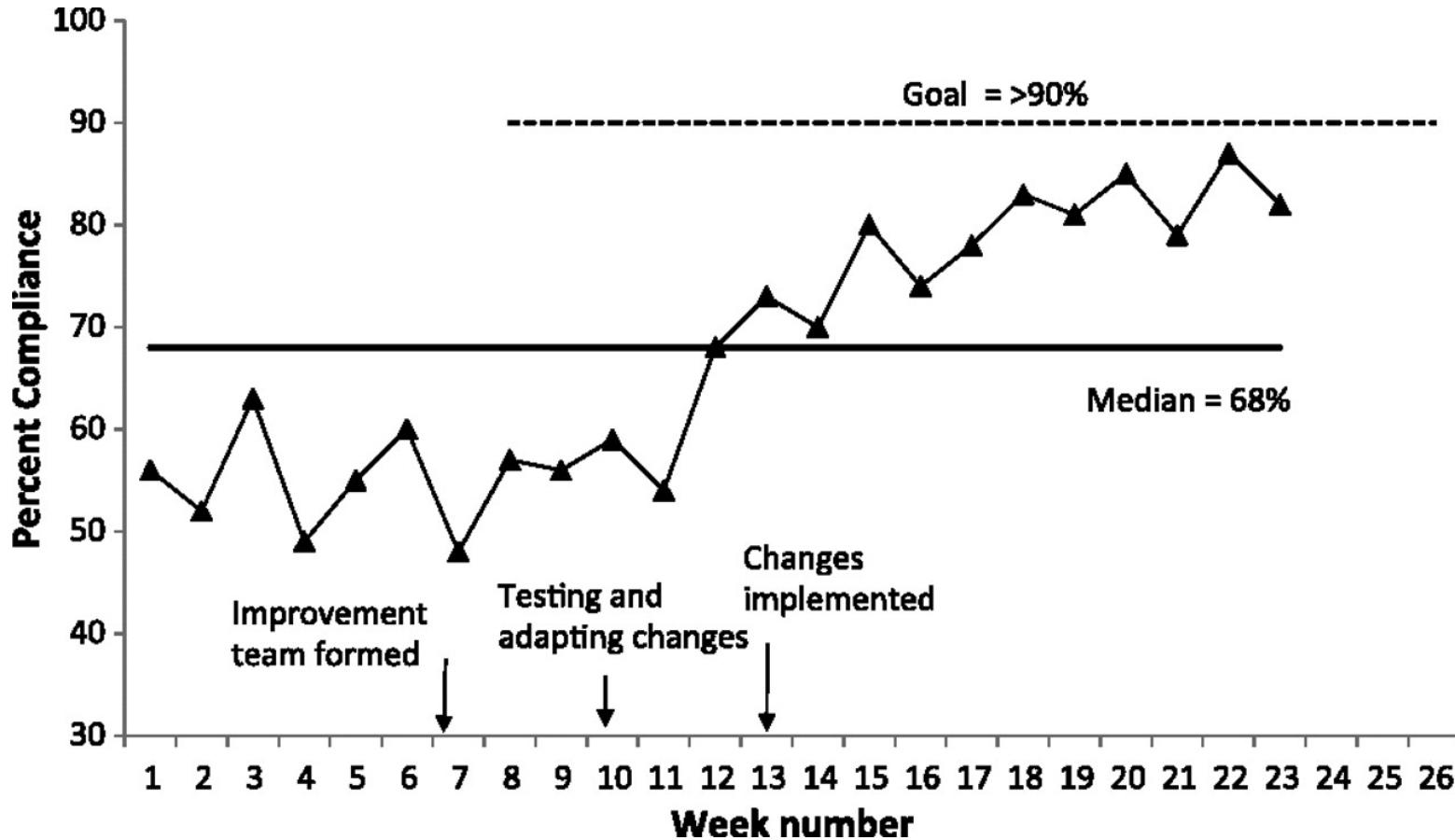
Use improvement science to test changes: Joy in Work

Key elements of improvement science

- Make sure the aim is clear and numerical (e.g. SMART)
- Start small and use data to refine successive tests
- Make sure the change idea works before spreading change
- Track results
- Improvement is participative and involves everyone: senior leaders, core leaders, individuals

Smart Goals	Goal #1	Goal #2
Specific (What , when, where and how?)		
Measurable (How will I measure it?)		
Attainable (Can I actually achieve this goal?)		
Realistic (Is this a realistic goal?)		
Timely (How often or when will goal be met?)		

Sample Run Chart



Measuring Joy in Work

Measuring Joy in Work

System-level measures

- Satisfaction, engagement, burnout, turnover, etc.

Local level measures

- Occur more frequently (daily, weekly, or random)
- Can be tracked by staff themselves

Measuring Joy in Work: survey tools



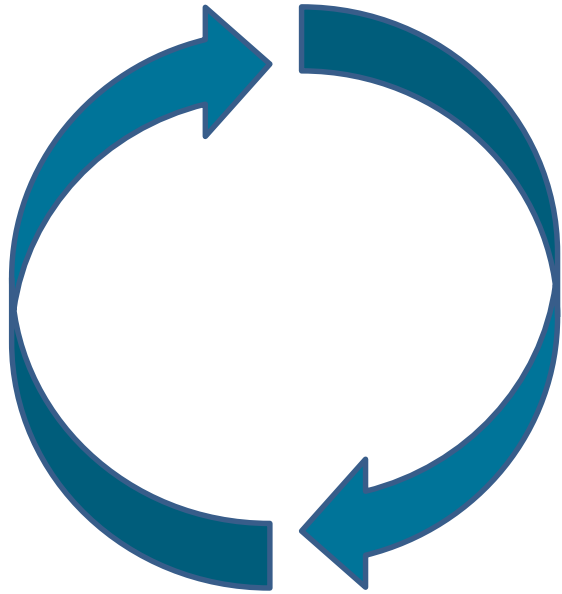
System-level measures

- Net Promoter Score¹
- Clinic Leadership Dimension Assessment²
- Safety Attitudes Questionnaire³
- AHRQ Safety Culture Surveys⁴
- Maslach Burnout Inventory⁵
- Mini Z Burnout Survey⁶

1. Reichheld FF. The one number you need to grow. *Harvard Business Review*. December 2003. <https://hbr.org/2003/12/the-one-number-you-need-to-grow>
2. Shanafelt TD, Gorringer G, Menaker R, et al. The impact of organizational leadership on physician burnout and satisfaction. *Mayo Clinic Proceedings*. 2015;90(4):432-440.
3. Sexton JB, Helmreich RL, Neilands TB, et al. The Safety Attitudes Questionnaire: Psychometric properties, benchmarking data, and emerging research. *BMC Health Services Research*. 2006 Apr;6:44
4. Agency for Healthcare Research and Quality. "Surveys on Patient Safety Culture." <https://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html>
5. Maslach C, Jackson SE, Leiter M. *The Maslach Burnout Inventory Manual*. Palo Alto, CA: Consulting Psychologists Press; 1996
6. American Medical Association StepsForward. "Mini Z Burnout Survey." <https://www.stepsforward.org/modules/physician-burnout-survey>

recap & conclusion

Recap & Conclusion



1. Burnout in healthcare is increasing at alarming rates, leading to: compromised patient safety; personal repercussions for clinicians and staff; and diminished bottom line for health settings.
2. Physical and emotional exhaustion, cynicism and detachment, and feelings of ineffectiveness and lack of accomplishment are the primary signs of burnout.
3. The Patient Centered Medical Home and Team-based Model of Care are considered protective factors in burnout.
4. Improvement science drives maintenance and sustainability of employee engagement strategies used to address and reduce burnout.



Final Questions

Discussion Topics

(each table pick 1 from each category: ***Organizational*** and ***Personal*** to discuss)

Organizational Strategies:

- Team based care (Do we use this model? If yes, describe. If no, why not?)
- Top down vs. bottom up : Describe your organization and how changes are made/introduced? How can you address culture and make changes?
- Could you introduce the “Stay Interview” to leadership? Risks? Barriers?

Personal Strategies:

- Do you have a “self-care” strategy you can share? Do you practice it regularly? Why or why not?
- What keeps you grounded at work and brings you joy? How could you share this with others (at work and at home)?
- What would help bring back the “joy in work” for you personally? Is this something that you could share with leadership (remember attainable goals are key here....not just more vacation time)? How (and to whom) could you bring forward your suggestions/thoughts?

Thank You!



Thank You!

