RESTORING JOY IN THE HEALTHCARE WORKPLACE

George Garrow, MD
Chief Medical Officer
Primary Health Network
Description:

- Most of us are drawn to a career in healthcare seeking an opportunity to serve and care for others.
Description:

• Unfortunately, ours is a stressful profession often associated with high rates of burnout and distress.
• We’ll explore the impact on burnout on the quality of care we provide and explore ways to restore joy in our work life.
Objectives:

• Examine the causes of distress and burnout in the healthcare environment.
• Understand how a vibrant healthcare workforce influences our ability to achieve the Quadruple Aim
• Share ideas and methods to restore joy in our work environment.
IHI White Paper

- IHI Framework for Improving Joy in Work

  Foreword authored by Donald M. Berwick, MD
  President Emeritus and Senior Fellow
  Institute for Healthcare Improvement
Burnout in Healthcare: An Epidemic

- > 50% physicians report symptoms of “burnout”
  *Mayo Clinic Proceedings*. 2015 Dec;90(12):1600-1613
- 33% new registered nurses seek another job within a year
- Nearly 3 in 4 people know someone who has left the profession because of burnout
54% of doctors say they are burned out.¹  
88% of doctors are moderately to severely stressed.²  
59% of doctors wouldn’t recommend a career in medicine to their children.³

¹ Mayo Clinic 2016.  
² VITAS WorldLife & Cayla Search Physician Stress and Burnout Survey 2015.  
Burnout in Healthcare: An Epidemic

- Would not choose same career
  - 68% family physicians
  - 73% general internists
- Widespread across all specialties, but prevalent among
  - ER
  - Internists
  - Neurologists
  - Family physicians
Burnout by Specialty (National)

- Emergency Medicine
- General Internal Medicine
- Neurology
- Family Medicine
- Otolaryngology
- Orthopedic Surgery
- Anesthesiology
- OB/GYN
- Radiology
- Physical medicine/Rehab
- Average all physicians
- General Surgery
- Internal Medicine Subspecialty
- Ophthalmology
- General Surgery Sub-specialty
- Urology
- Psychiatry
- Neurosurgery
- Pediatric Subspecialty
- Other
- Radiation Oncology
- Pathology
- General Pediatrics
- Dermatology
- Preventative/Occupational Medicine

Shanafelt et al.
Arch Intern Med 2012
What is Burnout?

- Exhaustion
- Inefficacy
- Cynicism

Burnout

Diagram showing the overlap of exhaustion, inefficacy, and cynicism, defining burnout.
What is Burnout?

• Impairment
• Loss of emotional, physical and mental energy
• Associated symptoms
  • Emotional exhaustion
  • Lack of empathy
  • Depersonalization
    • Feeling like you’re going through the motions
  • Lack of self-worth & sense of accomplishment
What Burnout is Not?

• Depression
  • Common mental disorder
    • Depressed mood
    • Loss of interest or pleasure
    • Feelings of guilt or low self-worth
  • May extend over every life domain
    • work, family, leisure
What Burnout is Not?

- Post-traumatic Stress Disorder (PTSD)
  - Caused by a traumatic event or extreme stressor(s) responded to with fear, helplessness and horror
What is Burnout?

• Caused mainly by interpersonal and emotional stressors in the workplace
• Characterized by emotional exhaustion
• Process rather than a state of mind
Burnout Scale

Cranky

Tired

Exhausted

Depleted

Burned Out
What Causes Burnout in the Healthcare Workplace?
What Are the Causes of Burnout?

- Too many bureaucratic tasks
- Spending too many hours at work
- Feeling like just a cog in the wheel
- Income not high enough
- Present and future impact of Affordable Care Act
- Inability to provide patients with quality care they need
- Too many difficult patients
- Lack of professional fulfillment
- Increasing computerization of practice
- Compassion fatigue
- Difficult employer
- Difficult colleagues or staff

1 = Not at all important
7 = Extremely important
Contributing Factors

- Excessive paperwork & administrative tasks
  - Identified as the leading cause of work-related stress in 87% physicians
  - 63% report increasing over time
- Spending more time with non-face-to-face activities than with patients
  - [https://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR439/RAND_RR439.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR439/RAND_RR439.pdf)
Contributing Factors

• Electronic Health Records ??
  • Physicians who used EHRs and CPOE at higher risk for burnout
    • “Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction”
    • Mayo Clinic Proceedings July 2016 vol. 91, no. 7, Pages 836–848
  • Increased workload during and after hours
    • “Tethered to the HER: Primary Care Physician Workload Assessment USING HER Event Log Data and Time-Motion Observations”
    • Ann Fam Med September/October 2017 vol. 15, no. 5, Pages 419-426
Pajama Time & Date Night?
Contributing Factors

• Lost focus on meaning & purpose
• Unfairness & inequity
  • Race & ethnicity
• Lack of downtime
• Psychological insecurity
  • Disrespectful interactions
  • Inability to ask questions
  • Fear of admitting mistakes
  • Second-victimization
Contributing Factors

- Absent choice & autonomy
- Ineffective recognition & reward
- Missing camaraderie and teamwork
- Inadequate coping strategies
Triple Aim

- Health Affairs May 2008
- Improving the US health care system
- Simultaneous pursuit of three aims:
  - Improving the experience of care
  - Improving the health of the populations
  - Reducing per capita cost of health care
Triple Aim

• Organizations must
  • Partner with individuals and families
  • Redesign primary care
  • Focus on population health management
  • Financial management
  • Macro system integration
Quadruple Aim

• Simultaneous pursuit of four aims:
  • Improving the experience of care
  • Improving the health of the populations
  • Reducing per capita cost of health care
  • Improving the work life of health care providers and staff
From Triple To Quadruple Aim

• Burnout among the health care workforce threatens patient-centeredness and the Triple Aim.
From Triple To Quadruple Aim

• Dissatisfied physicians and nurses are associated with lower patient satisfaction.

  • “Nurses’ widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care.”
  • “Is the professional satisfaction of general internists associated with patient satisfaction?”
From Triple To Quadruple Aim

- Physician and care team burnout may contribute to overuse of resources and thereby increased costs of care.

  - “Is burnout associated with referral rates among primary care physicians in community clinics?”
  - “HMO physicians’ use of referrals.”
From Triple To Quadruple Aim

- Unhappy physicians are more likely to leave their practice; the cost of family physician turnover approaches $2,500,000 per physician.

- “Primary care physician job satisfaction and turnover.”
From Triple To Quadruple Aim

- Dissatisfied physicians are more likely to prescribe inappropriate medications which can result in expensive complications.

  - “Outcomes of physician job satisfaction: a narrative review, implications, and directions for future research”
    - Health Care Manage Rev. 2003;28(2):119–139
The Case for Improving Joy in Work

• Incorporates the most essential aspects of positive daily work life
• Creates a safe, humane place for people to find meaning and purpose in their work
• Business outcomes improved
  • Engagement & satisfaction
  • Patient experience
  • Staff retention
Burnout: Lower Level of Staff Engagement

- Impact on business of providing care
  - Lower patient satisfaction
  - Lower productivity
  - Increased risk of workplace accidents

- Impact on patient care
  - Lower quality
  - Impacts patient safety
  - Limits empathy
    - Crucial component for effective and patient-centered care
Improving Work Life Experience

- Organizational care
- Self care

[Image of a road sign with 'Work-Life-Balance' and 'Burnout']
Organizational Care For Leaders: Step 1

- Ask staff, “What matters to you?”
  - Asking the right question
    - What makes for a good day for you?
    - What makes you proud to work here?
    - When we are at our best, what does that look like?
Organizational Care For Leaders: Step 1

• Ask staff, “What matters to you?”
  • Really listen
    • Identify bright spots and assets
    • Identify defects in the system that might be improved
    • Cultivate collaboration
    • Build relationships
    • Employ participative management style
      • Mission Review cards
Organizational Care For Leaders: Step 2

- Identify unique impediments to joy in work in the local context
  - Build trust
  - Identify frustrations experienced during the work day
  - Identify impediments that exist in daily work
    - “pebbles in their shoes”
- Set priorities and address them together
- Practice equity in respecting all voices
Organizational Care For Leaders: Step 2

- Handling negative team members
  - Those who complain but don’t participate in identifying solutions
  - Utilize improvement science methods
    - “What matters?”
  - Emphasize a focus on what staff can do together to address impediments
  - Develop hope that irritants in daily life will be addressed
Organizational Care For Leaders: Step 3

• Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization.
  • Everyone has a role to play
• Leadership dedication to improving joy
  • Time
  • Attention
  • Skill development
  • Necessary resources
Organizational Care For Leaders: Step 4

• Test approaches to improving joy in work
  • Set a clear aim/goal
    • how much, by when
  • Determine measures for progress
    • Start small & use data to refine success
  • Make sure the change idea works before widespread implementation
  • Track results & share results openly
Organizational Care For Leaders: Step 4 Examples

University of Virginia School of Nursing
Organizational Care For Leaders: Step 4
Mount Auburn Hospital
The Case for Improving Joy in Work

• Engagement as proxy for joy
  • Positive attitude toward the organization & its values
  • Foundational to creating a high-performing organization
  • Improved performance & productivity
  • Fewer medical errors
  • Less waste
Addressing the Impact of EHR on Achieving the Fourth Aim

- Implement team-based documentation
  - Nurses, medical assistants, or other staff, present during the patient visit, enter some or all documentation into the EHR, assisting with order entry, prescription processing, and charge capture.
  - Team documentation has been associated with greater physician and staff satisfaction, improved revenues, and the capacity of the team to manage a larger panel of patients while going home earlier.
Addressing the Impact of EHR on Achieving the Fourth Aim

• Pre-visit planning
  • Use of pre-visit planning and pre-appointment laboratory testing reduces time wasted on the review and follow-up of laboratory results

• Optimize roles
  • Expand roles allowing nurses and medical assistants to assume responsibility for preventive care and chronic care health coaching under physician-written standing orders
Addressing the Impact of EHR on Achieving the Fourth Aim

• Manage workflows
  • Standardize and synchronize workflows for prescription refills, an approach which can save physicians 5 hours per week while providing better care

• Team co-location
  • Co-locate teams so that physicians work in the same space as their team members; this has been shown to increase efficiency and save 30 minutes of physician time per day
Addressing the Impact of EHR on Achieving the Fourth Aim

- **Training of staff**
  - To avoid shifting burnout from physicians to practice staff, ensure that staff who assume new responsibilities are well-trained and understand that they are contributing to the health of their patients and that unnecessary work is reengineered out of the practice.

- **Resource allocation**
  - More financial and personnel resources should be dedicated to primary care. One study estimates that a 59% increase in staffing, to 4.25 FTE staff per physician, is needed to achieve the patient-centered medical home.
Improving Work Life Experience

- Organizational Care
- Self Care
Self Care Initiatives for Leaders

- Environment
- Physical Health & Well-Being
- Mental Health & Well-Being
- Money
- Relationships
Self Care Initiatives for Leaders: Environment

- Work spaces
- Peaceful, comfortable places to think
- Pleasing colors & décor
- Adequate lighting
- Quiet
- Appropriate temperatures
- Safety & security
Self Care Initiative for Leaders:
Physical Health & Well-Being

- Sleep hygiene
- Comfortable desks & chairs
- Water
- Access to healthy food choices
- Exercise breaks
Self Care Initiative for Leaders: Mental Health & Well-Being

- Greetings to start the day
- Recognition, Rewards
- Gratitude
- Time off
- Comradery & team work
- Leader rounding
- Laughter
Self Care Initiative for Leaders: Money

- Compensation sufficient
- Benefits
- Opportunities for growth
- Professional development & education
Self Care Initiatives for Leaders: Relationships

- Boundaries
- Encouragement
- Fulfill dreams
- Talk about stresses (Peer Response)
- Non-punitive environment
- Just culture
Self Care Initiatives for Leaders: Relationships

• Take responsibility
  • Decisions
  • Impulses
  • Feelings
  • Reactions
  • Mistakes

• Lead from an authentic sense of purpose & meaning
Individual Self Care
Individual Self Care

• Physical Self Care
  • Exercise
  • Meditation
  • Laughter
  • Sleep
  • Unplug
  • Vacations
  • Stand
Individual Self Care

• Mental Self Care
  • Time for self-reflection, journal
  • Notice inner experience
  • Curiosity
  • Say “no”

• Emotional Self Care
  • Identify comforting activities & do them!
  • Okay to laugh, cry
  • Love yourself
Individual Self Care

• Relationships
  • Make time to see friends
  • Stay in contact with people important to you
  • Spend time with companion animals
  • Allow others to do things for you
  • Practice gratitude
Conclusions

- Examined the causes of distress and burnout in the healthcare environment.
- Understanding how a vibrant healthcare workforce influences our ability to achieve the Quadruple Aim
- Shared ideas and methods to restore joy in our work environment.
Thank You!