RESTORING JOY IN THE HEALTHCARE WORKPLACE

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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.

Description:

- 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

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

    Foreword authored by Donald M. Berwick, MD
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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

  Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care. Boston, MA: National Patient Safety Foundation; 2013.

Burnout in Healthcare: An Epidemic

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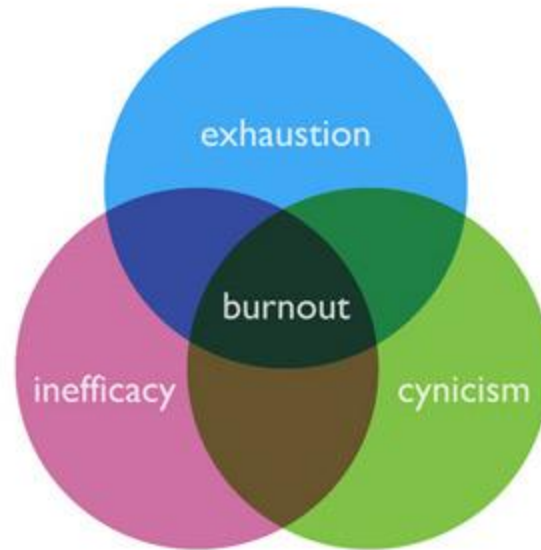 - ER
  - Internists
  - Neurologists
  - Family physicians

Burnout by Specialty (National)
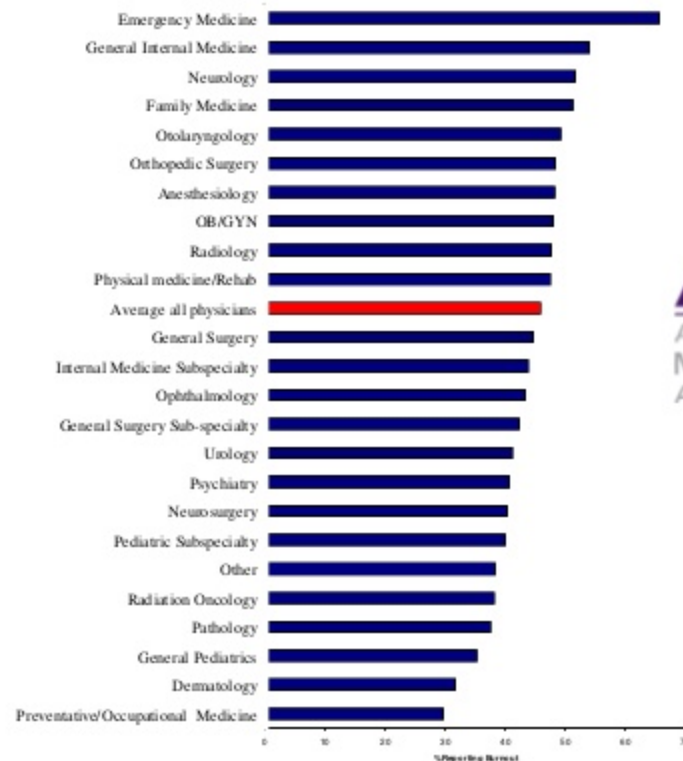
Shanafelt *et al*.
Arch Intern Med 2012

What is 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 that a state of mind

Burnout Scale

Cranky

Tired

Exhausted

Depleted

Burned Out

# What Causes Burnout in the Healthcare Workplace ?
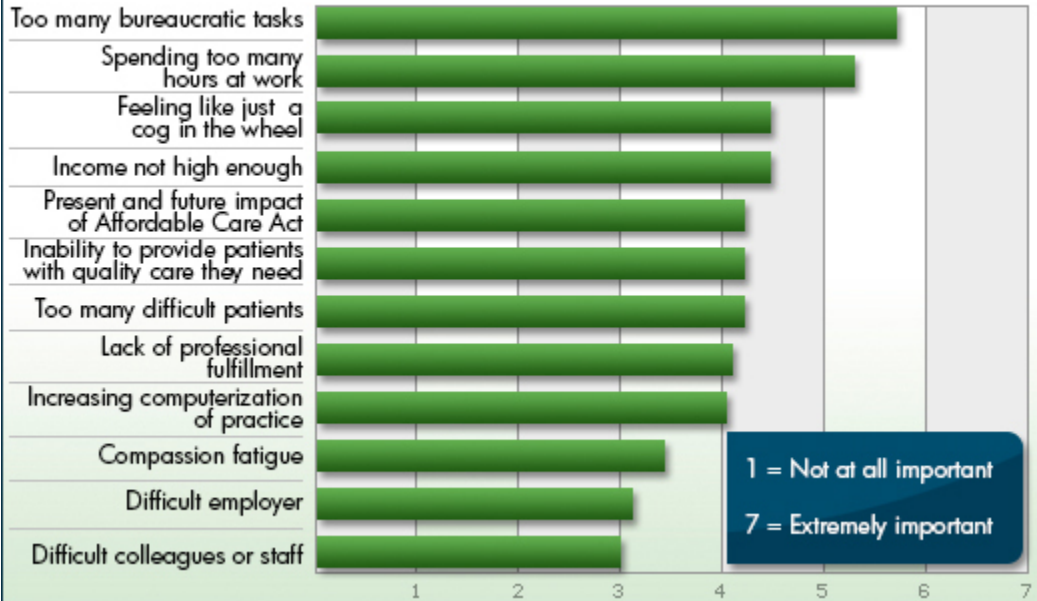
Contributing Factors

- 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

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 ?
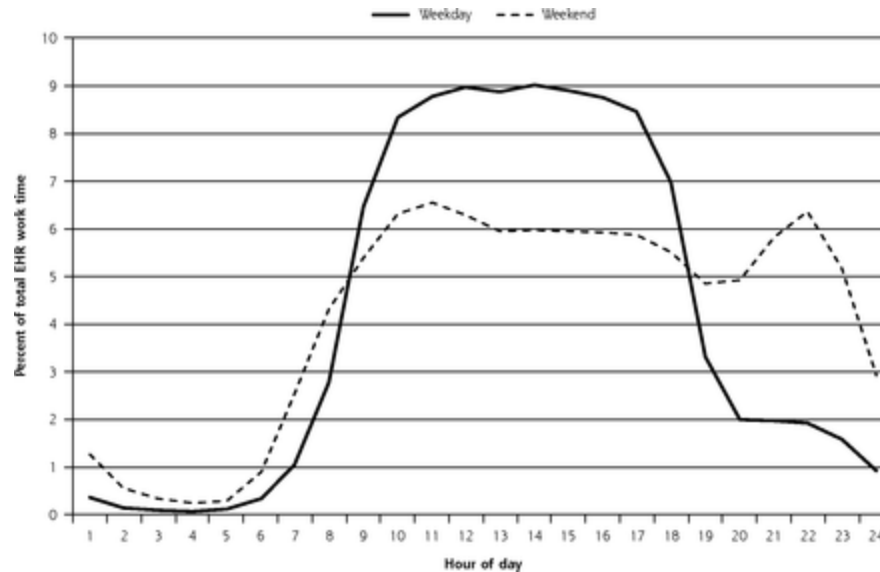
Contributing Factors

- 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."
    - Health Aff (Millwood). 2011;30(2):202–210.
  - "Is the professional satisfaction of general internists associated with patient satisfaction?"
    - J Gen Intern Med. 2000;**15**(2):122–128.

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? "
    - Fam Pract. 2014;31(1):44–50.
  - "HMO physicians' use of referrals. "
    - Soc Sci Med.1999;48(4):547–557.
  - "Too Little? Too Much? Primary care physicians' views on US health care: a brief report."
    - Arch Intern Med.2011;171(17):1582–1585.

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."
        - Am J Manag Care. 2001;7(7): 701–713

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

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 !