nrc HEALTH | Human understanding

EXECUTIVE BRIEF

FEBRUARY 2022

Customer Connections

Physician Burnout

Version 2.1.1

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CONTENTS

Recording Roadmap

Key sections of the Connections Session are listed below with the associated time within the video recording found here: https://player.vimeo.com/video/681056746

- Welcome and Housekeeping ……..……..... 0:00
- Burnout Definition and Theories ……..……..... 7:23
- Intervention Discussion …….. 20:25

Participants

May not include all organizations represented

Abbeville
Atrium Health
Boston Medical Center
Carle Health
Cheyenne Regional
ChristianaCare
CU Medicine
Foundation Health Partners
Kaiser Permanente
Lehigh Valley
MaineGeneral
Mercy
Orlando Health
Palomar Health
Riverside Regional Medical Center
Sutter Health
University of California Irvine
University of California San Diego

Participant Poll Question

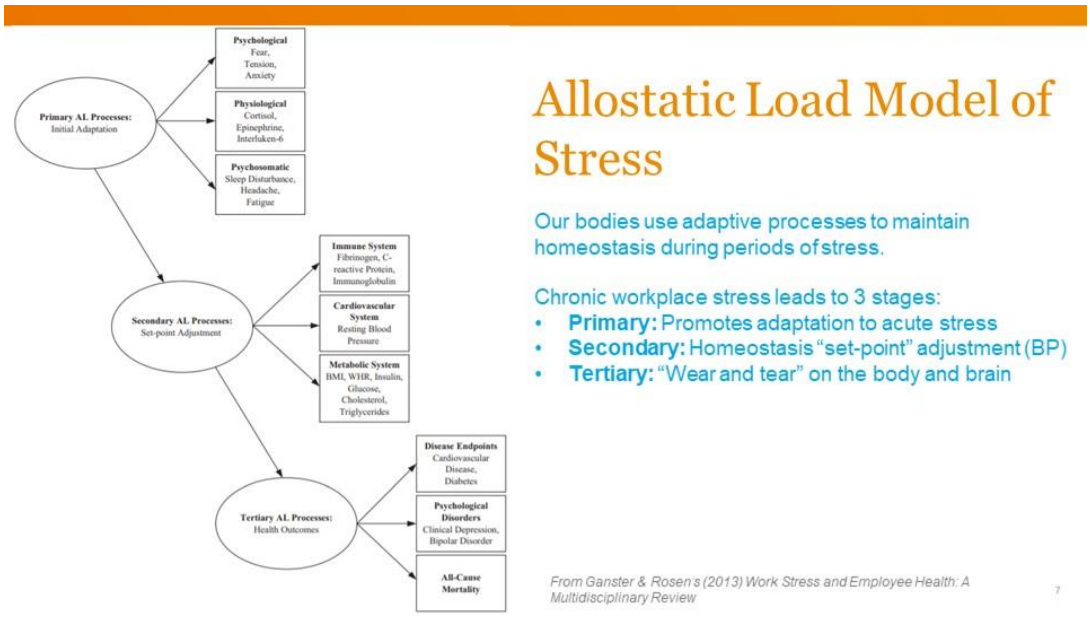
NRC Health Theories Review

Burnout Definition

- state of emotional and physician exhaustion that is brought upon by long periods of constant unrelenting stress
- "*While burnout may be the result of stress, they aren't the same thing – stress often means there's too much on your plate, but you'll feel better if you can get everything under control. Burnout is when that stress fully depletes your energy – you may feel empty, exhausted, unmotivated, and apathetic*." – Mental Health America

Applicable Theories

- Allostatic load model of stress-
  - One of the main ideas of this model is that our bodies are always trying to maintain a constant state of homeostasis. When we have constant stress move into the primary stage feeling stress, fear, or anxiety. As our bodies respond to that we release things like cortisol. That is our body working towards that homeostasis state.
  - When the constant stress continues, we enter the secondary stage where homeostasis has a set point adjustment. For example, our resting blood pressure changes for us.
  - If the stress continues, we can enter the tertiary process where we have the wear and tear on our entire body and brain. The research shows us that this is when we see things like clinical depression and cardiovascular disease take place.



- Conservation of Resources Theory
  - Heavily tied to physician burnout and wellbeing in general. People inherently strive to obtain, retain, and protect the things that they value.
  - For example: If Nolan gave each person a dollar bill and then asked you on a scale of 0-10 how happy does that make you feel? Some may be a 5/6 but, it is just a dollar bill, and you are thankful for the gesture. But if Nolan stole a dollar bill from each of you and then asked on a scale of 0-10 how upset are you? You're probably going to be mad. The lesson here is that resource loss is disproportionately more important than resource gain. It is critical that as we are supporting our workforce population, including physicians that we are always striving to retain those things that they value, those resources.
  - When we experience loss to our resources a loss spiral can happen. This is where we can see things like burnout taking place. On the bright side we can see things like a "resource caravan" happening. This builds positive momentum and can fight burnout. These are things to keep in mind when thinking about resource allocation.

COR theory & burnout

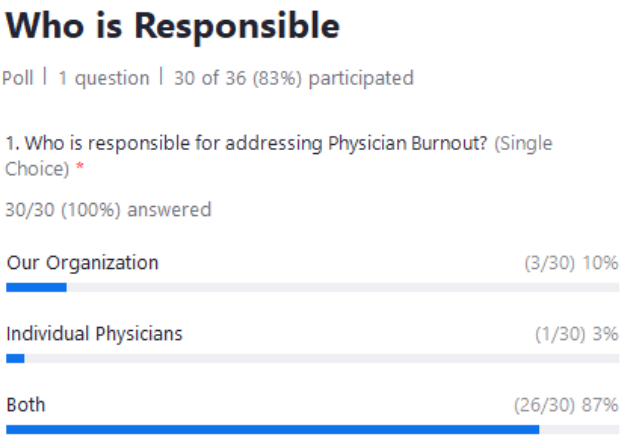
An average of 44% of physicians experience at least one symptom of burnout. This is significantly more than the general working population. It's no secret that healthcare staff naturally work in challenging environments.

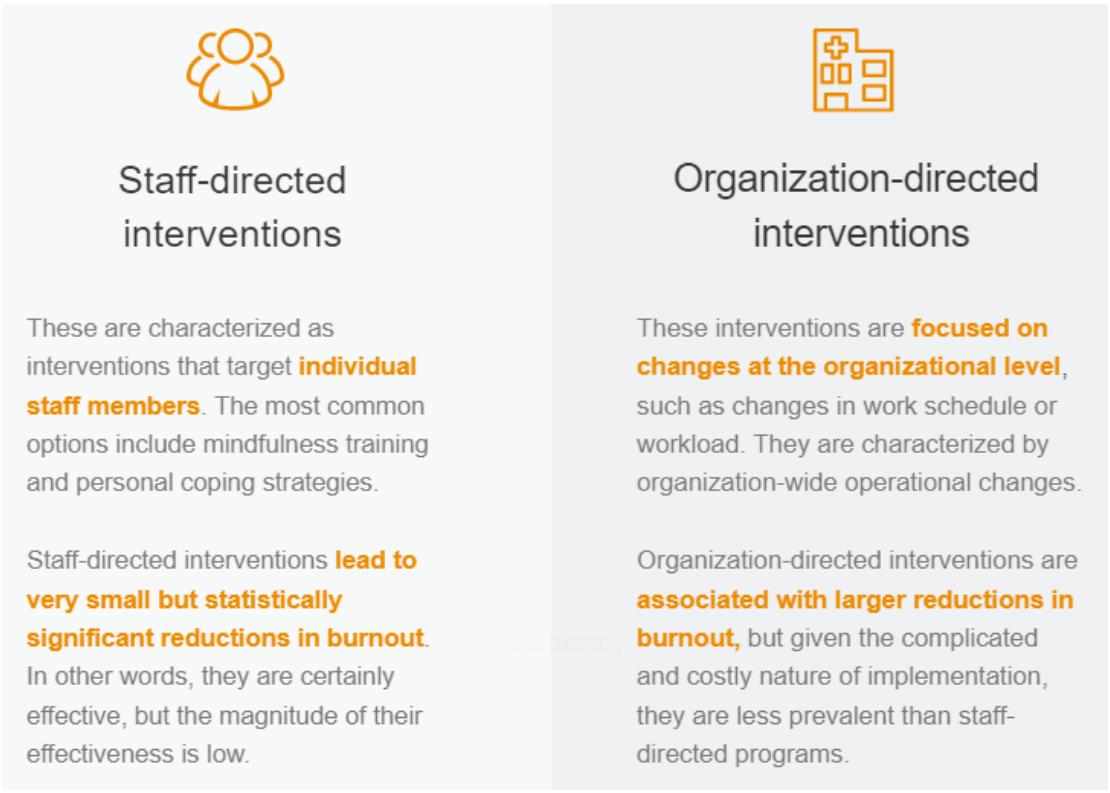
Before COVID-19, your staff had varying perceptions of the number of resources they had accumulated. Those who feel like they've experienced a spiraling loss of those resources are significantly more at risk for burnout.[3]

- Are organizations discussing these theories or concepts currently?
    - Kate at Riverside Regional Medical Center states that the providers and the medical group have a clinician experience program. This initiative was a big thing prior to COVID, and it is just magnified right now. This is driven by the providers, providers leaders as well as nursing leadership.
    - Abigail from Abbeville, SC states they started to focus on staff burnout within their leadership training and how they can alleviate it. They have been working on an initiative where they have partnered with their local YMCA and have done training on exercise and diet. They also did a Code Lavender- where in intense situations they can take a moment and decompress. They also created a quiet room that can be utilized by the staff 15 minutes at a time. There are different activities as well as coloring books they can use.

Intervention Strategies and Examples

Participant Poll Question





- What are some of the interventions that you all have been deploying or implementing and were these lead by the organization or physicians?
    - Staff directed- an intervention that is put into place at the physician level (individual provider) to help them address burnout.
    - Organization directed- closer tied to a structural change in the organization.
    - Katie from Riverside Regional Medical Center says they have implemented the Clinician Experience Project- Organizational level; “Zen dens” in each unit-Staff directional; Coloring walls in each breakroom- organizational directed
    - Sarah with Foundation Health Partners- Massage chairs in key areas for clinical staff- organizational & staff as it was implemented across the organization, but the staff must make the time to use it.
    - Maybell with Kings Daughters Medical Center states they put in a tranquility space with mats, salt lamps, oil diffusers, blankets, body massagers. She also states they have a department for health and wellbeing. - Organizational The department of Health and wellbeing is a collaborative effort between marketing, human resources and patient experience.
    - Cynthia Mackey with Atrium states they have chaplains that are present across the organization. They have meetings every month and each facility or region shares what they are doing in their space for code lavender or for individual staff directed

things to help peers. They are all trained so if you see your peer struggling you know what to do and have a code lavender and support them.

- Many organizations do have religious affiliations which do help drive some of the interventions.
- Anya with UCSD Health states they have a serenity room that patients and team members can utilize. It's a neutral beautiful space that is calming. They have a lot of artwork present throughout the hospital as well. – staff and organizational
- Rodney with Sutter Health states they have done a lot of organizational health with their physician groups. Trying to offload some of the workload with epic. He would like to see more partnership with their operations staff so that their strategies include the whole organization. They do things like support groups, get togethers just to improve moral but another piece that is not talked enough about is how to support folks and how to recognize when they need support.

→ Reflecting on these interventions and if they work. A lot of what we are sharing is reactive. It is to soothe the stress not to remove the stressors.

- Nolan, NRC Health- We need to get down to "what is most effective".
  - Intervention Strategies- meta-analysis looking at staff-directed vs organization-directed interventions in 19 studies. They looked at the different interventions and determined which ones were best in terms of reducing physician burnout.
  - They found that both physicians directed and organizational directed were both statistically significantly effective. Both are good to have in place.
- The organizational interventions were more effective. What this meta-analysis concluded for us that burnout is tied in at the organizational level. We need to look at what is leading to the stress in the first place. These tend to be organizational factors. There are some structural things that we can target at that organizational level that are highly effective.
- The difficulty is that organizational level interventions are a lot harder to implement vs physician level. Changing the structure within a health system is difficult but necessary.
- Bassam Hadi, a neurosurgeon at Mercy – states that most clinicians in his group are all having significant personal stressors currently. Ultimately when the rubber hits the road due to the organizations not having the funds. The easy thing to do is to boost up the physicians. Until that approach changes at the organizational level the battle against physician burnout is not going to improve. It is not realistic to hold physicians to the same level of performance without the resources and staff that they had before.

- Intervention Examples:
  - Nolan, NRC Health shares interventions from *Internal Medicine Controlled Interventions to reduce burnout in physicians a systematic review and meta-analysis*
  - Changing the structure of the way things are done at the organizational level to support physicians.
    - Standard model- intensivists worked for 7 days straight, taking night calls from home.
    - Shift work- other intensivists that remained in the ICU at night.
  - Sleep
    - Interns who had protected sleep hours had better scores
  - **Organization Directed Intervention Examples**. Single study that was done involving several hundreds of physicians in the Midwest. Examples:
    - Monthly clinician meetings – formal discussions between clinicians to improve their interpersonal relationships with each other.
    - Clinicians meeting with leadership to review schedules and identify concerns.
    - Workflow- utilize MA population to enter data into the EHR- taking that workload off the physician. When that workload changes, they will feel that
    - Target QI- New automated prescription line freeing time for nurses.

Communications	Workflow	Targeted quality improvement (QI)	Other
Improved interpersonal communication and teamwork	Utilize MA to enter data into EHR	Establish quality metrics for injections and mammograms	Dashboard patient population measures for clinicians
Improved communication among providers	Better patient flow through the clinic	New automated prescription line, freeing time for nurses	OWL data presentation (to prompt discussions on changing the clinic environment)
Monthly clinician meetings (formal discussions on patient care) to improve collegiality	Sharing information to make clinic more efficient	Medication reconciliation project	
Informal survey of clinicians for a 'wish list' of identified issues	Assess workflow between MAs and nurses	Project to improve ophthalmology and podiatry screening in diabetics	
Monthly email from firm leaders with systems updates	More time for nursing/MA staff to complete tasks	Examination of hypoglycemic events and associated medications	
Clinicians meeting individually with leadership to review schedules and identify concerns	Pairing one MA with each attending	Initiation of depression screening	
	Nurse coordinator providing oversight for patient issues	PDSA program for patient portals	
	Call schedule changed to share call		
	Planned increase in time for return visit from 15 to 20 minutes		
	Staff support with patient forms		

- Do you have a pathway at your organization to discuss operational directed interventions? Or is there someone at your organization that can?
    - Katie at Riverside Regional Medical Center stated her Chief Medical Officer is that person.
    - Christa, NRC Health Continue to challenge everyone to think about where you could take those conversations. Continuing with 2022 focusing in on what CAN we do!

- **Physician Directed Intervention Examples**:
    - If we are only implementing physician directed interventions, we need to be careful to make sure we are not asking the physicians to fix their burnout. As we discussed before the ownership is on the organization and the physicians together.
    - Giving physicians the tools and resources at an individual level to improve their health, well-being, and burnout.
    - Katie at Riverside stated they are including the Clinician Experience Program in their incentive program.
- Anya from UCSD asked what actions from an organization would be meaningful to clinicians?
    - Bassam Hadi from Mercy states- Actions that show they are decreasing the stress and the workload. As you lose resources, have less staff, but we have a financial hole we need to you to work harder. These two messages are incongruent and frustrating to staff. The messaging needs to be congruent and must show results.
    - Bassam Hadi also shares that through discussions with clinicians he has learned that the doctors cannot self-regulate they are driven and perfectionists. Some of your best doctors feel guilty that they cannot do it all. People who slack and can turn this off handle this better. It is the doctors that are really trying to do the best they can, and they feel guilty that they are letting their patients down and they are getting stressed.
- When thinking about the conversations you can have within your organization think about what will resonate. Is it data/numbers? As we are talking about people and wellbeing, we still need to have some data and numbers present to help support these operational changes. One of those resources can be your experience data. If you are finding differences for example that doctors are listening less, it is not that doctors care less. There is something else likely going on.