Work conditions, stress, and burnout in academic GIM: The ACLGIM Worklife and Wellness Project

Mark Linzer, MD
Office of Professional Worklife
Hennepin County Medical Center

What we’ll cover:

- Why pay attention to burnout
- Burnout research
- The ACLGIM Worklife and Wellness Survey
- Review of the data
- Strategies for reducing burnout and promoting wellness in GIM
And special thanks to...

- Kay Ovington and Shelly Woolsey, SGIM
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- Russ Phillips, Harvard Medical School’s Center for Primary Care

Making the case for a focus on burnout prevention

Why should we (and others) care?*

1. Basic human decency
2. Clinical performance
3. Recruitment and retention
4. Care transformation

*Bryan Bohman, Stanford Univ. Medical Center
Provider burnout in the news

First line of alert for serious issues
Awareness and prevention of depression
Depression and stress can result in suicide
Aim to prevent any doctors leaving the profession due to work life and to reduce depression due to burnout
**Burnout model**

- **Background variables**
  - Sex
  - Age
  - Children
  - Solo practice
  - Academic practice
  - Work hours

- **Mediating variables**
  - Work control
  - Work-home interference
  - Home support

- **Variable outcomes**
  - Stress
  - Satisfaction
  - Burnout


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**Demand–control model of job stress**

- Demands balanced by control
- Stress increases if demands rise or control diminishes
- Support can facilitate impact of control
- Bottom line: Support and control prevent stress

How can we prevent burnout?

- Measure the problem, identify stress points, and do something about it!

Mini Z (Zero Burnout Program)

1. Overall, I am satisfied with my current job:
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Agree strongly

2. I feel a great deal of stress because of my job:
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Agree strongly

3. Using your own definition of "burnout", please circle one of the answers below:
   - I enjoy my work. I have no symptoms of burnout.
   - I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
   - I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   - The symptoms of burnout that I’m experiencing won’t go away, I think about work frustrations a lot.
   - I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:
   - 1 – Poor
   - 2 – Marginal
   - 3 – Satisfactory
   - 4 – Good
   - 5 – Optimal

5. Sufficiency of time for documentation is:
   - 1 – Poor
   - 2 – Marginal
   - 3 – Satisfactory
   - 4 – Good
   - 5 – Optimal

6. Which number best describes the atmosphere in your primary work area?
   - 1 – Calm
   - 2 – Busy, but reasonable
   - 3 – Hectic, chaotic

7. My professional values are well aligned with those of my department leaders:
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Agree strongly

8. The degree to which my care team works efficiently together is:
   - 1 – Poor
   - 2 – Marginal
   - 3 – Satisfactory
   - 4 – Good
   - 5 – Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:
   - 1 – Excessive
   - 2 – Moderately high
   - 3 – Satisfactory
   - 4 – Modest
   - 5 – Minimal/none

10. My proficiency with EMR use is:
    - 1 – Poor
    - 2 – Marginal
    - 3 – Satisfactory
    - 4 – Good
    - 5 – Optimal

*This survey was developed by Dr. Mark Linzer (Division Director, General Internal Medicine) and his team at Hennepin County Medical Center in Minneapolis, MN as part of his ongoing research in Clinician Worklife and Satisfaction.*
ACLGIM Worklife & Wellness Program

- Open to 100 divisions of general medicine
- Wave 1: 15 divisions, >500 providers (47% Response Rate)
- Burnout range: 10% to 60% (average 38%)
- Remediable predictors identified
- Sent “Chief’s Packet” summaries of data and action steps to each Division Leader

Demographics

- 96% MDs
- 92% civilian
- 69% ambulatory-based, 31% hospital-based
- 61% <= 10 years experience
- 61% female
- 80% White, 20% ethnic/racial minorities
National Data: Worklife in GIM

- 579 respondents across 15 Divisions

<table>
<thead>
<tr>
<th>ACLGIM total population results (n=579)</th>
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<tbody>
<tr>
<td>Overall satisfied with job (Agree, Strongly agree)</td>
<td>75% satisfied</td>
</tr>
<tr>
<td>Great deal of stress because of my job (Agree, Strongly agree)</td>
<td>67% high stress</td>
</tr>
<tr>
<td>Symptoms of burnout (Definitely, Won’t go way, Completely)</td>
<td>38% burned out</td>
</tr>
<tr>
<td>Control over workload (Poor, Marginal)</td>
<td>48% low</td>
</tr>
<tr>
<td>Time for documentation (Poor, Marginal)</td>
<td>62% poor</td>
</tr>
<tr>
<td>Work atmosphere description (Very busy, Hectic-chaotic)</td>
<td>58% chaos</td>
</tr>
<tr>
<td>Professional values aligned with dept. leaders (Agree, Strongly agree)</td>
<td>65% aligned</td>
</tr>
<tr>
<td>Degree care team works efficiently together (Satisfactory, Good, Optimal)</td>
<td>74% good teamwork</td>
</tr>
<tr>
<td>Amount of time spent on EMR at home (Moderately high, Excessive)</td>
<td>57% too much</td>
</tr>
<tr>
<td>Proficiency with EMR use (Satisfactory, Good, Optimal)</td>
<td>89% proficient</td>
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</tbody>
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Lower stress (39% high stress vs. 69% civilian)
Lower burnout (17% vs. 40% civilian)
Better control
Less documentation time pressure
Less EMR home time*

* All comparisons with disjunct CIs
Hospital–based vs. ambulatory–based

- Less documentation time pressure for hospital–based clinicians
- Better teamwork
- Less EMR home time*

* All comparisons with disjunct CIs

Themes from qualitative analysis

- **Workload**
  - complex patients, RVU pressure, panel size
- **Staff support**
  - understaffing, mix of staff
- **EMR stress**
  - time pressure, EMR inefficiencies
- **Leadership**
  - need for clarifying values, lack of recognition for work, desire for support for non–clinical activities (e.g. education)
- **Clinic visit structure**
  - short visit times, lack of schedule control
- **Work–home balance**
  - EMR home time, little time for exercise/time with family
Model for worklife in GIM

Work conditions in General Internal Medicine
1. Practice Structure
   - short visits
   - insufficient staffing
2. Workflow
   - time pressure and pace
   - EMR work at home
   - documentation time
   - chaotic environments
3. Job characteristics
   - control of schedule
   - teamwork
4. Organizational culture
   - RVU mentality
   - worklife balance
   - not valued for teaching
5. Leadership
   - values alignment
   - communication
6. Patient factors
   - complex patients

Provider reactions
- Job satisfaction
- Stress
- Burnout
- Intent to leave

Patient care outcomes
- Quality of care
- Medical errors

Approach:
- Measure practice structure and culture and provider reactions
- Devise interventions
- Measure again

Realistic solutions from HWP
(Linzer et al., JGIM, August, 2015)

<table>
<thead>
<tr>
<th>Workflow</th>
<th>Communication</th>
<th>QI Projects</th>
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<tbody>
<tr>
<td>MA data entry (SF team documentation)</td>
<td>Better communication among providers/staff (SF team culture)</td>
<td>Prescription management strategies (SF Rx renewal)</td>
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<tr>
<td>More time for RN/MA staff to do tasks (SF pre-visit work, expanded roles)</td>
<td>Team meetings (SF team meetings)</td>
<td>Medicine reconciliation project (SF Rx renewal)</td>
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<tr>
<td>Pairing MAAs/MDs</td>
<td>Meetings with leadership</td>
<td>Depression screening</td>
</tr>
<tr>
<td>Nurse coordinators (SF panel management)</td>
<td>Meetings focus on patient care and cases</td>
<td>Improve diabetic screening (eye, feet) (SF DM management)</td>
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<tr>
<td>Increased visit time</td>
<td></td>
<td>Presenting data (SF Lean management)</td>
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Wellness Committee and Wellness Champions: HCMC model

- Wellness Committee: Oversees wellness activities and annual surveys
- Wellness Champions: Faculty who work with Chiefs and Leaders to transform division/department into place where providers are well

Improvement strategies at HCMC

- Adjusted time of last complex patient of day so provider parents can leave
- Desktop slots for busiest Medicine NPs/PAs
- “Doc of the day” assistance for NPs/PAs
- Programs to enhance resident wellness
- Deep-dive survey, small-group work in departments with challenges
- Workflow redesign for units under stress
- Developing a Provider Dining and Wellness Center: open to all providers 24/7, goals of improving collegiality and wellness
Zero

- Number of clinicians who need to burn out
  - Burnout a long-term stress reaction
  - Predictors of stress well-known
  - Burnout is predictable and thus preventable

Predictors → Stress → Burnout

Interventions


Suggestion 1

Develop clinician “float pools” for life events

- Workforce usually 10% short
- Covering is cost-effective


Suggestion 2

Decrease EMR stress by “right-sizing” EMR–related work

- Longer visits needed*
- Study impact of scribes**

*Babbott S. *JAMIA. 2013;0:1–7.*  

Suggestion 3

Ensure that metrics for success include clinician satisfaction and well-being*

**Suggestion 4**
Include self-care in medical professionalism
- Debrief challenging events
- Provider Dining and Wellness Center – a place to relax, work out, and connect

**Suggestion 5**
Measure worklife and wellness in residents
- Develop resident wellness program
- Honor hard work, family sacrifice
- Build a supportive community

**Suggestion 6**
Assure 10% FTE for clinicians to do what they are passionate about
- Cost-effective to support 10%; turnover costs $250,000/FTE.*

*S建议 7
Develop schedules with flexibility and clinician control
- If you standardize, customize
- Complex lives require flexibility

*S建议 8
Incorporate mindfulness and teamwork into residency and clinical practice
- Build resilience training
- MBSR (mindfulness based stress reduction training)

For a more sustainable system...

- Measure burnout, intervene, and reduce it
- Take care of yourselves– we need all of us to make the world a better place
- Thank you for the honor of organizing the ACLGIM Worklife and Wellness Project!

Let us know how the HCMC OPW can help!
Mark.linzer@hcmed.org