Mentoring and Creating Sustainable Faculty Jobs

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No conflicts of interest

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Objectives

1. Identify features of a healthy work environment and how to create one.
2. Discuss ideas of self-care to protect against burnout (for faculty and for ourselves).
3. Explore “mentoring for sustainability.”
Sustainability is...

the capacity to endure. For humans, sustainability is the potential for long-term maintenance of well being, which has ecological, economic, political and cultural dimensions.*

*Per Wikipedia
Research Base for Physician Worklife

- Physician Worklife Study Funded by Robert Wood Johnson Foundation
- 1996–98: national survey of >5000 MDs
- Findings:
  - Satisfaction promoted by long term relationships with patients
  - Time pressure diminished satisfaction
  - Stress related to lack of work control
  - Burnout predicted by work–home interference

MEMO study: aligning physician and patient outcomes

- Funded by AHRQ; 2002–2006
- 119 PC clinics; 422 MDs; 1785 patients.
- To determine relationships between work conditions, physician reactions (stress and burnout) and patient care (quality and errors).

MEMO results: physician outcomes

- 50% need more time for visits
- 27% burning out or burned out
- 30% moderately likely to leave job in 2 years
- Strong relationships between work conditions (time pressure, work control, chaos, organizational culture) and physician satisfaction, stress, burnout, intent to leave
- Many patient care outcomes linked to work conditions
### Percent providers reporting...

<table>
<thead>
<tr>
<th>High</th>
<th>Your clinic (n= providers)</th>
<th>Comparison (n= providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work control (high)</td>
<td>25%</td>
<td>68%</td>
</tr>
<tr>
<td>Communication/information (high)</td>
<td>40%</td>
<td>80%</td>
</tr>
<tr>
<td>Job satisfaction (high)</td>
<td>37%</td>
<td>68%</td>
</tr>
<tr>
<td>Alignment of values with leadership (strong)</td>
<td>42%</td>
<td>70%</td>
</tr>
<tr>
<td>Workplace chaos</td>
<td>65%</td>
<td>40%</td>
</tr>
<tr>
<td>Time pressure (high)</td>
<td>65%</td>
<td>30%</td>
</tr>
<tr>
<td>Stress (high)</td>
<td>80%</td>
<td>39%</td>
</tr>
<tr>
<td>Burnout (high)</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Intent to leave practice within 2 years</td>
<td>65%</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Practice data...

<table>
<thead>
<tr>
<th>Practice data</th>
<th>Your clinic (y/n)</th>
<th>Comparison clinics (n=)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic medical record</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Patient communication via email/MyChart</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing ratio (RN+LPN+MA / MD+NP+PA)</td>
<td>1.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Exam rooms per physician</td>
<td>2.2</td>
<td>2.7</td>
</tr>
<tr>
<td>Bottlenecks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone access</td>
<td><em>Yes</em> <em>No</em></td>
<td><em>Yes</em> <em>No</em> Exam room wait</td>
</tr>
<tr>
<td>Exam room wait</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Current AHRQ grant: Creating Healthy Workplaces

- Randomized trial of QI interventions to improve work conditions and care quality
- 34 clinics in Rural WI; Chicago; NYC
- Use OWL to measure work environment and patient outcomes at baseline and after 6–12 months in intervention and control sites
The power of the data

- Clinics shown their OWL data and comparison clinics data
- Data spurred meaningful conversations and movement towards solutions
- Preliminary data – more clinics in intervention group showed improvement in burnout vs. control clinics
- Some interventions (e.g. changes in workflow) were particularly effective (odds ratio 5.9 \( p<0.05 \))
Burnout: long-term stress reaction

- 1.6 x higher in women physicians than men
- Mediated by home support, work control, and work–home balance (Linzer M. *Am J Med* 2001;111:170–5)
- Present in 46% of US MDs, highest in primary care and ER (West C. *Arch Intern Med* 2012)
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**

Gender differences in burnout

- US vs Netherlands: Less gender difference in burnout in Netherlands due to a) fewer work hours and b) better work control (Linzer M. *J Am Med Women’s Assoc* 2002; 57:191–3)

- Less control in US women MDs due to gendered expectations for listening

- US women MDs describe faster pace, less values alignment with leadership (Horner–Ibler. *J Gen Intern Med* 2005; 20(s1):194)
Stress and EMR

- MEMO looked at relationship between EMR functionality and stress.
- Two findings:
  - Stress increased (3 to 3.5 on 1–5 scale) as EMR functions increased; stress decreased as EMR fully functional (3.2) – but not to original level.
  - In fully functional EMRs, shorter visits associated with more stress, burnout and intent to leave.

(Babbott S. JAMIA, 2013)
One more burnout predictor

Career fit:

- If % time clinicians are able to do what they are most passionate about falls below 10%, burnout rises dramatically (>50%).
- Thus, be sure clinicians have time (at least 10%) to devote to what they care most about (“career fit”)

(Shanafelt T. Arch Intern Med. 2009;169(10):990–995.)
How can we prevent burnout?

- Flexible/part-time work  
  (Linzer M. *Acad Med* 2009;84:1395–1400)

- Leaders model work–home balance; value well-being  

- Promote work control; decrease EMR time outside office; provide sufficient time to use it inside

- Alter our “culture of endurance”  
What resources are available at your hospital?

- Employee Assistance Program (EAP) at Hennepin County Medical Center (HCMC)
  - Access masters level associates 24/7
  - Available to all HCMC employees and dependents
  - 3 in-person EAP sessions covered at 100%
What resources are available through HCMC EAP

- Legal & mediation services
- Financial services
- Child/Parenting
- Adult/Elder information
- Life Learning (adult ed classes)
- Chronic condition support
- Critical Incident Response (tragedies, layoffs)
A healthy work environment

- Less time pressure, more control
  - Extend appt times, or offload non-clinician work
  - “Desk top” slots during sessions
  - Time to catch up (2 hrs?) after vacation/leave

- More order, less chaos
  - Maximally utilize space
  - Pilot unique schedules: “7 on, 7 off”

- Support for work–home balance
  - Support part–time practice and practice styles supportive of parents of young children
Creating healthy work environments

Respect the lifecycle
- Hire float clinicians to cover parental/sick leaves

Build workplace teams
- Address work flow and quality measures
  - MDs, APPs, MAs, RNs, Pharm Ds

Supportive Culture
- Be sure values are aligned (between clinicians and leaders)

Take time to listen
- Action often not needed

Kenny C. Transforming Health Care: Virginia Mason Medical Center's Pursuit of the Perfect Patient Experience, CRC Press; 1 edition (November 8, 2010).
Doctor Mark...
Thank you so very much for helping out my mom and making my 3rd birthday so very special!!
Love, Hayden
Promoting Wellness in worklife: Do your faculty have time to...

- Reflect together on challenging cases
- Exercise 3–4 x per wk
- Eat all meals
- Complete work at work
- See a patient, listen, provide empathy, attend to quality measures, and use the EMR
- Huddle with their team
- Meet with you and discuss values, direction and purpose
Part-time physicians are key:

- Hard workers; usually at more than their FTE
- Loyal, connected, good morale
- Patient satisfaction is high
- They may become full-time one day when others wish to go part-time (e.g. at end of career)!

HCMC Provider Wellness Committee

1. Visible site for clinician wellness
2. Wellness Champions in each Department
3. Periodic, brief surveys of stress, burnout and remediable predictors
4. Focused departmental action plans to promote wellness
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:
   1. I enjoy my work. I have no symptoms of burnout.
   2. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
   3. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.
   4. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   5. 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
Hospitalists

1. Develop academic /QI focus
2. Balance “systole” and “diastole” – a “core of sustainable complementary activities”*
3. Expanding research activities

To ensure your faculty have sustainable careers:

1. Use proven methods to prevent burnout
   - If you add, subtract
   - Infuse control
   - Protect career fit
   - Be aware of gender differences
   - Promote wellness
   - Remember, burnout $\rightarrow$ turnover = $250K$

2. Develop float pools

3. Decrease emails (fewer attachments, no “reply all”)

4. Account for in basket time

5. Listen – are people eating, exercising, seeing their families?

6. Make wellness a quality indicator for your division
New model

Figure 1: Conceptual model of QI feedback loop to prevent stress, burnout and turnover.

- Time pressure
- Chaos
- Room availability
- Teamwork
- EHR pressures
- Work control
- Work home interference
- Values alignment

Interventions

Stress → Burnout

Departure from practice

Ongoing measurement

EHR = Electronic Health Record

Linzer M. JGIM published online 2013.

Center for Patient and Provider Experience at Hennepin County Medical Center
And don’t forget yourself!

- Manage email
- Leave work early or arrive late at least one day per week
- Delegate, manage up
- If you add, subtract
- Develop a support network, take care of each other!
Discussion!

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