The Epidemic of Clinician Burnout: We Can Turn This Around!

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No conflicts of interest

- Research supported by Federal Agency for Healthcare Research and Quality (AHRQ)
Objectives

1. Identify features of a healthy work environment.
2. List methods to prevent burnout.
3. Develop a plan for Internal Medicine to maintain professional satisfaction.
Burnout is in the news...

New York Times, 6–17–08

“It will take real structural change in the work environment for physician satisfaction to improve. Fortunately, the data show physicians are willing to put up with a lot before giving up.”

Mark Linzer, Madison, WI

Doctor burnout: Nearly half of physicians report symptoms

By Janice Lloyd, USA TODAY

Updated 8/20/2012 7:58 PM
Research Base

- Physician Worklife Study 1996–98*
- Findings:
  - Satisfaction from long term relationships with patients
  - Time pressure diminished satisfaction
  - Stress related to lack of work control
  - Burnout predicted by work–home interference.

These findings, still valid today, will drive recommendations for making Internal Medicine more satisfying.

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

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

MEMO study: aligning physician and patient outcomes

- Funded by AHRQ; 2002–2006
- 119 PC clinics; 422 MDs; 1785 patients.
- Relationships between work conditions, physician reactions and patient care.

MEMO: 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
Mock OWL (problematic setting)

<table>
<thead>
<tr>
<th>Percent providers reporting...</th>
<th>Your clinic (n= providers)</th>
<th>Comparison (n= providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<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>

<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>Yes __ No Phone access</td>
<td>Yes __ No Exam room wait</td>
</tr>
</tbody>
</table>
Job satisfaction: business case*

- In 7900 businesses: productivity and income tied to employee satisfaction
- Sears: when employee satisfaction rose 4%, sales increased by $200 million

*Brown & Gunderman. Acad Med 2006;81:577–82
## Outcomes of dissatisfaction

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced patient:</td>
<td></td>
</tr>
<tr>
<td>2) satisfaction,</td>
<td></td>
</tr>
<tr>
<td>3) medication adherence</td>
<td></td>
</tr>
</tbody>
</table>
Current AHRQ grant: Creating Healthy Workplaces

- Randomized trial to improve work conditions
- 34 clinics in Rural WI; Chicago; NYC
- OWL measured work environment and care quality at baseline and 6–12 later
The power of the data

- Clinics received their data, had meaningful conversations and initiated change
- No overall effect, but in looking where improvement occurred, 3 interventions succeeded (ORs 3.6–5.9)
  - Workflow redesign
  - Communication improvements
  - QI projects targeting clinician concerns
Percent of HWP clinicians showing improvement in burnout

* p < 0.05
## Realistic solutions:

<table>
<thead>
<tr>
<th>Workflow</th>
<th>Communication</th>
<th>QI Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA data entry</td>
<td>Improved communication among providers/staff</td>
<td>Automated prescription line</td>
</tr>
<tr>
<td>More time for RN/MA staff to do tasks</td>
<td>Team meetings</td>
<td>Medicine reconciliation project</td>
</tr>
<tr>
<td>Pairing MAs/MDs</td>
<td>Meetings with leadership</td>
<td>Depression screening</td>
</tr>
<tr>
<td>Nurse coordinators</td>
<td>Meetings focus on patient care and cases</td>
<td>Improve diabetic screening (eye, feet)</td>
</tr>
<tr>
<td>Increased visit time</td>
<td></td>
<td>Presenting OWL data</td>
</tr>
</tbody>
</table>
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 after vacation/leave
- More order, less chaos
  - Maximally utilize space
  - Pilot unique schedules: “7 on, 7 off”
- Support for work–home balance
  - Support needs of parent clinicians
Doctor Mark...
Thank you so very much for helping out my mom and making my 3rd birthday so very special!!

Love, Hayden 🌞
Create an Office of Professional Worklife and Wellness

1. Visible site for clinician wellness
2. Wellness Champions
3. Periodic, brief surveys of stress, burnout and remediable predictors
4. Focused departmental or clinic–based action plans
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. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.
   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?
   Calm  1  2  3  4  5
   Busy, but reasonable
   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.

Disclaimer – this is adapted from the OWL (Office and Work Life™ measure); more detailed surveys are often needed for second stage work.
Eliminating Burnout: 10 Bold Policy Suggestions

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Hennepin County Medical Center
Number of clinicians who need to burn out

- Burnout a long term stress reaction
- Predictors of stress well known (time pressure, lack of control, work home interference, lack of support, chaos, lack of values alignment)
- Burnout is **predictable**, and thus **preventable**

Bold does not mean expensive

- Standing still is costly
  - If 46% of the workforce is burned out*, this becomes an HR issue: we have to solve this
  - The investments are fairly modest

Suggestion #1

- Develop clinician “float pools” for life events
  - Workforce usually 10% short
  - Covering is cost effective to prevent turnover

Suggestion #2

- Decrease EMR stress by “right sizing” EMR-related work
  - Clinicians are overwhelmed with a mountain of computer work, in the office and at home
  - Longer visits are needed*
  - Study impact of scribes**

* Babbott S. JAMIA. 2013;0:1–7.
Suggestion #3

- Address challenging work conditions in clinics serving minority patients
  - Lack of access to clinical resources and specialists, and insufficient exam rooms (< 2.2/clinician) are associated with lower quality care, especially in clinics serving minority patients.*

*Varkey A. SGIM Presentation, April 2013.
Suggestion #4

- Ensure that metrics for success include clinician satisfaction and well-being*
  - Wellness is the missing quality indicator

Prioritize clinician self care as an element of medical professionalism

- Self care factors:
  - Work home balance
  - Meaning in work
  - Coping strategies
  - Eating healthy meals; exercise
  - Reasonable work hours
  - Build resiliency
Suggestion #6:

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

**Suggestion #7:**

- Develop schedules with predictability, flexibility and clinician control
  - If you standardize, customize
  - Complex lives require flexibility
  - A 4:40 appt slot and the need to pick up children at day care at 5:30 is a recipe for burnout
Suggestion #8:

- Promote satisfying careers for part-time MDs
  - Part-time MDs are satisfied, connected and loyal*
  - Part time prevents burnout

Suggestion #9

- Incorporate mindfulness and teamwork into medical school, residency and clinical practice
  - Mindfulness training at grand rounds, in ED
  - Teamwork in Health Care Homes
  - Build resilience
    - Awareness
    - Acceptance
    - Seeking help
    - Problem solving
Support manageable practice sizes and enhanced staffing ratios

- GHC of Puget Sound built teams, reduced panel size, and lengthened visits. They reduced burnout, were cost neutral, and improved quality.*
- Provide enough rooms to do this

A true honor to be here

Remember:
◦ Be mindful
◦ Eat, rest, exercise
◦ Promote control and communication
◦ Align values
◦ Measure stress and address it
◦ Take care of each other; we need all of us to make a better world!
◦ Contact us: mark.linzer@hcmed.org
  sara.poplau@hcmed.org