

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 7:59 PM

(2012)

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.

*Linzer. *J Gen Intern Med.* 2000;15(7):441–50.

Burnout model

Background variables

Sex
Age
Children
Solo practice
Academic practice
Work hours

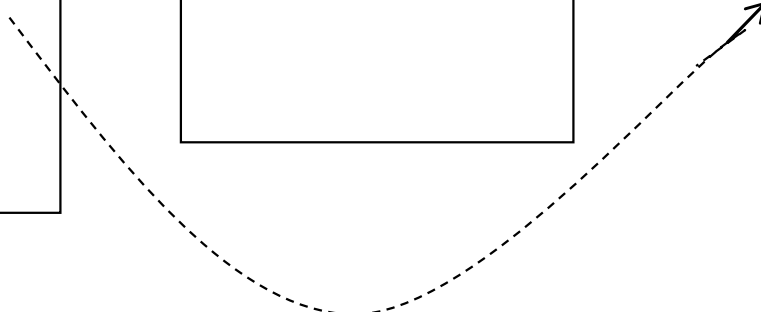
Mediating variables

Work control
Work-home interference
Home support

Variable outcomes

Stress
Satisfaction

Burnout

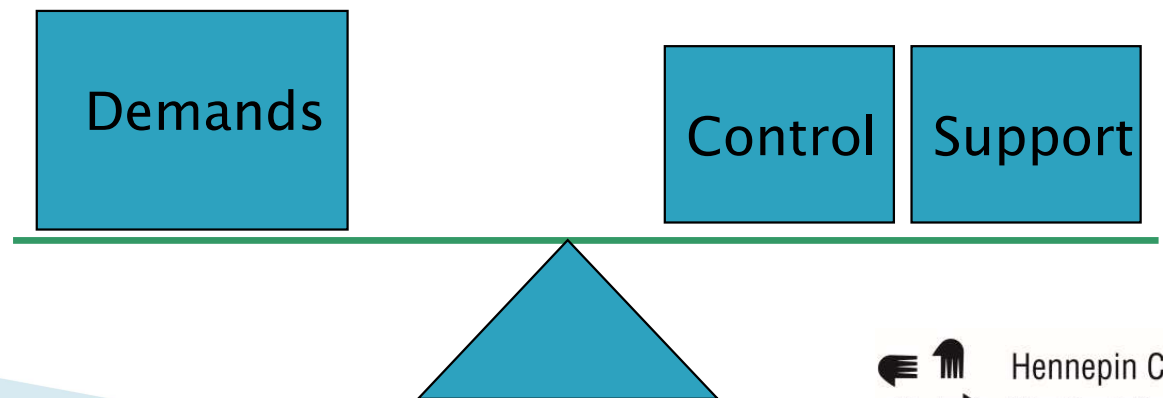


Linzer M. *Am J Med* 2001; 111:170-75.

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

Karasek et al. *Am J Public Health*
1981;71:694-705



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.

Linzer M, et al. *Ann Intern Med* 2009;151:28–36.

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)

Percent providers reporting...

Your clinic (n= providers) Comparison (n= providers)

High	Work control (<i>high</i>)	25%	68%
	Communication/information (<i>high</i>)	40%	80%
	Job satisfaction (<i>high</i>)	37%	68%
	Alignment of values with leadership (<i>strong</i>)	42%	70%
	Workplace chaos	65%	40%
	Time pressure (<i>high</i>)	65%	30%
	Stress (<i>high</i>)	80%	39%
	Burnout (<i>high</i>)	50%	30%
	Intent to leave practice within 2 years	65%	15%

Practice data...		Your clinic (y/n)	Comparison clinics (n=)
Technology	Electronic medical record	100%	75%
Resources	Patient communication via email/MyChart	100%	75%
	Staffing ratio (RN+LPN+MA / MD+NP+PA)	1.2	1.7
	Exam rooms per physician	2.2	2.7
Bottlenecks	__ Yes __ No Phone access	__ Yes __ No Exam room wait	

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

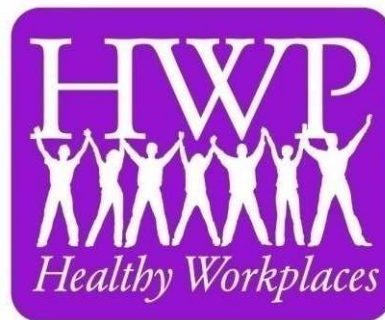
*Brown & Gunderman. *Acad Med* 2006;81:577-82

Outcomes of dissatisfaction

Burnout	Linzer et al. <i>Am J Med</i> 2001;111:170-75.
Turnover: \$250,000/departing physician	Buchbinder et al. <i>Am J Manag Care</i> 1999;5:1431-8
Instability (larger patient load for remaining providers)	Brown & Gunderman. <i>Acad Med</i> 2006;81:577-82
Reduced patient: 1) access to care, 2) satisfaction, 3) medication adherence	Linn et al. <i>Med Care</i> 1985; 23:1171-78; DiMatteo. <i>Health Psychol</i> 1993;12: 93-102
Increased patient disenrollment	Brown & Gunderman. <i>Acad Med</i> 2006;81:577-82

Current AHRQ grant: Creating Healthy Workplaces

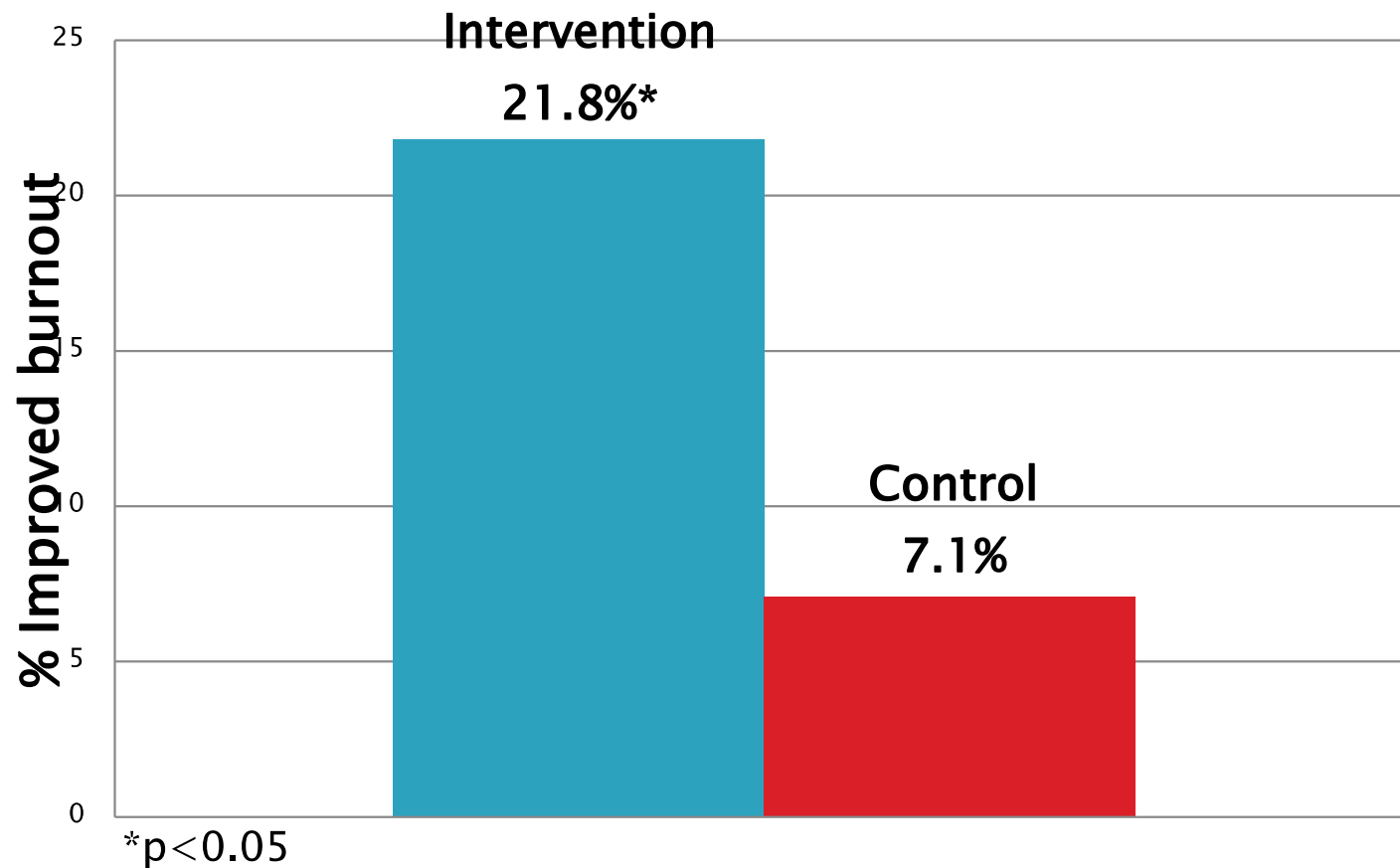
- ▶ Randomized trial to improve work conditions
- ▶ 34 clinics in Rural WI; Chicago; NYC
- ▶ OWL measured work environment and care quality at baseline and 6–12 later



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



Realistic solutions:

Workflow	Communication	QI Projects
MA data entry	Improved communication among providers/staff	Automated prescription line
More time for RN/MA staff to do tasks	Team meetings	Medicine reconciliation project
Pairing MAs/MDs	Meetings with leadership	Depression screening
Nurse coordinators	Meetings focus on patient care and cases	Improve diabetic screening (eye, feet)
Increased visit time		Presenting OWL data

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 **H**

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

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:

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 Busy, but reasonable Hectic, chaotic
1 2 3 4 5

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.*

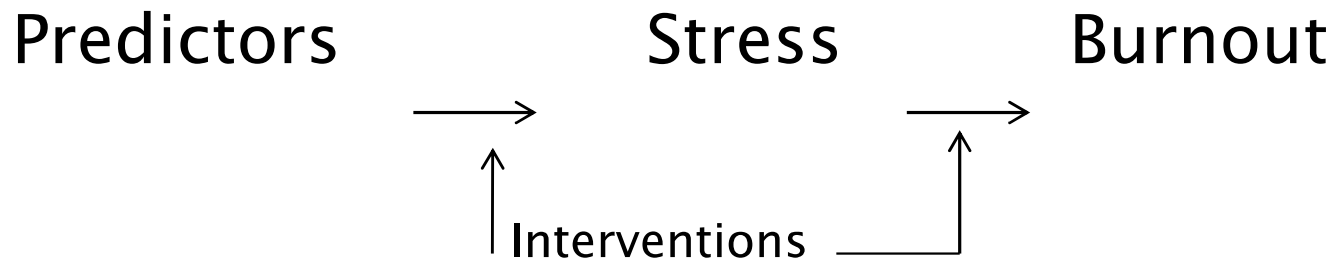
Disclaimer—this is adapted from the OWL (Office and Work Life™ measure); more detailed surveys are often needed for second stage work.

Eliminating Burnout: 10 Bold Policy Suggestions

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Zero

- ▶ 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



Linzer M, et al. *JGIM* 2014.

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

*Shanafelt T, *Arch Intern Med*, 2012.

Suggestion #1

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

Linzer M, *Am J Med.* 2002;113:443–48.

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.

**Sinsky C. *Ann Intern Med*. 2014;160:727–8.

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.
Varkey A. *J Gen Intern Med*. 2013;28(1S):S100.

Suggestion #4

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

*Wallace JE. *Lancet*. 2009;374:1714–19.

Suggestion #5:

- ▶ 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.**

*Shanafelt T. *Arch Intern Med.* 2009;169(10):990–995.

**Buchbinder S. *Am J Manag Care.* 1999; 5:1431–38.

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

*Mechaber H. *J Gen Intern Med.* 2008;23:300-3.

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

Suggestion #10

- ▶ 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

*Reid R. *Am J Manag Care*. 2009;15 (9):e71–e87.

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!
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