



## Workplace Wellbeing – Beyond Yoga & Meditation

Sarah Richards, MD, FACP

Medical Director of Patient Experience, Nebraska Medicine  
Assistant Professor, Division of General Internal Medicine

UNMC  Nebraska Medicine

I have no disclosures.



## Learning Objectives

- Appreciate the current state and domains of physician wellbeing
- Utilize appropriate and validated tools to assess wellbeing
- Create and initiate a faculty wellness program
- Examine ongoing effects of a faculty wellness program, and support its continued evolution



## What is burnout?

Complex psychological and sociological outcome that results in:

- Emotional exhaustion
- Depersonalization
- Low sense of personal accomplishment



Lewin & Balser, *The Blue Ridge Academic Health Group*, 2017



## Prevalence

- Rates 2x higher in medicine than other fields (adjusted for age, sex, education, and hours worked).
- “Front-line” specialties, including GIM, FM, EM, and neurology, are at the highest risk.

Wright & Katz, *NEJM*, 2018



## Prevalence

- In 2011 burnout affected:
  - 46% of all physicians
  - 52% of family physicians
- In 2014 burnout affected:
  - 54% of all physicians
  - 64% of family physicians

Shanafelt, et al. *Arch Intern Med* 2012  
Shanafelt, et al. *Mayo Clin Proc* 2015



## Key Drivers

- Workload & job demands
- Efficiency & resources
- Meaning in work
- Culture & values
- Control & flexibility
- Social support & community at work
- Work-life integration

Shanafelt, et al. Mayo Clinic Proceedings

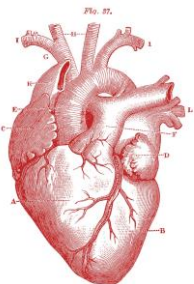


“We’re spending our days doing the wrong work. At the highest level, we are disconnected from our purpose and have lost touch with the things that give joy and meaning to our work.”

Christine Sinsky, MD

Increase  
“Preload”

i.e.  
Autonomy  
&  
Support



Increase “Contractility”  
i.e. Resilience

Decrease  
“Afterload”

i.e.  
Workload  
& EMR  
inefficiency

Analogy thanks to Tom Tape, MD



“...it is clear that the healing of caregivers cannot be accomplished solely through self-help...”

Blue Ridge Academic Health Group

## Consequences: Physicians

- Loss of joy, passion, motivation
- Disengagement in patient care
- Increase in apathy
- Erosion of professionalism
- Depression and other MH concerns
- Risk to physician's own care/safety (suicide)

The Chartis Group, LLC. 2016



## Physician Suicide

- 300-400 practicing physicians die of suicide every year
- When compared with the general population, the risk ratio for suicide is...
  - 1.4 times for male physicians
  - 2.3 times for female physicians

The Chartis Group, LLC. 2016





## Consequences: Patients

- Reduction in time and attention to patients
- Significant impact on quality of care and patient outcomes
- Significant rise in patient dissatisfaction

The Chartis Group, LLC. 2016



“Physicians with symptoms of burnout are more likely to report having made a major medical error in the past 3 months and to receive lower patient-satisfaction scores.”

JAMA, 2017

## Consequences: Health System

- Erosion of physician community & collaboration
- Permeating sense of negativity
- Increase in clinician turnover & staffing challenges
  - \$150 billion/year; 4.7% total health expenditures
  - Turnover of 1 MD – 500K-1M

The Chartis Group, LLC. 2016



## What should we do?

First, measure the problem.

Linzer M et al J Gen Int Med 2013



AMA STEPSforward

HOME MODULES EVENTS HOW IT WORKS

### Mini Z burnout survey

Answer the following questions as truthfully as possible to determine your workplace stress levels.

15 MINUTES

1. Your experience with burnout

For questions 1-10, please choose the answer that best describes your experience.

All fields required unless otherwise noted

1. Overall, I am satisfied with my current job

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

2. I feel a great deal of stress because of my job

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

3. Using your own definition of "burnout," please select one of the answers below

Keep my work I have no symptoms of burnout



## Our Mini-Z Results

Item	Natl GIM	NE 2015
Response Rate	47%	74%
Overall satisfied with job	76%	70%
Great deal of stress w/ job	67%	58%
Symptoms of Burnout	38%	33%
Control over workload	49%	40%
Time for documentation	62%	58%
Values aligned with leadership	65%	73%
Teams work efficiently together	74%	83%
Excessive time doing EMR at home	57%	40%
Proficiency with EMR use	89%	95%



## What should we do?

First, measure the problem.

Next, do something about it.

- A quality implementation feedback loop can prevent stress and burnout.

Linzer M et al J Gen Int Med 2013



## What we did...

- Engaged our leader
- Identified stress points
- Prioritized stress points
- Met with leadership
- Offered solutions to make real change
- Provided resources for burnout and/or mental health issues



## Group Activity

- GIM quarterly division meeting devoted to wellness
- Less than 1 hour prep time
- Providers grouped according to their primary clinical practice
- Interactive and solutions-focused
- Provided next steps and faculty resources



## Small Group Instructions

- Think about your day-to-day activities and their relationship to your personal wellness
- What kinds of changes to your would make maintaining wellness **HARDER?**

Examples:

- Complex new patient at the end of a clinic day
- Expectation to see even more patients per clinic

- Do not focus on finding solutions yet - IDENTIFY PROBLEMS first



## Potential Topics

- Workload
- Staff support
- EMR stress
- Leadership
- Clinic visit structure
- Work-home balance



## Problem Solving

- Choose 1-2 priorities from your list to address
- What is needed to solve this problem?
- Identify barriers - people, locations, resources (\$\$, time)
- Identify key personnel who could take responsibility



## Feedback Process

- All written and verbal suggestions recorded and organized by theme
- Ideas presented and discussed with leadership
- Ideas sorted into categories based on feasibility



**Green Light =**  
“low-hanging fruit”



**Yellow Light =**  
“a work in progress”



**Red Light =**  
“Not now, but here’s why”



## Mini-Z Survey Results

Item	Natl GIM	NE 2015	NE 2016
Response Rate	47%	74%	62%
Overall satisfied with job	76%	70%	80%
Great deal of stress w/ job	67%	58%	42%
Symptoms of Burnout	38%	33%	18%
Control over workload	49%	40%	82%
Time for documentation	62%	58%	64%
Values aligned with leadership	65%	73%	78%
Teams work efficiently together	74%	83%	87%
Excessive time doing EMR at home	57%	40%	29%
Proficiency with EMR use	89%	95%	87%

## Sustainability

- 30-60 minutes time devoted at each quarterly division meeting
  - Story-telling
  - CEO “coffee-talk”
  - Crowd-sourcing activity
  - Wellness tips
  - Annual survey



## Additional Strategies



## Ambulatory Process Excellence (APEX)

- U of CO Dept of Family Medicine
- Paired 5 MAs with every 2 MDs to set up and document the visit
- After 6 months:
  - Burnout went from 53% to 13%
  - Pneumococcal vaccination rates, mammograms & colonoscopies increased
  - PCPs saw 3 more patients per day
  - Cost neutral



“The chaos in exam rooms before APEX was akin to texting while driving. The greatest advantage now is that the computer no longer stands between me and my patients. This allows for deeper thinking and connection.”

Corey Lyon, Associate Professor, Dept of Fam Med



“When physicians can connect with patients and feel good about the interaction, they reconnect to the human aspect of care. When that happens, many other frustrations pale in comparison.”

Diane Sliwka, Medical Director of Patient Experience, UCSF

## References

Lewin & Balser, et al. The Blue Ridge Academic Health Group, Report 22, 2017

Wright & Katz, et al. Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians, NEJM 2018

Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. JAMA Intern Med 2017

Shanafelt, et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014; Mayo Clin Proc 2015

Shanafelt, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population, Arch Intern Med 2012

The Chartis Group, LLC. 2016



UNMC  Nebraska Medicine



### FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

#### EXTERNAL FACTORS

##### SOCIO-CULTURAL FACTORS

- Alignment of values, expectations and attitudes
- Culture of safety and transparency
- Expectations and work-life integration
- Health and safety
- Organizational culture and expectations
- Health and economic climate
- Social determinants of health
- Organization of medical teams

##### REGULATORY, BUSINESS, & PAYER ENVIRONMENT

- Accreditation, high-value assessment, and regulatory compliance
- Compensation and financial incentives
- Value-based and performance-based contracts
- Value-based and performance-based contracts
- Regulatory and policy environment
- Health and economic climate
- Health and economic climate
- Health and economic climate

##### ORGANIZATIONAL FACTORS

- Leadership
- Culture, mission, and vision
- Governance and oversight
- Governance and oversight
- Governance and oversight
- Governance and oversight
- Governance and oversight
- Governance and oversight

##### LEARNING/PRACTICE ENVIRONMENT

- Learning
- Collaborative or competitive environment
- Learning
- Collaborative or competitive environment
- Learning
- Collaborative or competitive environment
- Learning
- Collaborative or competitive environment



#### INDIVIDUAL FACTORS

##### HEALTH CARE ROLE

- Alignment of values, expectations and attitudes
- Culture of safety and transparency
- Expectations and work-life integration
- Health and safety
- Organizational culture and expectations
- Health and economic climate
- Social determinants of health
- Organization of medical teams

##### PERSONAL FACTORS

- Resilience and connectivity
- Stress and anxiety
- Health and economic climate
- Health and economic climate
- Health and economic climate
- Health and economic climate
- Health and economic climate
- Health and economic climate

##### SKILLS AND ABILITIES

- Clinical knowledge and experience
- Communication skills
- Communication skills
- Communication skills
- Communication skills
- Communication skills
- Communication skills
- Communication skills

© NATIONAL ACADEMY OF MEDICINE