Wellness & Professional Vitality
BMC Survey Results

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Associate CMO for Wellness & Professional Vitality

Medical Dental Staff Meeting
Wednesday, September 12, 2018
Background

MD burnout has increased & work/life balance has decreased

Survey Background

- 2013: Stanford’s first hospital-wide physician wellness survey focused on professional fulfilment as well as burnout

- 2017: Formation of the Physician Wellness Academic Consortium (“PWAC”) with 15 health systems across the nation – including BMC

- 2017 & 2018: BMC survey of all MDs, LIPs and Residents

- August 2018: Survey data received

- September 2018: Initial analysis completed
2017 & 2018 BMC Response Rates*

*Agreed to consent
Response Rates* by Department

Highest Rate: *Agreed to consent

Departments

- Urology
- Geriatrics
- Ophthalmology
- Dentistry & Oral/Maxillo
- Radiation Oncology
- Infectious
- Diseases
- Endocrinology
- Obstetrics & Gynecology
- Otolaryngology
- Pediatrics
- Emergency Medicine
- Orthopedic Surgery
- Gastroenterology
- Neurology
- Dermatology
- Psychiatry
- General Surgery
- Family Medicine
- Hematology/Oncology
- Cardiology
- Pulmonary, Allergy, & CCM
- Rheumatology
- Neurosurgery
- Anesthesiology

2018
2017
2018 Overall
2017 Overall

*Agreed to consent
Key Measures

**Burnout:** Feelings of emotional exhaustion, depersonalization, sense of reduced personal accomplishment

**Professional Fulfillment:** Feelings of happiness, worthiness, satisfaction, etc.

**Intent to Leave:** Plans to leave in next 2 years

**Sleep-related Impairment:** Feeling tired, alert, sleepy, irritable, etc.
Burnout

During the past two weeks I have felt...

• A sense of dread when I think about work I have to do
• Physically exhausted at work
• Lacking in enthusiasm at work
• Emotionally exhausted at work

During the past two weeks my job has contributed to me feeling...

• Less empathetic with my patients
• Less empathetic with my colleagues
• Less sensitive to others' feelings/emotions
• Less interested in talking with my patients
Professional Fulfillment

During the past 2 weeks I have felt the following while at work...

- Happiness
- Worthiness
- Satisfied
- In control
- Meaningful
- Professionally contributing
Intent to Leave

What is the likelihood that you will leave BMC within TWO YEARS?

• None
• Slight
• Moderate
• Likely
• Definite
Sleep-related Impairment

In the past 7 days I have felt...

- Tired
- Alert
- Sleepy
- Irritable
- Trouble staying awake
- Difficult getting things done
- Problems during the day
- Hard time concentrating due to poor sleep
BMC Survey Results 2017-2018

Physicians

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Professional Fulfillment</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Sleep-Related Impairment</td>
<td>57%</td>
<td>56%</td>
</tr>
<tr>
<td>Intent to Leave BMC</td>
<td>44%</td>
<td>43%</td>
</tr>
</tbody>
</table>

9/12/18 Medical Dental Staff Meeting
BMC Survey Results 2017-2018

Advanced Practice Providers

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>56%</td>
<td>51%</td>
</tr>
<tr>
<td>Professional Fulfillment</td>
<td>36%</td>
<td>27%</td>
</tr>
<tr>
<td>Sleep-Related Impairment</td>
<td>83%</td>
<td>54%</td>
</tr>
<tr>
<td>Intent to Leave BMC</td>
<td>67%</td>
<td>51%</td>
</tr>
</tbody>
</table>

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BMC Survey Results 2017-2018

Residents

- **Burnout**
  - 2018: 162
  - 2017: 231
  - 2018: 64%
  - 2017: 55%

- **Professional Fulfillment**
  - 2018: 64
  - 2017: 115
  - 2018: 25%
  - 2017: 27%

- **Sleep Related Impairment**
  - 2018: 209
  - 2017: 319
  - 2018: 80%
  - 2017: 74%

- **Intent to Leave Specialty**
  - 2018: 29
  - 2017: 18
  - 2018: 7%
  - 2017: 7%
Professional Fulfillment by Gender

Physicians & APPs

2017

Female 28% 299
Male 42% 476

2018

Female 26% 214
Male 42% 359

Female  Male
Burnout by Gender

Physicians & APPs

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>296</td>
<td>479</td>
</tr>
<tr>
<td>2018</td>
<td>211</td>
<td>359</td>
</tr>
</tbody>
</table>

Female Burnout Rates:
- 2017: 52%
- 2018: 55%

Male Burnout Rates:
- 2017: 43%
- 2018: 46%
Burnout by Department

Physicians & APPs

Least Burnt-out

Most Burnt-out

Departments

2018
2017
2018 Average
2017 Average
Professional Fulfillment by Department

Physicians & APPs

Departments

Most Fulfilled

Least Fulfilled

2018  2017  2018 Average  2017 Average
Sleep Related Impairment by Department

Physicians & APPs

Departments

Least Impaired  Most Impaired

2018  2017  2018 Average  2017 Average
Intent to Leave by Department

Physicians & APPs

Departments

Least Likely

Most Likely

2018
2017
2018 Average
2017 Average
What Our Data Shows
(2017 & 2018)

1. High response rates and deep engagement
2. About half of our clinicians experiencing burnout based upon responses to a validated survey instrument
3. Burnout rate equal to, or greater than, select peers
4. Sleep-related impairment common
5. Women worse off than men on every measure
6. Trainees worse off than non-trainees on all measures
7. Broad variability in all measures depending on specialty and provider type (ex: burnout range 25%-80%)
8. 43% “intent to leave” within 2 years contrasts with actual turnover of 8-9% per year
What Our Data Shows
(2017 versus 2018)

1. Professional fulfillment essentially stable for all provider types
2. Modest (2-4%) increase in both burnout and intent to leave for MDs and APPs
3. Large (9%) increase in burnout for trainees (much lower response rate)
4. Year-over-year variability in all measures for some Departments; some very stable and some dynamic
Next Steps for Survey

• Complete formal current state assessment
• Compare to national benchmarks (available November 2018)
• Analyze data by Department, provider type and gender to identify key drivers
• Explore patterns of success- what predicts better scores or improving scores?
• Establish goals for 2019 and 2020
Resources Available

• **BU faculty**

• **BMC employees**
  - [http://www.bumc.bu.edu/wellness/](http://www.bumc.bu.edu/wellness/)

• **Beth Milaszewski LICSW**
  - [beth.milaszewski@bmc.org](mailto:beth.milaszewski@bmc.org)
  - (617) 414-4357; pager 8010

• **Dr. Izzy Berenbaum**
  - [bbq@bu.edu](mailto:bbq@bu.edu)
  - (617) 638-8674; pager 0196
Determinants of Clinician Fulfillment and Burnout
Strategies for Improvement

Mickey Trockel, MD, PhD
Chair of the Physician Wellness Academic Consortium
Director of Scholarship & Health Promotion for
Stanford School of Medicine Well MD Center
Associate Clinical Professor Psychiatry & Behavioral Science
Stanford University Medical Center
Determinants of Clinician Professional Fulfillment and Burnout and Strategies for Improvement

Mickey T. Trockel, PhD, MD
Clinical Associate Professor, Psychiatry & Behavioral Sciences
Director of Scholarship & Health Promotion
Stanford Medicine WellMD Center
Who are our physician colleagues?

• “Physicians are people who respond to a calling”

Vivek Murthy, MD, 19th Surgeon General of the United States
Future physicians have excellent mental health...

...before their training begins

Professional Fulfillment: A Better Goal

Happiness, meaningfulness, self-worth, self-efficacy and satisfaction at work.
Quality of Life Scores, Comparing Physicians With and Without Burnout by Professional Fulfillment Category

- Physical: Burned out (n=98) = 0.56, Not burned out but not fulfilled (n=75) = 0.45, Not burned out and fulfilled (n=77) = 1.00
- Psychological: Burned out (n=98) = 1.22, Not burned out but not fulfilled (n=75) = 0.73, Not burned out and fulfilled (n=77) = 1.00
- Social: Burned out (n=98) = 0.26, Not burned out but not fulfilled (n=75) = 0.92, Not burned out and fulfilled (n=77) = 0.52
- Environmental: Burned out (n=98) = 0.92, Not burned out but not fulfilled (n=75) = 0.52, Not burned out and fulfilled (n=77) = 0.92
Asking physicians to heal themselves is not the complete answer.

Efficiency of Practice Factors

- Factors affecting efficiency:
  - Efficiency of technology and workflows
  - Health care reform/regulation
  - Clerical work demands (e.g. EHR, documentation)
    - Shrinking portion of time spent with patients
    - \[ \text{Time with patients}/(\text{time with patients} + \text{clerical and regulatory task time}) \]

Sinsky et al, 2016; Shanafelt et al, 2016; Bodenheimer et al., 2014; Dyrbye et al., 2011; Sinsky et al., 2013; Privitera et al., 2014; West et al., 2006; Shanafelt et al, 2003
Physicians spend more time with EHR than with patients

Modifiable Predictors of Burnout

Demand Control Model (Karasek et al. 1981)
Efficiency of Practice Strategies

Strategies that help physicians efficiently provide the high quality of care they want to provide for their patients.
Problem: Amount of Time Spent Documenting and Complying with Administrative and Regulatory Requirements

Innovation:

• Scribing
• Medical assistant order entry
• Standardized prescription renewal

Innovation:

- In-box management
- Verbal messaging

LAD Engagement Model

1. **Listen**: Seek to understand specific determinants of burnout
2. **Act**: Empower physicians to develop and implement solutions
3. **Develop**: Develop new physician leadership through this work
4. **Repeat**: Iteratively develop, implement, and evaluate solutions for continuous improvement.

Effect of interventions to improve work conditions in primary care

Effect of interventions to improve work conditions in primary care

Satisfaction, % improvement

Control

Intervention

Culture of Wellness Factors

• Leadership
  – Inclusive leadership style
  – Organizational/personal values alignment
  – Appreciation
  – Support
  – High expectations
  – Fairness

• Psychological safety

• Relationships will colleagues

• Work-life balance
  – Flexibility/control of schedule

Bodenheimer et al., 2014; Dyrbye et al., 2011; Sinsky et al., 2013; Privitera et al., 2014; West et al., 2006; Shanafelt et al., 2003; Physician Stress and Burnout Survey. Physician Wellness Services and Cejka Search, 2011; Shanafelt et al., 2016.
Strategies that promote appreciation, self-care, and compassion for ourselves, our colleagues, and our patients.
Support from leadership increases professional fulfillment.

Perceived Support from Leadership Scale includes:
- Appreciation
- Inclusiveness and High Expectations
- Support
My immediate supervisor:
• Holds career development conversations with me
• Empowers me to do my job
• Encourages me to suggest ideas for improvement
• Treats me with respect and dignity
• Provides helpful feedback and coaching on my performance
• Recognizes me for a job well done
• Keeps me informed about changes taking place at Stanford
• Encourages me to develop my talents and skills

• Overall, how satisfied are you with your immediate supervisor?

(Shanafelt et al, 2015)
Support from leadership increases professional fulfillment.

High Professional Fulfillment, by Quartiles of Support from Leadership

- Lowest quartile (n=258): 9%
- Second quartile (n=310): 11%
- Third quartile (n=226): 16%
- Highest quartile LQ (n=292): 29%
Strategies that cultivate individual health-promoting skills, attitudes, and behaviors
• Personal behaviors & Self-care
  • Sleep health (Gifford et al., 2014; Vela-Bueno et al., 2008)
  • Nutrition & exercise (Hamidi et al., 2016; Morris et al., 2015; Bherer et al., 2013)
  • Compassion for self and others (Singer et al., 2015; Seppala et al., 2014; Beach et al., 2013; Beckman et al., 2012; Krasner et al., 2009)
  • Mindfulness (see later slide)

• Relationships (Hu et al., 2012)
How often have you experienced the following during the past two weeks?

<table>
<thead>
<tr>
<th>During the past two weeks...</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. When I made a mistake, I felt more self-condemnation than self-encouragement to learn from the experience</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>b. I was less compassionate with myself than I was with others</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</table>
Compassionate Self-Improvement Index

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<tbody>
<tr>
<td>c. I put off taking care of my own health due to time pressure</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Taking care of my needs seemed incompatible with taking care of my patients’ needs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
## Correlation Coefficient

<table>
<thead>
<tr>
<th></th>
<th>Correlation Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>-0.40</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-0.34</td>
</tr>
<tr>
<td>Professional Fulfillment</td>
<td>0.37</td>
</tr>
</tbody>
</table>
## Correlation Coefficients

<table>
<thead>
<tr>
<th>Condition</th>
<th>Correlation Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damaged Interpersonal Relationships</td>
<td>-0.39</td>
</tr>
<tr>
<td>MIND Diet score</td>
<td>0.13</td>
</tr>
<tr>
<td>Sleep Related Impairment</td>
<td>-0.35</td>
</tr>
</tbody>
</table>
Self-Compassion and Lower Burnout

Prevalence of Burnout by Quartiles of Compassionate Self-Improvement

- Lowest Quartile (n=350): 60%
- Second Quartile (n=318): 36%
- Third Quartile (n=277): 23%
- Highest Quartile (n=298): 10%
Personal Resilience Strategies

Strategies that cultivate individual health-promoting skills, attitudes, and behaviors.
Mindfulness practice does help.

Acknowledgements: WellMD Team Colleagues

- Tait Shanafelt, MD
- Maryam Hamidi, PhD
- Dan Murphy, MD
- Bryan Bohman, MD
- Sheralyn Stoltz
- Nikitha Menon
- Jill Springer
- Michelle Dekcard
Next Steps and Our Work Plan

William R. Creevy, MD
President & CEO, Boston University Medical Group
Associate Dean, Boston University School of Medicine
Assistant Professor of Orthopaedic Surgery
Immediate Next Steps

1. Engaged Stanford to analyze data and develop a formal report
   - Overall and department specific results
   - Comparison to other institutions
   - Regression analysis of key factors

2. Establish health system goal(s) for burnout and/or fulfillment

3. Finalize framework and action items for AY19

4. Share results and plans with providers at town halls and department meetings
Vitality and Professional Fulfillment Work Plan

1. Incorporate measures of physician well-being into institutional performance reports; annual assessment using validated instruments
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2. Develop and implement leadership programs for chairs, section chiefs and other clinical leaders
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5. **Cultivate community at work, including physician common space**
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5. Cultivate community at work, including physician common space
6. **Assess compensation with respect to rewards and incentives, including productivity targets**
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8. Provide resources to promote resilience and self-care
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9. Facilitate and fund organizational science about vitality and professional fulfillment
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9. Facilitate and fund organizational science about vitality and professional fulfillment
10. **Collaborate with other organizations and advocate for regulatory reform**