



Addressing Burnout in the Healthcare Workforce: Building Resilience

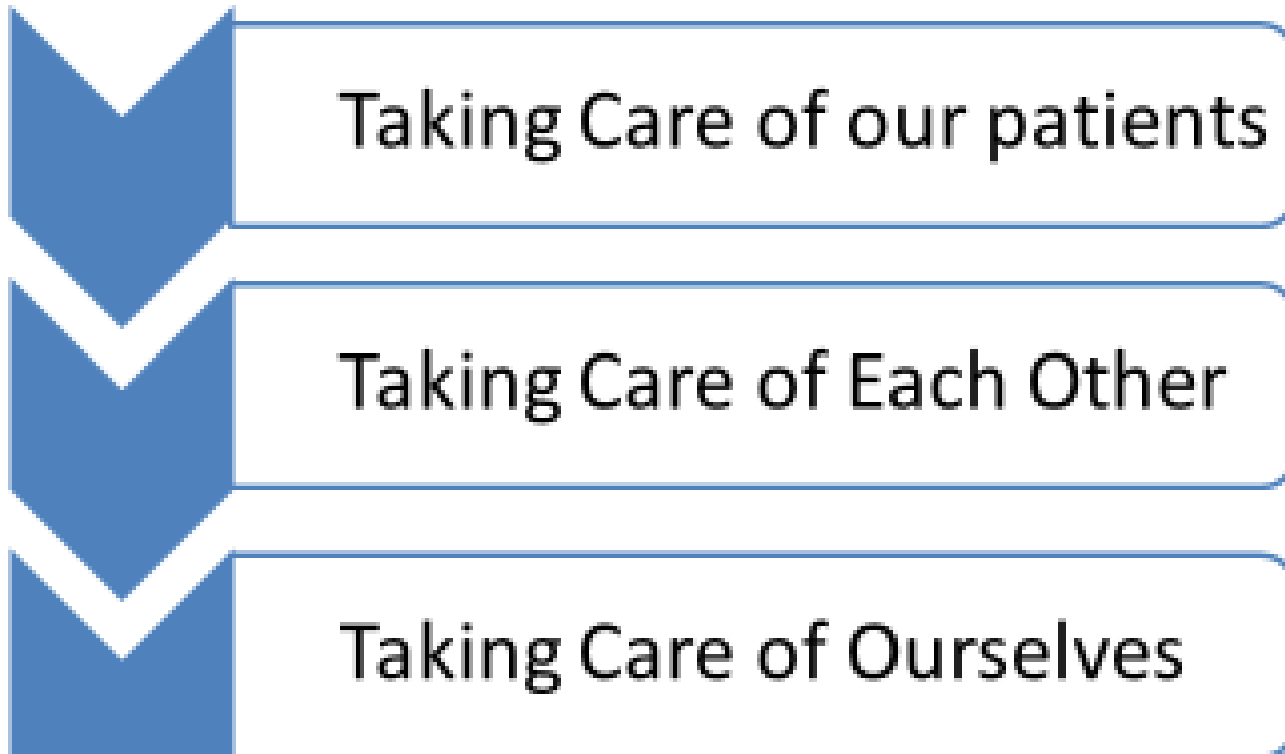
Gail Nielsen
April 27, 2015

Objectives

Participants will be able to:

- Describe why it is important to address burnout
- Share examples of research, programs, and techniques for building resilience
- Use a “Snorkel” with work teams to begin removing frustration and building joy in work

Redefining Quality



Taking Care of Ourselves

- Good/timely sleeping, eating and bodily functions
- Time for restoring self
- Focusing on the good; mitigating the bad
- Engaging with others in:
 - Celebrations of life and
 - Progress in our work together



Donald M. Berwick, MD “H4”
Mindfulness changes your brain

December 2013, Orlando, April 2014, Paris

Altruism, empathy, kind behavior,
and helpfulness can be learned
through our own awareness



Donald M. Berwick, MD “H4” *Mindfulness changes your brain*

December 2013, Orlando, April 2014, Paris

- Four Pillars of Human Flourishing*
 - Psychological resilience
 - Social support and cohesion
 - Exercise, movement, and sleep
 - Healthy exposure to substances in the diet and environment

*Wayne Jonas, Samuelli Institute



© Getty Images/Vetta

How do we
address burnout
and stress in
healthcare staff?

Slide by Annette Bartley

Burnout ≠ Lazy

Resilience = an individual's
ability to overcome adversity



BURNOUT

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

Physician Burnout

A Potential Threat to Successful Health Care Reform

Liselotte N. Dyrbye, MD, MHPE

Tait D. Shanafelt, MD

DISCUSSIONS OF BARRIERS TO SUCCESSFUL IMPLEMENTATION of the Patient Protection and Affordable Care Act have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.¹ Many aspects of patient care may be compromised by burnout. Physicians who have burnout are more likely to report making medical errors, score lower on instruments measuring patient care, and are more likely to retire early and have lower satisfaction with their work.

and have lower satisfaction with their work and patient care. Burnout is associated with higher rates of medical errors, lower patient satisfaction, and higher rates of physician turnover. Burnout is also associated with higher rates of physician absenteeism and lower rates of physician productivity. Burnout is a complex phenomenon that is influenced by a variety of factors, including workload, lack of control, and lack of support. Some aspects of health care reform are likely to exacerbate many of these stressors and thus may

such as those expenses associated with reporting quality-based measures, will be an additional ongoing practice expense. These and other new regulations and reporting requirements (eg, requiring reporting of patient outcome data and guideline adherence for payment) will also increase the administrative burden for physicians on each patient for whom they provide care. Indeed physicians in Massachusetts report seeing more patients,⁸ reducing the time they spend with each patient, dealing with greater administrative requirements, and experiencing a detrimental financial impact after implementation of the Massachusetts Health Insurance Reform Law.⁹ If physicians nationally have a similar experience with health care reform, it is likely to result in increased workload that will exacerbate the challenge physicians have balancing their personal and professional life. Thus, health care

reform that are likely to improve patient care and reduce physician workload and stress. The introduction of a

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RESEARCH

Table 4| Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage

Country	Reported ward to have poor or fair quality of care		Gave ward poor or failing safety grade		Regarded themselves to be burnt out		Dissatisfied with job		Intended to leave their job in the next year		Not confident that patients can manage own care after hospital discharge		Not confident that hospital management would resolve patients' problems	
Belgium	886/3167	28	199/3150	6	730/2938	25	680/3159	22	934/3164	30	1921/3153	61	2518/3134	80
England	540/2899	19	191/2895	7	1138/2699	42	1136/2904	39	1261/2896	44	981/2901	34	1856/2893	64
Finland	141/1099	13	76/1095	7	232/1047	22	300/1114	27	546/1111	49	441/1098	40	890/1094	81
Germany	526/1507	35	94/1506	6	431/1430	30	561/1505	37	539/1498	36	473/1505	31	879/1504	58
Greece	170/361	47	61/358	17	246/315	78	199/358	56	177/358	49	231/358	65	311/356	87
Ireland	152/1389	11	117/1385	8	536/1293	41	581/1383	42	612/1380	44	588/1385	42	872/1381	63
Netherlands	756/2185	35	123/2187	6	211/2061	10	240/2188	11	418/2197	19	889/2195	41	1781/2200	81
Norway	468/3732	13	199/3712	5	823/3501	24	773/3729	21	942/3712	25	2097/3710	57	2739/3698	74
Poland	683/2581	26	463/2579	18	929/2321	40	663/2584	26	1056/2387	44	1890/2571	74	2196/2571	85
Spain	897/2794	32	173/2784	6	787/2670	29	1053/2786	38	740/2774	27	1554/2779	56	2370/2767	86
Sweden	2750/10051	27	1117/10035	11	2788/9477	29	2251/10027	22	3418/10013	34	2833/9995	28	7308/9988	73
Switzerland	324/1604	20	71/1606	4	228/1563	15	338/1610	21	447/1623	28	564/1612	35	1216/1612	75
US	4196/26316	16	1628/26772	6	9122/27163	34	6692/26935	25	3767/27232	14	11449/25110	46	15240/26717	57

- Is burnout a reality in your life or work?
- Do you have a formal program underway?
- What interventions work
 - For you?
 - For your team?



the schwartz center

FOR COMPASSIONATE HEALTHCARE

Webinar Series

**Clinical Resilience: Preventing Burnout, Promoting Compassion, Improving
Quality of Care**

Tuesday, March 11, 2014

Mayo Clinic Resiliency Program



Well-being and Resiliency Resources Playbook

HIGHLY ADOPTABLE IMPROVEMENT

A model and tool to address workload-capacity balance and perceived value amongst quality improvement projects

Christopher Hayes, M.D.
2013-14 Harkness Fellow



Canadian Foundation for
**Healthcare
Improvement**



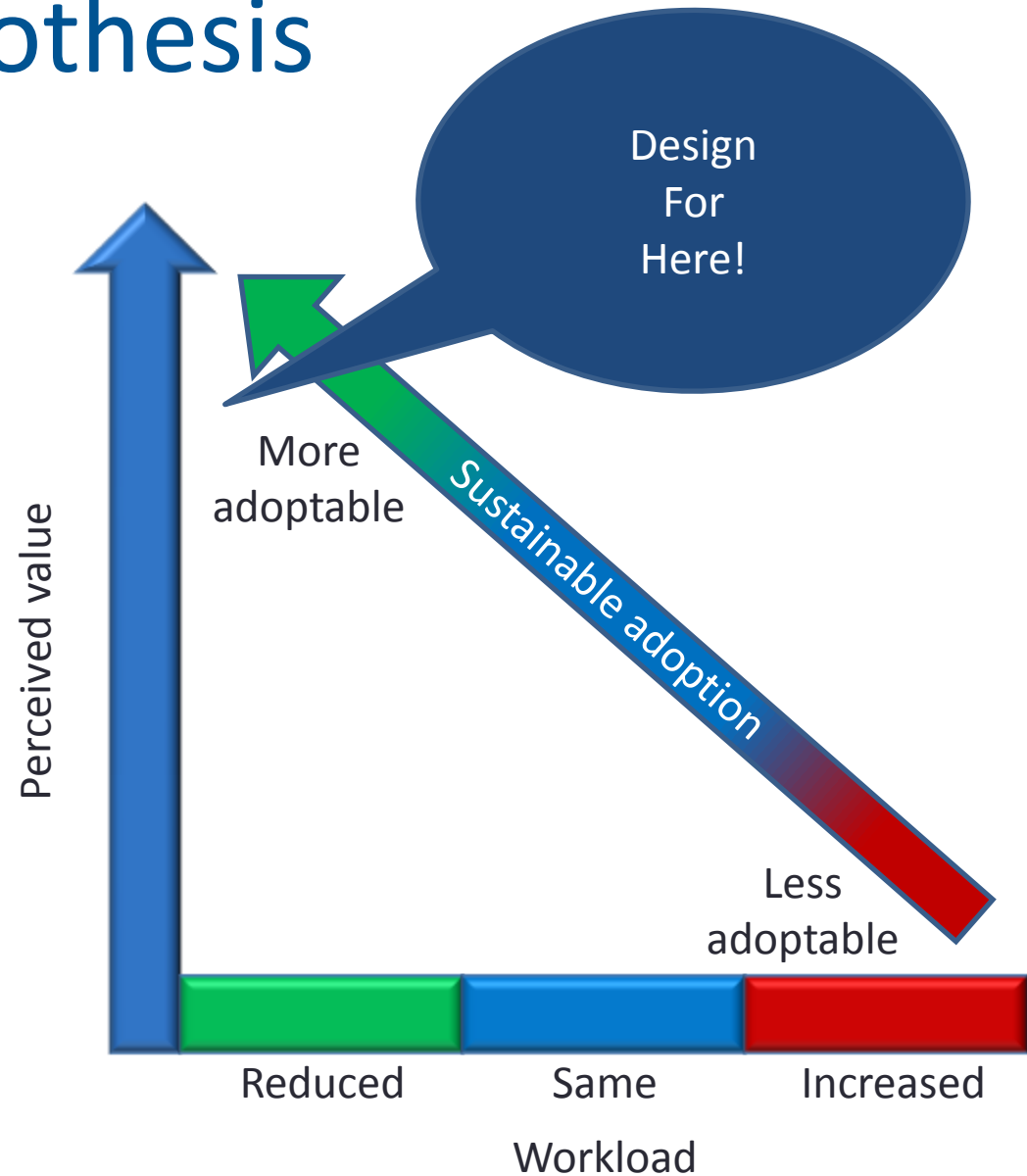
The
**COMMONWEALTH
FUND**



*Institute for
Healthcare
Improvement*

Workload Hypothesis

Change initiatives that do not add additional workload and have high perceived value are more likely to be adopted, cause less workplace burden and, achieve the intended outcomes



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www.highlyadoptableQI.com

Highly Adoptable Improvement

NASA Task Load Index

Hart and Staveland's NASA Task Load Index (TLX) method assesses work load on five 7-point scales. Increments of high, medium and low estimates for each point result in 21 gradations on the scales.

Name	Task	Date

Mental Demand How mentally demanding was the task?

Very Low Very High

Physical Demand How physically demanding was the task?

Very Low Very High

Temporal Demand How hurried or rushed was the pace of the task?

Very Low Very High

Performance How successful were you in accomplishing what you were asked to do?

Perfect Failure

Effort How hard did you have to work to accomplish your level of performance?

Very Low Very High

Frustration How insecure, discouraged, irritated, stressed, and annoyed were you?

Very Low Very High

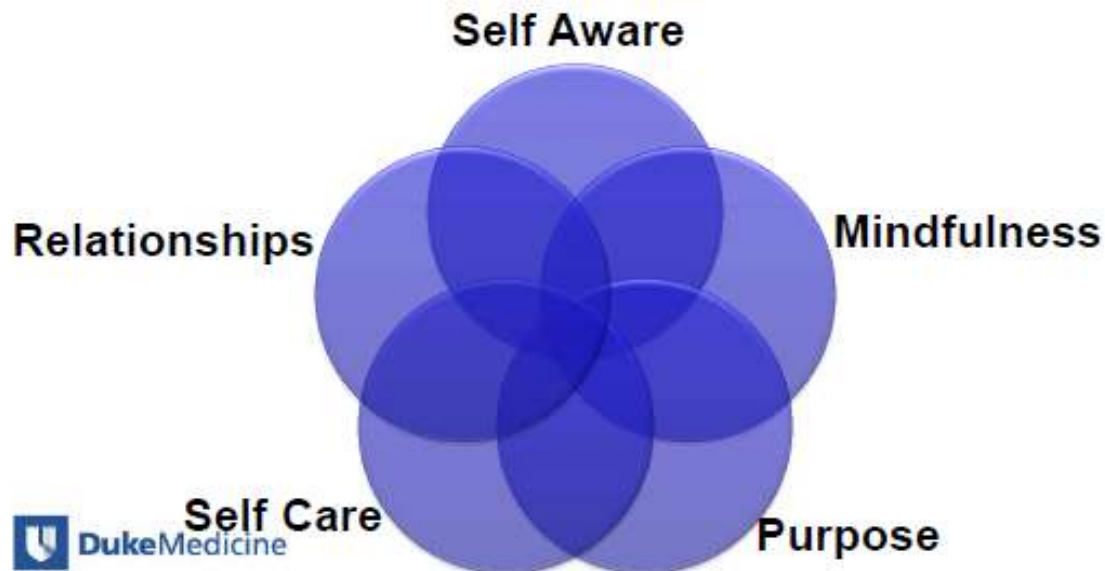
Timing the steps and processes involved in the intervention can give you an estimate of the additional workload. You can then reflect on the complexity of the intervention and ask:

- 1) Does it need all the proposed steps/processes?
- 2) Could steps/ processes be simplified?
- 3) Could necessary equipment and technology be provided to reduce the workload associated with the steps?
- 4) Could other staff, providers or patient/families be involved to distribute the workload? Using LEAN tools can help identify other workflow steps that may have associated waste (or non-value added time), or could be modified to better incorporate the new work

What evidence of workload issues, if any,
do you see in your workplace?

Duke University Patient Safety Center Resiliency Program

Resilience

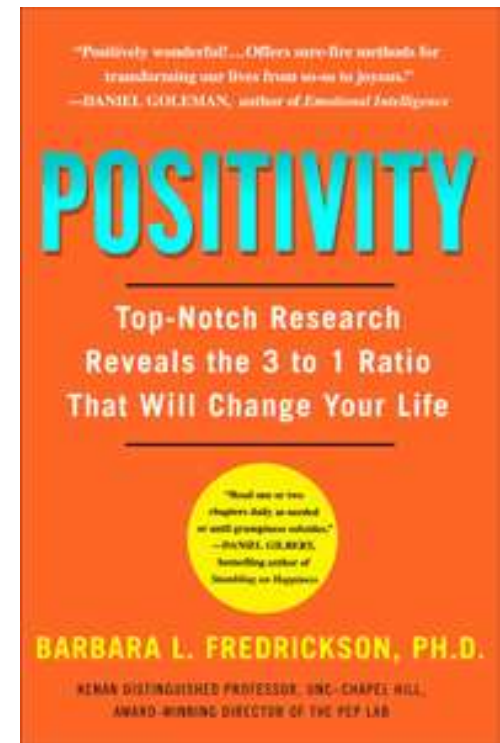


Reducing Impact of Negatives in our Experiences

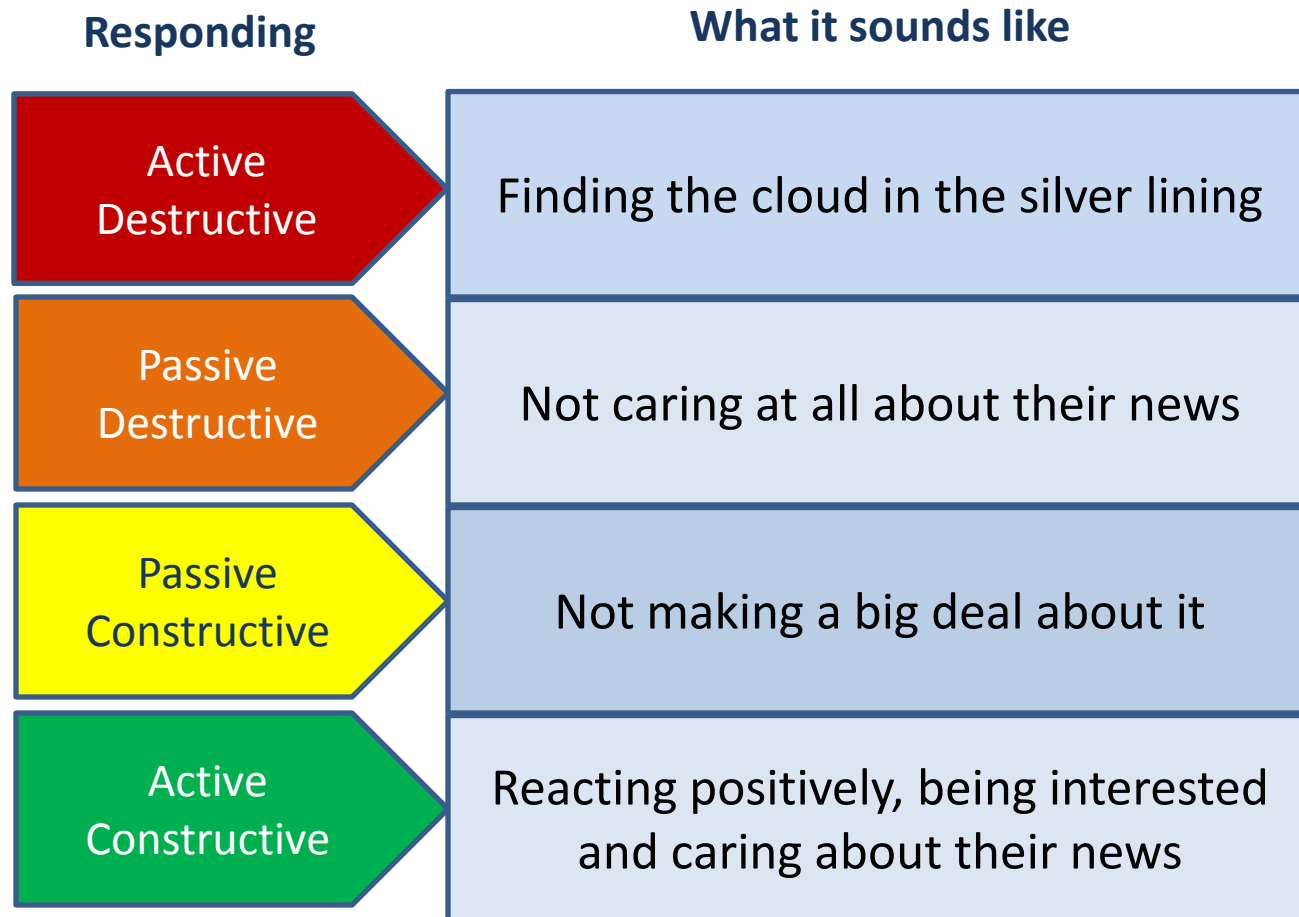
Cultivating Positive Emotion: the 3 to 1 Ratio

“Please share three things that are going well around here, and one thing that could be better.”
Make it about what you can do

“How can I help to remove barriers, so that the safety defects you are most concerned about can be better addressed?”



How do we respond to colleagues in the workplace?



Active Constructive Responding: Gable et al, 2004

https://www.psych.rochester.edu/people/reis_harry/assets/pdf/GableReisImpettAsher_2004.pdf

Active Constructive Responding

Eye Contact / Smile / Touch / Laughter

- Overdone praise and positive feedback can make people feel uncomfortable or patronized
- Use questions which encourage others to talk about their good news and savor positive emotions
- Not easy? Try to ask at least three questions
- Insincerity is toxic

Resource for examples: <http://www.pbs.org/thisemotionallife/blogs/happiness-exercise-how-make-people-love-you>

The ABCDE's of Good Listening

From the Comprehensive Airman Fitness Program

When someone shares good news:

Attend with genuine interest

Be responsive to what is said

Care about the other person

Don't interrupt

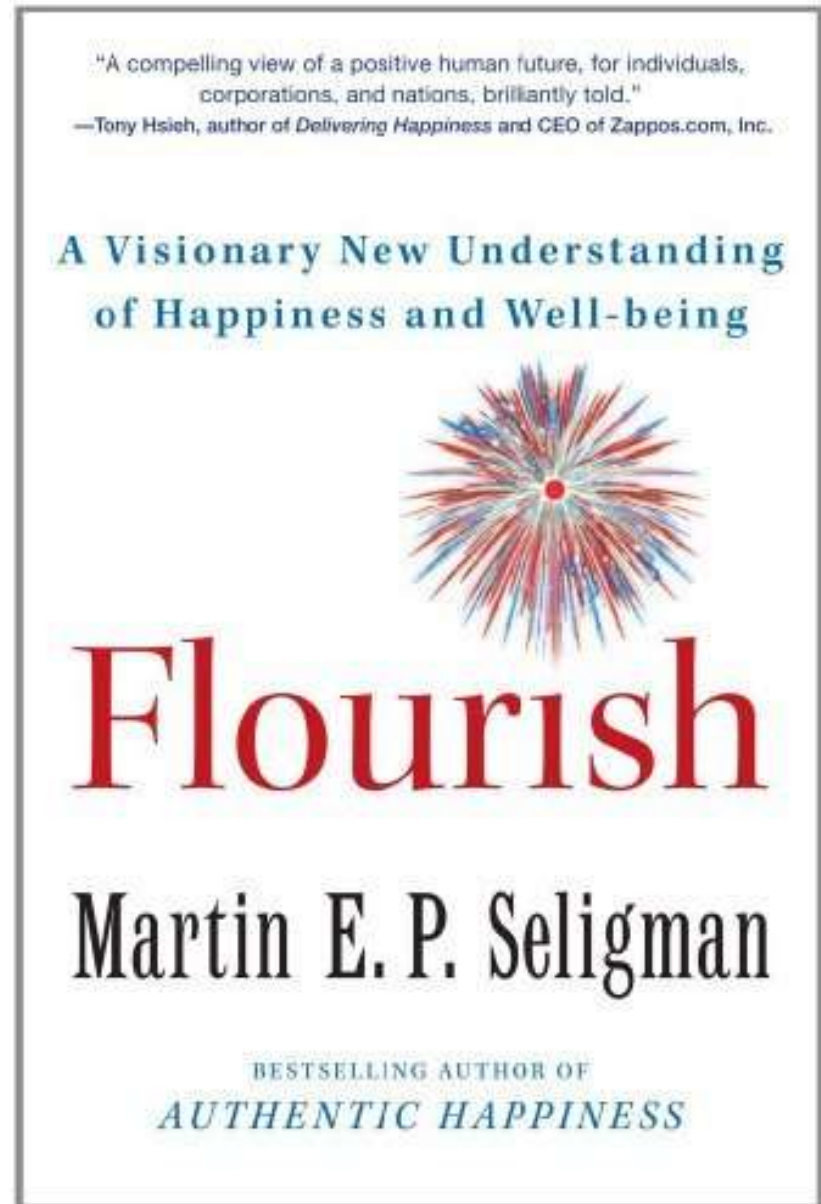
Encourage the person to say more

Source: Cacioppo, Reis, & Zautra, 2011

<http://www.sheppard.af.mil/shared/media/document/AFD-130327-063.pdf>



Three Good Things



Three Good Things



Intentionality: Teaching New Processes

OLD WAY

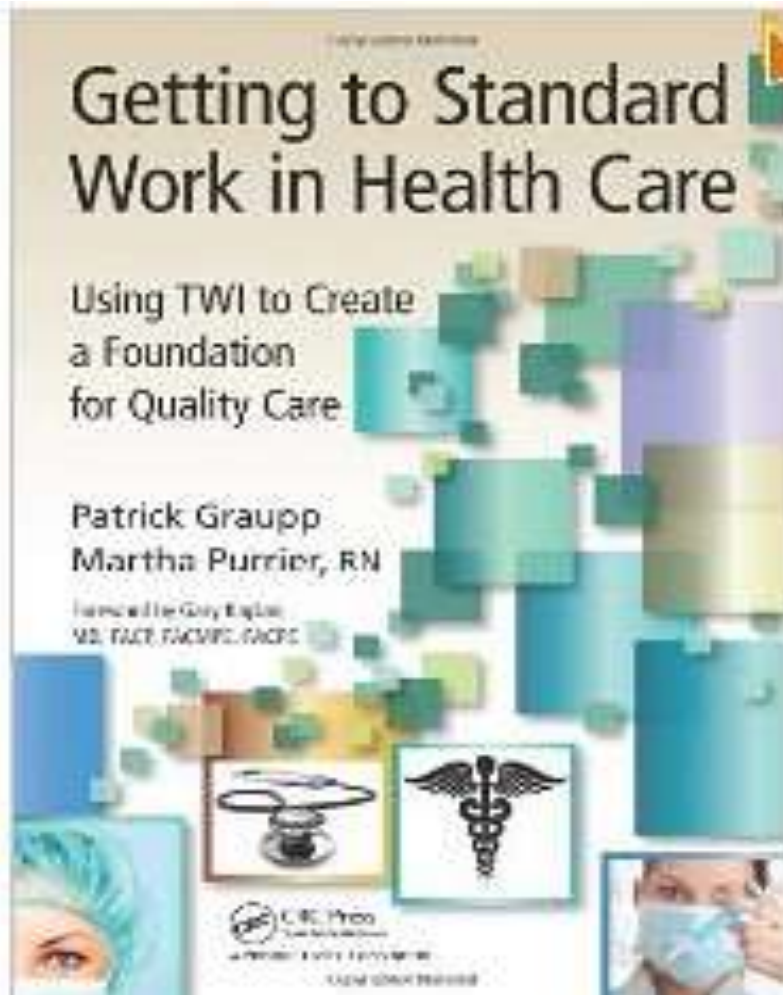
Teach & leave

- Static slides
- During busy staff meetings
- Teach in remote conference rooms

NEW WAY (TWI)

- Test to reliable process
- Specify the process
- Design education - with help aids
- Teach test group in workplace
- Stick around - can they do it?
- If needed, redesign education, process or both
- Teach the next group; can they do it as taught?

How do people learn their jobs?



1. Identify key jobs
2. Break down by teacher**
 - “Know what”
 - “Know how”
 - “Know why”
3. Teach one-on-one
4. “If the student hasn’t learned, the teacher hasn’t taught.”

** Supervisor

Help Mid-level Managers Coach

- Honor the current work through observation
- Understand that change is hard and uncomfortable
- Help people to know resistance to change is natural: it comes from fear of change
- Promote new skill development
- Build confidence to integrate the new habit into work patterns
- Manage relapses

adapted from www.teachbacktraining.org

The importance of happy staff

- Taking care of ourselves
- Taking care of each other
- Taking care of patients



Slide by Annette Bartley

Donald M. Berwick, MD “H4”



- Bring systems thinking to the pursuit of well-being
- Reestablish your faith in and use of connectedness and interpersonal relationships



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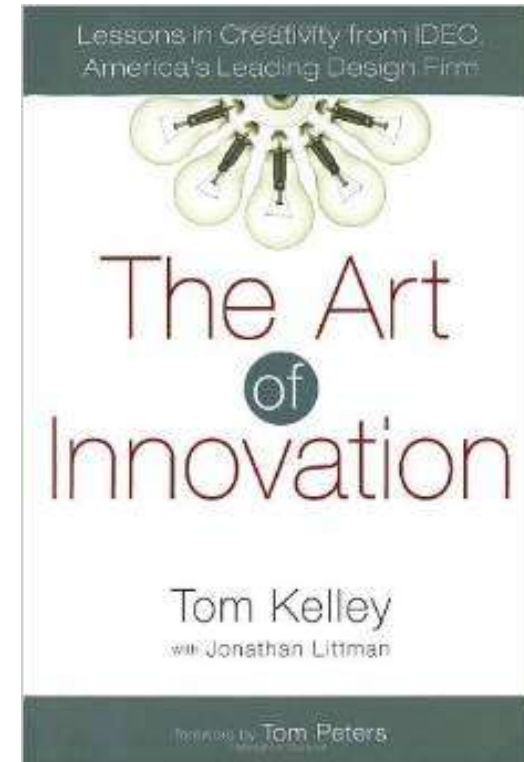
Engaging Front-line Staff in Innovation and Quality Improvement

*“Snorkeling” – A modified version
of the “Deep Dive”*

IDEO – “The Deep Dive”

*TM

- IDEO is one of America’s Leading Design Firms
- IDEO’s special ingredients:
 - Teams
 - Culture
 - Methodology



The Snorkel: Generating Ideas from Frontline Staff



- Harnesses creativity
- Liberates thinking
- Generates energy and enthusiasm
- Engages staff
- Helps move individuals past learned helplessness
- Focuses minds on the positive
- Supports action

Don't start this process unless you intend to follow through; without follow-through it is just another failed exercise that contributes to burnout.

Follow through requires Support to the work team to:

- Do small tests of change
- Remove barriers outside the team's control
- Celebrate progress
- Move on to address more of their ideas/challenge



Steps of the “Snorkel”

(Modified for 1 Hour)

Propose a Design Challenge: How might we....?

Tell stories: what do we know about current context?

Brainstorm ideas for testing change

Select top ideas at tables

Prioritize ideas for development

Design first series of tests

Our Design Challenge

How might we:
grow our resilience to enable
delivering the care we expect our
family and friends to receive?

Storytelling

- In lieu of doing actual observations, use storytelling to “observe” actual experiences
- Recall an actual story or experience which relates to the specific design challenge (personal, friend or family member or work-related experience)
 - ✓ *Who was involved?*
 - ✓ *What happened?*
 - ✓ *How did individuals feel and react?*
- Give an example

Brainstorming

Chose one or two “how might we scenarios....

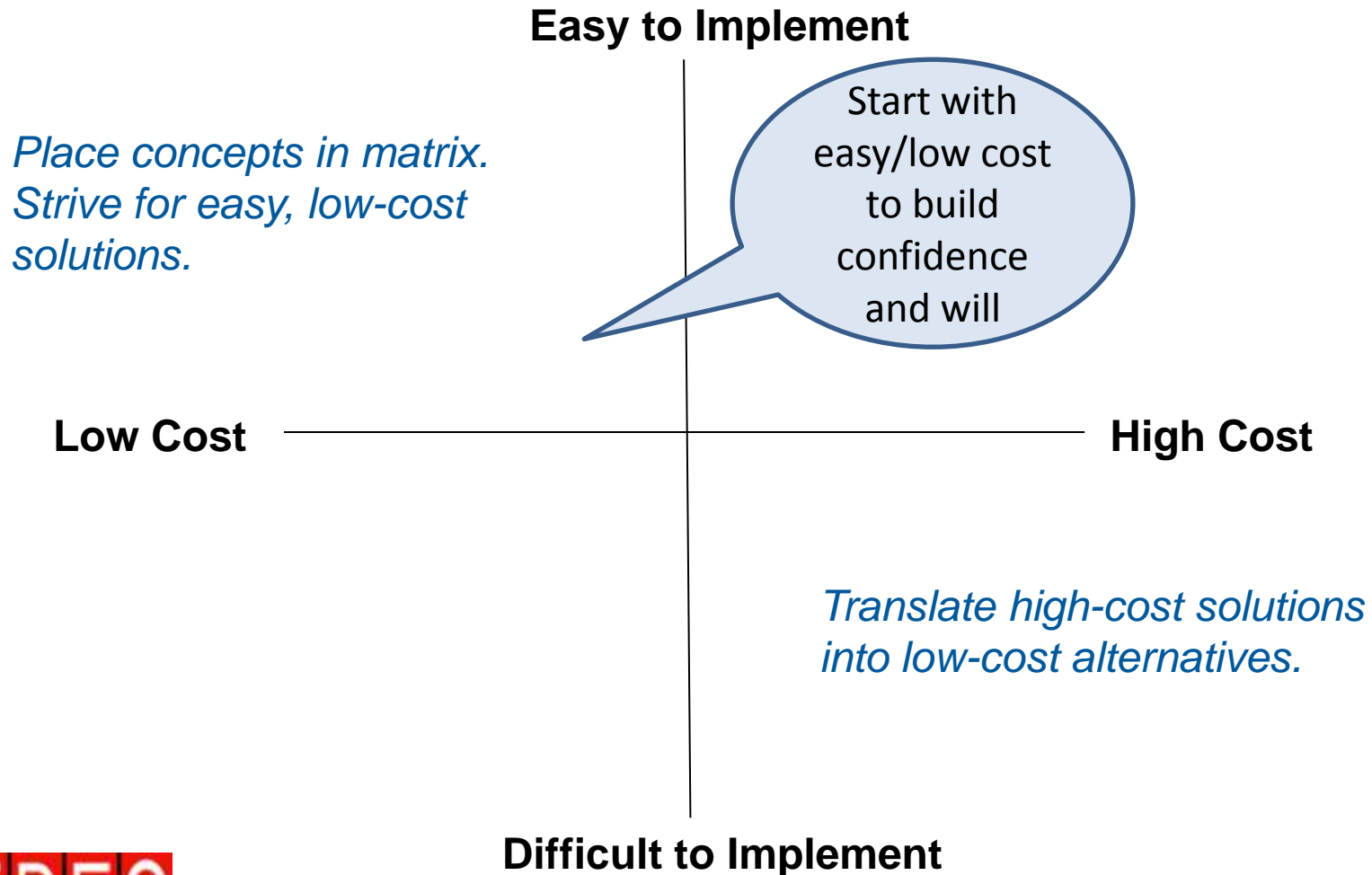
- Offer ideas - include wild ideas
- Go for quantity – want more than 100 ideas
- Defer judgment
- Be visual – draw pictures
- One conversation at a time
- Build on ideas of others
- Stay focused on topic (“how might we...” design challenge)

Multi-voting to Select Top Ideas

- Cluster together similar ideas from brainstorming exercise
- Use 8 – 10 dots for each person to vote:
 - ✓ What are your personal favorites?
 - ✓ What idea would you most like to try on your unit?
 - ✓ What idea do you think will have the biggest impact toward achieving the “how might we...”
- Participants can distribute their dots however they want -- all on one idea, each dot on a separate idea, or anything in between
- Report out on favorite ideas (where there are most dots)

Matrix of Change Ideas

Sorting out where to start



How to construct a plan and small tests of change (PDSA)

Plan: what you want to change?
what questions need answering?
who will do it? when? how? where?
how long?

what will the data show if this test works?
make a prediction!!!

How to construct a small test of change (PDSA)

Do: carry out the test as designed; after completing the test, record what actually happened

Study: what did you learn? what did the results show compared to your prediction? any surprises?

Act: what will you do now? adopt, adapt or abandon

PDSA Form

PDSA Worksheet

Team Name: _____

Cycle start date: _____ Cycle end date: _____

PLAN: Area to work on:

Describe the change you are testing and state the question you want this test to answer (If I do x will y happen?)

What do you predict the result will be?

What measure will you use to learn if this test is successful or has promise?

Plan for change or test: who, what, when, where

Data collection plan: who, what, when, where

DO: Report what happened when you carried out the test. Describe observations, findings, problems encountered, special circumstances.

STUDY: Compare your results to your predictions. What did you learn? Any surprises?

ACT: What will you do next? Adopt, adapt, or abandon the change?

Creating Action Plans

Aligning Forces for Quality: Transforming Care at the Bedside Workshop
 March 2-6, 2009
 Downtown Philadelphia Marriott, Philadelphia

ACTION PLANNING FORM

Hospital: _____ Pilot Unit(s): _____

Aim: _____

Six Month Goal: _____ (recommend improving performance by 50% every six months)

Changes to Test and Implement to Reach Your Aim:

1. _____
2. _____
3. _____
4. _____
5. _____

Measure(s) to Monitor Progress

1. _____
2. _____
3. _____
4. _____
5. _____

Change #	Plan for Testing Each of the Changes Listed Above Describe what you will need to do to: • get ready to test this change on your unit • how you will carry out the test (include prediction)	Person Accountable	Who Needs to be Involved?	March				April				May				June				July			
				9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	6	13	20
1																							
2																							
3																							
4																							
5																							

Resilience Online slides and videos:

Quick Links

- Physician Lifestyle Report 2015:
<http://www.medscape.com/features/slideshow/lifestyle/2015/public/overview#13>
- Schwartz Center Webinar Series on Clinical Resilience: Preventing Burnout, Promoting Compassion, Improving Quality of Care
<https://www.youtube.com/watch?v=5uuvzn7D1tM>
- Schwartz Center: <http://www.theschwartzcenter.org/past-webinars/clinician-resilience-preventing-burnout-promoting-compassion-improving-quality/>
- The Dangers of Quality Improvement Overload: Insights from the Field. Health Affairs Blog March 7th, 2014. by Joanna Veazey Brooks, Ksenia Gorbenko, Catherine van de Ruit, and Charles Bosk.
<http://healthaffairs.org/blog/2014/03/07/the-dangers-of-quality-improvement-overload-insights-from-the-field/>

J Bryon Sexton, PhD Resilience Lectures Online

- Three Good Things

https://www.youtube.com/watch?v=hZ4aT_RVHCs

- Science of Safety: Safety as a System (at Texas Children's, 2012)

<https://www.youtube.com/watch?v=PsRaEsju6KA>

- Slides: Healthcare Worker Resilience: The Intersection of Quality, Stress and Fatigue

http://www.hqinstitute.org/sites/main/files/file-attachments/beacon_fall_exchange_-_nov_13_2012_no_annotations_1_1.pdf

Online References for Chris Hayes: Highly Adoptable Healthcare

- Chris Hayes' website at www.Highlyadoptable.webstarts.com
- Chris Hayes featured in an article “Doing things better without adding hours to the day” on www.HealthCanal.com (HealthCanal - Health News)
- <http://www.healthcanal.com/life-style-fitness/57433-doing-things-better-without-adding-hours-to-the-day.html>
- WIHI with Chris Hayes on burnout and its impact on sustainability:
<http://www.ihl.org/resources/Pages/AudioandVideo/WIHIMakingQIMoreSustainable.aspx>

Resilience: Recommended Reading

- Flourish by Martin Seligman 2011
- Positivity: Top-Notch research reveals the 3 to 1 Ratio That Will Change Your Life by Barbara Fredrickson, PhD
[Cultivating Positive Emotion: Ratio of positive to negative]
 - Top 5 Amygdala Triggers in the workplace: Condescension and lack of respect, Being held to unrealistic deadlines, Being treated unfairly, Being unappreciated, Feeling unheard
- Importance of Sleep:
 - Walker, MP and van der Helm, E. Overnight therapy? The role of sleep in emotional brain processing. Psychol Bull. 2009 Sep;135(5):731-48.
<http://www.ncbi.nlm.nih.gov/pubmed/19702380>
 - Walker, MP. The Cognitive Consequences of Sleep and Sleep Loss. Sleep Medicine 9 Suppl. 1 (2008) S29-S34
<http://walkerlab.berkeley.edu/index.html>

Resilience Articles/Research: Medicine

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- Dyrbye LN, West CP, Satele D, Sloan JA, Shanafelt TD. Work/Home Conflict and Burnout Among Academic Internal Medicine Physicians. Arch Intern Med. 2011 Jul 11;171(13):1207-9
- Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. Acad Med. 2013; 88(3):301-303.
- Friedberg MW, Chen PG, Van Busum KR, et al. Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems and Health Policy. Santa Monica, CA: RAND Corporation; 2013.
- Nedrow A, Steckler NA, Hardman J. Physician resilience and burnout: can you make the switch? Fam Pract Manag. 2013; 20(1):25-30.
- Shanafelt TD, Boone S, Tan L et al. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. Archives of Internal Medicine August 2012
- Shanafelt TD, Gorringer G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. Mayo Clin Proc. 2015;90(4):432-440.
- Medscape the 2015 Physician Lifestyle Report: across all types of physicians surveyed, 46 percent described themselves as burned out, compared to 39.8 percent of doctors surveyed in 2013 for the 2014 report.
<http://www.medscape.com/features/slideshow/lifestyle/2015/public/overview#13>

Resilience Articles/Research: Nursing

- Aiken LH et. Al. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. BMJ 2012;344:e 1717. 20 March 2012.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3308724/>
- Aiken LH et.al. Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Satisfaction. JAMA Vol 288, NO. 16, October 23/30, 2002
- Cimiotti, JP, Aiken LH, Sloane DM, Wu ES. Nurse staffing, burnout, and health care-associated infection. American Journal of Infection Control 40 (2012) 486-90
- Mealer M et al. The Prevalence and Impact of Post-traumatic stress disorder and burnout syndrome in nurses. Depress Anxiety. 2009;26(12): 1118-26.
- Vahey DC, Aiken LH et al. Nurse Burnout and Patient Satisfaction. Med Care 2004 February; 42 (2suppl): 1157-1166.
- Witkoski Stimpfel A, Sloane M, Aiken LH. The Longer The Shifts For Hospital Nurses, The Higher The Levels OF Burnout And Patient Dissatisfaction. Health Affairs 31, No. 11 (2012): 2501-2509.