



Organizational Approaches to Cultivate Healthcare Professional Well-being

Tait Shanafelt, MD

Chief Wellness Officer, Stanford Medicine
Jeanie and Stewart Ritchie Professor of Medicine
Associate Dean, Stanford School of Medicine

1

Disclosure

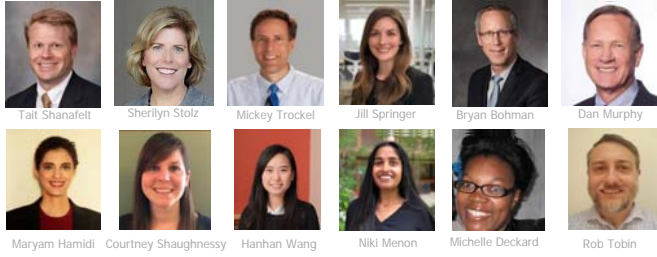
- Dr Shanafelt is co-inventor of the Well-being Index Instruments and the Participatory Management Leadership Index.
- Mayo Clinic holds the copyright for these instruments and has licensed them for use outside of Mayo Clinic. Dr. Shanafelt receives a portion of any royalties paid to Mayo Clinic.



2

WellIMD Team

WellIMD Team



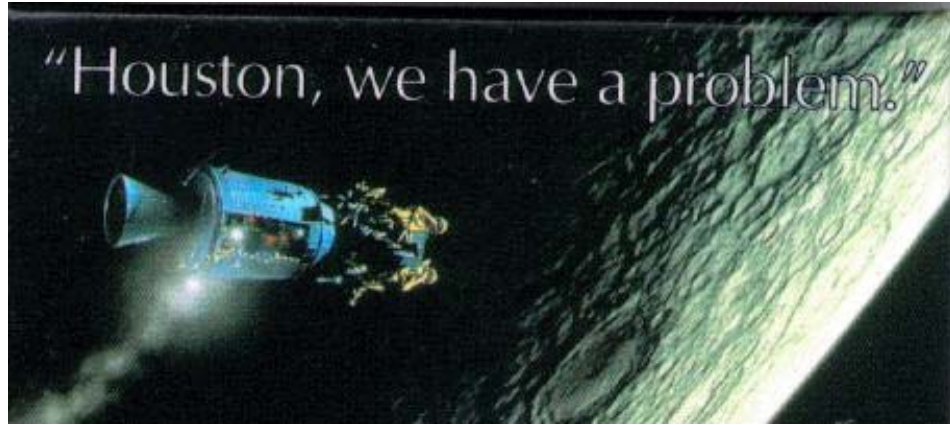
WellIMD Collaborators



3



4



5

Dissatisfaction with Medical Practice

Confronting Depression and Suicide

ii One in four Canadian physicians report burnout ⁿ

A consensus statement

Burnout in internal medicine physicians:

Differences between residents and specialists

Burnout among American surgeons

Changes in Career Satisfaction Among Primary Care and Specialist Physicians

1997-2001

THE LANCET

Mental health of hospital consultants: the effects of stress and satisfaction at work



6

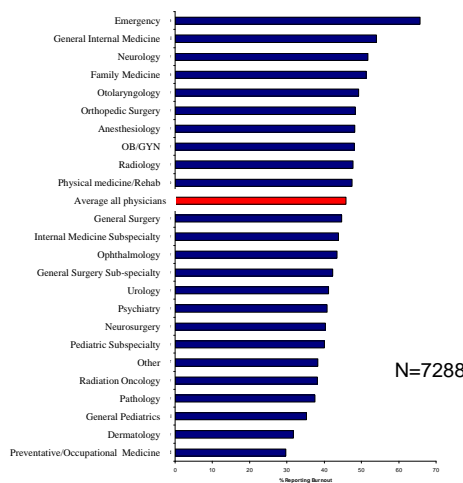
What is Burnout?

Burnout is a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work.



7

Burnout U.S Physicians by Specialty 2011



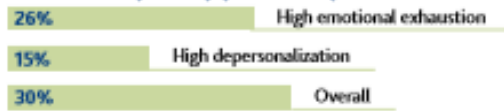
Shanafelt, Archives Internal Med 2012



8

CMA National Physician Survey 2017

BURNOUT (HIGH) (N = 2744):



SUICIDAL IDEATION (N = 2735):



TOP REPORTED BARRIERS TO SEEKING HELP:

- 1 Believing situation is not severe enough
- 2 Ashamed to seek help
- 3 Not aware of the range of services available

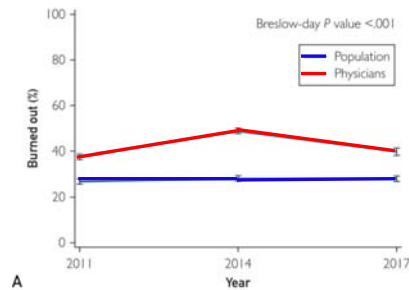
<https://www.cma.ca/sites/default/files/pdf/Media-Releases/nph-survey-e.pdf>



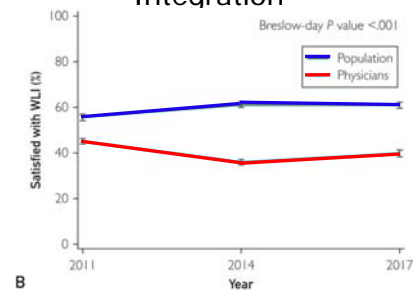
9

Physicians & Population

Burnout



Satisfaction Work-life Integration

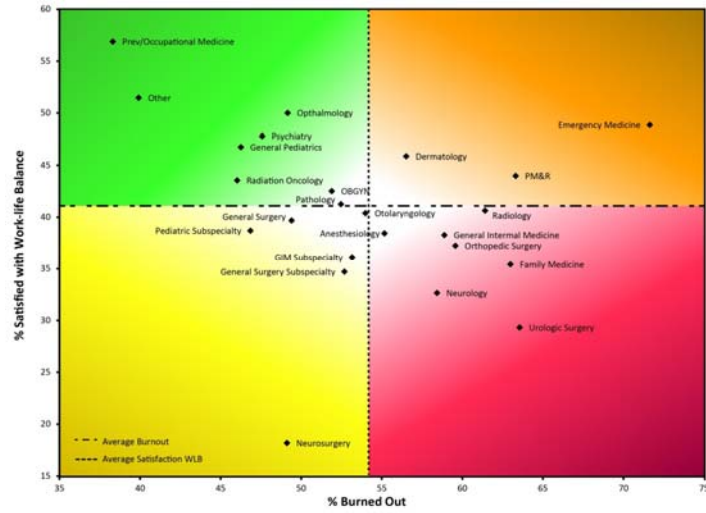


Shanafelt, Mayo Clinic Proceedings 94:1681



10

Burnout and Work-Life Integration



Shanafelt, MCP 90:1600

11



12

Acute on Chronic Stress



Shanafelt 2020



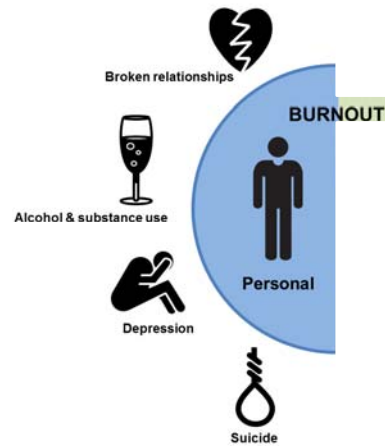
13

Why Should We Care?



14

Professional & Personal Consequences



Shanafelt, Mayo Clinic Proceedings 92:129

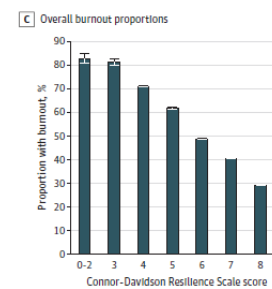
Stanford MEDICINE | WellMD
WellPhD

15

A Resilience Deficit is Not Our Problem



- Compared resilience scores large sample US physicians (n=4705) and US workers in other fields (n=5198)
- Physicians had higher personal resilience than workers in other fields ($p < 0.001$)
- Each 1 point increase resilience score (0-8) associated 36% decrease odds of burnout (OR=0.64; 95%CI: 0.60-0.67)
- 29% of physicians with highest possible resilience score were burned out



West JAMA Open July 2020; 3:e209385

Stanford MEDICINE | WellMD
WellPhD

16

Traditional Sources Distress in Physicians

- ↑ clinical demands
- Decreased control over work
- Decreased time with patients
- ↑ regulatory issues
- Difficulty integrating personal & professional lives
- Moral distress
- Unprofessional behavior other care team members
- Inefficiency and intrusion of EHR
- Isolation



Shanafelt 2020



17



Shanafelt Academic Medicine 94:156



18

How Do We Address This Issue?

Individual



20%

Organization



80%

What Can Organizations Do?



Stanford WellMD Model of Professional Fulfillment

Leadership
 Values Alignment
 Voice/input
 Meaning in work
 Community/collegiality
 Peer Support
 Appreciation
 Flexibility
 Culture compassion



EHR usability
 Triage
 Scheduling
 Patient portal
 Documentation method
 Team-based care
 OR turnaround times
 Staffing

Self-care (sleep, exercise, nutrition)
 Self-compassion
 Meaning in work
 Work-life integration
 Social support
 Cognitive/emotional flexibility

Bohman, NEJM Catalyst 2016



21

Driver Dimensions



Shanafelt, Mayo Clinic Proceedings 91:422



22

Solutions: Where to Focus



Shanafelt, Mayo Clinic Proceedings 91:422

23

Organization: Longer Term Efforts

*Goals don't determine success. Systems determine success.
You don't rise to the level of your goals, you fall to the level
of your systems.*

*- James Clear
Atomic Habits*

24

How Do We Make Progress?



25

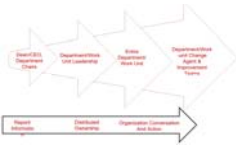


Organization: Longer Term Efforts

- Establish healthcare professional well-being as an organizational priority
 - Mindset of distributed ownership (analogous to quality)
- Establish leader to advance professional fulfillment
- Develop system-level strategy
 - Focus is to improve the practice environment, not to make individuals better able to tolerate a broken system
- Create infrastructure and improvement teams
- Develop tactics to advance strategy
- Execute
- Metrics




26

WellMD Blueprint for Organizational Strategy

<h3 style="text-align: center;">Foundational Programs</h3> <ul style="list-style-type: none"> Annually measure professional fulfillment Provide metrics and guidance Comprehensive peer-support Emotional support safety net System-level process to address mistreatment Foster culture of respect and professionalism Menu of personal resilience and self-care offerings Approaches to foster community and connectedness 	<h3 style="text-align: center;">Culture Change</h3> 
<h3 style="text-align: center;">Rapid Iterative Improvement</h3> 	<h3 style="text-align: center;">Sustainability</h3> <ul style="list-style-type: none"> Seek strategic alignment Build communication infrastructure Maximize unit partners and leadership Prioritize foundational programs to be developed Determine your role in each initiative Determine what you will do and not do Ruthlessly prioritize Consider scalability and sustainability when designing interventions Defend against scope creep Regularly assess your progress

Shanafelt New England Journal of Medicine Catalyst, October 2020



27

Specific Tacitcs

-  **Acknowledge & Assess the Problem**
-  **Harness the Power of Leadership**
-  **Targeted Interventions to Improve Efficiency**
-  **Cultivate Community at Work**
-  **Rewards and Incentives**
-  **Value Alignment and Culture**
-  **Promote Flexibility & Work-life Integration**
-  **Resources to Promote Resilience and Self-care**
-  **Organizational Science**



28



Harness the Power of Leadership

29

Power of Leadership



- Behaviors supervisor large impact burnout & satisfaction individual physicians
 - Each 1 point \uparrow leader score \sim 4% \downarrow burnout ($p < 0.001$)
 - Each 1 point \uparrow leader score \sim 9% \uparrow satisfaction ($p < 0.001$)
- Leadership qualities supervisor impacts burnout & satisfaction work-unit level
 - 11% variation burnout between units correlated leader score
 - 47% variation satisfaction between units correlated leader score
- Better training and support for leaders needed

30

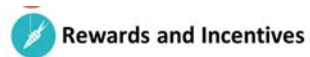
What Were Key Leadership Behaviors?

- Four key behaviors:
 - Keep informed
 - Humble inquire: asks suggestions how improve work unit
 - Facilitates career development
 - Recognizes job well done
- How demonstrate?¹⁻³
 - Annual review
 - Leadership Walkrounds
 - Structure, format, content of department meetings

¹Frankel Health Serv Res 43:2050; ² Thomas BMC Health Serv Res 5:28
³Shanafelt Am J Med Qual 32:563



31



32

Extrinsic Verses Intrinsic Motivation

- Job vs. Career vs. Calling...

Intrinsic Motivators	Extrinsic Motivators
Meaning	Money
Purpose	Benefits
Making a difference	Title
Opportunities for growth	Awards
Opportunities for professional development	Fame



- High Risk of Unintended Consequences
- Cognitive dissonance
 - Moral distress
 - View that leader out of touch with what matters to group



33

Extrinsic Motivators



- How you are compensated influences risk of burnout
- U.S. Oncologists (n=1015)

	Burnout	p
Salary only	41%	P=0.01
Salary plus productivity bonus	47%	
Pure productivity based pay	54%	

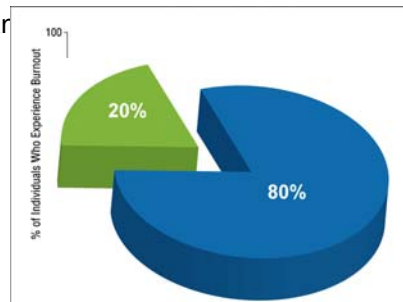
- U.S. surgeons (n=7905) productivity-based pay ↑ BO 37% multi-variate analysis

Shanafelt, JCO 32:678; Shanafelt, Ann Surg 250:468
 WellMD WellPhD

34

Meaning: Career "Fit"

- 465 Internal medicine physicians Mayo Clinic
- Most personally meaningful aspect of work
- Spending <20% effort in most meaningful activity strongly associated with burnout
 - (53.8% vs. 29.9%; $p < 0.001$)
- Persist MV ar... (5; $p = 0.001$)



Shanafelt, Archives IM 169:990

35



Acknowledge & Assess the Problem



Targeted Interventions to Improve Efficiency

36

Voice: Collaborative Action Planning



- Assessment to identify high opportunity work-units
- Use drivers as framework for discussion
- Listen
 - Which driver dimension currently > issue our unit?
 - What, under our control, could we change to improve?
- Identify, develop, operationalize 1 change
- Assess
 - Did it work?
- Repeat
 - Tangible and incremental improvements

Swensen, Journal Health Care Management 61:105



37

Voice: Collaborative Action Planning



- When you've seen one unit you've seen one unit
 - "The system can ask the question but the answer is local."
- It works
 - All units decrease burnout (median absolute decrease 11%)
 - 70% units improve satisfaction (median absolute improve 8%)
- Breeds engagement
 - Professionals and leaders working together constructively
 - Change is possible
 - Health care professional as partner rather than victim
 - Empowered
 - "It was our idea"

Swensen, Journal Health Care Management 61:105



38


Cultivate Community at Work

39

Fostering Community and Support From Colleagues

- Randomized controlled trial in physicians

- Arm A (Group): n=37

- meet 60 minutes every other wk for 9 months
 - Facilitated curriculum small group colleagues
 - Cognitive knowledge, shared experience, solutions



- Arm B (Admin Time): n=37

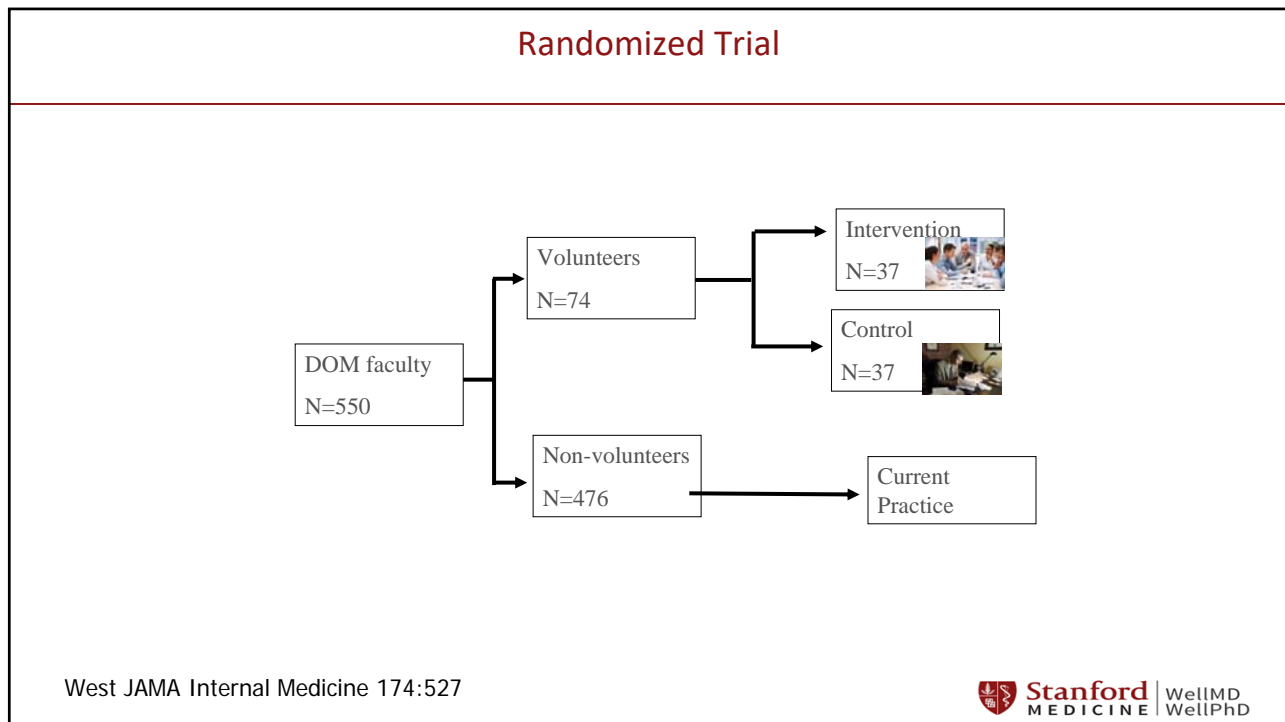
- Receive 60 minutes every other wk for 9 months
 - professional/administrative tasks (~1% FTE)



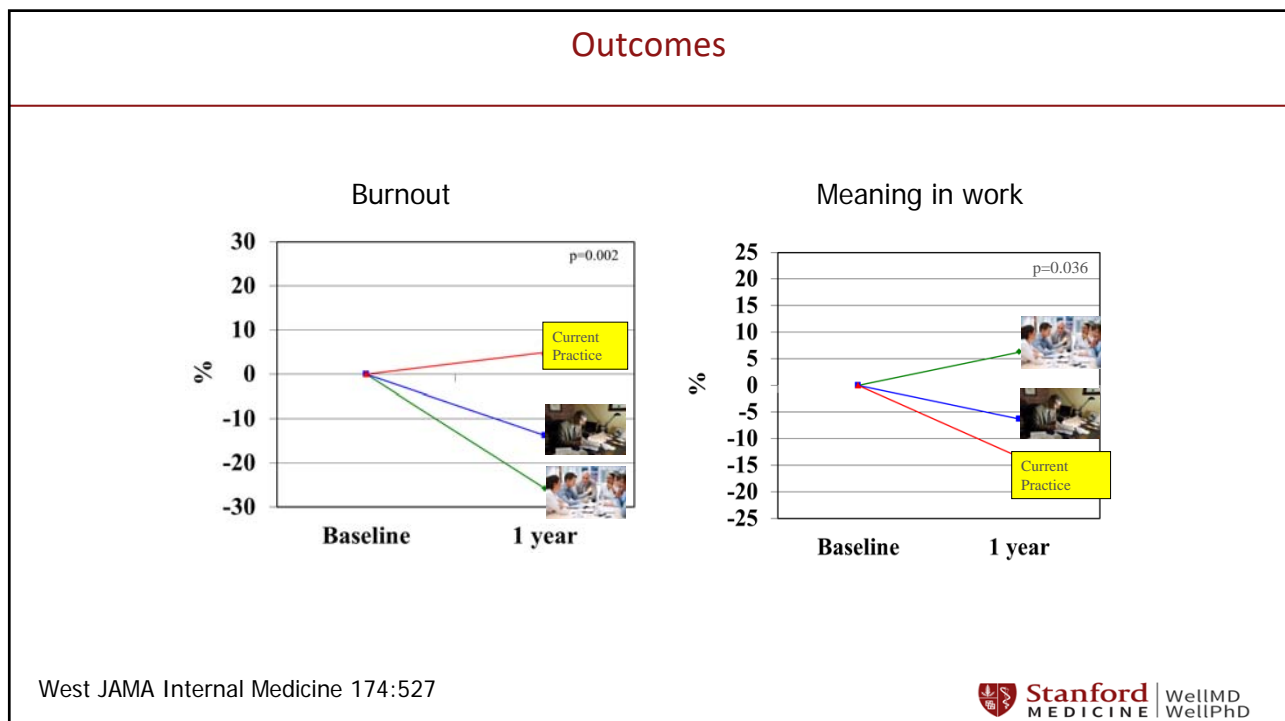
- Non-trial: n=476

- Measure meaning in work, satisfaction, well-being

40



41



42

Iteration 2



- Sign up group 6-7 colleagues
- Dinner together every 2 weeks
- Sent 5 questions
 - Choose 1 to discuss for 15 minutes
 - Avoid devolving to gripe session
 - Engage topic related physicianhood not discussed day to day
- Enjoy each other's company
- Similar benefits burnout and meaning
 - Now standard benefit

West JGIM 3:S89 (2015)



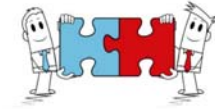
43

Do Interventions Work?

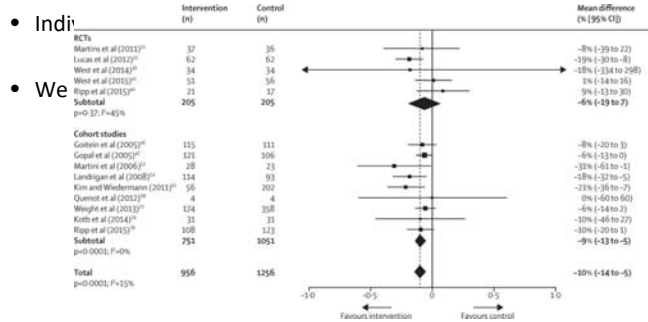


44

Systematic Review: Interventions to reduce burnout



- Systematic review identified 37 studies
 - 37 cohort
 - 15 randomized controlled trials
- Interventions work



West, Lancet 388:2272; Panagioti, JAMA Internal Medicine 177:195

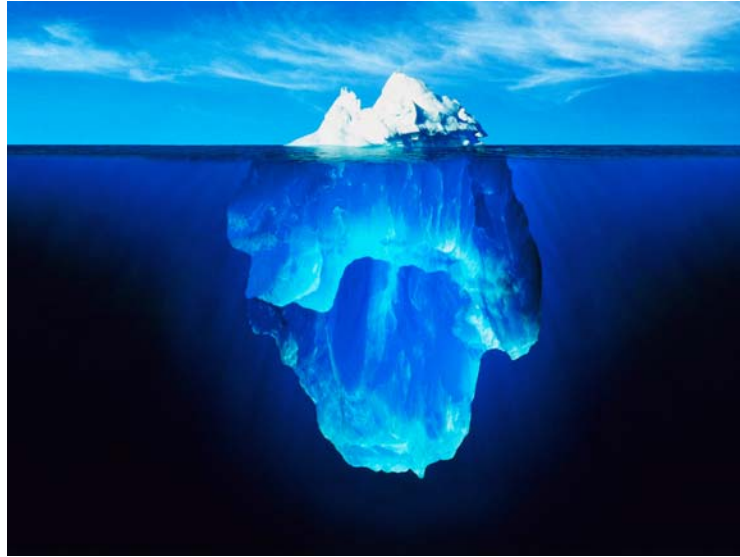


45

Why is driving change so hard?



46

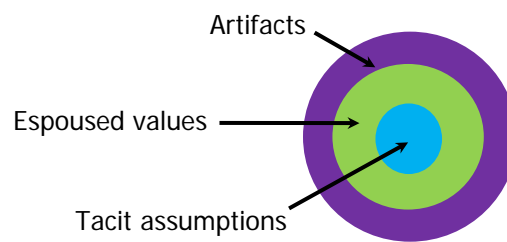


47

Organizational Culture



- Collection of tacit assumptions
 - Learned to solve problem external adaptation
- 3 Levels



48

Espoused Values and Artifacts Often Contradict Each Other

We say...

Physicians are professionals (we trust them)

Physicians most important resource

Self-care is important

High quality care our top priority

Prevention better than treatment

Behavior...

Pre-authorization, excessive documentation

Excessive clerical burden, ineffective use time

Excessive hours, work always first

System drives fatigue & burnout that erode quality of care; focus on finances/volume

We don't attend to our own health needs

Reveals actual tacit assumptions
differ from our espoused values

Shanafelt, Mayo Clinic Proceedings 94:1556



49

Why is Culture So Hard to Change?

- Cultures are stable, deep and broad
 - Residue of how the organization has survived
- Provides meaning, predictability, and security
- Change requires unlearning something before can learn something new
- Your culture is a source of strength
 - The things you need to change are only part of the culture
 - The rest of the culture will help you make those changes

Schein 2009 Corporate Culture Survival Guide; Schein 2017 Organizational Culture and Leadership; Cameron and Quinn 2015 Diagnosing and Changing Organization Culture



50

Principles: Survival Anxiety

- Need a stimulus that upsets equilibrium
 - Something bad will happen if we don't change
 - Physician suicide
 - Quality/errors
 - Turnover
 - Productivity
 - Decrease patient satisfaction
 - We wont achieve our goals
- Survival anxiety

51

Principles: Learning Anxiety

- Survival anxiety that change is needed instantaneously creates learning anxiety
 - Learning Anxiety
 - Can we change?
 - How do we know what to do?
- Change is a threat to those doing well in current system
 - Leaders
 - What will I give-up/lose?
 - It will be too hard (will it work?)
 - Fear loss power/prestige
 - Fear temporary incompetence
- Leads to predictable responses
 - Fear
 - Denial (minimizing problem)
 - Ignoring evidence
 - Scapegoating
 - Others go first



52

Manifestations of Learning Anxiety

Example...

Comment...

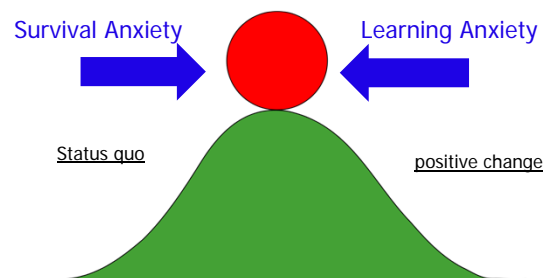
Defending tradition	"This is how we've always done it"
Using anecdotes	"It worked for me"
Blame individuals	"You chose this profession..."
Suggest change to costly	"We don't have the resources"
Justify by articulating larger unrelated problem	"There are children starving in Africa"
Implying virtue & vice inseparable	"If we acknowledge human limits can't uphold high standards"

Shanafelt, Mayo Clinic Proceedings 94:1556



53

Balance of Forces



Shanafelt, Mayo Clinic Proceedings 94:1556



54

Shifting the Balance

- Need a Compelling positive vision
 - Ideal future state
- Parallel learning structures
 - learn a new way
- Get enough people to buy in to the new way

Shanafelt, Mayo Clinic Proceedings 94:1556



55

Your Organization

- Educate
 - Help leaders recognize and understand the problem
- Link well-being to the goals and priorities of your organization
 - What survival anxiety resonates?
- Get local data
 - Counter denial; provides context/benchmarking
 - Identify hotspots
- Decrease learning anxiety
 - Demonstrate change is possible
 - Pilot studies and parallel learning structures
 - We can do it – concrete steps/tactics

Shanafelt, Mayo Clinic Proceedings 94:1556



56

Can we overcome these challenges?

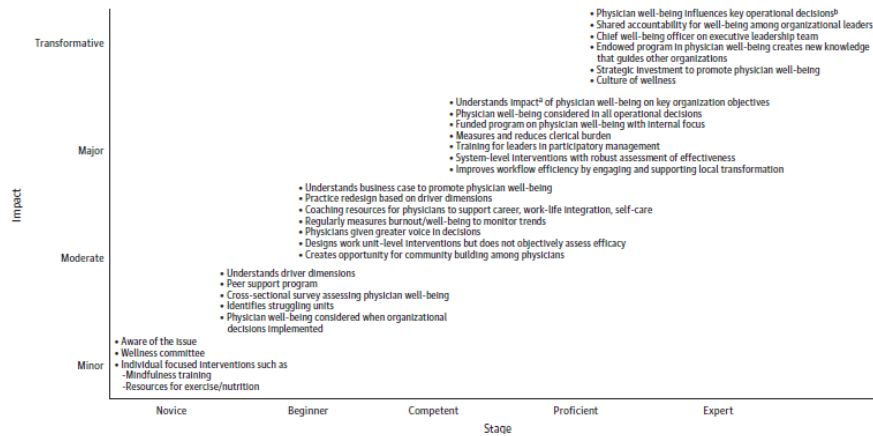
57

Physician Burnout: Mayo Clinic Experience

<u>Mayo Clinic</u>	<u>2011</u>	<u>2013</u>	<u>2015</u>	<u>2016</u>
Emotional exhaustion	22%	39%	32%	30%
Depersonalization	8%	15%	12%	N/A
Overall burnout	24%	40%	33%	N/A
 <u>U.S. Physicians:</u>	 <u>2011</u>	 <u>2014</u>		
Emotional exhaustion	32%	43%		
Depersonalization	19%	23%		
Burnout	38%	49%		

58

Typical Steps in the Organizational Journey



Shanafelt, JAMA Internal Medicine 177:1826



Participate!



Whatever the problem –
be part of the solution.



61



Tshana@Stanford.edu



62