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Engaged Docs are Happy Docs: No Physician Engagement Without Addressing Physician Burnout

June 24, 2019 at 12:00 pm (Eastern Time)

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CANADIAN COLLEGE OF HEALTH LEADERS
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Engaged Docs are Happy Docs:
No Physician Engagement Without Addressing Physician Burnout

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PEAKMD

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Objectives

1. Current Challenges in HealthCare

2. Physician Burnout: what it is, why should we care?

3. Relationship between Physician Health and Engagement

4. Models of Physician Engagement

5. Practical Tips for Engagement

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Working in a Challenging Time

A challenging time for leaders in healthcare

- Financial challenges, increasing productivity expectations, efforts to increase efficiency
- Mergers and Reorganizations
- Quality and safety metrics and reporting
- EMR's
- Change management
- Exhausted and disillusioned workforce

BURNOUT

A syndrome of emotional exhaustion, chronic overstress. (Maslach)

- Distinct work-related syndrome – demands exceed individual resources
- Most likely to occur in jobs that require extensive care of others
- Common among practicing physicians
- Not a psychiatric diagnosis, but can lead to serious consequences

BURNOUT

Three stages of burnout:

- Emotional Exhaustion
- Depersonalization
- Reduced Personal Accomplishment

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Review of Burnout Studies

- 2007-8: CMA Survey – 48.6% of Canadian physicians had symptoms

- 2017 CMA survey – 28.3% (using 2-item MBI)
  - 1 in 4 reported high levels of burnout
  - 1 in 3 screened positive for depression
  - 8% of respondents had suicidal ideation in the past 12 months.
  - Rates of burnout, depression and suicidal ideation were noted to be higher among residents than physicians and higher among women than men.

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Consequences to the Physician

1. Impaired job performance and Professional Problems
2. Changing jobs, reducing work hours
3. Difficulty with Relationships
4. Physical Illnesses
5. Addictions
6. Psychiatric Illnesses – Anxiety, Depression, Suicide

Consequences to our Patients

- Quality of Care: patient safety and quality of care - increased rates of medical errors, riskier prescribing patterns, and lower patient adherence to chronic disease management plans

- Quality of Caring – communication, empathy, patient satisfaction

Consequences to the System

- Impact on morale and satisfaction

- Disengagement of physicians

- Recruitment and Retention: dissatisfaction, making them more likely to leave clinical practice, retire early

- Leadership: Loss of interest, energy and ability to lead changes in the practice or health care system

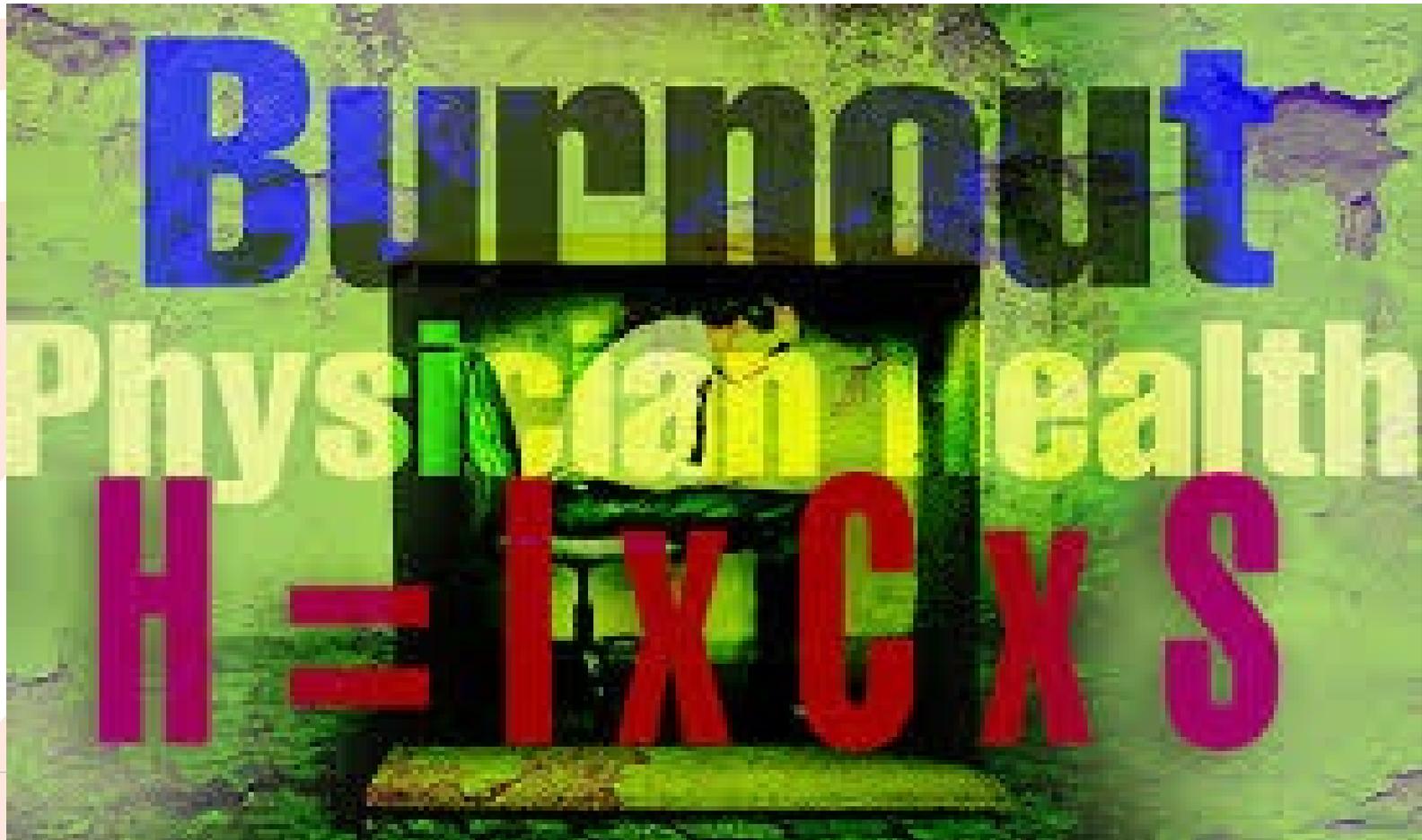# What can we do to prevent burnout?

We need to stop blaming doctors and see this as a shared responsibility of:

- Individual physicians
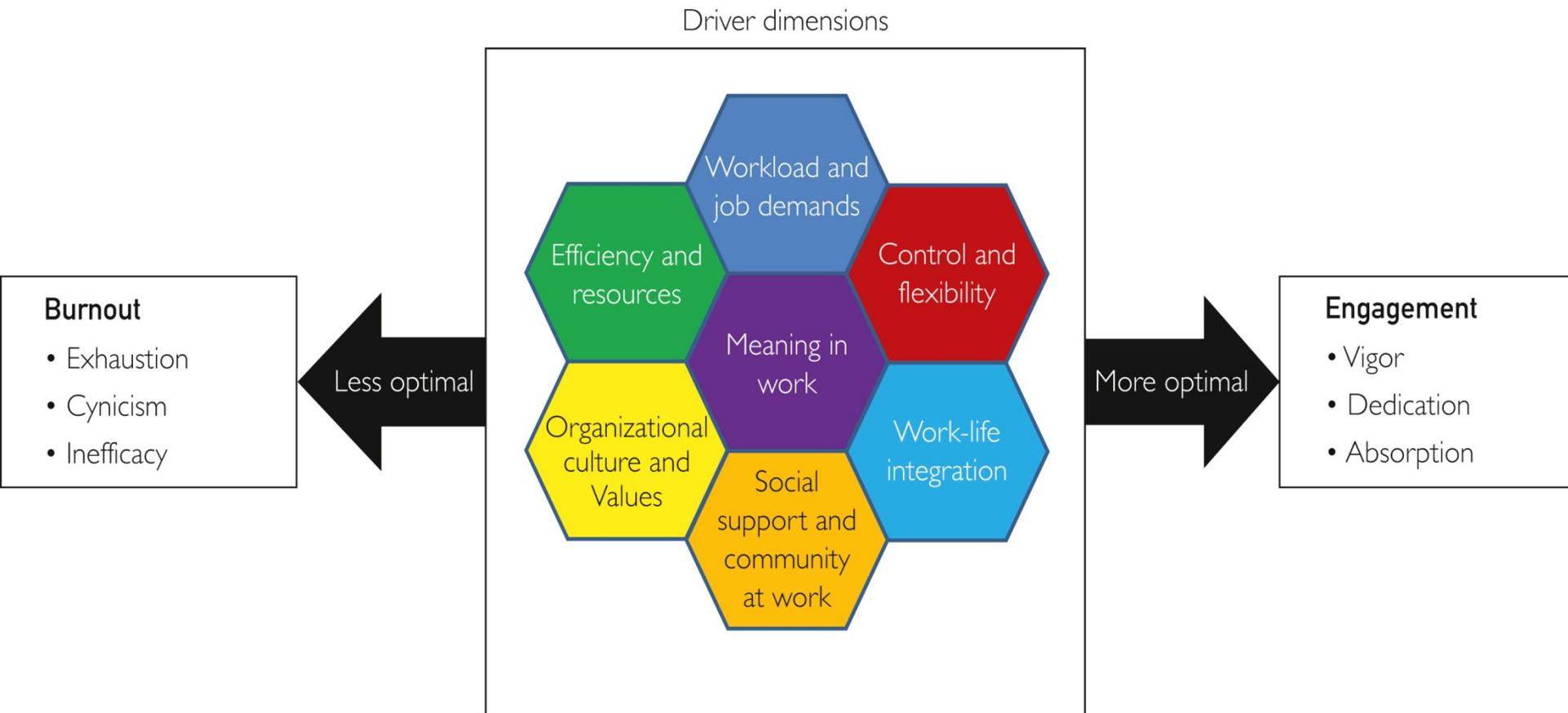- Culture of medicine
- Healthcare systems

Quit Multiplying By Zero (Gautam, CJPL 5(3), 2019))

Engagement is the Opposite of Burnout

Driver dimensions

Workload and job demands

Efficiency and resources

Control and flexibility

Meaning in work

Organizational culture and Values

Social support and community at work

Work-life integration

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

More optimal

Engagement
- Vigor
- Dedication
- Absorption

1. Executive Leadership and Physician Well-being, Shanafelt and Noseworthy, Mayo Clin Proc, January 2017:92(1): 129-146
2. Utrecht Work Engagement Scale (UWES) (Schaufeli and Bakker, 2003)

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Successful leaders have mastered physician engagement.

1. Leading leaders
2. Being right is not enough

Factors Influencing Physician Engagement

- degree of physicians' trust in leadership
- involvement in clinical and administrative policy decision-making
- reactions to various changes in the healthcare industry — such as technology
- authority over their own schedules
- the amount of support available to them
- their personal health and well-being

What might we do as leaders that could impact physician engagement?

The 3 A's of Successful Leadership

1. Availability
2. Affability
3. Ability

Models of Engagement

1. Daniel Pink, *Drive: The surprising truth about what motivates us*

2. Frederick Hertzberg – Motivation-Hygiene Theory (sometimes known as Herzberg's Two Factor Theory)

3. Prosci's ADKAR Model of Change Management

4. BCG: Showing the data

5. Spurgeon's Medical Engagement Model

3 Factors that lead to motivation

1. Autonomy - the desire to direct our own lives

2. Mastery - the urge to get better and better at something that matters

3. Purpose - the yearning to do what we do in the service of something larger than ourselves.

Drive, Daniel H. Pink, 2009

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Herzberg's Two-Factor Theory

- Two types of factors in the workplace

  1. Motivators: cause job satisfaction (achievement, recognition, responsibility, advancement, nature of the work)

  2. Demotivators or Hygiene Factors: a separate set of factors that can cause dissatisfaction (salary, administration, supervision, company policy, status, working conditions)

- Need to address both

PROSCI –ADKAR Change Methodology

The ADKAR Model captures how a single person goes through change. Change must always take place on the INDIVIDUAL level first.

- AWARENESS: Includes the nature of the Change, a WHY the change is happening

- DESIRE: is the personal choice to embrace the change and commit to moving forward

- KNOWLEDGE: includes education and training on the HOW to change effectively

- ABILITY: is the demonstrated proficiency with new tools, processes and job roles such that the desired outcomes of the change are achieved

- REINFORCEMENT: includes reward, recognition, compensation or other performance management activities to sustain change

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Boston Consulting Group

- 'Simply showing the data helps lead to the solution'

- Show people the problem; there is no need to tell them the solution. They will come up with the solution on their own and be more engaged

Spurgeon's Medical Engagement Model
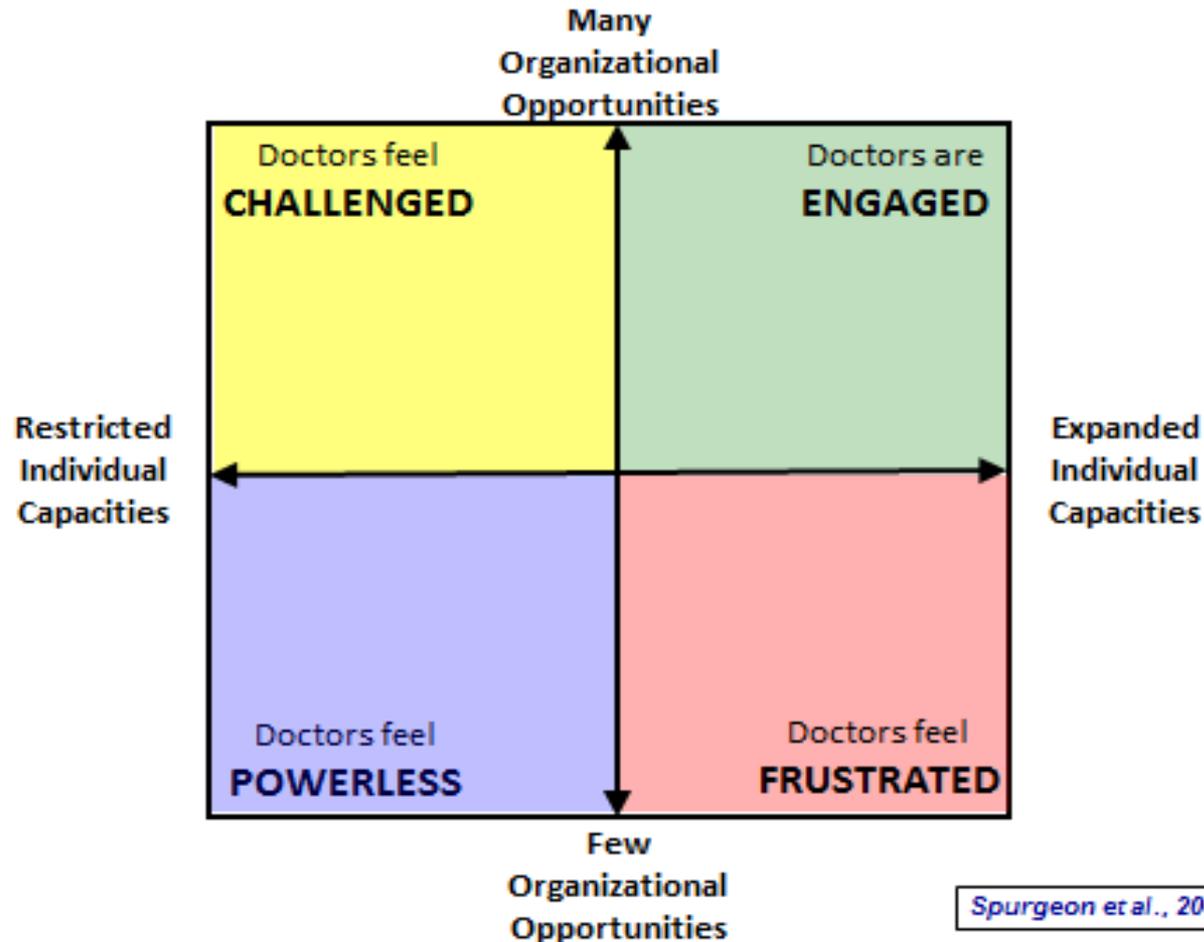
Medical Engagement Model
Developing a medical engagement scale (MES) , Spurgeon P et al,
The International Journal of Clinical Leadership 2008;16:213–23

Engagement mediates competence and performance

We have to do BOTH of:

1. Clearly distinguishing between individual and organizational influences on medical engagement

2. Making a clear conceptual distinction between competence and performance. What doctors 'can do' (i.e. competence) is not the same as what they 'will do' (i.e. performance). In order to perform effectively, doctors must be both competent and engaged in tasks

Leadership missteps directly affect physician engagement

- Administration does not listen to their opinions or suggestions, or ask for physicians' input after they have already made a decision

- A lack of understanding among leaders about what physicians want or the stress they might feel, which leads leaders to make decisions that impact physicians without understanding the context of a situation.

Acknowledge and Assess Burnout

- Open candid conversations to acknowledge

- Measure physician well-being as a routine performance metric

- Identify leaders to foster wellness and engagement, address issues of concern

- Cultivate sense of community at work

- Promote flexibility and work-life integration

- Provide resources to promote resilience

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Increase engagement by improving communication

- Lack of effective communication is usually the most significant factor of disengagement.

- Analyze the existing communication processes across the organization, provide examples of poor communication and suggestions for improvement.

- 5 and 15 Rule

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Give physicians a
voice in decision-making

- Physicians can't be involved in every aspect of decision-making in a hospital

- A physician committee could serve as an opportunity to provide physician input for topics or issues that significantly affect physicians' work lives, such as scheduling processes.

- Need choice about who represents them

Ten Tips for Physician Engagement

1. Clear and regular communication about what is expected from each physician, how their success is defined, and outline the part they play in the overall success of the healthcare organization

2. Show them the data about what needs to be addressed

3. Making sure they have what they need to do their work properly

4. Ensuring their role reflects their strengths, training, interests, and career goals

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5. Rewarding and recognizing their qualities and contributions in ways that are meaningful to them

6. Getting to know them, show an interest in their wellbeing, help them in feeling fulfilled

7. Asking for and listening to feedback and input about the organization, involving them in decisions, creating a sense of trust to move forward. Give them a voice.

8. Encouraging physician retreats, team building, training in problem solving and conflict resolution

9. Conducting regular and constructive performance appraisals

10. Offering career development opportunities, to connect with mentors, provide ways to develop abilities, learn new skills, acquire new knowledge, realize their potential

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https://www.questionpro.com/t/AEeuVZelVW

Next Webinar: TBD

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