Burnout Research 7 (2017) 29–35

Contents lists available at ScienceDirect

Burnout Research

journal homepage: www.elsevier.com/locate/burn

# Statewide improvement approach to clinician burnout: Findings from the baseline year

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ARTICLE INFO

*Keywords:*
Physician
Advanced practice professional
Wellbeing
Healthcare

ABSTRACT

Wellbeing of the healthcare workforce is now recognized as an important fourth component of the Quadruple Aim. Given the crisis level of burnout in physicians, national organizations have urged immediate attention to the challenge, demanding measurement and action to mitigate and prevent the phenomenon.

Seeking to understand whether a statewide approach to burnout would be feasible, Minnesota launched a collaborative to assess and establish an action framework around physician and advanced practice professional (APP) burnout in 2016. A modified Mini Z survey tool was used to assess prevalence and drivers of burnout across a census of physicians and APPs from healthcare organizations across Minnesota.

Three-quarters of healthcare systems in Minnesota participated (56 sites/systems, representing 104 unique hospitals). Of the 13,693 physicians and APPs invited, 43% responded. Baseline levels of burnout suggest emotional exhaustion and stress are slightly higher among physicians than APPs; 34% of statewide respondents reported emotional exhaustion – 36% of MD/DOs and 31% of APPs. Approximately three in five respondents reported feeling a great deal of stress because of their job. Conversely, over three-quarters of respondents reported being satisfied with their job and engaged with their work.

We propose a socio-ecological framework for acting on burnout, using a data-driven quality improvement paradigm enabled by a statewide coalition, to ensure that continued efforts do not rest solely at the feet of individuals or systems. Despite high burnout levels, engagement and satisfaction with work are also high, suggesting there is still hope for stemming the tide of burnout.

## 1. Introduction

Healthcare organizations are embracing the Quadruple Aim – inclusion of the wellbeing of healthcare workers alongside the Triple Aim, the healthcare industry's focus on improving the experience of care and health of populations, while also reducing per capita cost (Berwick, Nolan, & Whittington, 2008; Spinelli, 2013; Bodenheimer & Sinsky, 2014). The trend of rising burnout in clinicians, coupled with mounting evidence that burnout yields personal harm and reduces quality of care for patients, presents a substantial threat to individual and organizational health (Wallace, Lemaire, & Ghali, 2009). Recent estimates of burnout prevalence in US physicians come from the 2014 survey conducted by Shanafelt and colleagues. Over half of responding physicians – 54.4% – reported at least one symptom of burnout, an increase of 8.9 percentage points since the previous national survey in 2011, suggesting a persistent problem (Shanafelt et al., 2015). While much of the understanding of burnout has been focused on physicians, recent studies describing the experience of nurses and other clinicians within healthcare settings have confirmed levels of burnout higher than the general population (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Spinelli, Fernstrom, Galos, & Britt, 2016).

Burnout affects clinicians directly and has implications for colleagues, patients, and organizations. Individual clinicians face stress, disillusionment, and negativity at work and home (Sotile, 2002). They may be more likely to cut back on practice or leave the profession (Rabatin et al., 2016; Shanafelt et al., 2009). Physicians may have a higher likelihood of alcohol or drug abuse and increased risk for suicide (Oreskovich et al., 2012; Torre et al., 2005). Burnout may have negative effects on quality of care and patient experience (Linzer et al., 2009; Shanafelt et al., 2010; Williams, Manwell, Konrad, & Linzer, 2007). Burned out physicians may become disruptive in the workplace (Misra-Hebert, Kay, & Stoller, 2004). Cumulatively these effects influence the

*Abbreviations:* APP, advanced practice professional; APRN, advanced practice registered nurse; CMO, chief medical officer; CMOG, chief medical officers group; DO, doctor of osteopathic medicine; EE, emotional exhaustion; MD, doctor of medicine; MHA, Minnesota Hospital Association; PA, physician assistant

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https://doi.org/10.1016/j.burn.2017.11.002
Received 11 September 2017; Received in revised form 16 November 2017; Accepted 27 November 2017
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**Table 1**
MHA's 2016 MD/APP Burnout Survey Questions (Modified Mini Z).

| Question | Response Options |
|---|---|
| Q1. Overall, I am satisfied with my current job.<br>Q2. I feel a great deal of stress because of my job. | 1 – Strongly agree<br>2 – Agree<br>3 – Neither agree nor disagree<br>4 – Disagree<br>5 – Strongly disagree |
| Q3. Which of the following statements best reflects how you feel about your work? | 1 – I enjoy my work. I have no symptoms of burnout.<br>2 – I am under stress, and don't always have as much energy as I did, but I don't feel burned out.<br>3 – I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.<br>4 – The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.<br>5 – I feel completely burned out. I am at the point where I may need to seek help.<br>6 – I am completely burned out and I am getting help. [An addition to the Mini Z] |
| Q4. My control over my workload is:<br>Q5. Sufficiency of time for documentation is: | 1 – Poor<br>2 – Marginal<br>3 – Satisfactory<br>4 – Good<br>5 – Optimal |
| Q6. Please click the number that best describes the atmosphere in your primary work area. | 1 – Calm<br>2<br>3- Busy, but reasonable<br>4<br>5 – Optimal |
| Q7. My professional values are well aligned with those of my department leaders. | 1 – Strongly agree<br>2 – Agree<br>3 – Neither agree nor disagree<br>4 – Disagree<br>5 – Strongly disagree |
| Q8. The degree to which my care team works efficiently together is: | 1 – Poor<br>2 – Marginal<br>3 – Satisfactory<br>4 – Good<br>5 – Optimal |
| Q9. The amount of time I spend on the electronic medical record (EMR) at home is: | 1 – Excessive<br>2 – Moderately high<br>3 – Satisfactory<br>4 – Modest<br>5 – Minimal/none |
| Q10. My proficiency with EMR use is: | 1 – Poor<br>2 – Marginal<br>3 – Satisfactory<br>3 – Good<br>5 – Optimal |
| Q11. Right now, which of the following describes you? *[Not a part of the original Mini Z]* | 1 – Very engaged with my work<br>2 – Engaged with my work<br>3 – Somewhat engaged with my work<br>4 – Somewhat disengaged from my work<br>5 – Disengaged from my work<br>6 – Very disengaged from my work |

culture, outcomes, and future of healthcare organizations (DeChant & Shannon, 2016).

National organizations have called for a concerted effort to mitigate burnout, and research is underway into approaches that yield change (Dyrbye et al., 2017; Erickson, Rockwern, Koltov, & McLean, 2017; Linzer et al., 2014; Shanafelt, Dyrbye, & West, 2017; Shanafelt & Noseworthy, 2017; Sinsky et al., 2013; Panagioti et al., 2017; Perlo et al., 2017). A near universal problem – like hand hygiene – burnout may best be tackled at a population level, rather than relying upon healthcare systems to solve the epidemic in isolation (Backman, Taylor, Sales, & Marck, 2011; Green & Kreuter, 2005). An adjustment in our thinking and action to focus on this as a systemic issue, instead of a personal problem, is required.

Other broad spanning issues plaguing the healthcare industry, such as adverse health events, have responded well to a systematic quality improvement approach of collecting baseline data, testing interventions, and spreading best practices (Jain, Miller, Belt, King, & Berwick, 2006). A similar approach to healthcare burnout, given its integral link to other quality issues, may be warranted. Enabling the approach in a fashion that allows for action research across stakeholders may yield an accountability structure that produces and sustains real change (Montgomery, 2014).

Minnesota embarked on an ambitious journey in 2016 to develop a statewide approach to describing the prevalence and drivers of burnout and enabling a statewide quality action framework. Given that a statewide effort could allow for broad-ranging deployment and rigorous evaluation of interventions across healthcare systems, we aimed for state as the unit of collective action and understanding. While many efforts to address burnout occur at the unit or organizational level, a statewide endeavor allows for sufficient sites to rigorously evaluate effectiveness of interventions, while still maintaining a common enough geographic and policy context for comparability. Interventions addressing contextual factors that span the state, including payment, policies, and training, can be deployed in a fashion that allows for

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