

A System Approach to Burnout

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The Time is Now

- For years, health care providers have struggled with
- overwhelming job demands and insufficient resources.

- With the additional stressors of COVID-19, and health care organizations must
- recognize the impact broad emotional distress will have on
- patient safety and staff retention both during and beyond the
- pandemic.

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The Time is Now

- “There is a moral and ethical imperative to
 - address burnout in physicians. Physician burnout contributes to
 - broken relationships, alcoholism, and physician suicide.
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- In addition to the moral-ethical argument, there is a strong
 - professional and business case to reduce physician burnout and
 - promote physician engagement.”

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Mayo Clinic Mayo Clin Proc. n January 2017;92(1):129-146.



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The Time is Now

- It is critical for hospitals and health systems to address burnout
- from a system-wide level to better care for the clinicians
- who care for our communities. Policies should reinforce that
- physicians, nurses and other caregivers are humans who
- experience trauma on a regular basis.

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THE BURNOUT DEBATE

*It's not burnout, it's
...moral injury.
...depression.*

Secondary Stress Reaction?

Vicarious Trauma?

"A response to the cumulative experience of empathic engagement with people who are suffering."

Victoria Van Slyke, PhD, MSW, LICSW

Moral Injury

- Among the many tolls inflicted on healthcare workers by COVID-19 is one that is not as easily measured as rates of death or disease, but is no less tangible: moral injury. This is the term by which we describe the psychological, social, and spiritual impact of high-stakes situations that lead to the betrayal or transgression of our own deeply held moral beliefs and values.
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- The current pandemic has provided innumerable such situations that can increase the risk for moral injury, whether we deal directly with patients infected by the coronavirus or not. Telling family members they cannot visit critically ill loved ones. Delaying code activities, even momentarily, to get fully protected with personal protective equipment. Seeing patients who have delayed their necessary or preventive care. Using video rather than touch to reassure people.

Moral Injury

- For most of us, being exposed to moral injuries is new; they have [historically been most associated](#) with severe traumatic wartime experiences. Soldiers, philosophers, and writers have described the ethical dilemmas inherent in war for as long as recorded history.
- But the use of this term is a more recent development, which [the Moral Injury Project](#) at Syracuse University describes as probably originating in the Vietnam War era writings of veteran and peace activist [Camillo "Mac" Bica](#) and psychiatrist [Jonathan Shay](#). Examples of wartime events that have been thought to lead to moral injury include:
 - Causing the harm or death of civilians, knowingly but without alternatives, or accidentally;
 - Failing to provide medical aid to an injured civilian or service member; and
 - Following orders that were illegal, immoral, and/or against the rules of engagement or the Geneva Conventions.

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Moral Injury

- Most of us have felt the symptoms of moral injury: frustration, anger, disgust, guilt. [A recent report](#) describes three levels of stressors in healthcare occurring during the pandemic, which are not dissimilar to those wartime events described previously:
 1. Severe moral stressors, such as the denial of treatment to a COVID-19 patient owing to lack of resources, the inability to provide optimal care to non–COVID-19 patients for many reasons, and concern about passing COVID to loved ones.
 2. Moderate moral stressors, such as preventing visitors, especially to dying patients, triaging patients for healthcare services with inadequate information, and trying to solve the tension between the need for self-preservation and the need to treat
 3. Lower-level but common moral challenges, especially in the community — for example, seeing others not protecting the community by hoarding food, gathering for large parties, and not social distancing or wearing masks. Such stressors lead to frustration and contempt, especially from healthcare workers making personal sacrifices and who may be at risk for infection caused by these behaviors.

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Moral Injury

- Moral injuries tend to originate primarily from systems-based problems, as we have seen with the lack of concerted national approaches to the pandemic.
- On the positive side, solutions typically also involve systems-based changes, which in this case may mean changes in leadership styles nationally and locally, as well as changes in the culture of medicine and the way healthcare is practiced and managed in the modern era.
- We are starting to see some of those changes with the increased use of telemedicine and health technologies, as well as more of a focus on [the well-being of healthcare workers](#), now deemed "essential."



BURNOUT

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.”

Rachel Naomi Remen, MD



SYSTEMWIDE PROVIDER WELL-BEING INITIATIVE

The Provider Center for Well-being is committed to the promotion of professional fulfillment through organizational and individual initiatives, research and education. We advance structures, processes, community and support so that every clinician can flourish as a whole person.

Our levels of intervention:

1. Education/anti-stigma/culture
2. Peer support
3. Direct care
4. System approach
5. Leader development



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Burnout and Professional Fulfillment

Why are we doing this work?

Employed Physicians

Domain	Measure	Score ^a (Standard Deviation)	Standard Deviation to Benchmark ^b
Outcome Measure	Professional Fulfillment	5.89 (2.27)	-0.30
	Burnout *	3.55 (2.16)	-0.32

Employed APPs

Domain	Measure	Score ^a (Standard Deviation)	Standard Deviation to Benchmark ^b
Outcome Measure	Professional Fulfillment	5.90 (2.05)	-0.18
	Burnout *	3.61 (2.13)	-0.33

The impacts of burnout

- Increased referrals and tests ordered⁹⁻¹⁰
- Increased medical errors¹¹⁻¹³
- Increased malpractice claims^{11,14}
- Decreased productivity and increased absenteeism¹⁵⁻¹⁸
- Increased turnover¹⁹⁻²⁰
 - \$250-\$500K per provider on average at Allina Health

Turnover likely leads to increased burnout among those on the provider's former team; covering their inbasket, taking on new patients despite full practices, and the emotional toll of losing a colleague.

Most impactful changes	Ranked in Top 3
Supportive leadership behaviors	832 (61.6%)
Efficiency of clinical practice	809 (59.9%)
Control over schedule	739 (54.7%)



CURRENT WORK AND PLANS FOR 2023

Reach out to ProviderWellbeing@allina.com to discuss:

Action plans for the Provider Center and how to share your ideas
Supportive resources available to you and your peers
Peer support and EAP counseling



Mary Beth Lardizabal, DO



Mark Goetz, PhD

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1. Education/anti-stigma/culture
 - Well-being as part of provider onboarding
 - Campaign to reduce stigma around seeking support
2. Peer support
 - Training 18 well-being leads to facilitate groups and 1:1
 - Targeted groups and depts based on need
 - Support after adverse events and during litigation
3. Direct care
 - Counseling, coaching, and mental health care—*all confidential*
4. System approach
 - In-basket burden reduction
 - SecureChat process improvement
 - Well-being survey distribution of results and action planning
5. Leader development
 - 30 provider well-being leads compensated to advance our work
 - Training for leaders on promoting well-being and connecting to resources

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ALLINA HEALTH PROVIDER WELL-BEING SERVICES: APRIL 2023

Services are available to any provider delivering care at an Allina Health site



Current resources:

-  [Ethics Oasis](#)
-  [Penny George Institute](#)
- * Spiritual care - hospital chaplains
- * Individual peer support
- * Counseling and coaching
- * Psychology and psychiatry care
- * Consultation on action plans

More to come:

- * Group peer support
- * Counseling for affiliated providers

Email
ProviderWellbeing@allina.com
for questions or support

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