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ORIGINAL ARTICLE

In Pursuit of Happiness: Creation of an Academic Hospitalist Wellness Committee and Well-being Survey

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Background: Physician burnout poses a critical threat to the delivery of healthcare. A solution to this problem is a leadership imperative. Managing demands on physicians can prevent burnout and foster engagement. This study assesses stress and burnout within an academic hospitalist group and identifies areas to focus interventions on both personal and systemic levels.
Methods: In 2014, a large multi-site academic hospitalist group acknowledged increased levels of provider stress in the setting of continued system expansion. The response was the creation of the Hospitalist Wellness Committee to focus on organizational development and exploring opportunities for faculty to thrive while maintaining productivity. The committee developed and implemented the Hospitalist Well-being Survey to collect baseline data from the group, identify root causes of discontent, and determine areas for intervention
Results: Fifty-four hospitalists (77%) completed the survey. 74% of respondents expressed satisfaction with their current job and 52% satisfaction with work-life balance; however, 43% felt a great deal of stress because of their job.
Conclusion: Opportunities for interventions fell into categories of mentoring, feedback, and resilience strategies. The creation of this committee and survey has influenced leadership and organizational changes within the hospitalist group and within the Department of Medicine. Objectively identifying a group's culture, needs, stressors, and values balance demands of the job by elucidating supportive measures and areas for organizational improvement. Investment in faculty well-being can improve value for all in the modern healthcare system.

Keywords: Wellness, Stress, Thrive, Burnout, Quality

INTRODUCTION

Physician burnout poses a critical threat to the delivery of healthcare. Finding a solution to this problem is a leadership imperative. The 2012 Archives of Internal Medicine article by Shanafelt et al., reported that approximately half of the physician respondents were burned-out and most were dissatisfied.[1] Unfortunately, this trend continues to worsen.[2] Tangible and intangible costs occur when physicians are exhausted or burned-out. Emotional exhaustion, depersonalization, and decreased personal accom-

plishment are characteristics of burnout and can lead to dire consequences if unaddressed.[3,4,5] Estimated turnover costs for replacing a physician range from $50,000 - $300,000.[6] Studies show increased medical errors, decreased patient satisfaction, as well as lower academic productivity.[7,8,9, 10]

Increasing demands on physicians at national, state, local, and personal levels contribute to stress and can lead to burnout.[11,12] Physicians, such as hospitalists, who provide front-line care are at an even greater risk.[1] Management of these demands with increased support for providers and identification of areas that yield more control to the provider over his or her work can prevent burnout and foster engagement.[13] Engaged, healthy physicians are best able to deliver compassionate care, which leads to value for patients, providers, and the health system as a whole.[14, 15]

In 2014, an academic hospitalist group with 70 hospitalists, providing care at 8 hospitals acknowledged increasing levels of provider stress in the setting of continued system expansion. Within five years, the University of California - Los Angeles hospitalist section grew from approximately 30 hospitalists to over 100, and it expanded geographically from 2 to 11 hospitals and 6 skilled nursing facilities within the Los Angeles area. While there were increasing anecdotal accounts of increased stress and burnout during this rapid expansion, there was no formal evaluation and assessment of impact on hospitalists. Aware of the data on stress and burnout, leadership within the UCLA hospitalist section chose to acknowledge the sensed presence of increased stress within the group, determine a way to measure stress levels, and intervene where possible. This study describes a qualitative approach to objectively assess stress and burnout within a large academic hospitalist group. It also identifies areas to focus interventions, on both personal and systemic levels, to decrease stress, prevent burnout, and increase physician engagement.

METHODS

In response to growing awareness of physician stress and burnout, engaged UCLA hospitalists and leadership created the Hospitalist Wellness Committee. The main mission of the committee is to support the health and well-being of hospitalists within the group. Members of the committee included representatives of the teaching and direct care services from multiple hospital sites. There was diverse representation ranging from clinical instructors to the director of the hospitalist group, and a member of the University of California, Los Angeles Medical Staff Health Program. Additionally, the focus of the UCLA Hospitalist Wellness Committee is on organizational development and continuous improvement in addressing the question of 'how to thrive while maintaining individual productivity in an ever-changing and complex health care environment?'. Within a year, the committee developed and implemented the Hospitalist Well-being Survey to collect baseline data from the group, and to identify root causes of sensed discontent and areas for intervention based on these results.

In developing the survey, the committee contacted leaders in primary care within the field of physician wellness, burnout, and survey design to gather information and survey tools. The UCLA Hospitalist Well-being Survey was developed after multiple revisions and based on input from committee members as well as advice of a survey developer from the wider UCLA campus. The survey has five main sections starting with demographic data followed by an abbreviated Maslach Burnout Inventory and sections assessing perceived control and support.[3] The

questions on control focused on individual faculty feelings of control over their schedule and working environment. Questions on support were divided into two categories: support perceived to be provided by the organization and activities the individual performs to support his or her well-being. Participants were provided space to write additional comments after each section. An anonymous identifier was designed and included at the beginning of the survey to promote honest and frank responses without the fear of repercussion, as well as to allow leadership to track trends in stress levels in subsequent years.

The data were analyzed, and potential interventions were discussed within the Hospitalist Wellness Committee. All results, associated comments, and proposed interventions by the committee were then presented to the entire hospitalist group at a monthly meeting.

RESULTS

Fifty-four hospitalists (77%) completed the survey. The majority of respondents worked at UCLA owned hospitals, which include the primary academic center on the UCLA-Westwood campus (43.6%) and the UCLA-Santa Monica medical center (40%). Other respondents included UCLA hospitalists working in community hospitals surrounding Los Angeles (10.9%) and at the Veteran's Administration (5.5%). Respondents had been practicing medicine up to five years (62%), between 6-10 years (24%), and over 10 years (11.1%). In regard to gender, 47.3% of respondents were female and 52.7% were male. 79.6% of the respondents were between the ages of 30-39 years old. 53.7% did not have children.

The baseline data provide positive results. As shown in Figure 1, the majority of respondents agreed (74%) or strongly agreed (52%) that they were satisfied with their current job and work-life balance, respectively. Furthermore, 65% of respondents agreed or strongly agreed that providers assist colleagues during times of high workload (Figure 1). The survey also revealed that the majority of respondents agreed or strongly agreed that practice leadership promotes an environment that is an enjoyable place to work (78%) and that

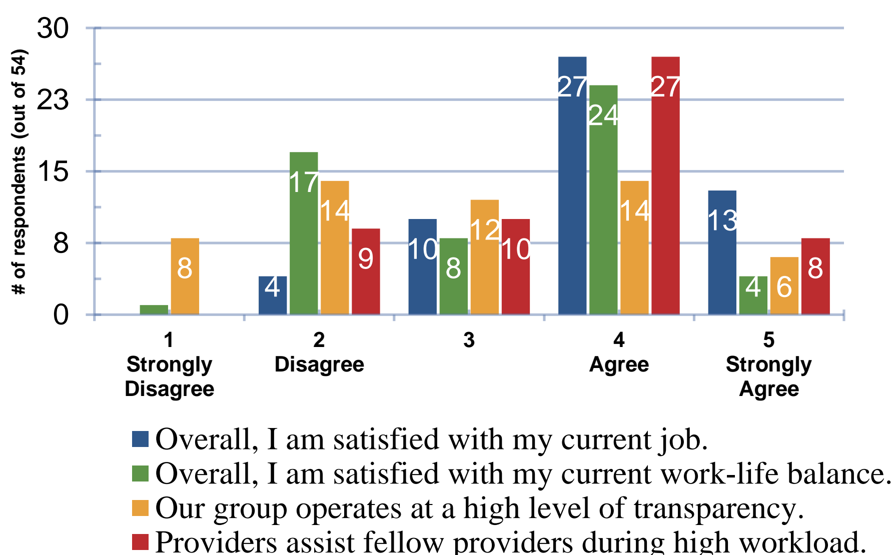

Figure 1. Satisfaction and Participation

Figure 2. Stress Levels

they can rely on other hospitalists to do their jobs well (87%). 76% can identify an effective mentor, and 80% agree they have opportunities to grow within the group.

Nonetheless, 48.1% of respondents were either dissatisfied or uncertain about their current satisfaction with work-life balance (Figure 1). Moreover, Figure 2 demonstrates a bell-shaped curve revealing 43% of the respondents agreed or strongly agreed that they felt a great deal of stress because of their job and 40% indicated an average amount of stress. Only 17% of respondents disagreed or strongly disagreed with the statement that they felt a great deal of stress because of their job. When evaluating perceptions of control over work environment, the survey revealed most

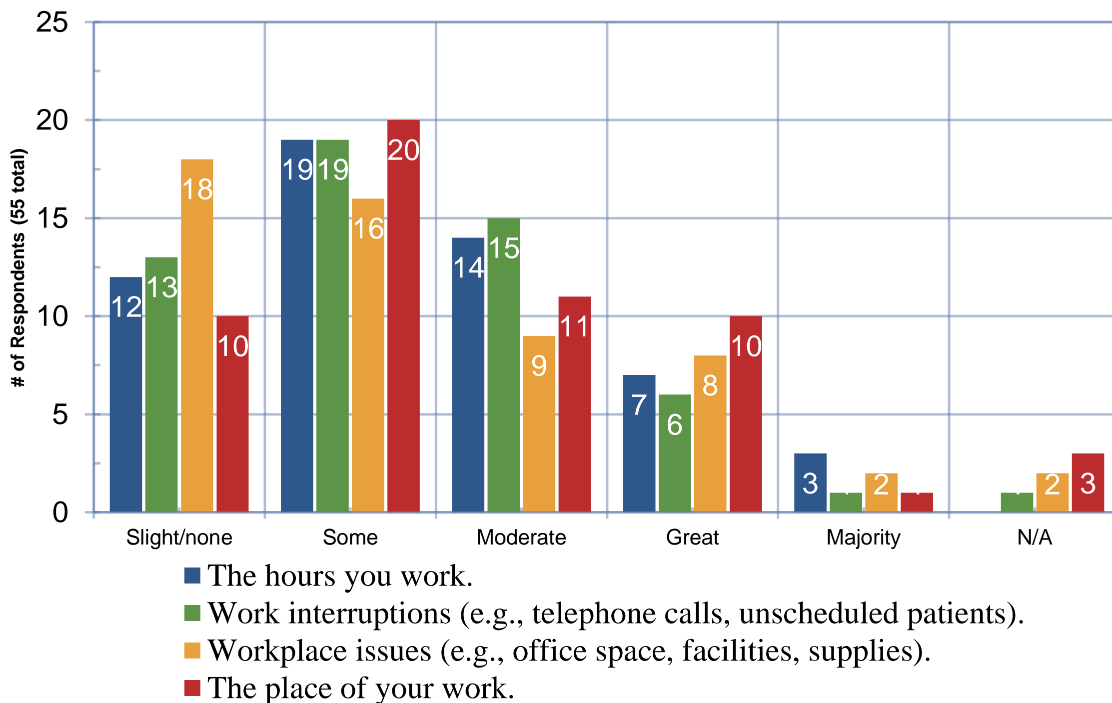

Figure 3. Perception of Control

respondents do not perceive control over their work environment, including hours worked, interruptions, or office space (Figure 3). Figure 1 also shows that the respondents are almost equally divided in their assessment of the group operating at a high level of transparency. Comments at the end of this section include concern in the level of transparency with scheduling, working more than 7 days in a row, or lack of flexibility in changing one's schedule.

An abbreviated Maslach Burnout Inventory was used to assess for burnout within the group. Less burnout is expected with higher scores in personal accomplishment and emotional exhaustion and lower scores for feelings of depersonalization. The range of scores for each domain is 0-18. Of the 54 respondents for this portion of the survey, the mean scores for personal accomplishment, emotional exhaustion, and feelings of depersonalization were 14.58, 7.96, and 3.6, respectively. Most respondents in this survey rank high personal accomplishment and low depersonalization in their current position. However, the mean score of 7.96 for emotional exhaustion suggests a mild degree of burnout.

The survey also assessed the helpfulness of current and potential organization-supported and self-care activities. Opportunities for individual and organizational interventions fell into three broad categories of mentoring, feedback, and resilience strategies.

INTERVENTIONS

The data collected by the survey allowed the UCLA Hospitalist Wellness Committee to introduce direct interventions focused on supporting providers within the elucidated categories of mentoring, feedback, and resilience strategies. A monthly program called the Support-the-Doc Series was developed to take place during a weekly hospitalist cohort meeting at both of the UCLA-Westwood and the UCLA-Santa Monica medical centers. Non-physician staff was invited to present on topics that support the hospitalists professionally or personally. Topics ranged from billing and coding to work-place benefits and retirement planning. Another intervention included development of the first attending-level Balint groups on campus. Balint is a facilitated group process allowing clinicians to discuss the various emotional perspectives of patient-clinician relationship.[16] These sessions were also organized once a month during a weekly hospitalist cohort meeting at the UCLA medical centers. A physician from the Department of Psychiatry and a clinical psychologist were the faculty members who ran these sessions for the group.

Furthermore, a shift in terminology was used to better label the work being performed by the hospitalists. Teams with only a hospitalist attending and no trainees were re-labeled “direct care” from “non-teaching” to avoid negative terminology. Additionally, the annual hospitalist full-day retreat following the survey focused on wellness and practices to enhance well-being and resilience. Meditation and mindfulness-based stress reduction techniques were introduced during this retreat. Moreover, the committee created the first exit surveys for the hospitalist faculty leaving the group. Along with the exit surveys, the hospitalist director began exit interviews to thank departing hospitalists and further elucidate recommendations to improve work culture. Emphasis was also placed on more frequent recognition of hospitalist members during the monthly hospitalist meetings. Finally, the creation of this committee and survey influenced leadership and organizational changes within the hospitalist group, as well as at higher levels within the Department of

Medicine. The results of the UCLA Hospitalist Wellness Committee and data from the survey enabled negotiation of an increase in the base salary for all hospitalists and the addition of Nurse Practitioners to assist hospitalists with medication reconciliation and discharge preparation. Several site-specific leadership positions were also created within the hospitalist section.

DISCUSSION

The formation of the UCLA Hospitalist Wellness Committee and the creation of the Hospitalist Well-being survey offered an opportunity to pause, reflect, and intervene. The committee is a quality improvement project with the aim to support physicians through uncertainty and identify ways to help hospitalists thrive. The Hospitalist Well-being survey is a qualitative study to address and understand how the continued changes across the spectrum of health care affect the lives of individual hospitalists. Using the survey as a qualitative study also allowed leadership to objectively gage the ratio of satisfied physicians within the group, gain further understanding of the challenges within the work culture, and identify areas to intervene. Given the high response rate of the survey, the committee based its interventions on the hospitalist group as a whole.

The high response rate of the survey is beneficial, as the results represent the views of over three quarters of the group. The majority of the respondents to this survey indicated being satisfied overall in their current job and work-life balance. The majority also felt supported by colleagues and find colleagues to be dependable. However, these data reveal that high or average levels of stress can occur within a group of hospitalists that are mostly satisfied with their job and work-life balance. Moreover, there are respondents who were not satisfied with their job or work-life balance. The responses to the emotional exhaustion questions and those regarding current stress levels identify that hospitalists within the group are at-risk of burnout and confirm that the perceived sense of stress prior to collecting the data was accurate.

As a qualitative study, there is an inherent inability to clearly determine causality of stressors or effectiveness of individual or collective interventions in decreasing stress. Furthermore, as baseline data, the results do not provide information on the trends and are not predictive of any trend. Repeat surveys need to be conducted to assess and adjust interventions to meet the needs of hospitalists and the group during those times.

In conclusion, the triple aim in health care calls for improving the health of populations, reducing per capita cost of health care, and improving the patient experience.[14] Bodenheimer and Sinsky proposed expanding the triple aim to the quadruple aim by recognizing the need to improve the work-life of providers in order to optimize outcomes in health care.[14] Research in positive psychology also indicates that happiness drives success instead of the reverse.[17, 18] In order to achieve set goals, meet demands placed on providers, and have a thriving hospitalist program, systems and managers need to recognize the significance of provider well-being and the importance of preventing burnout. A focus on enhancing work-life and resilience is needed given the amount of change and uncertainty in health care at every level. The thought that there is something lacking in stressed or burned-out individual physicians is outdated and misguided. Moreover, the idea that burnout is inevitable in the high stress environment that exists in modern healthcare needs to be challenged.[19, 20]

Nonetheless, stress is an inherent component of practicing medicine. Awareness of provider stress at group and individual levels leads to opportunities for intervention and continuous improvement in organizational development to prevent burnout and promote thriving. Objectively identifying a group's culture, needs, stressors, and values can balance demands of providing valuable health care by elucidating supportive measures and areas of organizational improvement. Reassessment of the group and adjustments of interventions are required to meet the continually changing demands on clinicians and to continue to provide value for all within the health care system. Bringing back the joy of practicing medicine for providers in a high stress and challenging multifaceted heath care system requires novel approaches that acknowledge burnout, depersonalization and fatigue and focus on systemic improvements to foster resilience and purpose. Tailored interventions can improve well-being and productivity.

Notes

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