

Results of the 2018 UHA Provider Wellness Survey

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Background

The 2018 Provider Wellness Survey was conducted from March 1 through March 31, 2018 and was completed by 322 of 326 clinically active UHA providers (a 99% response rate).

The purpose of this report is to inform you of the 2018 survey results and outline follow-up action plans to promote provider wellness across the organization.

Definitions

Professional Fulfillment: Happiness or meaningfulness, self-worth, self-efficacy, and satisfaction at work

Burnout: Emotional exhaustion and interpersonal disengagement

Culture of Wellness: Organizational values and actions that promote personal and professional growth, self-care and compassion for ourselves, our colleagues and our patients.

Efficiency of Practice: Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life integration.

Personal Resilience: Individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being.



The Stanford Model for Provider Wellness

Significance and Objectives of the Providers Wellness Survey

Physicians, allied health providers, nurse practitioners, and physician assistants strive to improve the health and quality of life of their patients. Providers' professional wellness is an important component of well-functioning health care systems,¹ and high professional wellness of providers is associated with better quality of care. Alarming, the prevalence of provider burnout is increasing steadily in the US,² which may negatively impact patient care.^{3,4}

At University HealthCare Alliance (UHA), we aim not only to mitigate burnout but systematically improve provider fulfillment. Clinicians who are well have higher patient satisfaction, are more likely to support preventive health practices in patients, have lower medical error rates, and have better patient outcomes.

The work of the UHA Provider Wellness Program is founded on the premise that advancing the wellness and quality of life for providers and for patients are synergistic goals.

Therefore, the UHA Provider Wellness Survey has been designed to:

- 1) assess burnout and its predictors
- 2) assess professional fulfillment and its predictors
- 3) identify successes and gaps in current efforts to promote provider wellness.

The UHA Provider Wellness Committee will use the survey results to inform UHA leaders about the status of provider wellness and help these leaders develop, implement, and evaluate interventions to improve the joy we experience and create at UHA.

The Stanford Physician Wellness Model encompasses not just mitigating burnout, but also attaining high levels of professional fulfillment. Predictors of fulfillment can be grouped into three domains. The culture of wellness and efficiency of practice domains reflect organizational conditions. Personal resilience captures the behaviors and attitudes of individuals. When analyzing the results of the 2018 UHA Provider Wellness Survey, we examine how these three domains affect professional fulfillment and burnout.

Key Survey Findings

- 48% of respondents reported professional fulfillment
- Levels of highly fulfilled providers increased by 2 percentage points over the past year
- Average professional fulfillment across UHA has remained steady
- Professional fulfillment is higher than the national benchmark¹
- Burnout has decreased from 25% to 22% over the past year
- 8% fewer Nurse Practitioners reported self-defined burnout in 2018, but the percentage of Physician Assistants reporting self-defined burnout increased by 4% over the same time period.
- Female providers had a higher burnout rate than male providers (29% vs 17%) and a lower rate of professional fulfillment (40% vs 62%).
- The strongest predictors of burnout were higher sleep-related impairment and lower valuation of self *

Professional Fulfillment

In 2018, nearly half (48%) of UHA providers reported feeling professionally fulfilled. * (Figure 1)

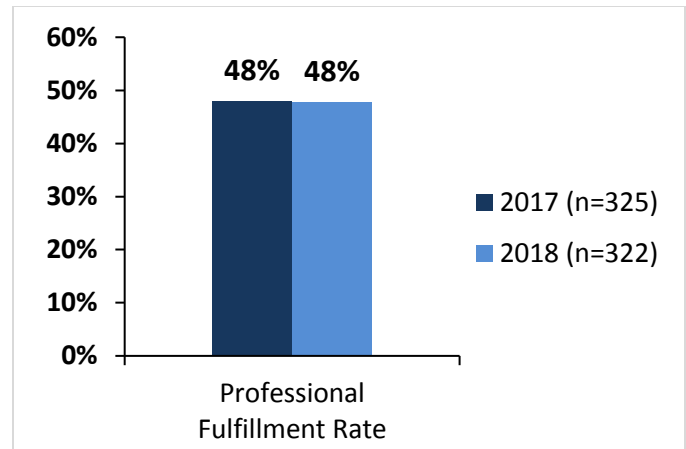


Figure 1: Professional fulfillment, total percentage for 2017 and 2018

Female providers were a third less likely than male providers to report professional fulfillment (40% vs 62%) (Figure 2), while male providers reported improved fulfillment from 2017. These gender differences did not change when we looked at physicians separately from nurse practitioners and physician assistants.

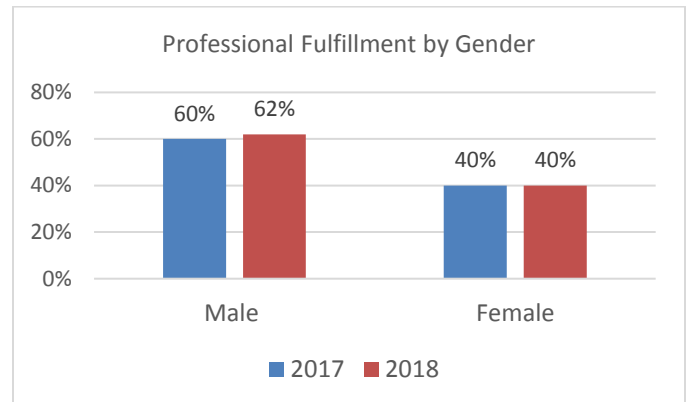


Figure 2: Professional fulfillment, by gender

UHA belongs to a consortium of academic medical centers called the Physician Wellness Academic Consortium, (PWAC), which uses the same survey measures to monitor physician well-being. ° As a benchmark, 41% of PWAC physicians report professional fulfillment in 2018.

* "Valuation of self" was referred to as "self-compassion" in our 2017 report

° PWAC members include Yale, the Cleveland Clinic, Advocate Health, Rush University, MedStar Health, UPMC, Boston Medical Center, CHOP, Stanford Health Care, Christiana Care Health System,

Brigham and Women's Hospital and partners, University of New Mexico, UW Health, and Wake Forest Health. As of October, 2017, the PWAC database includes approximately 6,000 faculty physicians and 1,000 residents and fellows (training providers).

The most fulfilled specialties in UHA are pulmonary medicine, surgery, hematology/oncology and obstetrics/gynecology.

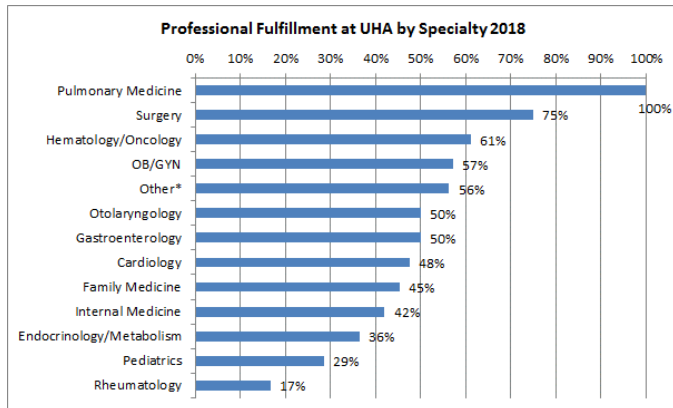


Figure 3: Professional fulfillment, by specialty in 2018
Other*: Dietitian/Nutritionist, Neurology, Orthopedics Surgery, Infectious Disease, Allergy/Immunology, Dermatology, & Radiology

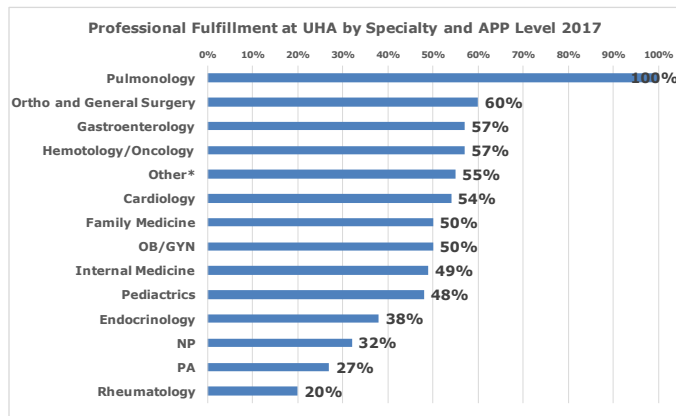


Figure 4: Professional fulfillment, by specialty in 2017

Predictors of Professional Fulfillment

Multivariate linear regression results indicate higher professional fulfillment is associated with a sense of alignment between personal and organizational values, perceived EHR helpfulness, lower sleep-related impairment, gratitude, valuing oneself more and mindfulness (after adjusting for self-reported age category, race, gender, and work hours)*. Table 1 illustrates the relationship between the three domains of provider wellness and professional fulfillment.

* To reduce the survey length, we eliminated the following domains: perceived appreciation, meaningfulness of clinical work, schedule control, job related damage to personal relationships, MIND diet score, and physical

Determinants of Professional Fulfillment UHA 2018		
	Standardized β	P value
Culture of Wellness		
Personal/organizational values alignment	0.405	p < 0.001
My frequency of expressing gratitude to others	0.135	p < 0.01
Personal experience of gratitude/ Subjective experience of gratitude	0.213	p < 0.001
Peer support		Not statistically significant
Gratitude others express to me		
Efficiency of Practice		
Perceived EHR Helpfulness	0.344	p < 0.001
Perceived Negative EHR Experience		Not statistically significant
Personal Resilience		
Lower Sleep-Related Impairment	-0.224	p < 0.001
Increased Self Valuation	-0.208	p < 0.005
Mindfulness	0.203	p < 0.001

Table 1. Predictors of professional fulfillment at UHA in 2018 categorized by the three domains of wellness
Grey font indicates results that are not statistically significant

Professional Fulfillment Trends

In 2017 we updated our measure of professional fulfillment, but if we refer to the prior measure we see that professional fulfillment has remained constant over the past four years. Both professional fulfillment measurement tools have been validated. Figure 5 shows the percentage of providers with high professional fulfillment (those providers who scored ≥ 3.5 on a 0-4 Likert Scale). Our average score for professional fulfillment, which we utilize for internal evaluation, was 2.8 in both 2017 and 2018. Over the past year, high professional fulfillment increased to 20% - which was our baseline level in 2015.

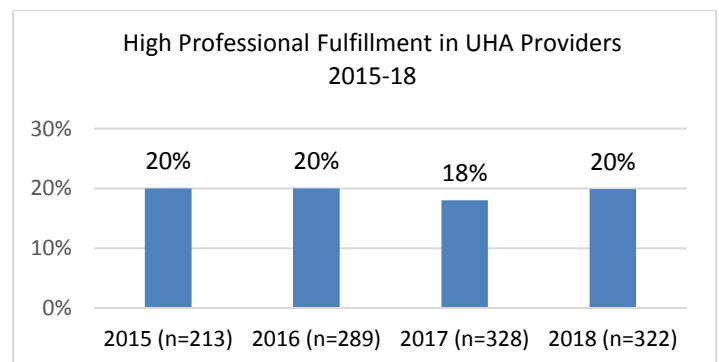


Figure 5: High professional fulfillment in all UHA Providers over 4 years

Burnout

activity. Top drivers of professional fulfillment in 2017 were meaningfulness of clinical work, perceived appreciation, self compassion (now referred to as self valuation), control of schedule and high perception of EHR helpfulness.

In 2018, 22% of UHA providers reported experiencing symptoms of burnout (emotional exhaustion and/or interpersonal disengagement), which is a 12% decrease from last year (Figure 6).***

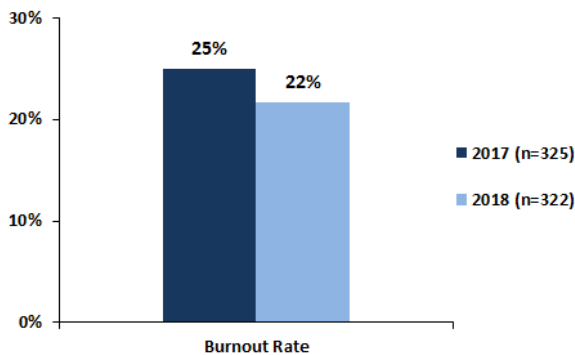


Figure 6: Burnout rate, for 2017 and 2018

While female providers have a burnout rate nearly twice as high as the rate for male providers (25% vs 16%), the decline in burnout rates for female providers is driving the overall drop in burnout at UHA (Figure 7).

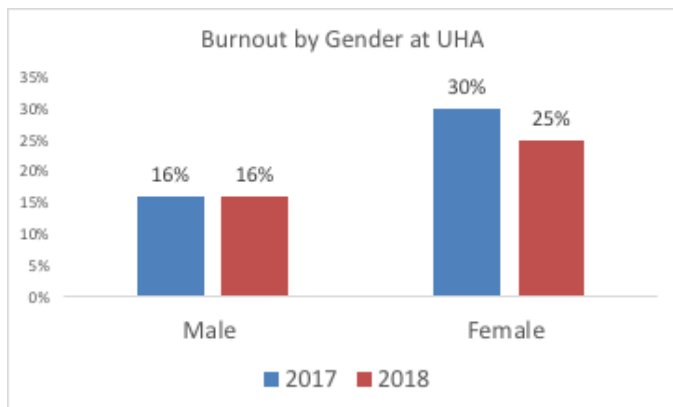


Figure 7: Burnout rate, by gender

Pulmonologists at UHA have the lowest level of burnout, followed by surgeons, internists and hematologist/oncologists (Figure 8). For comparison, refer to the specialty data for UHA in 2017 (Figure 9).

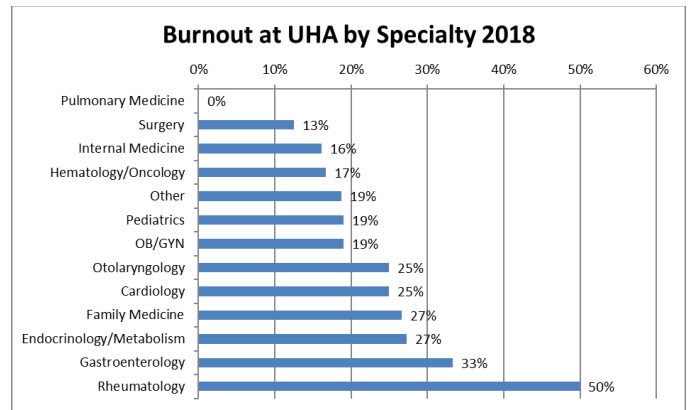


Figure 8: Burnout rate, by specialty in 2018

Other*: Dietitian/Nutritionist, Neurology, Orthopedic Surgery, Infectious Disease, Allergy/Immunology, Dermatology, Radiology.

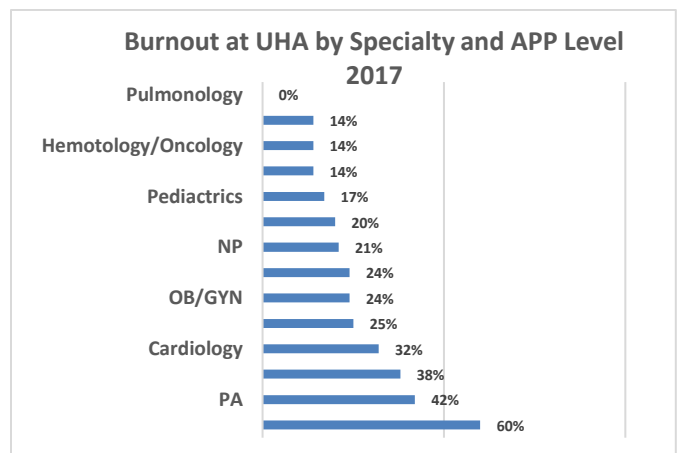


Figure 9: Burnout rate, by specialty in 2017

Predictors of Burnout

Multivariate linear regression results indicate higher burnout is associated with sleep-related impairment, perceived negative EHR experience and peer support, after adjusting for self-reported age category, race, gender, and work hours. Table 2 illustrates the relationship among the three domains of provider wellness and burnout. Bolded items are statistically significant predictors of burnout.

Note that to reduce the survey length we eliminated the following domains: perceived appreciation, meaningfulness of clinical work, schedule control, job related damage to personal relationships, MIND diet score, and physical activity. Top drivers of burnout in 2017 were low control over schedule and meaningfulness of clinical work.

*** Burnout was measured using a validated ten-item scale developed at Stanford for assessing emotional exhaustion and interpersonal disengagement during the past two weeks. Response options on a five-point Likert scale ranged from 0 to 4. Average scale-item scores of 1.33 or higher indicate burnout.

Predictors of Burnout UHA 2018		
	Standardized β	P value
Culture of Wellness		
Peer support	-0.253	p < 0.001
Personal/organizational values alignment	-0.137	p < 0.05
My frequency of expressing gratitude to others	-0.126	p < 0.05
Personal experience of gratitude/ Subjective experience of gratitude	Not statistically significant	
Gratitude others express to me		
Efficiency of Practice		
Perceived EHR Helpfulness	-0.137	p < 0.05
Perceived Negative EHR Experience	0.257	p < 0.001
Personal Resilience		
Lower Sleep-Related Impairment	0.437	p < 0.001
Increased Self Valuation	0.231	p < 0.001
Mindfulness	-0.186	p < 0.001

Table 2: Predictors of burnout at UHA in 2018 categorized by the three domains of wellness

Burnout Trends

As with our measure of fulfillment, we also updated our validated measure of burnout in 2017. To assess changes in burnout over time, we compared the self-defined burnout data measured since 2015 (Figure 10).[‡] Self-defined burnout has dropped significantly from 32% in 2015, stabilizing at 24-25% in the last two years. As shown in Figure 7, female providers had a 16% drop in burnout from 2017 to 2018.

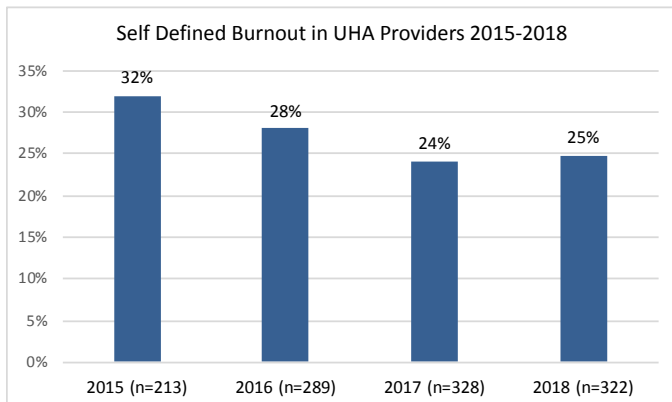


Figure 10: Rates of self-reported burnout in 2015-2018

Figure 11 shows the change in self-defined burnout reported by APP type. Among APPs, burnout in NPs decreased by 18 percentage points over the past year – a 37% reduction. For PAs, burnout increased by 4 percentage points over the same time period

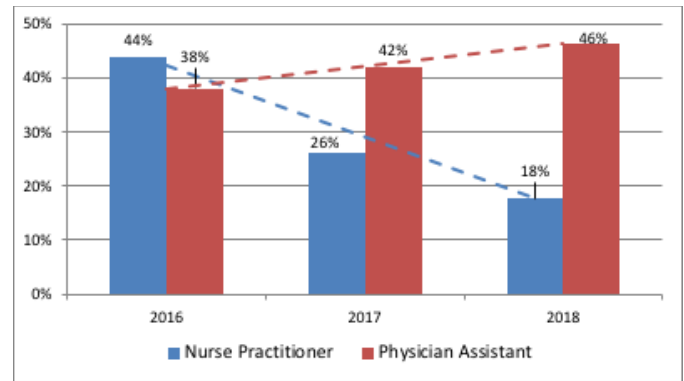


Figure 11: Rates of self-reported burnout by APP type

Qualitative Comments

In each annual survey, individuals are given the opportunity to make comments. This year, 93 respondents wrote comments, and these comments were further subdivided into 144 categorical comments that fell within the three domains of our professional fulfillment model: culture of wellness, efficiency of practice and personal resilience. 49% of comments were directed at efficiency of practice items (Figure 11); of these, 23% were pertaining to the electronic health record, followed by frustrations with team dynamics and staffing. Those who wrote comments pertaining to our culture of wellness (45%) were concerned about leadership communication and feeling heard by leaders, mission alignment and patient satisfaction (Figure 12).

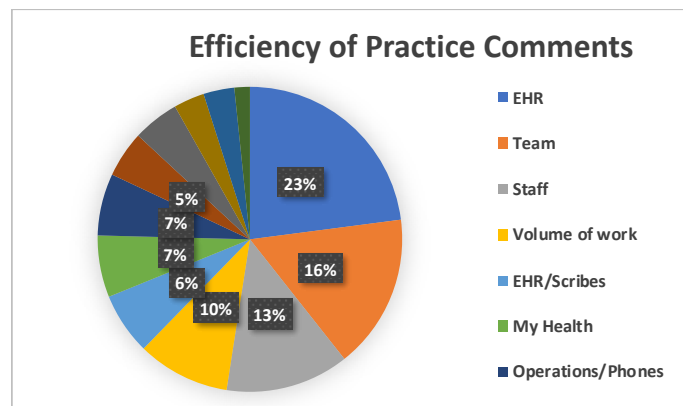


Figure 11: Efficiency of practice topics mentioned by providers in the comments section

[‡] This “self-defined” burnout rate was not measured with the scale used in the previous section, but rather with a single item that asks

respondents to assess their level of burnout using their own definition of burnout.

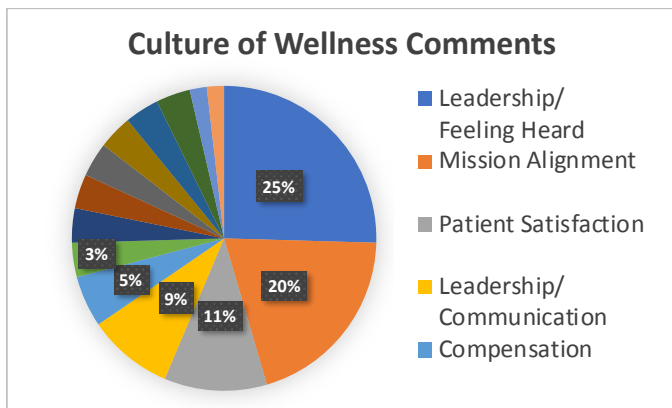


Figure 12: Culture of wellness topics mentioned by providers in the comments section

Discussion Points

Burnout, as defined by a 10-item validated measure, at UHA declined from 25% to 22% last year which is a 12% decrease in burnout. We hope this burnout decline is in part due to programs that were targeted at domains that strongly predict of burnout: EPIC concierge program focused on improving EHR usability and efficiency; the Comradery Project focused on improving peer support and meaning in work; and events held to create support among women in healthcare. Clearly, we want to continue to drive burnout rates even lower, but the ultimate goal is driving higher professional fulfillment.

Empirically Guided Plan to Achieve Professional Fulfillment of UHA Providers

Improving the culture of wellness

A strong culture of wellness is likely the most vital component to improving professional fulfillment. The results of our analysis point to values alignment and gratitude as statistically significant predictors of professional fulfillment. We will continue the Comradery Project and events focused on enriching female providers, but we will also start working to grow a culture of gratitude at UHA, initially through a clinic site-based program. As UHA and its four medical groups continue to mature, we are working to develop our clinical leaders so we not only espouse common values, but live them - uniting our providers and bringing

not only a sense of values alignment, but also one of community and solidarity. Leadership development, including enhancing communication and listening skills, will be a priority for UHA for future years.

Improving the efficiency of practice

Team based care is the future. While much attention is given to the electronic health record when analyzing efficiency of practice, teamwork is a huge component of success in modern health care, as highlighted by the qualitative comments in the survey. The solo practitioner is becoming less common, so we must improve our ability to work as highly successful teams in order to provide premier patient care and also care for ourselves. Future projects include: expanding the popular Epic concierge program, working on upgrading our EHR login capabilities, investigating avenues for collaborative documentation, piloting video visits, continuing medical assistant professional development, and expanding our adoption of team-based care. Team Based Care training is exciting and something that we believe will help our providers realize the joy of practice through collaboration.

Improving personal resilience

Many providers groan when they hear personal resilience mentioned. “Physician heal thyself” all over again, even though they work in an industry permeated with inefficiencies from simultaneously serving multiple different customers. If the health care system is going to transform, it needs not only for providers to participate, but also to lead. As many busy individuals have experienced, it’s often hard to problem solve when you barely have time to breath. Providers cannot be a force for creativity and innovation with tired bodies deprived of sleep, healthy food, quiet reflective time, exercise and outside joys. A strong, agile, and resilient professional is one who has joy and success in multiple areas of his or her life; if one area becomes challenging, the others can be sustaining. Individuals have great capacity to

change themselves and contribute to change in the work environment—even during challenging times, so **it is vital that we take care of ourselves.**

A note to the provider feeling burned out or exhausted

Burnout is not your fault. Health care is brimming with opportunities to become over worked, over stressed, and overwhelmed. Clinicians regularly confront challenging patients and situations on a good day, and morbidly and mortality on a bad one. While we have one of the most meaningful and rewarding jobs, it does come with difficulties. As we solve problems through technology and medical breakthroughs, others will arise. Burnout is an issue we will continue to grapple with no matter how much progress we make, because we care. If you are feeling this way, please know that this is not a flaw or character weakness. Thank you for caring so much about your patients and your colleagues, but please do remember to care for yourself.

Organizational strategies are paramount in addressing provider wellness. In 2017 we saw marked improvements in wellness scores among those who completed mindfulness trainings. This year we will offer a resource, through a grant from the Physicians Foundation, to help reduce sleep deficits, a top driver for burnout. The Provider Wellness Program will support—and where indicated, develop and implement—strategies aimed at improving resilience for providers who are interested in pursuing them.

Data Limitations

Data from the UHA Provider Wellness Survey and similar national surveys rely on self-reporting, which may introduce some bias. Responses may reflect greater awareness of burnout and concomitant willingness to disclose burnout symptoms. On the other hand, some providers may be reluctant to answer questions on sensitive topics candidly.

Assessing Our Progress

We will continue to use the survey to re-assess wellness of UHA providers annually. With these survey data, we aim to develop interventions to promote wellness at UHA and to measure their benefits for UHA providers and, ultimately, the quality of patient care these providers deliver.

The Provider Wellness and Professional Fulfillment Program is part of WELL@UHA, UHA's workplace well-being program.



References

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2. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc*. 2015;90(12):1600-1613.
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4. Welp A, Meier LL, Manser T. The interplay between teamwork, clinicians' emotional exhaustion, and clinician-rated patient safety: A longitudinal study. *Critical care (London, England)*. 2017;20(1):110.

APPENDIX A – CLINIC SATISFACTION SURVEY RESULTS AND QUESTIONS*

Efficiency of Practice Questions for the 2018 Physician Wellness Survey

Adopted from the **Physician Clinic Satisfaction Survey at Stanford Outpatient Clinics**

The following questions relate to your satisfaction with clinic function and are reported separately from the wellness measures

		Clinic satisfaction		
		Clinic Function	Access	Patient visit
Total	Mean	65	55	68
	N	317	319	319
	SD	20	24	20

Respondents were asked to indicate the degree to which they agree with the following statements on a scale from 1 to 5 where:

1 = Strongly Disagree | 3 = Neutral | 5 = Strongly Agree

Clinic Function
The Clinic Staff and I work together as a team
Senior UHA Leadership is responsive to the ideas and needs of UHA providers.
My Clinic operates effectively and efficiently
I understand our patient satisfaction scores and find them useful.
I feel empowered and supported to improve patient satisfaction scores.
Access
My patients' appointment availability and scheduling needs are met
My patients are satisfied with my clinic's phone services
My clinic has an effective mechanism to see urgent/same day appointments
It is easy to refer patients and have them seen by other providers at UHA and Stanford.
Patient Visit
I can access my patients' tests, information, and documentation in a timely manner
My patients leave their clinic visit with the tools and education necessary to adhere to their care plans
My clinic has the required resources and processes to start and end the clinic session within a reasonable time frame
I am confident that if my patient cancels or no-shows an appointment, my clinic has an effective follow up process for them to be seen.

*The options the clinical satisfaction domain questions ranged from strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree.

2018 UHA Provider Wellness Survey Questions

Professional Fulfillment
The options ranged from not at all true, somewhat true, moderately true, very true, and completely true
How true do you feel the following statements are about you <u>during the past two weeks</u> ?
a. I feel happy at work
b. I feel worthwhile at work
c. My work is satisfying to me
d. I feel in control when dealing with difficult problems at work
e. My work is meaningful to me
f. I'm contributing professionally (e.g., patient care, teaching, research, and leadership) in the ways I value most
Self-Valuation
The options ranged from never, rarely, sometimes, often, always
How often have you experienced the following?
a. When I made a mistake, I felt more self-condemnation than self-encouragement to learn from the experience
b. I was less compassionate with myself than I was with others
c. I put off taking care of my own health due to time pressure
d. Taking care of my needs seemed incompatible with taking care of my patients' needs
Burnout
The options ranged from not at all, very little, moderately, a lot, extremely
To what degree have you experienced the following?
<i>Emotional exhaustion</i>
During the past two weeks I have felt...
a. A sense of dread when I think about work I have to do
b. Physically exhausted at work
c. Lacking in enthusiasm at work
d. Emotionally exhausted at work
<i>Interpersonal disengagement</i>
During the past two weeks my job has contributed to me feeling...
a. Less empathetic with my patients
b. Less empathetic with my colleagues
c. Less sensitive to others' feelings/emotions
d. Less interested in talking with my patients
e. Less connected with my patients
f. Less connected with my colleagues

Self-Defined Burnout
Using your own definition of "burnout", please select one of the following responses:
a. I enjoy my work. I have no symptoms of burnout.
b. Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
c. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
d. The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
e. I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
Sleep-Related Impairment
The options ranged from not at all, a little bit, somewhat, quite a bit, very much
Please respond to each item by selecting one answer per row.
In the past 7 days...
a. I had a hard time getting things done because I was sleepy
b. I felt alert when I woke up
c. I felt tired
d. I had problems during the day because of poor sleep
e. I had a hard time concentrating because of poor sleep
f. I felt irritable because of poor sleep
g. I was sleepy during the daytime
h. I had trouble staying awake during the day
Electronic Health Record Experience
The options ranged from never, rarely, sometimes, often, always
How often do you experience the following when using the EHR?
a. EHR tools help me communicate with patients efficiently
b. I am able to quickly locate information I need
c. EHR tools help me enter orders efficiently
d. EHR tools help me coordinate care efficiently
e. EHR work makes it hard for me to pay undivided attention to my patients during face-to-face visits
f. I have to spend too much time completing EHR tasks other team members could do
g. The amount of work I have to do in the EHR per patient is excessive

Mindfulness

The options ranged from never, rarely, sometimes, often, always

How true do you feel the following statements are about you during the last 7 days?

During the last 7 days...

- a. I noticed subtle things like the aromas or smells around me, or the sound of a bird.
- b. When talking with other people, I was aware of my own emotions.
- c. I was able to focus on tasks without getting distracted by other thoughts.
- d. I refrained from being critical when I felt upset or irritated.
- e. When I had unpleasant thoughts or feelings, I noticed them without feeling compelled to react.

Organizational/ Personal Values Alignment

The options ranged from not at all true, somewhat true, moderately true, very true, completely true

- a. How true are the following statements about conditions in your practice setting (i.e., your principal practice site)?
- b. My input is valued in important administrative decisions
- c. My medical group's goals and values fit well with my goals and values
- d. Administration appreciates my clinical work

Peer Support

The options ranged from not at all true, somewhat true, moderately true, very true, completely true

How true are the following statements about your peers at work?

My peers at work...

- a. Listen empathetically when I talk about work-related stress
- b. Lift me up when I'm having a difficult day
- c. Help me find solutions to work problems
- d. Pitch in when I need help with my work

Gratitude: Personal experience of gratitude/ Subjective experience of gratitude
The options ranged from not at all, a little bit, moderately, quite a bit, extremely
My colleagues and coworkers appreciate...
a. The work I do for my patients
b. My contributions to our team
c. Things I do for them
a. Having me as a colleague or coworker
Gratitude: Gratitude others express to me
The options ranged from never, rarely, sometimes, often
During the past two weeks...
a. Colleagues and coworkers thanked me for specific things I did for our patients, or our team
b. My direct supervisor, site lead or medical president expressed sincere appreciation for specific things I did for patients
c. Colleagues and coworkers thanked me for specific things I did for them
d. My direct supervisor, site lead or medical group president expressed appreciation for things I did for them, or our team
Gratitude: My frequency of expressing gratitude to others
The options ranged from never, rarely, sometimes, often, very often
During the past two weeks...
a. I thanked colleagues and coworkers for specific things they did for patients, or our team
b. I expressed appreciation for things my direct supervisor, site lead or medical group president did for patients, or our team
c. I thanked colleagues and coworkers for specific things they did for me
d. I expressed sincere appreciation for things my direct supervisor, site lead or medical group president did for me.
Moderate or higher likelihood of leaving institution
What is the likelihood that you will leave UHA within 2 years?
The options ranged from none, slight, moderate, likely, definitely