



“Taking the Pulse of Jefferson Primary Care: Provider and Team Wellness Survey Results and Next Steps”

Randa Sifri, MD
Amy Cunningham, PhD, MPH
Department of Family and Community Medicine
Thomas Jefferson University

Keith Sweigard, MD
Associate CMO and SVP, Jefferson Medical Group
Co-Lead, Jefferson Primary Care Service Line

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Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure work-related dimensions of well-being. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the Research, Data, and Access Working Group of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience.

<https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>

Survey Items and Distribution

Plan is to use same survey every 6 months!

Survey Items (30)

- ▶ Demographic items (5): Did not differentiate between FM and IM, but will do so in next survey
- ▶ Perceived Stress Reactivity Subscale (4)
- ▶ Abbreviated Maslach Burnout Inventory (9)
- ▶ Mini-Z Burnout Survey (10)
- ▶ Rating of work-related wellness (scale of 1-10)
- ▶ Open-ended question: What is one thing that would improve your work-related wellness?

Survey Distribution

- ▶ Emailed to primary care providers and staff at 4 different campuses (100 practices) February 8-15; reminders sent two weeks later

Results

- ▶ 429 of 1155 potential respondents completed the survey, for a 37% response rate
- ▶ Response rates by campus:
 - ▶ Jefferson Northeast: 122/209 = 58%
 - ▶ Jefferson Center City: 124/326 = 38%
 - ▶ Jefferson New Jersey: 75/203 = 37%
 - ▶ Jefferson Abington: 69/417 = 17%
 - ▶ 39 did not specify campus





Burnout and Wellness Results

• For each measure, examined overall average scores, as well as differences by all demographic categories

Prolonged Reactivity Subscale (When you get home... Can you shut work down?)

- Subscale of the Perceived Stress Reactivity Scale
- For each item:
 - scored 0 if infrequent/no difficulty disconnecting from work stress;
 - 1 if some difficulty
 - 2 if frequent difficulty

1. When I want to relax after a hard day at work...
 1. This is usually quite difficult for me
 2. I usually succeed
 3. I generally have no problem at all
2. When I have spare time after working hard...
 1. It is often difficult for me to unwind and relax
 2. I usually need some time to unwind properly
 3. I am usually able to unwind effectively and forget about the problems of the day
3. When I am under stress...
 1. I usually can't enjoy my leisure time at all
 2. I usually have difficulty enjoying my leisure time
 3. I usually enjoy my leisure time
4. When tasks and duties accumulate to the extent that they are hard to cope with...
 1. My sleep is unaffected
 2. My sleep is slightly disturbed
 3. My sleep is very disturbed

Schleider W, Yim H, Zoccolato PM, Jansen L, Schulz P. The perceived stress reactivity scale: Measurement invariance, stability, and validity in three countries. Psychological assessment. 2013; Mar;21(3):300.

Prolonged Reactivity Subscale Results

- Score ranges from 0-8; *higher score indicates prolonged reactivity*
- **Overall mean (SD): 3.89(1.55)**; slightly higher than prior studies
- Significant differences by age ($p < .001$) only; consistent with prior research:

Age Range	N	Mean	SD
18-24	3	4.67	0.58
25-33	64	4.28	1.61
34-44	111	4.23	1.46
45-54	99	3.58	1.49
55+	77	3.4	1.56
Prefer not to say	2	5	0



Maslach Burnout Inventory (MBI)

- Original MBI: 22 items measuring three dimensions:
 - Emotional Exhaustion
 - Personal Accomplishment
 - Depersonalization
- JMG: Used an abbreviated MBI (aMBI); 9 items measuring same three dimensions
- The MBI creators view burnout as a continuum
 - The MBI manual does not recommend using a dichotomous burnout score; rather, scores for each subscale should be reported
 - **Scored 0-18.**
 - *Higher scores on Emotional Exhaustion and Depersonalization are indicators of burnout.*
 - *Lower score on Personal Accomplishments is an indicator of burnout.*

McManus IC, Windsor BC, Gordon D. The causal links between stress and burnout in a longitudinal study of UK doctors. Lancet. 2002;359:2089-2090.

Abbreviated Maslach Burnout Inventory

	Every day (0)	A few times a week (1)	Once a month (2)	3-5 times a month (3)	Once a month (4)	A few times a year (5)	Never (6)	
Working with people all day is really a strain for me								Emotional Exhaustion (0-18)
I feel emotionally drained from my work								
I feel fatigued when I get up in the morning and have to face another day on the job								Personal Accomplishment (0-18)
I feel I'm positively influencing other people's lives through my work								
I deal very effectively with the problems of my patients								Depersonalization (0-18)
I feel exhilarated after working closely with my patients								
I've become more callous towards people since I took this job								
I don't really care what happens to some patients								
I feel I treat some patients as if they were impersonal objects								

aMBI Results

- Emotional exhaustion had normal distribution:
 - Mean (SD) = 9.11(5.25) out of 18
- Depersonalization highly skewed towards low depersonalization:
 - Median(IQR) = 1.00(4.00) out of 18
- Personal accomplishment highly skewed towards high levels of accomplishment:
 - Median(IQR) = 15.00(4.00) of 18

Lower emotional exhaustion and depersonalization and higher personal accomplishment compared to prior studies using aMBI

McManus JC, Keeling A, Paice E. Stress, burnout and doctors' attitudes to work are determined by personality and learning style: a twelve year longitudinal study of UK medical graduates. BMC medicine. 2004 Dec;2(1):1-2.
 Zuraida AB, Zamri N. Exploring burnout among Malaysian junior doctors using the abbreviated Maslach Burnout Inventory. Malaysian Journal of Psychiatry. 2015;24(1).

aMBI Differences by Role

- Significant differences in depersonalization and personal accomplishment by role

Depersonalization				Personal Accomplishment			
Role	Number	Median	IQR	Role	Number	Median	IQR
Nurse	5	3.00	3.50	Administrative Assistant	8	13.00	9.00
Physician	108	3.00	5.00	Billing/Registration/Schedulers/Referral	42	14.00	5.00
Care Managers/Coordinator	12	2.50	5.00	Nurse Practitioner/Behavioral Health Consultant	17	14.00	2.50
Administrator/Office Manager/Financial	43	1.00	3.00	Administrator/Office Manager/Financial	43	15.00	4.00
Nurse Practitioner/Behavioral Health Consultant	18	1.00	4.25	Medical Assistant	89	15.00	2.75
Billing/Registration/Schedulers/Referral	44	0.50	3.00	Physician	108	15.00	3.00
Coordinators/Phone Room/Medical Records/Research Coordinator	5	0.00	0.50	Care Managers/Coordinator	12	15.00	2.75
Medical Assistant	84	0.00	1.00	Nurse	5	16.00	4.50
Quality Staff	7	0.00	1.00	Quality Staff	7	17.00	6.00
				Coordinators/Phone Room/Medical Records/Research Coordinator	6	17.50	4.50

Mini-Z 2.0 Burnout Assessment Survey

- 10-item assessment developed by Mark Linzer, MD; adopted by AMA as part of their Steps Forward program
- Assesses seven drivers of burnout and three outcomes:
 - Drivers: work control, work chaos, teamwork, values alignment with leadership, documentation time pressure, EMR use at home, and EMR proficiency
 - Outcomes: burnout (correlates with Emotional Exhaustion MBI subscale), stress and satisfaction

Linzer M, Poplous S, Babbott S, Collins T, Guzman-Corralles L, Menk J, Murphy ML, Ovington K. Worklife and wellness in academic general internal medicine: results from a national survey. Journal of general internal medicine. 2016 Sep;31(9):1004-10.
 Linzer M, Smith CD, Hingle S, Poplous S, Miranda R, Freese R, Palamara K. Evaluation of Work Satisfaction, Stress, and Burnout Among US Internal Medicine Physicians and Trainees. JGIM Network Open. 2020 Oct 1;3(10):e018758.

Figure: Mini-Z 2.0 Survey*

1. Overall, I am satisfied with my current job.	5. Agree strongly	4. Agree	3. Neither agree nor disagree	2. Disagree	1. Strongly disagree
2. Using your own definition of burnout, please choose one of the numbers below:					
3. I enjoy my work. There are no symptoms of burnout.					
4. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.					
5. I am beginning to burn out and have one or more symptoms of burnout, eg, emotional exhaustion.					
6. The symptoms of burnout that I experience are now so severe I think about work frustrations a lot.					
7. I feel completely burned out. I am at the point where I may need to seek help.					
8. My professional values are well aligned with those of my clinical leaders.	5. Agree strongly	4. Agree	3. Neither agree nor disagree	2. Disagree	1. Strongly disagree
9. The degree to which my care team works efficiently together is:	1. Poor	2. Marginal	3. Satisfactory	4. Good	5. Optimal
10. My control over my workload is:	1. Poor	2. Marginal	3. Satisfactory	4. Good	5. Optimal
11. The amount of time I spend on the electronic medical record (EMR) at home is:	1. Excessive	2. Moderately high	3. Satisfactory	4. Modest	5. Minimal/none
12. The EMR adds to the frustration of my day.	5. Agree strongly	4. Agree	3. Neither agree nor disagree	2. Disagree	1. Strongly disagree
13. Which number best describes the atmosphere in your primary work area?	None, but invariable				
	5	4	3	2	1

Total score ranges from 10-50 (higher is better); 40 or higher associated with a "joyous workplace"

Overall Mini-Z Score

- **Mean (SD): 32.09 (SD 3.99)** out of 50
 - AMA maintains national database of MD scores: benchmark mean = 29-32
 - No benchmarks for other healthcare professions
- **Joyous Workplace (score of 40 or above): 8 (1.9%)**
 - Compared with 11% in national sample
- **Large number of missing responses (72-79): Admin staff, ~20 MAs, a few physicians**

Linzer M, Smith CD, Hingle S, Poplau S, Miranda R, Freese R, Palamara K. Evaluation of Work Satisfaction, Stress, and Burnout Among US Internal Medicine Physicians and Trainees. JAMA Network Open. 2020 Oct 1;3(10):e2018758.

Overall Mini-Z Score by Role

Role	N	Mean	SD
Coordinators/Phone Room/Medical Records/Research Coordinator	6	36.00	2.19
Care Managers/Coordinator	13	34.62	2.14
Administrative Assistant	8	34.50	3.25
Quality Staff	7	34.43	4.31
Medical Assistant	90	34.38	3.43
Administrator/Office Manager/Financial	41	33.07	2.94
Billing/Registration/Schedulers/Referral	42	32.93	2.44
Nurse Practitioner/Behavioral Health Consultant	17	31.24	2.46
Physician	109	29.03	3.57
Nurse	5	28.80	4.97

Overall Satisfaction with Current Job

Overall, I am satisfied with my current job:

	N = 355	
	Frequency	Percent
Strongly disagree	18	5.1
Disagree	44	12.4
Neutral	86	24.2
Agree	147	41.4
Strongly agree	60	16.9

58.3%

Using Your Definition of Burnout

Using your own definition of "burnout", please select one of the answers below:

N = 429

	Frequency	Percent
I enjoy my work. I have no symptoms of burnout	49	11.4
I am under stress, and don't always have as much energy as I did, but I don't feel burned out	135	31.5
I am definitely burning out and have one or more symptoms of burnout	113	26.3
The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot	39	9.1
I feel completely burned out. I am at the point where I may need to seek help	21	4.9
Total	357	83.2
Missing	72	16.8

48.4%
MDs 52%

Professional Values Well-Aligned with Practice Leaders

My professional values are well aligned with those of my practice leaders:

N = 356

	Frequency	Percent
Strongly disagree	23	6.4
Disagree	44	12.4
Neither agree nor disagree	79	22.2
Agree	148	41.6
Strongly agree	62	17.4

59%

Degree to which my care team works together efficiently

The degree to which my care team works together is:

N = 354

	Frequency	Percent
Poor	20	5.6
Marginal	37	10.5
Satisfactory	99	28.0
Good	165	46.6
Optimal	33	9.3

84%

I Feel a Great Deal of Stress

I feel a great deal of stress because of my job:

N = 357

	Frequency	Percent
Strongly disagree	19	5.3
Disagree	54	15.1
Neutral	109	30.5
Agree	114	31.9
Strongly agree	61	17.1

49%

The Amount of Time I Spend on the EHR

The amount of time I spend on the electronic health record (EHR) at home is:

N = 352		
	Frequency	Percent
Excessive	27	7.7
Moderately high	69	19.6
Satisfactory	40	11.4
Modest	45	12.8
Minimal/none	171	48.6

72.8%

Sufficiency of Time for Documentation

Sufficiency of time for documentation is:

N = 354		
	Frequency	Percent
Poor	58	16.4
Marginal	75	21.2
Satisfactory	111	31.4
Good	91	25.7
Optimal	19	5.4

62.5%

Atmosphere in Primary Work Area

Which option best describes the atmosphere in your primary work area?

N = 355		
	Frequency	Percent
Calm	21	5.9
Busy, but reasonable	240	67.6
Hectic, chaotic	94	26.5

79.4%

Control over Workload

My control over my workload is:

N = 356		
	Frequency	Percent
Poor	46	12.9
Marginal	68	19.1
Satisfactory	112	31.5
Good	114	32.0
Optimal	16	4.5

68%

Proficiency with EHR Use

My proficiency with EHR use is:		
N = 350		
	Frequency	Percent
Poor	7	2.0
Marginal (6)	23	6.6
Satisfactory	68	19.4
Good	157	44.9
Optimal	95	27.1

} 91.4%

How would you rate your work-related wellness (1-10)?

- Overall mean (standard deviation): 5.85(2.45)
- Significant differences by campus ($p < .001$), role ($p = .007$)

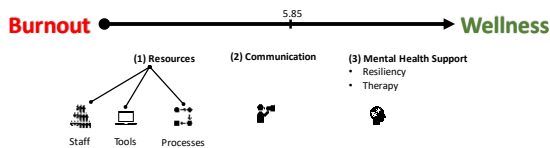
Campus	N	Mean	SD	Role	Number	Mean	SD
Jefferson	61	6.72	2.009	Coordinator/Phone Room/Medical Records/Research Coordinator	6	7.33	2.16
Jefferson Center City	113	6.18	2.206	Care Managers/Coordinator	13	6.69	2.39
Jefferson Northeast	101	5.52	2.697	Medical Assistant	90	6.58	2.51
Jefferson Abington	58	4.52	2.281	Quality Staff	7	6.29	1.80
				Billing/Registration/Schedulers/Referral	45	6.00	2.88
				Nurse Practitioner/Behavioral Health Consultant	18	5.56	2.04
				Administrative Office Manager/Financial	46	5.50	2.33
				Physician	109	5.35	2.22
				Administrative Assistant	8	4.75	3.15
				Clinical Support Nurse	5	4.00	1.58

What is one thing that would improve your work wellness?

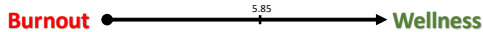


- 202 responses (some with multiple suggestions)
- Will require further analysis; preliminary themes:
 - 1) **Staff:** "adequate staffing," "more support staff" - Phone staff, medical assistants
 - 2) **Time:** longer appointments, more admin time, particularly with increase in patient tasks and messages and to manage increased number of trainings/new EMR
 - 3) **Better communication/teamwork:** both within practices and from leadership

Action Plans:



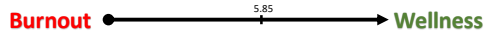
Action Plans:
(1) Commit to Essential Resources



- Fill Vacant **Staff** Positions (MAs and PT Registrars / phone staff)
 - Recruitment
 - Recruitment Bonus
 - Jeff Temps
 - Partner with MA schools / Externships
 - Consider restart enhanced MA program
 - Retention
 - Exit and Stay Interviews
 - Recognition opportunities
 - Add Value for staff: (ex: MA educational Sessions)
 - Support Overtime pay for staff (if interested) including meetings

JH Center City Best Practice
• JHAs: fully participate in screening future colleagues

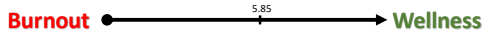
Action Plans:
(1) Commit to Essential Resources



- **Tools & Process Issues**
 - Scheduling
 - Seamless access errors
 - Lack of control over schedule (physicians)
 - Reduce EMR Burden, Redesign Workflow
 - My Chart messages and inbox
 - Re-evaluate message workflow for physicians and support staff
 - Added Skill set – RNs Triage.
 - CC: "All large/medium practices have RNs!"
 - Regular mentorship for improved efficiency – All Roles
- Personal Safety: COVID PPE

JH Center City Best Practice
• JHAs: Reorganize of inbox workflow

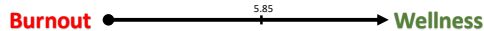
Action Plans:
(2) Enhance Communication



- SR Admin Aware & Engaged
- Practice Visits (Virtual and In-Person)
- Create Venues & Flatten Hierarchy
 - Huddles (Brief & Debrief)
 - Resume CPC+ Weekly Team Meetings
 - Office Business Meetings (IM/FM)
 - Consider
 - Support Staff Council with Admin & Clinical Leadership
 - Consider Primary Care Townhalls
- Address sensitive content
 - Causes of Staff Vacancies
 - EMR Transition & workflow
 - Pandemic impact
 - Productivity concerns
 - Compensation - Quality vs volume
 - Work life balance

Best Practice:
Address Progress, Barriers and Action Plans...

Action Plans:
(3) Provide Mental Health Support & Resilience



- Partner with Behavioral Health & HR Resources

<p>FIRST CALL</p> <p>Confidential and free mental health services of licensed counselors and therapists. Phone: (800) 962-2277. Online: www.firstcall.org. Hours: Monday - Friday, 9 AM - 5 PM.</p>	<p>CAREBRIDGE</p> <p>Employee and family mental health services of licensed counselors and therapists. Phone: (800) 657-0911. Online: www.carebridge.com. Hours: Monday - Friday, 9 AM - 5 PM.</p>
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Individual Therapy

Prevention
JAH Best Practice - Resiliency
• Proactive Support Teams
• Resilience Wellness Champions