

CAREGIVER BURNOUT CONSORTIUM

The Caregiver Burnout Consortium was co-created by the [Limeade Institute](#) in partnership with several healthcare organizations. With a sincere desire to tackle employee burnout, the consortium was formed to discuss new research, present case studies and share best practices. All healthcare groups are welcome to join the series of quarterly webinars.

First meeting: May 18, 2018

Topic: Burnout fundamentals and best practices-sharing with Allina Health

OUR EXPERTS



Laura Hamill, Ph.D.
Chief Science Officer
Chief People Officer
Limeade



Corey Martin, MD
Lead Physician, Physician Resiliency
Training and Burnout Prevention
Allina Health

PART 1: BURNOUT FUNDAMENTALS

Laura Hamill, Ph.D., Limeade Chief People Officer & Chief Science Officer

Burnout happens when a highly engaged employee begins to have low well-being without any support from their manager or organization. Caregivers tend to be at the intersection of feeling engaged and mission-driven but feeling over-stressed and under-supported — and are at risk for burnout. This leads to exhaustion, cynicism, inefficacy and poor patient care.

Key learnings from Dr. Hamill

- Well-being and engagement are connected
- Engaged employees tend to report low levels of stress
- In order to burnout, you have to have been 'on fire'
- We often lose our most committed employees to burnout
- Burnout is typically caused by organizational issues, but manifests itself so differently so we tend to think of it as an individual problem
- Caregivers face an uphill battle — we need to do more to change the systemic and organizational causes of burnout
- Employees can also learn ways to manage and reframe stress
- Organizations have a responsibility to intervene to prevent burnout

PART 2: ALLINA DISCUSSION

Corey Martin, MD, Lead Physician, Physician Resiliency Training and Burnout Prevention at Allina Health

Dr. Martin shared his personal story about the death of two colleagues, which sparked the organization's focus on burnout. He oversees Allina's burnout efforts, which are focused on three core buckets:

- Personal Resilience
 - How can physicians take time for themselves?
- Culture, teamwork and leadership
 - How can we develop more social connections and create a place where physicians feel supported?
- Organizational efficiency
 - How can we address organizational systems to support physicians?

Examples of how Allina is addressing burnout:

- **Personal Resilience:**
 - Everyone has access to EAP, but they've developed a *physician burnout hotline* which signals to their physicians that it's OK to ask for help. Dr. Martin lamented that when 80% of physicians call in, their burnout symptoms are extreme, "they're so far down the line that they're already looking for another job."
- **Culture, team, leadership:**
 - *Pilot program* with nurses focused on relationship-based care to get back to the joy, meaning and purpose of work. They're starting to extend this to physicians.
 - "*Tuesdays with Corey*" – standard time each week to get breakfast together. Sometimes there is a discussion, a video or even a poem. Other times, they just hang out and read the paper. This time is an opportunity to bring back the social

connections that were once more part of the culture (i.e.: Drug rep lunches that are no longer allowed).

- **Organizational efficiency:**
 - Research showed physicians were spending an average of 2 hours each night just on paperwork. To address this, Allina hired people to support with EPIC and medical record input.

Key learnings from Dr. Martin

- You can't just talk about one bucket or only focus on personal resilience. You must look at it holistically. It's really about the organization that is acting as a "pressure cooker."
- You also have to be careful about the message, because people don't want to feel like "they're broken."
- If we say it's an organizational issue, we have to keep the personal resiliency going since it takes much longer to roll out organizational changes.
- No need to look for the silver bullet. Just take the 1st best step. It may be simple like setting up a monthly lunch for your team.

PART 3: AUDIENCE Q&A

Q: What are the signs of burnout?

- Dr. Hamill: You can sometimes tell in people. It can look like lower energy.
- Dr. Martin: Most times it's not easy to see and physicians are great at covering it.

Q: Tips for personal resilience?

- Dr. Hamill: You can't "mindfulness" your way out of it!
- Dr. Martin: Yes, most physicians don't have time for it. Instead I focus on smaller things like gratitude. Each morning I come in and write one email of gratitude to start my day. Another way to address resilience is through social connections. We are social animals and many physicians suffer from loneliness. They spend all day behind closed doors with one patient at a time. Look for ways to foster connections.

Q: Hard to tell senior leaders that it's our organization's fault. How can we raise the issue internally?

- Dr. Hamill: It's helpful when you find a leader who has suffered from burnout—they understand and can relate to it.
- Dr. Martin: Finding an ally in the leadership team is key. Part of it is to build the case for leadership. You can use a new online tool from the AMA: [Stepsforward.org](https://stepsforward.org). You can enter in the number of physicians and other information and the calculator will tell you about the costs of physician turnover for your organization.

Q: I heard that physicians are hesitant to seek behavioral health help, due to the potential impact on their licensing renewals? Have you seen this and how do you counsel for it?

- Dr. Martin: This is a valid question. For us, all the EAP interactions are completely confidential. So, there aren't any implications for their licensing. We know it's a concern and don't want to deter them from coming forward to ask for help.

Q: How do you measure burnout? How can we figure out how widespread it is?

- Dr. Hamill: One way is through an engagement survey. Often, you can get to an understanding of burnout through two questions around stress and engagement. Or you can ask the question, "Are you at risk of burnout?" We offer a burnout risk indicator as part of our employee engagement platform, specifically on the Engagement dashboard that helps employers see which groups are at greatest risk for burnout.
- Dr. Martin: You can also use Maslach's survey on burnout. We surveyed our physicians and had a 44% response rate, which is incredibly high for physicians. It shows they really care about the topic. But the second year, we had a drop off to 29% because they felt that they didn't see any results or action after taking it the first time.
- Dr. Hamill: Yes, it's important to take action on the survey. Many times action is happening, but people don't know about it. It's just as important to communicate the results and the plans for them.

Thanks again for joining us for the first Caregiver Burnout Consortium webinar. Please [join us](#) for the next meeting on September 20, 2018.