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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.

Fourth meeting: May 14, 2019

Guided discussion with UNC Health Care

OUR EXPERTS

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Chief People Officer
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UNC Health Care

PART 1: HOW WE DEFINE BURNOUT AT THE LIMEADE INSTITUTE

Laura Hamill, Ph.D., Limeade Chief People Officer & Chief Science Officer
Burnout happens when an employee is highly engaged but has 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.

PART 2: GUIDED DISCUSSION WITH UNC HEALTH CARE

Samantha Meltzer-Brody, MD, MPH; Executive Medical Director, UNC Health Care Well-Being Program; Associate Chair, Faculty Development; Director, Perinatal Psychiatry Program
Dr. Meltzer-Brody shared her experience creating and leading programs that address caregiver burnout and support well-being and engagement for all UNC Health Care system employees including physicians, clinicians, nurses and medical center staff. She oversees many efforts at UNC Health Care to address burnout across the entire employee population. She is the Executive Medical Director of the system-wide Well-Being Program serving as Associate Chair for Faculty Development, and she also founded the UNC Health Care program, Taking Care of our Own.

KEY LEARNINGS:

- Initiatives designed to address and prevent burnout need to be applied and available to all health care system employees — not just physicians, clinicians and nurses
- UNC Health Care invested in caregiver burnout because data shows that in order to have a highly functioning, productive and engaged workforce, employees need to be well
- Top priority for reducing caregiver burnout involved understanding primary stressors and addressing the environment that is cause for those stressors
- Teaching physicians, clinicians, nurses and staff self-care behaviors is important but from the time employees walk into the workplace, it's important that their organization take responsibility for the culture of the workplace and the system in which they work
- It takes a comprehensive team approach with people from across the organization, as well as a champion network of leaders, to implement real changes that will result in a better workforce

DISCUSSION SUMMARY

Q: Tell us a bit about UNC Health Care?

- UNC Health Care is a large health care system in North Carolina. The academic medical center is in Chapel Hill, a UNC Hospital which is a large tertiary care teaching hospital. It

also includes a network of 11 affiliated hospitals and hospital systems within North Carolina.

Q: What exactly do you do at UNC Health Care?

- I am the Executive Director of our well-being program and as of July 2018 that is a system-wide program focused on approximately 35,000 employees across the health care system that includes providers and non-providers. We've tried to take a very inclusive approach that will focus on well-being for the entire workforce. This grew out of our initial efforts in the school of medicine working on physician well-being. One of the most important things to highlight is physicians are one part of the health team but interact with all other members of the team. So, if you're going to think about well-being for a team, you need to think about well-being for each important member of the team. We've expanded [our program] to include all members of the team in the entire workforce.

Q: Did you evolve the idea of expanding to the whole team over time?

- It evolved over time. It began initially in 2012 with the *Taking Care of Our Own* program where I, as a psychiatrist, began taking care of physicians who had burnout and other mental health issues. However, we realized over time you have to think about the environment in which the physician is working and that's why we expanded to the entire health care system.

Q: So tell me more about why UNC Health Care decided to invest in caregiver burnout and how did it become such a concerted effort?

- We realized as a health care organization it was vital for the well-being of our workforce. The data is compelling that if you don't have a well workforce, you're not able to meet the goals of the organization. Over the last decade and largely from the excellent work that came out of the Mayo Clinic, the data is very clear that in order to have a highly functioning, productive and engaged workforce, they need to be well.

Q: How long was the evolution until the organization was ready to invest?

- It was a journey from 2012 to 2018 when we expanded from focus on physician mental health issues from the school of medicine to be a priority for the whole health care system.

Q: Can you describe the approach you're taking to address burnout?

- We're taking a 360 approach, looking at the underlying drivers to be effective at making things better. There's been an enormous amount of work around mindfulness for stress reduction, but if you don't address the stressful environment that people are working in, then practicing mindfulness isn't going to be as effective as addressing the environment that's providing those primary stressors.

Q: Can you tell us what your team has tried to do to influence that environment?

- We're trying to understand how people are working in the health care setting — what is their day like from the time they arrive in the morning until the time they leave, and what obstacles they're encountering. We're doing a lot around care redesign. If people like their work environment, feel supported in what they're doing, things tend to go much better.

- Every individual needs to be responsible for themselves and be sure they're taking part in self-care activities and doing things that are restorative. It may be different things for different people — going to the gym, walking their dog after work, or doing yoga, but everyone needs to take responsibility for that piece and spending quality time with friends and family.

- But from the time employees walk into the workplace, it's important that their organization take responsibility for the culture of the workplace and the system in which they work. Even if people are nice — if workflows and organizational structure or adequate support are not in place — that's going to quickly make people unhappy. Think about it holistically, tackle the primary drivers and help people think about health-inducing behaviors.

Q: What aspects of your approach have worked the best?

- What we learned was that it takes a very comprehensive team approach. As we developed this physician mental health program, we realized that unless we engaged the health care system in which the physicians were working, we were only going to get so far. We now have a team that includes HR, information support services to support improving quality, health care engineering and care redesign efforts. Once you identify real drivers of stress, and want to address those, you need support from senior leadership to implement real changes for a happier workforce.

Q: How did working across silos happen to help solve the problem of burnout?

- It took time and it took bridge-building to do that. It was a matter of trying to make the case that there is a clear value to taking this seriously and all of us collaboratively together. Sometimes you need to make the bottom-line case — attrition of doctors and nurses is extremely costly in the healthcare system. All of this impacts the ability to provide quality patient care, all of it is associated with medical errors and other things. You're going to have a much stronger system if everyone feels engaged. It's not only about physicians but the immense workforce that supports providing patient care. It needs to be about every single individual feeling valued and that their well-being matters.

Q: What aspects of your approach haven't worked so well?

- We learned that if you just focus on physician well-being in isolation, you're perhaps inadvertently alienating everyone else. When we started thinking broadly and about making sure everyone felt included in this effort, we started getting buy-in across groups which led to more synergy and collaboration.

Q: Could you tell us more about your *Taking Care of Our Own* program?

- It was formally rolled out in 2012 with support from philanthropic funds from the dean's office at UNC and it came out of my work as a perinatal psychiatrist. I initially started getting referrals from pregnant and post-partum resident physicians and attending physicians. I then got contacted by female physicians who were not pregnant or post-partum, then by male physicians, and it was all happening within the context of physician burnout. It's all about how we take care of our own employees by providing education and mental health resources and direct mental health services for people who need it. We also provide peer support particularly around adverse patient events — and that's open and available to anyone who is providing patient care.

Q: You mentioned medical students. Can we start early to help people and to talk about these concepts with them?

- For anyone working in healthcare, burnout is an occupational risk and people should figure out ways to protect themselves. We teach self-care and to be mindful and I think it's going to be vital for health care systems to evolve and address this. There are multiple stressors in a rapidly changing environment and people need to pay attention to it.

Q: What are some of the biggest lessons you've learned from working in this caregiver burnout space?

- I've learned you need to tackle the issues around stigma and shame that are so intense for many healthcare providers to reach out and get help. For physicians, there's a lot of shame involved to admit they're struggling. Physician suicide is a huge issue, certainly burnout and stress among nurses and other providers, advanced practice providers — their levels of stress look identically high. They need to be working in supportive environments. If you're not thinking holistically about this, then it's going to be problematic. We started with too narrow of a focus and needed to broaden to make it work. There's also huge issues around increased violence in the workplace and the whole issue of patient safety culture — nurses are on the front lines and patients or their family members can be combative or assaultive and it needs to be addressed.

Q: Can you tell us more about the stigma and shame piece of this? What have you seen work to really address the stigma and shame?

- It's important to figure out ways to decrease barriers and make people feel like they're not alone, this is extremely common, and reaching out for help is really important. It's

more acceptable to speak about stress, burnout and depression now than before. Mental health issues are still things people are embarrassed about but we're seeing more openness and it's part of what we need to do in the medical profession too.

Q: What is next for you, for all the work you're doing on this topic of burnout?

- We want to continue to build out different aspects of our program — we want to take pockets of excellence and expand those across the system. If we figure out one thing that works with care redesign, we want to make these things generalizable and export those out across the system. We want to create a toolbox and ways to share resources. We've started a communications plan — a way for people to get involved and keep top of mind and know it's something the organization is taking seriously. It's worth adding that one part of what we do is that some people at UNC Health Care are part of the Limeade program and they're incentivized and participating in the well-being index which we've rolled out across the entire workforce. It provides longitudinal stress data that allows us to identify target areas of risk and then deploy resources.

Q: How do you measure progress and show progress over time?

- We'll use well-being index scores as one measure, but we'll use other sources as well. It takes a lot of different data to get a 360 picture — everything from engagement surveys, attrition data, patient errors and more, and take as many angles as possible.

Q: Is there anything else you'd like to share about your approach or what you've learned?

- It really does take a big team of people. We've really tried to bring in teams who represent all different domains and stakeholders to develop a well-organized group to share ideas, develop interventions and share them broadly across the organization.

PART 3: AUDIENCE Q&A

Q: How do you influence the C-suite to care about this topic in a tactical way?

- Make the case on multiple levels
    - Fiscal economic
    - Excellence in patient care
    - Having an engaged work force
    - Have leaders & champions who understand the importance of it
- A coalition can help make your initiative successful

Q: A lot of programs in health care organizations focus on physical health but not as much on things you're focused on like organizational context and people metrics like turnover and engagement. How did your organization get to this point? Was it perspective you brought to the table?

- I'm a psychiatrist so I believe there is no health without mental health. Mental health is as vital for someone's overall health as their physical health.
- Literature is very clear that culture is king. Many corporations spend a lot of time on culture because they've figured out that a great culture leads to better outcomes, product and bottom line. Health care systems and many places are wanting to meet their mission of great patient care and an engaged workforce — which is going to lead to a good product and a good bottom line, so then you need a positive culture and people want to feel that they want to be there. Good national data supports it. But it's a challenge for some places to get to this point. We've found it to have important impact and is a good financial investment.

Q: What advice would you give someone just starting out trying to address caregiver burnout?

- You need to build a coalition — start getting together people who are interested in this and move up the food chain and get people to work together. Make the case and have a business model for the investment. In fact, it's supported by every major medical group. At this point, for those not investing in it, they're in danger of missing the boat.

Q: Do you attend any particular conferences focused on this topic or groups you belong to focused on caregiver burnout?

- Physician Health Conference in Charlotte, NC this Fall – focused on physician mental health
- Health Care management groups that look at burnout and health of employees is more routine dialogue now

Q: Any good models of caregiver burnout that you read or refer to?

- Pivotal papers came out of Mayo Clinic
- American Medical Association
- Christine A. Sinsky's work around this topic
- Publications around the Quadruple Aim

Q: How can we learn more about these programs dedicated to addressing burnout at UNC Health Care?

- For more information about the UNC Health Care Well-Being Program, please visit: https://www.unchealthcare.org/wellbeing/

- For more burnout resources from The Limeade Institute, please visit: https://www.limeade.com/caregiverburnout/