

# CIN Partners Share:

## Job Satisfaction

The California Improvement Network (CIN) partners — public and private health care organizations actively engaged in improving care delivery — meet quarterly to share experiences and to learn from one another. Following are highlights from the partners' February 2014 meeting, which focused on preventing provider and staff burnout. To optimize health systems, the "triple aim" of improving patient experience, improving population health, and reducing costs might include a fourth aim: workforce satisfaction.

The meeting included presentations from Vocera Communications, the California Area Health Education Center (AHEC) Program, Petaluma Health Center (PHC), and the San Francisco Health Plan (SFHP). Presenters shared research on the impact of health care workforce burnout and experiences on prevention strategies.

## Background

### Experience Innovation Network of Vocera Communications

[www.vocera.com](http://www.vocera.com) / [www.experiahealth.com/experience\\_innovation](http://www.experiahealth.com/experience_innovation)

**Who:** ExperiaHealth was established to help health care organizations improve staff and patient loyalty by restoring the human connection to health care. Acquired by Vocera Communications, ExperiaHealth — now known as the Experience Innovation Network — fosters partnerships to improve care delivery. This national network of health care innovators is developing strategies to streamline health care communications; increase patient, family member, and staff satisfaction; and improve clinical outcomes, loyalty, and market differentiation.

### California Area Health Education Center (AHEC) Program [www.cal-ahec.org](http://www.cal-ahec.org)

**Who:** The AHEC program is a federal- and state-funded academic-community partnership for the recruitment and training of health professionals for medically underserved communities. The California AHEC program is sponsored by UCSF's Fresno Medical Education Program and operates through a network of 13 community-based centers.

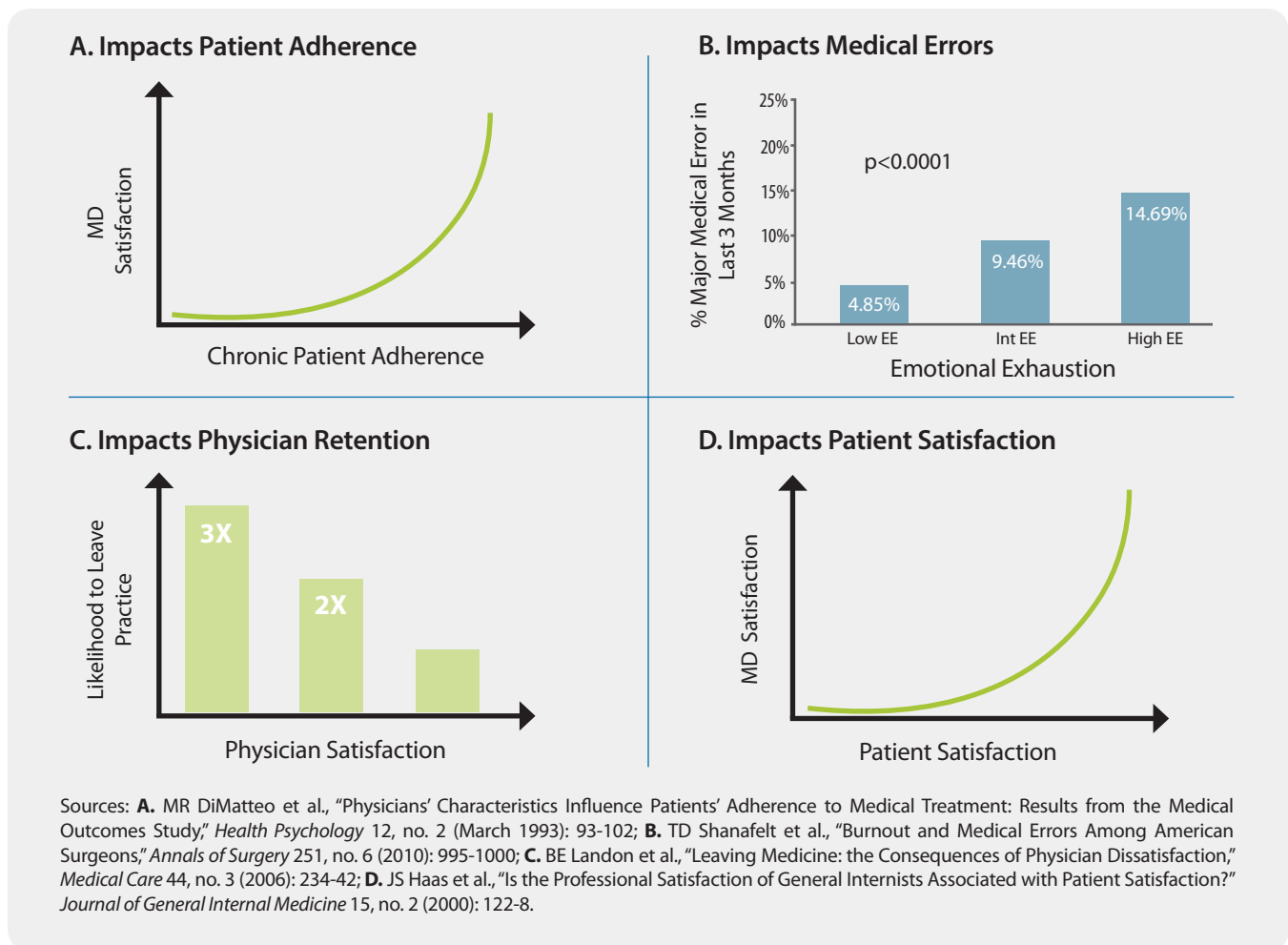
**The issue:** Staff burnout and fatigue have a strong impact on quality performance, physician retention, and patient satisfaction (see figure on page 2).

A study of 23 high-functioning primary care practices found that "primary care physician burnout threatens the quality of patient care, access, and cost containment within the US health care system."<sup>1</sup> In another study, researchers found that physician empathy scores — a proxy for physician motivation or satisfaction with work — peak during medical school, dip while physicians are practicing medicine, and rise again as physicians approach retirement.<sup>2</sup>

Clinician burnout has been the subject of several national studies over the last decade. A national survey of more than 5,000 physicians found the following: Having long-term relationships with patients promotes satisfaction, time pressure diminishes satisfaction, stress is related to lack of work control, and burnout can be predicted by work-home interference.<sup>3</sup> In another study of primary care work conditions, more than half of physicians reported time pressure during office visits, 27% said they are burning out or are burnt out, and 30% said that they are moderately likely to leave their job in two years.<sup>4</sup> Additional research has shown that burnout is prevalent in 20%–40% of practicing physicians, it is higher among primary care physicians and those who care for minority populations than the general physician population, and it can be mitigated by control over work and work-home balance.<sup>5</sup>

**Main Takeaway:**  
Workforce satisfaction has a strong influence on quality of care and patient engagement. Addressing the triple aim should include a focus on the staff and provider experience.

## Impact of Burnout and Fatigue



Researchers have identified the following key sources of stress among safety-net providers: workload, insufficient time to complete tasks, insufficient resources for patients (e.g., specialists), and insufficient organizational resources (e.g., physical space and supplies).<sup>6</sup> In California, the surge of newly insured patients due to the Affordable Care Act (ACA), the introduction of new technologies such as electronic health records, and staffing shortages have further contributed to clinician burnout.

Clinician burnout often translates to high rates of turnover, as indicated in the graphic above. The cost of replacing a primary care physician is \$250,000, making turnover a significant financial burden.<sup>7</sup>

**Examples of what's worked:** The Experience Innovation Network of Vocera Communications follows five key principles in working with health care organizations to improve the staff and provider experience:

- Reconnect people to purpose.
- Address emotional and spiritual needs.
- Improve communication among physicians and nurses.
- Create a relationship-based culture.
- Enable peak performance — develop an environment where providers and staff can do their best work.

The Experience Innovation Network worked with the San Mateo Medical Center to design a staff resiliency program for its care teams to decrease burnout and to increase staff satisfaction and loyalty. Fifty-three staff members participated in the program, which focused on self-awareness, stress reduction, and social support. The center also introduced a new staff position: chief morale officer. At Lucile Packard Children's Hospital, the Experience Innovation Network helped establish Code Lavender, a social support program for patients, family members, and staff during crises. After implementation of this program, the percentage of staff reporting that they "do not feel supported" fell from 24% to less than 3%.

AHEC shared the example of Hennepin County Medical Center's Center for Patient and Provider Experience, which implemented several strategies to help prevent staff burnout and promote wellness: more flexible work schedules, extended appointment times, the ability for physicians to give nonclinical work to other staff members, paid time for providers to catch up on work after vacations or leaves, and physical changes to the clinical settings to create a smoother flow of patients.

## From the Field

### Petaluma Health Center (PHC) [www.phealthcenter.org](http://www.phealthcenter.org)

**Who:** Petaluma Health Center (PHC) is a Federally Qualified Health Center (FQHC) serving residents of Cotati, Penngrove, Petaluma, Rohnert Park, and the surrounding area. Thirty-four PHC providers serve over 23,000 patients per year.

**What:** PHC has solicited feedback from staff about work satisfaction through annual surveys, quarterly reviews with the team leads, team meetings, and monthly provider meetings. The center has taken the following steps to support the priorities identified through these venues:

- **Clearly defined work.** PHC has empaneled its providers, created standard hours for providers and staff, established clear operational and quality aims, and delivered a consistent message about organizational strategic goals to help ensure that all staff members are on the same page.
- **Necessary support to accomplish work.** A team model of care has been implemented that includes providers, medical assistants, RNs, and a referral coordinator. PHC instituted a 15-minute morning huddle among clinical staff to review the day's patients and made leadership more accessible by creating clinical team leads as a layer of management below the medical director. Changes were also made to the physical space so that clinical care team members would have workspace close to one another and not spread across the health center.
- **Frequent feedback and communication.** PHC instituted quarterly provider reviews conducted by the team leads, weekly case reviews and mentorship for new providers, provision of weekly operational data, and provision of monthly clinical quality data for teams and providers. Data are shared through PHC's intranet and in team meetings, and posted in team work areas.
- **Fair compensation.** PHC conducted a compensation analysis, made providers' compensation and incentive pay structure transparent, and has solicited provider input about the incentive structure.
- **Staff wellness and community building.** New programs and events help encourage staff well-being and community building. These include a regular staff lunch-and-learn event, onsite massage, onsite meditation classes, fitness class and gym discounts, potlucks, and annual events such as a provider camping trip, Halloween competition, summer picnic, and winter gala. PHC has also organized a monthly support group, "Finding Meaning in Medicine."

*"Staff burnout and fatigue have a strong impact on quality performance..."*

### San Francisco Health Plan [www.sfhp.org](http://www.sfhp.org)

**Who:** San Francisco Health Plan is a local public health plan that manages care for enrollees in Medi-Cal, Healthy Kids, and Healthy Workers, and serves as the third-party administrator for the Healthy San Francisco access program. SFHP provides coverage to just under 100,000 low-income members.

*(continued on page 5)*

## Tools

A number of survey tools have been developed to assess workforce satisfaction. A *Journal of the American Medical Association Internal Medicine* article describes several of these tools that were used in a study of “meaning in work, well-being, and distress” among physicians:<sup>8</sup>

### **Empowerment at Work Scale**

The Empowerment at Work Scale consists of 12 items on a 1–7 scale (ranging from very strongly disagree to very strongly agree) and is designed to measure empowerment, engagement, and meaning at work.

### **Jefferson Scale of Physician Empathy**

The Jefferson Scale consists of 20 items on a 1–7 (ranging from strongly disagree to strongly agree), and it measures physician empathy.

### **Maslach Burnout Inventory (MBI)**

The MBI is a 22-question assessment of three dimensions of burnout:

- **Emotional exhaustion** measures feelings of being emotionally overextended and exhausted by one’s work.
- **Depersonalization** measures an unfeeling or impersonal response toward recipients of one’s service, care treatment, or instruction.
- **Personal accomplishment** measures feelings of competence and successful achievement in one’s work.

The MBI, considered the gold standard in physician burnout assessment, appears frequently in the literature.<sup>9</sup> Learn more about the MBI: [www.mindgarden.com/products/mbi.htm](http://www.mindgarden.com/products/mbi.htm).

### **Medical Outcomes Study Short-Form Health Survey**

This survey consists of eight items with 5- and 6-point scales and is designed to assess mental and physical health.

### **Perceived Stress Scale**

This scale consists of a total of 10 items (scored on a 0–4 scale ranging from never to very often) to measure perceived stress.

### **Physician Worklife Survey (PWS)**

The PWS is a 36-item survey that assesses job, career, and specialty satisfaction.

In addition, other survey tools have been used to assess physician and staff burnout and satisfaction:

### **Z and Mini-Z Surveys**

The Mini-Z survey is a shorter version of the Zero Burnout Program “Z” Clinician survey, a validated tool designed to assess degree of job satisfaction, stress, and predictors of burnout such as workload, control, work environment, values, and the introduction of electronic health records. These surveys were developed by Mark Linzer, MD, and his colleagues.

### **Net Promoter Score (NPS)**

To measure company satisfaction, the NPS asks one question: How likely is it that you would recommend [your company] to a friend or colleague? Responses on a 0–10 rating scale are grouped into three categories: promoters (9–10), passives (7–8), and detractors (0–6). An overall NPS is calculated by subtracting the percentage of detractors from the percentage of promoters. Learn more about the NPS: [www.netpromoter.com/why-net-promoter/know/](http://www.netpromoter.com/why-net-promoter/know/).

### **Pulse Survey**

The Pulse survey uses the Net Promoter methodology to measure loyalty and engagement by asking staff and physicians the following questions: How likely are you to recommend [your organization] as a place to work to a friend or relative? What would it take for you to rate us a “10” (highly likely) or to maintain your “10” rating? How likely are you to recommend [your organization] as a place to come for care to a friend or relative? What would it take for you to rate us a “10” or to maintain your “10” rating? Learn more about the Pulse survey: [experiahealthblog.com/2013/06/07/the-power-of-the-pulse-survey/](http://experiahealthblog.com/2013/06/07/the-power-of-the-pulse-survey/).

(continued from page 3)

**What:** SFHP has implemented a variety of initiatives to improve satisfaction among providers in its network and among staff at its organization.

SFHP’s Building a Better Workforce program provides health centers and medical groups in its network with the tools to improve the workforce experience. This program supports the SFHP Practice Improvement Program’s patient experience quality measure, which is focused on staff satisfaction improvement strategies. The program’s main elements include:

- The Pulse survey, which is administered by SFHP’s Center for Excellence in Primary Care
- Workshops and webinars for participating providers and staff, which are led by a team from the Experience Innovation Network of Vocera Communications
- Coaching calls for participating providers and staff, which are led by an Experience Innovation Network team

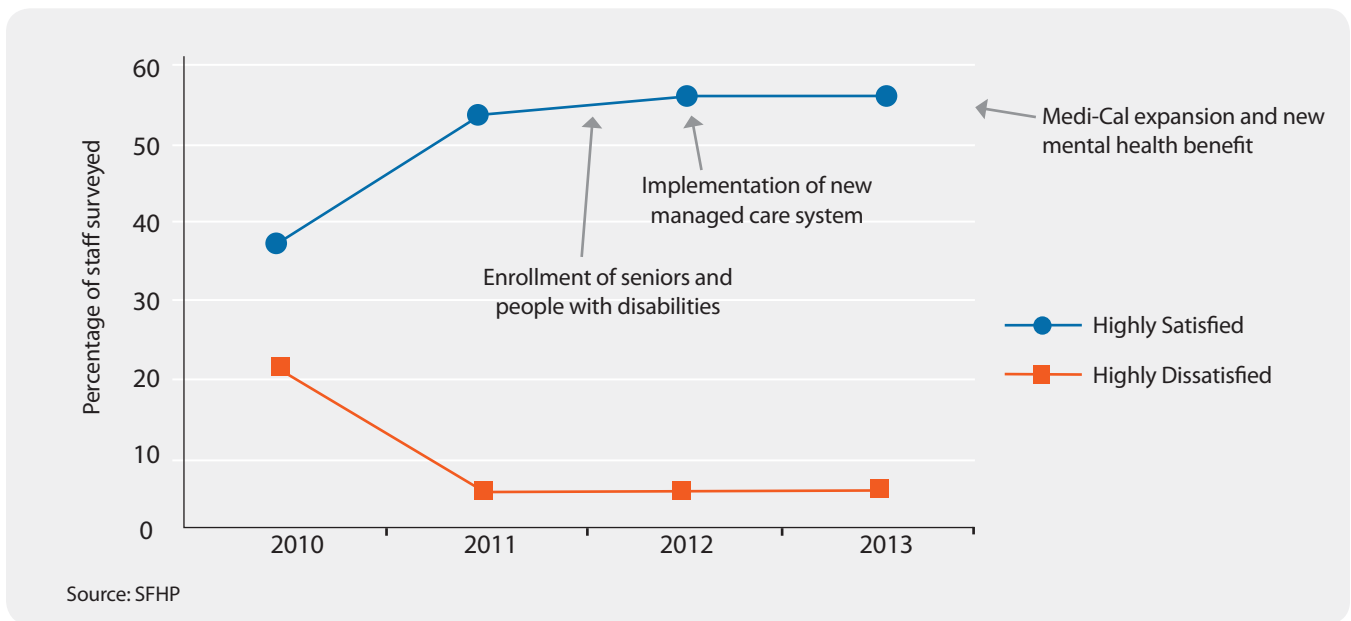
SFHP launched the Pulse survey to assess loyalty among staff and providers in March 2014. The goal was for each clinic and medical group to implement a staff satisfaction improvement plan in April 2014 and to administer a follow-up Pulse survey in November 2014. There was near-universal participation —21 of 25 clinics completed the survey. The results were confidentially shared with clinic and medical group leadership, and coaching was provided to help leaders form an intervention plan. The workshops and webinars, planned to be held throughout 2014, will focus on the link between employee experience and performance on quality, safety, and financial results; tools to improve staff experience; and opportunities to share successes and challenges. The coaching calls will provide targeted support for teams to implement specific programs.

*“SFHP implemented a number of initiatives to address employee satisfaction...”*

in November 2014. There was near-universal participation —21 of 25 clinics completed the survey. The results were confidentially shared with clinic and medical group leadership, and coaching was provided to help leaders form an intervention plan. The workshops and webinars, planned to be held throughout 2014, will focus on the link between employee experience and performance on quality, safety, and financial results; tools to improve staff experience; and opportunities to share successes and challenges. The coaching calls will provide targeted support for teams to implement specific programs.

SFHP is also focused on staff satisfaction within its own organization. In a 2010 survey, SFHP found that only 37% of staff members were satisfied or very satisfied, 49% agreed or strongly agreed that morale was good, and 37% would recommend SFHP as a place to work to a friend or family member. As a result of these findings, SFHP implemented a number of initiatives to address employee satisfaction, including the introduction of a new employee advisory committee, team-building and morale-building events, an employee recognition program, performance and career coaching, and management skills trainings. SFHP also provided staff with “crucial conversations” training, which teaches individuals how to manage emotionally charged conversations, such as those that might take place with patients or coworkers during stressful events.<sup>10</sup>

**Overall, how satisfied are you with working at SFHP?**



These efforts helped improve staff satisfaction at SFHP. In 2013, over 70% of surveyed staff reported that they would recommend SFHP as a place to work, and almost 70% reported that morale was good.

SFHP based its efforts on the organizational health model of the Table Group, a consulting company that works with organizations to become more effective.<sup>11</sup> This model includes four steps:

1. Build a cohesive leadership team.
2. Create clarity.
3. Over-communicate clarity.
4. Reinforce clarity.

To build a cohesive team, SFHP organized offsite leadership meetings to work on team communication, agree on a single goal for the year, and develop strategies to communicate priorities, objectives, and organizational values to staff. These messages were reinforced in staff meetings, one-on-one-meetings with staff, staff communications, performance goals and reviews, and trainings, and through hiring practices. SFHP leaders also emphasized organizational behavior goals, including serving with respect, striving to excel, and working as a team.

## Quick Takes

- **Use the evidence base to make the case to leadership about the importance of this work.** Show the connection between staff and provider burnout and low patient satisfaction and low quality scores.
- **Restore empathy.** Reconnect providers and other staff to their purpose for doing this work. Hearing patient stories can be transformative — invite patients to medical assistant and provider staff meetings to share their stories.
- **Leaders need to hear the voice of the staff.** Enlighten leaders by having them walk in the shoes of staff members for a day.
- **Focus on team satisfaction, not just physician satisfaction.** Focus on the relationship among all team members to improve communication.
- **While technology has many advantages, it can also create barriers between providers and patients.** Staff can communicate and share data electronically quickly and easily but should not give up face-to-face communication. Figure out ways for team members to communicate directly with each other, such as through morning huddles.
- **Institutionalize the work of maintaining good staff and provider morale.** Assign responsibility to a staff position. Some organizations have created new positions, such as a chief morale officer or a chief experience officer. Others use a team approach by partnering a physician with a nurse to lead this work, which can help with communication between physicians and nurses.

## Endnotes

1. Christine A. Sinsky et al., "In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices," *Annals of Family Medicine* 11, no. 3 (May/June 2013): 272–78, doi:10.1370/afm.1531.
2. Adapted from M. Hojat et al., "Empathy Scores in Medical School and Ratings of Empathic Behavior Three Years Later," *Journal of Social Psychology*, 145, no. 6, (2005): 663-672.
3. Mark Linzer et al., "Managed Care, Time Pressure, and Physician Job Satisfaction: Results from the Physician Worklife Study," *Journal of General Internal Medicine* 15, no. 7 (2000): 441-50.
4. Mark Linzer et al., "Working Conditions in Primary Care: Physician Reactions and Care Quality," *Annals of Internal Medicine* 151, no. 1 (July 7, 2009): 28–36, doi:10.7326/0003-4819-151-1-200907070-00006.
5. Tait Shannafelt et al., "Burnout and Satisfaction with Work-Life Balance Among US Physicians Relative to the General US Population," *Archives of Internal Medicine* 172, no. 18 (2012): 1377–85, doi:10.1001/archinternmed.2012.3199. Mark Linzer et al., "Predicting and Preventing Physician Burnout: Results from the United States and the Netherlands," *American Journal of Medicine* 111, no. 2 (August 1, 2001): 170–75, doi:10.1016/S0002-9343(01)00814-2.
6. A. Seiji Hayashi, Emily Selia, and Karen McDonnell, "Stress and Provider Retention in Underserved Communities," *Journal of Health Care for the Poor and Underserved* 20, no. 3 (2009): 597–604.
7. Sharon B. Buchbinder et al., "Estimates of Costs of Primary Care Physician Turnover," *American Journal of Managed Care* 5, no. 11 (1999): 1431-8.
8. C. P. West et al., "Intervention to Promote Physician Well-Being, Job Satisfaction, and Professionalism: A Randomized Clinical Trial," *JAMA Internal Medicine* 174, no. 4 (April 1, 2014): 527–33, doi:10.1001/jamainternmed.2013.14387.
9. Shannafelt et al., "Burnout and Satisfaction."
10. SFHP's "crucial conversations" training was adapted from the book *Crucial Conversations: Tools for Talking When Stakes Are High* by Kerry Patterson et al. (New York: McGraw-Hill, 2012).
11. The Table Group's model of organizational health is outlined in the book *The Advantage: Why Organizational Health Trumps Everything Else in Business* by Patrick Lencioni (San Francisco: Jossey-Bass, 2012).



CALIFORNIA  
HEALTHCARE  
FOUNDATION

California  
Improvement  
Network  Better Ideas  
for Care Delivery