

# A QUALITY IMPROVEMENT OF BURNOUT USING A 360-DEGREE PROCESS OF ASSESSMENT AND INTERVENTION IN A HOSPITAL MEDICINE DEPARTMENT AT A LARGE CANCER CENTER

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## ABSTRACT

**Objective:** To initiate a 360-degree process of assessing and improving burnout in a department of hospital medicine at University of Texas MD Anderson Cancer Center.

**Methods:** Data was collected between March 2022 and August 2023. All physician faculty, mid-levels (advanced practiced providers, APPs), pharmacists, and administrative assistances (AAs), 56 and 70 members for 2022 and 2023, respectively, were invited to participate in the process. Each year, 2022-23 and 2023-24, consisted of two Plan-Do-Study-Act (PDSA) cycles. The first cycle included data collections through a confidential Mini-Z survey using Qualtrics and in-person and Zoom focus groups. The compiled report was shared with the department and section leaders and recommendations for interventions were generated in a 360-degree loop process. The second cycle included carrying out the proposed interventions.

**Results:** Comparing 2022 to 2023, severe burnout was reduced from 16% to 7% (52% reduction) with a growing “definitely burnout” from 29% to 47%. Over the same period, high job satisfaction was shortchanged by an emerging strong job dissatisfaction in the APPs and administrative staffs which corresponded to an emerging stress driver in the department after the improvement of the COVID pandemic..

**Conclusions:** A 360-degree process involving leaders and frontline department members to improve burnout is an effective strategy. Because of the dynamic causes of burnout, continual effort is the key to engaging clinicians in staying well to care for our cancer patients optimally.

## INTRODUCTION

Burnout, defined as exhaustion, cynicism, or depersonalization, and reduced effectiveness caused by one's work, adversely affects patient safety and quality of care, decreases patient satisfaction and productivity, and takes a tremendous personal toll, such as broken relationships, substance use, depression, anxiety, and suicide on healthcare professionals. The prevalence is epidemic, ranging from 50% for internal medicine physicians 1 to 78% globally for oncologists.<sup>2</sup> The COVID-19 pandemic exacerbates the severity. Strategies to improve physician wellness, which could be extrapolated to other health and administrative workers, recommend national, organizational, department, and individual changes. In this quality improvement effort, the study aim was to improve the workforce's well-being at the department level by assessing burnout and job satisfaction its members and empowering the leaders in a 360-degree process.<sup>3</sup>

## METHODS AND MATERIALS

In the Plan-Do-Study-Act (PDSA) cycle 1 in 2022, we invited all department members including medical providers of physicians and advanced practice providers (APPs), pharmacists, and administrative assistance to participate in the process. A baseline data on burnout using the American Medical Association Mini-Z burnout survey on an anonymous Qualtrics platform was obtained. In addition, in-person focus groups with provided lunch were held with great enthusiasm to collect feedbacks on problems, what's working, and solutions. A compiled report was shared with the department chairman (a physician), administrative and section (APPs, pharmacists, administration) leaders and action plan of interventions was created in collaboration.<sup>3</sup> In PDSA cycle 2 of 2022, interventions were implemented (Table 1). In 2023, a similar process was repeated, assessment for cycle 3 and intervention for cycle 4 (Table 2).

## RESULTS

### Table 1 Burnout interventions for 2022 in PDSA cycle 2

- Changing the starting date for the 7-day hospital/inpatient work from Monday to Tuesday to preserve weekend rest time and optimize continuity of patient care.
- Improving the work environment such as computer rooms (unused keyboard trays removed) and pumping room for mothers.
- Writing the Standard operating procedure (SOP) such as rounding time for physician-APP-pharmacist triad, what to do when a pharmacist has two rounding teams.
- Improving staffing and reducing workload-ongoing long-term effort (most challenging).

### Table 2 Burnout interventions for 2023 in PDSA cycle 4

- Addressing psychological safety within the department and the division
- Establishing a connection monthly dinner to promote physician professional fulfillment through strengthening the culture of wellness and individual resilience based on the Stanford Professional Fulfillment Model (see Figure 1)
- Implementing wellness activities for all department members
- Expanding the department wellness effort to the institutional BeWell program (silver certified) and the Division Wellness Committee for physicians (addressing inefficiency of practice).

## DISCUSSION

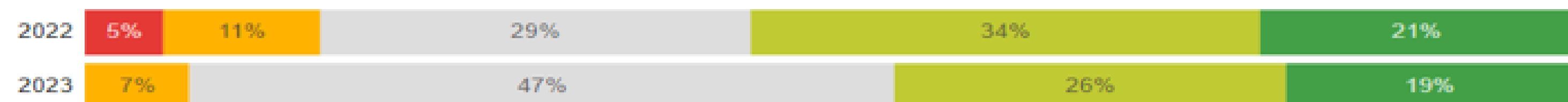
Job satisfaction improved slightly from 2022 to 2023 for all sections. For physicians, job satisfaction markedly increased from 57% to 73% from 2022 to 2023, respectively. For burnout, severe burnout reduced from 16% to 7% for all department members except for the increased job dissatisfaction and burnout for the advanced practice providers and administrators. Coupled with the more granular insights from the focus group, section conflicts and psychological safety were attributed this finding. The changes with each year demonstrate the complexity of burnout drivers and the dynamic nature of burnout.

Graph 1. Burnout of DHM members for 2022 (n=53, 94% responded) and 2023 (N=58, 82% responded)

### Q3 - Using your own definition of "burnout"-Overall

**Finding:** The 16% group of severe burnout in 2022 has reduced to 7% in 2023 with a growing group of "definitely burning out and have one or more symptoms of burnout such as physical or emotional exhaustion in 2023.

- I feel completely burned out. I am at the point where I may need to seek help.
- The symptoms of burnout that I'm experiencing won't go away. I think about work fru...
- I am definitely burning out and have one or more symptoms of burnout, e.g. physical...
- I am under stress, and don't always have as much energy as I did, but I don't feel ...
- I enjoy my work. I have no symptoms of burnout.



Graph 2. Job Satisfaction of DHM members for 2022 (n=53) and 2023 (N=58)

### Q2 - Overall, I am satisfied with my current job-Overall

**Finding:** High job satisfaction for both 2022 and 2023 though there is a small group of dissatisfaction is emerging in 2023 from APPs and administrators.



● Strongly agree ● Agree ● Disagree ● Neither agree nor disagree ● Strongly disagree

## CONCLUSIONS

- A 360-degree process involving leaders and frontline department members to improve burnout is an effective strategy. Because of the dynamic and complex causes of burnout, continual effort is the key to engaging clinicians in staying well to care for our cancer patients optimally.
- Applying both confidential survey and in-person focus group w/ a trusted moderator (with rule for the discussion content to stay in the room) provided engagement (only time people were asked), insightful details and accuracy of the drivers of burnout. The process demanded time and effort, not sustainable without support from department.
- Real-time measurement and forecast w enriched data using machine learning like Atalan Tech is the future.

## REFERENCES

1. Linzer M et al. JAMA Network Open. 2020; 3 (10):e2018758.
2. Hlubocky FJ et al. ASCO Educational Book 2016; 36 (36).
3. Shanafelt TD and Noseworthy, JH. Mayo Clin Proc 2017; 92(1): 129-146.

## Stanford Conceptual Model

