

QI Assessment of Attending Physician Burnout at Lehigh Valley Health Network (LVHN) Using the Maslach Burnout Inventory (MBI).

Pooja Shankar MD

USF MCOM- LVHN Campus, pooja.shankar@lvhn.org

Suzanne J. Templer DO

Lehigh Valley Health Network, Suzanne_J.Templer@lvhn.org

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QI Assessment of Attending Physician Burnout at Lehigh Valley Health Network (LVHN) Using the Maslach Burnout Inventory (MBI)

Pooja Shankar, MD and Suzanne Templer, DO
Lehigh Valley Health Network, Allentown, PA

BACKGROUND

- There are **higher rates of burnout** in the field of medicine, relative to the general population.
- Professional burnout is characterized by **loss of enthusiasm** for work, feelings of **cynicism**, and a **low sense of personal accomplishment**.
- Burnout has risen 10% in the last 3 years alone, reaching an all-time high of **54%** nationwide.
- No research yet at Lehigh Valley Health Network has looked into how these increased stressors are affecting attending physicians throughout the network.

PROBLEM STATEMENT

Using the Maslach Burnout Inventory (MBI), what is the current state of burnout in attending physicians in the Lehigh Valley Health Network

METHODS

- The Maslach Burnout Inventory (MBI) is a widely used and validated tool to measure burnout; the MBI-Human Services Survey was used.
- 22 Question Validated Survey; 7 point Likert scale

Likert Scale							
How Often	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

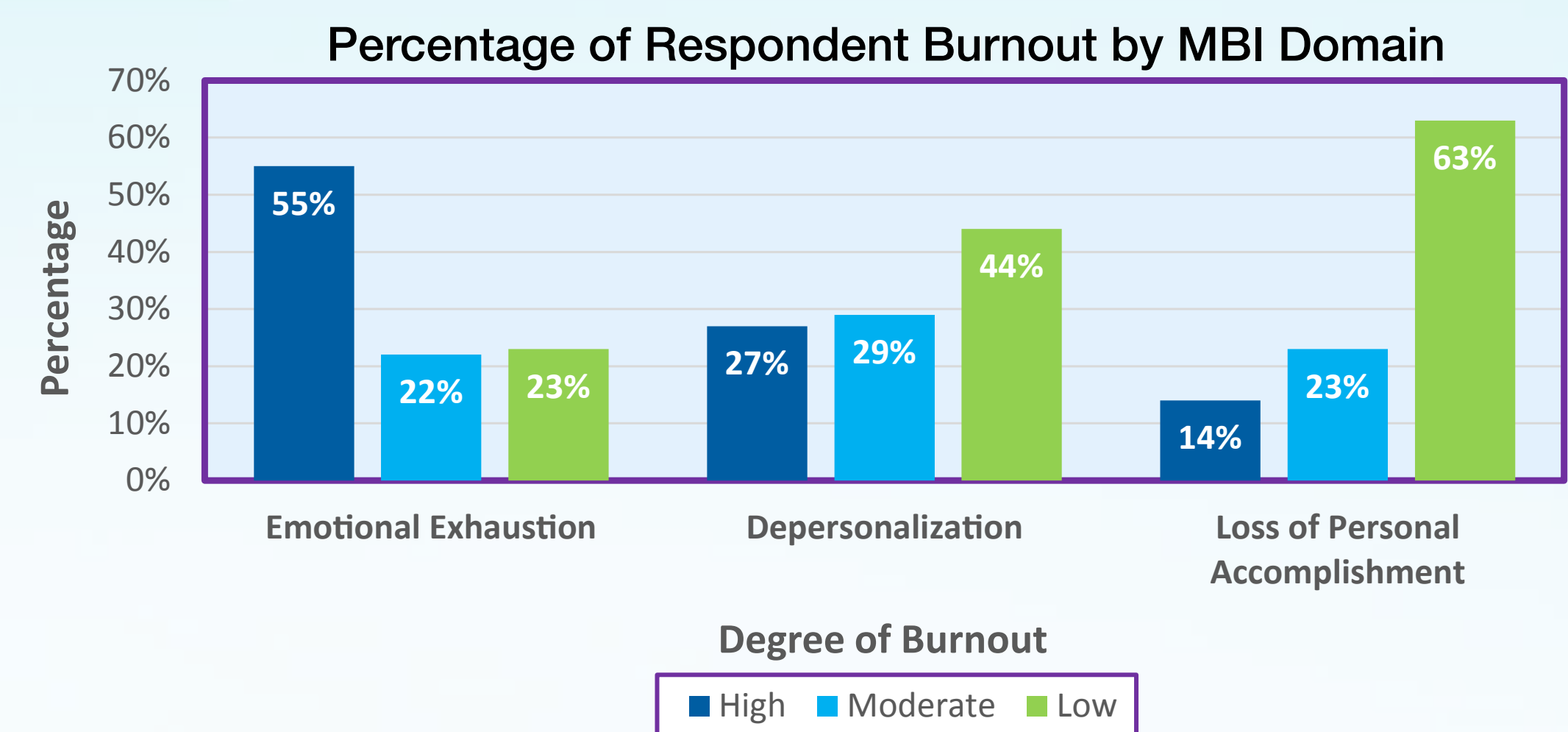
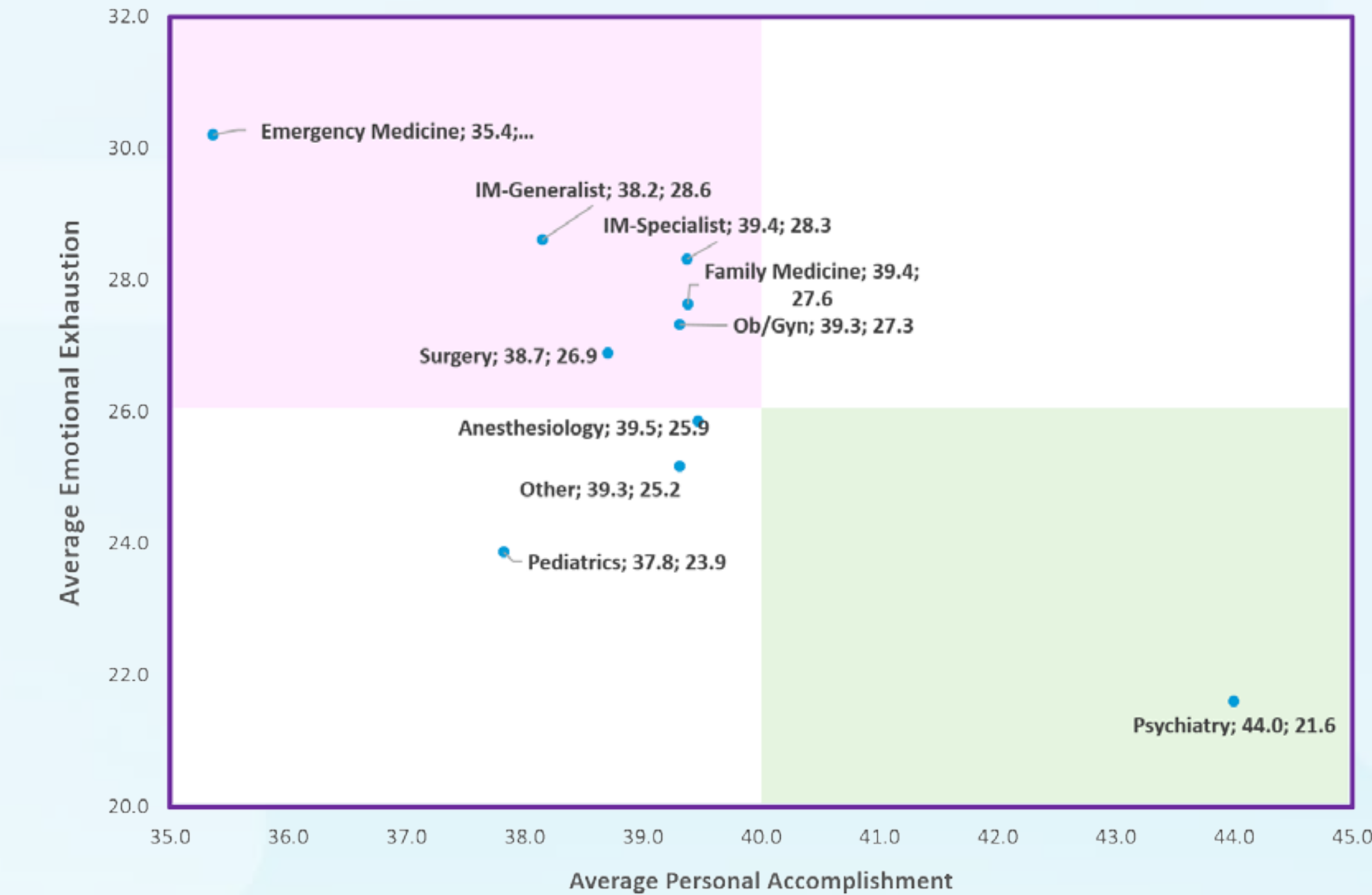
- **Domains of Burnout:**
 - Emotional Exhaustion (EE)
 - Depersonalization (DP)
 - Loss of Personal Accomplishment (PA)
- **Researchers have created a dichotomous variable for burnout**
 - **Burnout** = either high EE or high DP
 - **Engagement** = having low EE, low DP, and high PA
- Cross-sectional analysis
- IRB approval deemed unnecessary due to QI nature
- Rights purchased from Mind Garden – survey platform
- 7 demographics questions & 2 qualitative questions added
- Surveys disseminated to all attending physicians within the network (N=1292) via anonymous, de-identified e-mail link to Qualtrics survey platform

RESULTS

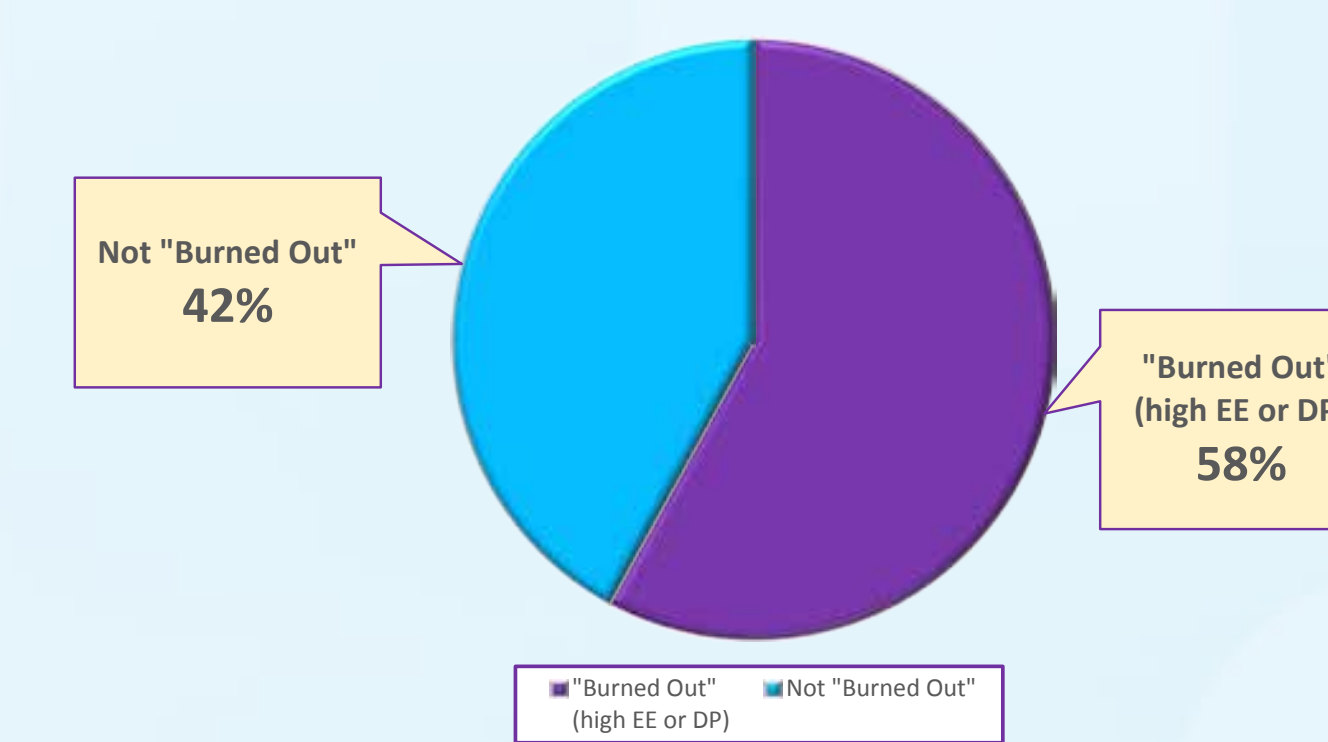
	Count	Percentage	FTE	Count	Percentage
Gender					
Male	261	57.24	0	7	1.54
Female	194	42.54	1-24	7	1.54
Other	1	0.22	25-49	7	1.54
Total	456	100	50-74	26	5.7
Inpatient Time					
0-25%	191	41.89	75-99	58	12.72
26-50%	72	15.79	1.00	351	76.97
51-75%	44	9.65	TOTAL	456	100
76-100%	149	32.68			
Total	456	100			
Specialty					
Anesthesiology	15	3.29	10-14 Years	82	18.02
Dermatology	0	0	15-24 Years	131	28.79
Emergency Medicine	33	7.24	25 or More Years	159	34.95
Family Medicine	83	18.2	TOTAL	45	100
IM-Generalist	52	11.4			
IM-Specialist	72	15.79			
Neurology	8	1.75			
Obstetrics/Gynecology	42	9.21			
Other	42	9.21			
Pathology	4	0.88			
Pediatrics	34	7.46			
Physical Medicine & Rehab	5	1.1			
Preventative Medicine	1	0.22			
Psychiatry	14	3.07			
Radiation Oncology	1	0.22			
Radiology	9	1.97			
Surgery	41	8.99			
Total	456	100			
Teaching Time					
			0%	48	10.55
			1-25%	296	65.05
			26-50%	76	16.7
			51-75%	23	5.05
			76-99%	8	1.76
			100%	4	0.88
			TOTAL	455	100
Student Type					
			Medical Students	344	41.65
			Residents	312	37.77
			Fellows	56	6.78
			Other, describe	61	7.38
			I Do Not Teach	53	6.42
			TOTAL	826	100

- Total # Surveyed: 1292 LVHN Attendings
- Total Responses: 459 (35% response rate)
- 97% Completion Rate (447 surveys completed)

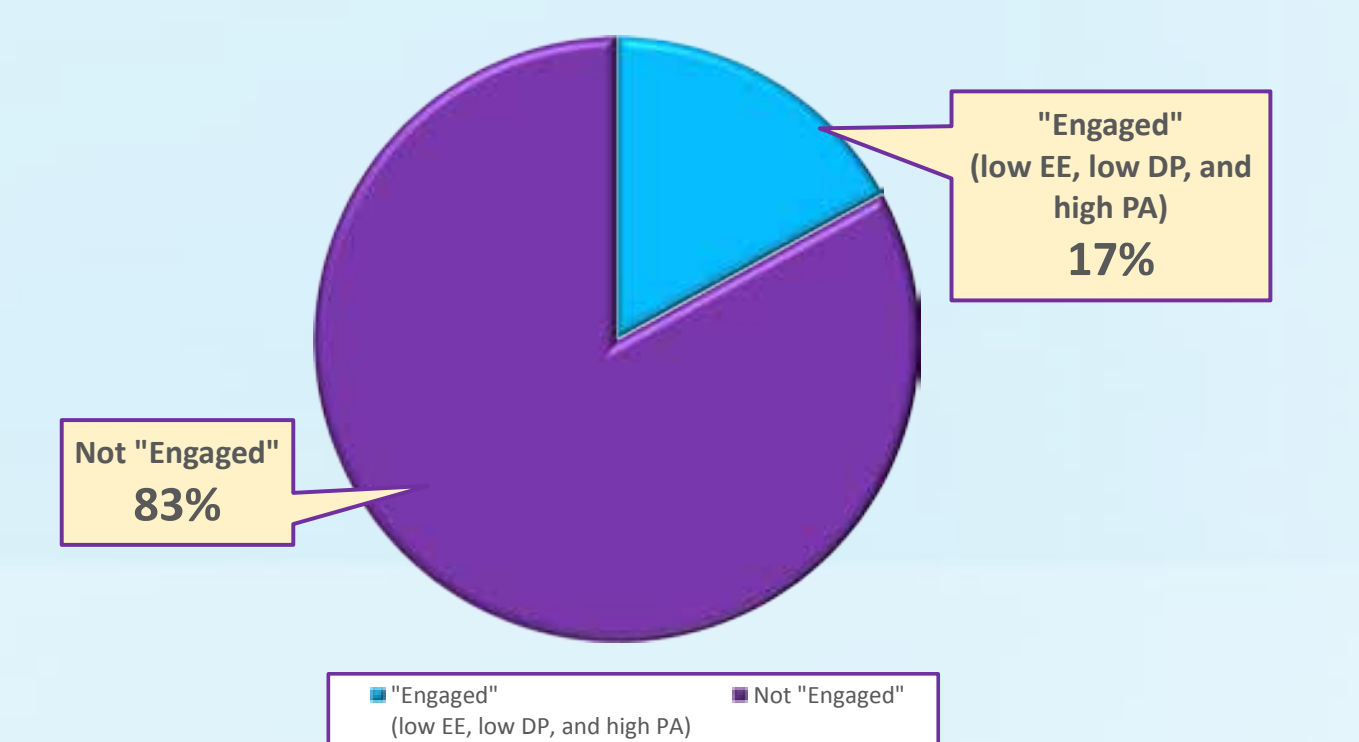
Average Personal Accomplishment Score vs Average Emotional Exhaustion Score by Specialty



Percentage of LVHN Attendings Experiencing Burnout



Percentage of LVHN Attendings Experiencing Engagement in Their Work



Results to qualitative questions:

- What would improve your professional state:
- What are the barriers to achieving these improvements:
 - More autonomy
 - More appreciation of the value of the work delivered
 - Less reductionist measurement, especially when it isn't clearly improving patient care
 - Greater facility with the EMR
 - More choices in scheduling, patient panels.
 - More support, such as scribes and other assistance.
 - Some want more money, others more time off, or less call.
 - Many want better work-life balance.

Sponsored By: This project was funded and supported by the Internal Medicine Professionalism Council.

CONCLUSIONS/FUTURE IMPLICATIONS

- Burnout in physicians nationwide is increasing at alarming rate.
- Burnout rates at LVHN are on par with national levels: 58% at LVHN vs 54% nationally.
- More than half of attending physicians demonstrate some quality of burnout.
 - High emotional exhaustion drives the high levels of burnout at LVHN.
 - Depersonalization is moderately affected.
 - Personal accomplishment seems to be preserved in respondents.
- This study serves as a baseline for LVHN burnout rates and is to serve as a stimulus for wellness promotion.
- Ongoing discussions within the network are aimed at creating increasing physician engagement.
- It is the hope that this systems approach to assessing and addressing burnout will help promote engagement, improve patient-centered care, and increase physician involvement in leadership.

IMPACT

- The project has been funded by the network to reissue the MBI with expansion to different care providers.
- EPIC message of the day with inspirational words as the first message seen on the EMR system.
- Enhancements to monthly staff meetings to address wellness, community, and resiliency.
- Resilience card campaign: checklist with concrete activities which can improve daily wellness (ie. eat breakfast, recall 3 moments of gratitude, take 5 minutes to socialize with colleagues). To be included as a possible attachment to identification badges.
- Clinician coaching initiative (individual coaching of mid-career physicians to improve a sense of re-engagement in the workplace and reinvigoration of career goals).

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