Fired Up or Burned Out?

Addressing the IMMINENT THREAT to healthcare requires more than symptom relief

Dan Diamond, MD FAAFP

"People go into medicine believing that they have the power to make a difference. Burnout happens when they no longer believe they can."

Dan Diamond, MD FAAFP

Burnout and disengagement are epidemic in healthcare. Increasing government regulations, payor demands, and the electronic medical record (EMR) place tremendous stress on the system. Individuals become overwhelmed, discouraged, and disengaged. All to often, they cut back, quit or retire.

This paper addresses the growing problem of burnout among healthcare professionals and provides a framework to address the critical issue of mindset and its impact on the mission of the organization.

Frankly, we need to take better care of each other. It is no longer enough to focus on engagement. In order to adapt and thrive, the healthcare culture needs to evolve from one of isolated individuals that consider their own needs, to one where individuals care deeply about the success of their teammates and the teams with whom they interact.

About the Author

Dr. Dan Diamond came back from the trenches of Katrina with a burning question: "How is it that some people become unstoppable?" What he has discovered drives motivation, increases engagement and empowers organizations from the inside out. Dr. Diamond has a passion for equipping people to overcome burnout and perform under pressure.

Following Hurricane Katrina, he played a strategic role as Director of the Mass Casualty Triage Unit at the New Orleans Convention Center. Most recently he responded to the typhoon in the Philippines, and he served as the Medical Director for Medical Teams International's First Response Team to Haiti.

In 2010, the American Red Cross gave him the "Real Hero" award. In 2014, Dr. Diamond received the President's Volunteer Service Award from President Obama for his work in Haiti.

Speaker/Trainer

As an international speaker and trainer who is well known for his engaging keynotes and hands-on workshops, Dr. Diamond delivers a lasting impact. He works with corporations such as HCA, Polyclinic, Providence Healthcare, Boeing, and Costco. Dr. Diamond has appeared on Larry King Live, CNN and 360 with Anderson Cooper.

Author

Dr. Diamond is the author of Beyond Resilience: Trench-Tested Tools to Thrive Under Pressure.
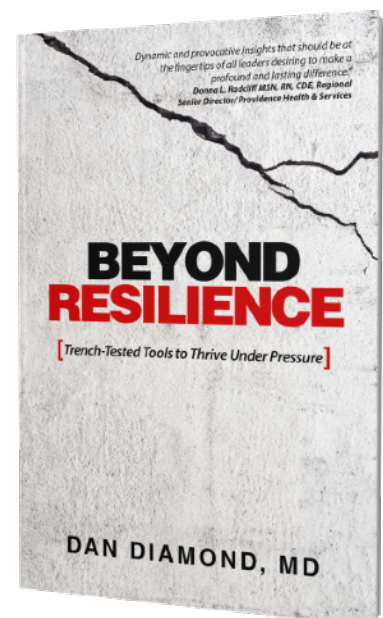
Mentor

With over 30 years of experience, Dr. Diamond's individualized mentoring programs give people the tools they need to excel under pressure.

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A Statue of a Human by BRENDAN Ó SÉ brendanose.com used by permission

The Problem

It's a challenging environment

1. The lack of staff is alarming and predicted to worsen

As politicians battle over new programs, healthcare organizations struggle to meet the increasing demand caused by an aging population with uncertain insurance coverage. According to the Association of American Medical Colleges, total physician demand is projected to grow by up to 17 percent and by 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000.[1]

This places an unhealthy burden on the physicians in practice as they try to manage the increasingly overwhelming load.

2. More work for the same pay

As reimbursement rates decline and overhead increases, physicians have been forced to see more patients per hour and nurses carry a greater load than ever before. The whole team is under increasing pressure.

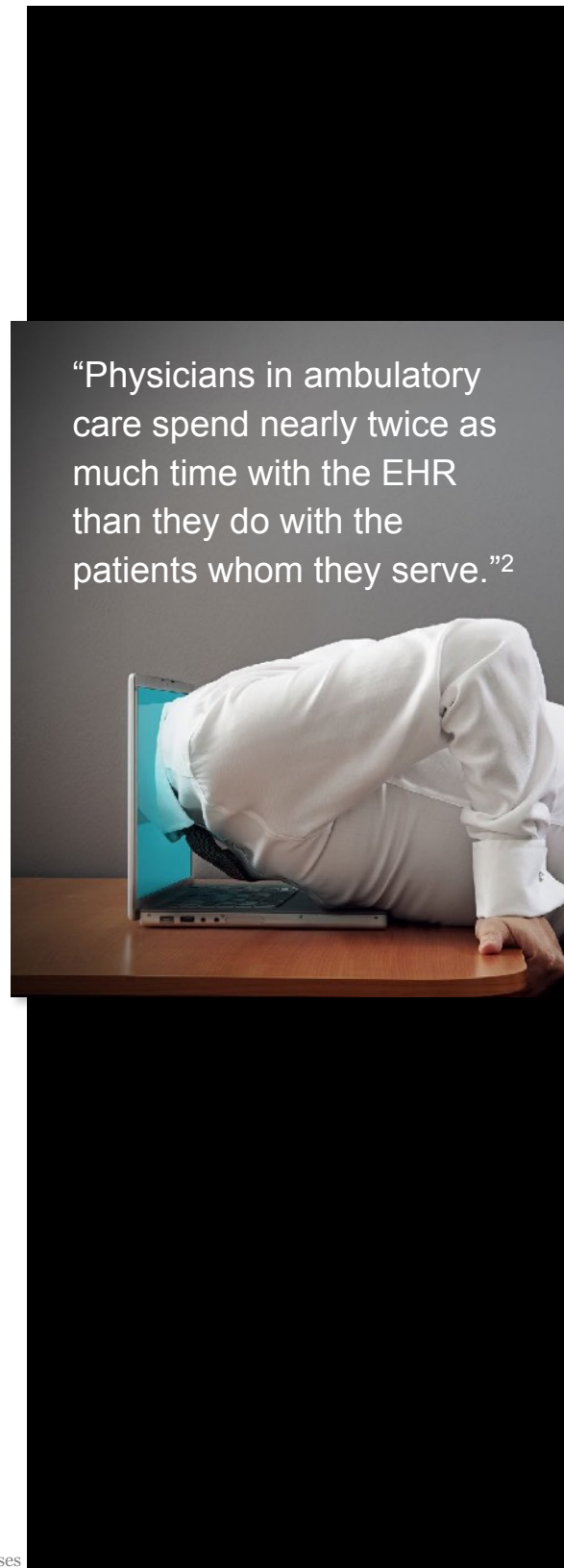[1] https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf

3. The broken promise of the EHR

The electronic health record (EHR) adds an additional level of stress and further contributes to burnout. Healthcare workers struggle to make eye contact with patients as they strive to meet increasing documentation requirements. The EHR is frustrating for both the physicians and the patients.

In an attempt to increase the number of patients that they can see, many physicians don't complete their charting at the time of the visit. They put it off until after the clinic closes or they do it on their days off.[2] On average, physicians spend an additional 1-2 hours each night on "after-hours" work… most of which are EHR tasks.[3]

4. Burnout impacts the entire team

Physicians are not the only ones struggling with burnout. The problem involves the entire team. Many nurses suffer from compassion fatigue. Over a third of nurses report that they are burned out.[4]

"Physicians in ambulatory care spend nearly twice as much time with the EHR than they do with the patients whom they serve."[2]

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[2] Ann Intern Med. 2016;165:753-760
[3] http://doi.org/10.7326/M16-0961
[4] http://www.hhnmag.com/articles/3253-four-measures-that-are-key-to-retaining-nurses
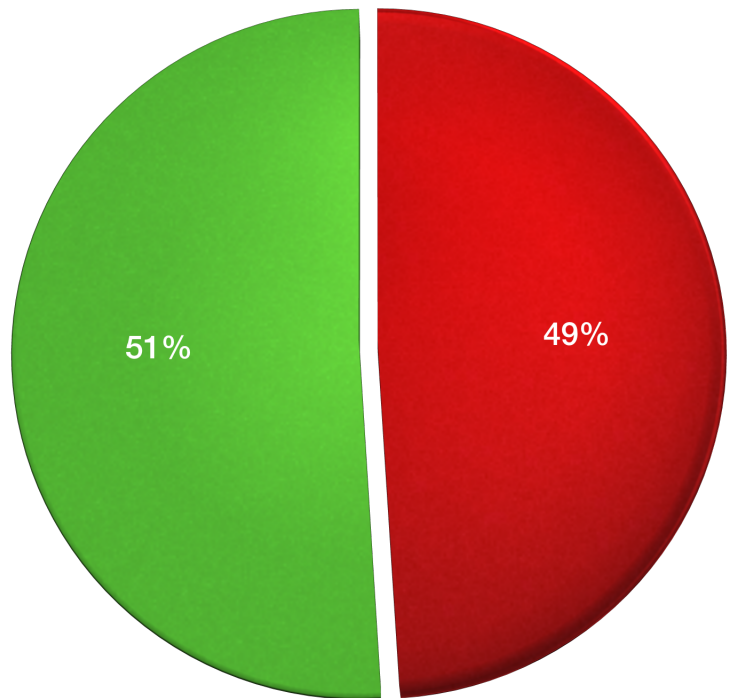
Burnout is COSTLY

1. Physician Turnover & Declining Resources

Hospitals and healthcare organizations are struggling to keep their physicians. The average cost to replace an emergency physician is $164,000.[5] Rapid turnover places an additional burden on a healthcare system that is already struggling with shortages.

2. Nursing Turnover Costs Millions

According to a KPMG report, the average turnover rate for nurses is 14%.[6] It is even higher for first-year nurses. It takes over seven weeks, to fill a permanent RN position.[7] With the cost to replace a bedside RN at $82,000, the average 300-bed hospital is losing a jaw-dropping $4.4 million each year due to nurse turnover.[8]

3. Resistance to change and unwillingness to standardize care

Implementing cost saving guidelines requires engagement, compromise and a willingness to change. Burned out providers often lack the motivation required to make the individual changes necessary to standardize care.[9] This can cost an organization millions of dollars in lost savings opportunities.

49% of providers report symptoms of burnout

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[5] https://www.studergroup.com/resources/news-media/healthcare-publications-resources/insights/january-2016/the-real-cost-of-emergency-department-physician-tu

[6] http://www.natho.org/pdfs/KPMG_2011_Nursing_LaborCostStudy.pdf

[7] http://www.hhnmag.com/articles/3253-four-measures-that-are-key-to-retaining-nurses

[8] 11http://www.hhnmag.com/articles/3253-four-measures-that-are-key-to-retaining-nurses

[9] Pavlos Deligkaris, Efharis Panagopoulou, Anthony J. Montgomery, and Elvira Masoura, Job burnout and cognitive functioning: A systematic review. Work & Stress Vol. 28 , Iss. 2,2014

4. Impaired cognitive function

Several studies have shown a link between burnout and a loss of cognitive function. Burnout impacts all three areas of cognitive functioning: executive function, attention and memory. This leads to increased medical errors.[10]
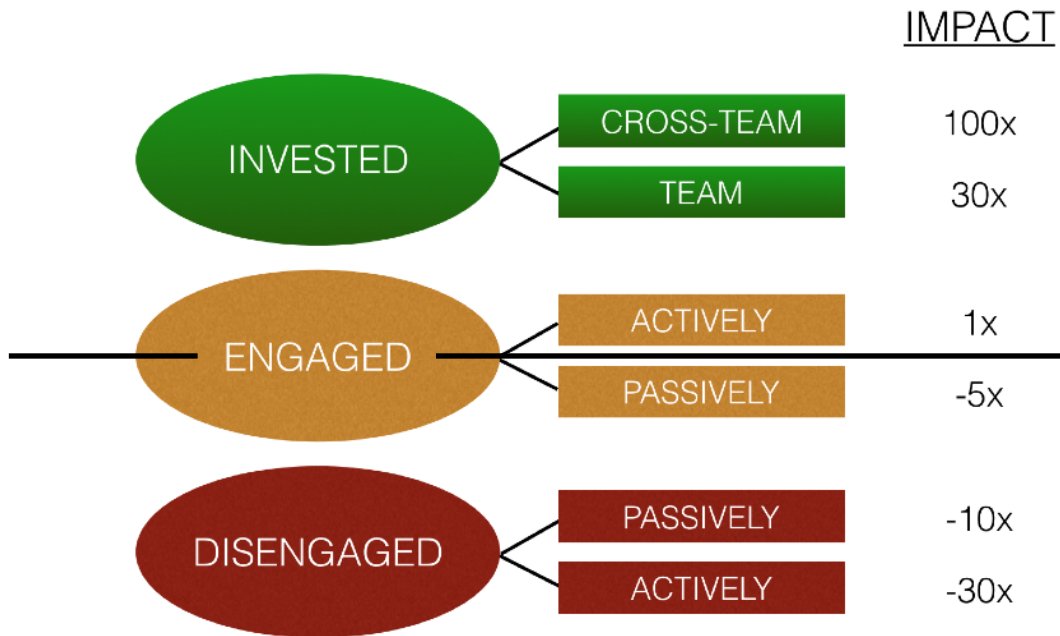
5. Patients pay the price

Ultimately, patients are impacted as well. They are the ones that suffer from medication errors, irritable staff, or a missed diagnosis. Because of provider shortages, not only do patients experience shorter visits but they may find it difficult or impossible to be seen promptly when they need it most. Patients suffer the most from turnover.

"I lost my doctor…again!"

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[10] Welp A ; Meier LL ; Manser T.Emotional exhaustion and workload predict clinician-rated and objective patient safety. Front Psychol. 2015; 5: 1573

It Will Take More than Engagement

IMPACT

INVESTED	CROSS-TEAM	100x
	TEAM	30x
ENGAGED	ACTIVELY	1x
	PASSIVELY	-5x
DISENGAGED	PASSIVELY	-10x
	ACTIVELY	-30x

The Disengaged can destroy an organization

ACTIVELY DISENGAGED: *"This organization owes me!"*

18% of the American workforce as a whole is actively disengaged! Gallop estimates that they cost the US economy between $450 billion to $550 billion a year.[11] They just quietly go about sabotaging the efforts of the organization and their co-workers, and they are usually never caught. Consider for a moment what that 18% may be costing your organization!

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[11] http://www.gallup.com/services/178514/state-american-workplace.aspx

PASSIVELY DISENGAGED: "No one is meeting my needs."

"51% of employees are passively disengaged.[12] Although they are not actively trying to harm the organization, their negative attitude is contagious. They sow confusion and pull energy from teams with their pessimistic outlook. As "takers" they complain that their needs are not being met and they see themselves as helpless. Passively disengaged people frustrate their teams because they focus on irrelevant tasks and don't help the team move forward.

It's no longer enough to just be Engaged

PASSIVELY ENGAGED: "I'm just here for the paycheck!"

The passively engaged show up, but they don't contribute much. At their core, they still "take" from the organization. They tend to be task focused and unaware of the big picture or even the impact of their actions on the rest of the team. In fact, they may not even realize that they are on a team! They consume time and energy because they wait for others to tell them what to do rather than actively looking for opportunities to improve the team's effectiveness. They clock in and clock out but do not contribute to the overall mission of the organization.

ACTIVELY ENGAGED: "I'm in and I'll do my part!"

There is a pivotal difference between passively engaged and actively engaged employees, and it has everything to do with the direction of energy flow. The passively engaged are "takers." The actively engaged are "givers," and they contribute to the organization. While the passively engaged are task focused, the actively engaged are solution focused. They get stuff done. 34% of healthcare workers are actively engaged.[13]

The Invested change the world (and don't care who gets the credit)

TEAM INVESTED: "I'll do anything to help my team."

These people are willing to sacrifice for the benefit of others. They empower their team to reach a level of success that isn't possible without them. They take the time to understand the needs of others and apply their resources and energy to meet the needs of the team.

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[12] www.gallup.com/services/178514/state-american-workplace.aspx
[13] www.gallup.com/services/178514/state-american-workplace.aspx

CROSS TEAM INVESTED: "What's keeping you guys up at night?"

The whole organization is stronger when there are people that are cross-team invested. It's as if they see the organization through 3D glasses. While actively engaged employees focus on getting their _personal_ work done, and the team invested focus on empowering their _teams_, the cross-team invested think beyond themselves and consider how they can impact their _sphere of influence_. Their motivation can be summed up with one word: OWNERSHIP. They think like owners. They are committed to understanding the needs and victories of the individuals and teams around them. Because they take an interest and ask great questions, they can match resources to the needs of the organization.

Questions to consider

1. How would I describe myself? Disengaged, engaged or invested?

2. How would my direct reports describe me? Disengaged, engaged or invested?

3. How would the people I report to describe me? Disengaged, engaged or invested?

All hands on deck

A collaborative effort is required in order to effectively address burnout, engagement, and investment. Solutions must address both the SYSTEM and INDIVIDUAL issues. Dan Pink, in his book, _Drive,_ lists the three primary workplace motivators: autonomy, mastery, and purpose. Over the past decade, all three have been negatively impacted in medicine. Eric Garton published an article in the Harvard Business Review entitled, "Employee Burnout is a Problem with the Company, Not the Person."[14] Garton makes the point that we must consider the environment, but he falls short by dismissing the role of the individual. To make progress, one must consider both. Effective solutions require providers that are invested. Otherwise, providers will just dismiss the efforts as more "meaningless change" from the administration.

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[14] https://hbr.org/2017/04/employee-burnout-is-a-problem-with-the-company-not-the-person

Meaningful Change Requires the Right Mindset

It is essential to understand the power of mindset and the dangers of mind-shift as we attempt to address the issues of burnout, engagement, and investment. Without the right mindset, it is difficult, if not impossible, to make any lasting progress.

People enter medicine because they believe they can make a difference.

POWERFUL

POWER

TAKER   PURPOSE   PURPOSE   GIVER

THRIVER

POWER

POWERLESS
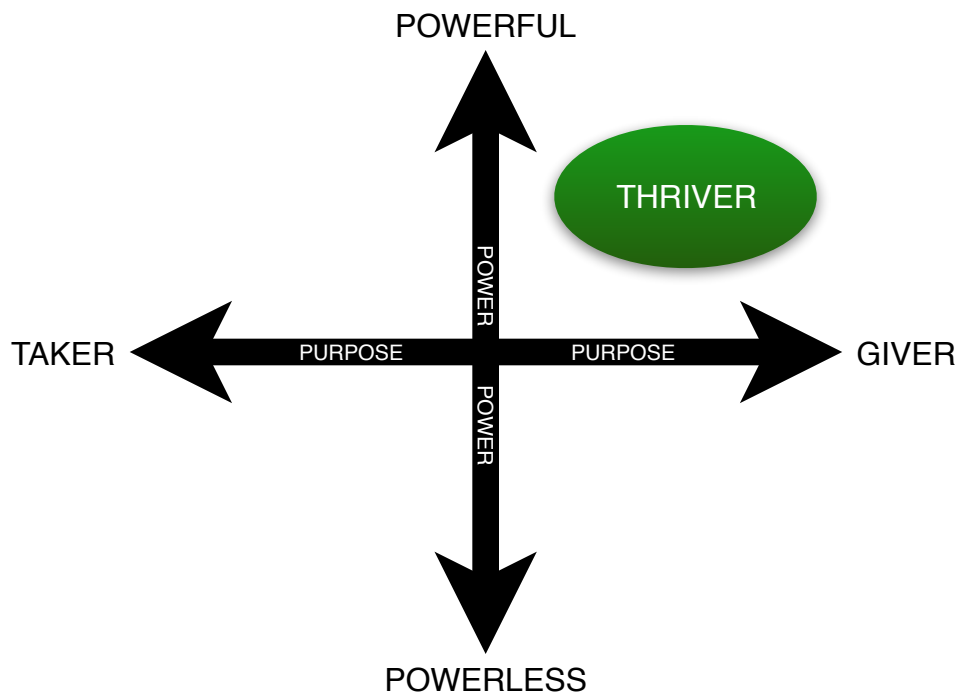
They begin with power and purpose

The two dimensions of power and purpose determine mindset. When most people make the decision to go into healthcare (often at a young age), they begin their quest with a belief that they can make a difference and the desire to help others. Whether a physician, nurse, or administrator, all begin with a desire to serve and make a difference in the lives of others.

Challenged by a high-pressure environment

As they encounter the demands of the healthcare environment, they are often overwhelmed and disillusioned. It can be subtle at first, but this load can lead to a devastating mind-shift.

A subtle mind-shift
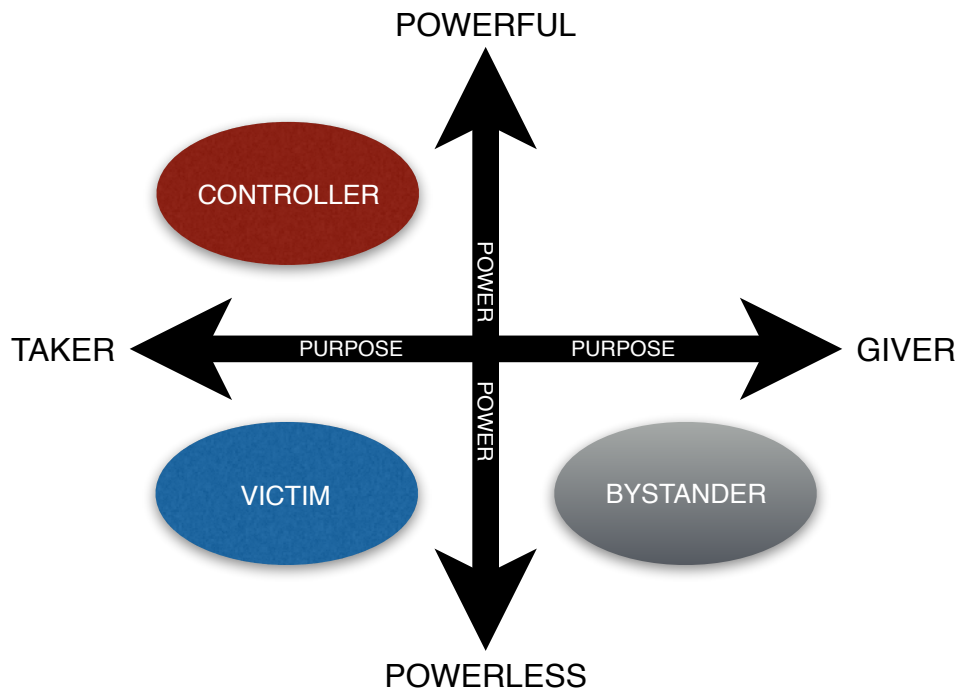
- ### Bystander's Mindset: Powerless-giver

Some people respond to the high-pressure environment with a mind-shift from being empowered to being powerless. With the Bystander's Mindset, they still have the passion for being a giver but they have come to the conclusion that they cannot make a difference. Consequently, they disengage and take up a comfortable place on the sideline.

- ### Controller's Mindset: Powerful-taker

Some people respond to the high-pressure environment with a mind-shift from giver to taker. Coworkers often feel the brunt of this shift as the individual puts their own needs above the team and, unfortunately, sometimes even before the patient. Seeing the world through the Controller's Mindset, one can easily conclude that they are living in a "scarcity economy". They become compelled to put themselves first.

- The Victim's Mindset: Powerless-taker

Forfeiting both power and purpose, those that adopt the victim's mindset, consume resources. In the 1950s Julian Rotter first described the concept of Locus of Control. When someone chooses the victim's mindset, they believe that power exists *external* to them. They become dependent on others to meet their needs. They do not contribute; they consume.

Devastating consequences
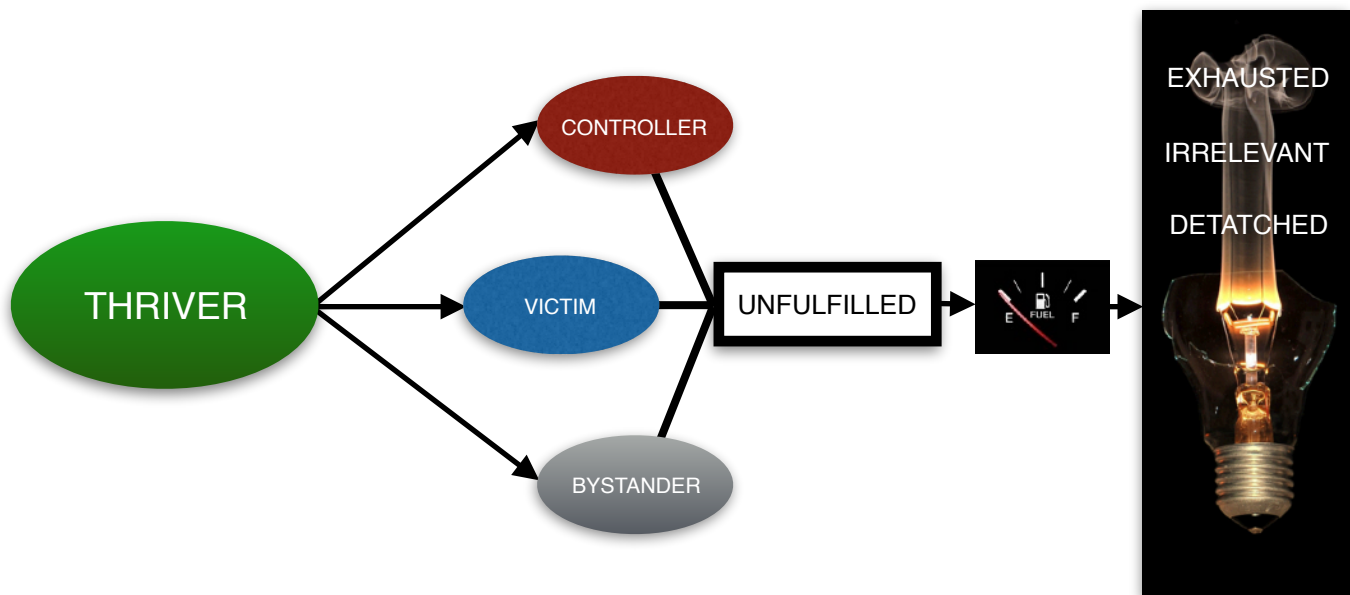
When the stores are depleted, exhaustion is inevitable

The word "fulfilled" comes from the old English word "fullfyllan" which was used to describe the process of filling up a ship's stores to get ready for a long voyage. When people shift from the Thriver's Mindset to any of the other three, they are no longer fulfilled by their work. Over time, they will deplete their stores and experience the agony of burn out.

Call to action: Renewed power and redefined purpose

THRIVER

To improve the healthcare environment, organizations need professionals that will choose to return to the Thriver's Mindset of being an empowered giver. System level issues that are precipitating disengagement and burnout must be addressed, but the work cannot be done in a vacuum. Healthcare is in dire need of people who realize that just being engaged is not enough. As professionals choose to become *invested* with power and purpose, they will once again experience fulfillment. They will have the opportunity to renew their passion and make a difference in their organization.

Questions to consider

1. What is my primary mindset? What is my TEAM's mindset?

2. How would my direct reports describe my primary mindset?

3. How would the people I report to describe my primary mindset?

Beyond Resilience

A program for people that want to overcome burnout, move beyond resilience and thrive under pressure

If the issues and strategies outlined in this white paper resonate with you and your team, perhaps it is time to open up a conversation with us about how we can help. We have keynotes, workshops and coaching available that can be tailored to meet your needs. If you would like to know more, please send an email or give me a call and we'll set up a time to meet.

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