



**NATIONAL ACTION ALLIANCE**  
for Patient and Workforce Safety

# Workforce Safety and Well-being Webinar Series (Session 2)

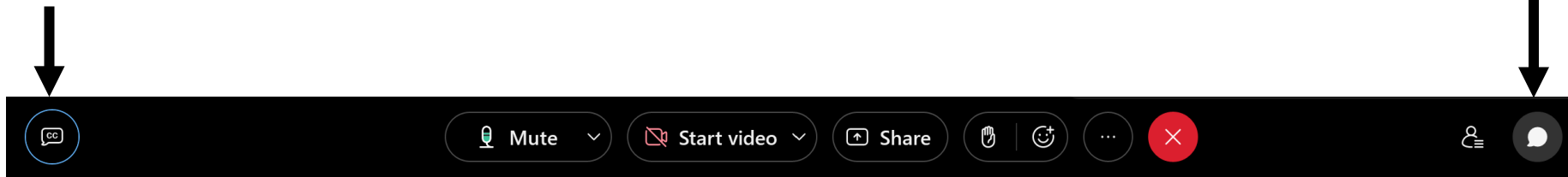
## Addressing Healthcare Workforce Burnout

**NATIONAL WEBINAR SERIES**

November 12, 2024

# Housekeeping Instructions

- This webinar will be recorded and available for viewing on the NAA website.
- Please use the 'Chat' function to engage with us throughout the webinar and to ask any questions.
- Closed Captioning (CC) is available.



**Thank You for Your Commitment  
To Advance Patient and Workforce Safety!**

# Introducing the Workforce safety and Well-being Series

**In the three-part webinar series (Oct-Dec '24), we are focusing on how to -**

- 1. Influence leadership behaviors to promote patient safety**
- 2. Address workforce burnout as a key driver of patient safety**
- 3. Resolve the workforce turnover crisis to drive safety and well-being**

# Questions to Run On

- **What can healthcare organizations change in their care delivery processes to reduce staff burnout?**
- **What outcomes can be improved by addressing burnout?**

# Share With Us

**What would you like to improve in your organization to reduce staff burnout?**

# Speaker Welcome



**Colin P. West, MD, PhD**

Professor of Medicine, Medical Education, and Biostatistics  
Medical Director for Employee Well-Being, Mayo Clinic



# Addressing Healthcare Worker Burnout

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**Presenter:**

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# What is Burnout?

Burnout is a syndrome of depersonalization, emotional exhaustion, and low personal accomplishment leading to decreased effectiveness at work.



# Emotional Exhaustion

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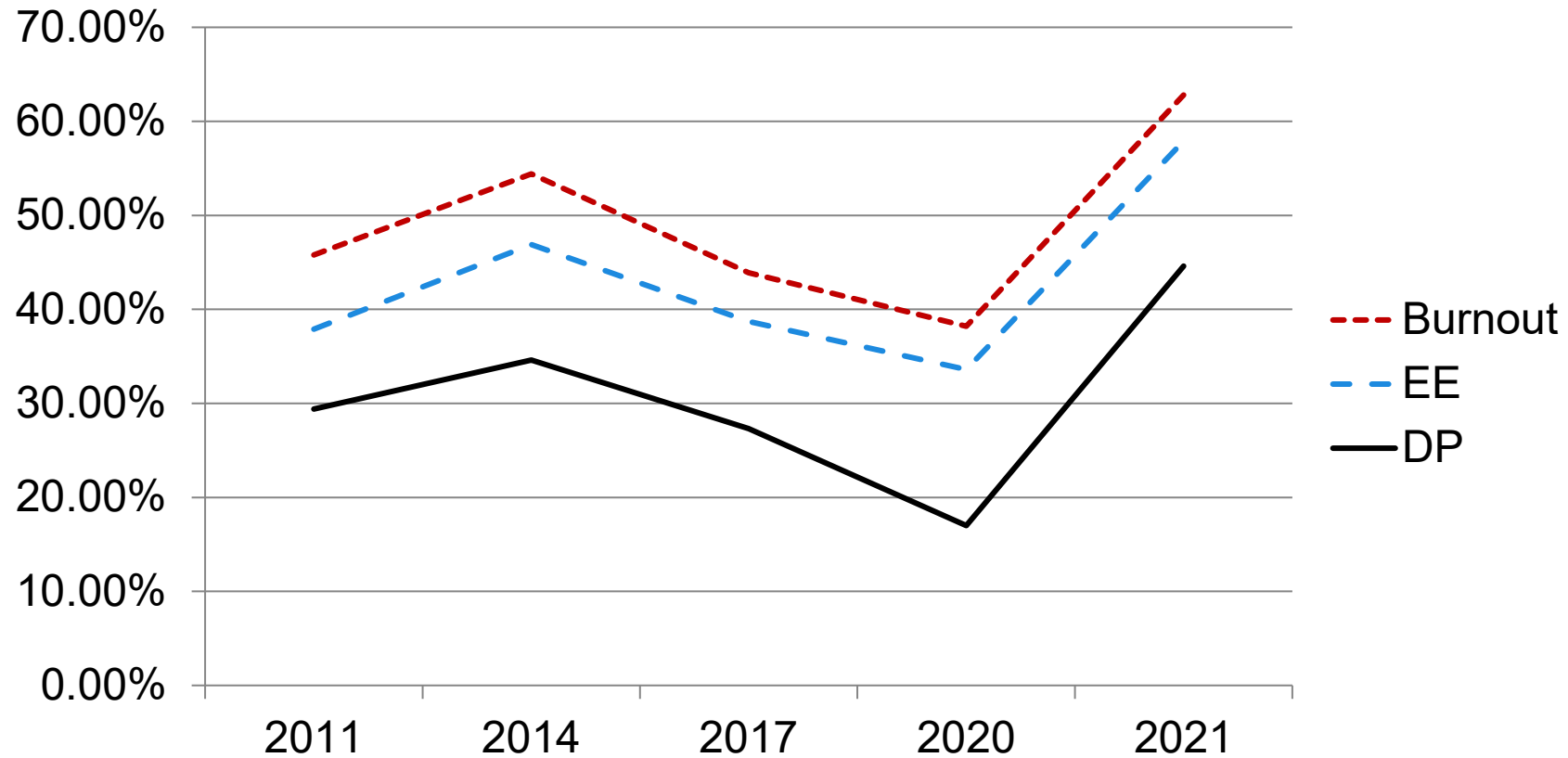
*“I feel like I’m at the end of my rope.”*

# Depersonalization

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*“I’ve become more callous toward people since I took this job.”*

# Burnout among Practicing Physicians



National Data (Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015, 2019, 2022)

# Consequences of Physician Burnout

- Medical errors<sup>1-3</sup>
- Impaired professionalism<sup>4-6</sup>
- Reduced patient satisfaction<sup>7</sup>
- Racial bias<sup>8</sup>
- Blunted growth in medical knowledge<sup>10</sup>
- Depression and suicidal ideation<sup>11,12</sup>
- Motor vehicle crashes and near-misses<sup>13</sup>
- Staff turnover, reduced hours<sup>9,14</sup>
- Total costs: >\$4.6B dollars/year<sup>15,16</sup>

<sup>1</sup>JAMA 296:1071, <sup>2</sup>JAMA 304:1173, <sup>3</sup>JAMA 302:1294, <sup>4</sup>Annals IM 136:358, <sup>5</sup>Annals Surg 251:995, <sup>6</sup>JAMA 306:952, <sup>7</sup>Health Psych 12:93, <sup>8</sup>JAMA Netw Open 2019, <sup>9</sup>JACS 212:421, <sup>10</sup>JAMA 306:952, <sup>11</sup>Annals IM 149:334, <sup>12</sup>Arch Surg 146:54, <sup>13</sup>Mayo Clin Proc 2012, <sup>14</sup>Mayo Clin Proc 2016, <sup>15</sup>JAMA IM 2017, <sup>16</sup>Annals IM 2019

# A Public Health Crisis!

## Burnout in U.S. alone:

>40,000

Medical Students

>60,000

Residents and Fellows

>490,000

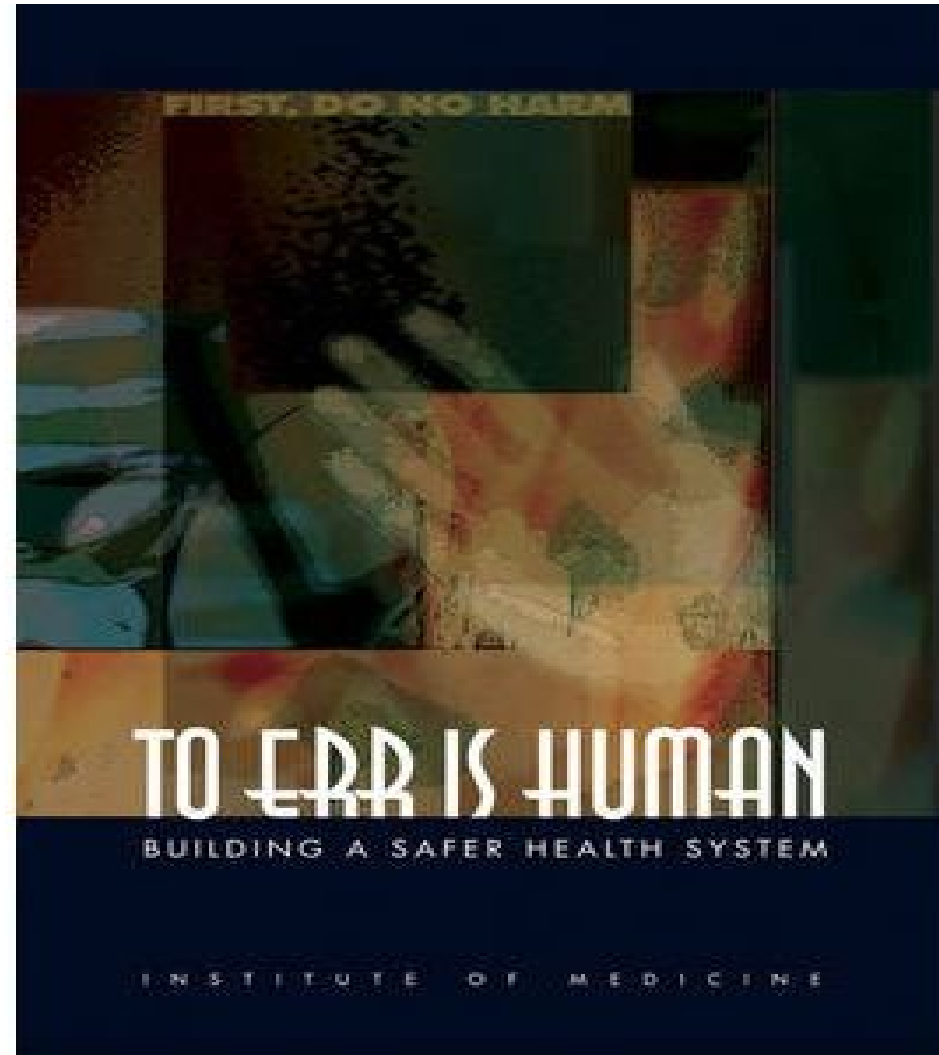
Physicians

>1,000,000

Nurses

Plus other health care and biomedical science professionals

## Individual or system problem?



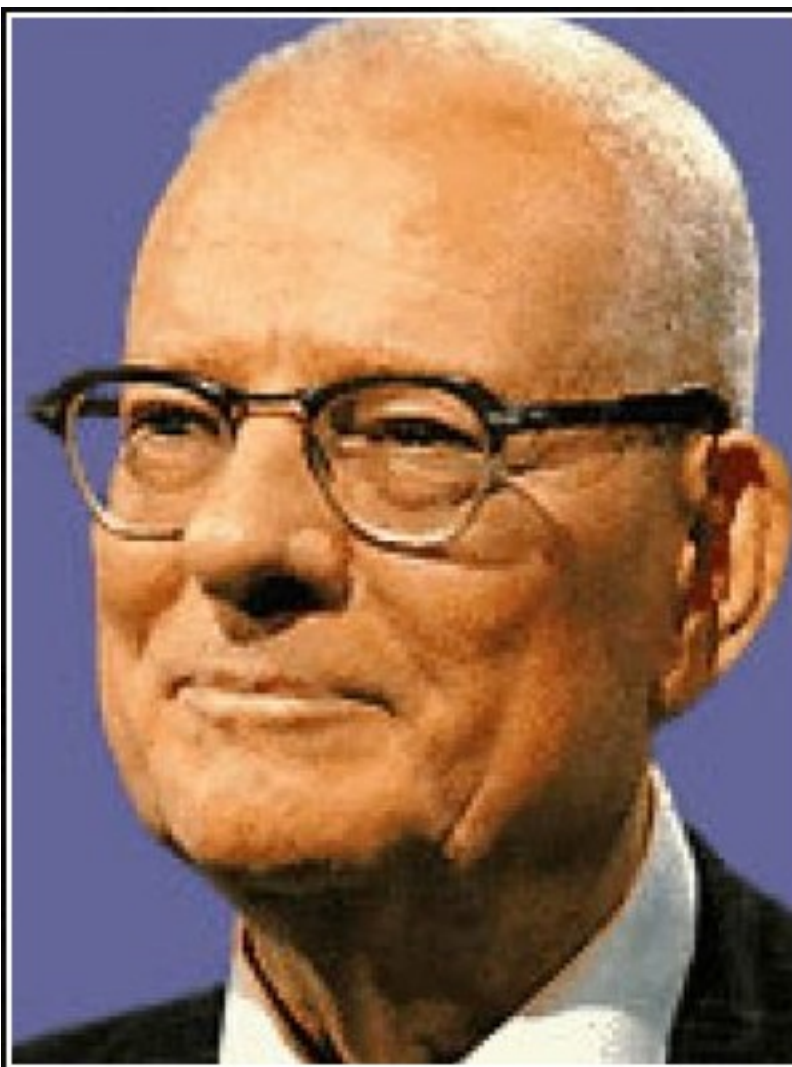
FIRST, DO NO HARM

# TO ERR IS HUMAN

BUILDING A SAFER HEALTH SYSTEM

INSTITUTE OF MEDICINE





Eighty-five percent of the reasons for failure are deficiencies in the systems and process rather than the employee. The role of management is to change the process rather than badgering individuals to do better.

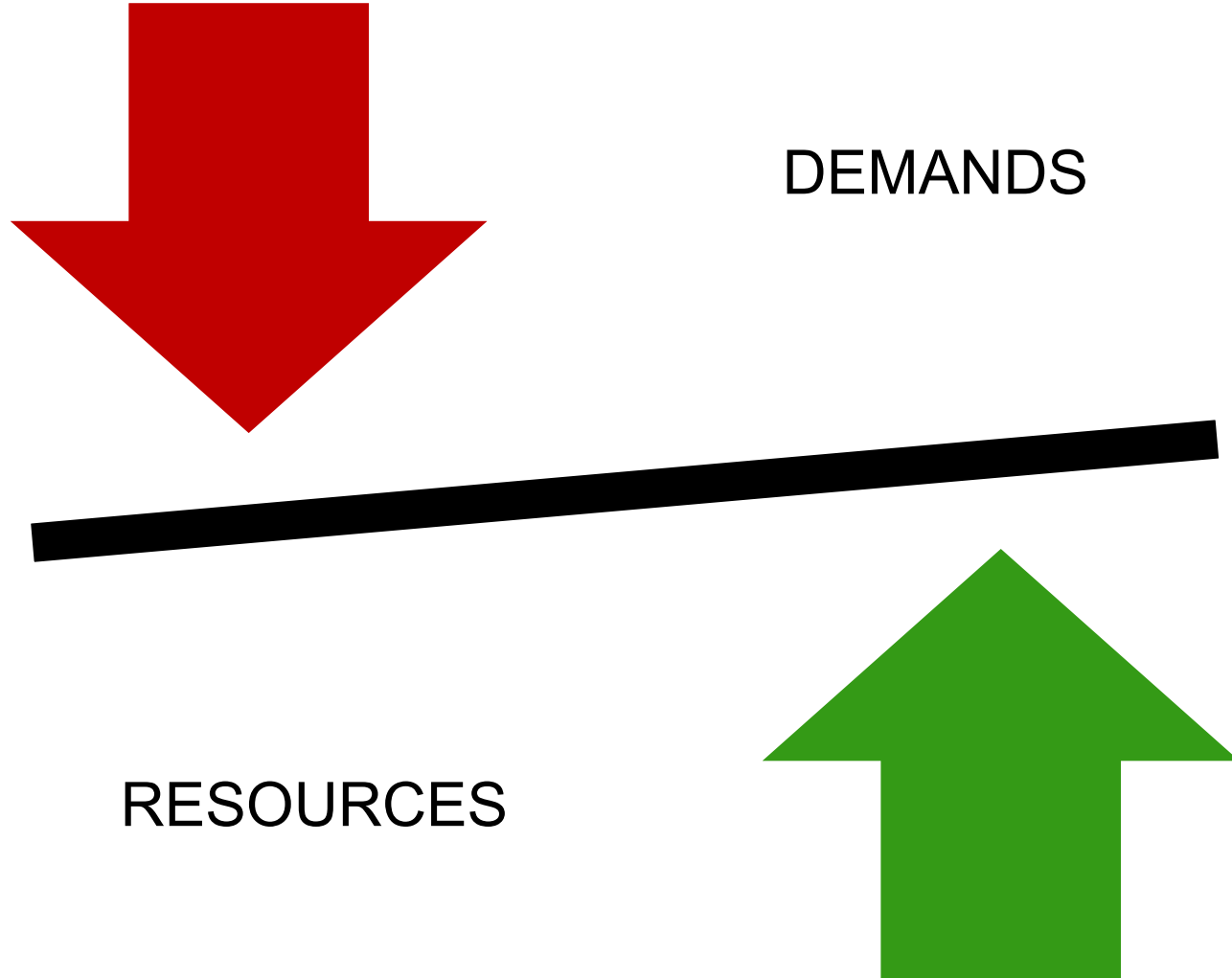
— *W. Edwards Deming* —

**AZ QUOTES**

“Every system is perfectly designed  
to get the results it gets”



- Dr. Paul Batalden, IHI



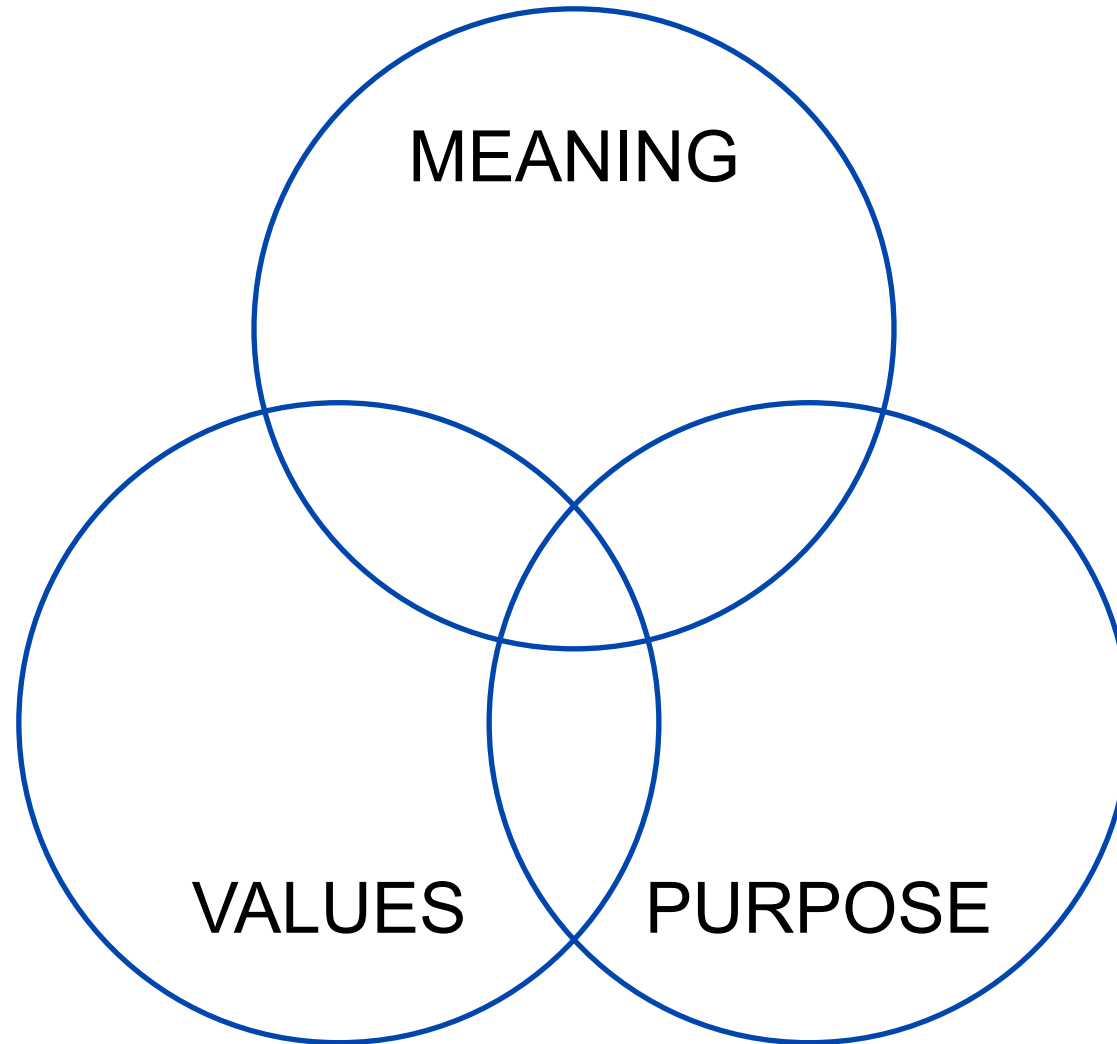
A chronic imbalance of high job demands and inadequate job resources can lead to burnout

# Burnout Drivers

- Maslach and Leiter workplace domains:
  - Workload
  - Control/autonomy
  - Reward (intrinsic and extrinsic)
  - Community
  - Fairness/respect
  - Values alignment

Leiter & Maslach, J Health Hum Serv Adm 1999

# The MVPs of Well-Being



## Solutions

- ACGME: <https://www.acgme.org/meetings-and-educational-activities/physician-well-being/>
- AAIM: <http://www.im.org/resources/wellness-resiliency>
  - CHARM Best Practices Group summaries
- AMA: <https://edhub.ama-assn.org/steps-forward>
- NAM: <https://nam.edu/initiatives/clinician-resilience-and-well-being/>
- U.S. Surgeon General:  
<https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>



# Colleagues Meeting to Promote and Sustain Satisfaction (COMPASS) Groups for Physician Well-Being: A Randomized Clinical Trial

Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Daniel V. Satele, BS;  
and Tait D. Shanafelt, MD

West CP et al., Mayo Clin Proc. 2021;96:2606-2614

# COMPASS Group Trials

- Prior RCT of facilitated small groups of 6-8 physicians (West CP et al., JAMA Int Med. 2014;174:527-33) demonstrated:
  - Reduced depersonalization
  - Increased meaning from work
- Subsequent RCT addressed more efficient small group model:
  - Self-formed groups of 6-8 physicians, mainly from DOM
  - Meet every other week for 1 hour at time/location of group's choosing
  - At least 15 minutes dedicated to curriculum
  - No FTE provided, but payment for meals (up to \$20/person/meal)
  - Up to 12 sessions over 6 months, trial 2013-2014



# COMPASS Group Topics

- Topics: 3 categories rotating across 12 sessions
  - Meaning in work/job satisfaction
    - E.g., “Reflect as a group on why you do the work you do.”
  - Teamwork/social support/collegiality/relationships/work-life balance and integration
    - E.g., “Brainstorm ways to promote collegiality in your hallway or work unit.”
  - Personal strengths/problem solving/coping/resources for thriving and flourishing
    - E.g., “Talk about a work-related problem that has been bothering you. Give each other advice about how best to handle the situation. Then, come up with a plan of action to solve the problem.”

# COMPASS Study Conclusions

- At 12 months, compared to both the wait-listed control group and non-study participants, the intervention group had improved:
  - Emotional exhaustion: -11.1%
  - Depersonalization: -13.4%
  - Overall burnout: -14.6%
  - + depression screen: -13.9%
  - Likelihood of leaving in next 2 years: -7.8%
- An institutionally-supported, modestly-funded small group-based curriculum demonstrated positive effects across multiple domains relevant to physician well-being.
- West CP et al., Mayo Clin Proc. 2021;96:2606-2614.

# COMPASS Group Operational Points

- Virtual vs. in-person
- Mandatory vs. voluntary
- Intact team vs. not
- Assigned vs. self-formed groups
- Self-facilitated vs. facilitated
- Interprofessional vs. profession-specific

# What can you do next?

- Consider a measurement plan for burnout and other key dimensions of well-being
  - To identify areas of strength and opportunity
- Identify which driver domains need support most in your local environment and map solutions to those domains
  - E.g., To build community at work, consider COMPASS-type groups
- Divide solutions into those acting at individual and organizational levels of responsibility
  - Ensure representation is appropriately balanced

# Thank You!

- Comments/questions
- Email: [west.colin@mayo.edu](mailto:west.colin@mayo.edu)
- Twitter/X: [@ColinWestMDPhD](https://twitter.com/ColinWestMDPhD)
- LinkedIn: <https://www.linkedin.com/in/colin-west-57821b82>

# Question & Answers

# Let us know!

Based on what you have learned today,

**What would you like to improve in your organization to reduce staff burnout?**

**\*Please submit your response in the chat**

# Upcoming Events of Interest



# Thank You!

Announcing the Next NAA Monthly National Webinar

## **Workforce Safety and Well-Being Webinar Series (Session 3): Resolving Workforce Turnover Crisis**

**Tuesday, December 10, 2024 (Noon- 1:00 PM ET)**

Registration is open and can be found on the NAA website

<https://cma.ahrq.gov/NAADDEC2024>

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