Human-Centered Leadership: A Foundation for Creating Joy and Resilience in the Practice of Medicine

Stillbirth Summit 2019
June 21, 2019
The Challenge

Despite years of focus and investment on Patient Experience culture, relatively small improvements have been sustained in healthcare organizations across the United States.

HCAHPS Overall Rating - Over Time
(Top Box)
The Other Challenge
The Journey to Excellence: Culture + Performance
New Paradigm Needed

Interventions
- High Reliability Strategies
- Just Culture
- Technology Solutions
- Quality Improvement Initiatives
- Physician & Employee Engagement Tactics
- TeamSTEPPS

We’ve Tried

We Want

Holistic Outcomes
- Patient Safety
- Effective, High Quality Care
- Patient Satisfaction
- Efficiency and Care Coordination
- Population Health
- Lower Total Costs
- Fulfilled, Engaged Clinicians
The Secret To Sustained Improvement

IMPROVEMENT

Technical Capabilities

Cultural Capabilities

I = TC x CC

George Eckes
Quadruple Aim

Person-Centered

Joy

Quality

Cost
When assessed using the Maslach Burnout Inventory, 43.9% of the physicians reported at least one symptom of burnout in 2017 compared with 54.4% in 2014 and 45.5% in 2011...Physicians remain at increased risk for burnout relative to workers in other fields.

Abs.


Patients and Methods: From August 28, 2014, to October 6, 2014, we surveyed both US physicians and a probability-based sample of the general US population using the methods and measures used in our 2011 study. Burnout was measured using validated metrics, and satisfaction with work-life balance was assessed using standard tools.

Results: Of the 35,922 physicians who received an invitation to participate, 6,680 (19.2%) completed surveys. When assessed using the Maslach Burnout Inventory, 54.4% (n=3,680) of the physicians reported at least 1 symptom of burnout in 2014 compared with 45.5% (n=3,310) in 2011 (P<.001). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; P<.001). Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty. In contrast to the trends in physicians, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working US adults, resulting in an increasing disparity in burnout and satisfaction with work-life balance in physicians relative to the general US working population. After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; P<.001) and were less likely to be satisfied with work-life balance (odds ratio, 0.68; 95% CI, 0.62-0.75; P<.001).

Conclusion: Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.
Why the National Taskforce for Humanity in Healthcare?
Why the National Taskforce for Humanity in Healthcare?

Question 1:
Do healthcare organizations, healthcare leaders, physician, nurses, and caregivers hold a deep understanding of how caregiver burnout impacts individual, team, and overall business performance?

Question 2:
Are our traditional measurements of burnout helping us map solutions to the more desired endpoint of caregiver thriving and resiliency?

Question 3:
Do healthcare organizations, healthcare leaders, physicians, nurses, and caregivers have an understanding of a comprehensive solutions blueprint which results in meaningful and sustainable improvement?
Consequences of Burnout

**Patient Satisfaction**
Aiken et al. BMJ 2012;344:e1717

**Infections**

**Medication Errors**

**Standardized Mortality Ratios**
Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.
Financial Impact of Clinician Burnout

Percent of doctors with burnout symptoms left: 21%
Percent of doctors without burnout symptoms left: 10%

Two year economic loss estimate: $16 - $56 M

National Taskforce for Humanity in Healthcare Estimate

<table>
<thead>
<tr>
<th></th>
<th>Physician Turnover</th>
<th>Nurse Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,372,000,000</td>
<td>$8,998,000,000</td>
</tr>
</tbody>
</table>

CULTURE ANALYTICS PREDICT AND PREVENT HARM ….
... AND UNFAVORABLE EMPLOYEE OUTCOMES

Teamwork Climate Scores Across Facility

<table>
<thead>
<tr>
<th>Department</th>
<th>CCU</th>
<th>REHAB</th>
<th>OR</th>
<th>EMERG</th>
<th>5 WEST</th>
<th>6 WEST</th>
<th>PEDS</th>
<th>GERI</th>
<th>DIALYSIS</th>
<th>PERIOP</th>
<th>PHARM</th>
<th>3 WEST</th>
<th>ICU</th>
<th>NICU</th>
<th>SICU</th>
<th>PEDS</th>
<th>OB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>28</td>
<td>33</td>
<td>36</td>
<td>41</td>
<td>45</td>
<td>45</td>
<td>49</td>
<td>49</td>
<td>51</td>
<td>52</td>
<td>55</td>
<td>62</td>
<td>62</td>
<td>73</td>
<td>75</td>
<td>80</td>
<td>98</td>
</tr>
</tbody>
</table>

<60% Score = Danger Zone

Illustrative Data: Extracted from Blinded Client Data

Employee Satisfaction: 55
Employee Injury per 1000 days: 16
Employee Absenteeism per 1000 days: 15
RN Vacancy Rate: 9

Michael Leonard, M.D.,
Safe and Reliable Healthcare
Why the National Taskforce for Humanity in Healthcare?

Question 2:
Are our traditional measurements of burnout helping us map solutions to the more desired endpoint of caregiver thriving and resiliency?

Christina Maslach
- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment

Bohman, Dyrbge, Sinsky, et. al.
- Culture Of Wellness
- Personal Resilience
- Efficiency of Practice

I’m Burned Out

Sexton, Buckingham, National Taskforce for Humanity in Healthcare
- Emotional Thriving
- Emotional Recovery

I’m Thriving

Burnout, at its core, is the impaired ability to experience positive emotion.

Outstanding culture, at its core, is the cultivation of positive emotion.
What Emotions Are We Talking About?

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines

Undoing Effect

Bryan Sexton and Barbara Fredrickson
Resilience - and Outstanding Performance - is a Team Sport

“Culture of Wellness”

We’re Thriving

We’re Burned Out

26% of your individual burnout score is predicted by the burnout of the people around you.

The organizational template for excellence becomes collective accessibility to positive emotion.
New Measurement

A Metric for Humanity - focus on positive emotions and thriving, not (only) deficits or satisfaction

Emotional Thriving
1. I have a chance to use my strengths everyday at work.
2. I feel like I am thriving at my job.
3. I feel like I am making a meaningful difference at my job.
4. I often have something I am looking very forward to at my job.

Emotional Recovery
1. I always bounce back quickly after difficulties.
2. I can always regain a positive outlook despite what happens.
3. I can adapt to events in my life that I cannot influence.
4. My mood reliably recovers after frustrations and setbacks.

New Measurement

Inspired
Grateful

Thriving

Joy

Hope

Recovery

Pride

Interested

Amusement

Love

Serenity

Not:
Embarrassed
Ashamed
Angry
Guilty
Stressed
Sad

Bryan Sexton, PhD
The National Taskforce for Humanity in Healthcare
Resilience Scale Overview, 2018
Why the National Taskforce for Humanity in Healthcare?

Question 3:
Do healthcare organizations, healthcare leaders, physicians, nurses, and caregivers have an understanding of a comprehensive solutions blueprint which results in meaningful and sustainable improvement?

...existing interventions were associated with small reductions in burnout... effectiveness was improved with organization-directed interventions, however these interventions were rare.

More effective models of interventions are needed to mitigate risk for burnout in physicians. Such models could be organization-directed approaches that promote healthy individual-organization relationships.
How Are We Going to Do That!? 

(What’s the Path Forward?)
What Skills Support That Kind of Cultural Transformation?

- Systems and organizational habits that enhance access to positive emotion
- Human-centered leadership
- Positive connection & relationships
- Individual wellbeing
The NTH Comprehensive Approach
The NTH Comprehensive Approach

**Measurement of Emotional Thriving, Emotional Recovery, and Emotional Exhaustion**
- Allows for an understanding of gaps in reaching the desired states and mapping of solutions to close these gaps

**Human-Centered Leadership**
- Provides healthcare leaders with skills necessary to create and nurture a culture of positive emotions

**RELATIONS® for Healthcare Transformation**
- Provides frontline caregivers and support team with skills necessary to develop trust, teamwork, and respect

**Experience Mapping**
- Amplifies joys and removes hassles in critical processes within a department/division

**Design Session**
- Provides an opportunity for leaders and front-line caregivers to hardwire skills and solutions learned throughout the program into daily workflow
Results from Components of NTH Blueprint

Human-Centered Leadership and RELATIONS® for Healthcare Transformation
Human-Centered Leadership & RELATIONS® for Healthcare Transformation
HCAHPS - Beaumont Hospital, Troy

Communication with Nurses Domain
Percentile Ranking

Communication with Doctors Domain
Percentile Ranking

Patient Satisfaction - HCAHPS Global Rating
Percentile Ranking
Total grievances citing physicians totalled 39 for Fiscal Year 2016. More than half of patient grievances cited communication as the issue. With the mandatory attendance requirement of Communication in Healthcare program, the number of grievances per quarter steadily decreased. Between FY 2015 and Q2 of FY 2017, the number of grievances have decreased eight-fold.
Human-Centered Leadership & RELATIONS® for Healthcare Transformation
Culture of Safety - North Carolina Hospital

*Very near/approaching bucket*
RELATIONS® for Healthcare Transformation

Physician Engagement - Maryland Hospital

Mean Overall Engagement Score

Launch of CIH Program

There is open communication throughout all levels of the organization.

Launch of CIH Program
Human-Centered Leadership & RELATIONS® for Healthcare Transformation
Empathy Capacity - Beaumont Hospital, Troy

Combined Physician and Allied Health Staff Empathy Scores

Results for 30 Communication in Healthcare Faculty

Allied Health Staff Empathy Scores

Physician Empathy Scores

* Empathy Survey received from Thomas Jefferson University
RELATIONS® for Healthcare Transformation

Emotional Exhaustion - VA Hospital

Original Survey Results 2018
- 50% Not Burned Out
- 50% Burned Out

Refresher Survey Results 2019
- 71% Not Burned Out
- 29% Burned Out
RELATIONS® for Healthcare Transformation

Emotional Recovery - VA Hospital

Original Survey Results 2018

- Able to Recover: 83%
- Not Able to Recover: 17%

Refresher Survey Results 2019

- Able to Recover: 86%
- Not Able to Recover: 14%
RELATIONS® for Healthcare Transformation

Emotional Thriving - VA Hospital

Original Survey Results 2018

50% Thriving
50% Not Thriving

Refresher Survey Results 2019

79% Thriving
21% Not Thriving
Results from Components of NTH Blueprint

Experience Mapping

Amplifying Joys and Minimizing Hassles
Experience Mapping
North Carolina Hospital

Total Value Add Time: 1 to 2 hours. Total Process Time: 3 to 8 hours
Results from Components of NTH Blueprint

Design Session
Design Session

A two (2) day session aimed at hardwiring the skills learned during the program into existing daily workflow

Key Processes Identified in Assessment and Experience Mapping

RELATIONS® for Healthcare Transformation
- Presence
- Listening
- Information Gathering
- Joint Agenda Setting

Human-Centered Leadership
- Gratitude
- Hope
- Self-Discovery
- Ladder of Inference
- Cone in the Box
- Powerful Questions

Human-Centered Coaching

Cone in the Box
- Ladder of Inference
- Self-Discovery
- Gratitude
- Hope

Powerful Questions
- Cone in the Box
- Ladder of Inference
- Self-Discovery
- Gratitude
- Hope

Presence
- Listening
- Information Gathering
- Joint Agenda Setting

Appreciation
- Connecting with RELATIONS®
Impact of Leadership-Focused and User-Centered Design Work, University of Colorado Hospital Medicine

Key Metrics that Improved Despite 200% Clinical Growth

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel burned out from my work.</td>
<td>44%</td>
<td>36%</td>
<td>33%</td>
</tr>
<tr>
<td>I have become more callous toward people since I took this job.</td>
<td>24%</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Our culture makes it easy to learn from the mistakes of others.</td>
<td>35%</td>
<td>51%</td>
<td>59%</td>
</tr>
<tr>
<td>The people I work with care about me as a person.</td>
<td>78%</td>
<td>89%</td>
<td>91%</td>
</tr>
</tbody>
</table>

85% of people feel that “Being part of the DHM is a source of professional pride.”

Ultimate Goals of NTH Program

Reflections from Caregivers - Indiana Health System

Bring humanity back into healthcare. Making all team members see their value and tapping into that value to get the best performance from all team members.

Increased patient outcomes. Increased caregiver joy and satisfaction. Decreased burnout. Build mutual respect.
The Journey To Excellence

We’ve Tried

High Reliability Strategies

Interventions

Quality Improvement Initiatives

TeamSTEPPS

Physician & Employee Engagement Tactics

We Want

Holistic Outcomes

• Patient Safety

• Effective, High Quality Care

• Patient Satisfaction

• Efficiency and Care Coordination

• Population Health

• Lower Total Costs

• Fulfilled, Engaged Clinicians

RHT
RELATIONS® for Healthcare Transformation

• Mindfulness/Presence

• Reflective Listening

• Information Gathering

• Negotiating an Agenda

• Connecting with Patients and Team

• Appreciation

Culture Transformation
Through the National Taskforce on Humanity in Healthcare, What Have We Learned?

• There is enormous interest around the nation in tackling this problem.

• Most current frameworks for improving are rather general (e.g., "leadership engagement is necessary").

• Most organizations are measuring burnout (the negative), yet we need more focus on measuring desired state—thriving and its connection to performance.

• Organizations and physician groups don't know where to start making a meaningful difference.
  • Most of the common burnout interventions (meditation rooms, encouragement to sleep and exercise more) are minimally impactful and/or rejected as "shifting the burden" onto those suffering from burnout.

• Clinicians are better positioned to lead this work than HR or OD.

• We need a comprehensive approach to enhancing thriving, resilience, and top-notch, humanistic performance of their people.