Physician Satisfaction and Worklife

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No conflicts of interest

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Objectives

- List factors predicting clinician job satisfaction
- Describe ways to prevent burnout
- Explain associations between work conditions, physician reactions and patient care quality
“It will take real structural change in the work environment for physician satisfaction to improve. Fortunately, the data show physicians are willing to put up with a lot before giving up.”

Mark Linzer, Madison, WI
Job satisfaction: the business case

- Harvard Business School: stock prices rose 147% when employee satisfaction rose
- Meta-analysis 7900 businesses: productivity and income tied to employee satisfaction
- Sears: employee satisfaction up 4% = $200 million increased sales, rise in customer satisfaction

(Brown & Gunderman. Acad Med 2006;81:577-82)
Setting the dollars aside…

“…we need to feel that we have made a real difference in the lives of others.”

(Brown & Gunderman. * Acad Med 2006;81:577-82)

Anything that can facilitate our feeling this way will increase satisfaction, loyalty, longevity and, potentially, quality of care.
## Outcomes of dissatisfaction

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced patient:</td>
<td></td>
</tr>
<tr>
<td>2) satisfaction,</td>
<td></td>
</tr>
<tr>
<td>3) medication adherence</td>
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</tbody>
</table>
Newer factors in physician satisfaction

**MEMO (Minimizing Error, Maximizing Outcome) Study (2002-2006)**
Funded by AHRQ

- 422 primary care physicians, 119 practices
- Key variables:
  - Time pressure (ratio time allotted/time needed)
  - Work control
  - Work pace (chaos)
  - Organizational culture
Pace of work (chaos)

“Describe the atmosphere in your office…”

<table>
<thead>
<tr>
<th>CALM</th>
<th>BUSY, BUT REASONABLE</th>
<th>HECTIC, CHAOTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

- Chaos is prevalent: 40% of primary care practices
- Chaos ratings similar between physicians and their clinic managers ($r=0.30$, $p<.001$)
Chaos and physician outcomes

- Satisfaction: 67% Chaotic, 87% Not Chaotic
- Stress: 79% Chaotic, 44% Not Chaotic
- Burnout: 41% Chaotic, 14% Not Chaotic
- Leave Practice: 35% Chaotic, 20% Not Chaotic
Question:
“Think of a time when you felt especially good about your job... why did you feel that way?”

(Brown & Gunderman. Acad Med 2006; 81:577-82)
Burnout: long-term stress reaction


- Associated with perceived errors by medical housestaff (West C. *JAMA.* 2009;296:1071-78).

- 1.6 x higher in women physicians

- Mediated by home support, work control, and work-home balance (Linzer et al. *Am J Med* 2001;111:170-5)
Demand-control model of job stress

- Demands are balanced by control
- Stress increases if demands rise or control diminishes
- Support can facilitate the impact of control: more support, less stress
- Bottom line... support and work control prevent stress

Why more burnout in women physicians?

- Work hours: Netherlands experience (Linzer et al. *J Am Med Women’s Assoc* 2002; 57:191-3)
- Gendered expectations for more listening
- Faster pace
- Solution: collaboration, understanding, flexibility, resources
How can we prevent burnout?

- **Flexible/part-time work**
  (Linzer et al. *Acad Med* 2009;84:1395-1400)

- **Leaders model stress management and personal-professional balance; value physician well-being**

- **Understand and promote work control**

- **Alter our “culture of endurance”**
MEMO study (Minimizing Error Maximizing Outcome)

- Funded by AHRQ; 2002-2006
- 119 PC clinics; 422 MDs; 1785 patients.
- Determine relationships between work conditions, physician reactions (stress and burnout) and patient care (quality and errors)
MEMO Study conceptual model

**Workplace Characteristics**
- Structure
- Culture
- Workflow
- Policies, processes
- Patient demands

**Physician Reactions**
- Satisfaction
- Stress
- Burnout
- Intent to leave

**Patient Outcomes**
- Satisfaction
- Trust
- Quality of care
- Medical errors
Measuring quality

Up to 6 patients per primary care physician with diabetes, HTN, and/or CHF

Assess:

- Patient satisfaction
- Quality of life

\[\text{Patient Survey}\]

- Disease management

\[\text{Chart review}\]
Determining Errors

- Confidential chart reviews for errors in processes of care (e.g., wrong medications, missed preventive activities)
MEMO Results: physician outcomes

- 49% said jobs were stressful
- 50% need more time for visits
- 27% burning out or burned out
- 30% moderately or more likely to leave job within 2 years

Strong relationships between work conditions (time pressure, work control, chaos, organizational culture) and physician reactions (satisfaction, stress, burnout, intent to leave)
## MEMO Results: patient care

<table>
<thead>
<tr>
<th>Variable</th>
<th>Outcome</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to high work control</td>
<td>Higher diabetes care quality</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Time pressure</td>
<td>Lower overall quality</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Poorer care for HTN patients</td>
<td>&lt;0.05</td>
</tr>
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## MEMO Results: patient care

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<th>Variable</th>
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<tbody>
<tr>
<td>Information and communication emphasis</td>
<td>Higher overall quality</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Better HTN quality care</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Values alignment</td>
<td>Better diabetes care quality</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Fewer prevention errors</td>
<td>&lt;0.01</td>
</tr>
</tbody>
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Findings from MEMO

- Work conditions of profound importance to us
- Some work conditions related to patient care, but effects are inconsistent
- Physician stress and burnout were not related to quality and errors

Which leads to the following hypothesis...
Doctors as buffers

- We act as buffers between adverse work conditions and patient care
- Adverse effects are felt by us, perhaps our families, coworkers?
- Because adverse work conditions strongly associated with intent to leave, patient care could suffer due to lack of continuity
The OWL and its surveys provide a snapshot of a clinic. We provide comparison data from MEMO clinics.

**Clinician/staff data:**
Your clinic  MEMO clinics
Satisfaction, stress, burnout, intent to leave, orgn’l culture, etc.

**Organization data:**
Your clinic  MEMO clinics
Staffing ratio, patient mix, resources, procedures, etc.

**Patient survey data:**
Your clinic  MEMO clinics
Satisfaction, trust, quality of life, literacy, med adherence, etc.

**Chart audit data:**
Your clinic  MEMO clinics
Errors and quality in management of chronic diseases & prevention
New AHRQ grant: Creating Healthy Workplaces

- Randomized trial of QI interventions to improve work conditions
- Rural WI; Chicago; NYC
- Use OWL to measure work environment and patient outcomes at baseline and after one-yr follow up
Satisfaction and work life

In summary...

- Satisfaction and fulfillment are important
- Healthy workplaces can be created and nurtured
- Stay positive. Make a difference. These are worthy goals.