

Multipronged intervention for reducing burnout and increasing resiliency in an interdisciplinary care team

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INTRODUCTION

The WHO classifies burnout as a syndrome ‘resulting from chronic workplace stress that has not been successfully managed’ and characterised by ‘feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy’.¹ Burnout is a significant factor in healthcare; it is estimated over half of the physicians experience burnout and the US health system loses US\$4.6 billion a year in burnout-related turnover and loss of clinical hours.^{2–3} Resilience, ‘the ability to achieve an adequate and positive adjustment to adversity’, (p111)^{4–5} has been shown to be a protective factor against burnout and assist employees in continuing to work.^{4–6} Therefore, effective approaches to reducing burnout and increasing resilience can be of value to healthcare professionals and ultimately healthcare systems. Interventions found to be effective include meditation,^{7–9} mindfulness training,^{7–10–12} gratitude^{13–14} and increasing workflow efficiency.¹⁵

This programme evaluated the implementation of three interventions designed to reduce burnout and increase resilience among members of an interdisciplinary healthcare team. This team experienced substantial turnover over a year’s time, losing 5 of 10 members. There was a need for resiliency strategies for team members in an effort to reduce turnover and enhance professional fulfilment. This report summarises the results of these interventions.

METHODS

Interventions

Three distinct interventions were administered to an eight-member interdisciplinary adult cystic fibrosis care team at an academic medical centre during weekly team meetings for 3 months. The first intervention was Three Good Things, an exercise to promote resilience and well-being through the identification of positive aspects of one’s day.¹⁶ Participants were shown a video¹⁷

explaining the Three Good Things practice and asked to record three good things daily for 2 weeks in journals created by a psychologist and dietitian. For 4 weeks, the team also spent 5 min at the beginning of each meeting to share a good thing. The second intervention was a presentation by a productivity expert from the institution’s human resources department on strategies and tools to work more efficiently with less stress, as decreased productivity is a common symptom of burnout.¹⁸ The third intervention was a meditation practice led by a psychologist and dietitian. Team members were shown a video on the benefits of meditation, led in a guided meditation and encouraged to use a free 10-day meditation programme on the Headspace app.¹⁹ In addition, the team implemented a 1 min mindfulness exercise during the meeting for the final 4 weeks of the programme. Patients or members of the public were not involved in the project.

Measures

Team members were administered the Perceived Stress Scale-10 (PSS-10)^{20–21} and Professional Fulfilment Index (PFI)²² surveys prior to and at the end of the 3-month intervention period. The 10-item PSS-10 measures perception of stressful situations by having the respondent rate occurrence of psychological stress on a 5-point scale ranging from 0 (‘never’) to 4 (‘very often’). Responses are summed; higher scores indicate greater psychological stress. PSS-10 population norms are based on probability samples of the US population in 2006 and 2009.²³ The 16-item PFI comprises professional fulfilment and burnout scores, the latter of which includes work exhaustion and interpersonal disengagement subscores. Two-tailed paired t-tests were used to evaluate whether score differences were statistically significant ($p < 0.05$). Team members were administered an anonymous five-question survey at the end of the interventional period on the usefulness of the interventions for reducing stress and increasing resiliency and fulfilment at work (‘not helpful’, ‘somewhat helpful’ or ‘very

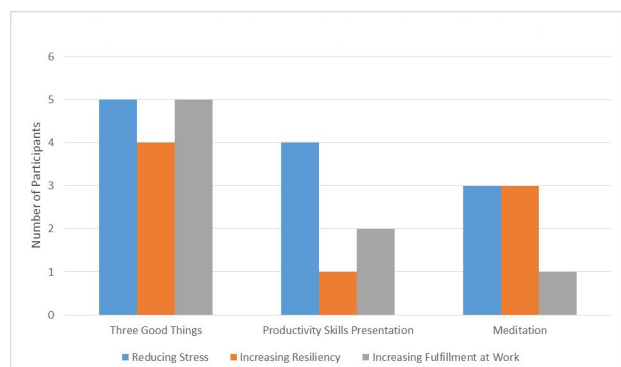


Figure 1 Number of participants rating interventions as 'very helpful'.

helpful'), which intervention was most helpful and which, if any, interventions they planned to use in the future. All measures and surveys were administered via paper and results analysed in Microsoft Excel 2013. Institutional review board approval was waived per the institution's policies.

RESULTS

At the end of the intervention period, there was a significant decrease in PSS-10 scores. The mean score decreased from the 54th to 36th percentile compared with population normative values ($p=0.017$). Of eight team members, seven had a decrease in PSS-10 score. The PFI work exhaustion mean subscore decreased from 5.75 to 4.14 ($p=0.030$) and there was a non-significant decrease in the mean burnout subscore from 9.00 to 6.57 ($p=0.106$). There was no difference in professional fulfilment and interpersonal disengagement subscores. All team members completed the post intervention survey. At least one person rated each intervention as 'very helpful' for reducing stress, increasing resiliency and/or increasing fulfilment at work (figure 1). Three Good Things received the most 'very helpful' ratings (figure 1). Overall, three team members selected Three Good Things as the most helpful intervention, two selected the productivity skills presentation and one selected meditation. For each intervention, four of eight team members indicated they planned to use the intervention again.

Team member retention increased from 5 of 10 (50%) in 2017 to 9 of 10 (90%) in 2018, the year of programme implementation. The subsequent annual retention rate in 2019 was 8 of 10 (80%).

DISCUSSION

Previous studies have identified effective interventions to reduce burnout and improve resiliency, including meditation,⁷⁻⁹ mindfulness training,^{7 10-12} gratitude^{13 14} and increasing workflow efficiency.¹⁵ Consistent with these findings, this multipronged approach to reduce burnout and increase resiliency contributed to a significant decrease in team member stress and work exhaustion scores over a 3-month period. Of the three interventions, more team members reported Three Good Things as most helpful. All interventions were found to be 'very helpful' by at least one

team member. Therefore, it may be prudent to consider multipronged approaches to decrease burnout and increase resiliency, as individuals may respond differently to interventions.

Limitations include small sample size and survey administration timing. Independent effects of each intervention may be better understood if survey administration occurred throughout the programme rather than preintervention and postintervention. Future research should include larger sample sizes and increased measurement between interventions.

CONCLUSION

Burnout is a critical issue in healthcare. A multipronged approach may be useful to decrease burnout and increase resiliency in team members. These interventions may provide teams with inexpensive, easy to implement and sustainable options for promoting resilience.

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