

OACHC HCCN Provider Burden & Satisfaction Guide

Below is the OACHC HCCN Guide for assessing provider burden and satisfaction. Part One of the guide includes the Mini Z Burnout Survey, derived from the “Z” Clinician Questionnaire adapted from prior work performed in the Physician Worklife Survey (Linzer 2000, Williams 2001) and MEMO (Linzer 2009). This survey has been validated and can be used in its entirety to assess provider burden. Part Two of the guide includes guidance and sample questions for assessing provider burden in relation to using health information technology and the Electronic Medical Record (EMR). These questions can be administered to meet the goals of the HCCN focused on Provider Burden (A3) and can be adjusted as necessary to meet the unique situation at your health center.

PART ONE: Mini Z Burnout Survey

Answer the following questions as truthfully as possible to determine your workplace stress levels and how they measure up against others in your field. There are two sections of questions in this survey about your experience with burnout and your practice environment. When you have completed the survey, return it to the person who requested that you complete it or submit it to _____.

Mini Z burnout survey					
Name:		Role:			
Team/department:		Date of survey:			
For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.					
1. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

2. Using your own definition of “burnout,” please circle one of the answers below:

- I feel completely burned out. I am at the point where I may need to seek help.
- The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
- I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
- I enjoy my work. I have no symptoms of burnout.

3. My professional values are well aligned with those of my department leaders:	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
4. The degree to which my care team works efficiently together is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

5. I feel a great deal of stress because of my job	1 Strongly Agree	2 Agree	3 Neither agree nor disagree	4 Disagree	5 Strongly disagree
6. The amount of time I spend on the electronic health record (EHR) at home is:	1 Excessive	2 Moderately high	3 Satisfactory	4 Modest	5 Minimal/none
7. Sufficiency of time for documentation is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
8. Which number best describes the atmosphere in your primary work area?	1 Hectic, chaotic	2	3 Busy, but reasonable	4	5 Calm
9. My control over my workload is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
10. My proficiency with EHR use is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

11. Tell us more about your stresses and what we can do to minimize them (optional):

Your clinical practice

Answer the following questions as truthfully as possible to determine your workplace stress levels and how they measure up against others in your field.

For the following, please tell us about yourself and your practice. Please fill in the blanks.

Are you: <input type="checkbox"/> MD/DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (specify): _____	
Specialty:	Practice name:
City of practice:	State of practice:
Practice size (# physician FTEs):	Are you: <input type="checkbox"/> Employed <input type="checkbox"/> Owner
Practice type: <input type="checkbox"/> VA <input type="checkbox"/> Non-VA	Practice specialty:
EHR vendor (optional):	

For the following, please choose the answer that best describes you.

Where do you spend the majority of your clinical time? Inpatient Outpatient

Please tell us the number of years in your current role: _____

Gender (optional): Female Male

Race (optional): Black or African American Asian Native American
 Native Hawaiian or Other Pacific Islander White

Ethnicity (optional): Latino/Hispanic Not Latino/Hispanic Prefer not to answer

**Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace Study. The Mini Z was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis. For more information please contact mark.linzer@hcmcd.org.*

Overview of Utility of Mini-Z

The Mini Z instrument was developed as a tool for efficiently measuring physician burnout. Originally called the Z Clinician Questionnaire (for “Zero” Burnout), this survey tool was developed by Dr. Mark Linzer based on work in the Physician Worklife Survey and the Minimizing Error, Maximizing Outcomes (MEMO) Study.

This 10-question survey was incorporated into the annual Faculty Survey administered by Dr. David Raiford and his team in July 2018. Mini-Z survey results were distributed at the department level to all Department Chairs earlier this year to provide leadership with a measurement of baseline physician well-being and burnout. In anticipation of continued use of the Mini-Z in subsequent Faculty Surveys, this review highlights the development and utility of the overall Mini-Z score as well as its subset components which can be utilized to identify areas of strengths and weaknesses in regards to physician well-being.

The Mini-Z instrument consists of 10 questions with 5-point Likert scales and one open ended question at the end. These ten items assess **three outcomes** (burnout, stress and satisfaction) and **seven drivers** of burnout (work control, work chaos, teamwork, values alignment with leadership, documentation time pressure, EMR use at home, and EMR proficiency).

The single item burnout question (Question #2 on our Vanderbilt Faculty Survey above) has been validated externally against the Maslach Burnout Inventory (MBI). In 2004, Rohland et al demonstrated a good correlation ($r=0.64$) of the single question with emotion exhaustion as measured by the MBI ($r = 0.64$) with ANOVA-calculated r squared (0.5).

Internal consistency of the ten-item survey was evaluated using a sample 603 practicing physicians from Hennepin County Medical Center and found to have a Cronbach’s alpha of 0.8. Correlations also demonstrated convergent validity between burnout and five individual drivers of burnout (control, EMR use, chaos, lack of teamwork, lack of values alignment) with r values ranging 0.26-0.46.

In this same study, factor analysis determined two subscales below with reasonable alphas of 0.74 and 0.72. These subscales were selected as a priority by the authors based on the

hypothesis that high stress and high satisfaction are outcomes related to burnout and would therefore predict clinicians who are experiencing burnout.

- Subscale 1: (Satisfaction) → Satisfaction (Q1), Burnout (Q2), Values (Q3) Teamwork (Q4)
- Subscale 2: (Stress) → Stress (Q5), EMR at home (Q6), Documentation time (Q7), Chaos (Q8)

The four questions on the Satisfaction Subscale focus on positive features of a healthy work environment including alignment of values with institutional leadership and a sense of teamwork in the workplace. High measures on these two are often linked with high satisfaction and low burnout scores. The four questions on the Stress Subscales describe the lack of work-place control related to EMR use, pressured time for documentation and a chaotic work environment. Poor scores on these four questions are related to high stress scores and high burnout.

Individual questions (except Question 2) have not been validated as stand-alone measures of either outcomes or drivers of burnout. Therefore, utilization of these questions in and of themselves should be done with caution, if at all, at the departmental level.

Based upon work done by Linzer (<https://www.hhrinstitute.org/our-research/center-for-patient-and-provider-experience-cppe/>) we recommend evaluating department-level data utilizing three specific scores

1. Overall score: Add all points from the 10 items for a total score, range 10-50 points. A score ≥ 40 is considered representative of a **joyful work environment**
2. Satisfaction scale: Add all points from Q1, Q2, Q3, Q4, Q9, range 4-25 points. A score ≥ 20 is considered a **highly supportive environment**
3. Stress scale: Add all points from Q5, Q6, Q7, Q8, Q10, range 4-25 points. A score ≥ 20 is **considered a low stress environment with reasonable EMR pressures**

PART TWO: Provider Burden & Health Information Technology

1. Identifying Information (optional)
2. How long have you been using **EMR System**?
3. How has the use of **EMR System** changed your work compared to using a paper medical record?

Much Worse
 Worse
 Neither Better nor Worse
 Better
 Much Better

4. Please Elaborate
5. Prior to using **EMR System**, did you use another EMR?
6. Based on your experience, please indicate whether you believe the effect of **EMR System** on your clinical practice has been beneficial, detrimental, or neither, using the scale below

Clinician autonomy	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Quality of health care	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Interactions within the health care team	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Enjoyment of clinical practice	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Clinicians' stress- level	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
The rapport between clinicians and patients	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Personal and professional privacy	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial

Clinicians' access to up-to-date knowledge	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Patients' satisfaction with the quality of care they receive	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Comprehensiveness of patient care	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Efficiency of clinical practice	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial
Avoiding errors (such as overlooking a drug interaction)	<input type="checkbox"/> Highly detrimental	<input type="checkbox"/> Detrimental on the whole	<input type="checkbox"/> Neither Detrimental or beneficial	<input type="checkbox"/> Beneficial on the whole	<input type="checkbox"/> Highly Beneficial

7. Based on your experience with EMR System, please indicate the extent to which you agree (or disagree) with the following statements:

I received adequate training on how to use this EMR.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
My questions about use of this EMR were sufficiently answered.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
I receive technical support whenever I need it.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
I am satisfied with the support I have received in the use of this EMR.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
The EMR screens respond to my actions instantly.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Lab results appear in this EMR in a timely fashion.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
This EMR allows me to review trends in lab values.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
I am able to make template optimizations and customizations in the EMR to make my job easier.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
The EMR system allows me to communicate with my clinical team effectively to provide better patient care.	<input type="checkbox"/> I don't know	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

Qualitative Interview Questions regarding Workflow Changes or HIT Implementations

1. Can you talk about your experience with the *Workflow/HIT Implementation Change*?
2. Do you find the *Workflow/HIT Implementation Change* to be helpful? If positive or negative, please explain:
 - a. Can you give us a few examples when the *Workflow/HIT Implementation Change* are not helpful to you?
 - b. Do they interfere with your care or documentation?
3. What features or functionality do you find in the EHR that are particularly helpful for your practice?
 - a. Please address patient safety in your comments.
4. Are there any changes or recommendations you have for the *Workflow/HIT Implementation Change*?

PART THREE: Provider Burden Resources

1. HITEQ Provider Satisfaction & Designing Health IT Interventions

<http://hiteqcenter.org/Resources/Health-IT-QI-Workforce-Development/Professional-Development/assessing-provider-satisfaction>

Description: *January 2020* A list of available and developed assessments for provider satisfaction or burden, other baseline assessment measures/metrics, related research findings, & interventions to improve satisfaction.

2. Creating a Plan to Address Provider Satisfaction

<http://hiteqcenter.org/Resources/Health-IT-QI-Workforce-Development/Professional-Development/creating-a-plan-to-address-provider-satisfaction-with-health-it>

Description: *June 2020* A worksheet which assists organizations in operationalizing the information presented in the resource above.

3. HITEQ Learning Collaboratives – Slides

- **Session 1 – February 25, 2021**

https://cdn.ymaws.com/www.ohiochc.org/resource/resmgr/hccn/Session_1_HITEQ.pdf

- **Session 2 – March 18, 2021**

https://cdn.ymaws.com/www.ohiochc.org/resource/resmgr/hccn/Session_2_HITEQ.pdf

- **Session 3 – April 15, 2021**

https://cdn.ymaws.com/www.ohiochc.org/resource/resmgr/hccn/Session_3_HITEQ.pdf

- **Session 5 – May 24, 2021**

https://cdn.ymaws.com/www.ohiochc.org/resource/resmgr/hccn/Session_5_HITEQ.pdf