

The Make 'EM Well Project - Rewards and Recognition Phase

Diann M. Krywko¹

Abstract

Background: Physicians report high burnout levels and difficulty finding joy in work, causing a healthcare system crisis. Our institution assessed burnout by administering the Areas of Work-life (AWS) and Maslach Burnout Inventory™ (MBI) Surveys. Emergency Medicine (EM) results were alarming. Effectively rewarding and recognizing employees requires understanding different appreciation languages. Administrators should understand what enhances and detracts from joy in the workplace. This study describes the “Make 'EM Well Project” and its focus on Rewards and Recognition (RR).

Methods: Two surveys were sent to EM providers including faculty, residents, fellows, and advanced practice providers (EMPs). Survey One determined ‘Work Appreciation Languages.’ Survey Two, ‘Joy and What Matters,’ determined factors involved in workplace joy and described what matters to EMPs.

Results: Acts of service, quality time, and words of affirmation ranked highest as appreciation languages; human interactions mattered most (51%). Internal reward is derived from patient care and teaching Always/Very Often (A/VO) 68% of time, administrative duties A/VO 15%. Eighty percent of EMPs believe RR matter, occurring Sometimes/Rarely/Never (S/R/N) 91% of time. A good day consists of experiencing positive patient interactions (23%), having engaged learners (31%), and working with adequate resources (32%). Detractors from workplace joy include boarding/hallway care (19%), lack of time/resources/administrative issues (32%) and wasteful tasks (17%). Thirty six percent of EMPs feel devalued A/VO, and 68% feel underpaid. Hospital administration support is felt S/R/N in 86% of respondents. Fifty percent feel emergency department leaders listen S/R/N, 91% said hospital leaders listen S/R/N.

Conclusions: EMPs rate human interaction, sense of accomplishment, making an impact, and teaching as most important. External RR matter, though EMPs stated that these events rarely occur. RR should be spoken in the preferred languages of acts of service, quality time, and words of affirmation. EMPs feel devalued by administration and other physicians and many perceive lack of support.

DOI:
Received Date: June 4, 2019
Accepted Date: August 18, 2019
Website: <https://www.louisville.edu/jwellness>
Copyright: © 2019 The author(s). This is an open access article distributed under the terms of the Creative Commons Attribution-NoDerivatives 4.0 International License (CC BY-ND 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Affiliations:
¹Department of Emergency Medicine, Medical University of South Carolina

INTRODUCTION

Nearly fifty years ago, the term ‘burnout’ was first used by psychiatrist Herbert Freudenberger [1] in a human description, one in which overworked mental health clinic volunteers exhibited loss of idealism when treating others. Since that time, occupational burnout among physicians has been increasing at an alarming rate, becoming a national crisis [2]. Early reactions addressed burnout itself, with focus and culpability on the individual alone. More recently, the Institute for Healthcare Improvement (IHI) recognized that “joy in work is more than the absence of burnout or an issue of individual wellness; it is a system property” [3]. The IHI paper encourages leaders to improve joy in work by understanding what matters and identifying impediments to joy in work. Leaders at the Medical University of South Carolina (MUSC), a southeastern academic level-one trauma center, recognized potential for local institution burnout and the importance of both the individual’s and the organization’s responsibility to cultivate joy.

In 2017, MUSC began an initiative to address burnout and increase joy. First, leadership administered the Areas of Work-life (AWS) and Maslach Burnout Inventory™ (MBI) -Human Services Survey (HSS) for medical personnel (MP) [AWS+MBI-HSS (MP)] to all faculty [4]. The MBI results for the emergency medicine (EM) physicians were anticipated to be suboptimal, but were worse than expected. Compared to a general population database of over 11,000 people in the health services professions, the EM faculty scored 1.3 standard deviations (SD) higher in Emotional Exhaustion, 1.7 SD higher in Depersonalization, and 1.0 SD higher in Personal Accomplishment (based on a 6-point scoring system).

The AWS scores for the EM physician were above the national average in a positive manner for community, fairness, and value; near the average for control and reward; and worst for workload. Concerned that control and workload would be difficult to address in rapid fashion, the institution chose to center efforts around rewards and recognition (RR), commencing the Make 'EM Well Project.

*Correspondence To: Diann Krywko, MD
Work Email: krywko@musc.edu

Rewarding healthcare professionals with something not individually appreciated is wasted effort. For maximum effect, the RR efforts should be based on empiric data. The theory of five primary languages in relationships was introduced by Gary Chapman, PhD in the book *The 5 Love Languages* in 2009 [5]. In prior research, he found that individuals have one or two primary languages that may change over time and in different circumstances, though typically remain constant. Understanding the prevalent ‘language of work appreciation’ could allow leaders to appeal to professionals and bring a sense of joy to their work [6].

Based on the results of the AWS+MBI-HSS (MP) and the need to effectively focus RR program optimally, the objectives of the study were twofold:

1. To understand which language of appreciation yields a response from our EM Providers (EMPs): faculty, advanced practice providers (APPs) and APP fellows, and EM residents and fellows.
2. To answer the critical IHI question: “What matters to us?” in our daily work, as well as “What brings ‘joy’ in EM?”, and “What hinders us from achieving joy?”

METHODS

Two sequential surveys were sent to EMPs. A link was distributed via email to all EMPs in April and May of 2018 to the online 5 Love Languages twenty-five question survey: <http://www.5lovelanguages.com/profile/>. APP fellows were not included in this link due to an oversight in list serve content. Once participants completed the love language assessment, their determined languages were then uploaded into a secondary REDCap™ (©Vanderbilt University) survey, “Work Appreciation Languages,” ranking the languages (not including physical touch). Responses from the *5 Love Languages* were extrapolated to the Work Appreciation Languages, due to financial restraints of administering the Work Appreciation Survey. We theorized a correlation between love and work appreciation languages, though to our knowledge this has not been validated prior.

A second survey for the Make ‘EM Well Project, ‘Joy and What Matters,’ was conducted from May to June 2018 via a REDCap™ twenty-six question survey (Appendix A) distributed by email to all EMPs (n=63). These survey questions were derived from and based on the MBI, IHI, Accreditation Council for Graduate Medical Education wellness site, and member input from the 2018 American College of Emergency Physicians Wellness Section Committee on cultural change [7].

Participation on both surveys was voluntary and confidential. Information collected included demographics, perceptions of RR, work wellness, value as EMP, and impediments to joy in the workplace. Open ended questions, as well as finite value and five-point scale questions, were utilized. Additionally, a voluntary personal email response was offered. Given the nature of this input option, these responses were not anonymous to the

researcher, however, confidentiality was maintained.

Descriptive statistics were used; P-values were not calculated due to small sample size. This study was exempt from Institutional Review Board approval as it was deemed a Continuous Quality Improvement project for the Department of EM.

RESULTS

Response rate was 40/60 (67%) for the ‘Work Appreciation Languages’ survey completion. Twenty-two faculty (55% of total respondents), seven APPs (17.5%), and eleven residents/fellows (27.5%) responded. The results are shown in Table 1.

Table 1: Work Appreciation Languages Survey Results for EMPs.

Language	Primary # respondents (% of total)	Secondary	Tertiary	Fourth
Acts of Service	16 (40)	6 (15)	13 (32.5)	5 (12.5)
Quality Time	12 (32.5)	15 (37.5)	8 (20)	4 (10)
Receiving Tangible Gifts	1 (2.5)	1 (2.5)	4 (10)	24 (60)
Words of Affirmation	10 (25)	15 (37.5)	8 (20)	7 (17.5)

Acts of service, quality time, and words of affirmation were the top three languages for all participants. Receiving tangible gifts (such as gift cards, candy, clothing) clearly stood out as the language least appreciated by EMPs. Only one respondent (2.5%) ranked receiving tangible gifts as their primary language, and twenty-four ranked it as their least preferred language (60%).

Overall response demographics for the ‘Joy and What Matters’ survey were 70% (44/63) for EMPs with distribution of participants shown in Figure 1 and selected survey question response distribution in Table 2. APP fellows were included in this portion of the study, via added list serve.

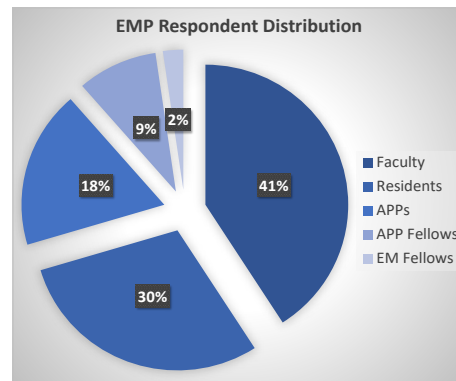


Figure 1: Joy and What Matters Survey Distribution and Frequency of EMPs Respondents.

What matters most to MUSC EMPs are human interactions (51%), 30% patient care and 21% coworkers, followed by having a sense of accomplishment and making an impact (19%), education (17%) and facility/flow (11%). The most important part of daily work was interacting with patients and making a difference, taking care of very sick people (48%), followed by working with the team (24%) and teaching (19%).

EMPs feel internal reward from patient care Always/Very Often (A/VO) 68% of the time. In teaching, internal reward was felt A/VO in 68% of respondents. Administrative duties give the feeling of internal reward Sometimes/Rarely/Never (S/R/N) 85%, and only A/VO 15% of the time.

Regarding external RR, 80% believed that external RR matter. Respondents stated that RR provide a sense of wellbeing (47%). Twenty-nine percent of respondents believe RR validates their efforts, 12% believe it builds their skills and helps with promotion, and 9% feel it gives motivation and shows care. Forty percent stated their preference of receiving RR with acts of service as their primary meaningful language, followed by quality time (32.5%) and words of affirmation (25%). Receiving tangible gifts were desired least (2.5%). When specific examples were requested, words of affirmation topped the list (54%), with awards totaling 38% and verbal and written praise each totaled 31%. These results mirrored same language preferences in phase one of this study.

The majority of providers would like to see "all wins celebrated." Most (60%) believe that RR could be more meaningful with increasing words of affirmation by sharing comments, awards, screen savers, verbal praise. Nine percent reported that increasing time, money and resources would be meaningful.

When asked how often external RR occurs in our department, 54.5% responded R/N, 36.4% S, and only 9% responded A/VO. Words of affirmation (83%) with near equal written (40%) and verbal examples (37%), and awards (23%) were rated as prevalent in our department (e.g. individual, conference/meeting recognition, email, newsletter, posted items, and patient letters).

What makes a good day?

Clinically, EMPs highlight the importance of positive patient interactions (23%), which include great diagnosis, high acuity and interesting cases, making a difference, and grateful patients. Teamwork with positive attitudes and workflow/physical environment/resources were both cited in 19% of responses. Organized and efficient care totaled 13% of responses, followed by having support staff and nursing staff (12%). Academically, a good day means engaging learners (31%) and seeing interesting cases with teaching points (26%). Adequate time to teach was cited as well (9%). Having adequate resources, such as equipment and staffing (32%), great teamwork and communication (14%), efficiency (14%), no boarding (9%) and having autonomy (9%) help create an administrative good day.

What are the detriments to a good day?

Detriments to a good day clinically elicited the largest response pool of 118 responses from 47 participants. Boarding and hallway patients were the most commonly cited (19%) detriment to clinical practice. Boarding/hallway patient were also noted as a detriment academically and administratively. Negative patient interactions

(17%) ranked second, of which rude patients (50%), chronic illness and pain (20%) and social/disposition issues (15%) led the responses. This was followed by negative off-service interactions (12%) with 71% of these frustrations due to consultant resistance/rude interactions/no patient evaluations and delay in care and disposition. Equally leading frustrations were team difficulties (12%) with laziness accounting for 64% of team difficulty responses. Inefficient work flow and physical environment each accounted for 10%. Lack of adequate staffing (7%), with 75% attributed to nursing understaffing or undertraining, was a further detriment to a clinical good day.

Detriments to a good day academically were noted to be lack of time/resources and inefficiencies such as boarding/hallway patient placement (32%), disrespectful/disinterested residents/students and off-service (28%), and patient issues such as chronic illness, psychiatric issues, and malingering (13%).

Detriments to a good day administratively were led by engagement in inefficient and useless tasks (17%) and by need to perform non-physician tasks. The physical plant contributed to a poor day in 8% of respondents, as well as lack of proper resources (staff, IT) in 8%. Responses of 'no transparency' and 'lack of autonomy' totaled 4%.

EMPs reported feeling devalued/undervalued/disregarded A/VO (36%), S/R (55%) and N (9%). Sixty-five percent felt undervalued by administration. Sixty-eight percent of respondents feel underpaid for the work they are doing. Support by ED administration is perceived to occur R/N by 16%, S by 34%, and A/VO by 50%. Support by hospital administration is felt S/R/N 86%. Fifty percent feel ED leaders listen A/VO, and 50% S/R. EMPs feel that hospital leaders listen A/VO 9%, S/R 68%, and N 23% of the time.

Table 2: Phase 2 Selected Survey Question Response Distribution.

Survey Question	Always %	Very Often %	Sometimes %	Rarely %	Never %
Do you feel internal reward from providing patient care?	11.4	56.8	27.3	4.5	0.0
Do you feel internal reward from teaching?	25.0	43.2	25.0	4.5	2.3
Do you feel internal reward from administrative duties?	2.3	11.4	25.0	36.4	15.9
Do you feel devalued and/or disregarded?	9.1	27.3	36.4	18.2	9.1
Do you feel supported by ED administration?	11.4	38.6	34.1	11.4	4.5
Do you feel supported by hospital administration?	0.0	13.6	29.5	27.3	29.5
Do you feel your ED leaders listen to you?	13.6	34.1	38.6	13.6	0.0
Do you feel your hospital leaders listen to you?	0.0	9.3	32.6	34.9	23.3

DISCUSSION

EM has ranked among the top specialties in burn-out for as long as these statistics have been reported. In 2012, EM physicians ranked the highest at 60-70% [8]. In Medscape's most recent poll [2], EM dropped its

ranking to fifth, with 48% reporting burnout. Urology topped the charts at an unexpected 54%. We see our colleagues burning out, sometimes only transiently and mildly, sometimes so severely that it ends in suicide [9]. We also recognize ourselves burning out - something we never expected when we entered this profession. Why is there so much difficulty finding joy in our work, in the career we sacrificed and trained for?

Healthcare organizations must share the responsibility to nourish and ensure that joy is present in professionals. Studies have shown a correlation between joy in work and employee satisfaction, patient care and experience [10,8], productivity [11], turnover [12] and financial performance [13]. Turning over one physician costs an estimated \$1.3 million [14]. Therefore, organizations and individuals have shared interests in creating supportive, sustainable work environments.

The AWS+MBI-HSS (MP) is one tool for collecting objective data. The AWS measures participants perception of workload, control, reward, community, fairness and values. The MBI measures emotional exhaustion, depersonalization and personal accomplishment. Once the data is realized, effective intervention efforts may be initiated. The IHI encourages healthcare organizations to understand the barriers to joy in work, and co-create meaningful, high-leverage strategies addressing these issues” [3]. The IHI suggests four steps leaders can take to improve joy in work [3]:

1. Understanding what matters
2. Identifying unique impediments to joy in work locally
3. Committing to a systems approach to making joy in work a shared responsibility at all levels of the organization—making this more than the individual’s responsibility
4. Using improvement science to test approaches

As discovered in the Make ‘EM Well Project, what matters to EMPs are human interactions with patients, team members and students. Physicians want to teach and to learn; and they want adequate time, money, space and equipment to do so. When lack of resources and other impediments occurs joy tends to dwindle and burnout ensues. These impediments include: boarding, hallway care of patients, negative consultant interactions, and inefficient, ancillary, and administrative tasks.

We face unique challenges as EMPs. EMPs routinely work in a chaotic, rapidly changing environment, under scrutiny of patients, the medical care system, and colleagues. Sadly, though not surprising—given the harsh environment and lack of support felt from colleagues and hospital administration—EMPs feel devalued or undervalued most of the time. Subjects perceived that ED leaders were listening half the time and hospital leaders only nine percent.

According to the IHI paper, one of the nine critical components of a system to ensure a joyful, engaged workforce is RR. The other eight components are Choice

and Autonomy, Meaning and Purpose, Physical and Psychological Safety, Real-Time Management, Wellness and Resilience, Daily Improvement, Camaraderie and Teamwork, and Participative Management [3]. Reward relates to the recognition one receives for job contribution, whether financial or social (verbal or written praise and awards). Recommended possible solutions presented from Mind Garden, Inc. were to offer financial benefits (more money or less hours), better job assignments, and or stronger acknowledgement. Financial incentives may not be as feasible to institutions and departments. Therefore, stronger acknowledgement represents a potentially more realistic area in which to focus efforts.

Our EMPs strongly believe that external RR matter, giving them a sense of wellbeing, validating work, and showing they are surrounded by caring people. Unfortunately, most felt that RR occurred rarely. Where EMPs are not sensing that an organization is providing RR, these efforts should be made a priority. Administrators should seek to understand what language of appreciation their providers respond to.

The theory of five primary languages in relationships was introduced by Gary Chapman, PhD in the book *The 5 Love Languages* [5] in 2009. If the language of appreciation does not resonate with an individual, then words, actions, time and money may be wasted, however well intended. This language of appreciation concept has been validated [15, 16]. The idea of similar languages in the workplace was described in Chapman’s 2012 book with Paul White, PhD: *Five Languages of Appreciation in the Workplace* [6].

Once identified, administrators and colleagues could focus energy on preferred work appreciation languages, and spending less time, energy and funding on futile endeavors. The majority of our EMPs simply do not derive a sense of appreciation from tangible gifts. Efforts should be directed at words of appreciation, acts of service, and quality time. Examples include face to face gratitude and recognition, public praise in meetings and conferences, written email, newsletters and screen saver announcements, shared comments and patient letters, and awards.

LIMITATIONS

Though equally distributed across faculty, APPs, residents and fellows, the response rate was 67% for the ‘Work Appreciation Languages’ survey and 70% for ‘Joy and What Matters’ survey. Therefore, every person in each category was not represented fully. Additionally, in the first survey, APP fellows were not included. Answers to open ended questions were placed into categories based on authors best presumption. Timing of the surveys, in relation to major life events, may have transiently affected participants’ responses. Due to the overall small sample size as well as single site sample pool, a multi-center study should be done to validate and extrapolate these study results.

CONCLUSIONS

Human interaction, having a sense of accomplishment, making an impact, and teaching matter most to EMPs. Though patient care and teaching provide internal reward, external rewards and recognition also matter, providing a sense of well-being and validation of efforts. Wins should be celebrated. When initiated, recognition should be spoken in preferred appreciation languages. Acts of service, quality time and words of affirmation are the primary work appreciation languages spoken by EMPs, whereas tangible gifts are ranked low. Having positive patient interactions, engaged learners, and adequate resources leads to a good day. Boarding, hallway care, lack of resources, and performing wasteful tasks were detrimental to joy. Providers often feel devalued by hospital and ED administration, as well as by other physicians.

Going forward, individuals and institutions need to share responsibility for finding and sustaining joy in work. Ultimately, we all want to succeed in the complex environment of modern medicine. By determining what matters to us, addressing obstacles to joy, and understanding languages of work appreciation, we can initiate effective programs to decrease burnout and increase joy in the workplace.

Funding Source: No financial support

Conflict of Interest: All authors declared no conflict of interest in relation to the main objective of this work.

REFERENCES

1. Freudenberger HJ. Staff burn-out. *Journal of social issues*. 1974 Jan;30(1):159-65.
2. ACCC EDITORIAL STAFF, Kane L, Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Oncology Issues*. 2019 Mar 4;34(2):52-7.
3. Perlo, J., & Feeley, D. (2018). Why focusing on professional burnout is not enough. *Journal of Healthcare Management*, 63(2), 85-89.
4. Maslach C, Jackson S, Leiter M, Schaufeli W, Schwab R. Maslach Burnout Toolkit. 1996-2010. N.d. <https://www.mindgarden.com/184-maslach-burnout-toolkit>.
5. Chapman G. The five love languages: How to express heartfelt commitment to your mate. Moody Publishers; 2009 Dec 17.
6. Chapman G, White P. The 5 languages of appreciation in the workplace: Empowering organizations by encouraging people. Moody Publishers; 2019.
7. Krywko D, Manfredi R. The 2018 GEM (Gratification in Emergency Medicine) Project, Executive Summary. January 2, 2019. ACEP Wellness Section engaged website. <https://engaged.acep.org/communities/community-home/digestviewer/viewthread?MessageKey=2dbc7520-a2c7-4e29-9f3d-050dff9683ce&CommunityKey=11993cf5-87d4-45b9-ba28-06a89f15caeb&tab=digestviewer>.
8. Shanafelt T, Boone S, Tan L. et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012;172: 1377-1385.
9. Anderson P. Doctor's suicide rate highest of any profession. WebMD. 2018. <https://www.webmd.com/mental-health/news/20180508/doctors-suicide-rate-highest-of-any-profession#1>.
10. Paller D, Perkins E. What's the key to providing quality healthcare? *Gallup Business Journal*. December 9, 2004. <http://www.gallup.com/businessjournal/14296/whats-key-providing-quality-healthcare.aspx>.
11. Dewa CS, Loong D, Bonato S, Thanh NX, Jacobs P. How does burnout affect physician productivity? A systematic literature review. *BMC health services research*. 2014 Dec;14(1):325
12. Shanafelt T, Goh J, Sinsky C. The Business Case for Investing in Physician Well-being. *JAMA Intern Med*. 2017 Dec 1;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340.
13. Swensen S, Kabcenell A, Shanafelt T. Physician-organization collaboration reduces physician burnout and promotes engagement: The Mayo Clinic experience. *Journal of Healthcare Management*. 2016;61(2):105-127.
14. Scutte L. What you don't know can cost you: Building a business case for recruitment and retention best practices. *Journal of Association of Staff Physician Recruiters*. Summer 2012. <http://www.aspr.org/?696>.
15. Surijah E and Septiarly Y. Construct Validation of the Five Love Languages. *Anima Indonesian Psychological Journal*. 2016;31(2):65-76.
16. Egbert N, Polk D. Speaking the language of relational maintenance: A validity test of Chapman's Five Love Languages. *Communication Research Reports*. 2006 Jun 1;23(1):19-26.
17. Shanafelt T, Balch C, Bechamps G, Russell T, Dyrbye L, Satele D, Collicott P, Novotny P, Sloan J, Freischlag J. Burnout and medical errors among American surgeons. *Annals of Surgery*. 2010;251(6):995-1000.

Make 'EM Well: Phase 2- Rewards and Recognition

Your thoughtful input will be used to make positive change in our department!

If you have additional responses that you think of after closing the survey, email me and I will manually add. The more input the better.

-
- 1) Do you feel internal reward from providing patient care?
- Never
 - Rarely
 - Sometimes
 - Very Often
 - Always
 - Not applicable
-
- 2) Do you feel internal reward from teaching?
- Never
 - Rarely
 - Sometimes
 - Very Often
 - Always
 - Not applicable
-
- 3) Do you feel internal reward from administrative duties?
- Never
 - Rarely
 - Sometimes
 - Very Often
 - Always
 - Not applicable
-
- 4) What do you think needs to be recognized and/or celebrated externally (by the department/administration)?
eg: wins, data, publications, personal,...
-
- 5) Does external recognition/reward occur in our department?
- Never
 - Rarely
 - Sometimes
 - Very Often
 - Always
-
- 6) If so, how does that recognition and reward occur?
-
- 7) Does recognition and rewards matter to you? Why or why not?
-
- 8) List examples of MEANINGFUL rewards and recognition programs that you WOULD LIKE to occur.
-
- 9) What helps make a good day at work ACADEMICALLY?
-
- 10) What helps make a good day at work CLINICALLY?
-

Appendix A: Survey Questions

Confidential

Page 2 of 2

11) What helps make a good day at work ADMINISTRATIVELY?

12) What is the best part of your work?

13) What matters to you most in daily work?

14) Do you feel underpaid?

- Yes
- No

15) Do you feel undervalued/devalued/disregarded?

- Never
- Rarely
- Sometimes
- Very Often
- Always

16) By whom and how do you feel undervalues/devalued/disregarded?

17) What gets in the way of a good day at work/what makes a bad day/what frustrates you?

18) Do you feel supported by ED administration?

- Never
- Rarely
- Sometimes
- Very Often
- Always

19) Do you feel supported by hospital administration?

- Never
- Rarely
- Sometimes
- Very Often
- Always

20) Do you feel your ED leaders listen to you?

- Never
- Rarely
- Sometimes
- Very Often
- Always

21) Do you feel your hospital leaders listen to you?

- Never
- Rarely
- Sometimes
- Very Often
- Always

07/17/2018 4:25am

www.projectredcap.org

