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DEPARTMENT WELL-BEING SCORES AND SUGGESTED INTERVENTIONS

OVERVIEW

VUMC selected the Mini-Z as a survey tool to monitor faculty workplace well-being. The Mini-Z provides departments the ability to monitor well-being in addition to burnout, satisfaction, and stress – all related to the workplace. The Mini-Z survey was administered as a component of the 2018 Faculty Survey and again in the 2020 Faculty Survey. De-identified results from this most recent survey have been distributed to Department Chairs. Within this document are 2 items to support your department in responding to the scores:

- Mini-Z Survey (Appendix A)
    - The Mini-Z is a validated tool that, in addition to a composite workplace well-being score, contains 3 subscales: Burnout, Satisfaction, and Stress.
- Suggested interventions:
    - Interventions, along with related references and resources (including local VUMC resources), to support departmental initiatives categorized by Mini-Z subscales : Burnout, Satisfaction, and Stress. (Appendices B, C, D)

Department-level scores can direct leadership to interventions that address the identified departmental and work-unit needs. The interventions offered target the survey outcomes (burnout, satisfaction, and stress). References, model programs, and support available at VUMC is also provided, although departments are encouraged to implement, evaluate, and share others personalized to their specific needs. The VWell staff is available to conduct focus groups to help identify issues and priorities within departments.

MORE ABOUT THE MINI-Z SURVEY TO ELEVATE WELL-BEING

Dr. Mark Linzer developed the Mini Z instrument to efficiently measure physician burnout. He subsequently derived a well-being measurement from this original work. (Appendix A) The Mini Z Survey was selected by the VUMC Task Force for Empowerment and Well-being to assess well-being. The 10-item survey has been validated to measure aspects of work-place structures and culture that impact physician well-being. Selection by the Task Force took into consideration use of a validated metric; physician acceptability; ability to benchmark (the AMA selected the Mini Z as its measure of well-being); cost (the measure can be used and interpreted without cost although there is a fee for benchmarking with the AMA); and the ability to associate outcomes with actions the employer can influence (alignment of values, team work, the EMR, documentation, and work environment.)

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MINI-Z WELL-BEING SURVEY SCORING

There are four scores that can be generated from the Mini-Z survey. Each of these scores is outlined below and provides insight into different components of workplace well-being by breaking down the total score into elements including burnout, workplace satisfaction and workplace stress. Results on these scores can help guide leadership's efforts to promote physician well-being for both individuals as well as departments.

- **Composite Well-Being Score**: The Well-being score has been used as a barometer of well-being associated with the workplace. According to the AMA created program, AMA Steps Forward, an overall Composite Well-being Score of 40 or higher has been associated with a workplace that is enjoyable. The AMA has designed modular interventions that outline "nine STEPS to create the organizational structures that can result in more satisfied and productive physicians and other health professionals." (Creating the Organizational Foundation for Joy in Medicine: AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702510)
    - **Individual's Score**: The individual's Composite Well-being Score is generated by adding up the total number of points across all 10 questions of the Mini Z Survey. Given that each question is worth one to five points, participants can receive a maximum Composite Score of 50 and a minimum Composite Score of 10.
    - **Department's Score:** Your department score for the Composite Well-Being Score is derived by summing the individual self-assigned scores for all ten questions in the Mini Z survey, then taking the median of all sums in the department (range 10-50).
- **Burnout (chronic workplace stress) Subscale Score**: This single item Burnout Score has been validated externally against the Maslach Burnout Inventory as a measure of physician burnout.
    - **Individual's Score**: The individual's Burnout Score is generated by looking at the total number of points on Question 2 (Q2) which measures self-assessed burnout. Participants can select a maximum Burnout Score of 5 points and a minimum Burnout Score of 1 point.
    - **Department's Score:** Your department score for the Burnout Score is derived by summing the individual self-assigned scores for question 2 of the Mini Z survey, then taking the median of all sums in the department (range 1-5).
- **Satisfaction (workplace support, values, and teamwork) Subscale Score**: The Satisfaction Subscale Score measures positive features of a supportive work environment including alignment of values with institutional leadership and a sense of teamwork in the workplace.
    - **Individual's Score**: The individual's Satisfaction Subscale Score is calculated by adding up the total number of points across five questions related to Satisfaction (Q1, Q2, Q3, Q4, Q9). Given that each question is worth one to five points, participants can receive a maximum Satisfaction Subscale Score of 25 and a minimum score of 5.
    - **Department's Score:** Your department score for the Satisfaction Subscale Score is derived by summing the individual self-assigned scores for five questions (Q1, Q2, Q3, Q4, Q9) of the Mini Z survey, then taking the median of all sums in the department (range 5-25).

- **Stress (EMR, time, and atmosphere) Subscale Score:** The Stress Subscale Score describes the lack of work-place control related to EMR use, pressured time for documentation and a chaotic work environment.
    - **Individual's Score:** The individual's Stress Subscale Score is calculated by adding up the total number of points across five questions related to Stress (Q5, Q6, Q7, Q8, Q10). Given that each question is worth one to five points, participants can receive a maximum Stress Subscale Score of 25 and a minimum score of 5.
    - **Department's Score**: Your department score for the Stress Subscale Score is derived by summing the individual self-assigned scores for five questions (Q5, Q6, Q7, Q8, Q10) of the Mini Z survey, then taking the median of all sums in the department (range 5-25).

APPENDIX A

Mini Z 2.0 Survey

1. Overall, I am satisfied with my current job:
   5. Strongly agree 4. Agree 3. Neither agree/disagree 2. Disagree 1. Strongly disagree

2. Using your own definition of "burnout", please circle one of the answers below:
   5. I enjoy my work. I have no symptoms of burnout.
   4. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
   3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   2. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
   1. I feel completely burned out. I am at the point where I may need to seek help.

3. My professional values are well aligned with those of my department leaders:
   5.Strongly agree 4.Agree 3.Neither agree/disagree 2.Disagree 1.Strongly disagree

4. The degree to which my care team works efficiently together is:
   5 – Optimal 4 – Good 3 – Satisfactory 2 – Marginal 1– Poor

5. I feel a great deal of stress because of my job
   5.Strongly disagree 4. Disagree 3.Neither agree/disagree 2.Agree 1. Agree strongly

6. The amount of time I spend on the electronic medical record (EMR) at home is:
   5 – Minimal/none 4 – Modest 3 – Satisfactory 2 – Moderately high 1 – Excessive

7. Sufficiency of time for documentation is:
   5 – Optimal 4 – Good 3 – Satisfactory 2 – Marginal 1– Poor

8. Which number best describes the atmosphere in your primary work area?
   5. Calm 4 3.Busy, but reasonable 2 1. Hectic, chaotic

9. My control over my workload is:
   5 – Optimal 4 – Good 3 – Satisfactory 2 – Marginal 1– Poor

10. The EMR adds to the frustration of my day.
    5. Strongly disagree 4. Disagree 3.Neither agree/disagree 2.Agree 1.Strongly agree

APPENDIX B: Burnout Subscale Interventions , References, & Resources

Burnout Subscale *Components: Self-reported burnout score*			
Intervention	**Description**	**Resource/Reference**	**VUMC Resource**
Focus on organization-level changes	Create a well-designed plan for change at the organization level that impacts physician engagement	Shanafelt TD, Mayo Clin Proc. 2017;92(1):129-146 Swensen S, J Healthc Manag. 2016;61(2):105-127. AMA Physician Well-Being Program: 1. Research – Access the AMA research in professional and organizational well-being 2. Measure -Utilize the "Organizational Biopsy" to assess workplace well-being 3. Act – Engage in the AMA Steps Forward Program to access innovative and evidence-based strategies to improve workplace well-being 4. Recognize – Access the Joy in Medicine Recognition Program to follow a suggested roadmap to support organizational well-being efforts National Academy of Medicine Clinician Resilience & Well-Being 1. Conceptual Model of factors affecting clinician well-being and resilience 2. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being 3. Action Collaborative on Clinician Well-Being 4. National Plan for Health Workforce Well-Being	VUMC Lean Process Improvement Curriculum: https://learningexchange.vumc.org/#/curricula/04bdcc95-1a56-4917-a802-00b025f2e984 VUMC VWell Toolkits for Empowerment and Physician Well-Being
	Utilize a modified Maslow's hierarchy to assess needs and prioritize interventions	Shapiro DE, Am J Med. 2019;132(5):556-563.	
	Invite physician opinions and engagement in interventions	Yakes et al, J Occup Environ Med. 2020;62(7):478-483. Garcia DI et al. J Surg Res. 2021 Feb;258:8-16.	VUMC VWell Champions - https://www.vumc.org/health-wellness/vwell-champion-resources

Invest in leadership development	Provide physician leaders with training to measure and target well-being needs	Shanafelt T, Mayo Clin Proc 2015;90(4):432-440 Shanafelt, T. D.,. Mayo Clinic Proceedings, 2017;92(11):1688-1696 Tawfik DS, Curr Treat Options Pediatr 2019;5(1):11-25. Swenson SJ et al. J Manag Dev, 2016;35(4):549-570.	VUMC Faculty Development Resources - https://www.vumc.org/faculty/faculty-development-resources VUMC Diversity, Equity and Inclusion Training - Office of Inclusion and Health Equity VUMC SHARE Center: https://www.vumc.org/health-wellness/share-center/programming-education
	Engage in Leadership Walk Rounds ™	Sexton JB, BMJ Qual Saf, 2018 27(4):261–270.	
Reduce stigma of mental health resource utilization	Offer non-stigmatized services (ie, financial planning) in the same office as peer-support services	Shanafelt, T. D.,. Mayo Clinic Proceedings, 2017;92(11):1688-1696.	Work/Life Connections-EAP Performance Coaching: https://www.vumc.org/health-wellness/news-resource-articles/performance-coaching
	Offer confidential and accessible mental health services for distressed physicians	Shanafelt, T. D.,. Mayo Clinic Proceedings, 2016;92(1):129-146.	Work/Life Connections-EAP Performance Coaching: https://www.vumc.org/health-wellness/news-resource-articles/performance-coaching VUMC Connect Care (telehealth services): https://www.vumc.org/health-wellness/connectcare
Promote a positive organizational culture	Adapt institution-wide strategies to promote inclusion, respect, civility	Burns KEA, Pattani R, Lorens E, Straus SE, Hawker GA. PLoS One. 2021 Jun 9;16(6):e0252778. Coe IR et al. Lancet. 2019;393(10171):9-15. Noone D. NEJM Catal Innov Care Deliv. May 2022.	VUMC Diversity, Equity and Inclusion Training - Office of Inclusion and Health Equity VUMC SHARE Center: https://www.vumc.org/health-wellness/share-center/programming-education

APPENDIX C: Satisfaction Subscale Interventions, References & Resources

Satisfaction Subscale: Supportive Work Environment *Components: Job satisfaction; Burnout; Aligned values; Teamwork; Control*			
Intervention	**Description**	**Resource/Reference**	**VUMC Resource**
Offer flexible/part-time work	Allow physicians to improve alignment with values outside of work	Linzer et al. Acad Med 2009;84:1395-1400 Shanafelt TD, Mayo Clin Proc. 2017;92(1):129-146	
Ensure career fit	Ensure physicians engage in meaningful work at least 20% of their time	Shanafelt T. Arch Intern Med. 2009;169(10):990-995 Linzer M et al. J Gen Intern Med. 2014;29(1):18-20.	VUMC Professional Development - https://www.vumc.org/faculty/professional-development Edge for Scholars - https://edgeforscholars.org/
Increase Control	Provide physicians opportunity to exercise control over schedule/workload	Dunn PM,. J Gen Intern Med. 2007;22(11):1544-1552.	
	Provide physicians opportunity to volunteer for work and "bank time"	Fassiotto M, Acad Med, 2018 93(6): p. 881–887.	
Model work-home balance and integration	Ask leadership to demonstrate they value well-being by modeling healthy work/life integration	Saleh et al. Clin Orthop Relat Res 2009;467:558-65	Your Well-being Navigator: https://www.vumc.org/health-wellness/your-well-being-navigator Go For the Gold: https://www.vumc.org/health-wellness/go-gold Edge for Scholars - https://edgeforscholars.org/
Offer training in Appreciative Inquiry and Gratitude	Offer opportunities to learn and engage in the practice of Appreciative inquiry	AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702691 May, N., Becker, D., Frankel, R., et al. Appreciative Inquiry in Health Care Positive Questions to Bring Out the Best. Brunswick, OH: Crown Custom Publishing, Inc.; 2011 Trockel MT et al. Mayo Clin Proc. 2023;98(1):75-87.	

Offer Resilience Training	Offer opportunities to learn and engage in the practice of Resilience	Raab, K. Journal of Health Care Chaplaincy, 2014;20(3):95-108. Card, A. J. Annals of Family Medicine. 2018;16(3):267–270 AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702556 Epstein, R. M., and M. S. Krasner. *Academic Medicine.*2013;88(3):301–303 Moffatt-Bruce SD, Clin Obstet Gynecol. 2019;62(3):432-443. Zwack J, Schweitzer J. Acad Med. 2013;88(3):382-9.	Addressing the Burnout Epidemic: A Training Program for Healthcare Leaders - https://medsites.mc.vanderbilt.edu/cph/addressing-burnout-epidemic-training-program-healthcare-leaders Work/Life Connections-EAP Resilience Training - https://www.vumc.org/health-wellness/news-resource-articles/skill-development
Offer Mindfulness Training	Offer opportunities to learn and engage in the practice of Mindfulness	Moffatt-Bruce SD, Clin Obstet Gynecol. 2019;62(3):432-443. Krasner MS, JAMA. 2009;302:1284–1293. Ireland MJ, Med Teach. 2017;39(4):409-414. Trockel MT et al. Mayo Clin Proc. 2023;98(1):75-87.	Osher Cener for Integrative Medicine Classes: https://clients.mindbodyonline.com/asp/main_enroll.asp?fl=true&tabID=103 HealthPlus Mindful Breaks: https://www.vumc.org/health-wellness/news/mindful-breaks Work/Life Connections-EAP On Demand: https://www.vumc.org/health-wellness/news-resource-articles/mindfulness
Offer Humanism Training	Offer opportunities to learn and engage in the practice of humanism in medicine	Branch WT, Acad Med. 2017;XX(X):1-7 Shanafelt TD et al. JAMA. 2009;302(12):1338-1340.	The Healer's Art Program by Rachel Remen, MD: http://www.rachelremen.com/learn/medical-education-work/the-healers-art/ The Healer's Art program at VUSM: https://medschool.vanderbilt.edu/mstp/2018/01/31/the-healers-art/
Encourage Physical Exercise	Provide opportunity, space, and incentives for physicians to engage in physical exercise and activity	Bretland, R. J., and E. B. Thorsteinsson. PeerJ. 2015;3:e891 Weight, CJ. Mayo Clinic Proceedings. 2013;88(12):1435–1442	

Train physicians in effective communication skills	Offer relationship-centered, respect-oriented communication skills training	Boissy A, J Gen Intern Med. 2016;31(7):755-761 Osatuke, KS. Journal of Applied Behavioral Science. 2009;45(3):384–410 Leiter, MP. Journal of Applied Psychology. 2011;96(6):1258–1274 Leiter, MP. Journal of Occupational Health and Psychology. 2012;17(4):425–434 VA-Based CREW (Civility, Respect and Engagement at Work) Training:_ https://www.va.gov/ncod/crew.asp Moffatt-Bruce SD, Clin Obstet Gynecol. 2019;62(3):432-443.	Work/Life Connections – Coaching, Counseling and Consultation: https://www.vumc.org/health-wellness/worklife-connections Disclosure Training - https://ww2.mc.vanderbilt.edu/cppa/52579 VUMC Diversity, Equity and Inclusion Training - Office of Inclusion and Health Equity VUMC SHARE Center: https://www.vumc.org/health-wellness/share-center/programming-education
Foster peer support and peer-communication in the workplace	Provide opportunities and incentives for physicians to share concerns with colleagues	The Schwartz Center, 2019 LeMaire J. BMC HSR. 2010; 10:208 West, CP. JAMA Internal Medicine. 2014;174(4):527–533 Lown, B. A., and C. F. Manning. Academic Medicine. 2010;85(6):1073–1081 Maben, JC. Health Services and Delivery Research. 2018;6(37):298 Shapiro J, Acad Med. 2016;91(9):1200-1204. Shanafelt TD et al. Mayo Clin Proc, 2017;92(11):1688-1696.	Bedside Matters: https://ww2.mc.vanderbilt.edu/bedsidematters/ Peer Support Programs at VUMC: https://www.vumc.org/health-wellness/news-resource-articles/peer-support-programs-vumc VUMC Affinity Groups: https://www.vumc.org/health-wellness/vumc-affinity-groups VUMC Employee Resource Groups: https://www.vumc.org/diversity-inclusion/employee-resource-groups
Establish a culture prioritizing teamwork and care-team relationships	Encourage daily team huddles	UCSF Center for Excellence in Primary Care. (2013). Healthy Huddles. https://cepc.ucsf.edu/healthy-huddles Substance Abuse and Mental Health Services Administration. (2007). Huddles: Increased Efficiency in Mere Minutes a Day.	

		https://www.integration.samhsa.gov/workforce/team-members/Huddles_Increased_Efficiency_in_Mere_Minutes_a_Day.pdf AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702506	
	Replace physician-centric models of care with a shared-care model of care delivery	Sinsky CA, Ann Fam Med. 2013;11(3):272-278 Willard-Grace, RD. Journal of the American Board of Family Medicine. 2014;27(2):229–238 Reid RJ, Health Affairs. 2019;29(5):835-843. Johnson AH, J Health and Med Inform. 2016;31(4):471-486.	
Enhance community-building in the workplace	Provide opportunities for connection and community such as affinity groups, small-group facilitated discussions, communal eating spaces, etc.	West, CP. JAMA Internal Medicine. 2014;174(4):527–533 Brown, S. CMAJ. 2019;191(9):E268–E269 West CP et al.J Gen Intern Med. 2015;30:S89.	VUMC Navigator: https://www.vumc.org/health-wellness/your-well-being-navigator VUMC Affinity Groups: https://www.vumc.org/health-wellness/vumc-affinity-groups VUMC Employee Resource Groups: https://www.vumc.org/diversity-inclusion/employee-resource-groups

APPENDIX D: Stress Subscale Interventions, References & Resources

Stress Subscale: Work-pace and EMR Stress *Components: Stress; EMR at home; Documentation time; Work atmosphere; EMR Frustration*			
Intervention	**Description**	**Resource/Reference**	**VUMC Resource**
Incorporate practice management changes that reduce time pressure and provide more physician control	Extend appointment times to reduce time pressure	Babbott S. JAMIA. 2013;0:1-7	
	Build in breaks to allow time to catch up (after vacation, during clinic, etc.)		VUMC Quality Time Away: https://www.vumc.org/health-wellness/provider-quality-time-away-toolkit
	Provide adequate time during the workday for required documentation	Sinsky C et al. Ann Intern Med, 2016;165(11):753-760. Robertson SL et al. J Grad Med Educ, 2017;9(4):479-484.	
	Identify the optimal panel sizes for primary care physicians	Reid, R. J. Health Affairs. 2019;29(5):835–843 AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702760	
	Invite physician opinions in EMR restructuring plans .	Ashton, M. NEJM. 2018;379(19):1789–1791. Berwick, DM. JAMA. 2017;317(21):2161–2162. Sieja A,. Mayo Clin Proc. 2019;94(5):793-802. Baugh JJ et al. J Emerg Med. 2021 Apr 8;22(3):696-701.	
Provide float-pool coverage to reduce turnover	Recognize that the workforce is usually 10% short	Linzer M, Am J Med. 2002;113:443-48. Helfrich CD et al. J Gen Intern Med. 2017 Jul;32(7):760-766.	
	Offload non-clinician work to non-clinicians: Team based care	Johnson, A. Journal of Health Organization & Management . 2017;31(4):471–486 Contratto, EK. Southern Medical Journal. 2017;110(5):363–368.	

Ensure all team members work at the top of their degree		AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702513 Smith, C. NAM Perspectives, 2018 DOI: 10.31478/201809c. Elliott AN, Buzzard LN, Villa KR, Gadbois NR. Am J Health Syst Pharm. 2023 Feb 15;80(4):200-206. Haag JD et al. J Am Board Fam Med. 2021 May-Jun;34(3):553-560. Gregory ST, Menser T, Gregory BT. J Healthc Manag. 2018 Sep-Oct;63(5):338-352.	
	Utilize medical assistants and scribes	Sinsky C. Ann Intern Med. 2014;160:727-728 Pozdnyakova, AN. JGIM. 2018;33(7):1109–1115 Gidwani, RC. Annals of Family Medicine.2017;15(5):427–433 Mishra, PJ. JAMA Internal Medicine. 2018;178(11):1467–1472 Heaton HA, Am J Emerg Med, 2016 34(10): p. 2018–2028. Linzer, M., Journal of general internal medicine, 2015;30(8):1105–1111. AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702694 Nambudiri, VE. JAMA Dermatology. 2018;154(1):101	
Streamline workflow to improve efficiency	Improve prescription management strategies	Sinsky CA, Ann Fam Med. 2013;11(3):272-278 Linzer, M., Journal of general internal medicine, 2015;30(8):1105–1111. AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702751	

	Offer pre-visit labs	Gregory, S. T. Journal of Healthcare Management. 2018;63(5):338–352 Sinsky CA, Ann Fam Med. 2013;11(3):272-278 AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702697	
	Redesign systems & space to maximize team-based care and efficiency	Sinsky CA, Ann Fam Med. 2013;11(3):272-278 Linzer, M., Journal of general internal medicine, 2015;30(8):1105–1111.	
	Embed text-paging system into EMR to reduce call-backs	Lapointe, RS. Journal of Medical Systems. 2018;42(7):117	
	Incorporate and streamline clinical decision support tools	AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702161	
Streamline EMR to improve efficiency	Re-structure EMR in-basket to improve efficiency	Berg, "These Four Workflow Changes Help Cut burnout 45%" AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702694	
	Optimize EMR structure and utilization	Pandhi, N. Informatics in Primary Care. 2014;21(3):142–151 Guo, YF. Journal of Clinical Nursing. 2018;27(1–2):441–449. Jamoom, EW. Journal of Health & Medical Informatics. 2016;7(4):1000240 AMA Steps Forward: https://edhub.ama-assn.org/steps-forward/module/2702761	
Provide additional EMR Training	Provide specialty-focused Advanced EMR training workshops (3 days)	Robinson, K et al. Medicine (Baltimore). 2018 Sep; 97(38): e12319.	

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