Tackling Staff Opt Out and Burnout: Radical Work Space Antidotes
Angela Mazzi, AIA, FACHA, EDAC
GBBN, Associate Principal

Melissa Dulisse, NCIDQ, Well AP
GBBN, Interior Designer
Learning Objectives

- Identify the relevant work space influences from outside of health care that can improve work and education in health care
- Discover the correlation between improved work space and patient satisfaction and care outcomes
- Address current burnout and retention issues with new workplace strategies
- Implement “right spacing” strategies based on real world needs for improved education and collaboration
Agenda

- What’s wrong with today’s workspace
- Speaking the same language
- What we’re learning from radical approaches
What’s Wrong
Despite heightened awareness of the widespread negative impact of physician burnout, the nationwide Physician Misery Index has increased from 3.78 to 3.94 out of 5 since the January 2015 physician survey.

Among the results:

- 89% of physicians believe the “business and regulation of healthcare” has changed the practice of medicine for the worse
- 80% feel at risk for burnout

-2018 Geneia Physician Misery Index

54%
Physicians rate their morale as somewhat or very negative
-The Advisory Board 2017

28%
Physician Burnout 2013 - 2016
-The Advisory Board
74% Nurses who report concern with effects of stress and overwork
American Nursing Association Health and Safety Study 2011

70% Nurses who report being burned out

50% Nurses who considered leaving the profession
RNNetwork study 2017
Yelp = HCAHPS

Yelp reviews cover additional twelve domains not reflected in HCAHPS mostly highlighting patient and caregiver centered experiences and is directly linked to satisfaction scores.
25% Americans with internet access who read someone else's experience regarding care on the internet.

- Patient Satisfaction: 16%↓
- Medical Errors: 11%↑

- The Advisory Board study of impacts of physician burnout
Number and type of clinicians who need to connect

- Do they have enough space at their workspace?
- Do they have the right type of workspace for the job that they do?
- Does the environment support heads down (focused work)?
- Does it support collaboration?
- Are they empowered to collaborate?
- Are the spaces set up to allow for learning, training and mentorship?
Clinician Support?

- Not Enough Seats
- No space for collaboration
- Isolated and fragmented
Clinician Support?

- No respite
- Training
- Break and Lockers and conference and…
Causes of Burnout

Less Face to face time:

86% Believe regulatory burdens increased in past year

- Medical Management Group Association 2018

Systemness

37% Believe they have lost clinical autonomy

- Survey of America’s Physicians: Practice Patterns and Perspectives 2018

Emotional Exhaustion

55% Describe morale as somewhat or very negative

- Survey of America’s Physicians: Practice Patterns and Perspectives 2018
Well Being Vs. Burnout

Basic Needs

Psychological Needs

Self-fulfillment Needs

Place a value on security, safety, food, water, rest
Put Well Being To Work

WELL BEING
Self actualization
Esteem
Belonging

WELLNESS
Safety
Psychological

Psychological Needs
Basic Needs
Self-fulfillment Needs
Shifting surviving to thriving

If you consider the life of a building over 30 years:
Employee/personnel = 92% of costs
Design and construction = 2% of costs

Physical workplace is one of the top three factors affecting performance and job satisfaction

Employees who admit quality of workplace environment effects their attitude
90%
WELL Building Standard V2

People seeking jobs who say they would prefer jobs where the physical environment is good
50%
WELL Building Standard V2
The body can easily recover from a single acute stressor, but chronic repeated activation of the stress response can be damaging physiologically and psychologically.

The circadian rhythm is one of the body’s strongest instruments to increase productivity, energy levels and mood. It is activated by the intensity and color temperature of light.

Exposure to adequate levels of sunlight is critical for health and well-being with effects ranging from visual comfort, psychological and neurological gains, occupant mood and alertness.
Speaking the Same Language
Promoting Resiliency

- Providing a greater sense of control
- Supporting a more collaborative work environment
- Accommodating tasks appropriately
- Providing space to “reset” without leaving the clinical environment
The Homogeneity Issue

More uniform spaces allow more hybridization of use.

However, not every culture accommodates this.

It’s important to understand the level of tolerance and support in order to target a change management strategy.
Change Management

MOBILE WORKER
Offices or permanent workspace is in a remote location from the clinic

Resistances
• “squatting” in touchdown spaces
• Seeking out highest levels of privacy at all times
• Imposing hierarchy on space use

Culture Improvement
• Staff can seamlessly coordinate handoffs in care
• Flexible space meets a variety of needs
• More collaboration provides better care
Change Management

**Touchdown:** workstation space used for a particular task. Staff will approach any empty station, then leave when done. Used by multiple staff throughout a shift.

**Huddle:** impromptu meeting areas for a team to work collaboratively

**Hoteling:** workstation space used for an entire shift by the same staff member.

**Quiet:** workstation space that is configured or placed in such a way as to isolate the staff member from interruption while working

**Teaching:** interactive space where group work or instruction takes place.
What We’re Learning
A Task Based Look

- Physician
- Nurse
- Other Staff
- Other Provider

Legend:
- Touchdown
- Huddle
- Hotelling
- Quiet
- Teaching
Building Agility to Support Tasks

**QUIET WORKSPACE**
- Options: cubicle, booth, isolated location

**TEACHING WORKSPACE**
- Options: clustered workstations, table and chairs, Team centers

**HOTEILING WORKSPACE**
- Options: clustered workstations, workstations place along a wall

**TOUCHDOWN WORKSPACE**
- Options: Open desk, standing height surface.
Pain Points
Space Characteristics

COLLABORATIVE: Informal interaction with others to discuss issues or solve problems

TEAM BASED: work in a group where we each have a designated role

INTERDISCIPLINARY: work with staff from outside the department

CENTRALIZED: close access to patients, support spaces, and other staff

INDEPENDENT: minimal interaction, focused work
Space Characteristics

There are variations based on work culture and type of department that are important to understand.

Privacy is in general the least important characteristic.

The greatest importance was placed on collaborative and centralized space.
Perceived Safety

VISUAL CONTROL: Situational awareness of clinic/treatment areas

COMMUNICATION: Ability to communicate with other care providers

CONNECTEDNESS: Physical separation of workspace from main flow of patients
Visualization is the foremost aggregate perceived factor in feeling safe in the clinical work environment.

Connectedness was highest ranked as very important.
Proxemics and the Task

QUIET
Private spaces, workstations that face a wall
Promotes introspection, intimate gatherings
1-2 people

CASUAL
Huddle spaces, Small conference rooms, benched workstations
Relaxed, informal gatherings, flexible space
1-4 people

INTERACTIVE
Large conference rooms, lobbies, event spaces, workstations that encourage engagement
Social engagement, secondary focus of activity
1-4 people

COMMUNAL
Large conference rooms, lobbies, event spaces
Lively, social for bigger groups, not part of a defined territory
4+ people
Proxemics and the Task

Task based spaces, appropriately zoned allow more efficient and effective work environments to be developed.
Leveraging Proxemics

3' wide workstations allow those seated to be within an interactive proxemics zone while bench configuration enables discussions

4' wide workstations (quiet zone): preserve proxemic distance needed for more focused work.

42" - 48" partition provides enclosure while still enabling visualization of activity in corridor.

Booths for phone calls or dictation. Booths allow complete acoustic privacy while maintaining visibility to other staff.

54" partition is out of vision horizon while seated but still enables visual interaction between physician and nurse/MA sides.

Nook for phone calls or other quiet activity.

Touchdown workstations are at standing height and feature 3' wide workstations for more interaction.
What’s emerging

More emphasis on Hospitality
• Space to Reset
• Restoration’s impact on the bottom line
• Staff health and wellness focus
What’s emerging

Providing greater connectedness to colleagues
• Inclusion is Key
What’s emerging

Centeredness of staff for uncompromised care
• Hybridizing workspace
• Purpose-centric
• People first
What’s emerging

Visually permeable work cores
• Meaningful edges
What’s next

Building resilience into everything we do
• Finding moments of joy in high stress environments
• Wellness as part of the bottom line
What’s next

More data driven design based on actual space utilization
• seat sensors, infrared ceiling sensors, footfall trackers, badge swipes
What’s next

Creating an innovation ecosystem
• Support the Individual
• Support the team
• Support the community
What’s next

Shift from efficiency to effectiveness

- SF per person vs. high performing spaces
- Unassigned, task based workspace
Your feedback is important to us when planning future conferences. Let us know what you think!

**Evaluation**

How-to submit a session evaluation:

- Open the PDC Summit mobile app.
- Fill out and submit the evaluation form.