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# When Busy Isn't Enough: Seven Steps Towards Working More Efficiently

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> "More hours in the day. It's one thing everyone wants, and yet it's impossible to attain. But what if you could free up significant time—maybe as much as 20% of your workday—to focus on the responsibilities that really matter?...We found that even the most dedicated and impressive performers devoted large amounts of time to tedious, non-value-added activities…Most of us feel entangled in a web of commitments from which it can be painful to extricate ourselves." (1)
>
> **Birkinshaw J and Cohen J (2013)**

Time constraints, technology, policies and regulations, and COVID-19 – just a few of the factors that are contributing to the stress felt by healthcare workers around the world. The unfortunate consequence of these daily burdens is less time spent doing the things we love most, like helping patients and conducting research, and more time on tasks that keep us busy but not necessarily fulfilled. These tasks can often spill over into personal lives and put physicians at risk for burnout – an outcome that is often considered a "process problem, as opposed to a people problem" (2) and is reflective of system issues that are fostered throughout our careers (3). While some clinicians may be more affected by these stresses than others, there is no doubt that we can all benefit from any extra moments provided to us through the reworking of unproductive processes. When it comes to decreasing the burden of everyday tasks and working more efficiently, there is no better place to start than with addressing the daily inefficiencies in your practice – and here, small changes can pack a big punch and make a big difference.

## Insights

- More and more surgeons are experiencing symptoms of burnout and many report a decreased satisfaction with their current work-life balance.
- Long work hours and an excessive workload are commonly reported contributing factors of physician burnout, along with other organizational or personality factors.
- Despite a heavy workload and high levels of stress, many highly successful orthopedic leaders have been able to maintain a high level of health, happiness and job satisfaction.
- Nevertheless, the majority of academic orthopedic leaders report experiencing emotional exhaustion and feel that stressors, such as high workload, had a moderate to severe impact on their lives.
- Therefore, in addition to building resilience and providing support to physicians, we need to work towards addressing the system issues that may be contributing to this workload burden.
- We can start by addressing the everyday inefficiencies in our daily tasks and work towards creating more efficient processes by following six simple steps.
- Working more efficiently will mean clinicians spend less time on low-value-added tasks and more time on important tasks; freeing up valuable time and hopefully helping to strike more of a work-life balance.

## Prevalence and Contributing Factors of Physician Burnout

Burnout is characterized by “emotional exhaustion, depersonalization, and a feeling of low personal accomplishment” and research has shown that burnout can not only lead to low job satisfaction, but decreased productivity, a lower quality of patient care and medical errors. (4) Exhibit 1 outlines the findings from two studies examining burnout among surgeons and academic orthopedic leaders. (5)(6) These findings highlight the realities of physician burnout, showing that 40% of surgeons felt burned out and 70% of academic orthopedic leaders were moderately or severely impacted by stressors such as increased workload.

# BURNOUT AMONG SURGEONS AND ACADEMIC ORTHOPEDIC LEADERS

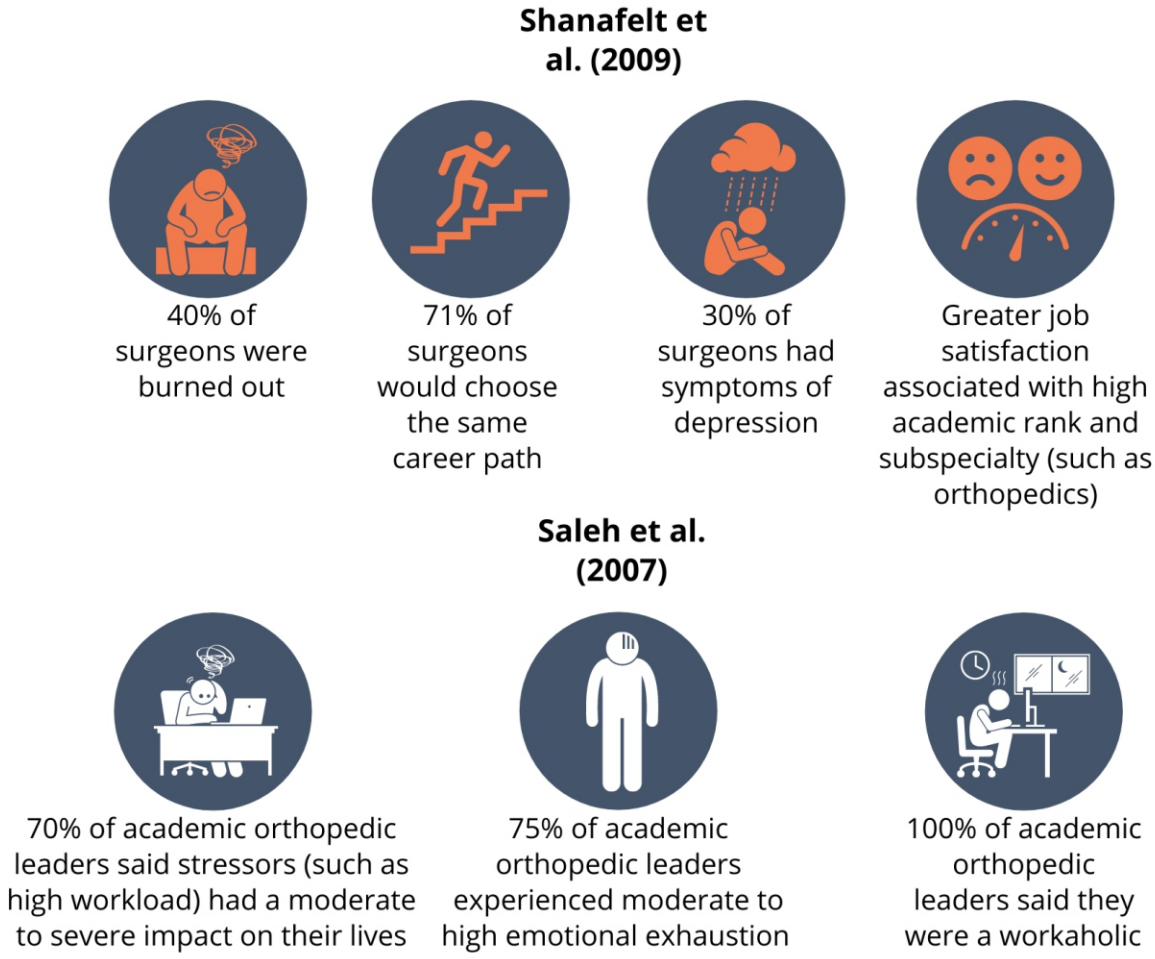


**Exhibit 1.** Burnout among surgeons (5) and academic orthopedic leaders (6).

Another study by Shanafelt et al. (2015) found that these numbers have been changing over time. (7) In 2011, 45.5% of physicians showed at least one symptom of burnout and 48.5% felt satisfied with their work-life balance. (7) However, in 2014 the number of physicians with at least one symptom of burnout increased to 54.4%, while only 40.9% felt satisfied with their work-life balance; rates that are also nearly twice that of other professions. (7) These results suggest that changes in the healthcare system may be increasing the external pressures felt by physicians.

So, what is contributing to this feeling of busyness? A literature review by Patel et al. (2018) reports that burnout usually results from stressors related to workload, but that these stressors can also fall into other categories. These different categories include work factors, personality characteristics and organizational factors. (Exhibit 2) (4)

| | |
|---|---|
| **Work Factors** | • Excessive workload<br>• Long hours<br>• Specialty choice<br>• Frequent call duties<br>• Comprehensive documentation in an Electronic Health Record (EHR)<br>• Time spend doing work at home<br>• Inefficient use of time due to administrative requirements<br>• Loss of autonomy at work<br>• Decreased control over work environment<br>Loss of support from colleagues |
| **Personality Characteristics** | • ·Self-critical<br>• Engaging in unhelpful coping strategies<br>• Sleep deprivation<br>• Over commitment<br>• Perfectionism<br>• Idealism<br>• Work-life imbalance<br>Inadequate support system outside of work |
| **Organizational Factors** | • Leadership behaviours<br>• Workload expectations<br>• Insufficient rewards<br>• Limited interpersonal collaboration<br>• Limited opportunities for advancement<br>• Limited social support |

Exhibit 2. Contributors of physician burnout. (4)

## We Are All Affected by "Busy"ness Differently

When it comes to understanding physician burnout on a more personal level, we need to remember that we are all starting in different places. Our definitions of success (and the factors that get in the way of it) are largely personal and will differ greatly from one clinician to the next. However, for many of us, this journey towards success in our field will be undeniably inspired by those who, despite the challenges of a demanding career, have demonstrated the exceptional ability to "do it all" and love it all the while.

A study by Klein et al. (2013) examined the characteristics of highly successful surgeons and influential leaders in orthopedics and found that on average, respondents worked just over 70 hours every week (a range of 50-100 hours per week). (8) Even though 75% of participants reported not having as much time as they should for their personal lives, when asked to rate how happy they were on a scale of 1-10 (with 1 being "very depressed" and 10 being "extremely happy"), the most common responses were 8 (42.7%) and 9 (25.5%). (8) Overall, it was found that despite long work hours and higher levels of stress, highly successful surgeons tend to be intrinsically motivated and satisfied. (8) These results come as no surprise given the findings by Shanafelt et al. (2009) that found job satisfaction was associated with higher academic rank and subspecialities, such as Orthopedics. (Exhibit 1) (4) So, is the answer that we should all just learn to be happy with being busy?

Of course, it is important to note that for many successful surgeons "a key success indicator is the desire for leadership and an intrinsic motivation to achieve success." (8) However, while exemplifying certain characteristics, such as resiliency or a passion for your career, may help certain clinicians thrive when taking on challenges, even the best among us can be overwhelmed by the everyday demands of our work. Programs focused on providing support and developing these skills of resilience are important, however we need to expand our focus to address the root cause – the processes themselves.

"Although an emphasis on individual-level resilience is important, we argue that current efforts toward combating burnout have become too myopic. After all, burnout is defined as an inappropriate response to stress, so the prevention and treatment of burnout should be conceptualized in two ways: (1) a reduction in stressful stimuli; and (2) an increase in the capacity to handle stress (ie, resilience). An optimal strategy to prevent and treat burnout should therefore use tactics aimed at both sides of this coin, but organizational efforts appear to be focused only on the latter.

If, for example, physicians were sailing on a leaking boat, health care institutions commonly appear to be suggesting that the physicians bail more quickly rather than helping them plug holes.

Although most efforts at preventing physician burnout are focused on improving individual physician resilience, health care organizations are failing to change the system that is increasingly asking doctors to perform tasks, largely administrative in nature, for which they have no passion." (9)

**Squiers et at. (2017)**

## Reducing Workload By "Getting Rid of Stupid Stuff"

Since workload is often identified as a main contributor to physician burnout, Hawaii Pacific Health, a nonprofit health system in Honolulu, decided to reduce the administrative burden of physicians by freeing up time spent on "stupid stuff". (10) Their program, called Getting Rid of Stupid Stuff (GROSS), focused in on the inefficiencies of documentation in their Electronic Health Record (EHR) and got employees to "nominate anything in the EHR that they thought was poorly designed, unnecessary, or just plain stupid." (11) In just one year, over 300 different EHR related activities were nominated for removal. (10) One example of a successful change that resulted was the removal of a "rounding row" from their EHR system, which resulted in over 1700 hours of nursing documentation time saved every month across their four hospitals. (10)(11)

> "We seem to have struck a nerve. It appears that there is stupid stuff all around us, and although many of the nominations we receive aren't for big changes, the small wins that come from acknowledging and improving our daily work do matter." (11)
>
> **Melinda Ashton, M.D**
> Hawaii Pacific Health, Honolulu

Inspired by this success, a similar GROSS program was rolled out by the Cleveland Clinic to tackle efficiency issues related to their EHR program and able to successfully lead to a variety of changes that streamlined documentation and workflow processes. (12) At six Yale University hospital campuses, an initiative aimed at eliminating "daily annoyances" sought to make the EHR log-in process quicker through voice recognition, also eliminating the need to remember or change passwords. (13) After implementing the voice recognition software, physicians experienced a 50% reduction in the amount of time required to complete and close encounters which has amounted to a time savings of 8 hours each week. (13)

# Seven Steps Towards Efficiency

> "The exam rooms aren't stocked, I can't find the nurse when I need help, the check-in process takes too long, we're behind schedule, and there's too much paperwork to complete. Sound familiar? These are often symptoms of a larger office workflow problem, and fixing it requires that we review the symptoms, diagnose the problem and apply treatment, just as we do with our patients. But while we know how to diagnose and treat our patients' problems, we don't always know how to diagnose and treat our office's problems." (2)
>
> **Willis (2005)**

It is clear that improving the efficiency of even the smallest tasks can have a big impact – but even small changes can be difficult. More efficient processes "require less time, effort and resources to produce better outcomes." (2) Even though this may require some extra effort to get started, they can result in time savings that can help reduce overall workload in the long run. An American Medical Association (AMA) module proposes several steps in a standardized organizational process similar to GROSS that can help reduce unnecessary daily burdens for clinicians. (14) Willis (2005) also identifies several useful tools that can be used along the way to identify where a specific process is breaking down. (2)

**1. Appoint a leader.** Appoint someone with enough influence to make "getting rid of the stupid stuff" a serious initiative. As the initiative expands, it may be necessary to appoint several champions at different levels, "from operational and clinical leaders to front-line EHR users." (14)

**2. Engage the appropriate support.** Certain people or departments will be needed to help support the cause. With more people on board from the beginning, you will have people working to improve processes in different areas and also experience fewer potential barriers to solutions later on down the road. (14)

**3. Gather information.** Now that you have announced the initiative is underway, get started by gathering information. Get everyone involved to consider their daily tasks (or the tasks involved in a specific process you want to improve) and nominate anything that feels "poorly designed, unnecessary, or burdensome". (14)

This can be done in several different ways:

**a. Flow map.** A flow map can be used to "map" the current steps in a process in the order they are completed. This map starts at the beginning, or in some cases the point where the patient becomes engaged in the process, and then identifies all subsequent steps. In the end, you are left with a detailed description of steps involved in an entire process. (2)

"Over a period of weeks, the clinic staff and physicians added sticky notes to the wall of the break room to demonstrate each step that occurred from the moment a patient called the office until he or she reached the triage nurse. To the staff's amazement, the flow map ended up covering most of the wall. Once they saw all of the steps and the complexity of the process, they were able to begin thinking of ways to simplify and improve it." (2)

**b. Cause and effect diagram.** Start by identifying a problem (or effect) on the right and work backwards along a horizontal line to identify possible causes by asking "how did this problem occur?". (2)

"Over a period of one or two weeks, you and your staff may have a new understanding of the reasons that the process breaks down. At that point, you can agree on and map the new and improved process." (2)

**4 Triage suggestions.** This can be done by collecting responses submitted through a nomination form for example. Nominations can then be grouped into three different categories: minor requests that can be easily fixed, requests that need further investigation (that are then sent on to the appropriate person or team of people to consider), requests that are not possible right now (perhaps due to rules or regulation), and requests where a fix already exists (perhaps the clinician or team member is simply not aware of it). (14)

**5. Determine next steps.** Once any issues are addressed, work on identifying a solution or designing an improvement process to try. There are several things you can do to help this new process succeed: provide education (equip other clinicians and staff with the information they need to implement the change and provide ongoing opportunities for training and support; patient education may also help to ensure the success of some improvement processes), redesign job functions (the new process may require a job function be redefined or new staff may need to be trained to perform a new task), team huddles (useful at the beginning of the day to help anticipate and prepare for any challenges to a process that day), create a culture of teamwork (this team culture will help to get the entire team on board; everyone will need to be involved for the new process to succeed). (2)

**6. Celebrate success.** All changes, even the small ones, should be celebrated. By making everyone aware of successes, they will be more likely to believe change is possible and may even be willing to contribute more time to the process of pointing out inefficiencies. (14)

**7. Ongoing evaluation.** By continuing to evaluate processes as they happen, clinicians will be ensuring that they address inefficiencies in a timely manner. Also, don't forget to keep cycling back to past nominations that were not possible before. Since circumstances change, perhaps a change that was not possible before is a possibility now. (14)

# Contributors

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