
Integrated Well-Being for PAs: Evidence-Based Practices for Self, Teams, & Systems

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Disclosures

None



Learning Objectives

- Describe validated measures of burnout, professional fulfillment, and well-being for healthcare providers
- Identify how personal, local leadership, and systemic factors contribute to (un)wellness
- Prioritize and employ individualized action steps to advance integrated well-being

Session Roadmap

- Terminology re: well-being
- Data about PAs
- Measures of well-being
- Evidence-based strategies for
 - Personal resilience (self)
 - Developing a culture of wellness (local teams)
 - Influencing efficiency & ease of practice (systems)

Terminology

- **Mental Health**
- **Burnout**
- **Professional Fulfillment**
- **Work-Life Integration (WLI)**
- **Well-being (WB)**

Mental Health /,men.tʃəl 'helθ/ noun

*emotional, psychological, and social well-being
affecting how we think, feel, and act
determining how we handle stress, relate to others, and make choices.*

Emotional Balance

- Mood disorders – depression, anxiety

Relationships

Consumption

- Eating disorders
- Substance use disorders

Intent to Live

- Suicidality



Burnout | bərn-, aüt | noun

psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.

the three key dimensions of this response:

overwhelming exhaustion

feelings of cynicism and detachment from work

sense of ineffectiveness and lack of accomplishment

C.Masl



Burnout Impact

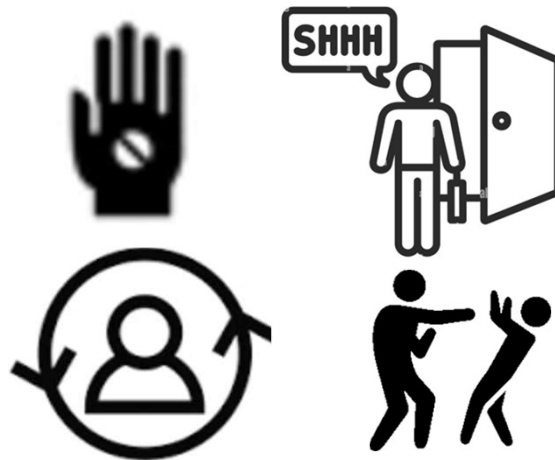
Personal

suicidal ideation
substance abuse



Professional

disengagement
turnover
disruption & incivility



Clinical

medical errors
lower quality & Px
longer recovery



Financial = \$4.6 billion/yr in US

Professional Fulfillment /fʊl'fil.mənt/ noun

Intrinsic positive reward derived from work*

appiness

aningfulness

tribution

F-worth

isfaction

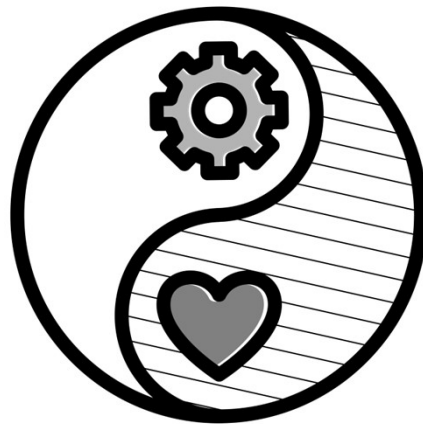
se of control when dealing with difficult problems at work

trinsic factors (eg: compensation) are less robust motivators of engagement & performance



Work-Life Integration /,ɪn.tə'greɪ.ʃən/ noun

*holistic approach blending personal and professional needs.
rather than work and life as separate entities in conflict (WLB),
the goal of WLI is finding compromise and synergy.*



Well-being /,wel'bi:.ɪŋ/ *noun*

*How people feel,
how they function on personal and societal levels,
how they evaluate their lives as a whole*

emotion

behavior

cognition

relationships

mediated by culture, generation, and profession



Validated WB Measures

- OLBI
- Mini-Z
- MBI- Maslach Burnout Index
- One-Item Measure of Burnout
- WBI – Well-Being Index
- PFI- Professional Fulfillment Index

PA Data

- **Burnout**
- **Professional Fulfillment**

Personal & Professional Burnout Risk Factors

Women

- URM
- >35yo
- Single
- Mid-career
- Older/adult children

• Schedule

- Nights
- Call

• Infrastructure

- Inadeq admin support
- Low control over workload

PA Burnout by the Numbers

PA burnout prevalence 35%

High work hours important contributor to 55% PAs' work stress

- Est 15,000 PAs considering leaving jobs due to stress

Burnout >> depression mediates job satisfaction

- PHQ-2, GAD-7, demographics in 880 PAs (2021)

49 states have Provider Health Programs that serve PAs

- 9 states link to PHP on PA state website (2022)

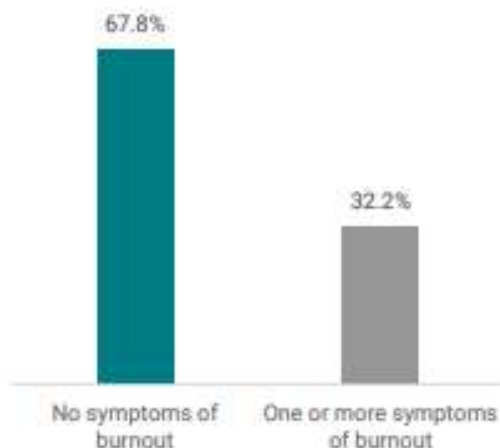
Time consulting w CP + quality of CP/PA relationship ↑ WB

- for early career PAs (2023)

PA Burnout

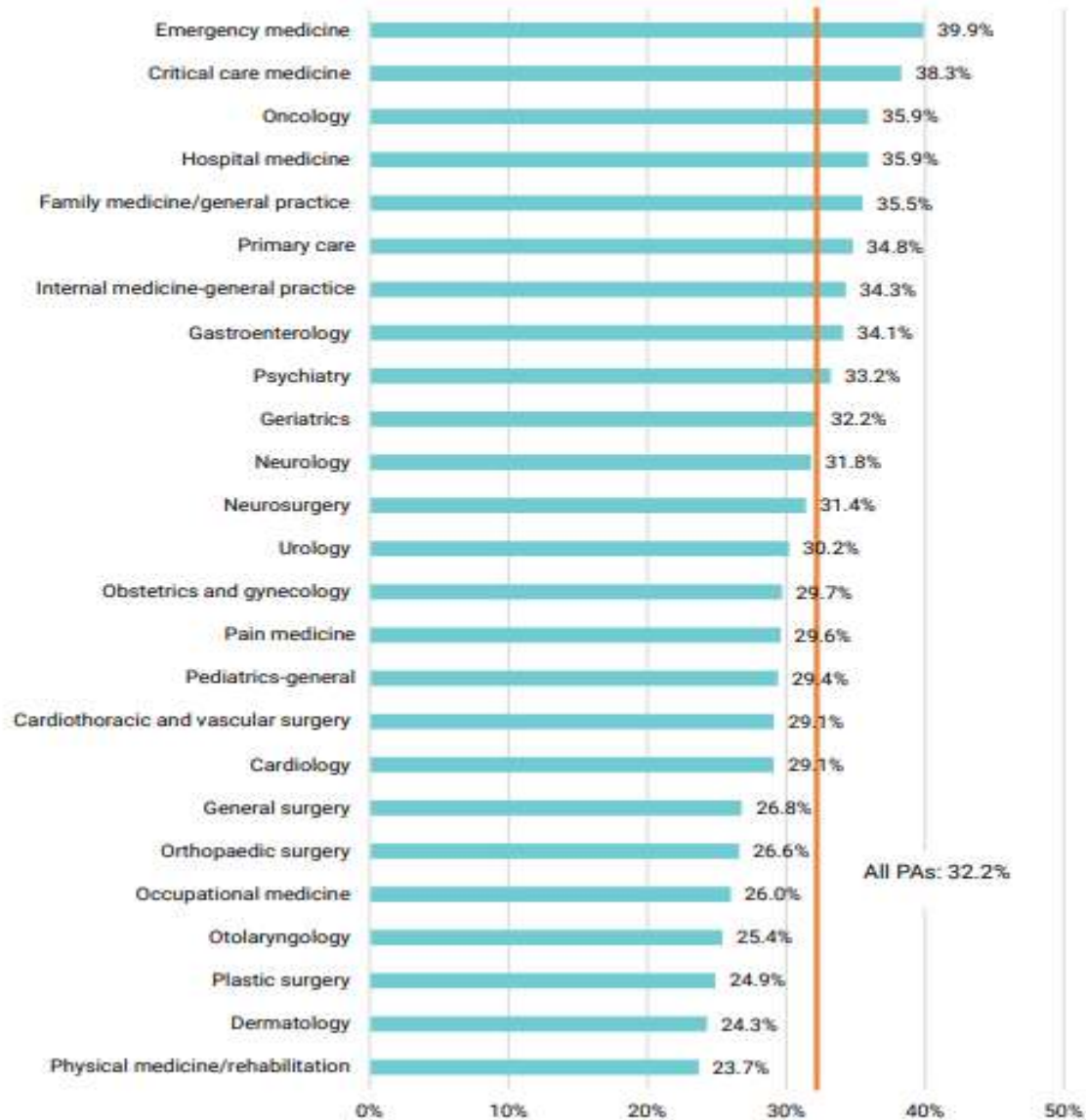
Participants were asked to rate their level of burnout based on their own definition of burnout. The median burnout score was 2.0. Overall, 32.2% of PAs indicated they had some level of burnout.

Feeling of Burnout



Burnout Scale ^{1, 2}	Percent
1= I enjoy my work; I have no symptoms of burnout.	14.6%
2= Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	53.2%
3= I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	24.2%
4= The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.	6.5%
5= I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.	1.5%

Reporting One or More Symptom(s) of Burnout by Specialty



Note: The percentages reflect the distribution within the specialty.

Emergency medicine
 Critical care medicine
 Oncology
 Hospital medicine
 icine/general practice
 Otolaryngology
 Plastic surgery
 Dermatology
 icine/rehabilitation



Factors Influencing PA Turnover

Intentions for Leaving Clinical Position

PAs intending to leave principal clinical position in the next 12 months:

2022	2018
8.7%	5.6%

Factors Influencing PAs Planning to Leave Principal Clinical Position

Factor selected as "very important"	2022 Number	2022 Percent	Percent Change 2018-2022
Seeking another clinical PA position	5,801	57.1%	-5.8%
Feelings of professional burnout***	4,403	43.3%	NA*
Insufficient wages given the workload and responsibilities	4,099	40.3%	3.1%
Relocating to another geographic area	2,687	26.4%	-5.7%
Work responsibilities would interfere with ability to care for family	2,573	25.3%	8.7%
Work is not professionally challenging or satisfying	2,399	23.6%	-2.8%
Other	1,629	16.0%	-8.3%
Plan to retire from active workforce	1,207	11.9%	1.3%
Desire a non-clinical health-related position	754	7.4%	2.8%
Desire a position outside of health care	700	6.9%	2.6%
Want to pursue additional education	622	6.1%	-1.9%
Want to work in a health professional training program position	429	4.2%	-0.6%
My health does not allow me to continue working as a PA	244	2.4%	0.4%

*PAs could choose multiple factors.

**Percent change reflects proportional change from 2018 to 2022.

***Factor not included in the 2018 Profile.

PA Job Satisfaction

Job Satisfaction

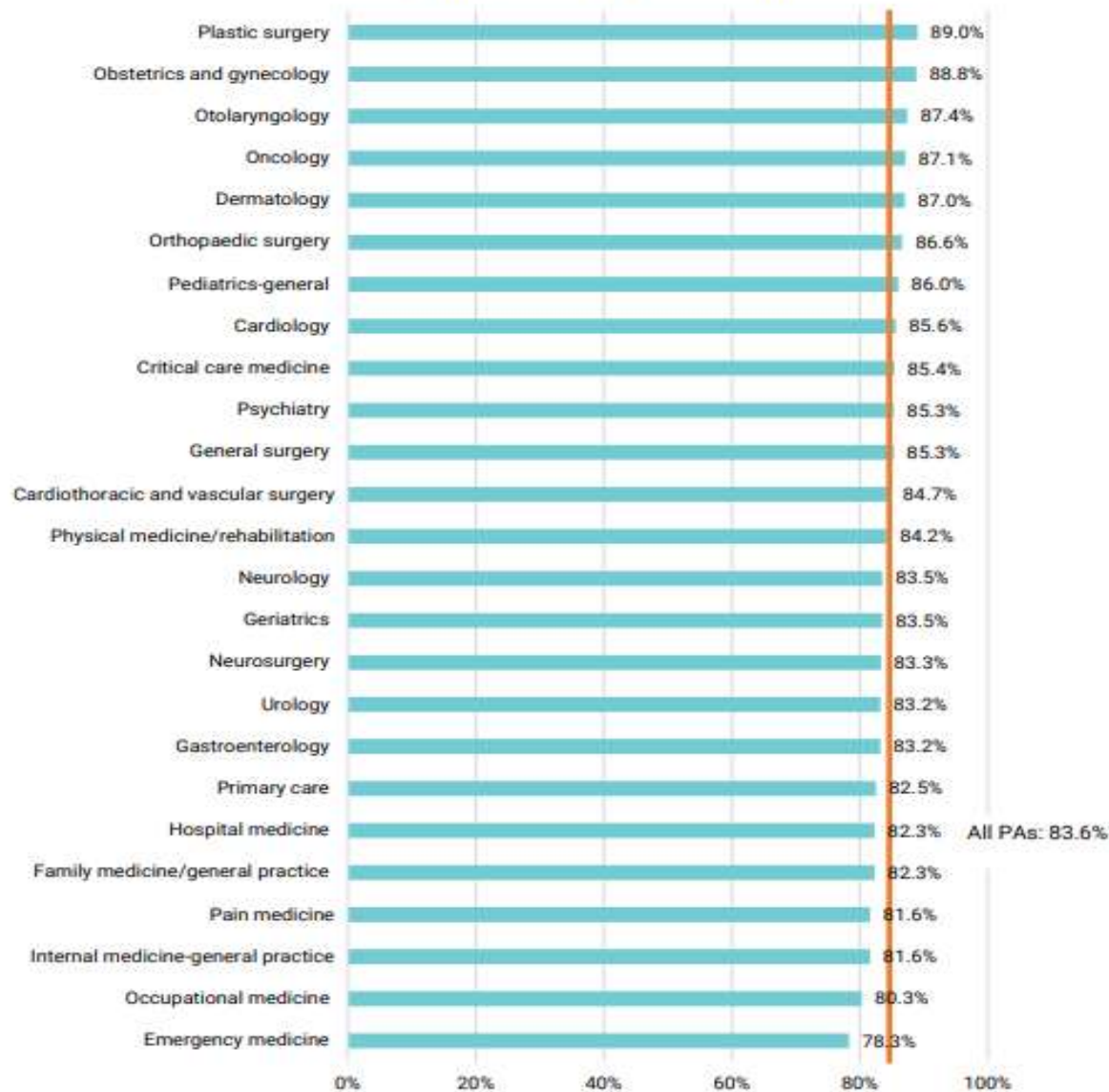
Areas of Job Satisfaction	Percent Satisfied*
Present job	83.6%
Career as a PA	86.7%
Number of hours worked	77.3%
Work-life balance	71.1%
Income	75.5%
Benefits	73.2%
Geographical location of principal position	82.4%
Employer	74.2%

*Satisfied includes responses of Completely Satisfied, Mostly Satisfied, and Somewhat Satisfied.

86.7% of all PAs indicated they are satisfied with their career

Satisfied with Present Job by Specialty

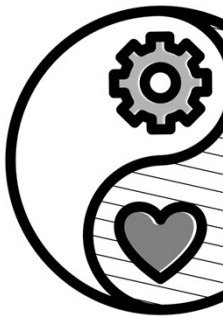
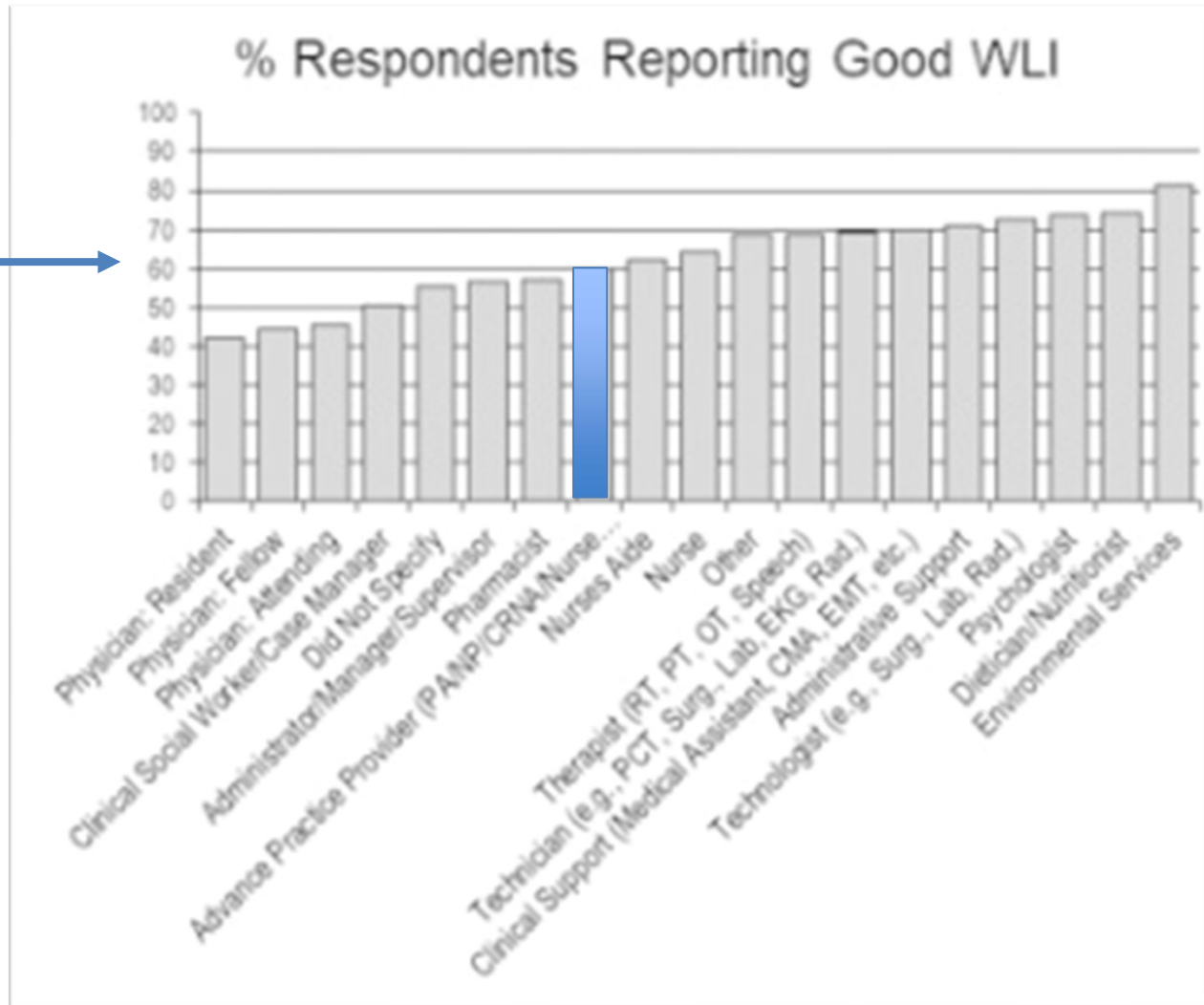
Plastic surgery
 Obstetrics and gynecology
 Otolaryngology
 Oncology
 Dermatology
 Cardiology
 Critical care medicine
 Psychiatry
 General surgery
 Cardiothoracic and vascular surgery
 Physical medicine/rehabilitation
 Neurology
 Geriatrics
 Neurosurgery
 Urology
 Gastroenterology
 Primary care
 Hospital medicine
 Family medicine/general practice
 Pain medicine
 Internal medicine-general practice
 Occupational medicine
 Emergency medicine

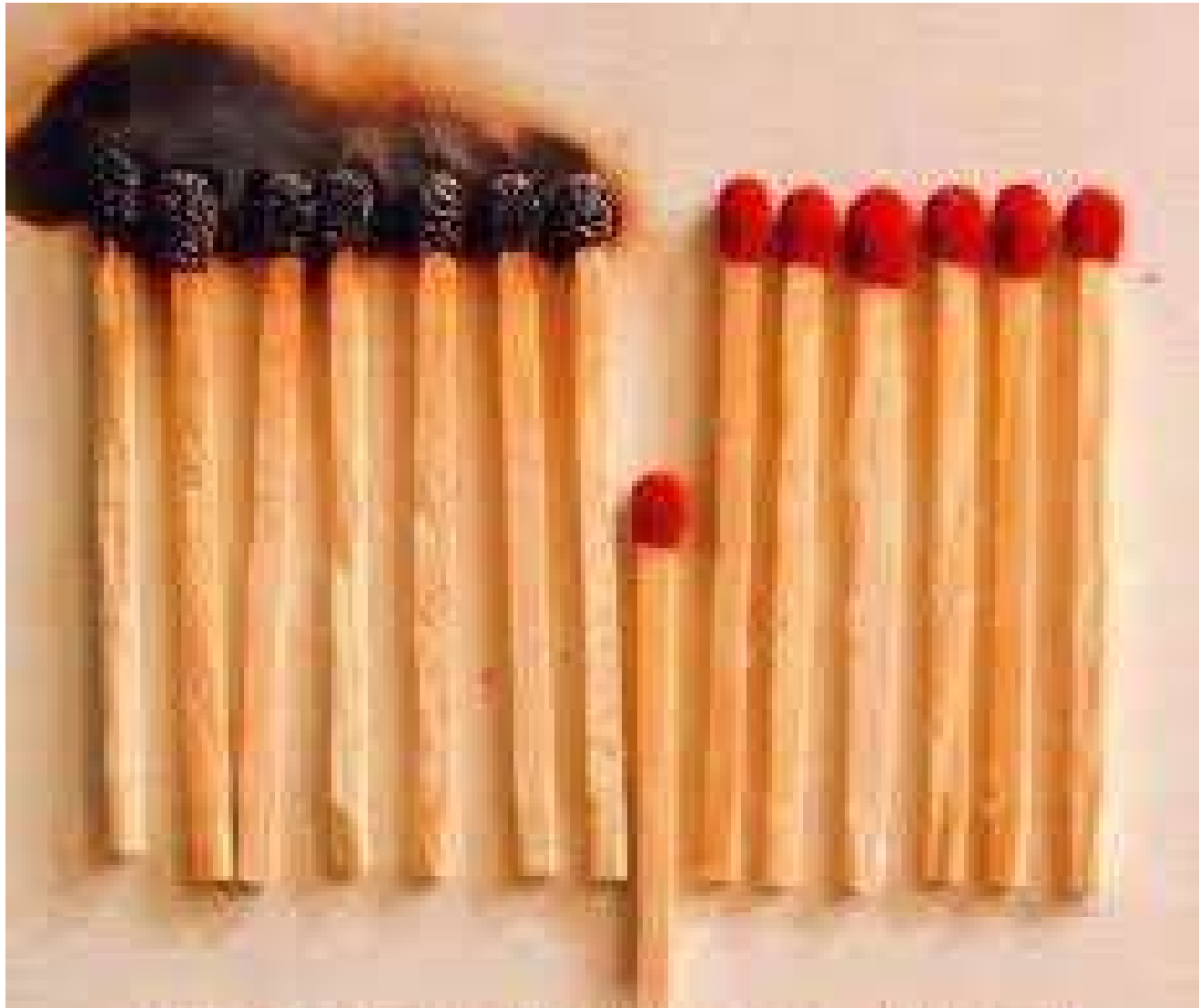


Note: The percentages reflect the distribution within the specialty.



PA Work-Life Integration





Absence of suffering \neq thriving

Emotional Thriving (WLB, burnout)

- Using strengths at work
- Thriving in my work
- Making a difference through my work
- Looking forward to aspect of work

Emotional Recovery (happiness vs depression)

- Bounce back / integrate after difficulties
- Find a solution to challenges
- Adapt when can't influence outcome
- Mood recovers after frustrations/setbacks



WellMD Stanford Model of Professional Fulfillment



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Self



Personal Resilience

the individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being.

Key success factors include:

Self-care assessment and support systems

Safety net systems for crisis interventions

Worksite evidence-based health promotion

Encouragement of peer support

Financial management counseling

Life-needs support mechanisms (child and elder care, after-hours meals,



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Personal & Professional Influences on WB

Women

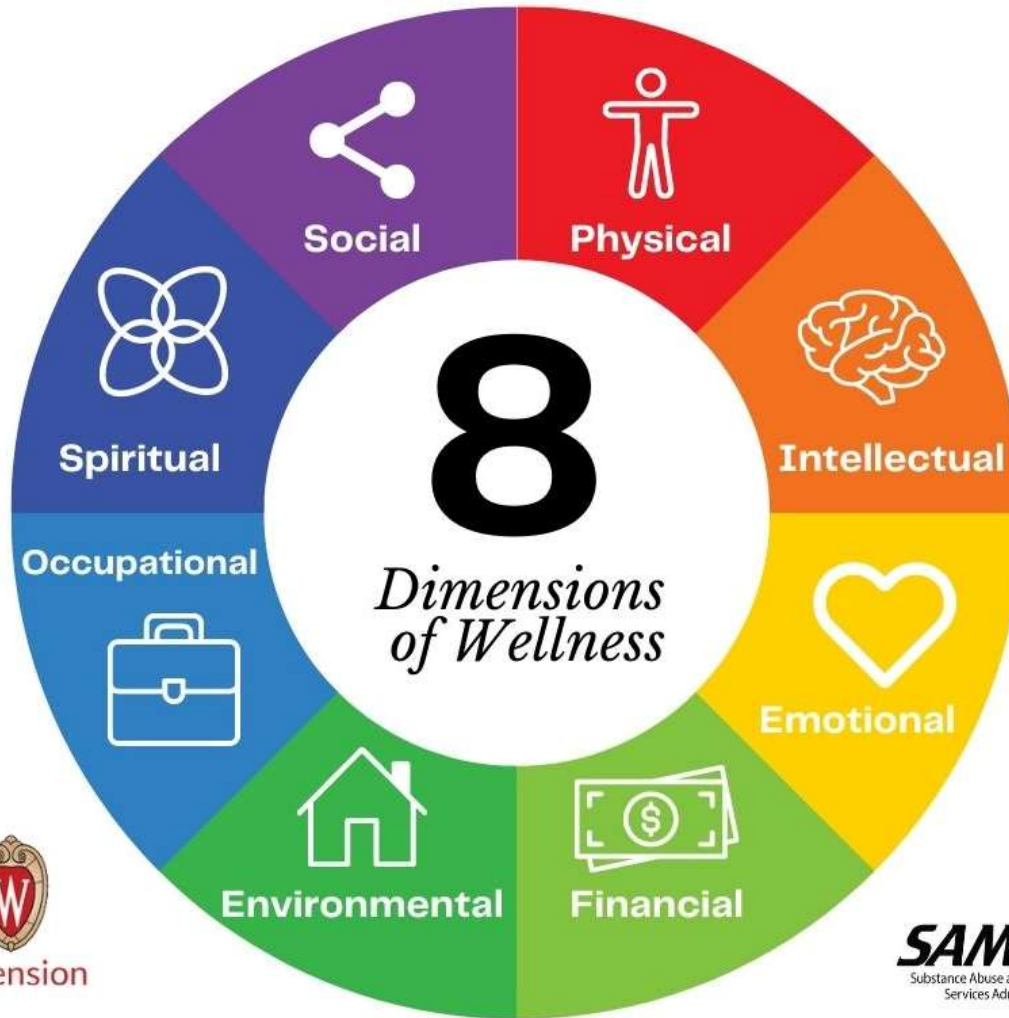
- URM
- >35yo
- Single
- Mid-career
- Older/adult children

Certain specialties

- Physicians: EM, Psych, General Peds
- PAs: Oncology, EM, FM
- Nights, call, inadeq admin support, low control over workload, rural setting



Person-Level Investments



Person-level interventions – bite sized

Diet decisions

- mindful eating practices
AmlHungry.com, Noom, Center for Mindful Eating (Esp)
- Dry January

Physical activity

- 15min 5x/wk – tx level effects on depression
- 10k steps per day = max benefit for CA, CAD

Gratitude

- Verbal or written reflection... & share it!
- 3 Good Things

Self-Compassion practices





DukeHealth

WELL

<p>Simple joys Cultivate joy and playfulness. 10 minutes 8 days</p>	<p>Awe Cultivate awe. 10 minutes 2 days</p>	<p>Kindness Cultivate kindness. 3 minutes 8 days</p>	<p>Self-Compassion Cultivate a kinder internal voice. 10 minutes 2 days</p>
<p>Gratitude Cultivate gratitude. 15 minutes 2 days</p>	<p>3 Funny Things Cultivate humor. 2 minutes 8 days</p>	<p>1 Good Chat Cultivate relationships. 2 minutes 4 days</p>	<p>Grief Tool Cultivate support. 15 minutes 2 days</p>
<p>Work-life balance Cultivate work-life balance. 10 minutes 4 days</p>	<p>Looking Forward Cultivate hope. 2 minutes 8 days</p>	<p>Serenity Cultivate routines and rituals. 2 minutes 4 days</p>	<p>Signature Strengths Cultivate your strengths. 3 minutes 8 days</p>
<p>Rest Tool Cultivate engagement. 10 minutes 3 days</p>	<p>3 Good Minutes Cultivate mindfulness. 3 minutes 8 days</p>	<p>Sleep Tool Cultivate rest. 2 minutes 8 days</p>	<p>3 Good Things Cultivate your uplifts. 2 minutes 15 days</p>
<p>For Closes, Another Opens Cultivate perspective. 10 minutes 2 days</p>	<p>Positive Feedback Cultivate the ability to uplift others. 3 minutes 8 days</p>	<p>WISER A sampler of multiple well-being tools. 5-in-1 tool 10 days</p>	<p>Your Burnout Story Cultivate healing through reflective writing. 20 minutes 3 days</p>

<https://bit.ly/we>

Person-level investments - bigger

“WISER”

Web-based Implementation for Science of Enhancing Resilience

Coaching

- Professional / Life
- Wellness / Health

Financial Advising

Intellectual Challenge

Positive Social & Spiritual Communities



Duke Well-being Ambassadors Program

Bryan Sexton, PhD & K.Carrie Adair, PhD

JANUARY	Emotional Exhaustion before and During Covid: The need for Bite-Sized Well-Being
FEBRUARY	Neuroscience of Hope
MARCH	Best Reset Button Available: The Science of Sleep with Tips and Tricks
APRIL	Bite-Sized Well-Being: Three Good Things
MAY	Signature Strengths at Work
JUNE	Bite-Sized Mindfulness: Being Present in the Age of Distraction
JULY	Dealing with Difficult Colleagues: Assessing, Understanding and Improving Teamwork
AUGUST	Grief, Growth or Both?: A Primer on Recovery after Emotional Upheaval
SEPTEMBER	The Funny Thing about Well-being: Evidence for Humor
OCTOBER	Evidence-based Sleep Hygiene: Advanced Insights on Rest for the Weary
NOVEMBER	Relationship Resilience: The Science and Practice of How Other People Matter
DECEMBER	Enhancing Resilience: Survival of the Kindest

Local / Team





BURNOUT

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

Culture of Wellness

The organizational work environment, values and behaviors that promote self-care, personal and professional growth, and compassion toward self, colleagues, and patients.

Key success factors of this dimension include:

- Leadership support, commitment, and accountability for wellness
- Infrastructure and resources to support wellness
- Regular measurement of well-being and professional fulfillment
- Recognition and appreciation
- Fairness and inclusiveness
- Transparency and values alignment



Local Culture

Work-Life CLIMATE

Work-life integration behaviors cluster

- Professional group
- Local area/team

8 Q predict WB in future year

- Skip a meal? Poorly balanced meal?
- No breaks? Frustrated by tech?
- Home late due to work?
- Change personal plans due to work?
- Difficulty sleeping? Sleep <5hr?



Local Actions

Be the change you want to see

- Take a break and encourage others to
- Invest in appreciation & recognition of others

Bring the change you want to see

- Ask for (or provide!) a team/unit in-service on wellness
- Local accountability to brief wellness breaks together

Leaders: Implement an intervention

- Seek input (survey-based) and evidence
- PDSA



CREDIT: THINKSTOCK

Addressing Factors Leading to Turnover Among Advanced Practice Providers

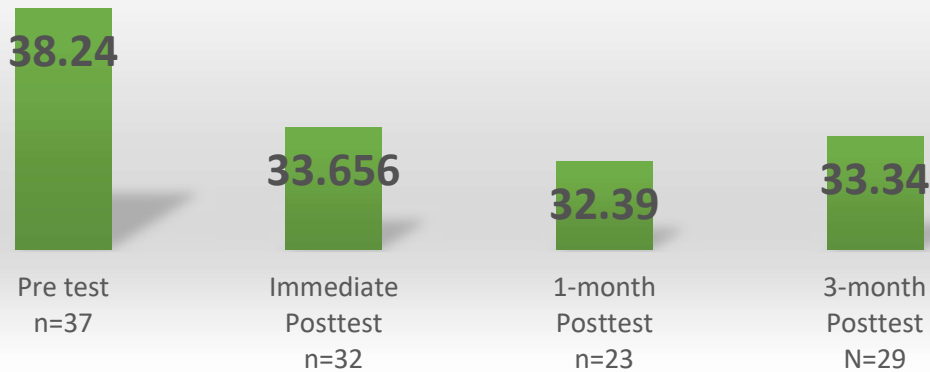
Choose & Log 1 of 4 per workday x5-10min:

- Phone app meditation
- Walk/movement
- Journaling
- Gaming on phone

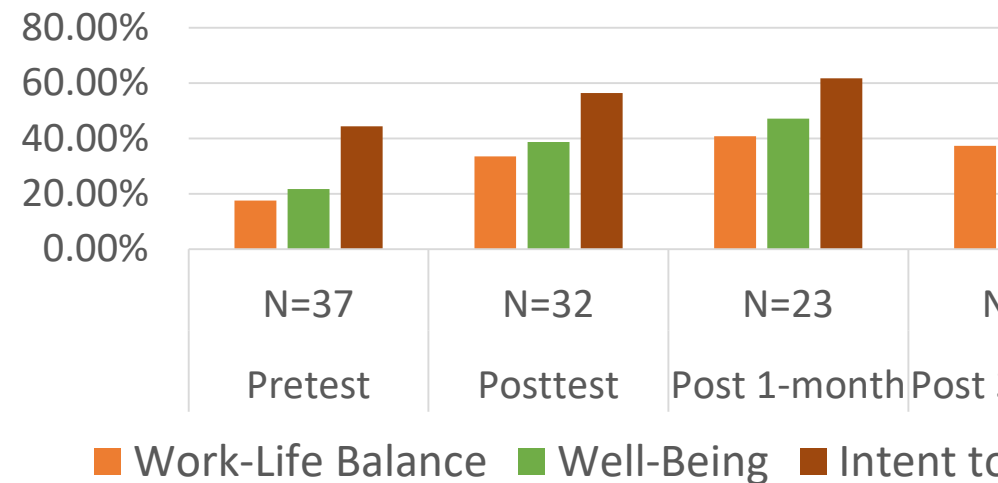


M. Edie Brucker, MSN, MPH, APRN, AGPCNP-D
DNP Student – Transformational Leadership: Systems

OLBI Total Score mean



Glint Favorability Scores



Group Grounding

Safe
Healthy
Loved



System



Efficiency of Practice

Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.

Key success factors include:

Identification and redesign of inefficient work

Involvement in redesign of clinical processes and flows

Teamwork models of practice; realistic staffing & scheduling

Designing roles to practice at top of licensure

Streamlining EHR and other IT interfaces

Design of workspace for interpersonal proximity for improved communication

Use of efficient communication methods to minimize e-mail time burden

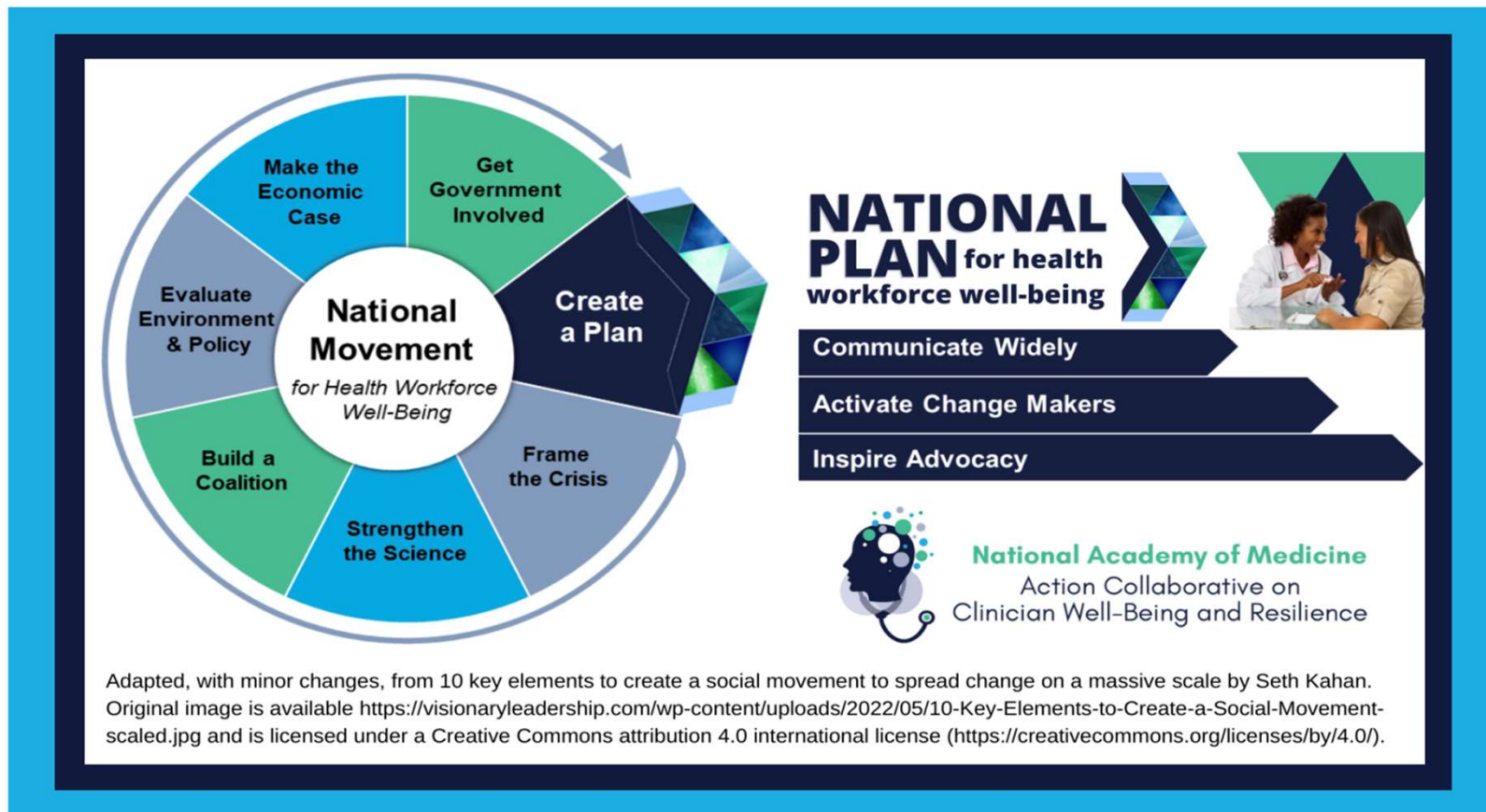


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NATIONAL ACADEMY OF MEDICINE

National Plan for HC workforce WB



Systems Actions - Data

APP wellbeing data

- Collect & benchmark with peer cohort
- Quant & Qual

Compare/contrast local APP & physician wellbeing data

- Identify alignment

Contextualize APP data within HC team

- Identify alignment

MEASURE WHAT
MATTERS

Systems Actions - Data

healthcare
WAC | Professional Well-being
Academic Consortium



qualtrics^{XM}

PressGaney

GLINT

Systems Actions - Data Interpretation

Here is the data...

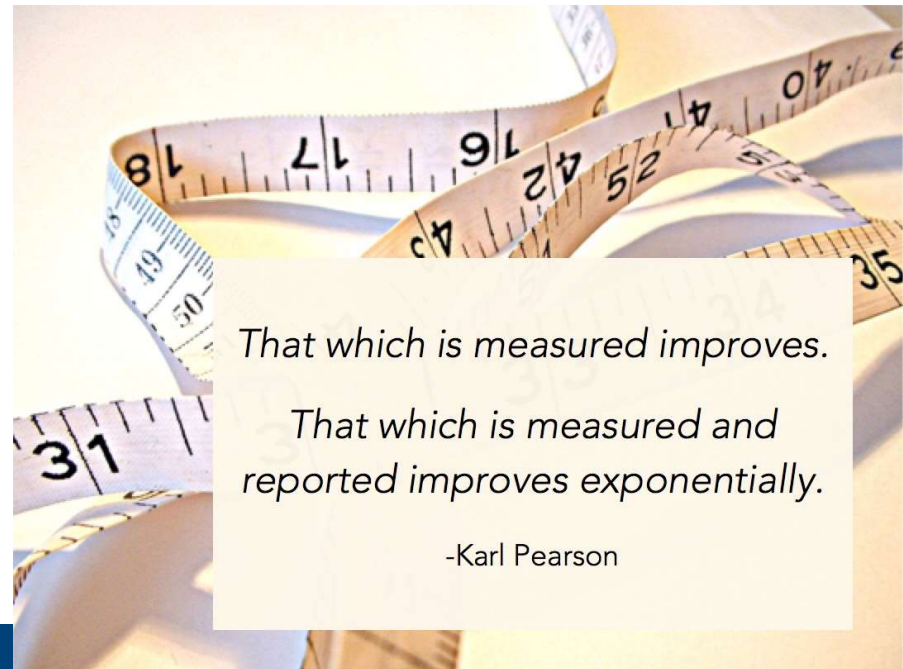
What does this mean to you?

Where have we had successes? What ideas do you have?

Townhalls

Rounding

- Teams
- Individuals



Systems Actions - Representation

APP peer committee for well-being

- Diverse representation (practice settings, identities, career phase)
- Elicit and provide ideas

APP Representation in practice/organization

- Well-being committee
- Operations, Strategy, & Access workgroups/committees
- Technology/informatics committee

SWAT analysis



Systems Actions - Advocacy

Understand environment of care and policies

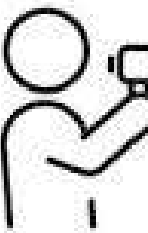
Understand the business case

- Historical turnover
- Disengagement costs

Prepare data visuals & narrative

Use SWAT analysis to ask for changes strategically

Align with team/organization mission-vision-values



—vector—

Systems Actions - Programming

Interprofessional (clinician, administrative) team programs

- Build strategic partnerships with HR

HCP programs

- Build strategic physician partnerships for co-advocacy

APP-specific programs where needs are unique

- Respond to data
- New hires, TTP psychosocial onboarding
- Opportunities for connection

Publicize!



Take-Aways

PAAs have moderate burnout at 35%, good work-life integration (WLI) at 60%, and very high job satisfaction at 84%, each of which are mediated by factors such as identities, specialty, and schedule.

Simple strategies such as WISER create enduring increases in individual HCW well-being (depression, WLI, happiness, emotional thriving, emotional recovery).

Both burnout and WLI cluster locally; team-level encouragement and accountability are effective.

Routinely collect PA well-being data at a system level and build strategic partnerships to address priority opportunities.

What are you committed to doing
to improve system, local, and/or YOUR **wellness**



Questions?

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