



Tackling Staff Opt Out and Burnout: Radical Work Space Antidotes



CONNECT THE DOTS.

Collaboration in Health Care
Planning, Design, & Construction

MARCH 17–20, 2019 | PHOENIX, AZ

International Summit & Exhibition on Health Facility Planning, Design, & Construction



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



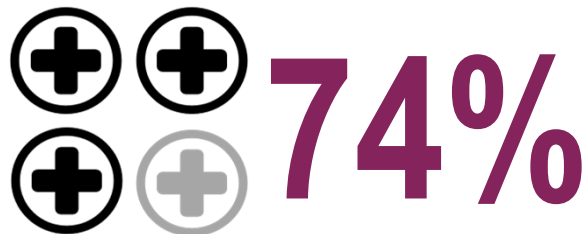
Physicians rate their morale as somewhat or very negative

-The Advisory Board 2017



Physician Burnout 2013 - 2016

-The Advisory Board



Nurses who report concern with effects of stress and overwork

American Nursing Association
Health and Safety Study 2011



Nurses who report being burned out



Nurses who considered leaving the profession

RNNetwork study 2017

Yelp = HCAHPS

Real time feedback
loop

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?

No space for collaboration



Not Enough Seats



Isolated and fragmented

Clinician Support?

Training



No respite



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

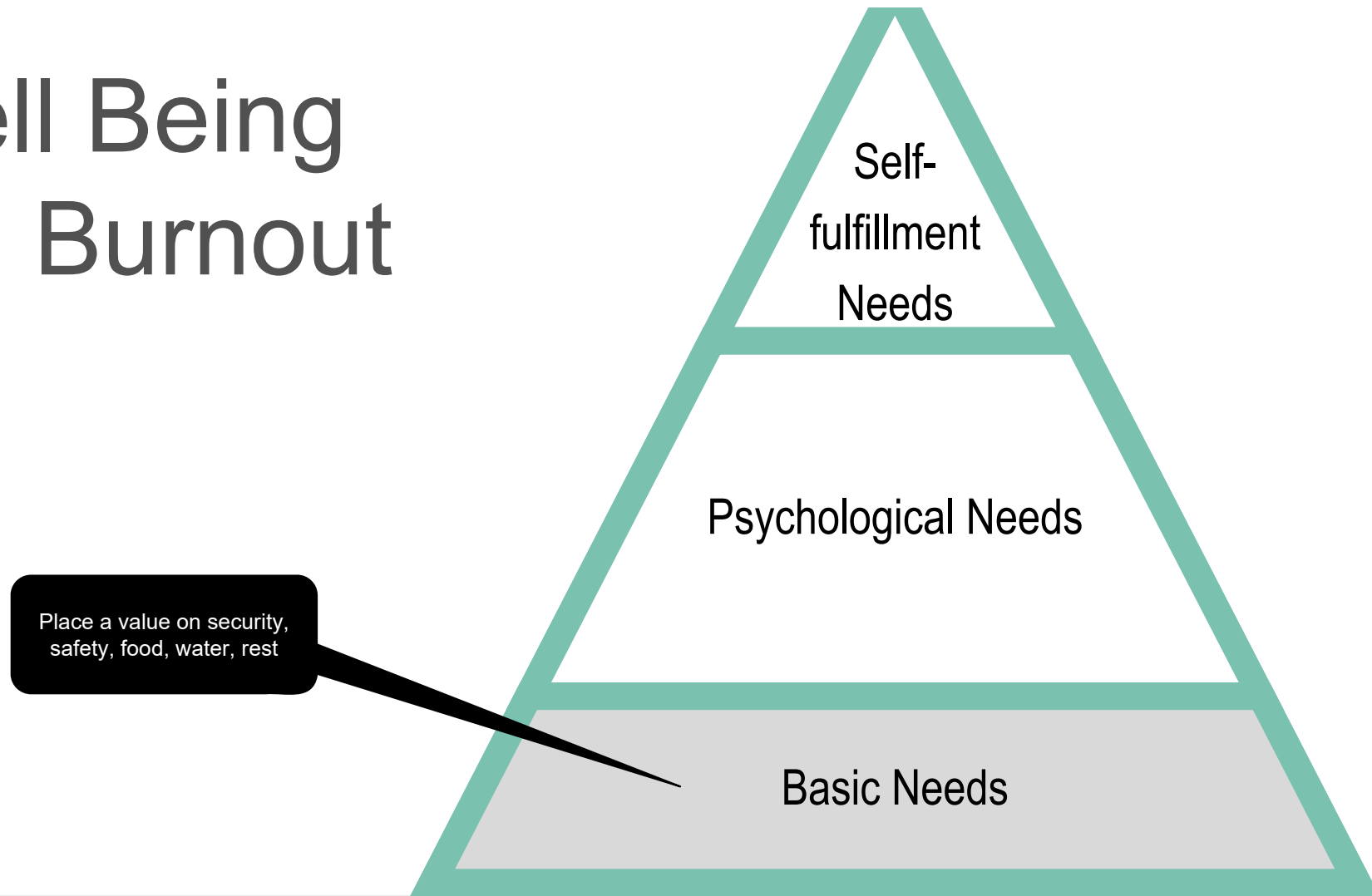
Emotional Exhaustion

55% 

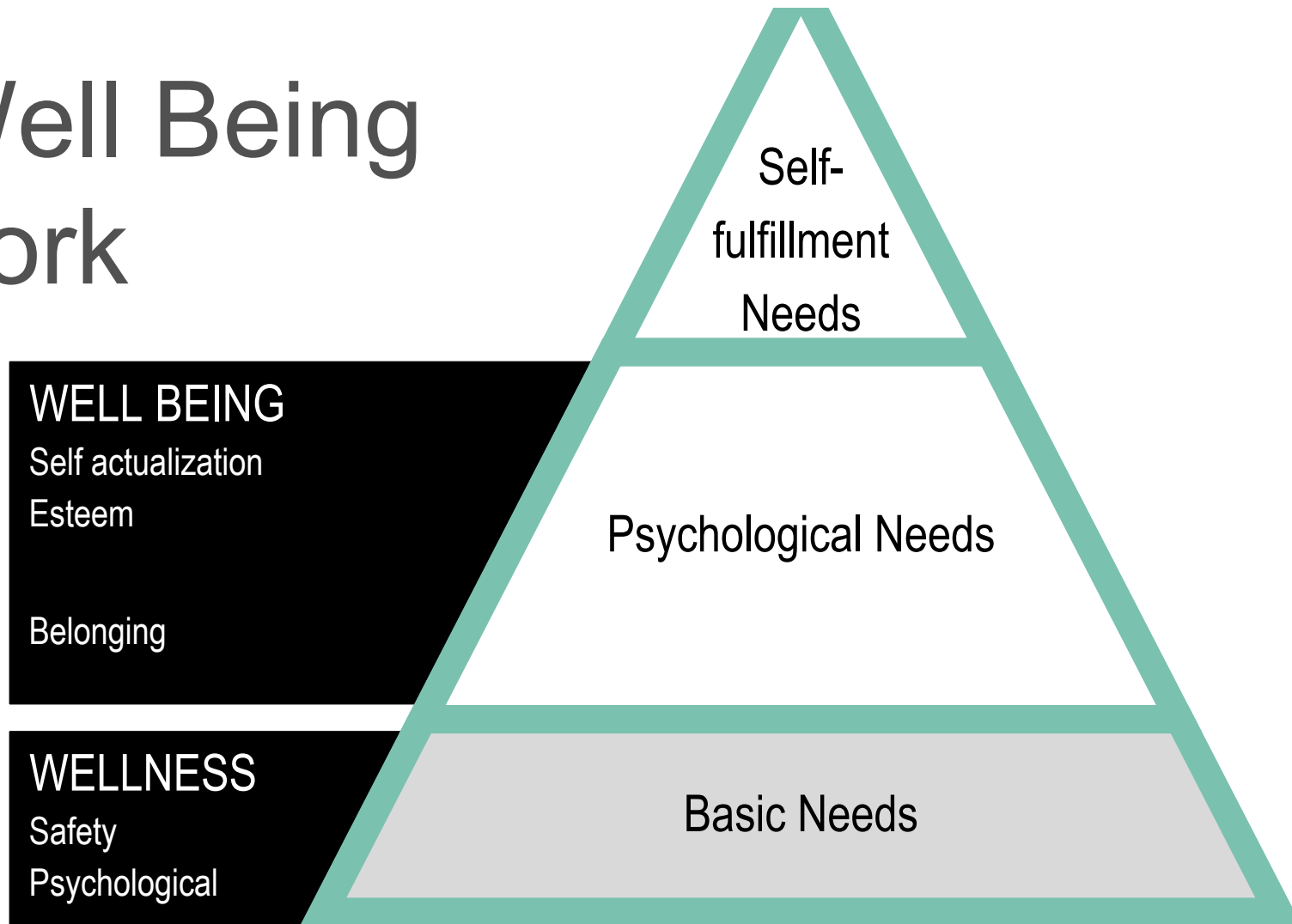
Describe morale as somewhat or very negative

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

Well Being Vs. Burnout



Put Well Being To Work



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



 **90%**

Employees who admit quality of
workplace environment effects
their attitude

WELL Building Standard V2

 **50%**

People seeking jobs who say they
would prefer jobs where the physical
environment is good

WELL Building Standard V2



Building as Health Intervention Tool



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



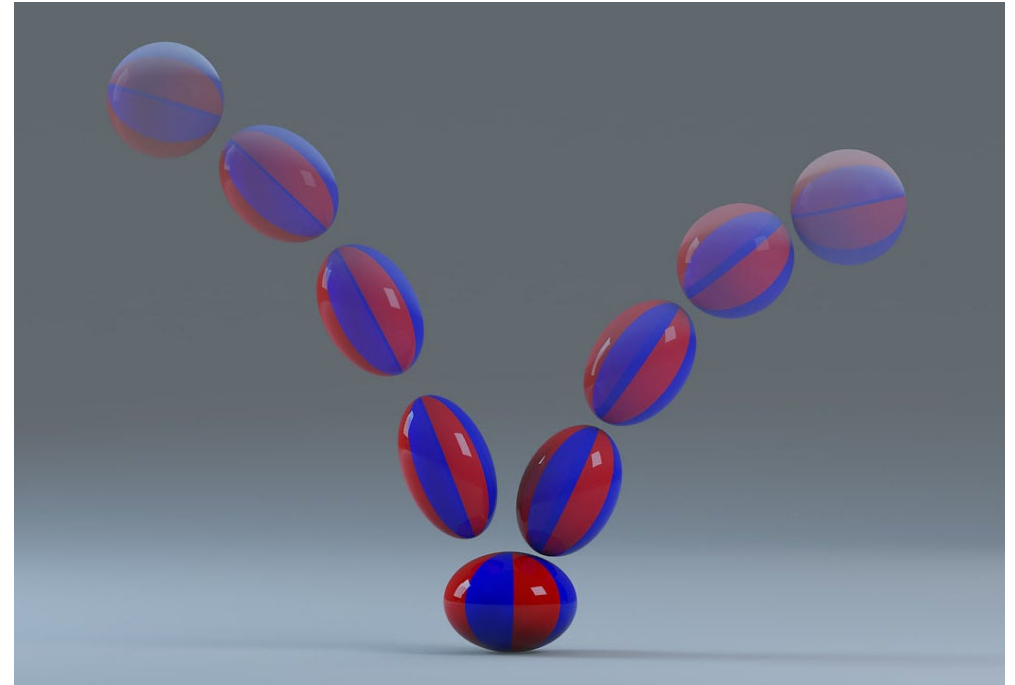
Exposure to adequate levels of sunlight is critical for health and well-being with effects ranging from visual comfort, psychological and neurological gains, occupant mood and alertness



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.

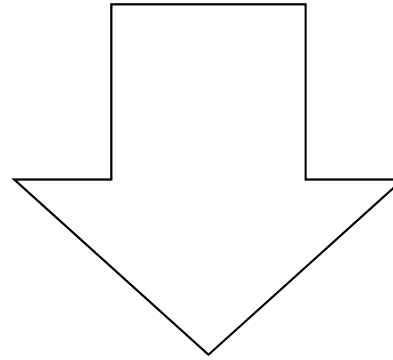
However, not every culture accommodates this

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

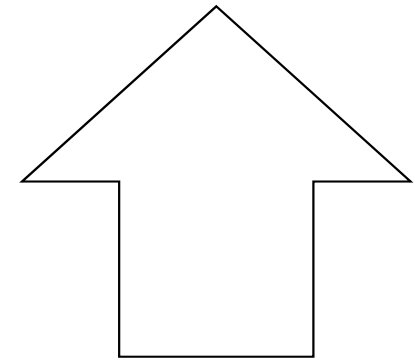


Resistances

- “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.

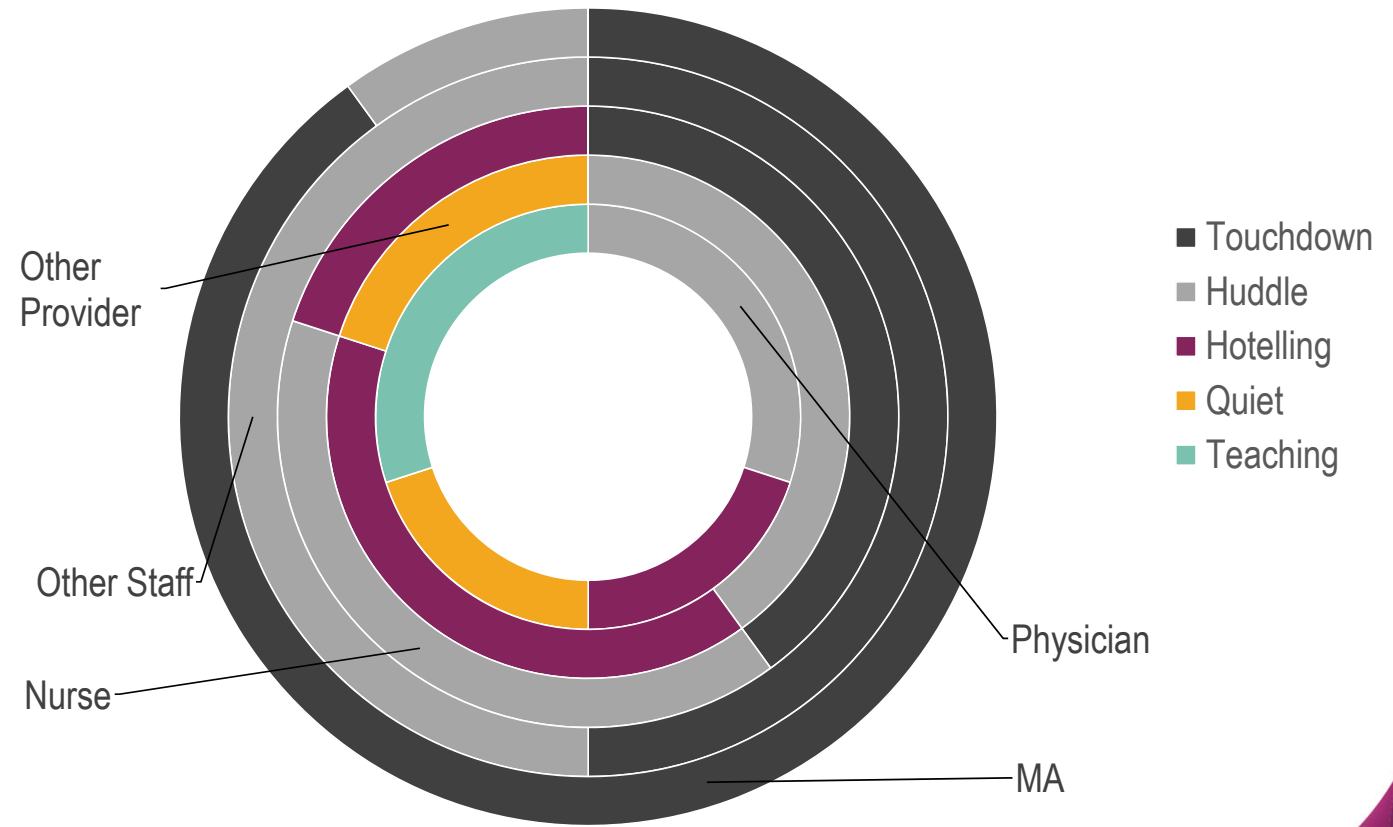
Quiet: workstation space that is configured or placed in such a way as to isolate the staff member from interruption while working

Teaching: interactive space where group work or instruction takes place.



What We're Learning

A Task Based Look



Building Agility to Support Tasks



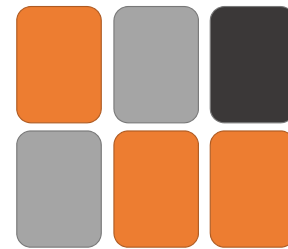
QUIET WORKSPACE

- Options: cubicle, booth, isolated location



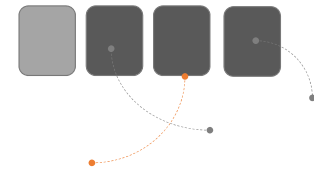
TEACHING WORKSPACE

- Options: clustered workstations, table and chairs, Team centers



HOTELLING 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

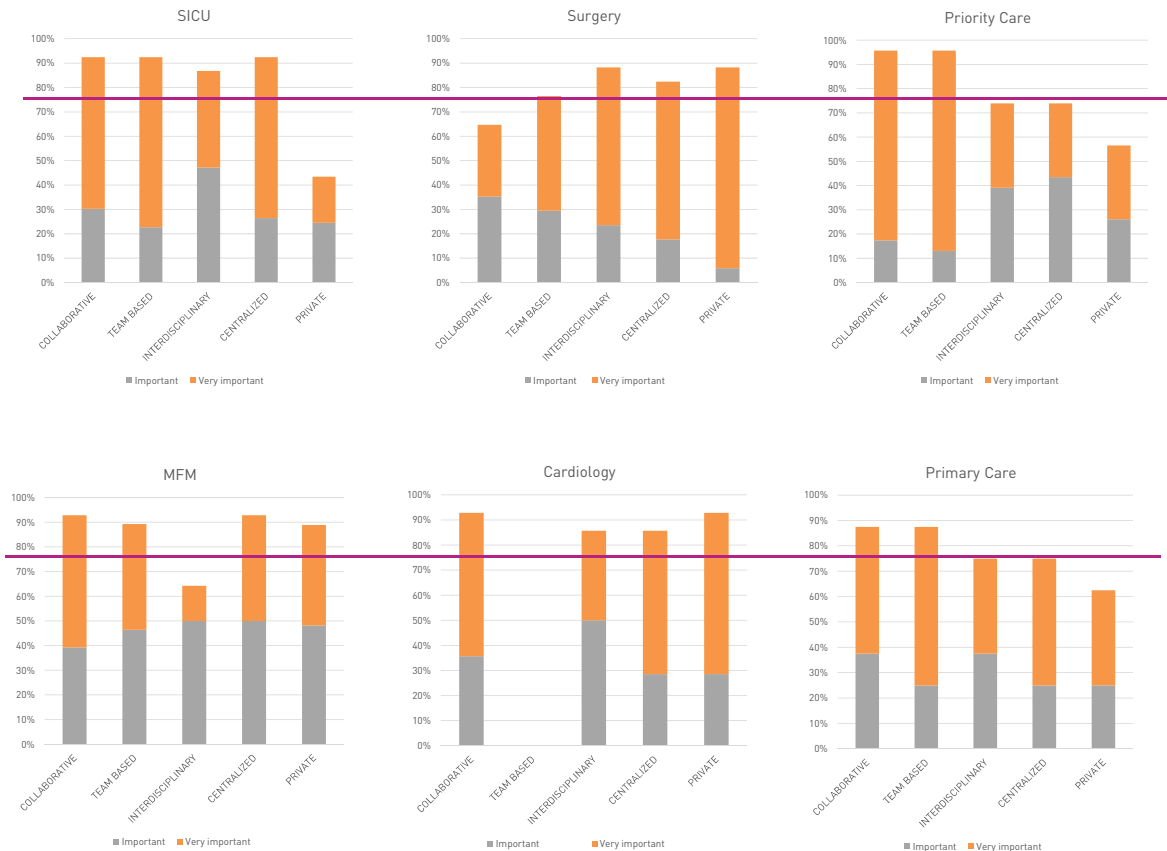
TEAM BASED: work in a group where we each have a designated role

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

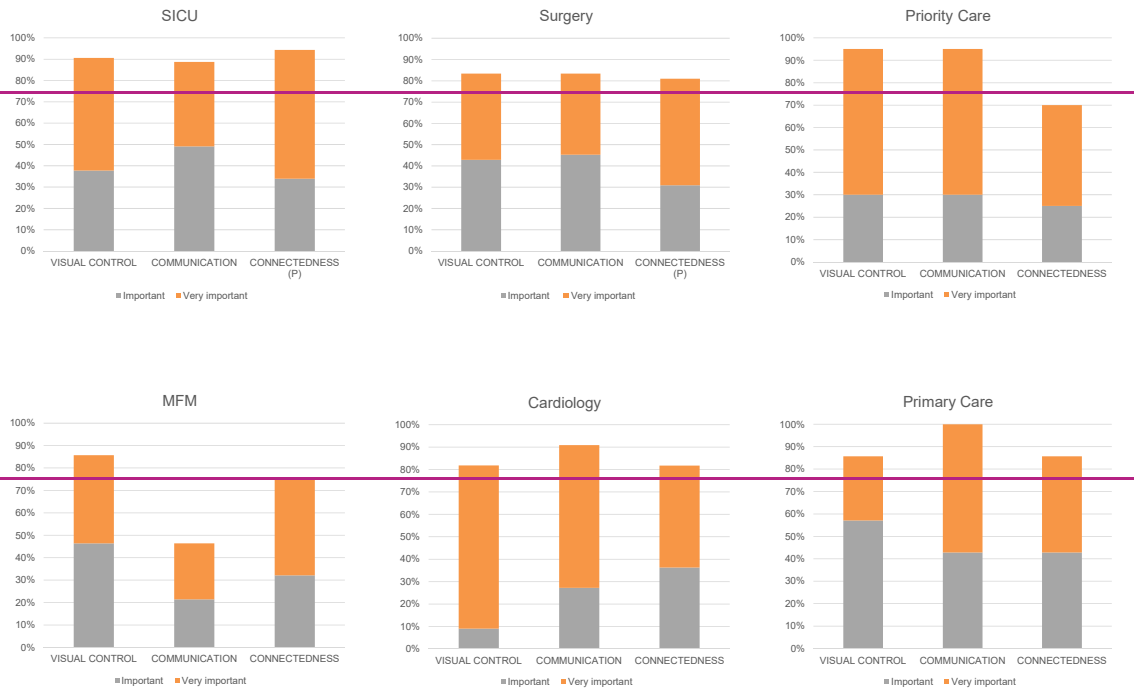


VISUAL CONTROL: Situational awareness of clinic/treatment areas

COMMUNICATION: Ability to communicate with other care providers

CONNECTEDNESS: Physical separation of workspace from main flow of patients

Perceived Safety

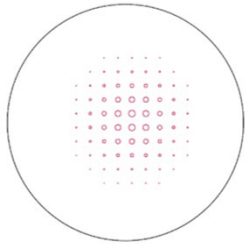


Visualization is the foremost aggregate perceived factor in feeling safe in the clinical work environment

Connectedness was highest ranked as very important

Proxemics and the Task

Private spaces,
workstations that face
a wall

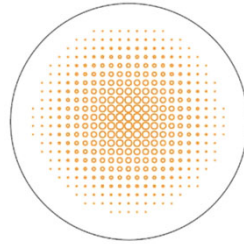


QUIET

Promotes
introspection, intimate
gatherings

1-2 people

Huddle spaces,
Small conference rooms,
benched workstations

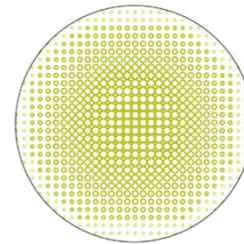


CASUAL

Relaxed, informal
gatherings, flexible
space

1-4 people

Large conference rooms,
lobbies, event spaces,
workstations that encourage
engagement

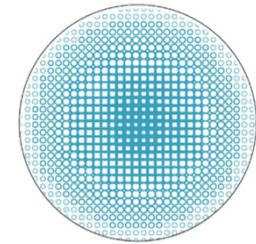


INTERACTIVE

Social engagement,
secondary focus of
activity

1-4 people

Large conference
rooms, lobbies, event
spaces

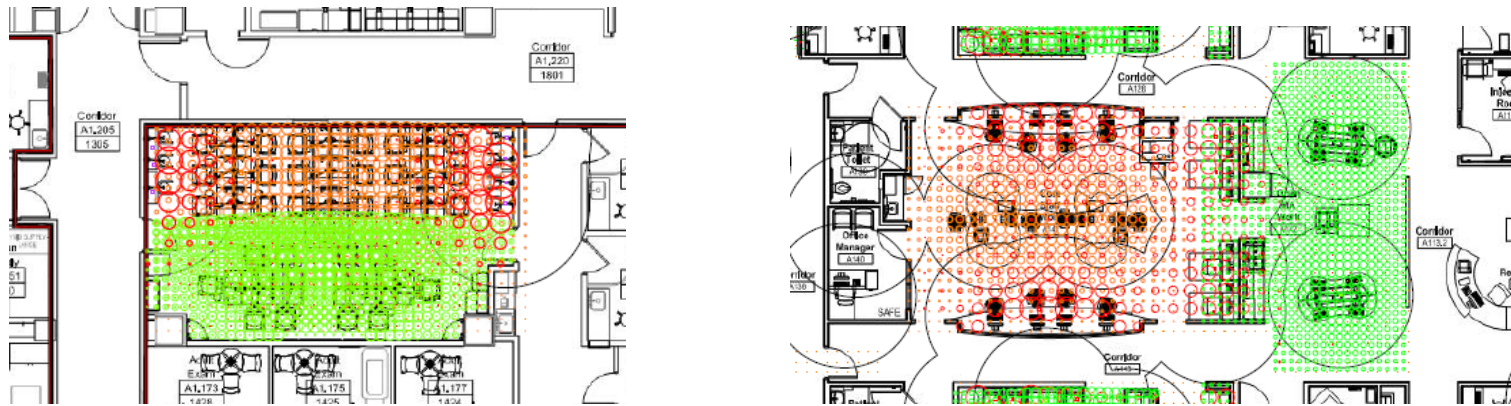


COMMUNAL

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.

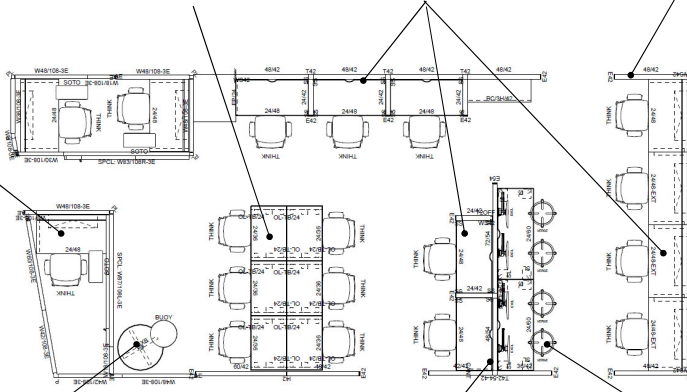
Leveraging Proxemics

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.

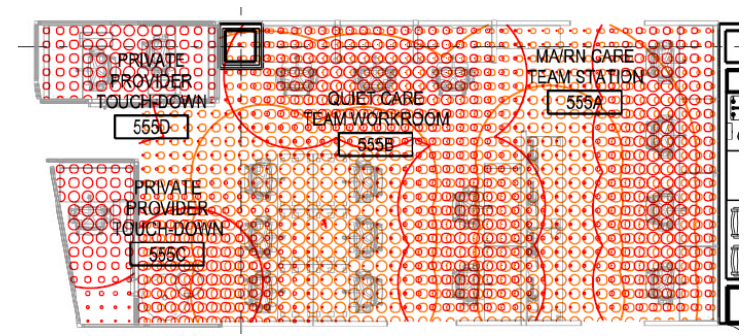
Booths for phone calls or dictation. Booths allow complete acoustic privacy while maintaining visibility to other staff



Nook for phone calls or other quiet activity

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

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

PROSPECT AND REFUGE

	QUIET	COMMUNAL	CASUAL	INTERACTIVE	SEASONAL
SOUND	•••	•••	•	••	•
LIGHT (ACUITY)	••	••	••	•	•
DAYLIGHT	•••	••	•	•	•••
EXTERIOR VIEWS	•••	••	••	•	•••
THERMAL COMFORT	•••	•	•••	••	•••



Creating an innovation ecosystem

- Support the Individual
- Support the team
- Support the community

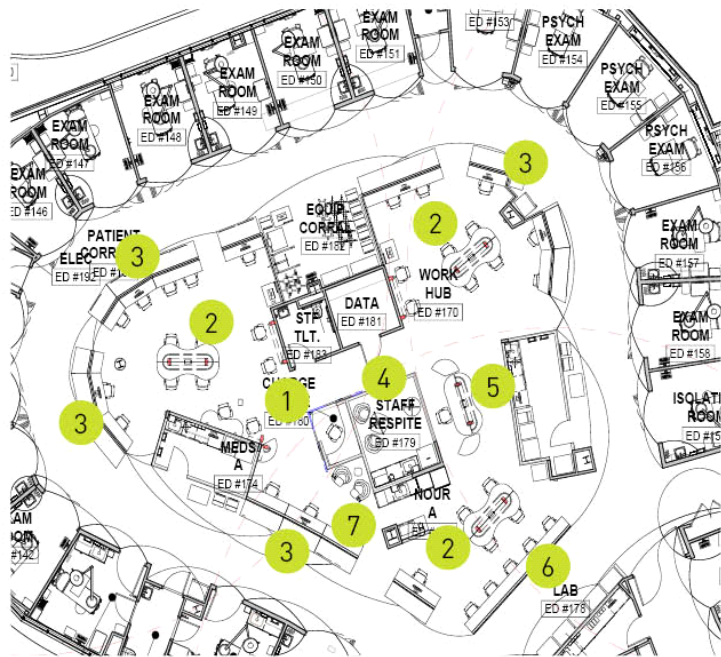
SENSE OF COHERENCE

ACTIVATION	•	•••	••	•••	••
VISUAL STIMULATION	•	•••	•	•••	••
SCALE	•••	•	•••	••	••
PHYSICAL BARRIERS	••	•	•	••	••
VISUAL CONNECTION	•	•••	•••	•••	••



What's next

FOCAL AREA: WORK CORE



KEY ELEMENTS

- 1 INDIVIDUAL FOCUS ZONE**
ACOUSTICAL PRIVACY AND A FOCUSED WORKSPACE FOR THE CHARGE NURSE
- 2 COLLABORATIVE OPEN**
A COLLABORATIVE NURSE DESK DESIGNED TO SUPPORT CLINICIAN IN ACTION AND SUPPORT INTERACTION. FOR ALL STAFF - MD, RN, MA, PA, ANCILIARY
- 3 INDIVIDUAL OPEN**
INDIVIDUAL WORKSPACES FACING THE PATIENT BAYS. IMPORTANT TO HAVE VISIBILITY INTO EACH PATIENT BAY BUT ACOUSTICAL PRIVACY FROM THE CORRIDOR AND PATIENT ACHIEVED WITH A GLASS PARTITION
- 4 PRIVATE SPACE | RESPITE**
PRIVATE RESPITE IN THE CENTER OF THE WORKCORE. ABLE TO HAVE A "PAUSE" AND "REGROUP" WITHOUT BEING OFF THE UNITE
- 5 RECEPTION**
OPEN WORKSTATION WITH TRANSACTION COUNTER
- 6 FOCUSED WORK AREA**
48" WORKSTATIONS FACING THE CROSS CORRIDOR TO ALLOW FOR MORE FOCUSED WORK. DOCTORS CAN USE THIS AREA FOR DICTATION
- 7 COLLABORATIVE PRIVATE**
TABLET ARM CHAIRS FOR SMALLER ENCLAVE SANCTUARY FOR A SMALL GROUP MEETING

Shift from efficiency to effectiveness

- SF per person vs. high performing spaces
- Unassigned, task based workspace





Evaluation

Your feedback is important to us when planning future conferences. Let us know what you think!

How-to submit a session evaluation:

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