Building Trust and Improving morale amongst clinic staff: an Emerging Leader's Journey

Magdalen Edmunds, MD, MPH

University of California, San Francisco Family and Community Medicine Residency at Zuckerberg San Francisco General Hospital

Background

As part of the leadership team at a large family medicine teaching clinic, we identified low morale among staff, particularly medical assistants as a key factor affecting our ability to transform our health center into a highly functioning primary care clinic and engage in the dynamic process of change.

We identified a disparity among staff and providers over a 3 year period on the Gallup satisfaction survey and particularly wanted to target the question, "My supervisor or someone at works cares about me as a person?" Providers rated their responses in the 90 percentile, whereas nursing staff rated them in the 30th percentile. Two large projects that we will implement in the next 2-5 years are moving into a new building and implementing a new EHR enterprise. We need strong teams to succeed with these major changes.

We are undertaking a multifactorial approach over a series of years to change our clinic culture. We are currently working with practice facilitators to build trust among leaders and staff as trust is the foundational pillar of successful teams.

Current State
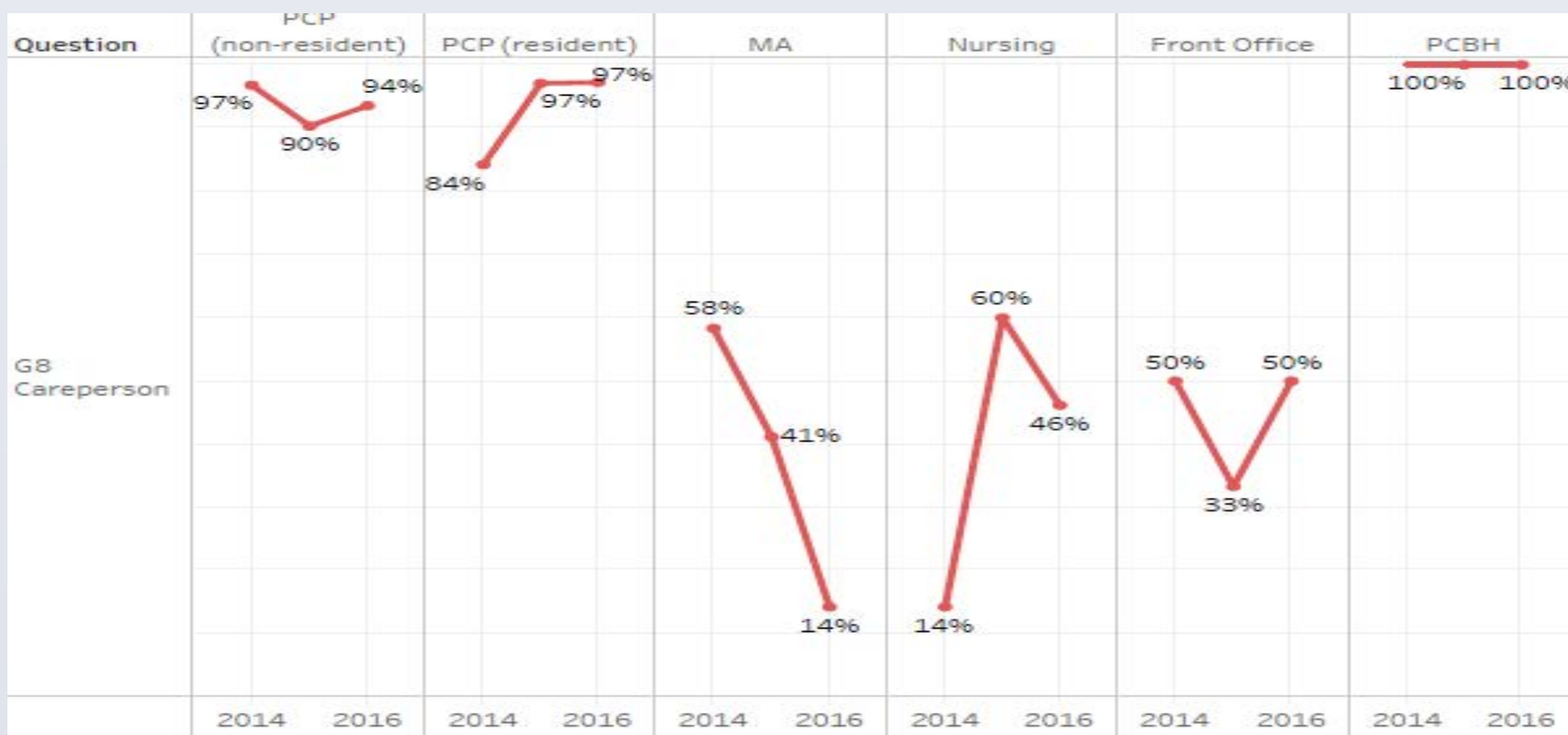
Root causes of clinical staff job dissatisfaction:
- feeling unsafe
- staffing
- leadership accountability
- gossip in the work place
- uncomfortable work space
- providers not at huddle

When morale is low and people feel burned out, they are more likely to call in sick. People who work in healthcare are more likely to have stress or job strain-related absences from work than people who work in non-healthcare fields.

Decreased Likelihood to recommend our health center to friends and family on CG-CAPS patient satisfaction survey.

Problem Statement: Low staff morale is affecting patient care at the family health center and patients are choosing to leave the clinic.

Target: Increase percentage of MEA and nurses who report on Gallup survey question 8 (my supervisor or someone at work cares about me as a person) from 33% to 50% by December 31, 2018.

Process measure:
Decrease daily sick call burden as a way to measure more frequently than annual STEP/Gallup survey, the morale among staff at FHC.

Countermeasures

| COUNTERMEASURE IMPLEMENTATION		
Cause/Barrier	Action	If/Then
Safety	Safety committee	If we create a multi-disciplinary safe space to discuss what it means to feel safe from provider, staff and patient perspectives, we will improve people's sense of safety in the clinic-> ACT Team
Work space	Facilities tracker	If we have a systematic way to identifying items that are not working in clinic and ergonomic needs as well as those things that cannot be changed, people's work experience will be more comfortable.
Gossip/ Communication/ Leadership accountability	Collaborate with CEPC building trust workshops	If we collaborate with a 3rd party to further identify areas of job dissatisfaction, we will be able to improve communication and accountability.
Gossip/ communication	Collaborate with UCSF Ombud office	If we teach and practice skills in difficult conversations, people will feel more empowered to resolve conflicts on their own which will lead to decreased negative gossip in the work place.
Huddle	Track huddle attendance	If providers are at huddle, it will become a more valuable part of clinic and contribute to staff feeling more valued as part of the team.
Staffing	HR tracker	If we are appropriately staffed, people will have less burnout and sick calls will decrease.
Gossip/ communication	Team Rounding	If local leaders check-in with clinic teams regularly, communication will improve among teams.
Leadership Accountability	Leadership retreats on role clarity and communication	If the clinic leadership team has protected time to develop themselves as a team, communication will improve throughout the clinic.

Results/Analysis
Huddle Tracking-abandoned PDSA
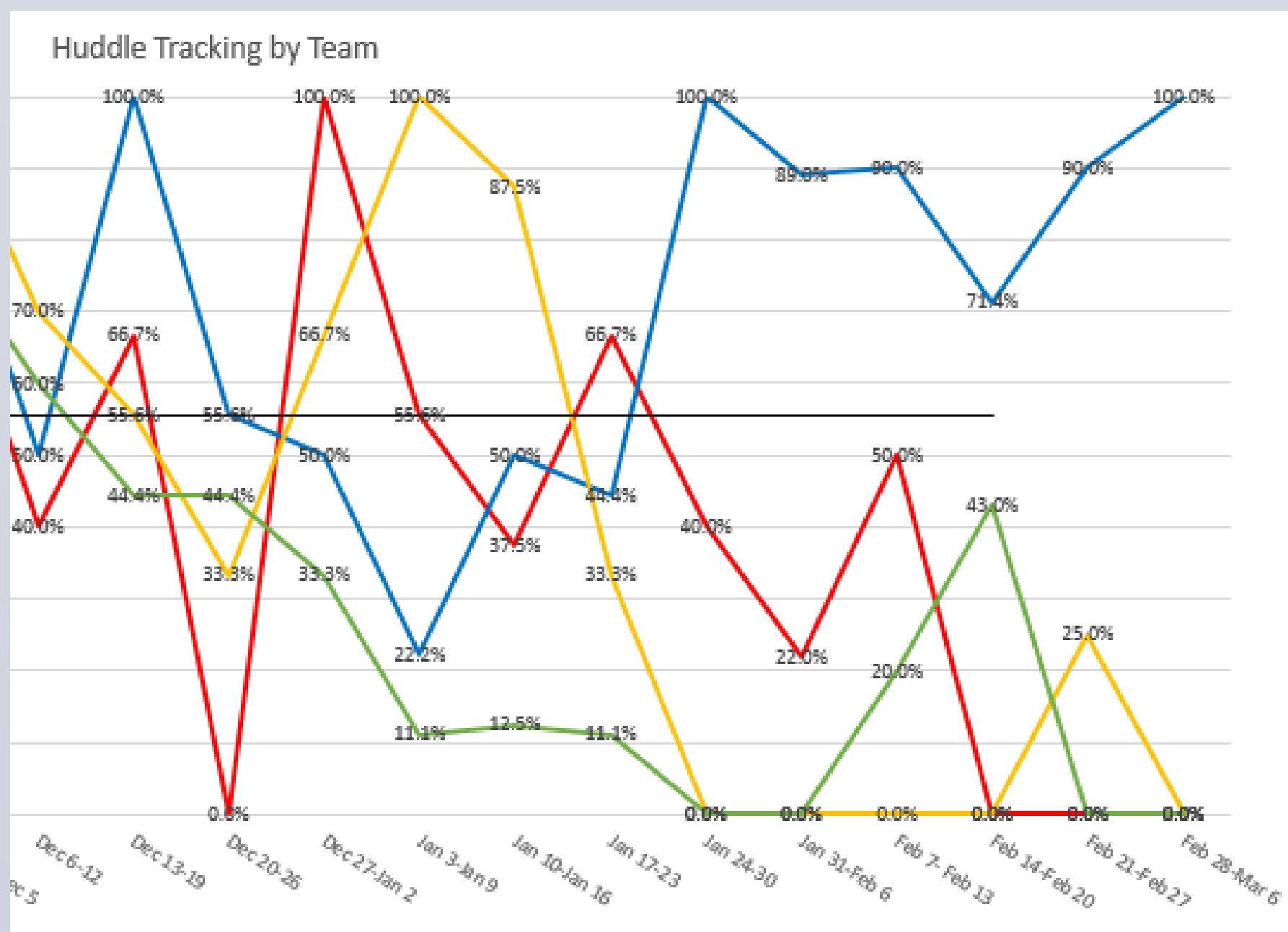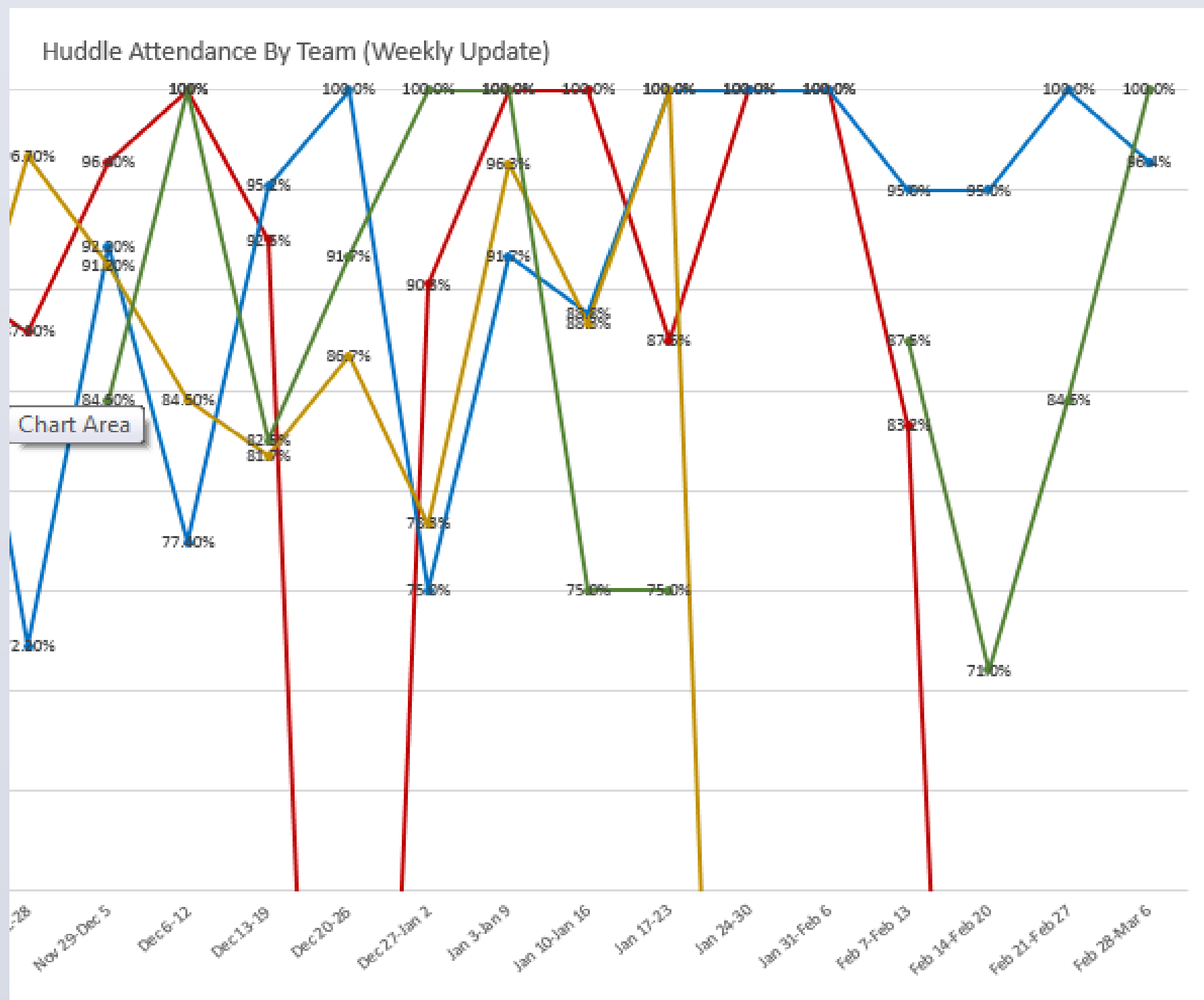
Results/Analysis

- Hired 10 nursing staff over the past year
- Hired 4 leadership positions, Practice Manager position remains unfilled
- 2/4 teams have begun rounding each month
- Role clarity-identified as pain point during day to day clinic operations

Gallup results-pending
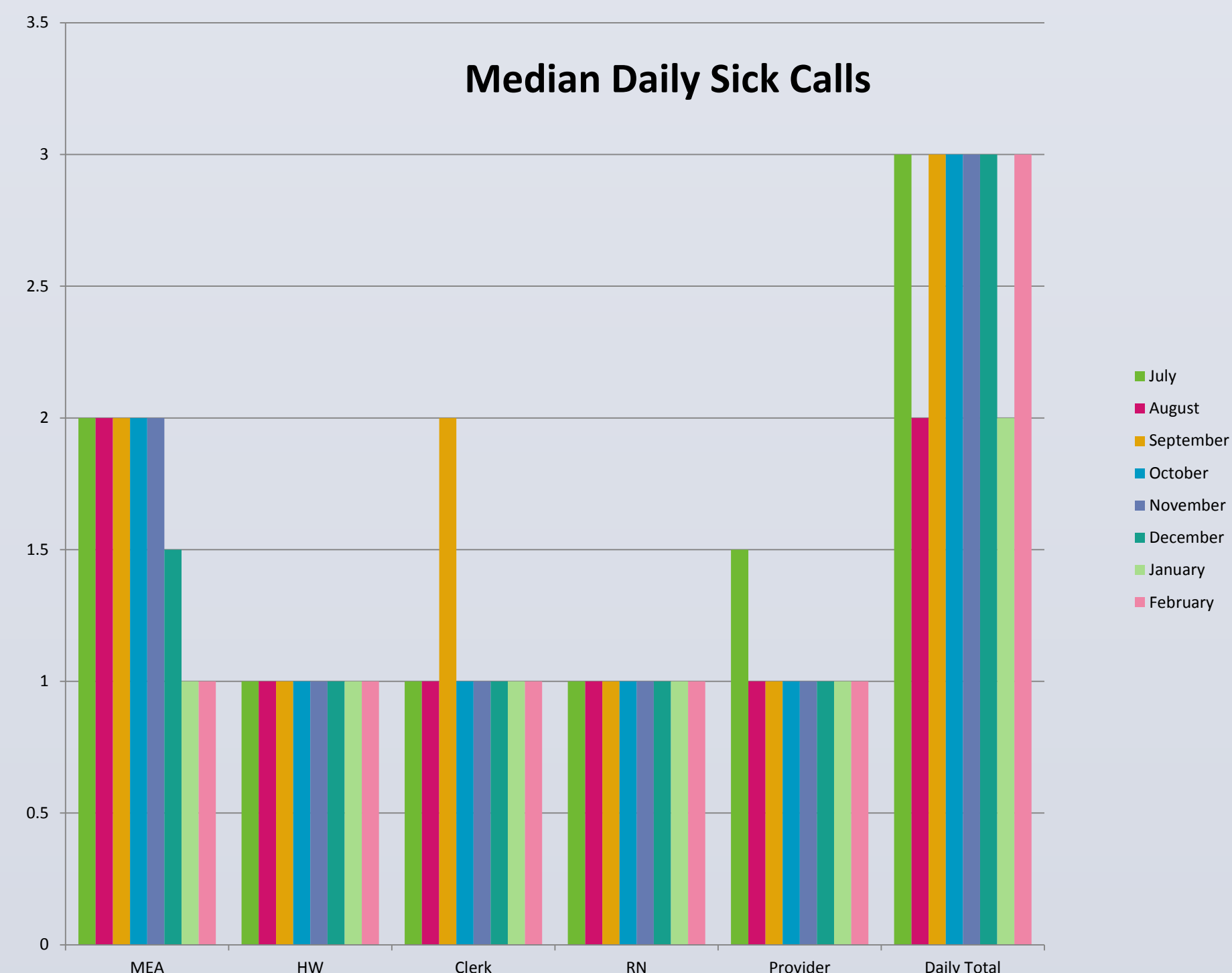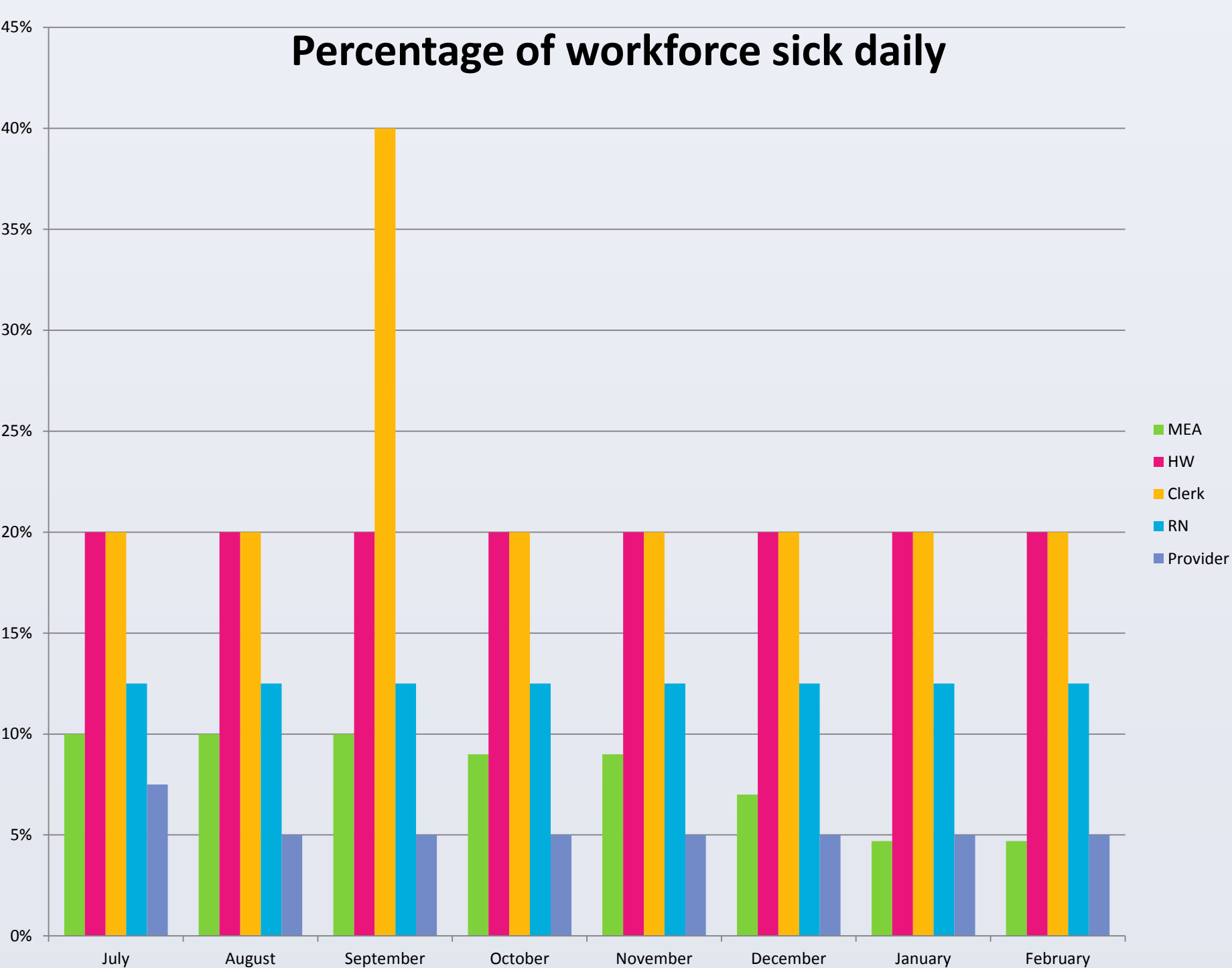
Sample of staff feedback from Building Trust Workshop

Leadership Lessons Learned

Strengths Based Leadership-Tom Rath. Gallup Press 2008
How can I develop my own strengths?
What are the strengths of the rest of my team members?
What strengths are we missing?

  Executing- *Arranger*
  Influencing
  Relationship Building- *Developer, Harmony, Positivity, Relator*
  Strategic Thinking

TED talks- helped me to think about a problem or a process and to learn about myself
Brene Brown- The Power of Vulnerability
Margaret Heffernan- Forget the Pecking Order at Work
Dan Pink: The Puzzle of Motivation
Susan Cain: The Power of Introverts

Change Management- Leading Change by John Kotter. Harvard Business Review Jan. 2007.

Next Steps

1. Skill building

Conflict Conversations Ladder
  BATTLE
  - no communication
  - acting out; sabotage
  - anger, fear, depression

Challenging situations
  - more people; gossip
  - increased intensity;
  - blaming; "always", "never"

Everyday irritating behaviors/events
 - unreliable; miss deadlines
- lack of recognition for contributions
  - arrogant, sarcastic, abrasive

2. Creative Time Together

3. Stoplight Report Communication Tool

Acknowledgments/Contact Information