IMPOWER STRATEGIC PLAN
FY21-23

INTERNAL MEDICINE OFFICE OF
DIVERSITY, EQUITY, AND WELL-BEING
PROMOTING OPPORTUNITIES FOR ALL

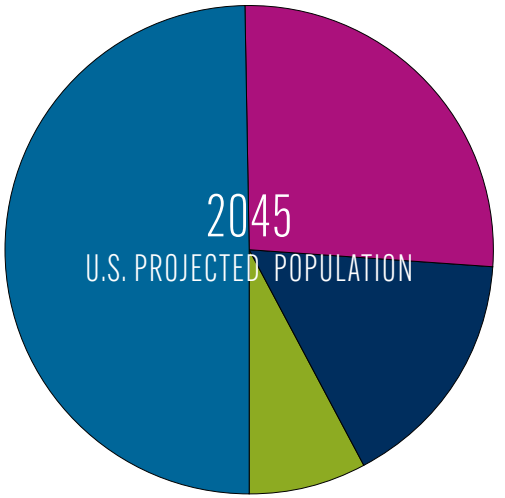
INTRODUCTION & CONTEXT

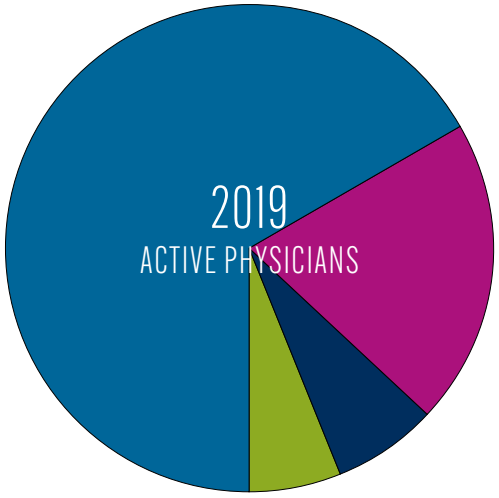
While the population in the United States is in the process of undergoing a marked diversification, the healthcare workforce is not keeping up with this transition. Current statistics project that the nation will become "minority white" by 2045, with whites representing nearly 50% of the population. In contrast, the population will be composed of approximately 25% Latinx, 13% Blacks, 8% Asians, and 4% multiracial populations. 1–3

It is imperative that the healthcare workforce adapts to meet current and evolving needs. Prior to the COVID-19 pandemic, minority populations in the United States, particularly those defined as Black, Hispanic, or Native American had shorter life expectancies, higher infant mortality, and higher all-cause mortality from cardiovascular disease, hypertension, cancer and stroke compared to Whites. These groups are also less likely to have a regular physician, access to consistent healthcare or health insurance comparatively. 4, 5 The COVID-19 pandemic has only served to magnify healthcare and economic disparities - including the structural racism that drives them. 6–8

A key way to address these imbalances is developing a healthcare workforce that is representative of the population that it serves. There is emerging evidence that under-represented minority (URM) patients may have better health outcomes if cared for by physicians underrepresented in medicine (URiM). 9 Similarly, patients cared for by women physicians may have better health. 10–12

At present however, in the United States, Whites comprise 56% of active physicians, 17% identified as Asian, 6% identified as Hispanic, and 5% identified as Black or African American. 13 Men represent 64% of the current physician workforce. Comparing the medical school applicant cohorts between 1980-81 and 2018-2019, significant improvements have been achieved in the





gender balance and women now comprise nearly 51% of the applicants to United States medical schools, yet the achievement of leadership roles by women is markedly lower. Unfortunately, there have been few gains in historically under-represented groups: Black or African American applicants constitute 8% of the applicant pool, with Hispanic, Latinx, or of Spanish Origin applicants representing 6%. 13 The composition of students, trainees, and faculty at Michigan Medicine mirrors national data . Moreover, women, and URiM have been historically paid less, promoted at lower rates, have achieved few high level positions (Department Chairs, Deans) and are more likely to leave the healthcare workforce. 14, 15 These statistics persist to current day and are mirrored for non-physician members of the healthcare workforce.
An additional threat to the health of our communities and healthcare workforce are the extraordinary levels of burnout experienced by physicians. Burnout, a syndrome characterized by the constellation of depersonalization, emotional exhaustion, and low sense of personal accomplishment is prevalent in 45-60% of medical students and residents and 35-54% of physicians. 16 Women physicians have higher rates of burnout than men. 16 Contributing factors to this syndrome are the chronic stressful work environments, high job demands and often inadequate resources. The impacts and consequences of burnout for clinicians and learners are extensive and far reaching. Physicians experience higher levels of alcohol and illicit drug use, occupational injury, and risk of suicide two-three times greater than the general population. In addition, burnout negatively impacts professionalism, ethical behaviors, patient satisfaction, and the quality of patient care. 5, 17

The Office of Diversity, Equity and Well-Being was created in the Department of Internal Medicine (DOIM) at Michigan Medicine to proactively address these pervasive issues of structural racism, discrimination, and burnout for our own department. We have a unique opportunity to establish our department as an institutional and national leader to meaningfully improve diversity, equity, inclusion (DEI) and well-being to support the healthcare workforce, address elements of structural racism and sexism that impact health outcomes, and to positively impact future generations.

THE BUSINESS CASE FOR DIVERSITY, EQUITY, INCLUSION AND WELL-BEING

Beyond the moral or ethical argument for increasing diversity, equity and well-being within the healthcare workforce, there is a business case for achieving these goals. Diversity of both inherent traits and acquired experiences is a key ingredient for teams which are more innovative and productive. 18 A diverse healthcare workforce has a higher level of cultural competency and awareness, improving access and inclusivity of the care for the communities we strive to serve. 19 Beyond access, the quality of care provided by employees who feel valued in their health system has been linked to improved quality metrics such as higher patient satisfaction, adherence to prescribed medications, lower rates of hospital readmissions, and shorter post-operative recovery. 20 Engagement and well-being of the workforce also improves the operations of a health system, with less turnover, reduction in effort, and improved recruitment of outside faculty and staff eager to work at a system which values its people. 21

PLANNING PROCESS, KEY FINDINGS & EMERGENT THEMES

STRATEGIC PLANNING PROCESS

The Office of Diversity, Equity, and Well-Being (ODEW) leadership initiated a 10-month discovery, assessment, and planning process in order to understand current state challenges, opportunities, synergies, needs, and resources relative to diversity, equity, inclusion, and well-being. Due to the vast range of roles, divisional and work unit climates, and geographic distribution of the Department, ODEW sought to engage faculty, staff, and learners in the broadest sense in an effort to gain as many perspectives as possible in the development of a comprehensive plan to operationalize its mission.

The leadership team met on a bi-weekly to weekly basis, as well as through ad hoc work groups, to execute specific planning goals and tasks. These tasks included:

an environmental scan

faculty focus groups

stakeholder interviews

survey data analysis

STAKEHOLDER INTERVIEWS

ODEW leadership prioritized meeting with key stakeholders across the organization, as well as within the Department, in order to establish strategic partnerships, as well as understand and align organizational priorities and resources with departmental needs and opportunities.

INTERNAL LEADERSHIP INTERVIEWS

ODEW leadership conducted individual semi-structured interviews with 11 vice chairs and leadership from the 13 DOIM divisions (division chiefs and division administrators) over approximately six weeks (December 2019 – January 2020). The interview protocol addressed the following domains relative to diversity, equity, inclusion, and well-being: operational definitions and experiences, organizational culture, current strategies, challenges and opportunities, action planning, and communication (Appendix 1 - Department Leadership Interview Protocol).

FOCUS GROUPS

ODEW then streamlined the leadership interview protocol to examine faculty, staff, and learner concerns and opportunities relative to diversity, equity, inclusion, and well-being to further inform strategy. The focus group protocol addressed the following domains: important issues, experiences, ideas, and action steps (Appendix 2 – Focus Group Protocol).

Faculty

Fifteen voluntary faculty focus groups were conducted February – March 2020 by Diana Wong from Sensei Change Associates, LLC. In order to promote inclusivity, focus groups were held at various dates, days of the week, times, and locations with a maximum of 10 participants per one hour sessions. Further, focus groups were structured according to the following topic areas: Diversity, Equity, and Well-Being; Faculty Experience Related to Physician Well-Being; Faculty Experience Related to Gender Equity; Faculty Experience Related to Minorities in Medicine; and Faculty Experience Related to LGBTQ+. Due to in-person restrictions the COVID-19 pandemic, 5 of 15 focus groups were conducted remotely to enable faculty who had expressed interest the opportunity to provide valuable feedback.

Staff and Trainees

While planning was underway to conduct staff and learner focus groups following faculty focus groups, implementation was paused due to in person restrictions imposed by the COVID-19 pandemic. The Office is planning to revisit staff and trainee focus groups during FY21.

QUANTITATIVE SURVEY DATA

With support from the UM Quality Department, ODEW analyzed the 2018 Faculty Satisfaction survey across the following three domains: burnout, culture, and satisfaction. Additionally, 2019 Employee Engagement survey, capturing staff perceptions, was also reviewed across the same aforementioned domains. Finally, faculty and staff perceptions of the impact of departmental DEI efforts were noted as a baseline metric to gauge progress.

DATA ANALYSIS & KEY FINDINGS

In an effort to understand the DOIM current state relative to diversity, equity, inclusion, and well-being, ODEW reviewed and analyzed: Department demographic data; faculty and staff perceptions from the 2018 Faculty Satisfaction survey, 2019 Employee Engagement and DEI Pulse surveys; and Department qualitative feedback.

A SUMMARY OF OUR KEY FINDINGS CAN BE FOUND BELOW ACCORDING TO GENDER, TRACK, AND RACE/ETHNICITY UNDERREPRESENTED IN MEDICINE (URIM), WITH DETAILED ANALYSIS IN THE APPENDIX 3 - IMPOWER STRATEGIC PLANNING: DATA ANALYSIS & KEY FINDINGS.

DEPARTMENT OF INTERNAL MEDICINE DEMOGRAPHICS

Demographic themes are as follows:

- There is slightly better gender and racial/ethnic diversity among staff compared to faculty.
- There have not been significant shifts in any of these demographics in spite of significant efforts.
- The current and historical gender and racial/ethnic distribution is not reflective nor proportional to the communities that we serve.
- These trends are also consistent in the residency and fellowship programs.

FACULTY SATISFACTION

Key takeaways from the 2018 Faculty Satisfaction Survey are as follows:

- A large proportion of respondents reported experiencing stress and burnout.
  - MiChart, email, clerical burden, and insufficient time were major contributors.
  - Women, clinical track and URIM faculty reported more burnout.
- Women faculty reported higher, more frequent burnout, less overall job satisfaction, less positive attitude towards work culture, and less satisfaction with DEI and sexual harassment efforts.
- Clinical faculty reported higher, more frequent burnout, less positive attitude towards work culture, less overall job satisfaction, and are less likely to look for other opportunities.
- URIM faculty are more likely to want to look for new opportunities but sample size limits comparisons.
- There are some differences in burnout, cultural satisfaction, and overall satisfaction by division.

EMPLOYEE ENGAGEMENT & DEI PULSE SURVEYS

Key findings from the 2019 Employee Engagement survey and 2019 DEI Pulse survey are as follows:

- Staff experience burnout at nearly identical levels as faculty.
- Similarly, gender patterns are consistent with what we see in the faculty data: women are less likely to feel that the culture is supportive in either the domains of well-being or harassment/abuse.
- Nearly half of faculty and staff respondents are not confident that the Department's DEI efforts are making a difference.

DEPARTMENT OF INTERNAL MEDICINE QUALITATIVE FEEDBACK

Key themes from internal leadership interviews and faculty focus groups were nearly identical across individual and system level opportunities:

- Individual level opportunities: improve recruitment/retention; address racial/gender inequities; improve recognition.
- System level opportunities: need to address burnout and well-being needs of faculty/staff; clinical workflow efficiency and autonomy; address bias and improve inclusivity.

Women faculty reported higher, more frequent burnout, less overall job satisfaction, less positive attitude towards work culture, and less satisfaction with DEI and sexual harassment efforts.

VISION, MISSION, VALUES & DEFINITIONS

VISION

The Department of Internal Medicine will be a diverse and inclusive community that provides each person with the opportunities and support they need to thrive.

MISSION

To cultivate an environment that empowers our faculty, learners, and staff to fulfill their purpose and potential.

VALUES

Caring & Well-Being; Diversity, Equity, & Inclusion; Collaboration & Respect; Learning & Innovation; Transparency & Accountability.

OPERATIONAL DEFINITIONS

DIVERSITY

Promote diversity of race and ethnicity, gender and gender identity, sexual orientation, socioeconomic status, language, culture, national origins, religious commitments, age, disability status, veteran status and political perspective (U-M DEI Strategic Plan).

EQUITY

Provide equitable opportunities for all persons. Work actively to challenge and respond to bias, harassment, and discrimination (U-M DEI Strategic Plan).

INCLUSION

Ensure that our department is a place where differences are welcomed, where different perspectives are respectfully heard and where every individual feels a sense of belonging and inclusion (U-M DEI Strategic Plan).

WELL-BEING

Promote professional well-being, which is not simply the absence of burnout, but a positive state of physical, mental and social well-being combined with a sense of professional fulfillment (Stanford WellMed).

STRATEGIC PRIORITIES, GOALS & ACTIONS

Following systematic review and analysis of the emergent themes from aforementioned data, ODEW developed four strategic priorities that are necessary for developing both DEI and well-being initiatives. **We call these initiatives IMPOWER: Inspiring Medicine to Promote Opportunities for Well-Being, Equity and DiveRsity.**

DEVELOP PEOPLE

Recruit and support a diverse workforce.

Provide equitable development and advancement opportunities.

IMPROVE ENVIRONMENT

Create a more diverse, inclusive, safe, and healthy work culture.

Promote ways to achieve a supportive and productive climate.

BUILD PARTNERSHIPS

Support synergistic efforts that advance well-being and diversity.

Partner with local and national organizations to disseminate best practices.

COMMUNICATE RESULTS

Continually evaluate progress and improvement opportunties.

Establish regular and transparent interval communication.

FIGURE 1. IMPOWER STRATEGIC PRIORITIES & GOALS

For each strategic goal, we have developed several strategic actions that can be carried out over the next three years and beyond.

KEY INITIATIVES FOR YEAR ONE WILL INCLUDE:

DEVELOP PEOPLE

- Pilot intentional, inclusive faculty recruitment strategies in order to promote excellence in Internal Medicine across clinical, educational, and research missions by leveraging diversity of identity, heritage, skills, and scholarly passions.
- Pilot, reinforce, and promote peer mentorship networks among women and URiM faculty.
- Develop and implement internal medicine gender equity leadership development programs for faculty, trainees and staff.

IMPROVE ENVIRONMENT

- Promote life-long learning through seminars, discussions and training focusing on ways to dismantle racism, xenophobia, sexism, sexual harassment and discrimination in all its forms.
- Establishment of an IMPOWER Grand Rounds Series in order to provide foundational information to faculty and staff related to pertinent DEI and well-being topics.
- Partner with Medical School Administration to address sexual harassment/misconduct and improve transparency in the reporting process.
- Pilot implementation of the Cultural Complications Curriculum developed by the UM and University of Maryland Departments of Surgery in order to identify instances of cultural breakdown and establish best practices to address it.
- Promote workplace well-being by identifying organizational influences and piloting efforts designed to improve workplace well-being.

BUILD PARTNERSHIPS

- Formation of an IMPOWER Council, comprised of faculty and staff representation from each division and the VA, across the DOIM to facilitate multidirectional communication and support initiatives to drive culture change around IMPOWER's four strategic priorities: develop people, improve the work environment, build partnerships, and communicate results.
- Build partnerships and support synergistic efforts across DOIM, UM/Michigan Medicine, locally, and nationally to advance well-being and DEI.

COMMUNICATE RESULTS

- Continuously evaluate progress, improvement opportunities, and actively communicate results.

A FULL LIST OF OUR STRATEGIC ACTIONS AND TIMELINE CAN BE FOUND IN APPENDIX 4 – IMPOWER STRATEGIC GOALS & ACTIONS.

MEASURING PROGRESS

For all IMPOWER initiatives, it will be critical to measure whether we are achieving the goals of our Office. Our IMPOWER initiatives will be motivated by and will drive change in long-term critical outcomes that integrate the themes of DEI and well-being and that we will be tracking over time. (Figure 2)

At the individual level – we want to improve actual diversity of our workforce, equity in resources, perceptions of inclusion, satisfaction, and well-being, and opportunities to achieve goals.

At the system level – we want to look downstream and project that the IMPOWER initiatives will enhance recruitment and retention of a diverse workforce, quality and safety, productivity, innovation, civility, and accountability.

While we strive to improve these long-term outcomes, we recognize that culture change is a journey, and we need to track progress at intermediate levels in the short run. Thus, we will focus initial measurement of success in improving structures and processes that will lead to culture change. Table 1 (page 10) lists examples of metrics that we can use to track progress for initiatives within each of our strategic goals.

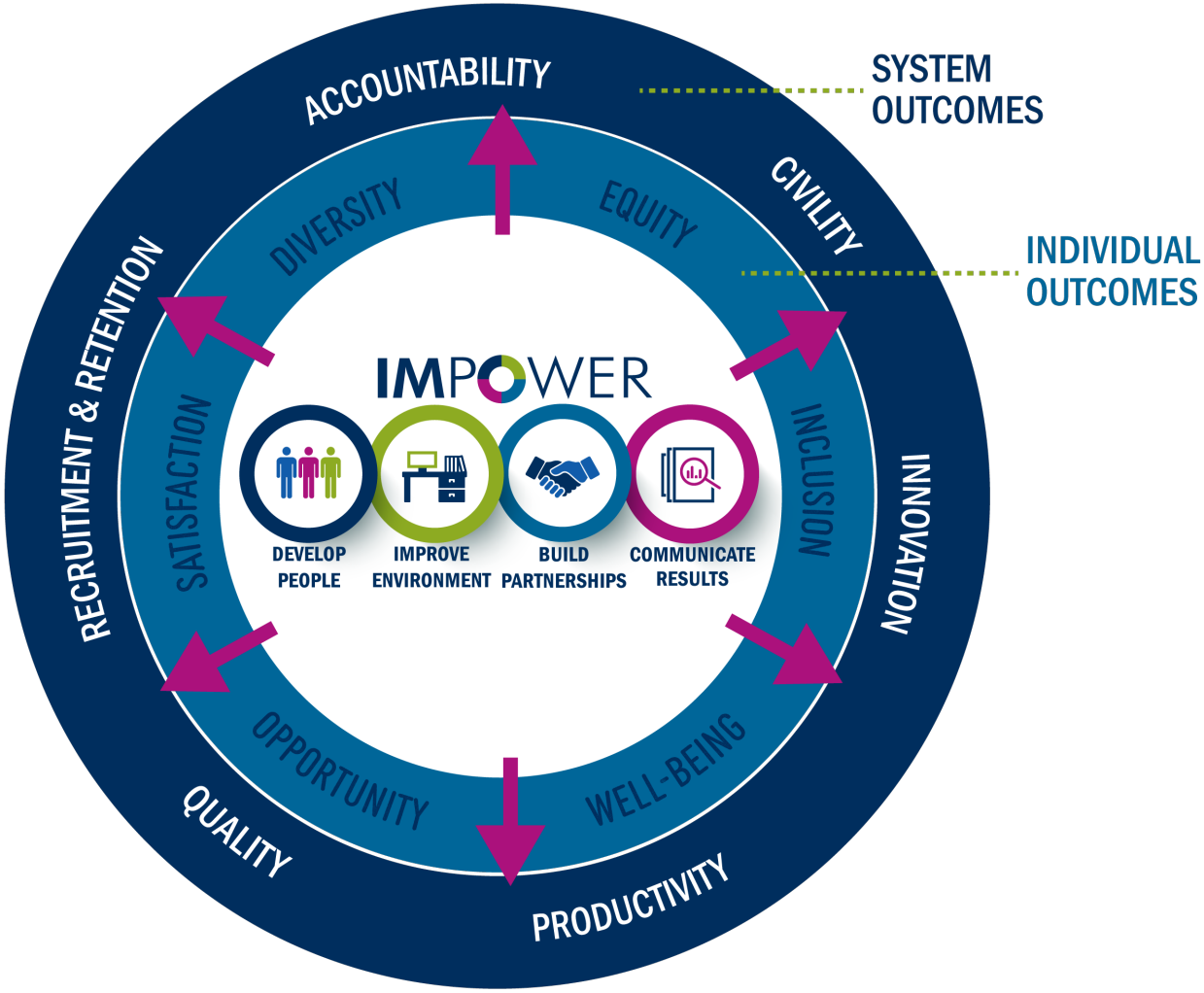


FIGURE 2. IMPOWER FRAMEWORK - IMPROVING SYSTEM AND INDIVIDUAL OUTCOMES

TABLE 1.

	STRUCTURE	PROCESS	INDIVIDUAL OUTCOMES	SYSTEM OUTCOMES
Develop People				
Recruit and support a diverse workforce	Establishment of new recruitment policies	Higher levels of women and URIM interviewed	Enhanced levels of diversity	Innovative new programs/grants New multi-disciplinary collaborations
Provide equitable development and advancement opportunities	Establishment of polices for: posting all internal positions; systematic salary equity reviews; equitable mentorship allocation	Salaries adjusted at regular intervals; women and URIM promoted to leadership positions; clinical faculty can identify mentors	Equity in salaries and promotion; Enhanced satisfaction; Enhanced perception of opportunity	Enhanced retention; lower turnover; Enhanced productivity
Improve Work Environment				
Create a more diverse, inclusive, safe, and healthy work culture	Establishment of regular educational opportunities re DEI and well-being	Significant proportion of workforce attend opportunities	Enhanced perceptions of inclusion and satisfaction	Enhanced recruitment, retention, civility
Promote ways to achieve a supportive and productive climate	Establishment of pilot program for wellbeing	Pilot programs implemented	Enhanced well-being and satisfaction	Enhanced productivity, recruitment and retention, quality
Build Partnerships				
Support synergistic efforts that enhance well-being and diversity	Establish collaborative programs and policieswith internal Offices (e.g. Wellness Office, OHEI)	Implement events, policies, and/or programs (e.g. Co-sponsored Grand Rounds, trainings, etc.)	Programdependent (e.g. enhanced satisfaction, inclusion, opportunities)	Program dependent (e.g. enhanced civility, recruitment & retention)
Partner with local and national organizations to disseminate best practices	Establish collaborative relationships with community organizations and national societies that promote DEI and well-being	Co-sponsor programs; IM faculty/staff on regional or national committees; grant submissions and manuscripts	Opportunity for national involvement	Enhanced, innovative programming; recruitment and retention
Communicate Results				
Continually evaluate progress and improvement opportunities	Timely data reports to leadership (faculty and staff) assessing DEI and well-being climate and opportunities for improvement	Partner with the Quality Department, Wellness Office, and OHEI on meaningful, reporting templates, reporting intervals, and action-planning	Enhanced satisfaction and inclusion	Enhanced accountability and civility
Establish regular and transparentinterval communication	Segment in newsletters, grand rounds, etc. for communication about DEI and well-being	Transmittal of clear and open information	Perceptions of equity, satisfaction, opportunity	Improved accountability, civility, productivity

TABLE 1. EXAMPLES OF POTENTIAL METRICS FOR IMPOWER STRATEGIC ACTIONS

COLLABORATION FOR CULTURE CHANGE PROGRESS

We are at a precipice. In the past five years alone, academic medicine has recognized the pervasive nature of sexual harassment (#TimesUpHealthcare); the persistent inequities and structural discrimination faced by women and URIM faculty and staff (#HerTimeisNow; #WhiteCoatsforBlackLives); and the malignant nature of clinician burnout. The DOIM Office for Diversity, Equity and Well-being and its IMPOWER initiatives are beginning a collaborative journey toward changing the culture in all of these areas. We recognize the journey will be a long one, and will require significant investment of resources and time. While the department has provided the initial investment to begin this journey, success will require collective commitment from leadership, faculty and staff as well as close working relationships with key partners. Some IMPOWER initiatives will promote policy changes that all can easily embrace. Some will meet resistance, be more difficult to implement, and may ultimately not succeed. ODEW is committed to the journey and to attempting both straightforward and difficult efforts. For it is in the effort that we will continually try to improve our culture, and to cultivate an environment that empowers our faculty, learners, and staff to fulfill their purpose and potential. This will be the return on investment of our Office.

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APPENDIX 1 - DEPARTMENT LEADERSHIP INTERVIEW PROTOCOL

The following interview protocol is to gather input for creating a strategy for Well-Being Inclusion Diversity and Equity Initiatives (WIDEN).

1. How would you describe the organizational culture of the Department of Internal Medicine?
2. What is done well to develop a supportive environment for
   a. well-being
   b. diversity
   c. equity
   d. inclusion
3. What are important initiatives in the Department of Internal Medicine that contributes to
   a. well-being
   b. diversity
   c. equity
   d. inclusion
4. What are important issues to address in order to develop a more supportive work-place culture for
   a. well-being
   b. diversity
   c. equity
   d. inclusion
5. What are your experiences related to DEI issues – seen or experienced DEI differences?
6. How are your unique attributes, traits, characteristics, skills, experiences, and background valued at work?
7. Do you feel that you belong at the DOIM/Michigan Medicine? Why or why not?
8. What steps are important to improve the workplace climate in the Department?
9. What important action items would you and your colleagues be willing to take to improve the climate in your division?
10. What additional thoughts, suggestions, or ideas do you have for advancing DEI in the DOIM?

APPENDIX 2 - FOCUS GROUP PROTOCOL

The focus group seeks to gather input to support the strategic planning for DOIM's Office of Diversity, Equity, and Well-Being. Input from different DOIM stakeholders provide an important foundation for creating a strategic plan to address the workplace.

Focus groups for faculty will gather input about their experiences related to diversity, equity, inclusion, and well-being. Participants will participate voluntarily in a sign up process but all their input will be analyzed in the aggregate without specific identifying information to maintain their confidentiality.

The follow steps outline the focus group protocol and the questions for facilitation.
Steps for Conducting the Focus Groups:

1. Welcome and Facilitator Introductions:
   a. Focus Group interviewers introduce selves with name, role, and working with Dr. Eve Kerr and the Office of DEW to gather ideas and solutions from your perspectives regarding _____(theme of the session)_____.

2. Purpose and overview of the focus group process:
   a. Purpose: To gather ideas and suggestions from different faculty members and stakeholders for strategic planning for the Office of Diversity, Equity, and Well-Being
   b. All responses are voluntary and you can choose to pass on any question;
   c. All responses will be processed in aggregate with other responses. Individual identifying information will be kept confidential and not connected to specific responses.
   d. Reminder to sign in so we know who is here and the breadth of representation across the Department
   e. While people are signing in, ask participants to introduce themselves:

Name, length of time at UoM, and Division
PURPOSE: The purpose of the focus groups is to gather input and ideas for creating a strategy to support the Department's forward progress with effective diversity, equity, inclusiveness (DEI) and well-being initiatives that create a positive workplace environment.

1. What are important issues to address in order to develop a more supportive workplace culture for
2. What are your experiences related to DEI and well-being issues? What have you seen or experienced or heard from colleagues about DEI and/or well-being?
   OR
3. What ideas or suggestions do you have that can help improve the workplace culture?
4. What important action steps would you and your colleagues be willing to participate in to improve workplace experiences for faculty and staff?

Thank you for your thoughts and suggestions. After conducting the focus group sessions over the next month, we will be analyzing the data to prepare a feedback with ideas and suggestions for discussion with the Department. This is an iterative and collaborative process for all of us to move forward together with well-being and inclusion for diversity and equity.

If you have any further comments or questions, please don't hesitate to contact us by reaching out to Yvonne Manley at ymanley@med.umich.edu who helps us coordinate communication to find the best response. I really appreciate your time and ideas to support this important initiative for all of us.

APPENDIX 3 – IMPOWER STRATEGIC GOALS & ACTION PLAN

WHAT		WHO	TIME LINE		
Priority	**Action**	**Stakeholder/Owner/Partner**	**FY21**	**FY22**	**FY23**
Develop People	**Reform outreach, recruitment, and retention practices to create, sustain and support a diverse workforce.**				
	Develop and institute new policies and practices that help recruit diverse, outstanding faculty.	Div Leadership			
	Help improve fellow and resident outreach and recruitment processes to improve diversity.	Residency & Fellowship Leadership			
	Encourage and support participation in pipeline programs.	All			
	Reevaluate onboarding activities with a focus on diversity, equity, and inclusion.	DOIM Faculty Affairs			
	Assess and improve staff recruitment policies and processes with a focus on diversity.	Admin Leadership			
	Assess and improve policies and conduct for exit interviews.	Admin Leadership			
	Define principles of practice for effective, equitable and proactive retention of faculty and staff.	Div Leadership			
	Provide development and advancement opportunities that promote equitable achievement of career goals.				
	Review and revise faculty evaluation processes with a focus on equity, including salary equity.	DOIM FA			
	Review and recommend improvements to policies governing selection of faculty for awards and recognitions.	Admin Leadership			
	Advertise all internal faculty leadership positions internally.	Division & Admin Leadership			
	Extend faculty, trainee and staff recognition opportunities.	DOIM FA Fellowship & Residency Leadership Admin Leadership			
	Reassess and improve the process for staff evaluations with a focus on equity.	Admin Leadership			
	Reinforce processes for equitable and goal specific faculty mentorship in all tracks.	DOIM FA Div Leadership			
	Pilot, launch and support peer mentorship groups.	DOIM Faculty Affairs Div Leadership			
	Provide pathways for individuals to pursue trainings or other career enhancement opportunities.	Div Leadership Admin Leadership			
	Develop and Implement internal medicine gender equity leadership development programs for faculty, trainees and staff.	Faculty Affairs Div & Admin Leadership			

Improve the Work Environment	**Empower faculty, leadership, trainees and and staff to create a more diverse, inclusive, safe and healthy work culture.**				
	Provide and maintain DOIM participation in peer support programs.	COMPASS			
	Promote life-long learning through seminars, discussions and trainings focusing on ways to dismantle racism, xenophobia, sexism, sexual harassment and discrimination in all its forms.	All			
	Promote understanding of organizational influences on well-being through seminars and active learning opportunities.	All			
	Promote a path toward salary transparency for faculty.	All			
	Contribute to improving the reporting process for sexual harassment and misconduct.	DOIM FA Dean's Office			
	Promote ways to organize the workplace to achieve a supportive and productive climate				
	Promote and help evaluate innovative pilots for improving work environments.	Div & Admin Leadership UMMG			
	Develop highly visible awards and recognitions to acknowledge faculty and staff who contribute to DE&I and Well-being.	Div & Admin Leadership			
	Review and assess the influence of departmental level clinical incentives and performance metrics on well-being and productivity.	Div & Admin Leadership			
	Incorporate wellbeing assessments in pilots and programs designed to improve productivity, quality and/or efficiency.	Div & Admin Leadership UMMG			
Track & Communicate Results	**Continually evaluate progress and improvement opportunities.**				
	Create and support diversity and well-being councils with representation from all divisions.	Division & Admin Leadership			
	Conduct focus groups with trainees and staff.	Residency & Fellowship Leadership			
	Assess and communicate results of staff and faculty surveys.	FA & Quality Dept			
	Identify and utlize short and long term metrics examining demographics, culture, and well-being.	Admin Leadership			
	Develop and implement a process for accountability for diversity and wellness.	Admin Leadership			
	Evaluate and report results of pilot programs.	ODEW			
	Understand best practices from other peer institutions.	ODEW			
	Pursue opportunities for internal and external grant funding.	ODEW			
	Establish regular and transparent departmental internal communications and summaries for MM.				
	Partner on efforts for web, social media, annual reports, and other communications.	DOIM Marketing/Comm			
	Pursue opportunities to communicate our efforts externally through social media, academic products, meeting pressentations, and other collaborative efforts.				
	Pursue opportunities to communicate our efforts externally through social media, academic products, meeting presentations, and other collaborative efforts.	DOIM Marketing/Comm			

Build Partnerships	**Support synergistic efforts that advance well-being and diversity goals.**				
	Partner to implement civility training.	Org Learning Div & Admin Leadership			
	Partner and implement service based activities for community outreach.	Dean's Office MM Community Health Services			
	Partner on outreach and pipeline programs.	OHEI Surgery			
	Partner on system-wide wellness programs.	Wellness Office M-Healthy OCWR			
	Partner on gender equity and leadership programs.	FA & Org Learning			
	Patner to address childcare challenges.	Faculty Dev Dean's Office HR			
	Partner with local and national organizations to test and disseminate best practices.				

IMPOWER Strategic Planning: Data Analysis & Key Findings

Eve Kerr, MD, MPH | Sarah Gualano, MD, MBA | Michael Lukela, MD | Erin Price, MPH

August 2020

INTERNAL MEDICINE OFFICE OF
DIVERSITY, EQUITY, AND WELL-BEING
PROMOTING OPPORTUNITIES FOR ALL

IMPOWER Key Findings

INTERNAL MEDICINE OFFICE OF
DIVERSITY, EQUITY, AND WELL-BEING
PROMOTING OPPORTUNITIES FOR ALL

Table of Contents

Department of Internal Medicine Landscape: Demographics

DOIM Diversity: Faculty and Staff

	Faculty (N = 836)		Staff (N = 641)	
Race/Ethnicity & Gender	#	%	#	%
White, Not of Hispanic Origin	522	62%	436	68%
Asian	244	29%	115	18%
Black/African American	22	3%	37	6%
Hispanic/Latino	27	3%	34	5%
Other	21	3%	19	3%
Women	342	41%	491	77%
Men	494	59%	150	23%

HR Unit Reporting Metrics June 2020

DOIM Diversity: Residents*and Fellows

	Residents (N = 178)		Fellows (N = 146)	
Race/Ethnicity	#	%	#	%
White, Not of Hispanic Origin	114	64%	85	58%
Asian	51	29%	47	32%
Black/African American	2	1%	4	3%
Hispanic/Latino	6	3%	-	-
Other	5	3 %	10	7%
Women	88	49%	65	45%
Men	90	51%	81	55%

*Internal Medicine & Medicine-Pediatrics Residency Programs

DOIM Diversity: Faculty Track & Rank by Gender

Track/Rank	Total	Women (#)	Women (%)
Instructional	**282**	**85**	**30%**
Professor	124	22	18%
Associate Professor	53	19	36%
Assistant Professor	66	22	33%
Lecturer	39	22	56%
Clinical	**469**	**241**	**52%**
Professor	48	14	29%
Associate Professor	83	31	37%
Assistant Professor	232	132	57%
Instructor	106	64	60%
Research	**109**	**32**	**29%**

Tableau March 2020

DOIM Diversity: Faculty Track & Rank by URIM

Track/Rank	Total	URIM (#)	URIM (%)
Instructional	**282**	**18**	**6%**
Professor	124	6	5%
Associate Professor	53	1	2%
Assistant Professor	66	3	4%
Lecturer	39	8	21%
Clinical	**469**	**33**	**7%**
Professor	48	1	2%
Associate Professor	83	9	11%
Assistant Professor	232	14	6%
Instructor	106	9	8%
Research	**109**	**1**	**< 1%**

Tableau March 2020

DOIM Diversity: Leadership by Gender and URIM

Role	Total (N)	Women (N)	URIM (N)
Chair and Vice Chair	10	3	2
Associate Vice Chair	5	3	1
Division Chief	13	0	0
Residency Director	2	0	2
Fellowship Director	27	3	0
Department Administrator & Division Administrator	14	9	4

DOIM Website & Organizational Chart July 2020

2018 Faculty Satisfaction Survey: Burnout

Faculty Satisfaction 2018

Total Number of Respondents: 594 – Women (41%) , White (70.2%)

Respondents self-identified division

Division	# of Respondents
Allergy	17
CVM	76
Gastroenterology	74
Gen Med	78
Geriatrics	29
Hem Onc	49
Hosp Med	64
Infectious Disease	20
MEND	53
Genetics	7
Nephrology	50
Pulmonology	40
Rheumatology	34
Other	3

Burnout: DOIM Experiences Burnout as Do Other Departments

Participants were asked to select one of the answers below using their own definition of burnout:

1 - I enjoy my work; no burnout.

2 - I am under stress, but no burnout.

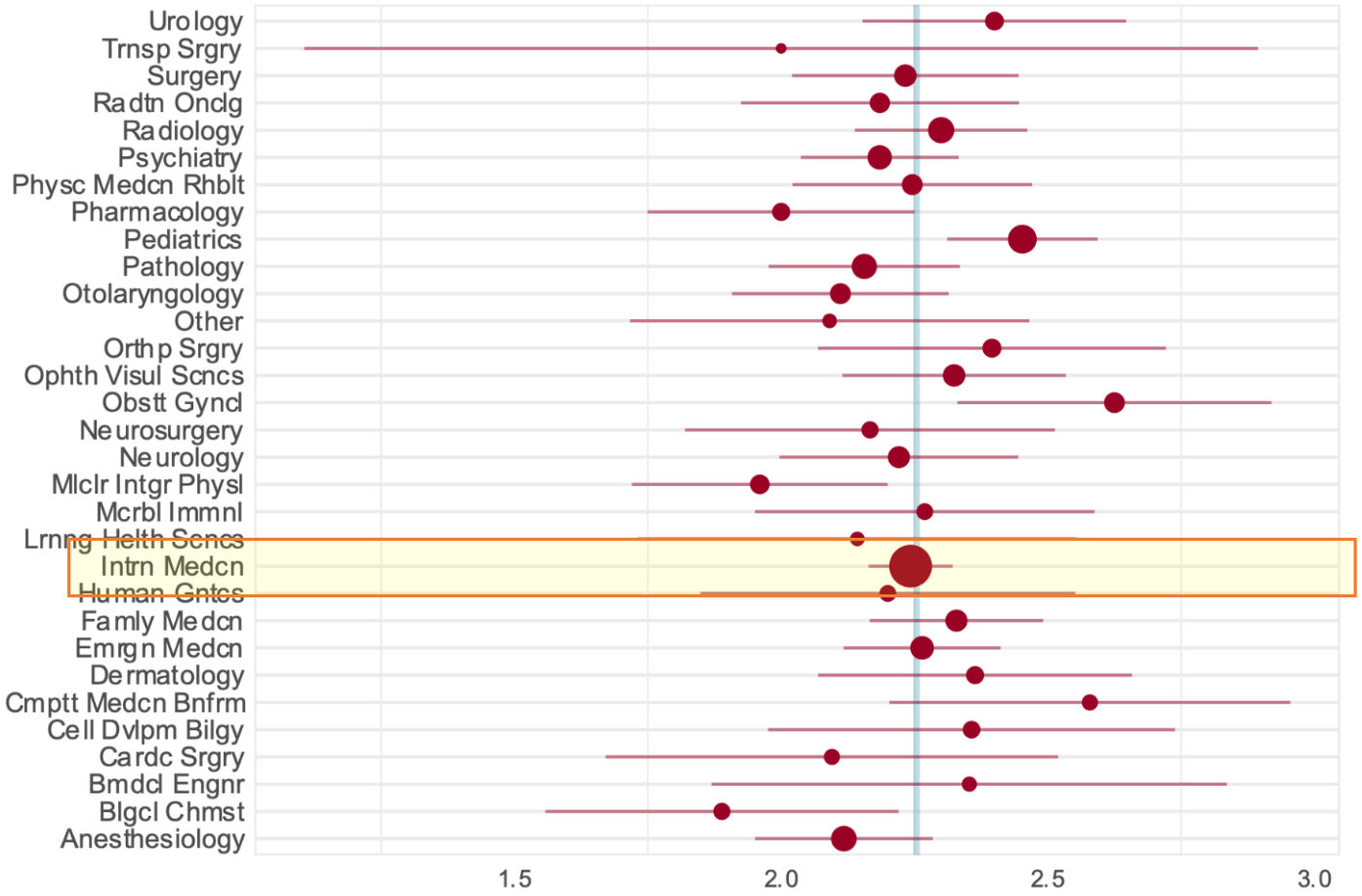
3 - I am definitely burning out.

4 - The symptoms of burnout that I am experiencing won't go away.

5 - I feel completely burned out and need help.

Score 1-5; higher scores represent more burnout

Mean Burnout Score by Department



UMMS Faculty Satisfaction Survey 2018

Burnout: Within DOIM, Women Have Higher Burnout

Participants were asked to select one of the answers below using their own definition of burnout:

1 - I enjoy my work; no burnout.

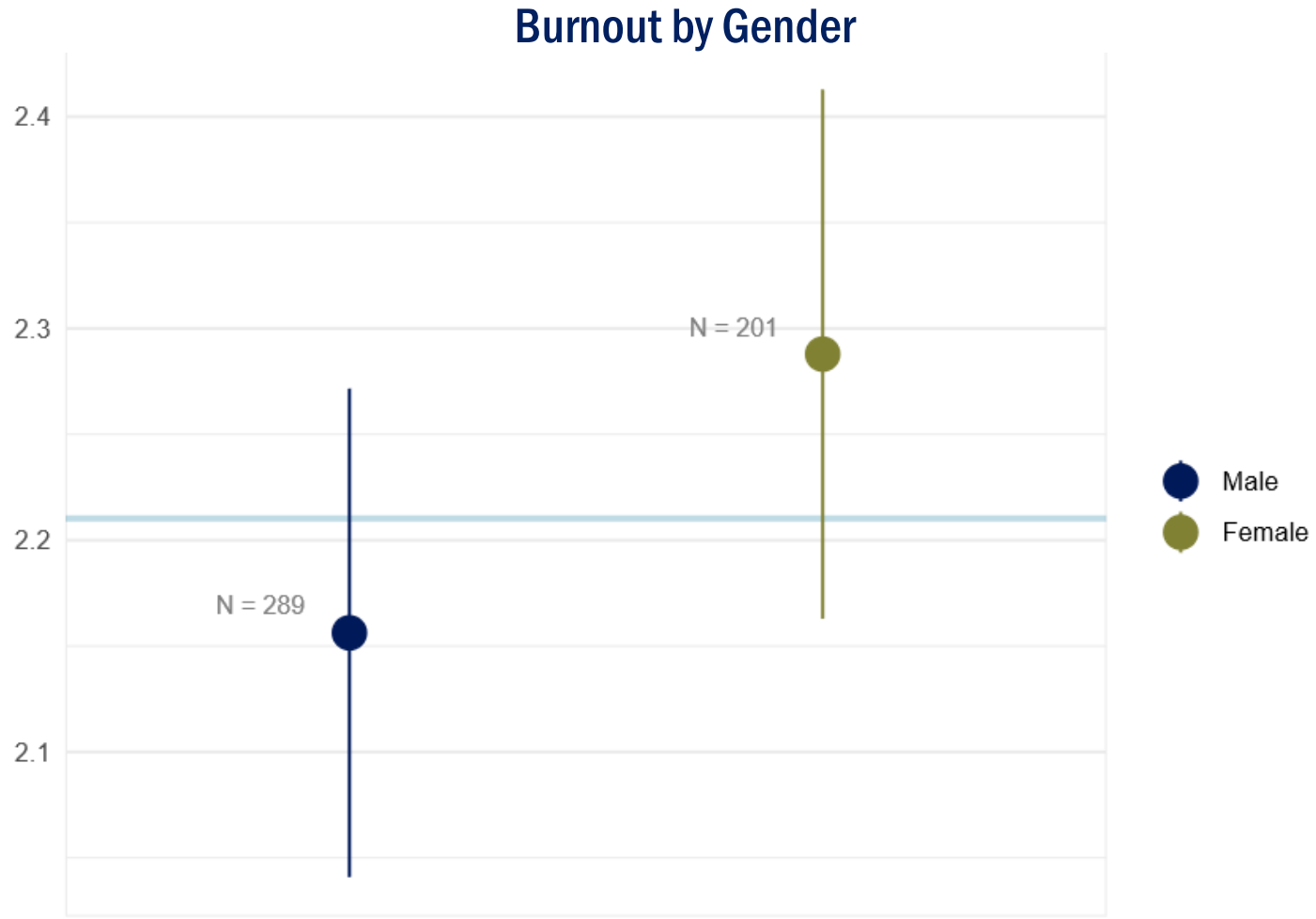
2 - I am under stress, but no burnout.

3 - I am definitely burning out.

4 - The symptoms of burnout that I am experiencing won't go away.

5 - I feel completely burned out and need help.

Score 1-5; higher scores represent more burnout



UMMS Faculty Satisfaction Survey 2018

Burnout: Clinical Track Faculty Report More Burnout

Participants were asked to select one of the answers below using their own definition of burnout:

1 - I enjoy my work; no burnout.

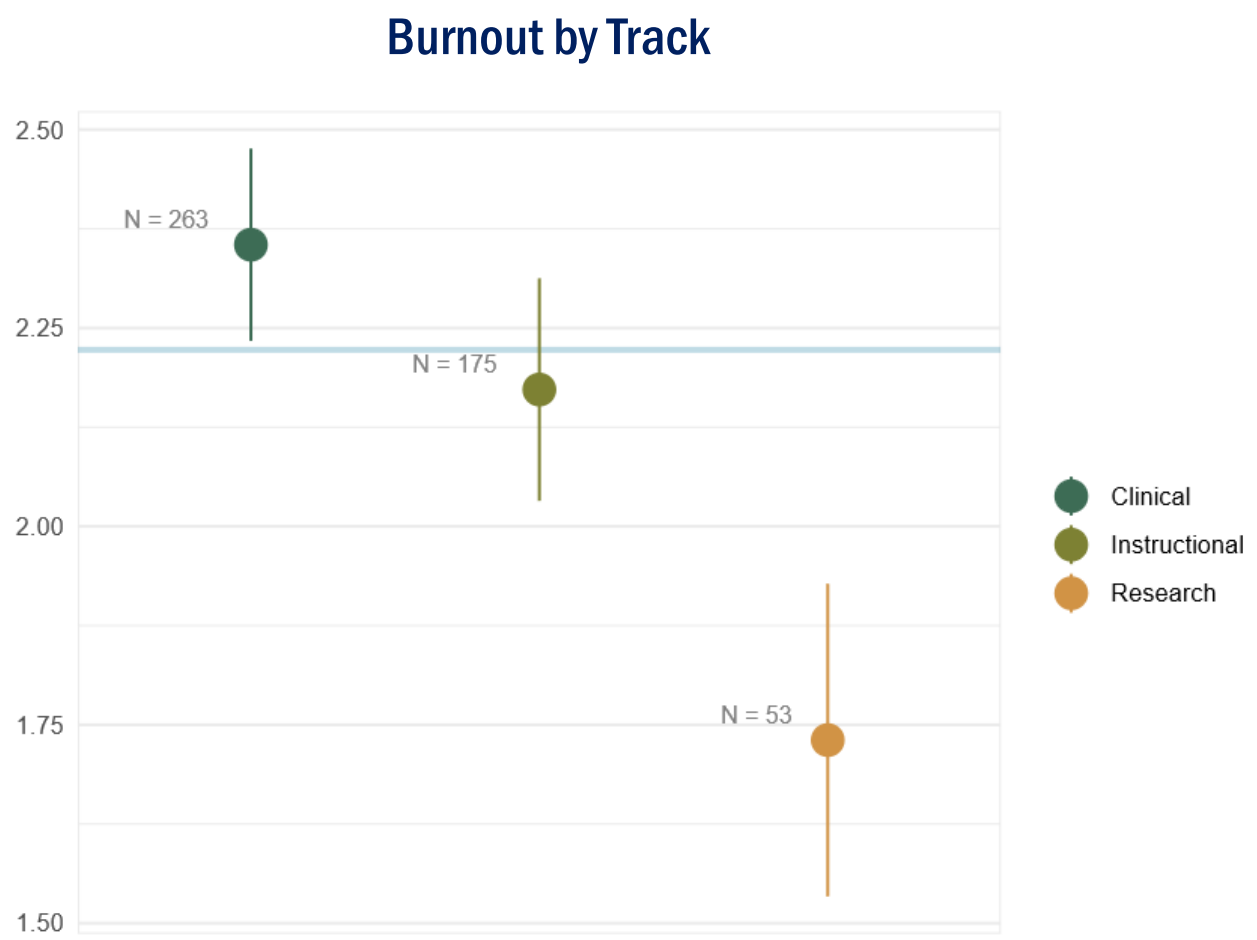
2 - I am under stress, but no burnout.

3 - I am definitely burning out.

4 - The symptoms of burnout that I am experiencing won't go away.

5 - I feel completely burned out and need help.

Score 1-5; higher scores represent more burnout



UMMS Faculty Satisfaction Survey 2018

Burnout: There is Some Variation in Burnout by Divisions

Participants were asked to select one of the answers below using their own definition of burnout:

1 - I enjoy my work; no burnout.

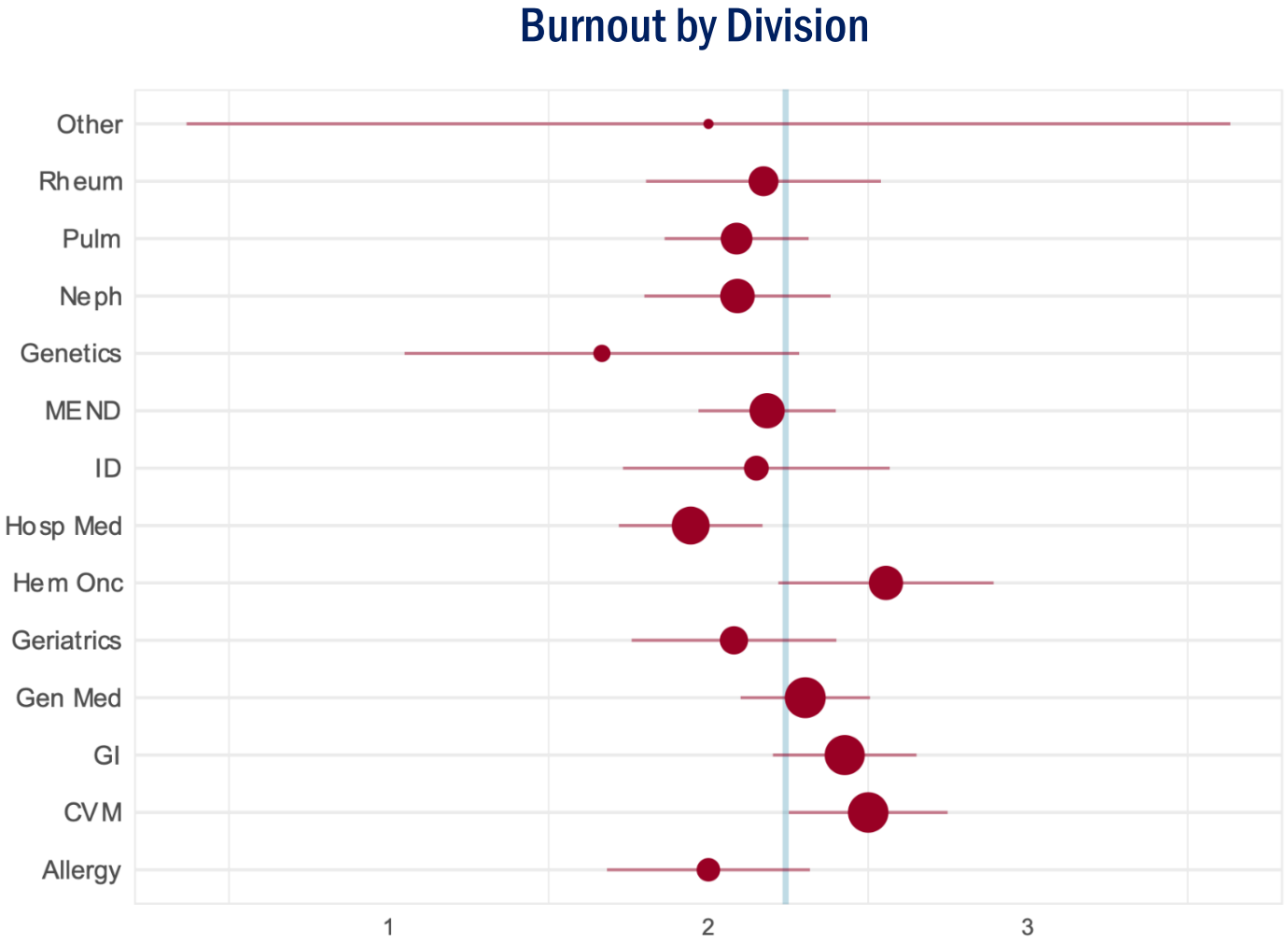
2 - I am under stress, but no burnout.

3 - I am definitely burning out.

4 - The symptoms of burnout that I am experiencing won't go away.

5 - I feel completely burned out and need help.

Score 1-5; higher scores represent more burnout



UMMS Faculty Satisfaction Survey 2018

Burnout: Differences are Accentuated by Gender

Participants were asked to select one of the answers below using their own definition of burnout:

1 - I enjoy my work; no burnout.

2 - I am under stress, but no burnout.

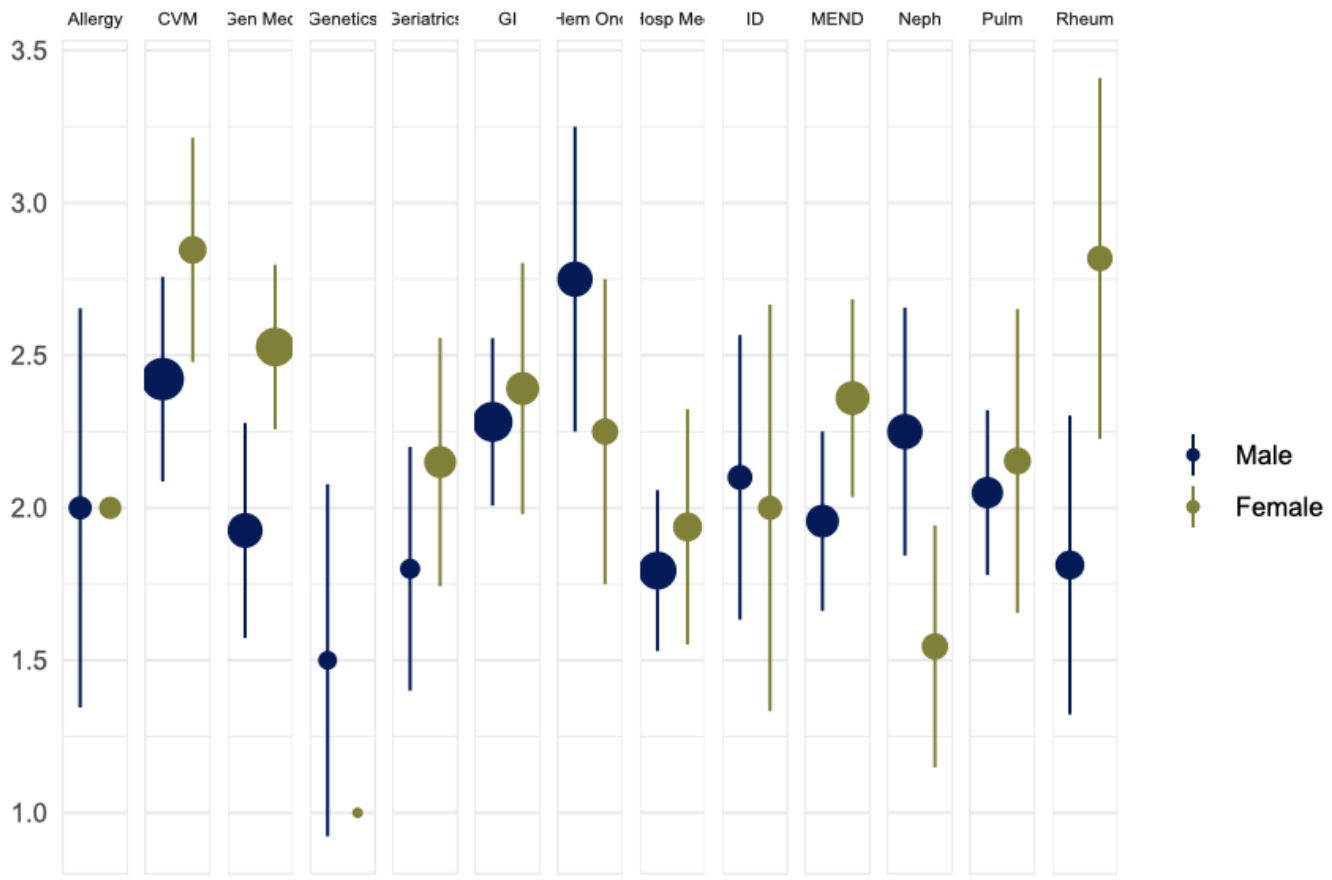
3 - I am definitely burning out.

4 - The symptoms of burnout that I am experiencing won't go away.

5 - I feel completely burned out and need help.

Score 1-5; higher scores represent more burnout

Burnout by Division & Gender



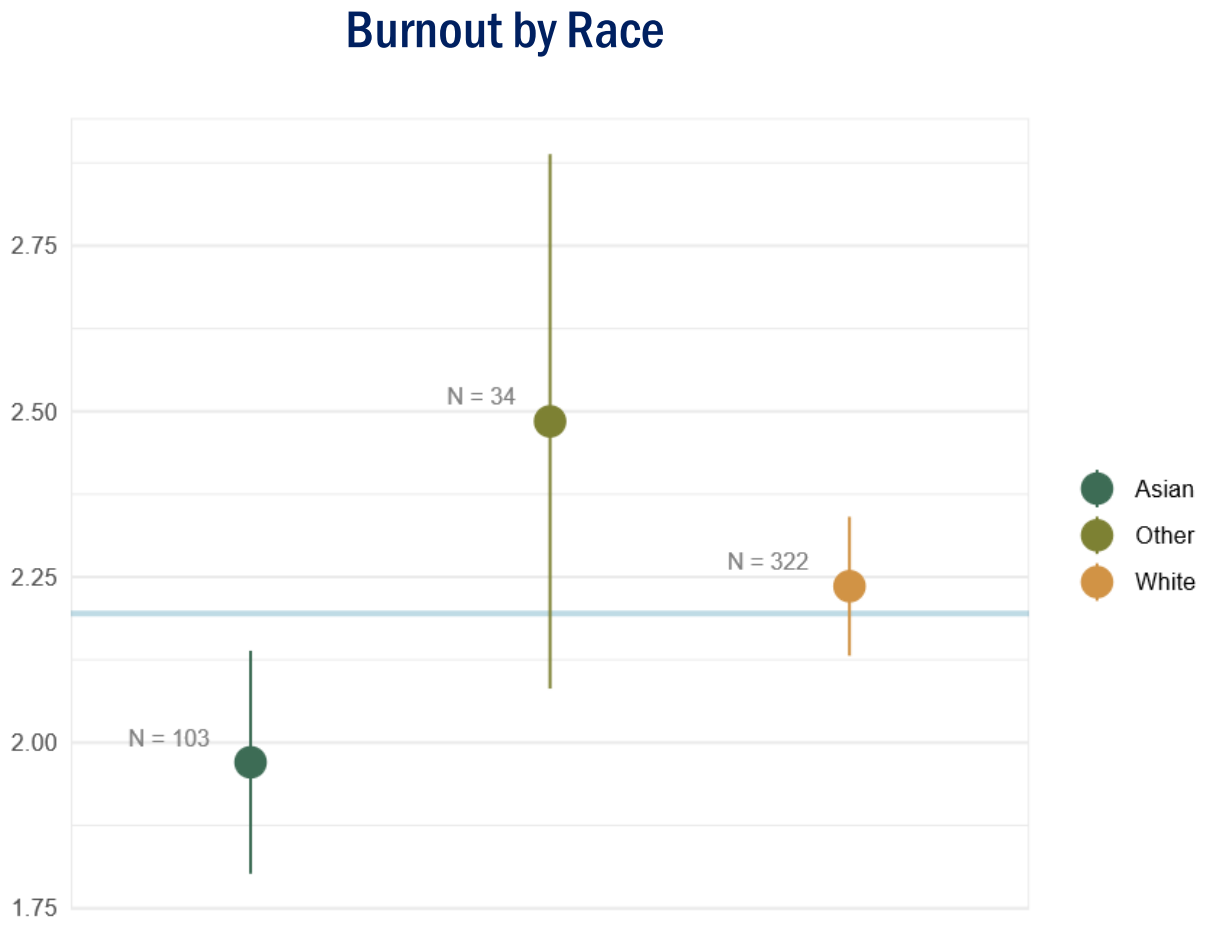
UMMS Faculty Satisfaction Survey 2018

Burnout: Respondents Identifying as URIM Reported More Burnout, but N is Small (34)

Participants were asked how often they feel burnout within the following responses:

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

Higher values indicate higher frequency of burnout.



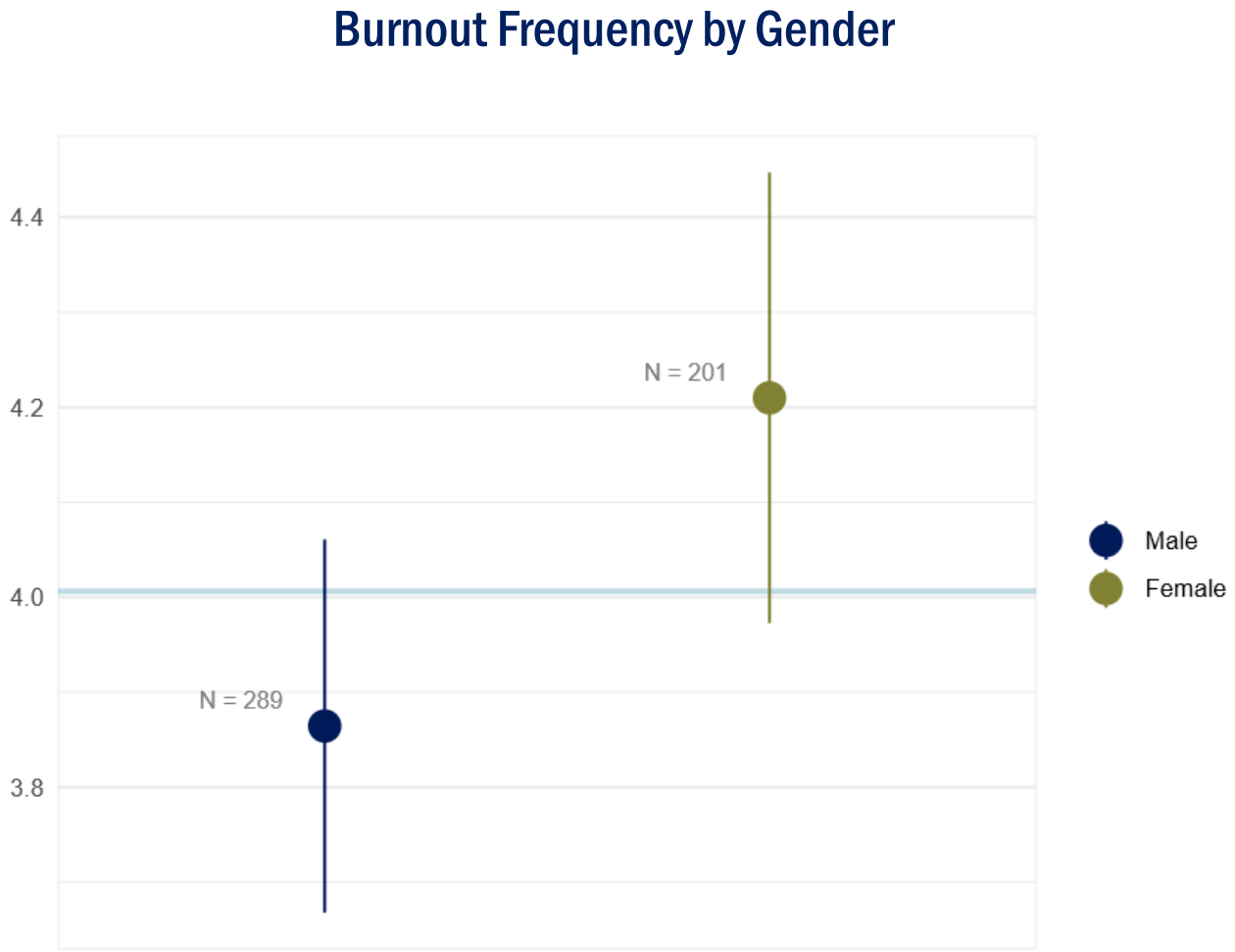
UMMS Faculty Satisfaction Survey 2018

Burnout: Within DOIM, Women Report More Frequent Burnout

Participants were asked how often they feel burnout within the following responses:

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

Higher values indicate higher frequency of burnout



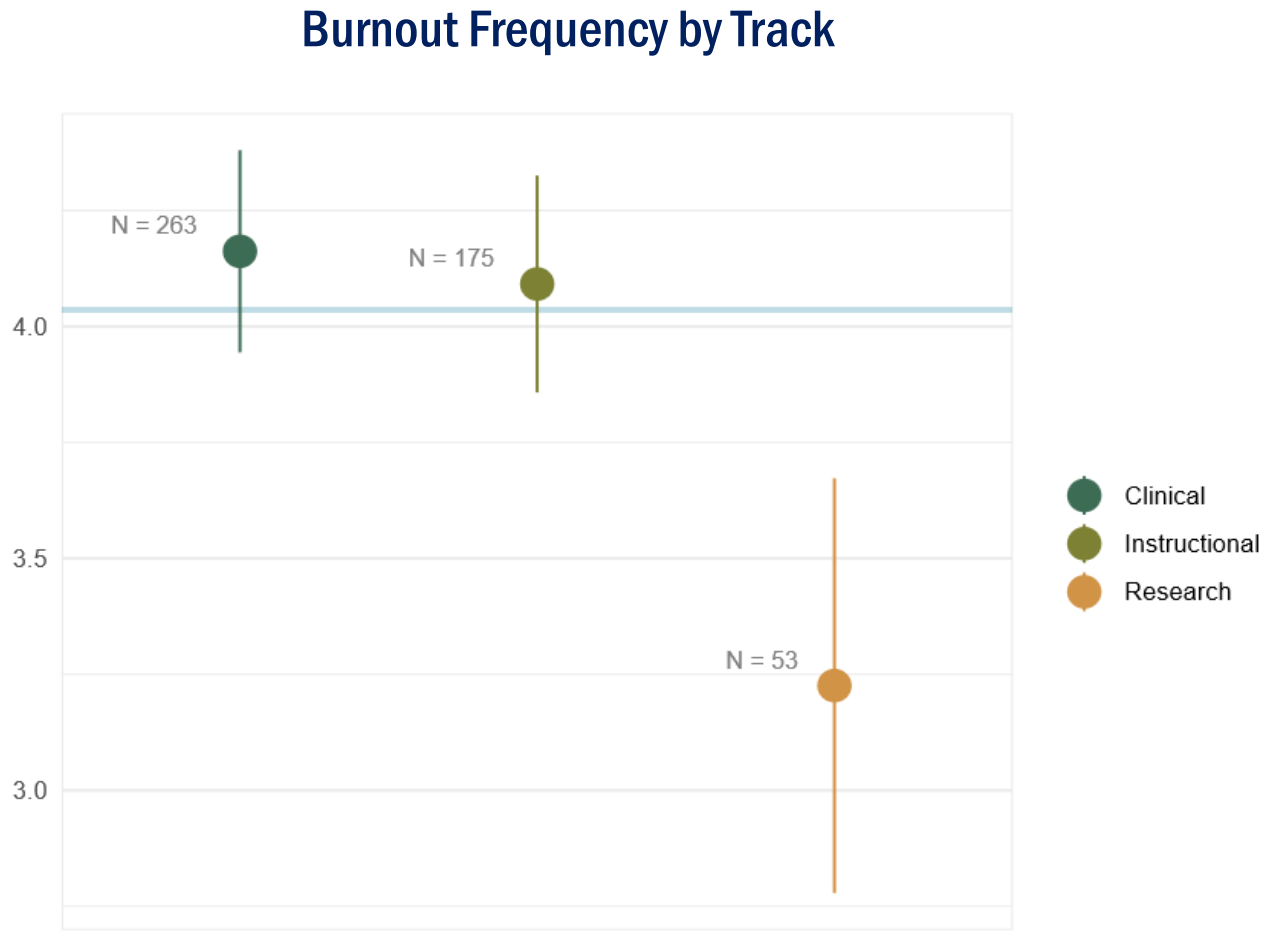
UMMS Faculty Satisfaction Survey 2018

Burnout: Research Track Faculty Report Less Frequent Burnout

Participants were asked how often they feel burnout within the following responses:

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

Higher values indicate higher frequency of burnout



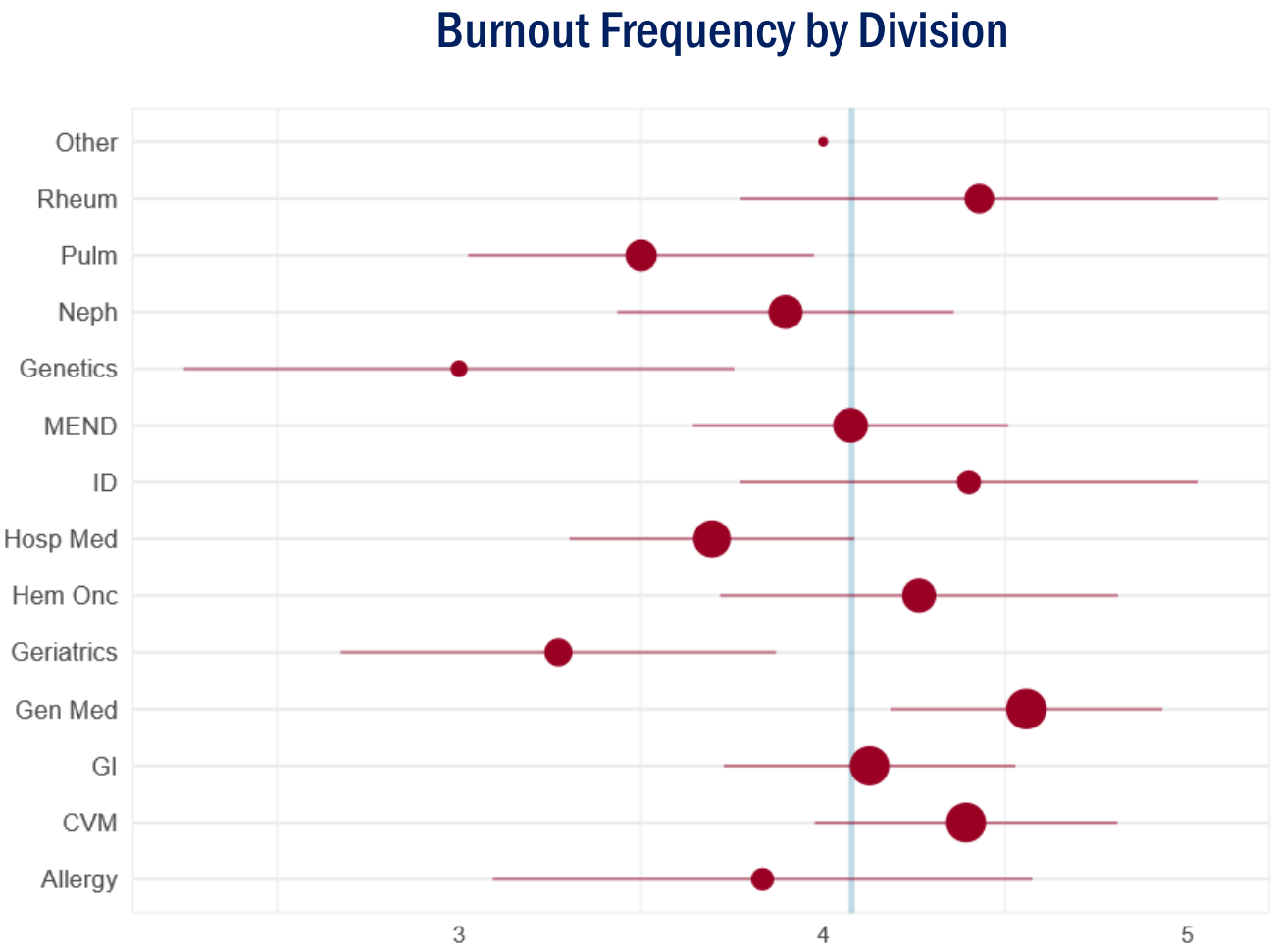
UMMS Faculty Satisfaction Survey 2018

Burnout: There is Variation in Burnout Frequency by Division

Participants were asked how often they feel burnout within the following responses:

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

Higher values indicate higher frequency of burnout



UMMS Faculty Satisfaction Survey 2018

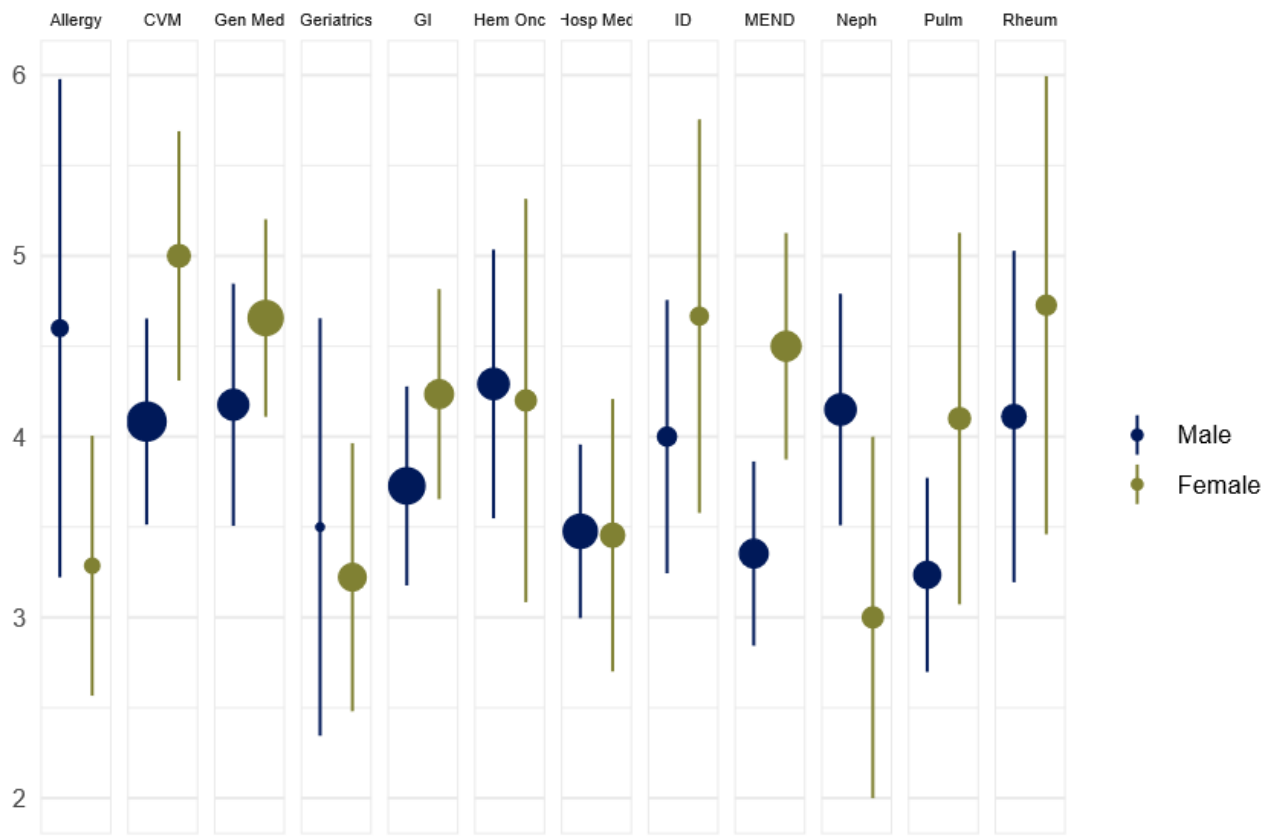
Burnout: Differences in Burnout Frequency are Somewhat Accentuated by Gender

Participants were asked how often they feel burnout within the following responses:

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

Higher values indicate higher frequency of burnout.

Burnout Frequency by Division & Gender



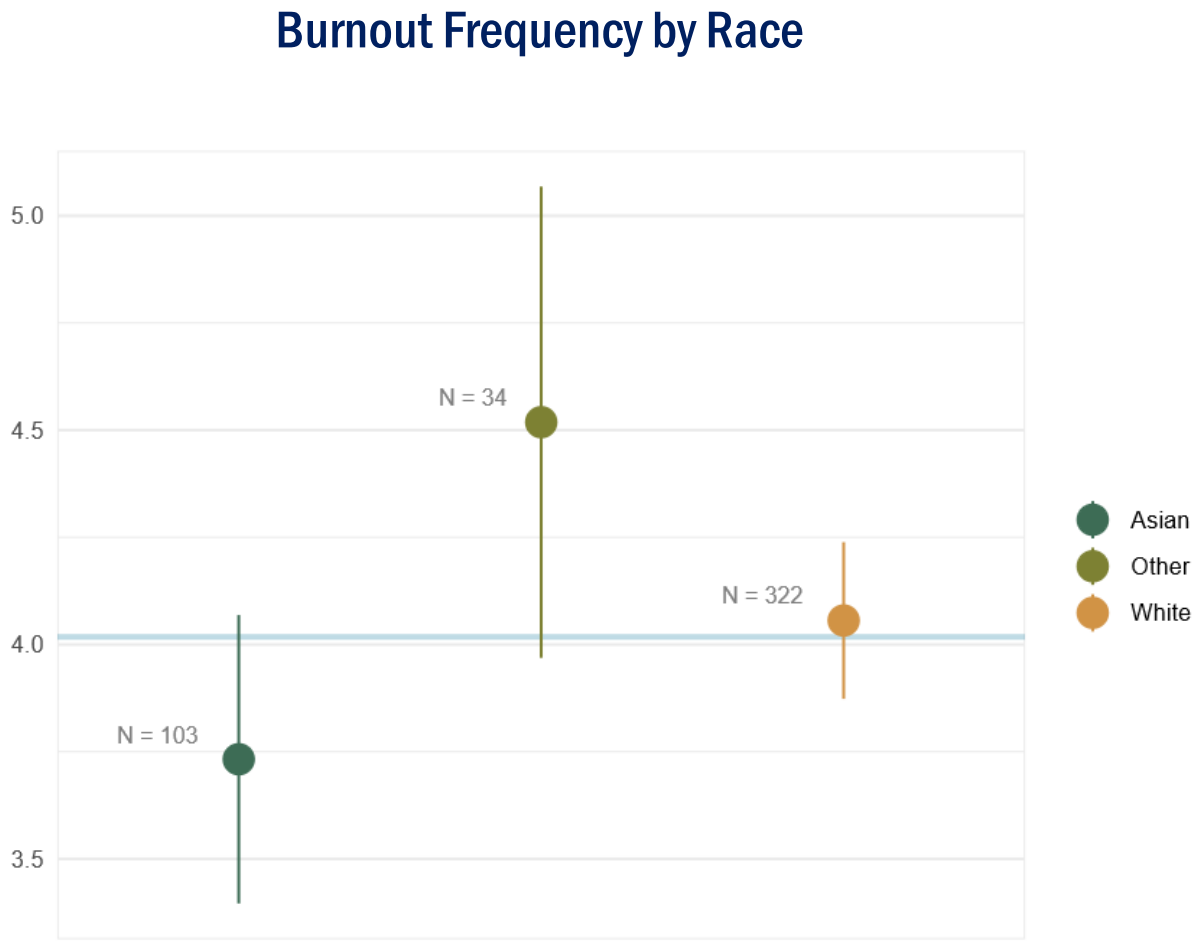
UMMS Faculty Satisfaction Survey 2018

Burnout: Respondents Identifying as URIM Report More Frequent Burnout

Participants were asked how often they feel burnout within the following responses:

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

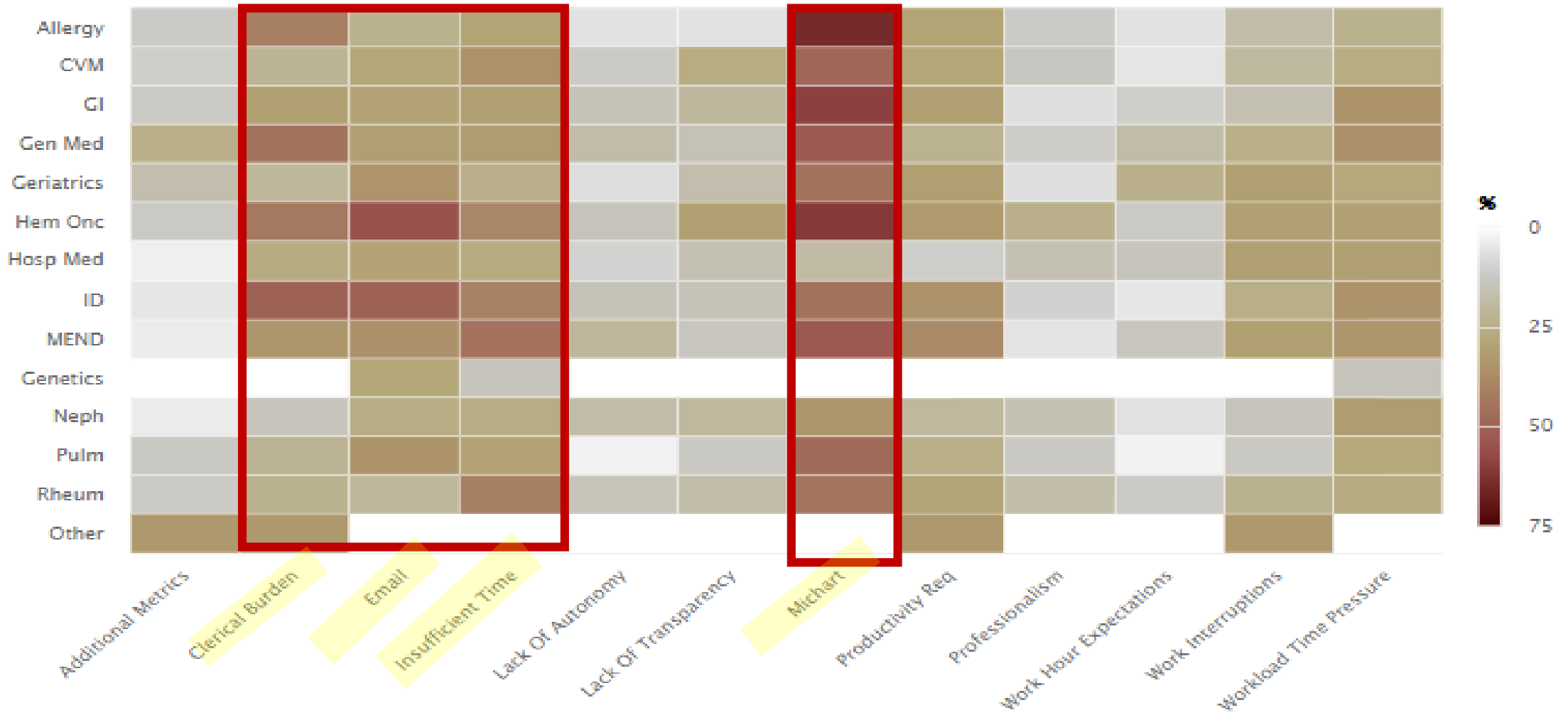
Higher values indicate higher frequency of burnout.



*The effect of race/ethnicity is difficult to assess due to small sample size (n=34).

UMMS Faculty Satisfaction Survey 2018

Sources of Burnout



UMMS Faculty Satisfaction Survey 2018

Burnout: Qualitative Responses

- The Quality Department reviewed and analyzed two large sets of open-ended comments for Internal Medicine faculty members from the 2018 Michigan Medicine Faculty Satisfaction survey:
  - All comments from question 53, “Please share any additional details related to the **primary contributors to burnout** at the University of Michigan.”
    - This included **101** comments.
  - Comments from individuals with **self-reported burnout** who answered question 26, “Please share any **comments or suggestions about patient care** at the University of Michigan.”
    - This included **104** comments.
- For the analytic approach, the Stanford Professional Fulfillment Index was used as a theoretical framework to create our qualitative codebook, which was then used to classify the data according to each concept.
- This focused qualitative analysis around the established domains & concepts of burnout.

Burnout: Physician Feedback on Charting Burden

Patient Portal/Inbasket

"Michart is very burdensome requiring a significant amount of time to do simple tasks and the **high patient expectations that we will respond to non-ugent [sic] messages within 3 days is not realistic** when you are a full time clinician at Michigan Medicine with a large patient panel." – Q53, Comment 48

"I think we need to set limits on patient use of the portal. **Some patients send daily or multiple daily messages, with the expectation of hearing from you the same day.** We need to 'train' patients and families on more realistic expectations and create a process to temper abuse/ overuse of the portal." – Q53, Comment 77

"Pt care is getting more challenging in the setting of electronic medical records and increasingly ability for patients and family to keep sending **endless patient portal messages and expecting almost instant responses on daily basis**… Some of them would refuse to speak to triage nurses because the doctor is expected to be available at all times to take their calls." – Q26, Comment 44

"Because response time is… used to assess providers, **it creates the feeling of being on call 24/7 without being compensated in any way.**" – Q26, Comment 30

Documentation

"I spend a **riduculous amount of time after hours and weekends doing MiChart activities** and dictations" – Q53, Comment 79

"the length of time I spend completing my charts is burdensome" – Q53, Comment 24

"not having enough time to spend with patients in clinic. they are complex and we only get a set number of minutes, forcing me to make snap decisions quickly and also to **do all my notes in my evenings**." – Q53, Comment 42

"**Sometimes the big picture gets lost in the clicking and documentation**." – Q26, Comment 65

"Patients seen at the U of Michigan are complicated. Many of them need more time than allocated and therefore, **I can't never finish my notes in the clinic and I need to spend another 3-4 hours to complete my notes at home**." – Q26, Comment 25

Usability Issues

"Michart is by far the biggest contributor [to burnout]. **With every upgrade, it keeps getting worse and worse**, and we get emails about Michart every day that are too long and have led to information fatigue to the point that I no longer even attempt to read them." – Q53, Comment 50

"**Getting paged in the middle of the night constantly when on service because michart can't figure out how to list the intern for patients being transferred** from the unit or admitted from the ED." – Q53, Comment 31

"Cannot emphasize how much MiChart adds to burnout. The needless additional clicks, **constant error messages**, multiple "inbaskets" where messages can be lost, and forced electronic communication are all dehumanizing" – Q53, Comment 97

"Michart is very **burdensome requiring a significant amount of time to do simple tasks**" – Q53, Comment 48

A thematic analysis of the comments relating to "Charting Burden" identified the following themes in both sets of comments:

Patient Portal/Inbasket
Documentation

Additionally, a thematic analysis of the comments relating to "Charting Burden" identified the following theme present only in comments for Q53:

Usability Issues

Exemplar quotes for these topics can be viewed to the left.

UMMS Faculty Satisfaction Survey 2018

Burnout: Physician Feedback on Charting Burden – Improvement Ideas

The below quotes display improvement ideas volunteered by internal medicine physicians relating to charting burden.

"Every doctor should have access to a scribe. **Recent study in JAMA IM showed scribes decrease EMR documentation burden**, improve work efficiency, and improve visit interactions." – Q53, Comment 89

"We need to **train patients and families on more realistic expectations** and create a process to temper abuse/ overuse of the portal." – Q53, Comment 77

"**Wait until at least the midnight after labs are resulted (or better, for 24 hrs) before posting them on the portal.** It's creates too much angst which then creates too many panicked portal msg's." – Q53, Comment 22

"I would think **scribes would be an investment that would make things MUCH more efficient.** We would be able to see a lot more patients and this would cut down on the enormous amount of documentation that takes place. I know other specialties such as ophthalmology use scribes. I would think the cost of the scribe should be well worth the investment in primary care, and not for just the procedural specialties whose departments can better afford the scribes." – Q26, Comment 72

"Very strict guidelines for use of patient portal should be made clear to patients and **every message should be read by an RN and triaged to physician only if medically necessary.**" – Q26, Comment 52

Burnout: Physician Feedback on Work Exhaustion

Excessive Hours Worked

"On the one hand, providers are expected to behave like salaried employees, when it comes to **providing endless hours of work (weekends, evenings, holidays, vacations)**. On the other hand, every minute of time off is monitored closely. This is total crap and is insulting to our work ethic." – Q53, Comment 20

"The amount of time I spend working at home on evenings and weekends is unacceptable… We have been given the expectation that '**The medical school expects that 24/7 of your time is dedicated to them**.' This is a dangerous expectation to set for physicians and a statement that was made almost verbatim at one of our faculty meetings this year." – Q53, Comment 50

"It is unrealistic to expect that people will routinely be doing work/documentation at home. **This negatively impacts home life which ultimately impacts how you deliver care**." – Q53, Comment 63

"My template was changed and now in addition to not having time for lunch, I don't have time to do my dictations, answer messages from patients and review labs. **I spend about 11-12 hours a day at work and still cannot complete my work**." – Q26, Comment 59

Non-Clinical Work

"**Excessive and expanding non clinical work burden** that is not acknowledges [sic] as it occurs outside of 'billable hours'. Clinical expectations and benchmarks that are inappropriate due to expanding work outside of clinic visits and metrics that are not relevant to specific practices." – Q53, Comment 88

"There is an expectation that everything will be done in time that doesn't exist. **I cannot (nor should i be expected to) do the job of a scheduler, MA, biller and physician.** There has to be support." – Q53, Comment 81

"**Could I please just be a doctor again, and not a data entry clerk, billing clerk, and scribe**." – Q26, Comment 9

"I enter in all my own appointments, all my own vitals, reconcile all my own meds, perform my own ROS, enter my own notes and then have to enter orders … **I don't get to just be a doctor. I am a secretary, an admin., an MA, a nurse, a medical billing specialist, a scribe** and at times I get to actually do my doctoring.– Q26, Comment 5

Volume of Clinical Requests

"In my environment we typically work without learners, PAs, fellows ect. Our hospital culture is not really designed for this situation (especially in terms of the **frequency of calls and requests**). This makes is difficult to actually do cognitive work without constant interruptions." – Q53, Comment 73

"The **volume of portal message and patients phone calls is high.** The quick release of labs via the portal in particular means a constant barrage of questions about test results and unreasonable expectations from patients about how accessible their physicians should be and how quick you should respond (after all if they can see their labs right away why hasn't the doctor commented on them yet)." – Q53, Comment 28

"**Too many patients and unable to close to new patients**. Follow-up takes a tremendous amount of time." – Q53, Comment 12

A thematic analysis of the comments relating to "Work Exhaustion" identified the following themes in both sets of comments:

Excessive Hours Worked
Excessive Non-Clinical Work

Additionally, a thematic analysis of the comments relating to "Work Exhaustion" identified the following theme present only in comments for Q53:

Volume of Clinical Requests

Exemplar quotes for these topics can be viewed to the left.

UMMS Faculty Satisfaction Survey 2018

Burnout: Physician Feedback on Feeling Less Connected with Colleagues

Insufficient Staff Support

"**insufficient clinical support** to manage complex tertiary specialty population." – Q53, Comment 68

"**Lack of appopriate [sic] support staff.** I share an admin with 9 other faculty members. Nursing staff is overwhelmed and MA staff does not respect faculty. Mid-level staff operating at level of their practice." – Q53, Comment 60

"**Our nurses are paid very well and do not make enough independent decisions** without sending messages that require chart review to answer." – Q53, Comment 14

"**Lack of staff taking ownership** or being empowered to help improve the outpatient clinical environment." – Q53, Comment 57

"**MAs seem to work without any consideration for the flow of the entire clinic-we should encourage more of a team approach.** this could be facilitated by assigning an MA to specific groups… MAs are not immediately available and when tests are needed, the provider has to look for the MA. One should be stationed in every workroom or there should be an easy way to communicate." – Q26, Comment 6

Challenges Communicating with Leadership

"I'm caught in a political struggle between departments/different clinical areas and this is also affecting the quality of care delivered by our institution. The issues need the top hospital administration to step in for resolution but despite being made very aware of the problems they do not appear willing to do so. **Despite messaging about the importance of quality care when it comes down to it the top administration doesn't appear to really have the appetite to step in where it needs to to help**." – Q53, Comment 74

"**Inability to create vision for the clinical roles I am in charge of because of dysfunctional, siloed leadership.** Every small change requires meetings with 20 people involved, which ends up making it feel near impossible to create positive changes." – Q53, Comment 72

"People just seem very unhappy about the changes that are coming**. It doesn't seem that leadership truly understand our concerns as clinicians.**" – Q53, Comment 37

Challenges with Collaboration

"There is limited ownership of patients, non-existent communiycation [sic] between providers, and **more focus on 'whose responsibility' something is than is palatable**. When I refer to other services, I rarely receive a timely appointment and **rarely receive collegial communication regarding patient care**." – Q26, Comment 19

"We need staff who understand their part and are willing to put their 100%. When physicians are scheduled to see patients most of the day, and **incoming items are not handled by other members of the care team** and get placed in the physician boxes to be handled after 11 Pm, physicians will feel burdened and fatigued." – Q26, Comment 15

"It is discouraging that **divisions within my own department are not collaborative** (and actually seem to actively try to NOT see our patient referrals)." – Q26, Comment 10

A thematic analysis of the comments related to feeling "Less Connected With Colleagues" identified the following theme in both sets of comments:

Insufficient Staff Support

A thematic analysis of the comments related to feeling "Less Connected With Colleagues" identified the following themes present only in comments for Q53:

Challenges Communicating With Leadership

Perception That Nobody Cares

A thematic analysis of the comments related to feeling "Less Connected With Colleagues" identified the following themes present only in comments for Q26:

Challenges With Collaboration

Disconnection With Perceived Leadership Priorities

Exemplar quotes for several of these topics can be viewed to the left. Additional topics can be viewed in the appendix.

Burnout: Physician Feedback on Feeling Less Connected with Colleagues – Improvement Ideas

The below quotes display improvement ideas volunteered by internal medicine physicians relating to feeling less connected with colleagues.

"We need **more clerical support and scribes** to deal with the EMR so that physicians can interact more with patients and less with clunky MiChart." – Q26, Comment 9

"Hours out of my week are spent **arguing with insurance companies**, trying to get the medications my patients need. **Having a dedicated person in clinic with the medical knowledge to take care of these** would free up more time that I could then spend dealing with my always-tedious inbasket and providing better patient care." – Q26, Comment 13

"Unless we can develop Care Teams that can function and expand coordinated efforts and take the burden off the physicians to achieve what the demand from patients are , we will not achieve full job satisfaction and will constantly face burn out. For this, **we need staff who understand their part and are willing to put their 100%**." – Q26, Comment 15

"**Clinics need to be resourced with their own staff who take ownership**, working as a team with physicians, rather than the current decentralized model of taking a Michart message and simply forwarding it on." – Q26, Comment 18

"Dedicated nurses for a smaller subset of providers would be helpful, **having someone who is 'my nurse' that begins to know my patient panel** would be an improvement." – Q26, Comment 98

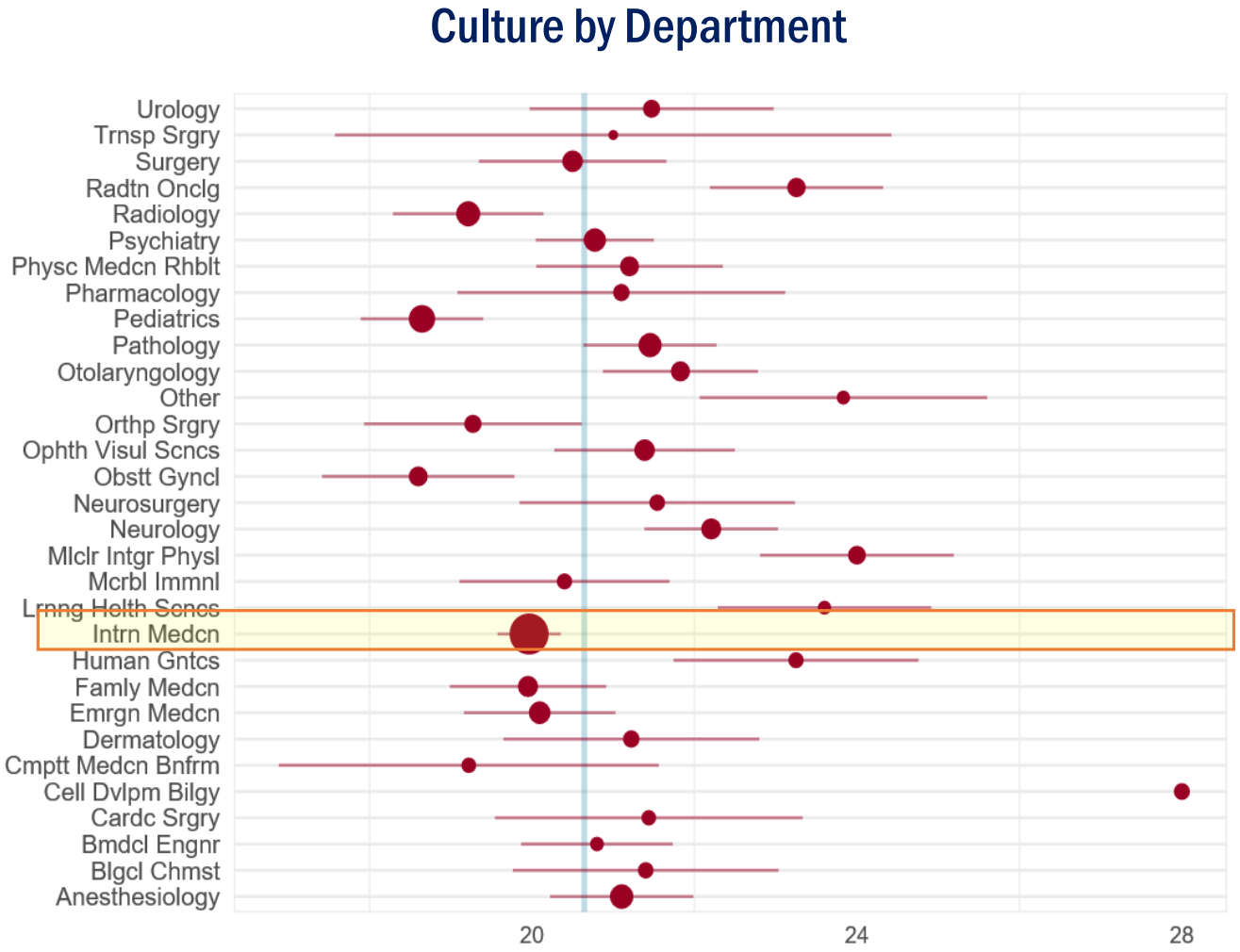
2018 Faculty Satisfaction Survey: Culture

Culture: DOIM Has a Less Positive Attitude Towards Culture Compared to Some Other Departments

Participants were asked to rate how often they believed that the following statements occurred:

- This organization values faculty from different backgrounds
- This organization values equitable care throughout the patient experience
- I feel balanced between work, family and personal growth
- Criteria for promotion are consistently applied to faculty across comparable positions

Scale from 1 (never) to 7 (always)
Higher score is better
The mean culture score is a sum score of the four items



UMMS Faculty Satisfaction Survey 2018

Culture: Women Expressed a Notably Less Positive Attitude Towards Workplace Culture

Participants were asked to rate how often they believed that the following statements occurred:

- This organization values faculty from different backgrounds
- This organization values equitable care throughout the patient experience
- I feel balanced between work, family and personal growth
- Criteria for promotion are consistently applied to faculty across comparable positions

Scale from 1 (never) to 7 (always)
Higher score is better
The mean culture score is a sum score of the four items

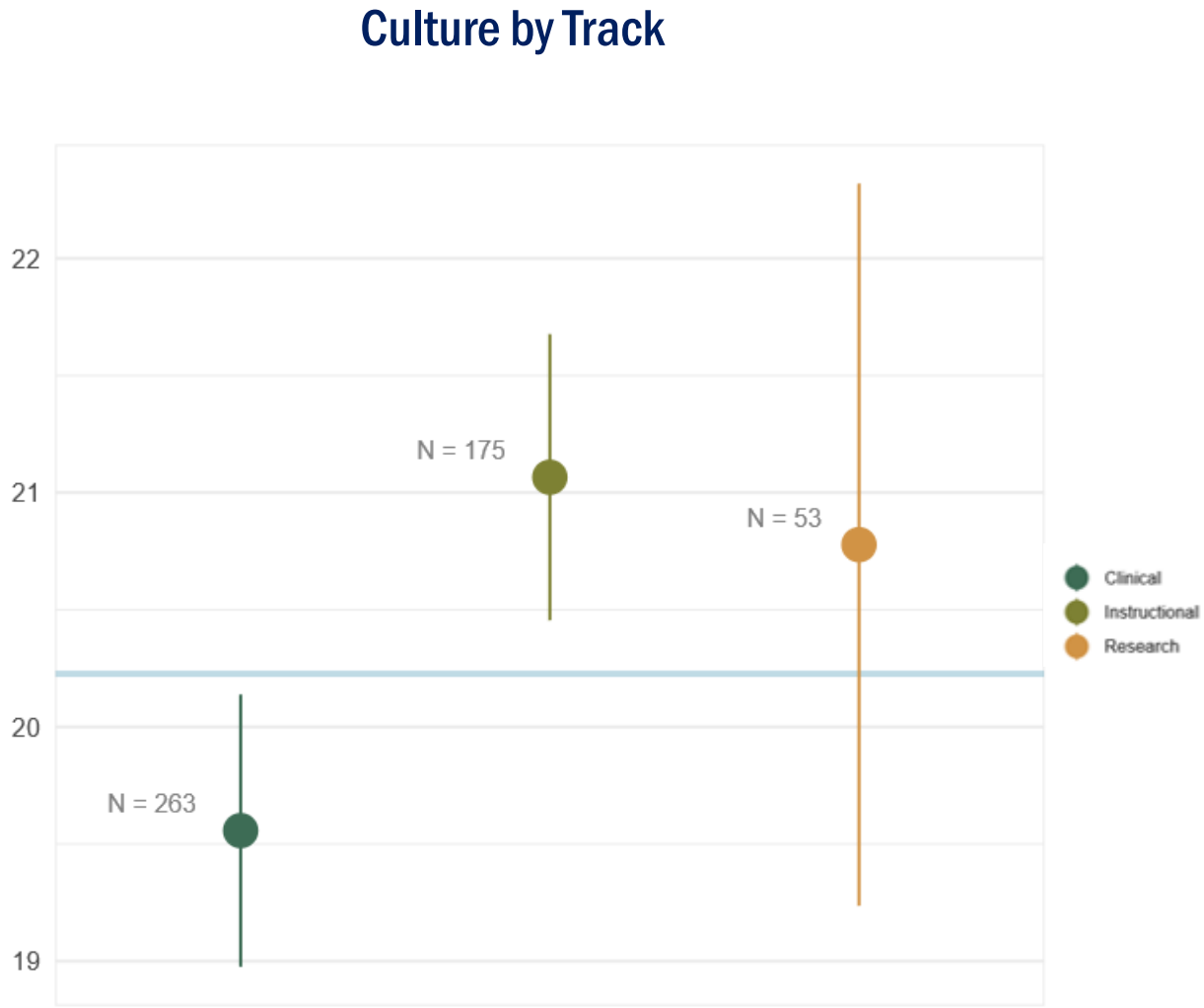
UMMS Faculty Satisfaction Survey 2018

Culture: Clinical Track Expressed Lower Workplace Culture Satisfaction

Participants were asked to rate how often they believed that the following statements occurred:

- This organization values faculty from different backgrounds
- This organization values equitable care throughout the patient experience
- I feel balanced between work, family and personal growth
- Criteria for promotion are consistently applied to faculty across comparable positions

Scale from 1 (never) to 7 (always)
Higher score is better
The mean culture score is a sum score of the four items



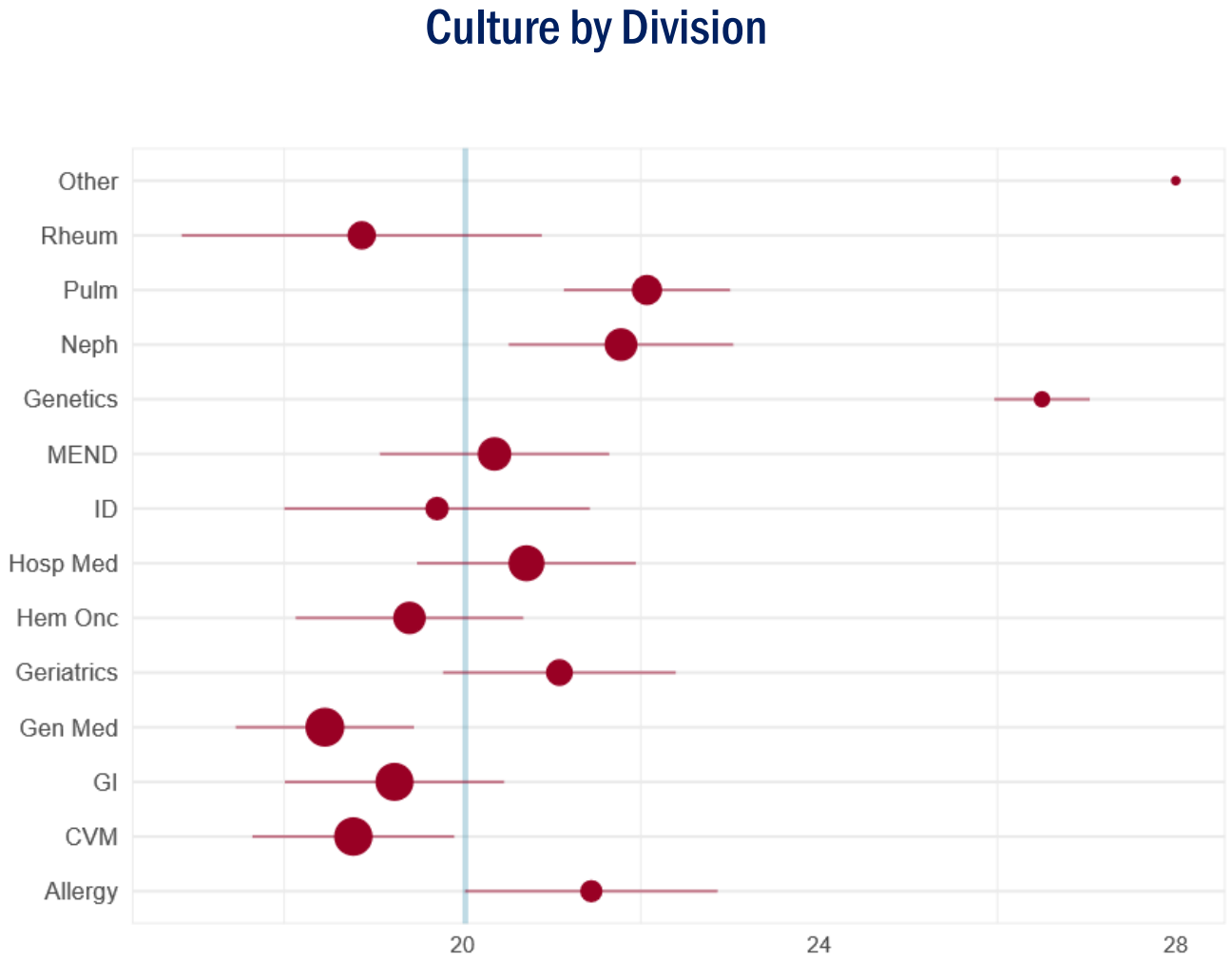
UMMS Faculty Satisfaction Survey 2018

Culture: There is Variation in Workplace Culture Satisfaction by Division

Participants were asked to rate how often they believed that the following statements occurred:

- This organization values faculty from different backgrounds
- This organization values equitable care throughout the patient experience
- I feel balanced between work, family and personal growth
- Criteria for promotion are consistently applied to faculty across comparable positions

Scale from 1 (never) to 7 (always)
Higher score is better
The mean culture score is a sum score of the four items



UMMS Faculty Satisfaction Survey 2018

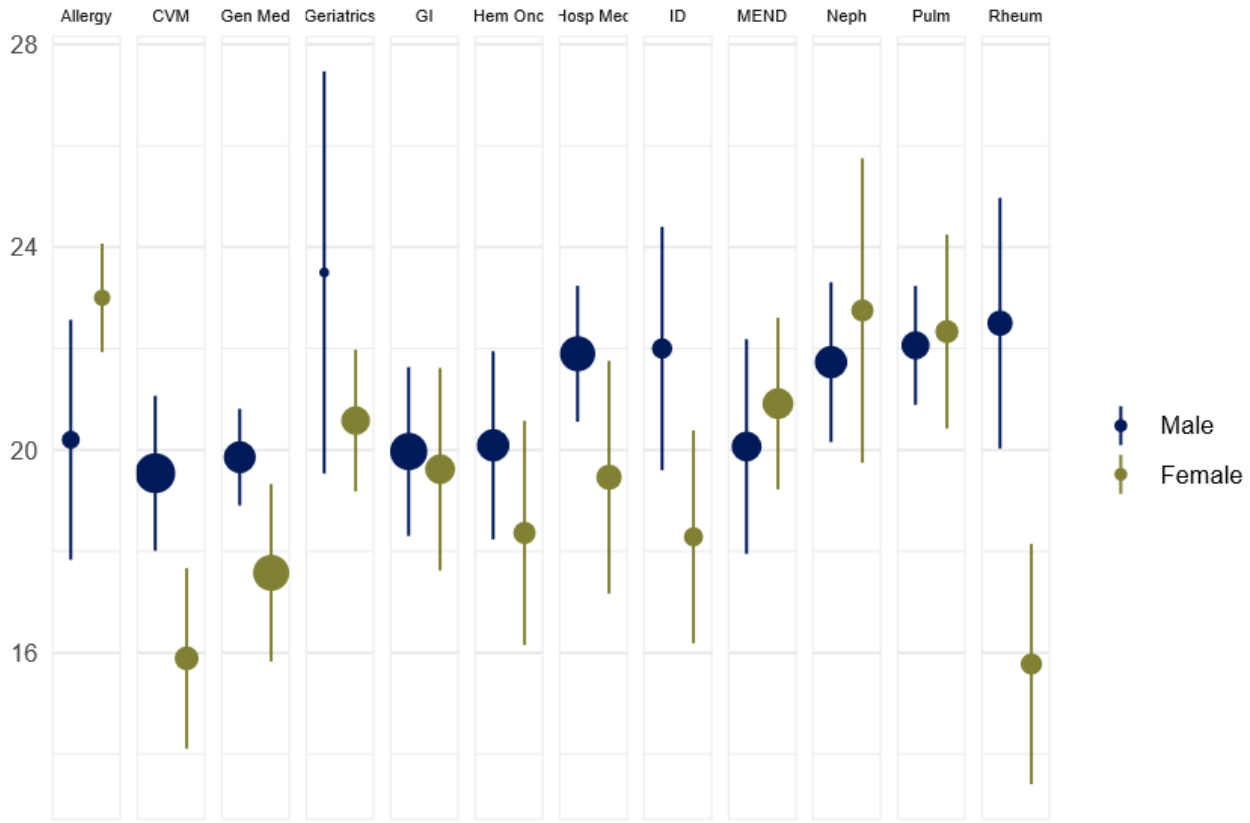
Culture: Difference Accentuated by Gender

Participants were asked to rate how often they believed that the following statements occurred:

- This organization values faculty from different backgrounds
- This organization values equitable care throughout the patient experience
- I feel balanced between work, family and personal growth
- Criteria for promotion are consistently applied to faculty across comparable positions

Scale from 1 (never) to 7 (always)
Higher score is better
The mean culture score is a sum score of the four items

Culture by Division & Gender



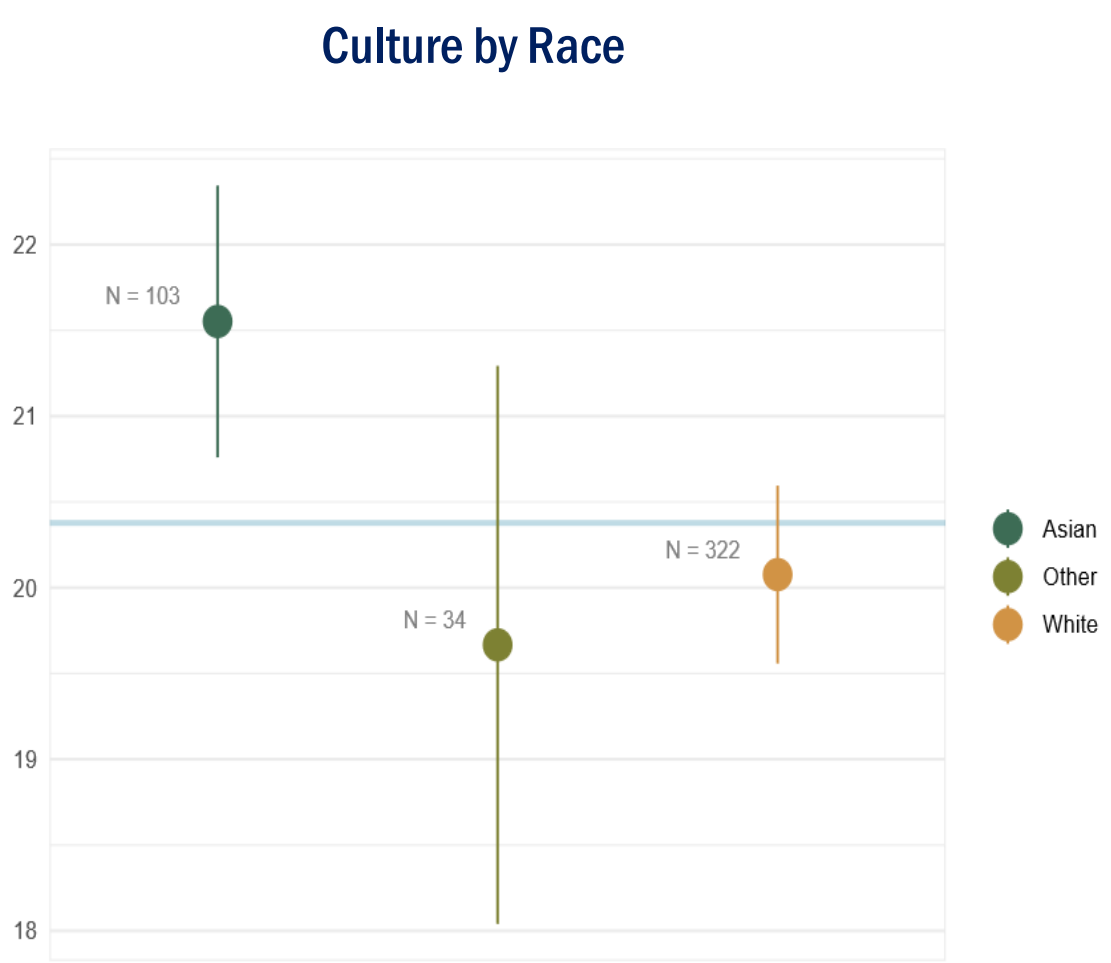
UMMS Faculty Satisfaction Survey 2018

Culture: Respondents Identifying as Asian Have Higher Satisfaction with Workplace Culture

Participants were asked to rate how often they believed that the following statements occurred:

- This organization values faculty from different backgrounds
- This organization values equitable care throughout the patient experience
- I feel balanced between work, family and personal growth
- Criteria for promotion are consistently applied to faculty across comparable positions

Scale from 1 (never) to 7 (always)
Higher score is better
The mean culture score is a sum score of the four items

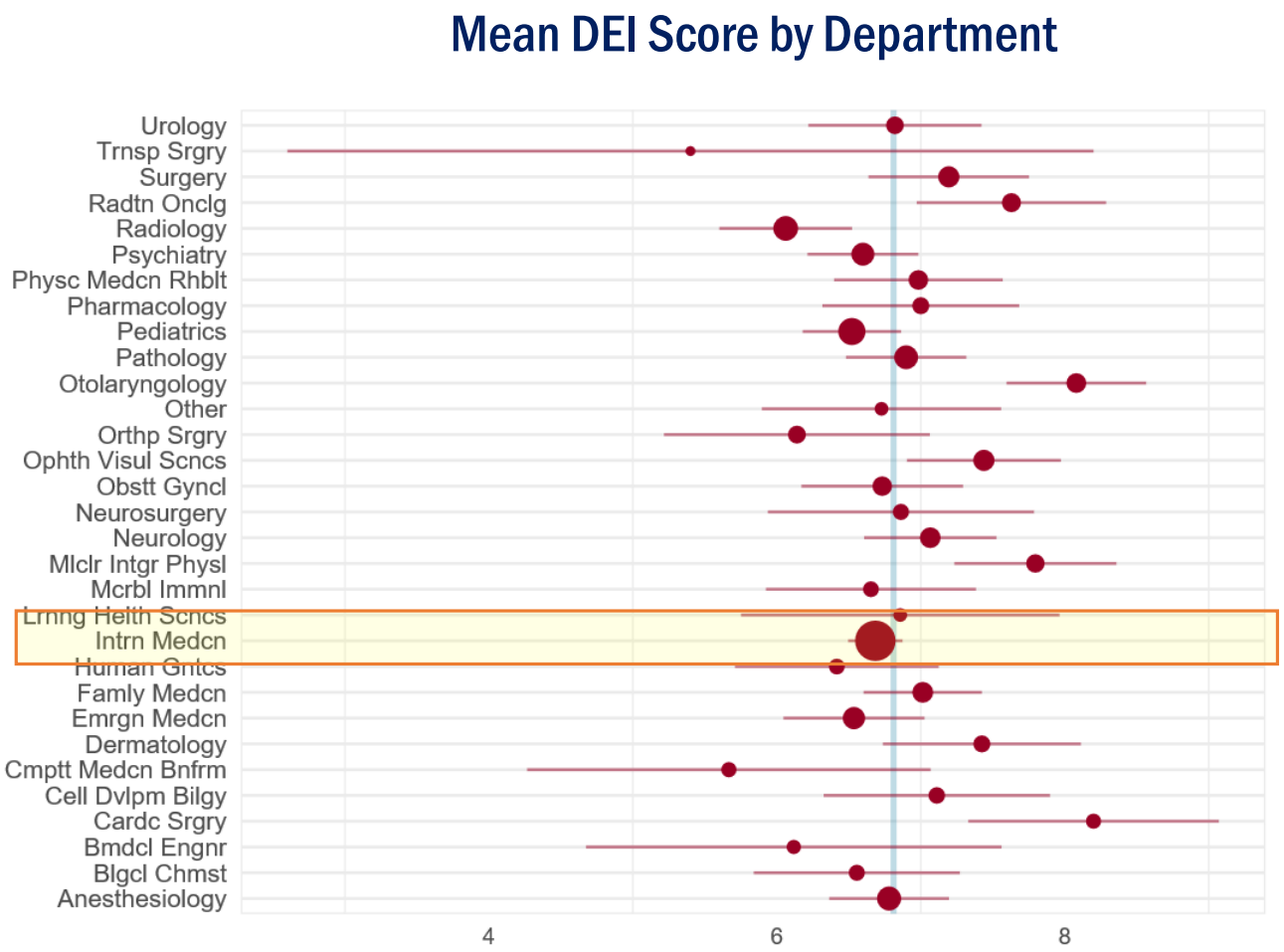


UMMS Faculty Satisfaction Survey 2018

Culture: DOIM is Somewhat Confident that DEI Efforts are Positively Impacting Work Culture

Level of confidence respondents have that their work unit's DEI efforts are making a positive impact on culture in their work unit or department

Score 1-10; higher scores represent more confidence in DEI efforts

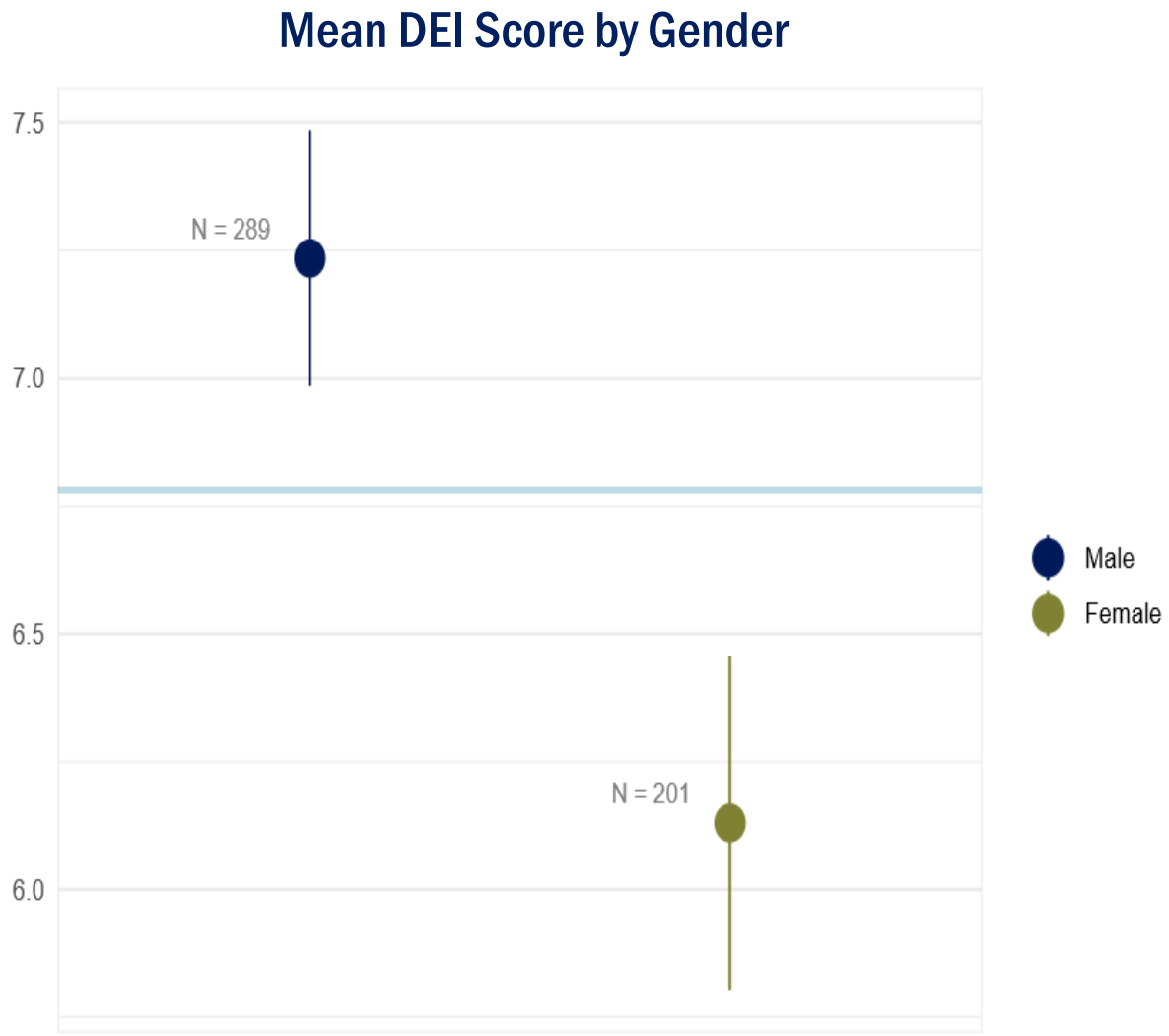


UMMS Faculty Satisfaction Survey 2018

Culture: Women Are Less Confident That DEI Efforts are Making an Impact

Level of confidence respondents have that their work unit's DEI efforts are making a positive impact on culture in their work unit or department

Score 1-10; higher scores represent more confidence in DEI efforts



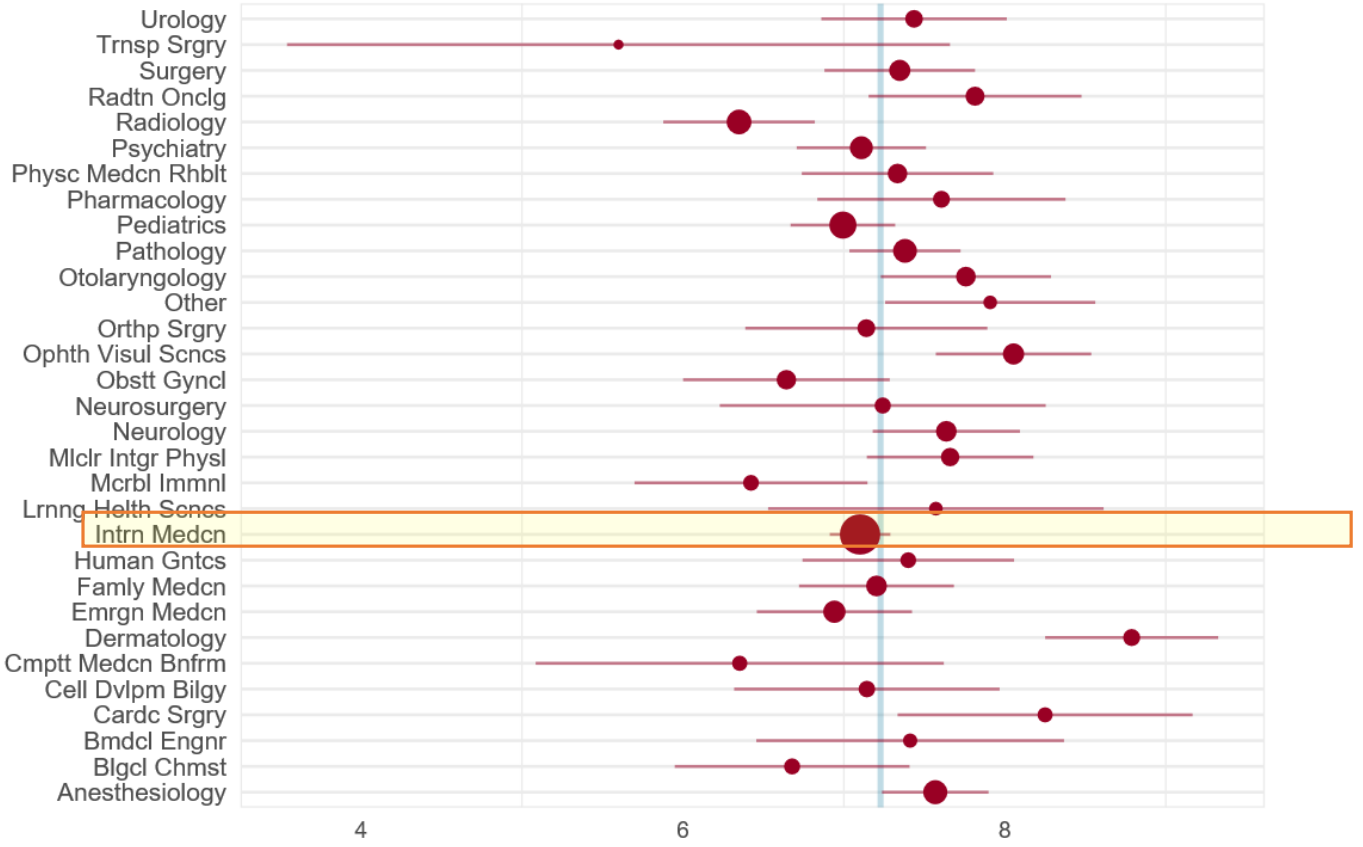
UMMS Faculty Satisfaction Survey 2018

Culture: DOIM Respondents Report Similar Confidence to the Cross-Departmental Average That Sexual Harassment is Taken Seriously

Level of confidence respondents have that their organization provides an environment where reports of, potential acts of, and actual acts of gender/sexual harassment are taken seriously

Score 1-10; higher scores represent more confidence that sexual harassment is taken seriously

Mean Sexual Harassment Score by Department



UMMS Faculty Satisfaction Survey 2018

Culture: Women are Less Confident That Sexual Harassment is Taken Seriously

Level of confidence respondents have that their organization provides an environment where reports of, potential acts of, and actual acts of gender/sexual harassment are taken seriously

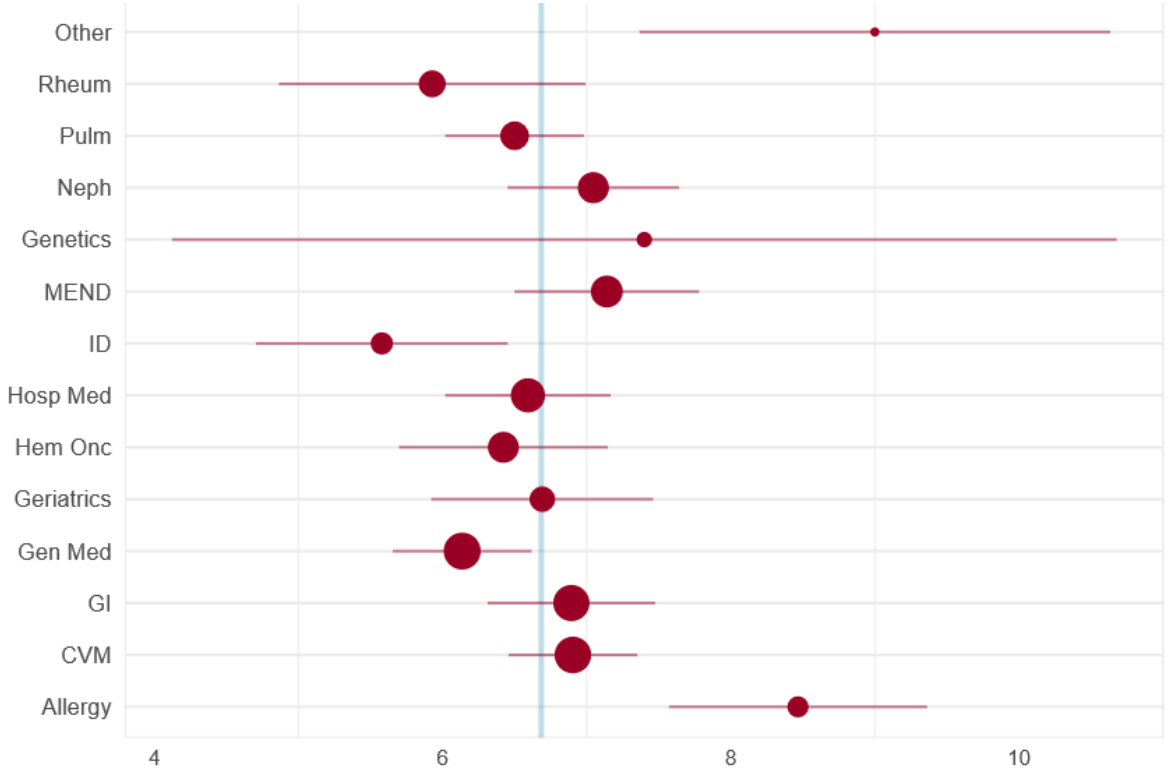
Score 1-10; higher scores represent more confidence that sexual harassment is taken seriously

Mean Sexual Harassment Score by Gender

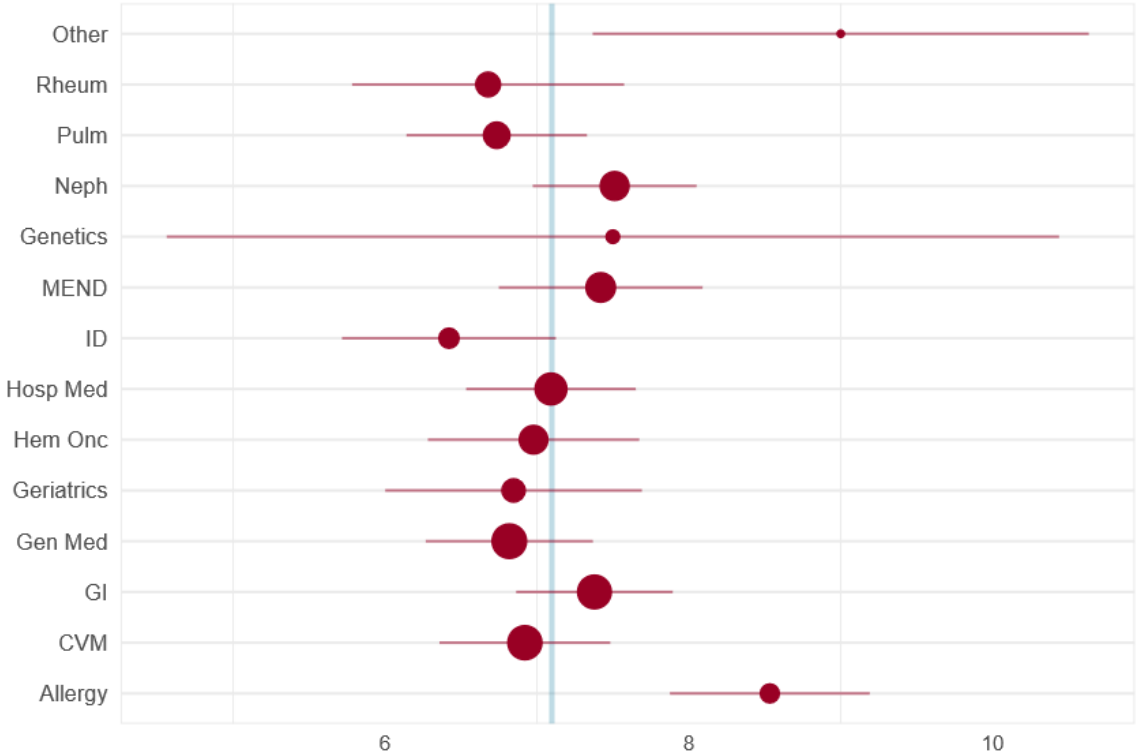
UMMS Faculty Satisfaction Survey 2018

Culture: There is Some Variation in Confidence of DEI Efforts and Harassment by Divisions

Mean DEI Score by Division



Mean Sexual Harassment Score by Division

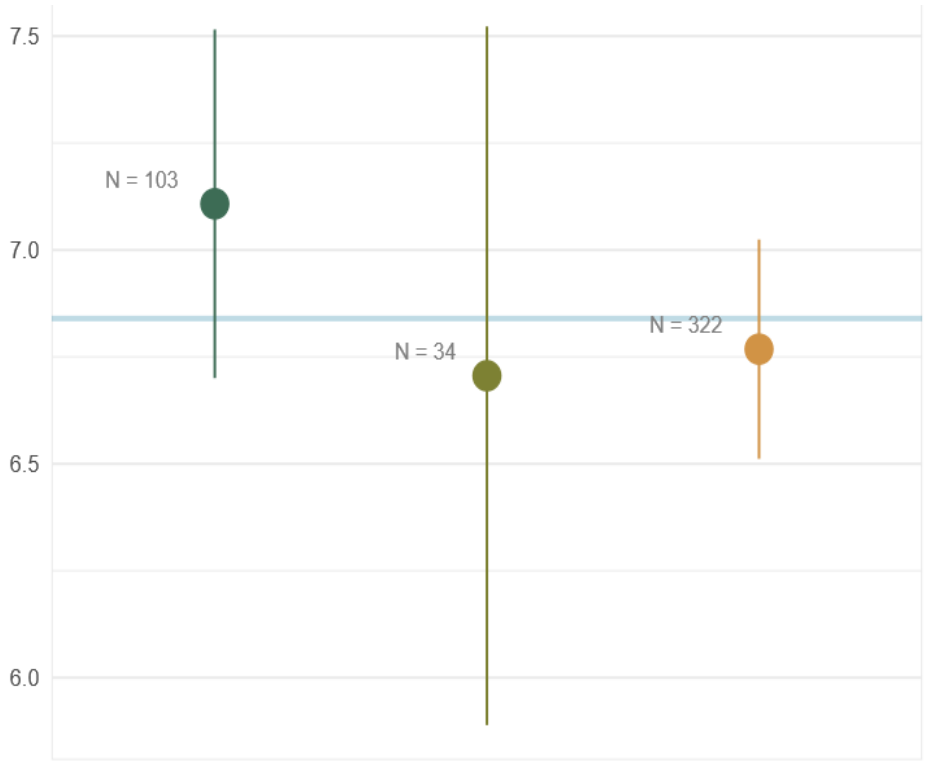


Score 1-10; higher scores represent more confidence in DEI and sexual harassment efforts

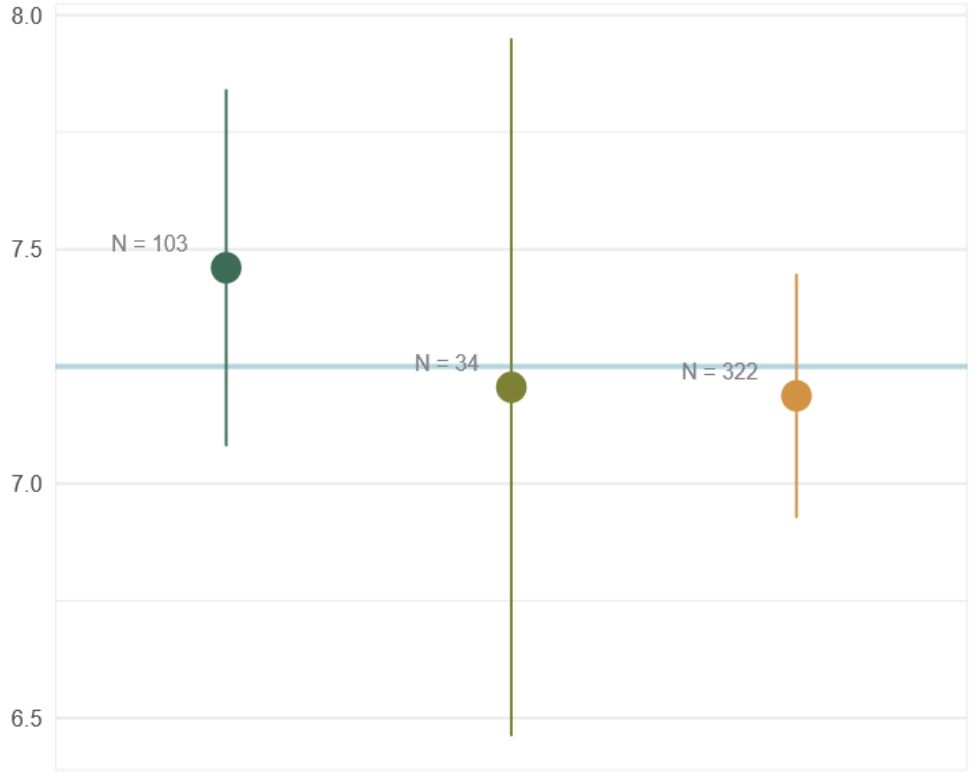
UMMS Faculty Satisfaction Survey 2018

Culture: Race Effects on DEI and Sexual Harassment are Small

Mean DEI Score by Race



Mean Sexual Harassment Score by Race



Score 1-10; higher scores represent more confidence in DEI and sexual harassment efforts

*The effect of race/ethnicity is difficult to assess due to small sample size (n=34).

UMMS Faculty Satisfaction Survey 2018

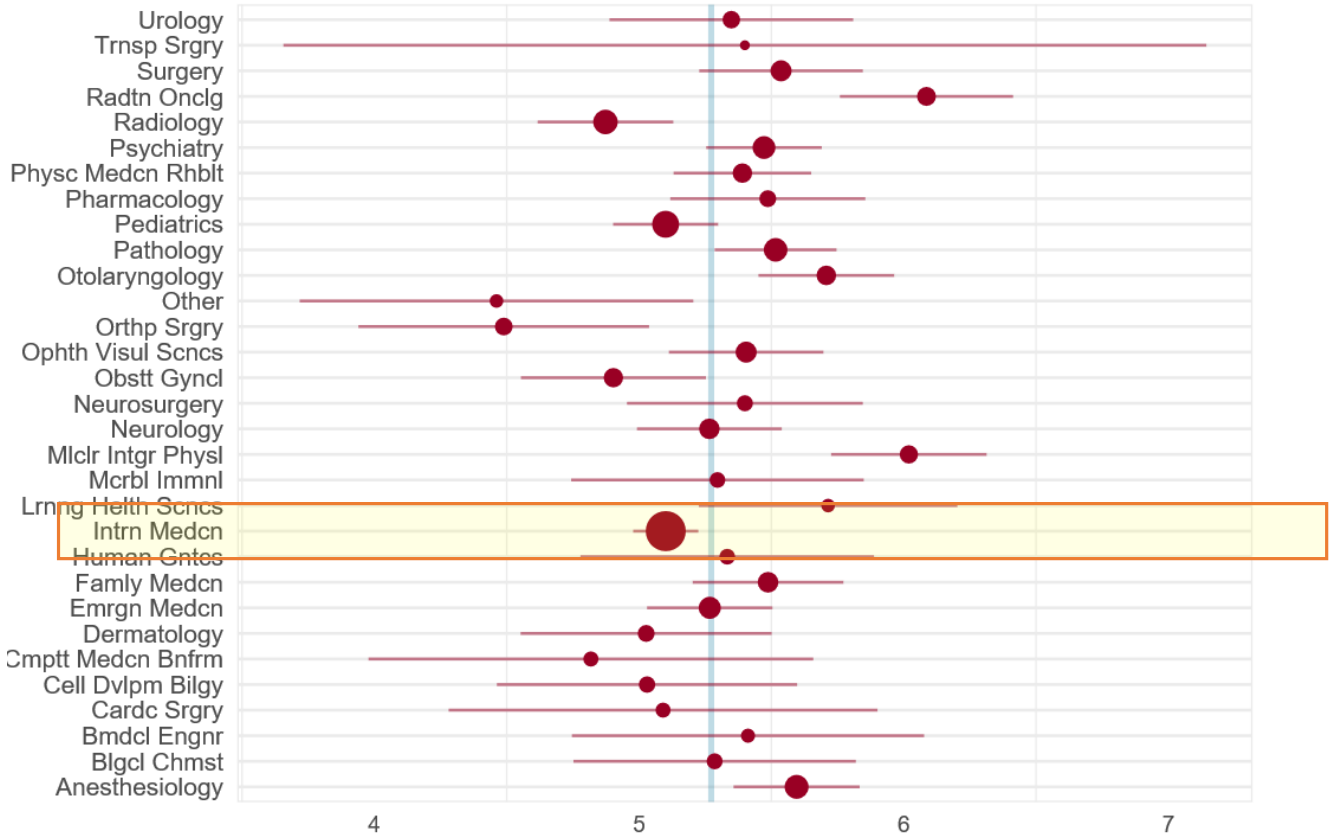
2018 Faculty Satisfaction Survey: Satisfaction

Satisfaction: DOIM Respondents Report Somewhat Lower Satisfaction Than Cross-Departmental Average

Respondents were asked to rate their overall job satisfaction from 1 (Very Dissatisfied) to 7 (Very Satisfied).

Higher scores represent higher satisfaction

Mean Overall Satisfaction Score by Department



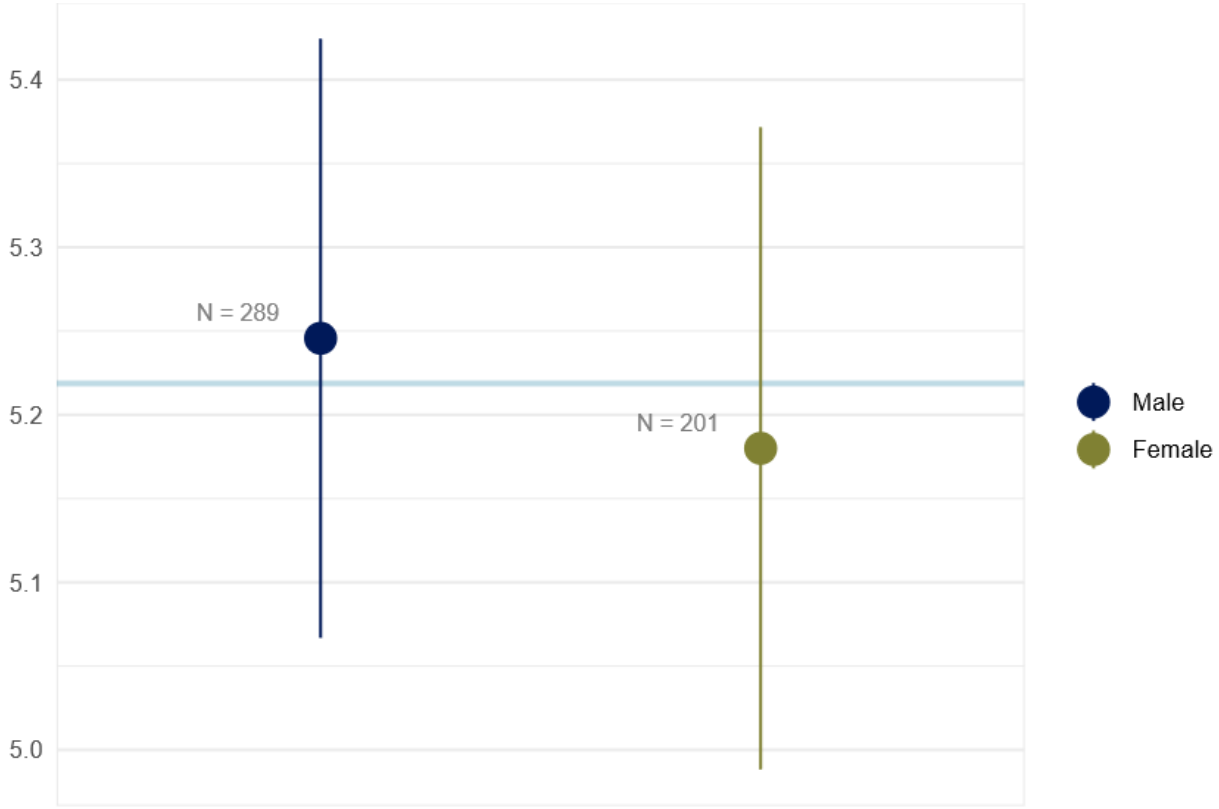
UMMS Faculty Satisfaction Survey 2018

Satisfaction: Women Faculty are Less Satisfied

Respondents were asked to rate their overall job satisfaction from 1 (Very Dissatisfied) to 7 (Very Satisfied).

Higher scores represent higher satisfaction

Mean Overall Satisfaction Score by Gender



UMMS Faculty Satisfaction Survey 2018

Satisfaction: Clinical Faculty are Less Satisfied

Respondents were asked to rate their overall job satisfaction from 1 (Very Dissatisfied) to 7 (Very Satisfied).

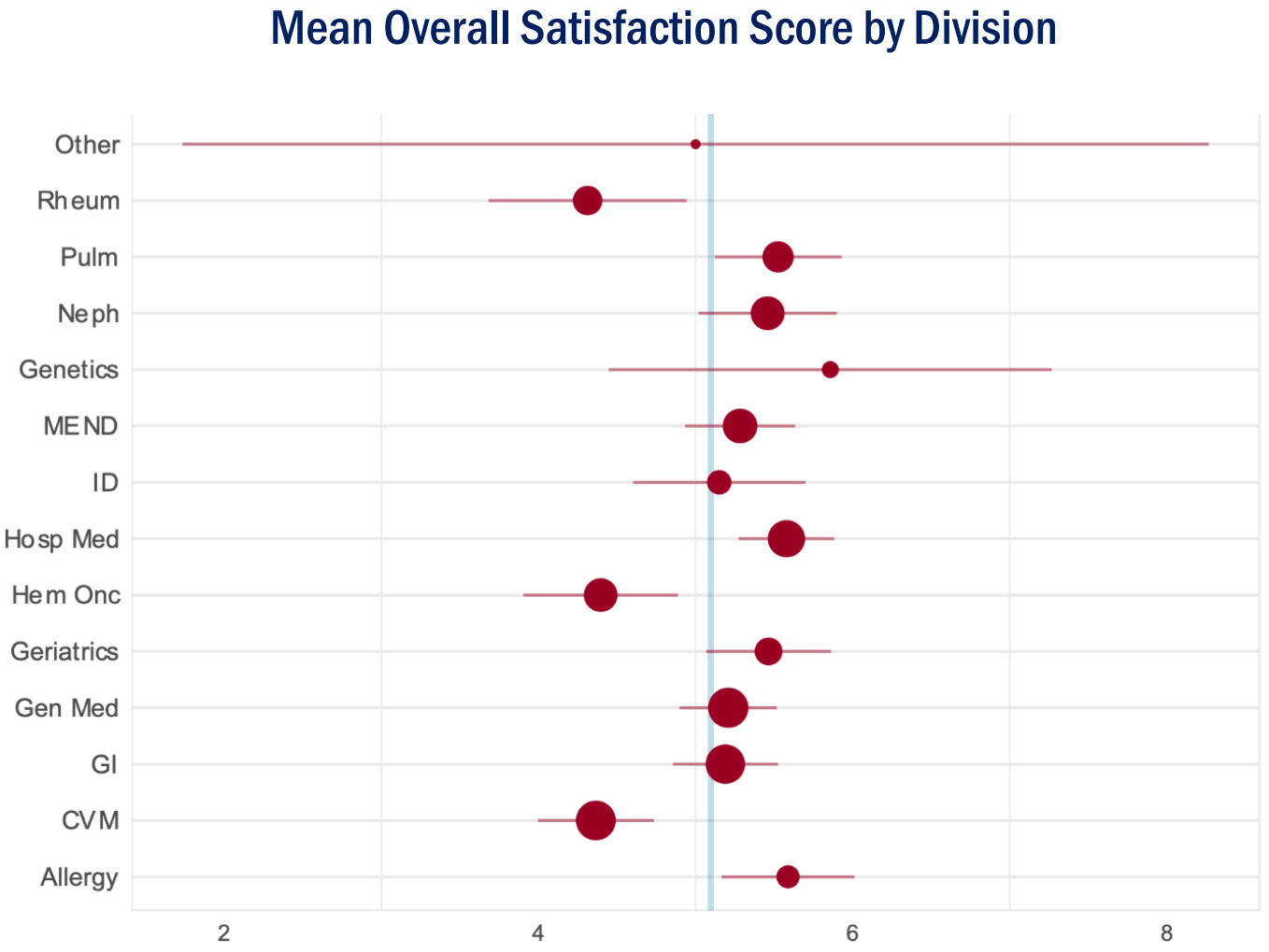
Higher scores represent higher satisfaction

UMMS Faculty Satisfaction Survey 2018

Satisfaction: A Few Differences in Overall Satisfaction by Division

Respondents were asked to rate their overall job satisfaction from 1 (Very Dissatisfied) to 7 (Very Satisfied).

Higher scores represent higher satisfaction



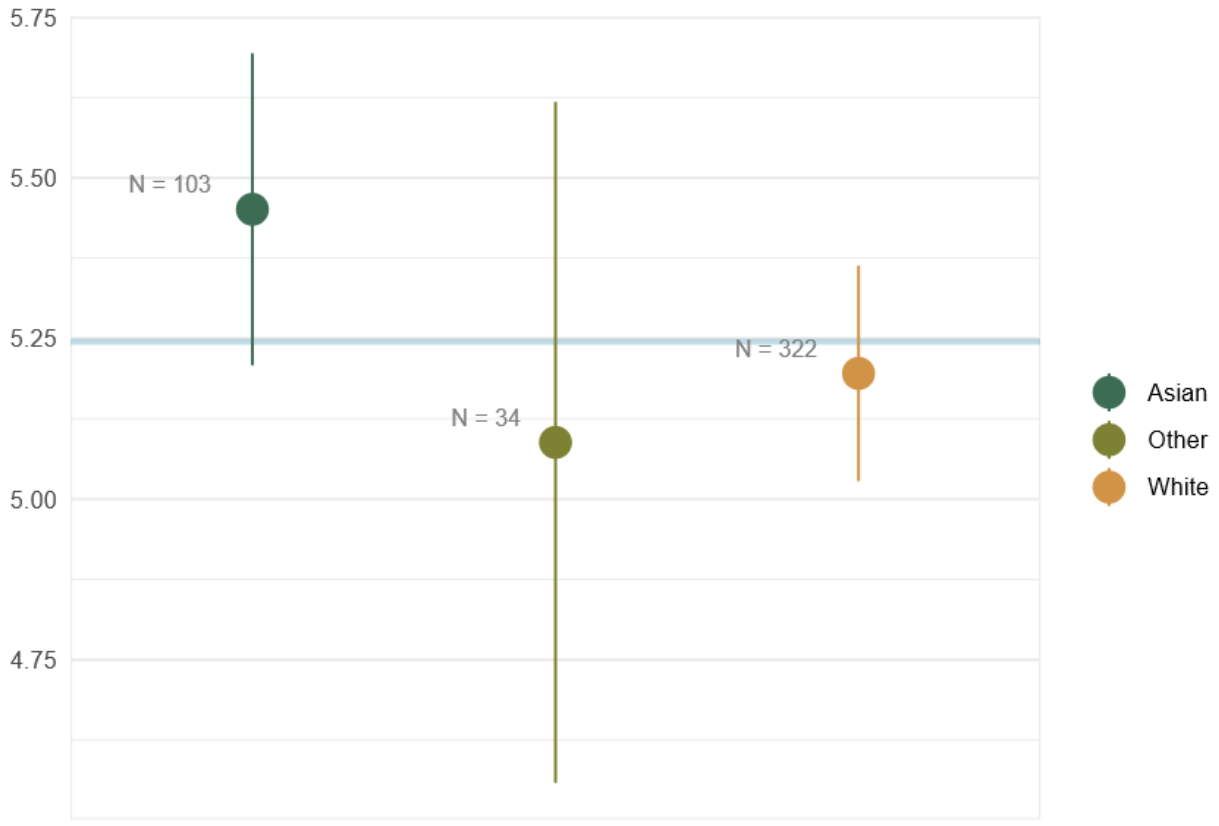
UMMS Faculty Satisfaction Survey 2018

Satisfaction: Asian Respondents Tend to Report Somewhat Higher Satisfaction

Respondents were asked to rate their overall job satisfaction from 1 (Very Dissatisfied) to 7 (Very Satisfied).

Higher scores represent higher satisfaction

Mean Overall Satisfaction Score by Race



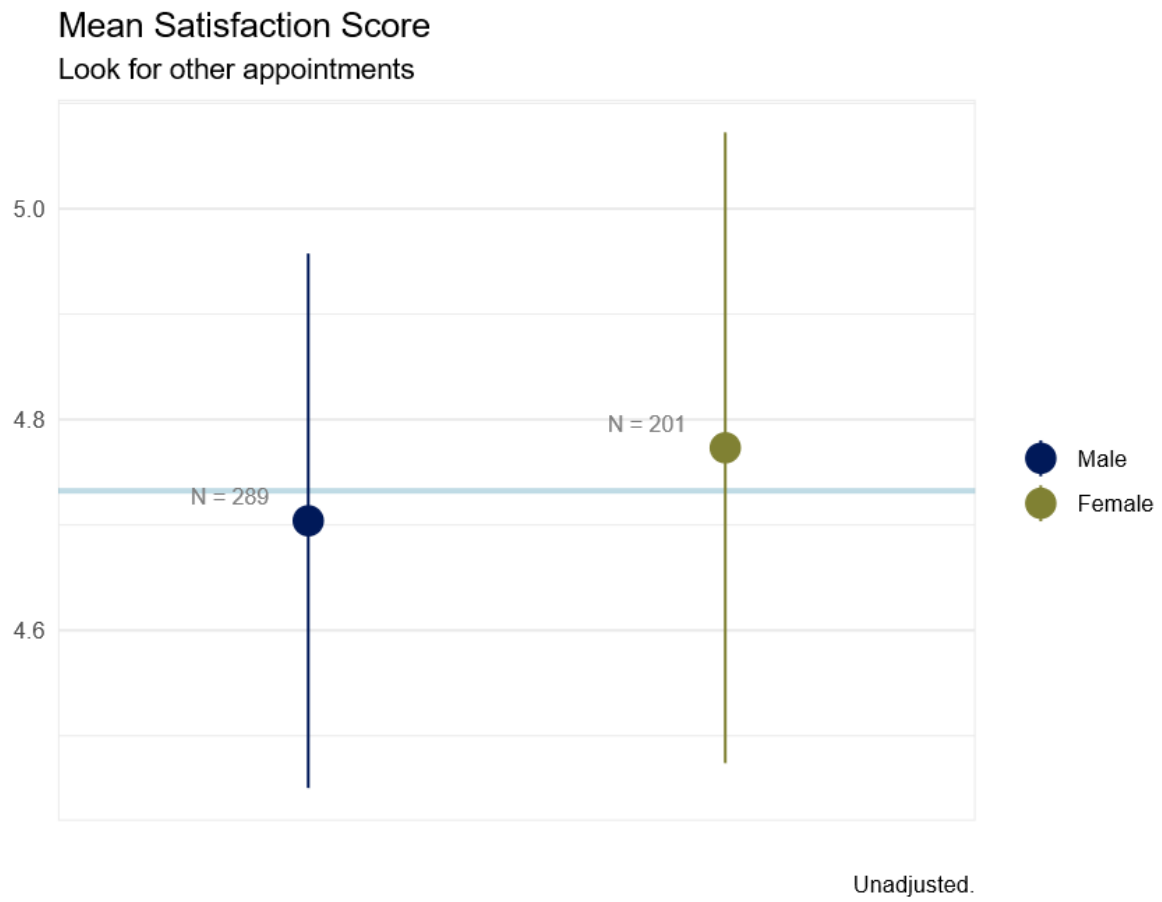
*The effect of race/ethnicity is difficult to assess due to small sample size (n=34).

UMMS Faculty Satisfaction Survey 2018

Satisfaction: Men and Women Appear Equally Likely to Look for Other Appointments

Respondents were asked to rate how likely they are to look for appointments at other institutions in the next 12 months.

Score 1-7; higher scores represent less likely to look for other appointments

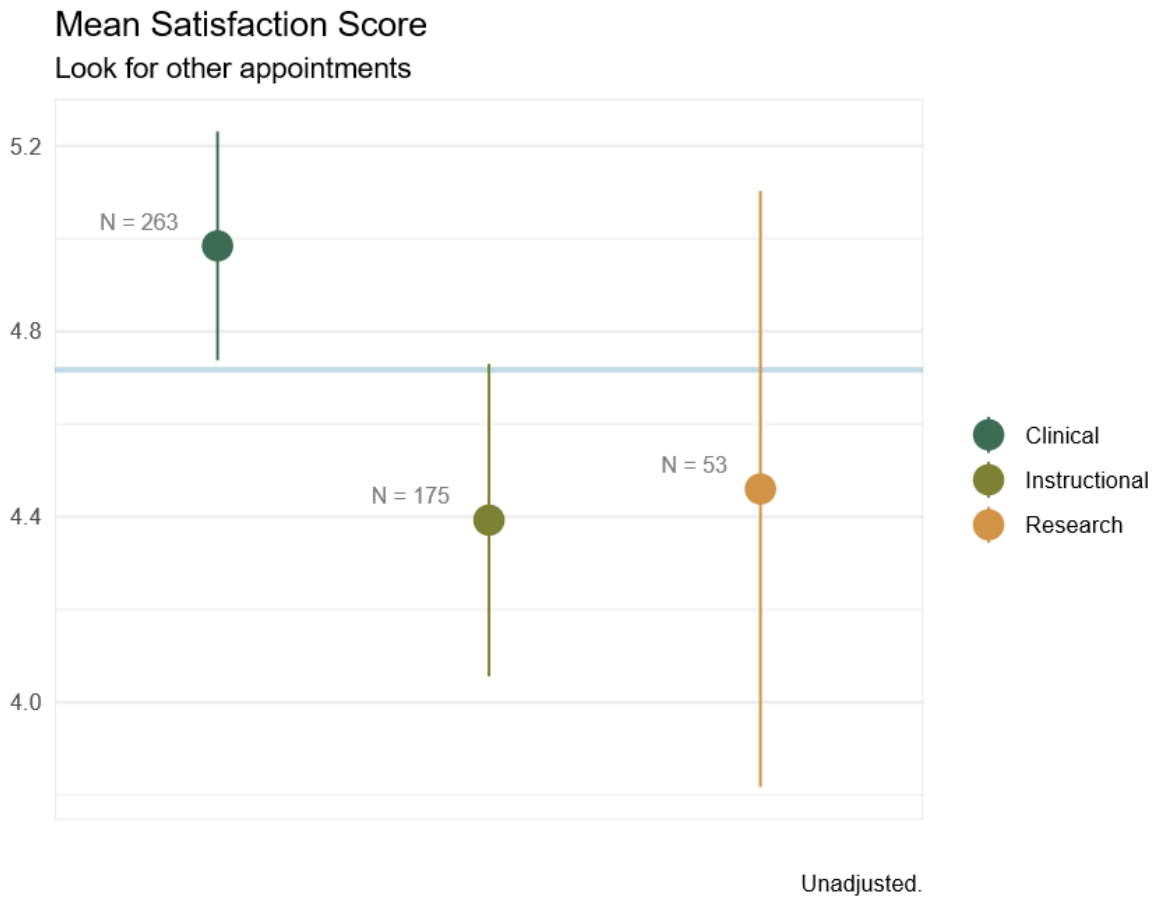


UMMS Faculty Satisfaction Survey 2018

Satisfaction: Clinical Faculty are Less Likely to Look for Other Opportunities

Respondents were asked to rate how likely they are to look for appointments at other institutions in the next 12 months.

Score 1-7; higher scores represent less likely to look for other appointments

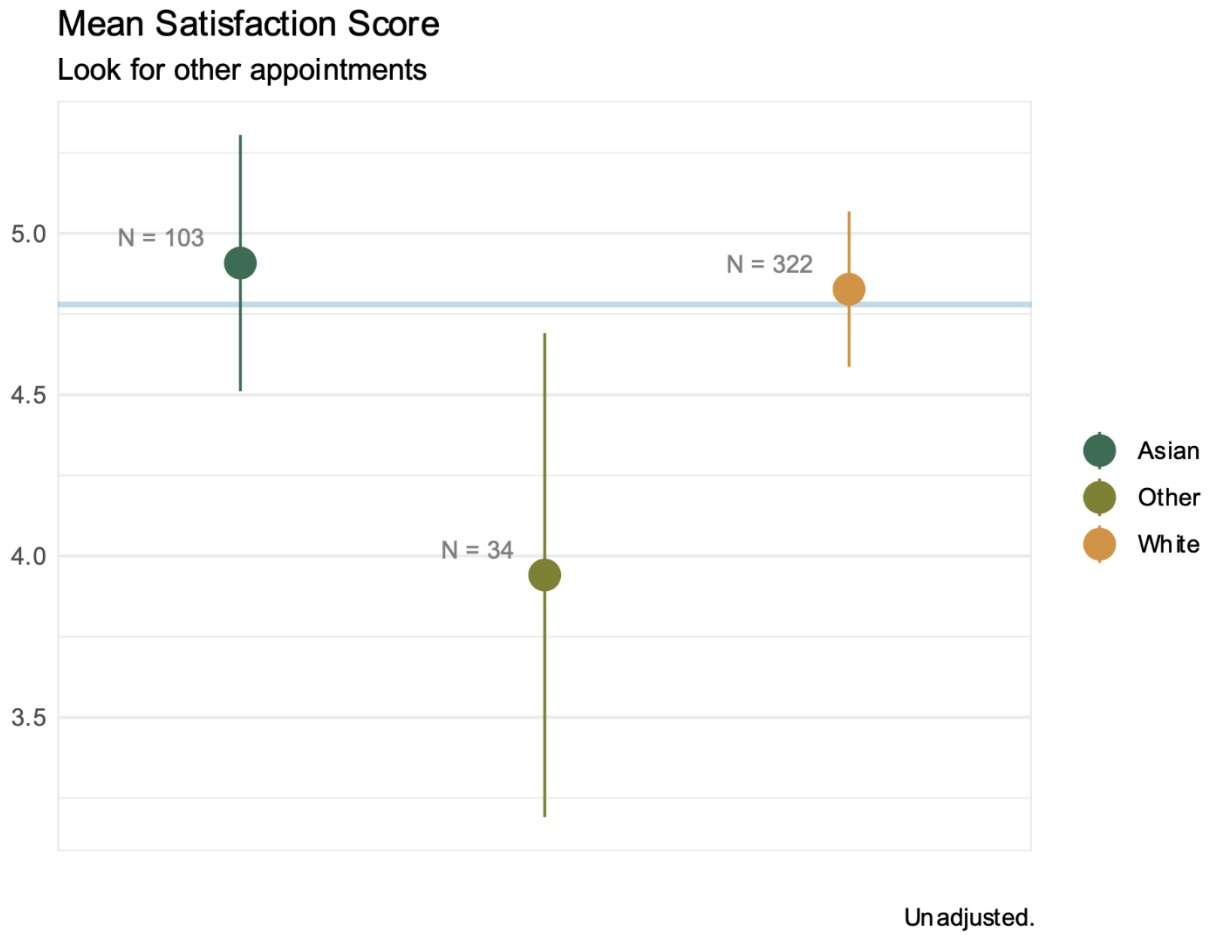


UMMS Faculty Satisfaction Survey 2018

Satisfaction: URIM Faculty are More Likely to Look for Other Opportunities

Respondents were asked to rate how likely they are to look for appointments at other institutions in the next 12 months.

Score 1-7; higher scores represent less likely to look for other appointments



UMMS Faculty Satisfaction Survey 2018

Faculty Satisfaction: Key Takeaways

- A large proportion of respondents reported experiencing stress and burnout.
  - MiChart, email, clerical burden, and insufficient time were major contributors
  - Women, clinical track and URIM faculty reported more burnout
- **Women faculty** reported higher, more frequent burnout, less overall job satisfaction, less positive attitude towards work culture, and less satisfaction with DEI and sexual harassment efforts.
- **Clinical faculty** reported higher, more frequent burnout, less positive attitude towards work culture, less overall job satisfaction, and are less likely to look for other opportunities.
- **URIM faculty** are more likely to want to look for new opportunities, but sample size limits comparisons.
- There are some differences in burnout, cultural satisfaction, and overall satisfaction by division.

UMMS Faculty Satisfaction Survey 2018

2019 Employee Engagement & DEI Pulse Surveys:
Staff Perceptions

Employee Engagement 2019: Staff Perceptions

Question	% Agree/Strongly Agree Women (N=597)	% Agree/Strongly Agree Men (N = 132)
BURNOUT		
I feel burned out.	40	41
My organization helps me deal with stress and burnout.	32	42
CULTURE		
The person I report to is supportive of workplace health and well-being activities.	68	75
Abusive behavior is not tolerated at my organization.	68	74
SATISFACTION		
Overall, I am a satisfied employee.	74	74

Employee Engagement Survey 2019

DEI Pulse Survey: Staff & Faculty Perceptions

592 DOIM Respondents (316 Staff, 292 Women)

- 43% of staff were not confident our DEI efforts were making a difference
- 50% of faculty were not confident our DEI efforts were making a difference

Qualitative Feedback: Internal Leadership Interviews & Faculty Focus Groups

Qualitative Feedback: Internal Leadership Interviews - Process

- ODEW leadership conducted individual semi-structured interviews with 11 vice chairs and leadership from the 13 DOIM divisions (division chiefs and division administrators) over approximately 6 weeks (December 2019 – January 2020) to inform strategy to improve the work environment.
- Responses were first coded into the following categories: Well-Being, Diversity, Equity, Inclusion. Secondary coding was done to determine the most prevalent theme(s) within the broader categories of operational definitions, challenges, and actions for improvement. Pertinent challenges were then categorized by individual and system level opportunities for improvement.

Qualitative Feedback: Faculty Focus Groups - Process

30 Participants (20 Women), 9 Divisions

- Fifteen voluntary focus groups were conducted in the Department of Internal Medicine to examine concerns and opportunities relative to well-being, diversity, equity and inclusion in order to inform strategy for improving the work environment.
- The following questions were asked:
  - What are important issues to address in order to develop a more supportive workplace culture for: well-being, diversity, equity, and inclusion?
  - What are your experiences related to DEI and well-being issues? What have you seen or experienced or heard from colleagues about DEI and/or well-being?
  - What ideas or suggestions do you have that can help improve the workplace culture?
  - What important action steps would you and your colleagues be willing to participate in to improve workplace experiences for faculty and staff?
- For each question the responses were first coded into the following categories: Well-Being, Diversity, Equity, Inclusion. Secondary coding was done to determine the most prevalent theme(s) within each category. Pertinent challenges were then categorized by individual and system level opportunities for improvement.

Feedback from Internal Leadership Interviews & Faculty Focus Groups

Individual Level Opportunities

- Recognize and support faculty non-work responsibilities and needs
- Improve recruitment and pipeline strategies to address diversity
- Address gender inequities with respect to leadership, promotion, recognition, and compensation
- Address clinical track inequities with respect to promotion
- Recognize contributions of staff
- Ensure protected time for mentoring and development opportunities *(Faculty Focus Groups)*

System Level Opportunities

- Systematically address burnout and well-being needs of faculty
- Improve clinical workflow efficiency and faculty autonomy
- Address all forms of bias and improve inclusivity
- Improve communication and transparency
- Improve alignment between Med School financial priorities and departmental focus on well-being *(Leadership Interviews)*

Representative Quotes from Faculty Focus Groups

30 Participants (20 Women), 9 Divisions

"No longer work life balance, it's work-work balance. Physicians are being itemized and being asked to do more without the time to do it."

"Cut down the work that does not help save lives!"

"Stop expecting parents, especially women, not to be home with a sick child. From a well-being perspective, it adds a layer of stress."

"Women are disproportionately asked to do "house-keeping" type of work – reviewing fellows/applicants, evaluation, committees. Men (Junior) in basic science labs are 'protected' for 'important' work (i.e. research)."

"Burnout is not depression. It's not a deficiency from providers. I get angry when I see an advertisement for 'yoga' because they push it to providers. It's almost insulting."

Appendix: About The Data, Future Directions & Acknowledgements

- These data were collected via the Michigan Medicine faculty satisfaction survey administered in Fall 2018 by Faculty Affairs and the Quality Department to all Michigan Medicine faculty.
  - Data were analyzed for the purpose of quality improvement.
  - Data were collected via a survey which was sent to all faculty through email.
- Modeling is planned to examine these differences and whether they hold up while controlling for other covariates.
- Thank you to the Quality Department, Rose Juhasz, PhD, Kuanwong Watcharotone, PhD, Hannah Lahti, and Ejike Anusiem; as well as Michael Clark, PhD, Consulting for Statistics, Computing, and Analytics Research (CSCAR) for your diligence and expertise in performing these analyses.
- Follow up questions or requests for additional information can be directed to the Department of Internal Medicine Office of Diversity, Equity, and Well-Being: intmeddei-wellbeing@umich.edu