Overview of Utility of Mini-Z

Introduction:

The Mini Z instrument was developed as a tool for efficiently measuring physician burnout. Originally called the Z Clinician Questionnaire (for "Zero" Burnout), this survey toolwas developed by Dr. Mark Linzer based on work in the Physician Worklife Survey (1) and the Minimizing Error, Maximizing Outcomes (MEMO) Study (2).

This 10-question survey was incorporated into the annual Faculty Survey administered by Dr. David Raiford and his team in July 2018 (is this correct?). Mini-Z survey results were distributed at the department level to all Department Chairs earlier this year to provide leadership with a measurement of baseline physician well-being and burnout. In anticipation of continued use of the Mini-Z in subsequent Faculty Surveys, this review highlights the development and utility of the overall Mini-Z score as well as its subset components which can be utilized to identify areas of strengths and weaknesses in regards to physician well-being.

Overview of Mini-Z:

The Mini-Z instrument consists of 10 questions with 5-point Likert scales and one open ended question at the end. These ten items assess **three outcomes** (burnout, stress and satisfaction) and **seven drivers** of burnout (work control, work chaos, teamwork, values alignment with leadership, documentation time pressure, EMR use at home, and EMR proficiency).

The single item burnout question (Question #2 on our Vanderbilt Faculty Survey below) has been validated externally against the Maslach Burnout Inventory (MBI). In 2004, Rohland et al demonstrated a good correlation (r=0.64) of the single question with emotion exhaustion as measured by the MBI (r = 0.64) with ANOVA-calculated r squared (0.5) (3).

Internal consistency of the ten-item survey was evaluated using a sample 603 practicing physicians from Hennepin County Medical Center and found to have a Cronbach's alpha of 0.8 (4). Correlations also demonstrated convergent validity between burnout and five individual drivers of burnout (control, EMR use, chaos, lack of teamwork, lack of values alignment) with r values ranging 0.26-0.46 (4).

In this same study, factor analysis determined two subscales below with reasonable alphas of 0.74 and 0.72 (4). These subscales were selected a priori by the authors based on the hypothesis that high stress and high satisfaction are outcomes related to burnout and would therefore predict clinicians who are experiencing burnout.

- Subscale 1: (Satisfaction) \rightarrow Satisfaction (Q1), Burnout (Q2), Values (Q3) Teamwork (Q4)
- Subscale 2: (Stress) → Stress (Q5), EMR at home (Q6), Documentation time (Q7), Chaos (Q8)

The four questions on the Satisfaction Subscale focus on positive features of a healthy work environment including alignment of values with institutional leadership and a sense of teamwork in the workplace. High measures on these two are often linked with high satisfaction and low burnout scores. The four questions on the Stress Subscales describe the lack of work-place control related to EMR use, pressured time for documentation and a chaotic work environment. Poor scores on these four questions are related to high stress scores and high burnout. Individual questions (except Question 2) have not been validated as stand-alone measures of either outcomes or drivers of burnout. Therefore, utilization of these questions in and of themselves should be done with caution, if at all, at the departmental level.

Recommendations:

Based upon work done by Linzer (<u>http://www.cpperesearch.org/</u>) we recommend evaluating department-level data utilizing three specific scores (SEE SAMPLE MINI-Z BELOW):

- 1. <u>Overall score</u>: Add all points from the 10 items for a total score, range 10-40 points. A score >=20 is considered representative of a joyful work environment
- 2. <u>Satisfaction scale</u>: Add all points from Q1, Q2, Q3, Q4, range 4-25 points. A score >=20 is considered a highly supportive environment
- 3. <u>Stress scale</u>: Add all points from Q5, Q6, Q7, Q8, range 4-25 points. A score >=20 is considered a low stress environment with reasonable EMR pressures

References:

- 1. Linzer et al. Managed care, time pressure, and physician job satisfaction: results from the physician worklifestudy. J Gen Intern Med. 2000 Jul;15(7):441-50.
- 2. Linzer et al. Working conditions in primary care: physician reactions and care quality. <u>Ann</u> <u>Intern Med.</u> 2009 Jul 7;151(1):28-36, W6-9.
- 3. Rohland et al. Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians. Stress Health. 2004 Apr;20(2):75-79.
- Shimotsu S, Poplau S, Linzer M. Validation of a brief clinician survey to reduce clinician burnout. In: Abstracts from the 38th Annual Meeting of the Society of General Internal Medicine. Vol 30, Issue 2 Supplement. Toronto, Canada: J Gen Intern Med. 2015:S79-S80. <u>http://link.springer.com/journal/11606/30/2/suppl/page/1</u>. Accessed April 14, 2019.

		Mini Z 2.0 Survey		
1. Overall, I am satisfied v 5.Strongly agree	-	ent job: 3.Neither agree/disagree	2.Disagree	1.Strongly disagree
J.Strongly agree	4.75100	Sinchier agree/ disagree	2.01308100	
2. Using your own definit	on of "burn	out", please circle one of t	he answers bel	ow:
5. I enjoy my work	. I have no s	symptoms of burnout.		
		t always have as much ener		
-	ourning out a	and have one or more symp	otoms of burno	ut, e.g. emotional
exhaustion.	6 1			
2. The symptoms frustrations a lot.	of burnout t	hat I'm experiencing won't	go away. I thini	k about work
	v hurnod ou	t. I am at the point where I	may pood to se	ok holp
1. Theel completer	y burneu ou	it. I all at the point where i	may need to se	ek neip.
3. My professional values	are well ali	gned with those of my dep	artment leader	rs:
		3.Neither agree/disagree	2.Disagree	1.Strongly disagree
		-	_	
4. The degree to which m	y care team	works efficiently together	is:	
5 – Optimal	4 – Good	3 – Satisfactory 2 –	- Marginal	1– Poor
-		-	_	
5. I feel a great deal of str	ess because	of my job		
5. Strongly disagre	e 4. Disagr	ee 3.Neither agree/disag	ree 2.Agree	1. Agree strongly
6. The amount of time I s	pend on the	electronic medical record	(EMR) at home	is:
5 – Minimal/none	4 – Mode	est 3 – Satisfactory 2 – I	Moderately hig	h 1 – Excessive
7. Sufficiency of time for o	documentat	ion is:		
5 – Optimal	4 – Good	3 – Satisfactory 2 –	- Marginal	1– Poor
	scribes the a	atmosphere in your primar	•	
5. Calm	4	3.Busy, but reasonable	2 1. H	lectic, chaotic
9. My control over my wo				
5 – Optimal	4 – Good	3 – Satisfactory 2 –	Marginal	1– Poor
10. The EMR adds to the f				
5.Strongly disagre	e 4.Disagr	ee 3.Neither agree/disag	gree 2.Agree	1.Strongly agree
Total Score = add the num	bered respo	onses to questions 1-10. Rai	nge 10-50 (>= 4	40 is a joyful workplac
Subscale 1 (supportive we	rk environm	nent) = add the numbered r	esnonses to O1	-01 Range 1-25 /
is a highly supportive prac				

Subscale 2 (work pace and EMR stress) = add the numbered responses to Q5-Q8. Range 4-25 (>= 20 is an office with reasonable pace and manageable EMR stress).

is a highly supportive practice).

Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace study. The Mini Z was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis MN. For more information please view our website: <u>http://www.cpperesearch.org/</u>