COMPASSIONOMICS TO ADDRESS EHR PROVIDER AND SYSTEM BURDEN

Susan McBride, PhD, RN-BC, CPHIMS, FAAN, Mari Tietze, PhD, RN-BC, FHIMSS, FAAN, Laura Thomas, PhD, RN, CNE, Mary Anne Hanley, PhD, RN, SGAHN, Julia Stocker Schneider, PhD, RN, CNL, and Jaime Sinutko, PhD, MSN, RHIA, RN

Introduction

Background: Electronic Health Records (EHR) benefit patients and clinicians. Unnecessary documentation burden and usability issues have negatively impacted clinician well-being (e.g., burnout and moral distress).

Purpose: This study was conducted in partnership with TNA, ANA-Michigan, TONL, and MONL to examine the satisfaction and maturity of EHRs in two states to design evidence-based strategies to address burden.

Background

Background:
- TNA Board Resolution in 2009 initiated TNA-TONL HIT Committee
- Focus groups in 2009 illuminated this rapid uptake of EHRs in hospitals and ambulatory care settings . . . nurses were faced with the increased burden of documentation and poor usability experiences
- Statewide studies, as directed by the TNA/TONL collaborative partnership, documented findings and gathered anecdotal comments about these experiences that further illuminated their plight.
- Texas and Michigan Partner to Address the challenges.

Aims of the study:
1. To compare Texas findings for 2015 and 2020 studies and Michigan's findings of a statewide analysis of nurses' experiences using their EHRs.
2. To design interventions based on the evidence to address provider and system burden.
3. Examine the impact of EHRs during the COVID pandemic.

Acknowledgements

This study was a joint effort of members from two states and their four organizations: Texas Nurses Association, Texas Organization for Nursing Leadership, Michigan Nurses Association, and Michigan Organization of Nurse Leaders. Staff support and funding was provided by these organizations. THANK YOU!

Methods

Methods: Study design was an exploratory, descriptive comparative analysis with a cross-sectional survey from a random sample of Texas (n = 1117) and Michigan (n = 551). Measurement instruments were the Clinical Information Systems Implementation Evaluation Scale (37-item scale) and a demographic survey including the Maturity Index (24-item scale).

Maturity Matters-Findings in Texas and Michigan

The MUMSI was calculated for all respondents based on 24 questions related to the maturity of the EHR. The index score mean =59.5, median=62, range 0-72 (highest score possible).
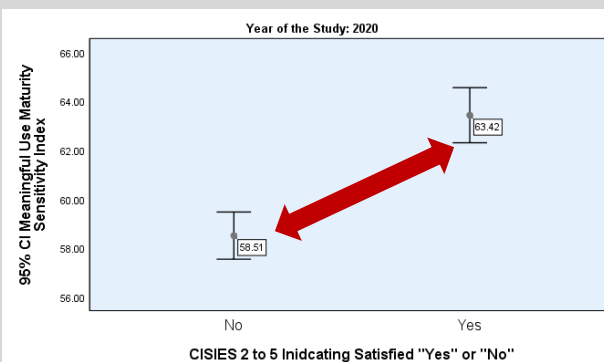
2020 MUMSI mean comparison of nurses indicating satisfaction "Yes" or "No" [t(762)=-6.53, p<.001]

COVID-19 Nurses Experiences Using the EHR--Michigan

Common Statements Reflective of Experience
- I appreciated being allowed to cut out superfluous categories and stick to core nursing assessment and charting by exception
- Made charting faster/simpler for RN's
- Plan of care documentation streamlined to allow less time charting and more time with patients, flowsheets adjusted to limit redundancy in charting.
- "Disaster charting" was more streamlined admission and assessment charting

Similarities and Differences

Findings of similarities and differences in the practice setting and nurse characteristics:
- Magnet status similarly reflects significant odds of satisfaction if Magnet compared to No Magnet Status controlling for maturity. (68% more likely to be satisfied if Magnet status (OR 1.68; 95% CI, 1.384-2.04
- Older nurses in Texas are less likely to be satisfied with EHRs, no significant differences in age within Michigan
- Similarity when asked to comment on their experiences using their EHR:
  - Clear expression of moral distress
  - Frustration with CIS/EHR
  - Voices not heard
  - Lack of support

Top Five Actions Leaders Should Take to Support Provider Team Members . . . Right Now

Interrelated Major Themes of Nurses' Experience Using EHRs for Texas and Michigan: Qualitative Analysis
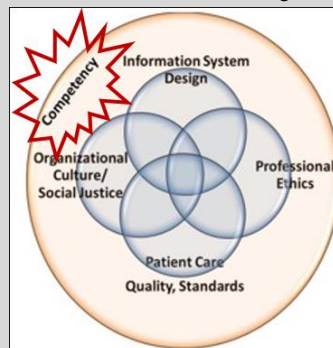
System's lack of competency/maturity can be associated with:
Concerns of patient safety
Duplicative charting
Diminished patient time
Burden of documentation on providers
- Leads to moral injury
- Leads to burnout
- Can be mitigated by "compassionomics"

Moral Injury, Burnout, & Compassionomics

Moral Injury – Response to acting or witnessing behaviors that go against an individual's values and moral beliefs" and that a related transgression occurred
Burnout – Intense feeling of guilt and failure
Compassionomics - "to suffer together," feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering; "compassion in action"

Compassion: heart rate slows, secrete the "bonding hormone" oxytocin, and regions of the brain linked to empathy, caregiving, and feelings of pleasure light up, resulting in wanting to approach and "care for others"

Employees receiving more compassion in workplace see themselves, their co-workers, and their organization in a more positive light, report feeling more positive joy and contentment, and are more committed to their jobs. Compassionate workplace culture is linked to less burnout, greater teamwork, and higher job satisfaction.

Conclusion and Policy Implications

Conclusions:
- Study findings indicate the burden of documentation is present, and the maturity of the EHR also impacts overall satisfaction with EHRs.
- There are significant differences in the maturity of EHRs across hospitals, regions, and states.
- While the study does not explicitly measure moral distress and/or moral injury there is qualitative evidence to suggest both may be present with a negative impact on nurses.
- Studies are warranted that explicitly measure the presence of moral distress and/or injury directly related to technology.

Policy Implications:
- Because this study presents findings of stress and frustration that could indicate moral distress from dissatisfaction with EHRs and lack of system-level support, policy considerations are warranted.
- This report accentuates the relationship between these findings and the concept of compassionomics (caring about a person's suffering and related actions) to inform policy action and strategies for improving clinicians' mental health and well-being related to EHR use, provider and system burden.

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