Factors Associated with a Positive View of Respiratory Care Leadership

Katlyn L. Burr, Carl R. Hinkson, Brian J. Smith, Karsten J. Roberts, Shawna L. Strickland, Cheryl Hoerr, Kyle J. Rehder, Andrew G. Miller

Disclosures

- Katlyn Burr is a contract trainer for Hill-Rom
- No other disclosures to report

Background

- Burnout within healthcare is prevalent
  - 71% of nurses and 58% of MDs are currently suffering from burnout[1]
  - 79% of Respiratory Therapists[2]
- Effects from burnout extend individual to the organization and patient
- Burnout and staff well-being is affected by leadership
  - Prior data suggested poor leadership was a driver of burnout in RTs[3]
- Displayed as:
  - Increased anxiety
  - Depression
  - Excessive alcohol and drug use
  - Cardiovascular problems
  - Time off work
- We aimed to identify factors associated with a positive or negative view of leadership perception

1. Moll et al. Crit Care Med 2021.
2. Miller AG et al. Respir Care 2021:(In press).
3. Miller AG et al. Respir Care 2021:66(5):715-723.

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Methods

- Post-hoc analysis of an IRB exempt burnout survey administered to 26 centers
- RT department leadership distributed the survey and sent reminders to their teams
- Survey included:
  - Hospital/Center demographics
  - Staffing, COVID-19 exposure, leadership, emotional exhaustion, and demographics
  - 5 item- SCORE scale to measure personal burnout
  - A singular question to evaluate burnout climate
  - Validated survey to evaluate leadership

Survey Questions

Leadership Behaviors - For this section, consider all questions related to the respiratory care department.

For directors and managers, please refer to the person or persons you report to.

	Strongly agree	Agree	Neutral or undecided	Disagree	Strongly disagree	N/A or prefer not to answer
My department director/manager is available at predictable times:	○	○	○	○	○	○
My department director/manager regularly makes time to provide positive feedback to me about how I am doing:	○	○	○	○	○	○
My department director/manager provides frequent feedback about my job performance:	○	○	○	○	○	○
My department director/manager provides useful feedback about my job performance:	○	○	○	○	○	○

Results

- 1,080 responses, response rate of 37%
- 66% had a positive view of RT leadership
  - 73% with a positive view were burned out vs 91% with a negative view, p < 0.001
- Factors associated with a positive view of leadership in univariate analysis:
  - Adequate staffing
  - Able to complete all work
  - All individual leadership/burnout questions
  - Burnout climate
  - In a leadership position
  - Worked fewer hours ICU hours
  - Worked in center affiliated with a medical school
  - Day shift
  - Were less likely to care for adult patients
  - Male

Results

- There were no differences in leadership perception for:
  - COVID-19 exposure
  - Missing work due to illness
  - Highest degree earned
  - Years as an RT
  - Hours worked per week
  - Hours worked per week in the ICU
  - Commute time
  - Race
  - Use of RT protocols

Results – Multivariable Logistic Regression

Multivariable analysis revealed:
- Factors associated with a positive view of leadership
  - Direct care to COVID-19 patients – OR 5.8-10.5
- Factors associated with a negative view of leadership
  - Inadequate RT staffing – Always (OR 0.28), Frequently (OR 0.27)
  - Staff therapist – OR 0.33
  - Missed work for any reason – OR 0.69
  - Burnout environment – OR 0.42
  - Burnout score – OR 0.98 per point
- Non-significant factors included
  - Highest degree earned, inability to finish all work, patient population cared for, shift, burned out Y/N, hours worked per week, hours worked in the ICU and commute time

Conclusion

- Most RTs had a positive perception of their leadership
- Negative perceptions of leadership was associated with higher burnout in RTs, inadequate staffing, being a staff RT, burnout environment, and missed work
- RT leadership should focus on employee well-being on burnout reduction practices

HARD WORK AHEAD

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Questions?