

Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD;
Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD;
and Stephen J. Swensen, MD

Abstract

Objective: To evaluate the impact of organizational leadership on the professional satisfaction and burnout of individual physicians working for a large health care organization.

Participants and Methods: We surveyed physicians and scientists working for a large health care organization in October 2013. Validated tools were used to assess burnout. Physicians also rated the leadership qualities of their immediate supervisor in 12 specific dimensions on a 5-point Likert scale. All supervisors were themselves physicians/scientists. A composite leadership score was calculated by summing scores for the 12 individual items (range, 12-60; higher scores indicate more effective leadership).

Results: Of the 3896 physicians surveyed, 2813 (72.2%) responded. Supervisor scores in each of the 12 leadership dimensions and composite leadership score strongly correlated with the burnout and satisfaction scores of individual physicians (all $P < .001$). On multivariate analysis adjusting for age, sex, duration of employment at Mayo Clinic, and specialty, each 1-point increase in composite leadership score was associated with a 3.3% decrease in the likelihood of burnout ($P < .001$) and a 9.0% increase in the likelihood of satisfaction ($P < .001$) of the physicians supervised. The mean composite leadership rating of each division/department chair ($n = 128$) also correlated with the prevalence of burnout (correlation = -0.330 ; $r^2 = 0.11$; $P < .001$) and satisfaction (correlation = 0.684 ; $r^2 = 0.47$; $P < .001$) at the division/department level.

Conclusion: The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations. These findings have important implications for the selection and training of physician leaders and provide new insights into organizational factors that affect physician well-being.

© 2015 Mayo Foundation for Medical Education and Research ■ Mayo Clin Proc. 2015;90(4):432-440



For editorial
comment. See
page 425

From the Department of Medicine (T.D.S.), Office of Leadership and Organization Development (G.G., S.J.S.), Department of Radiology (R.M.), Health Sciences Research (J.A.S.), Mayo Clinic, Rochester, MN; Department of Radiation Oncology, Mayo Clinic, Jacksonville, FL (S.J.B.), and Sirota Survey Intelligence, Purchase, NY (K.A.S., D.R.).

Physicians are increasingly employed by large health care organizations. Studies suggest that approximately 75% of US physicians are now employed by hospitals, academic medical centers, health maintenance organizations, and large practice groups.¹ This represents a profound structural change from the solo practitioner and small group practice models in which most physicians previously functioned.²⁻⁴ This evolution in practice structure has created new challenges for physicians, requiring them to sacrifice some autonomy/flexibility, achieve productivity requirements set by the organization, and be accountable to organizational leadership.⁵⁻⁹

Little is known about the impact of organizational leadership on the professional satisfaction and burnout of individual physicians. Physician burnout and professional satisfaction have strategic importance to health care organizations

given their well-documented effect on quality of care, attrition/turnover, and patient satisfaction.¹⁰⁻²⁰ Small studies suggest that the relationship between individual physicians and their division/department chairperson is a critical component of professional satisfaction.²¹

To better understand the impact of leadership on the degree of burnout and professional satisfaction of physicians working in large organizations, we evaluated the relationship between the leadership qualities of firstline physician supervisors and the well-being and burnout of the physicians in their work unit.

PARTICIPANTS AND METHODS

Participants

Mayo Clinic is a nonprofit, physician-led health care organization with 3 large academic campuses (Rochester, Minnesota; Scottsdale, Arizona; and

Jacksonville, Florida) and an integrated group of community-based hospitals and health care facilities serving more than 70 communities in Iowa, Georgia, Wisconsin, and Minnesota. As part of its efforts to foster a cohesive organization, Mayo Clinic surveys its physicians, scientists, allied health staff, and all other employees approximately every 24 months. This all-staff survey is administered by an independent consulting organization (Sirota Survey Intelligence) and covers a broad array of topics, including perception of quality and safety, professional burnout, satisfaction with the organization, and assessment of the institutional culture. Each individual also provides a detailed evaluation of the leadership qualities of their immediate supervisor.

The most recent survey was administered in October 2013. The present analysis focuses on the 3896 physicians and scientists in the sample who practiced at 1 of the 3 academic campuses or 1 of the 70 facilities in the Mayo Clinic Health System. The physician version of the survey included 98 questions exploring a variety of topics, as described previously. Participation was voluntary, and all the data were confidential. Although the external survey consulting firm tracks responses by employee identification number, identifying information is not available to any Mayo Clinic employee. Permission to use data collected from the survey for the research analysis reported herein was approved by the Mayo Clinic Institutional Review Board.

Demographic Characteristics

Available demographic information included age, sex, and specialty area. All the physicians were categorized into 1 of 8 specialty areas: primary care (general internal medicine, family medicine, and general pediatrics), internal medicine subspecialty, surgical discipline, radiology, anesthesiology, pathology/laboratory medicine, other medical specialty area (eg, dermatology, neurology, physical medicine/rehabilitation, psychiatry, and radiation oncology), or other.

Burnout and Satisfaction

Burnout is a syndrome characterized by emotional exhaustion (losing your enthusiasm for work) and depersonalization (viewing/treating people as if they were objects), resulting in decreased effectiveness at work.²²

Although the 22-item Maslach Burnout Inventory (MBI)²² is the gold standard for assessing burnout, its length (22 items) limits feasibility for use in an organization-wide survey covering a wide range of topics, such as the one reported herein. Thus, to evaluate the emotional exhaustion and depersonalization domains of burnout in physicians, we used 2 single-item measures adapted from the full MBI. These 2 items have been used in previous studies involving more than 30,000 physicians²³⁻²⁶ and have been shown to have a high correlation with burnout as measured by the full MBI in samples of more than 10,000 physicians.^{18,27} The area under the receiver operating characteristic curve for emotional exhaustion for the single emotional exhaustion item relative to the full MBI is 0.94.²⁷ The area under the receiver operating characteristic curve for depersonalization using the single depersonalization item relative to the full MBI domain is 0.93.²⁷ Using the published approach to categorize responders, the positive predictive values of the single items for high emotional exhaustion and depersonalization relative to the full MBI are 88.2% and 89.6%, respectively.²⁷ Concurrent validity of this approach for assessing burnout has also been established.¹⁸ These 2 items remain the property of Mind Garden Inc (which holds the copyright on the MBI) and were used with the appropriate license.

Overall satisfaction with the health care organization in which participating physicians practiced was evaluated by asking, "Considering everything, how would you rate your overall satisfaction with Mayo Clinic as a whole at the present time?" Physicians responded using a 5-point Likert scale (5=very satisfied, 4=satisfied, 3=neither satisfied nor dissatisfied, 2=dissatisfied, 1=very dissatisfied).

Evaluation of Frontline Leaders in Clinical Divisions and Departments

Physicians rated the leadership qualities of their immediate supervisor (division/department chairperson) in 12 specific dimensions (Table 1). All the leaders evaluated were themselves physicians/scientists. These 12-items were devised to assess specific characteristics of leadership that are measurable and actionable (able to be improved on). For 11 of the items, physicians rated their level of agreement on a

Download English Version:

<https://daneshyari.com/en/article/2998503>

Download Persian Version:

<https://daneshyari.com/article/2998503>

[Daneshyari.com](https://daneshyari.com)