

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

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Abstract

These are challenging times for health care executives. The health care field is experiencing unprecedented changes that threaten the survival of many health care organizations. To successfully navigate these challenges, health care executives need committed and productive physicians working in collaboration with organization leaders. Unfortunately, national studies suggest that at least 50% of US physicians are experiencing professional burnout, indicating that most executives face this challenge with a disillusioned physician workforce. Burnout is a syndrome characterized by exhaustion, cynicism, and reduced effectiveness. Physician burnout has been shown to influence quality of care, patient safety, physician turnover, and patient satisfaction. Although burnout is a system issue, most institutions operate under the erroneous framework that burnout and professional satisfaction are solely the responsibility of the individual physician. Engagement is the positive antithesis of burnout and is characterized by vigor, dedication, and absorption in work. There is a strong business case for organizations to invest in efforts to reduce physician burnout and promote engagement. Herein, we summarize 9 organizational strategies to promote physician engagement and describe how we have operationalized some of these approaches at Mayo Clinic. Our experience demonstrates that deliberate, sustained, and comprehensive efforts by the organization to reduce burnout and promote engagement can make a difference. Many effective interventions are relatively inexpensive, and small investments can have a large impact. Leadership and sustained attention from the highest level of the organization are the keys to making progress.

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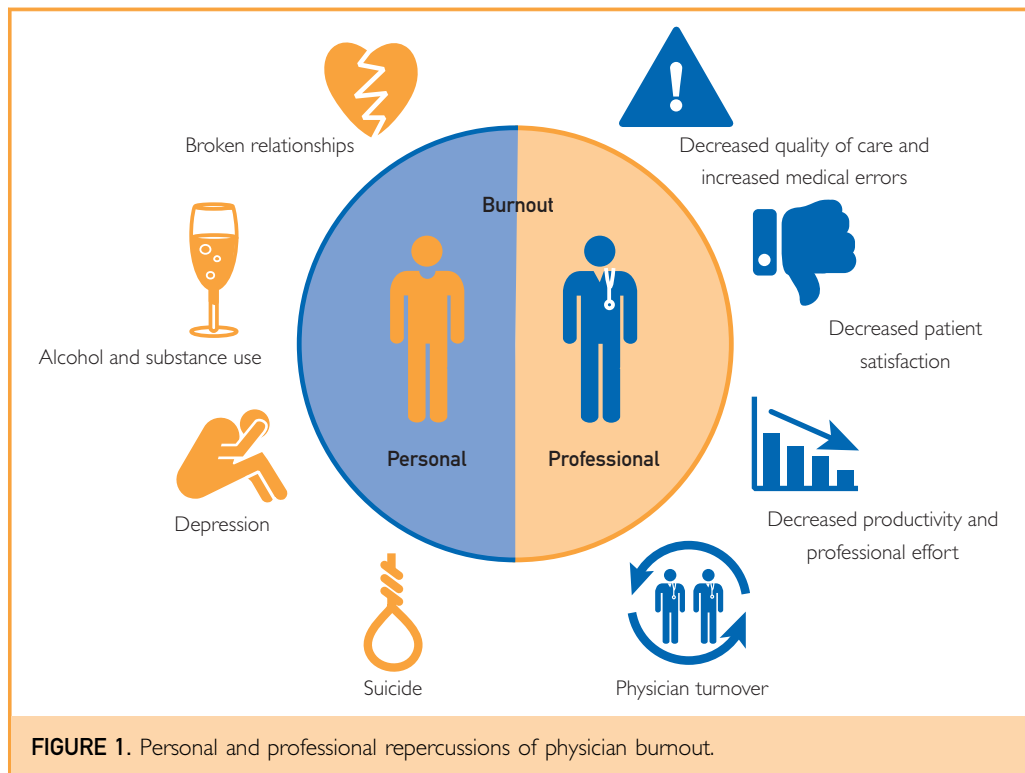
THE CHALLENGE FACING HEALTH CARE EXECUTIVES

This is a challenging time for health care executives. Increasing price competition, narrowing of insurance networks, and a greater proportion of patients with noncommercial insurance (eg, Medicare, Medicaid) due to the Affordable Care Act have all resulted in declining reimbursements. In parallel, requirements for “meaningful use” of electronic health records have resulted in large capital expenditures and dramatically increased clerical burden for staff.^{1,2} These financial challenges have, by and large, been addressed by increasing productivity expectations for physicians (ie, caring for more patients with the same amount of time/resources), efforts to improve efficiency, and expense reductions to decrease the cost of care delivered (doing more with less).

Health care organizations are also facing a variety of other threats. Increased mergers and consolidation of competitors place contracting at risk and are a perpetual, existential threat to organizational survival.³ The implementation of new quality metrics and requirements for public reporting necessitates greater attention to measures of system safety and increased resources to count, track, and report these dimensions. The national shortage of nurses and physicians in many specialties makes it challenging to maintain adequate staffing.^{4,5} Assessment of patient satisfaction and ubiquitous ratings of hospital “quality” creates incessant pressure to keep up with competitors in the technological “arms race” and to invest resources to maintain a state-of-the-art physical plant. Attacks from cyber criminals and nation states are a constant threat to information security as well as the trust of patients and the public.



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These myriad challenges often lead health care executives to focus on external threats. This can create a blind spot to equally important internal threats to organizational health. Successfully navigating the external challenges requires not only tremendous leadership but also committed and productive physicians working in partnership with leaders (who may or may not be physicians themselves). Executives need their physicians to be engaged, nimble, resilient, and invested in helping the organization improve quality, develop more efficient care delivery models, and enhance productivity.⁶

Unfortunately, today's health care leaders face these challenges with an increasingly exhausted and disillusioned physician workforce. National studies indicate that at least 50% of US physicians are experiencing professional burnout.^{7,8} Burnout is a syndrome characterized by exhaustion, cynicism, and reduced effectiveness.⁹ Burnout in US physicians has increased during the past decade and is dramatically higher than that of US workers in other fields.^{7,8} The rate of burnout among physicians varies by clinical discipline, with many of the specialties at the front line of

access to care (eg, family medicine, general internal medicine, and emergency medicine) at highest risk.⁷ Although burnout can also affect nurses and other health care workers, the focus of this manuscript is the epidemic of burnout among US physicians.

IMPLICATIONS OF PHYSICIAN BURNOUT

There is a moral and ethical imperative to address burnout in physicians. Physician burnout contributes to broken relationships, alcoholism, and physician suicide.¹⁰⁻¹⁶ In addition to the moral-ethical argument, there is a strong professional and business case to reduce physician burnout and promote physician engagement. Studies indicate that physician burnout influences quality of care, patient safety, and patient satisfaction.¹⁷⁻²⁴ Physician distress has also been linked to physician prescribing habits, test ordering, the risk of malpractice suits, and whether or not patients adhere with physicians' medical recommendations (Figure 1).^{11,25-28} Based on these relationships, it has been argued that physician distress is an important quality indicator for medical centers to monitor.²⁹

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