

# How the Mayo Clinic is battling physician burnout

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With physician burnout at 54.4 percent nationwide, according to a study on burnout in specialties, the medical world needs solutions now—and the Mayo Clinic is pioneering a model designed to raise camaraderie and increase collaboration to reduce burnout among its physicians. Find out why this health system started treating physicians as architects in practice rather than construction workers.

## A physician-led solution

Stephen Swenson, MD, medical director of the Office of Leadership and Organization Development at the Mayo Clinic and professor of radiology at the Mayo Medical School, worked with his colleagues to develop the Listen-Act-Develop model that focuses on physician engagement as a strategy to reduce burnout and involve physicians in the mission of their organization.

“If you have seen the causes of burnout in one unit, you have seen the causes of burnout in one unit,” Dr. Swenson said. “They are unique and variable.”

The first staple of the model is establishing a formal listening forum to hear from physicians. Dr. Swenson’s group made sure physicians were in a psychologically safe setting while they discussed top pain points physicians identified, such as clerical work, process inefficiencies, and ways for clinicians to have some control of their daily and weekly schedules.

What was “important was the simple act of caring and listening and then working together,” Dr. Swenson said. This is what he calls participative management. “Response [from physicians] was positive and hopeful,” he said. “It is critical, once expectations are raised with a survey or focus group, to really and authentically follow through. Otherwise,” he added, “[it] could actually make the situation worse.”

The Listen-Act-Develop model considers three factors that physicians need to flourish:

- **Choice:** Physicians want to have some control over their lives. This comes with granting

certain levels of flexibility and placing genuine value on physician input in the process. Organizations can increase flexibility and control for physicians by treating them as “architects” in the design of their care delivery model and not “construction workers” who follow someone else’s plans, Dr. Swenson said.

**Camaraderie or social connectedness:** Taking the time to socialize with team members and colleagues can lift spirits and improve collaboration. “We led two randomized controlled studies with docs,” Dr. Swenson said. “Both showed that simply getting together for a meeting or a meal raised camaraderie and lowered markers of burnout.” “The teamwork involved in addressing the local drivers of burnout is also a vehicle for growing camaraderie,” he added.

**Excellence:** Everyone wants to be a part of something meaningful. Organization leaders should establish constructive relationships with physicians and have a “genuine conversation [with physicians] to understand life in their moccasins,” Dr. Swenson said. “And then [create] a partnership to address the opportunities at the frontline and organizational levels.”

“If [physicians] are treated as employees or cost centers, that is how they will behave,” he said. “If they are treated as partners in delivering the needs of patients, [physicians] will ignore their job descriptions and skyrocket discretionary effort.”

## More on physician burnout

- Find out which specialties have the highest burnout rates
- Learn how physician burnout compares to the general working population
- Explore four physician-recommended steps to work- and home-life balance

Also, check out these modules from the AMA’s STEPS Forward™ collection:

- Improving physician resiliency
- Preventing physician burnout
- Preventing resident and fellow burnout