

9 organizational changes that lead to physician satisfaction

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The direct and indirect costs associated with physician burnout are often underestimated. Through a more engaged, satisfied workforce, physicians and their organizations can provide better, safer, more compassionate care to patients, which reduces the total costs. Burnout can be prevented with a systems-based organizational approach that targets the cultural, practice and personal domains that must be addressed to improve physician well-being.

Physicians and their organizations can learn more about the organizational changes needed for physician satisfaction through a recently published AMA STEPS Forward™ module. This free online module provides physicians and health leaders with key steps to create the organizational structural elements that support joy, purpose and meaning in work.

These nine steps are presented within three domains of an overarching framework for wellness. They are: culture of wellness, efficiency of practice and personal resilience.

Engage senior leadership. When physicians and other health professionals feel powerless or are subjected to excessive controls in practice, change is often resisted. However, when physicians and their teams are trusted and empowered to solve problems within their organization, workforce professionalism flourishes. To enhance physician and workforce well-being, leadership needs to define professional satisfaction as a core priority and must also dedicate appropriate resources toward it.

Track costs of burnout. Leadership should estimate and report the organizational costs associated with burnout on a regular basis. A calculator is available within this module to discover the cost of physician burnout, which can be expensive to an organization. That cost directly relates to the cost of recruiting and hiring new physicians to replace those who leave or reduce their time in practice.

Create a champion position. Organizations should develop an executive-level champion position, such as a chief wellness officer (CWO). The person in this position would report directly to the CEO and on the same levels as other leadership members, including the chief operating officer and the

chief medical officer. The CWO would ensure all leadership decisions consider the effect on physician wellness.

Measure burnout across the organization. By establishing physician well-being as a quality metric critical to an organization's data dashboard, important measures and predictors can be addressed. Use instruments such as the Mini Z burnout survey to assess burnout, its drivers and the costs associated with an organization. This should be completed annually, with results reported to the organization's governing board.

Strengthen local leadership. The relationship between physicians and their direct supervisors has a powerful impact on well-being. A study published in *Mayo Clinic Proceedings* found that every one-point increase in the leadership score of a physician's immediate supervisor was associated with a 3.3 percent decrease in the likelihood of burnout and a 9 percent rise in physician satisfaction. It is important to assess leadership performance to ensure physician satisfaction.

Track impact of interventions on well-being. If an organization has a wellness center, the staff can perform yearly reporting on interventions implemented and the impact on physician well-being. This can also be helpful in tracking productivity and retention. Workflow improvements can be the most powerful interventions in reducing burnout, combating professional isolation and increasing opportunities to build community within the organization.

Improve workflow efficiency. Time-motion research shows physicians spend nearly two hours on EHR and deskwork for every hour spent with a patient, which is not satisfying for physicians. Practices can save several hours of physician and support staff time per day by remodeling how work is completed, the way technology is used and how care is shared within the team.

Cut EHR time. A significant source of stress and burnout for physicians is the EHR. This can be associated with both the design and regulation of EHRs. However, much of the stress relates to an organization's implementation of these platforms. Too often, more work is pushed onto the physician's plate, work that does not typically require the physician's level of medical education and training. This contributes to increased time pressure and demoralization.

Support physician self-care. Systems factors are often the leading cause of physician burnout. However, self-care efforts at the individual level should also be addressed. Some organizations provide assistance for physicians in accomplishing basic life tasks. One organization has arranged for on-site dry-cleaning drop-off, while another arranges for home delivery of healthy meals for physicians. These extra efforts can help physicians better care for themselves.

The STEPS Forward module may be completed for continuing medical education credit. The AMA's STEPS Forward collection features 50 practice-improvement modules. Several come thanks to a grant from, and in collaboration with, the Transforming Clinical Practices Initiative (TCPI).

By bringing the unique STEPS Forward strategic resources on practice transformation to the practice-transformation networks (PTNs) and their enrolled practices in TCPI, the AMA can accelerate the pace of transformation and spread it beyond clinicians. The AMA develops planned demonstrations with PTNs on focused parts of the change package and through these efforts can show what advanced transformation looks like in practice.

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