

Target work culture to ease hospitalist strain during COVID-19

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Think about your health care workplace for a minute. How would you describe your work culture? Are there signs of physician burnout? How excited are your colleagues about the work you all do?

Hospital medicine is the country's fastest growing medical specialty, yet more than half of hospitalists report that they experience burnout symptoms. With COVID-19, these hospitalists face even more stress because of the sheer number of patients who are testing positive for SARS-CoV-2 and require hospital care.

Six years ago, the hospital medicine group leadership team at the University of Colorado asked themselves what their workplace would look like if everyone in their group were thriving in their given profession. To find out, the team decided to survey the group about their work experience every 12–18 months. The feedback from the surveys inspired dialogue within the group that helped identify core values as well as key opportunities for intervention. That dialogue led to action—action that transformed the group's culture.

From 2014–2017, the group saw a 69% increase in respondents who agreed that “our culture makes it easy to learn from the mistakes of others.” The group also saw a 38 percent decrease in workers who were more callous toward others and a 27 percent decrease in burnout.

Find out how the pandemic casts physician burnout in new light.

4 ways to intervene and prevent burnout

Understanding burnout at your hospital is one of five steps to promoting joy among hospitalists, according to “Hospitalist Well-Being: Maximize Engagement and Minimize Burnout among Hospitalists,” an AMA STEPS Forward™ module developed in collaboration with the American College of Physicians and the Society of Hospital Medicine. The module seeks to help hospital leaders develop strategies to improve the well-being of hospitalists as well as aid hospitalists in developing and

recognizing a sense of purpose.

The hospital medicine group leadership team at the University of Colorado accomplished that by using their survey results and subsequent dialogue to identify four areas where they could intervene:

- The emotional experience of work.
- Translating empathy to action.
- Professional development.
- Redesign of structures and processes.

Leaders in organizations across any industry can be tempted to jump straight to revising processes and structures, but the hospital medicine group leadership team recognized that only doing that would not get them to their goal of overall positive well-being among their hospitalists. Instead, the team instituted a variety of cultural reforms.


To improve the emotional experience of work, the group added a “something awesome” agenda item to their monthly hospitalist group meetings. At those meetings, the “something awesome” section featured a hospitalist sharing a brief story about an “awesome” moment they had while caring for a patient.


To translate empathy to action, the group instituted “flash mob” conversations that allowed for discussions to take place in real-time in the hospital in order to address issues of disagreement or strategy, like managing patient volume surges. The leadership team also instituted a year-long “launchpad” seminar series to help hospitalists discover and take advantage of professional development opportunities.

When it came to redesigning structures and processes, the hospital medicine group leadership team knew from the survey responses that clinical schedules would need to be addressed. Before instituting their own changes, they interviewed more than 20 hospitalists to understand and mutually define the core values of the group as they relate to scheduling, from fairness and flexibility to aligning with other hospital responsibilities. These shared values helped the team then implement quality improvement tools that would help create a schedule that was fair and more predictable.

In addition to the individual improvements mentioned above, these changes by the leadership team led to a decline in average annual turnover.

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The AMA is closely monitoring the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA's physician guide to COVID-19.