6 practices to support organizational resiliency and physician well-being

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Physician burnout has been defined as an occupational syndrome that is driven by the work environment. To reduce physician burnout and improve well-being, health systems and organizations must create a better work environment that aligns its commitments, leadership structures, policies and actions with evidence-based and promising best practices, says a discussion paper.

Authors of the discussion paper?published on the National Academy of Medicine website,?Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being, share systemic approaches that focus on fixing the workplace rather than “fixing the worker.” This can improve well-being and resiliency of the organization.

“A resilient organization, or one that has matched job demands with job resources for its workers and that has created a culture of connection, transparency, and improvement, is better positioned to achieve organizational objectives during ordinary times and also to weather challenges during times of crisis,” says the discussion paper.

The authors—including AMA Vice President of Professional Satisfaction Christine A. Sinsky, MD, who is a general internist—broke the approaches into six domains of organizational evidence-based practices. Here we look at the different domains, and how they support resiliency and improve well-being.

Organizational commitment

It all begins with establishing a “cross-cutting commitment to workforce well-being and organizational resilience,” says the discussion paper. This is essential for preventing physician burnout.
A systems-based commitment to physician well-being is needed to create a resilient organization and can be manifested by:

- Adopting the principles of the Charter on Physician Well-Being.
- Establishing a well-being program.
- Appointing a chief wellness officer (CWO).

This can also be accomplished by including measures of workforce well-being within the organization’s strategic plan and data dashboard.

**Workforce assessment**

Measurement of physician well-being and burnout is essential in understanding how an organization is performing. Factors that are known to impact well-being can also be measured, including work after work, inbox volume and costs of burnout.

Health systems can also measure behaviors of leaders, efficiency of the practice environment and aspects of organizational culture. The results of these assessments can be shared with key stakeholders, with leaders across the organization held mutually responsible for addressing and improving well-being.

Learn about the nine steps organizations can take to create Joy in Medicine™.

**Leadership**

Following an adaptive leadership approach is critical to improving an organization’s culture. This includes shared accountability, distributed leadership, balance of standardization and customization, and the emerging role of the CWO.

“An adaptive leadership approach is critical, given the complex and dynamic nature of ensuring well-being in the workforce,” says the discussion paper. “Identifying or developing the right leader with competencies and relational strengths for such an approach is essential.”

Discover how to create a resilient organization during a crisis.

**Policy**


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When an organization’s policies and practices conflict with a physician’s professional commitment to patient care and ability to do their work, it can cause moral distress. A resilient organization should periodically reassess its policies and practices to eliminate those that are no longer relevant or required, says the discussion paper.

During the COVID-19 pandemic, the Centers for Medicare and Medicaid Services issued emergency declaration blanket waivers, which removed many nonessential policy barriers to teamwork and efficiency. Health systems should systematically assess which processes and procedures are necessary for ensuring high-quality patient care and which should be permanently retired, says the paper.

Learn about the five steps physicians can take to get rid of “stupid stuff” to eliminate administrative burden.

**Efficiency of work environment**

To achieve clinical excellence, health systems must have operational efficiency. When a system is “designed to support reliability and efficiency and when the right action happens by default,” physicians and other health professionals within the system can use their “finite cognitive bandwidth and emotional energy” for deep work, says the paper. This means they can fully focus without distraction on the task at hand.

Minimizing administrative tasks creates more time for the important work of careful listening, medical decision-making and relationship-building with patients as well as colleagues. However, administrative and technology-focused tasks continue to dominate a physician’s day, leading to burnout.

Health systems and organizations should revisit workflows and empower teamwork. This will help physicians spend more time with their patients. One way to improve workflows is through team-based care, which led to a 92% job satisfaction at this health system.

**Support**

An important way for organizations to support their physicians is by giving them the ability to perform their jobs properly. This means creating workflows and structures that foster teamwork, efficiency and quality of care. It is also vital that physicians are able “to return safely home with time and emotional energy to engage in their personal lives with family, friends and community,” says the discussion paper.
Additionally, another way to provide support is by creating a culture of connection at work. This can be accomplished through peer-to-peer discussions and peer coaching programs. Here are five steps to build peer support.

Health systems that have successfully implemented practice transformation strategies in their organizations to combat physician burnout can receive recognition through the AMA’s Joy in Medicine Health System Recognition Program.