

Mark Greenawald, MD, on the "Great Reprioritization" and help-seeking



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Feb 4, 2022

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Featured topic and speakers

In this continued conversation, family physician Mark Greenawald, MD, talks about help-seeking in the context of the Great Resignation and what physicians are experiencing.

Speakers

- Mark Greenawald, MD, family physician, Carilion Clinic
- Sara Berg, MS, senior news writer, American Medical Association

Host

- Todd Unger, chief experience officer, American Medical Association

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Transcript

Unger: The Great Resignation has been just one side effect of the pandemic. In this episode, we hear again, from family physician Dr. Mark Greenawald with AMA news writer Sara Berg.

Dr. Greenawald: They're calling it "The Great Resignation." And I really like to think about it as "The Great Reprioritization." ... perhaps because of the pause that COVID has provided are stepping back and saying, "Is this the life that I want to be leading?"

Unger: Dr. Greenawald shares his thoughts on what he calls “The Great Reprioritization.” Here’s Sara Berg.

Berg: Hi, I’m Sara Berg, AMA senior news writer. Today I’m talking with family physician Dr. Mark Greenawald. Dr. Greenawald is on faculty at the Virginia Tech Carilion School of Medicine and serves as vice chair for academic affairs, well-being, and professional development. He is also medical director at Carilion Clinic’s Institute of Leadership Effectiveness.

Today, we’re talking about physician well-being in the context of what’s being called the “Great Resignation.” Thanks so much for being here with us Dr. Greenawald.

Dr. Greenawald: Thank you, Sara. It’s a pleasure to be here.

Berg: When you look at the last 18 months compared to the last five years, how do you see the general trajectory of decreasing stigma around help-seeking?

Dr. Greenawald: Yeah. I think it's going to continue to hopefully accelerate. And we talked earlier just about the barriers to that in terms of the ... not just the stories we tell, but the realities often of help-seeking. And so, my hope is, at least, at the least there will be more informal help-seeking through colleagues, through others, so that we are not suffering in silence. I think that that's the most dangerous thing we can be doing is suffering in silence. That's tragic and it's unnecessary. And so, I think the pandemic in many ways has given us more permission to reach out around that. It's not hidden anymore. Everybody's going through something that they were not going through before. And so, I think that it really has accelerated.

I've noted even through the work that I've been doing with the AMA and some of the work that they've been doing with health systems around practice transformation is that we're seeing more organizations, more health care organizations, who for whatever reason prior to the pandemic were not really taking the whole idea of clinician distress as seriously as I believe they should have, who are now saying, "Okay, we really do have to do something differently around this."

And I know that it's the vision of some that there will be peer pressure put on those organizations that aren't doing that even through competition of organizations, organizations saying, we're an organization that actually takes good care of and advances the well-being of our employees as a competitive advantage in the marketplace. And while I would love to see every organization out there bragging that they're taking incredible care of all their employees and certainly their clinicians, that would be ideal so that it wouldn't be a competitive advantage at all. The fact is that I'm not sure anytime soon that's going to be happening. And so, my hope is that more organizations will step up and say, not only is this important but here's exactly what we're doing to address this.

Berg: You also shared with me about the "COVID blessing" as a way to step back and think about meaningful changes the pandemic has brought. When you reflect on that now, how has it evolved?

Dr. Greenawald: Yeah. I think it still exists, certainly the "COVID blessing," the idea for the listeners, is that in the midst of any tragedy, often there are things that emerge that we can see were good things that happened along the way. And people talk about, for example, the COVID blessing was because I may be spending more time at home for whatever reason—I've gotten to know my kids better or maybe I've taken up a hobby that I wouldn't have taken up otherwise, I've gotten to know my partner better, whatever those things are, can become important.

One of the COVID blessings that I'm seeing right now from a professional side is what we've been talking about right now that it's almost as if COVID has caused, has created the breaking point for some in health care, and breaking point, not in terms of just collapse but the breaking point in terms of—okay, we're done with this whole stigma of not talking about distress and not promoting well-being, that we're just done with that. And I've seen that really to the next level. I'm fortunate to work in a department with a chair who has always understood this very well.

But what the COVID blessing has done for us is we've taken it up a whole other notch that we've really said, "Okay, regardless of whatever we were doing before, we've got to do more because of the distress is greater right now." And so, we're getting creative in ways that we haven't before, including for in my own department, thinking beyond the clinicians and really thinking about the total care team. And some of that the blessing has been because of the great resignation and really saying, "Man, we need to value every member of our care team even more than we did before the pandemic."

Berg: I completely agree. There's a lot of talk about the pandemic causing people in general to refocus on what really matters to them, regaining a sense of what life should be. How do you think this has manifested for physicians, especially in the workplace?

Dr. Greenawald: Yeah. In other parts of other business sectors, they're calling it "The Great Resignation." And I really like to think about it as "The Great Reprioritization." And I really do think all of us, not just necessarily because of what I think because of COVID and because of all the tragedies that have happened, and perhaps because of the pause that COVID has provided are stepping back and saying, "Is this the life that I want to be leading?"

And I think we've all been impacted by COVID tragically enough that we're realizing that however old we are and however long we think we're still going to live, it's precious and it's shorter than we think it is. And so really stepping back and saying, what does that mean? My hope is that for many, that will allow them to recast their vision as to why they went into health care in the first place. So, it's not a matter of saying, "I'm done with health care because it's hard." But it's a matter of saying, "Health care does have deep meaning for me. And I really can make a difference in the work that I'm doing and I need to do it with the support of others along the way." And so, I think that that's happening.

And I do think that there have been some, I've had some partners who have done this here and I'm watching it as I connect with people around the country that have said, "I can't keep doing what I'm doing, that either this is just, it has become too ... the grind has become too much or just that what's being asked of me is too much or I could keep doing this but I'm not going to because this is not healthy for me or I'm just not enjoying it anymore." And so, I think that all those big questions are being asked. And again, I don't think we should be afraid at all of people asking big questions. And even if those answers are tough, I think it's also forcing some people who maybe were in medicine for motives that maybe weren't as altruistic, perhaps it was more of a transactional type of thing, which I'm not critical of but that's harder to sustain when the going gets tough.

I don't think any of these things are new pre-COVID but I think they were underground for many and it's been legitimized. And my hope is that there won't be a whole lot of people who exit medicine certainly on the physician side because of this, we need physicians. But my hope is that they will think about what they do differently. And maybe part of my hope is that they will push back more against their own administrations for those who work in organizations when they are not feeling supported well, when they're feeling like what's being asked of them is not appropriate or they need more support. And my hope is that we won't suffer in silence as much and perhaps be outspoken, not only as individuals, but perhaps as a professional a little bit more as well.

Berg: Absolutely. I like that. And I hope that happens as well.

Dr. Greenawald: I sure do.

Berg: So, would you say the pandemic provided momentum for change?

Dr. Greenawald: I want to believe the pandemic provided momentum for change, Sara. We don't know because we don't have any precedent for this. And remember, entropy and inertia are still incredible forces of the universe. And so, my fear is that we will talk about all this now but as soon as an inkling of the pandemic goes away, we're going to be back to business as usual.

And I've been talking about this recently in some of my workshops that this idea of even now, we're starting to see a shift back to what I call the impossible ask—which is in the midst of the pandemic—we are going back and we're pushing the triple aim again and we're saying, "Let's get back to our patient satisfaction scores and let's get back to pushing our quality scores and let's get back to making sure that we are providing care in as an economically responsible fashion as possible. And oh, by the way, you're going to do that with less staff. And you're going to be doing that in the middle of the fact that we're still walking around with masks on and we still have ICUs that are overflowing with COVID patients." And so almost acting as if, yeah, the pandemic has been going on long enough that it's almost normal now to be doing our previous work in the middle of the pandemic.

And so, if we're seeing that now, I worry that as soon as we get back post pandemic, whatever that might look like for us, the economic pressure that many health care systems are feeling will cause them to push even harder rather than learning, "Okay, what do we need to do to truly keep our clinician and our care teams well?" So, time will tell. I want to be really hopeful that that's the case. I think we're reaching a critical mass of leadership around the country that are talking about this at various levels that it's going to be harder for those who aren't talking about it to hide but only time is going to tell.

Berg: Right. I'm definitely with you on that. I just want to thank you so much for joining me today, Dr. Greenawald.

Dr. Greenawald: Thank you, Sara. It's been a pleasure.

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