

5 critical actions to take now to improve physician well-being

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With the COVID-19 pandemic entering its third year, the SARS-CoV-2 Omicron variant pushed doctors to the brink. And health system leaders were bombarded with competing messages and priorities with long-term solutions. But there was no immediate relief. To provide immediate support for the trauma experienced, a group of experts on physician burnout compiled a list that advises leaders on which critical resources they should put in place immediately.

“There are lots of great, robust resources out there on long-term solutions, but what we need right now is a succinct, tactical, urgent list of actionable strategies that health systems can take in the short term,” AMA member Heather Farley, MD, MHCDS, chief wellness officer at ChristianaCare in Wilmington, Delaware, said during an AMA STEPS Forward™ webinar about strategies for well-being in the wake of the Omicron variant.

In collaboration with the National Academy of Medicine, a group of experts—including Dr. Farley, Christine Sinsky, MD, vice president of professional satisfaction at the AMA, and AMA member Tina Shah, MD, MPH, a pulmonary and critical care physician who advises companies on how to address burnout—identified the top five actions leaders should take to support physicians and other health professionals now with the “2022 Healthcare Workforce Rescue Package.”

These evidence-based actions can be implemented to safeguard the emotional and psychological needs of physicians and other health professionals immediately.

Adjust expectations

Give physicians and other health professionals more flexibility and autonomy. For example, use crisis-documentation protocols, partner with other departments to identify what can be paused or eliminated, and adjust quality and patient experience goals.

“A couple of weeks ago, our health system implemented crisis standards and that move really helped get us all aligned and removed some of that cognitive dissonance,” said Dr. Farley. “It’s been really powerful. We now have that sense that we’re all rowing in the same direction.”

Learn more from the AMA’s “Saving Time Playbook” (PDF).

Get rid of stupid stuff

Leaders should get rid of stupid stuff to reduce administrative burdens by removing low value work through a rapid improvement process.

This includes “things like reducing EHR clicks for common workflows, minimizing inbox notifications and eliminating unnecessary, mandatory training requirements so clinicians can focus on that critical task of patient care,” said Dr. Farley

Check out the AMA STEPS Forward toolkit “Getting Rid of Stupid Stuff.”

Get radical to shore up staffing

To shore up staffing, try “sending executives to the bedside so they can see what it is really like to pitch in and have that sense that we’re all in this together,” said Dr. Farley. Another way is to “consider voluntary redeployment for nonclinical staff to the front lines, creating new types of shifts to fit care needs. Maybe we have four-hour shifts where someone’s just putting in IVs.”

Training and upskilling registered nurses and medical assistants can also help.

Discover more with the “Team-Based Care” and “Medical Assistant Recruitment and Retention” toolkits.

Designate a well-being executive

While Dr. Farley has been the chief wellness officer at her organization since 2019, not every health system has that same privilege.

“But they really do need someone who’s in charge of coordinating all of the disparate efforts around trying to improve the well-being of the front lines,” Dr. Farley said, noting that “ideally that would be a system chief wellness officer. If that is not feasible, at least assign a senior leader on a short-term

basis until long term resources are identified.”

Learn more from the AMA STEPS Forward toolkit “Establishing a Chief Wellness Officer Position.”

EAPs are not enough

An employee-assistance program is not enough to address well-being. Instead, provide quality mental health counseling, establish a peer-support program and offer psychological first aid training for all leaders.

“The first phase of the pandemic, we actually saw a threefold increase in one-on-one peer-support encounters and a tenfold increase in group peer-support sessions, which was an incredible uptick,” said Dr. Farley. “It really was a foundational component of our support infrastructure.”

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