Six drivers of physician burnout with ICPH keynote speaker, Paul DeChant, MD, MBA

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Featured topic and speakers

In today’s AMA Update, Paul DeChant, MD, MBA, one of the featured keynote speakers at the 2022 International Conference on Physician Health™, Oct. 13-15, in Orlando, Florida, shares six key drivers of physician burnout and how to address them. This year’s conference theme is “engaging organizations to achieve cultural change.” AMA Chief Experience Officer Todd Unger hosts.

Registration for ICPH 2022 closes Sept. 28. Reserve your spot now.

Speaker

- Paul DeChant, MD, MBA, featured keynote speaker, 2022 International Conference on Physician Health™

Transcript

Unger: Hello and welcome to the AMA Update video and podcast, an ongoing series covering a range of health care topics affecting the lives of physicians and patients. Today, we’re talking about advancing organizational well-being, a key part of the AMA recovery plan for America’s physicians.
I'm joined today by Dr. Paul DeChant, author of Preventing Physician Burnout, in San Francisco, California. Dr. DeChant will also be a featured keynote speaker at the International Conference on Physician Health, or ICPH, collaborative meeting of the AMA, the Canadian Medical Association and the British Medical Association, and that'll be taking place October 13 through the 15 in Orlando, Florida.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. DeChant, thanks so much for joining us today.

**Dr. DeChant:** Thank you, Todd. I'm really excited to be able to share some thoughts about this upcoming conference and what people can be looking for and our hopes for the future in dealing with this big challenge.

**Unger:** Well, there's a lot to talk about, and I'm sure everybody out there has seen some of these statistics around burnout levels being at an all time high and just a huge number of physicians that are talking about leaving the profession in the next two years. Dr. DeChant, how did we get to this point? Was this solely the pandemic or were there other factors involved here?

**Dr. DeChant:** Oh, it's been going on long before the pandemic. The pandemic certainly exacerbated it but when you think about the changes that have happened in the past 20 years with technology, with finance, government regulations, with patient demographics, with mergers and acquisitions, there’s so many things that have impacted the milieu in which medicine is practiced. And all of those, in some ways, were drivers of burnout. And as we go through here, we'll talk more about those specific drivers and what we can do about them.

**Unger:** Well you've indicated that resolving issues of burnout requires a coordinated systems approach and I think that is—as opposed to focusing kind of on the individuals in some respects. Why is this so important to think about it at that level?

**Dr. DeChant:** You know, as Dr. Sinsky says, VP with the AMA on practice resilience and physician well-being, burnout is a manifestation in the individual of dysfunction in the workplace. And this is not a lack of personal resilience. Doctors are some of the most resilient people in the world. My gosh, who else has to ace organic chemistry just to start into the next seven to 12 years of training before they take their first job?

The problem is the workplace itself has become so challenging to work in that the job is almost undoable. It's rife with these six drivers of burnout that Dr. Christina Maslach identified—first being work overload. We're in chaotic time pressuring environments. Second, a lack of control, which is important to us as physicians. Third is insufficient rewards. Certainly, control is one of those rewards but so is professional recognition and collegiality. We'd like to be around other doctors and nurses.
We're finding breakdown of community is actually the fourth driver of burnout. We're just disconnected compared to the way we used to be. When we're disconnected and stressed, we feel—wonder if we're being treated fairly. There's so many issues now around what we've signed up for not being the way it is now, a sense of unfairness around that, as well as a whole slew of unfairness issues related to the changing demographics of the clinical workforce with far more people who get judged not based on the quality of the work they're doing or bringing to the workplace but on things they have no control over like their gender, their race, their country of origin or their sexual orientation.

And then, finally, conflicting values is the sixth driver of burnout. And when I'm working in an organization where I wonder if my values truly align or if the things I'm having to do in my work are actually violating my values because it's just the way things have been overwhelming, particularly during COVID, all of those come into play. And that's why we really need to take a systematic approach to addressing this problem.

**Unger:** Dr. DeChant, I'm just reacting to the list of the six factors that you just laid out there. Do you think that's unique to health care or do you think that's something that's pretty common across many jobs?

**Dr. DeChant:** It is common across jobs. That's been demonstrated but there are certainly unique things about health care, particularly because for physicians, we're brilliant knowledge workers. Dr. Peter Drucker, the management guru, defined knowledge workers as people who, one, know more about their work than their manager does and need to have autonomy in order to be able to do their work well. And that is more unique in health care than in a number of other professions.

But—and all those other issues really come into play in every industry. It's just that they're felt so intensively now in health care.

**Unger:** I imagine with the pandemic as well that there could be just no more intense scenario than what physicians have experienced over the past couple of years.

**Dr. DeChant:** Oh, absolutely. You know, it was bad before. I kind of talk about how, pre-pandemic, there had been so many changes. We'd all accommodated to those changes, as long as we could stay connected to what's most meaningful to us, what's most—which are those opportunities to connect deeply to patients who share with us their hopes and fears or do procedures that relieve suffering or save lives or educate young people as they prepare to become our colleagues or work on research or innovation. Those are the things that give us meaning in our work.

But the way that work's designed now, we only spend about a third of our time doing that meaningful work and two-thirds of our time gets wrapped up in administrivia, like typing data into the EMR or sitting on the phone waiting to get a prior auth from an insurance clerk for care we know our patient needs. And the opportunity to redesign work, so we can spend more time on that meaningful work,
less time on administrivia, is just one of the key factors.

**Unger:** We’re going to talk a little bit more in detail about those particular burdens but before we get into it, I mean, you have a pretty high level view. You experience lots of different systems. When you kind of—you look at those six drivers and you look at what's going on in any particular health system, do you find a lot of commonalities in terms of what's going on or do you find that organizations are unique in the gaps that they need to fill as they work toward this kind of state of well-being?

**Dr. DeChant:** Yes to both. Burnout is common in every health system and the drivers of burnout, the specifics, are very common as well. But every health system is unique and so there's different systems where they need more advanced and actually redesigned workflows to help physicians spend more time focused on meaningful work but perhaps are not—are facing other challenges around their management system and culture. And so it’s important to start by understanding how these general principles apply in every unique setting.

**Unger:** So while leadership may have good intentions to enhance physician wellness, I'm sure that a lot don't know where to begin. This is a huge and multifaceted problem. What are the kind of first steps that you suggest for ways to get started?

**Dr. DeChant:** Yeah, you know, that diagnostic approach of doing surveys for burnout, surveys about leadership quality, understanding the organization's current performance on key metrics that we track—quality and safety, patient experience, access, financial performance—those are all important. But the most important thing to really get started well is to develop an understanding of the challenges in the operations.

And there’s two ways to do that. One is to actually just go and shadow physicians. Follow them while they're doing their work to witness and see that actual challenge. And it's amazing what one learns when one does that.

The other option is to do really sit down and talk to the people that are on the front lines. Interview them about their challenges and learn in that way. By developing that deeper understanding of the actual human impact on what's happening in the real world makes it far easier than to take diagnostic data, interpret it and apply it to coming up with a solution.

Really, it's not different than the way we take care of a patient. We've got to connect with the patient as well as understand all of their vital signs and other symptoms in order to come up with the proper solution for them.

**Unger:** Well, you mentioned earlier in the conversation the kind of burdens that physicians are facing today. And we continue to see the tie between, let's say, practice efficiency and professional fulfillment. But the reason that I think most physicians go into practice is to take care of patients and
make them better. So it's really a tough situation right now. That's one of the key reasons why physician burnout, tackling that, is a key part of the AMA's Recovery Plan for America's Physicians, along with some of these key burdens you mentioned—fixing prior authorization, a huge, huge challenge right now.

Are there other kind of things that physician or individual organizations can do to relieve physicians of these kinds of burdens? Or is it just part of what it means to practice medicine today, which is kind of a depressing statement?

**Dr. DeChant:** No, we cannot accept the current state. No, I got into leadership roles not because I intended early on to become a CEO but because I was frustrated when things didn't go well in my office as a family doctor. And so I'd speak up and try to get things fixed. And then I got on committees, chaired of committee, became a medical director, ultimately became CEO of a 300-doctor group.

And during that five years I was CEO, I actually led a transformation around a theme of returning joy to patient care in which we did two key things. One was we really did redesign workflows to improve the time doctors could spend connected to their meaningful work. The other thing we did was we addressed the management system and culture, and the management system and culture is what addresses those other five drivers of burnout besides the work overload.

The lack of control, insufficient reward, breakdown of community, absence of fairness and conflicting values—those are directly related to our management approach. And Maslach's demonstrated that those are directly related to the manifestation of cynicism. So by empowering physicians and aligning us together around organization-wide success, we can overcome cynicism and actually supercharge our abilities to redesign the workflow.

In addition, leaders at higher levels in the organization do have an opportunity to be advocates, to work at the local, state and government levels to address many of the issues that ultimately are problems from a regulatory standpoint, whether it's licensing questions, prior auth requirements or other things like that. There's a lot of challenge and burden on senior leaders, and I empathize with them for that because these are big challenges and additional roles.

But having that advocacy role at multiple levels along with being responsible for providing the resources to make sure frontline caregivers have what they need to provide care for their patients properly—that's a big task. Are doctors and nurses on the front line stressed? Absolutely. And, too often, when they're not getting the support that they really need, it's really going to take a collective effort for everyone to address this effectively.

**Unger:** And I'd encourage anyone who's really interested in this topic to make sure to check out these STEPS Foward modules on the AMA's site. A lot of those kind of system level issues, they're really specific suggestions. They can free up hours in a week to do what you're outlining, which is to focus
on patient care.

We’re excited about your upcoming keynote at ICPH. It’s going to bring together an international community that’s focused on physician well-being. What do you—what are you excited most about when you think about your upcoming talk?

**Dr. DeChant:** You know, I’ve been attending the international or American conferences on physician health now for eight years. And the first one I went to eight years ago, most of the focus was just on individual resilience. And resilience is important and it’s vital that we have support to be resilient because even if the workplace was perfect, we’d deal with life and death and heavy emotional issues.

But it’s also that focus on resilience is insufficient. And over the last few years, there’s been more focus on workplace efficiency to allow us to spend that time on meaningful work. What really excites me now is I see more emotion towards focusing on the culture of wellness. How do we truly create workplaces that are healthy for health care workers? And that takes leadership, and I see more and more engagement in leadership.

So as this is developing around the country and around the world, it’s still frustrating. There’s still so far to go but it does feel as though the momentum is building. And this is an opportunity where we can all learn from each other and drive that momentum even more effectively.

**Unger:** Now, one of the kind of shocking things is how long it takes for new scientific research to translate into kind of real world change. How do you translate everything—all this research that you’re going to see at ICPH—and try to really expedite, for a lack of better words, the implementation of that into real and lasting change?

**Dr. DeChant:** You know, Todd, that is such an important question. And I think this is one of the lessons we have from the pandemic. When the pandemic hit, all of a sudden, we changed rapidly. Within a week, we went from 98% of visits being in an office to 90% of them being by telehealth. We turned hospital wards, post-anesthesia recovery beds and colonoscopy suites into ICUs because we needed those beds.

We’d always told ourselves we can’t change quickly. The pandemic disproved that. How did we do that? Well, every hospital developed a command center that met two or three times a day, connecting the senior leaders with the problems on the front line to make sure that they were addressing them quickly and then spreading those solutions across the entire organization. Now that the pandemic has waned, those command centers are meeting maybe once a week, maybe once a month. And yet there are still vital issues that are urgently needed to be addressed and burnout being one of them.

When we look at the fact that 20% to 30% of doctors and nurses are leaving, there’s a true crisis, where even now, health systems are closing down services because they don’t have staff. The leaders
who see this and understand, this is a crisis. We now know how to respond to it. We put together a process similar to the command center to address these problems urgently. Those are the organizations who can adapt quickly if we’re going to survive and actually have a strategic advantage.

I remember Darwin, when he was studying the birds and other creatures in the Galapagos, he said that the key to survival wasn’t how big you are, how strong you are, what your market position was in your market. What mattered was your ability to respond to change. And that ability to respond to change is—we’ve proven we have it now. It’s just a question of, do we have the will to actually use those same processes we used in the pandemic for this other existential crisis for health care?

**Unger:** Yeah, the whole kind of background of the recovery plan for America's physicians is really about we've got a group of folks here—physicians, health care teams—who've taken care of patients throughout this pandemic. It's now time to take care of them. And I love what you're saying, which is let's show the same sense of urgency that we showed in patient care, the same sense of innovation and responding to that, to take care of our physician workforce. And these health care teams have been through so much.

Dr. DeChant, thank you so much for being here today. To hear more from Dr. DeChant and other experts, make sure to attend the 2022 International Conference on Physician Health. Again, it's taking place October 13 through the 15 in Orlando, Florida. And this year's conference theme is "Engaging Organizations to Achieve Cultural Change."

That's a big job, so I hope you've got a lot of good stuff for folks down there. Registration closes September 22, so that's coming up fast. And a link can be found in the description of this episode. We'll be back with another AMA Update soon and you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today and please take care.

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