Efforts to reduce burnout among physicians need to move beyond providing time for yoga and subscriptions to apps promoting calmness. The real catalyst will be system changes.

Studies show making system changes that improve the environment physicians are working in are the real way to help reduce stress, improve an organization’s financial health, lower the turnover rate and bring back joy in medicine.

During a *New England Journal of Medicine* Catalyst event, “From Clinician Burnout to Wellness: Three Systemic Steps,” the AMA Vice President of Professional Satisfaction Christine A. Sinsky, MD, and Michael West, senior visiting fellow at The King’s Fund in London and professor of organizational psychology at Lancaster University, discussed resilience and how compassionate leadership is essential for physician well-being. Watch the presentation.

Dr. Sinsky said an AMA study shows that there are two things that protect against physicians saying that they intend to leave an organization: feeling connected to one’s meaning and purpose and feeling valued, not by being given trivial recognition but by being given the resources one needs to do their job.

“The shortcut to getting the other outcomes we seek—the financial outcomes, the quality outcomes, the patient experience outcomes—is to consider the well-being of the workforce,” she said.

And that, she noted, is related to leadership behaviors.

### 4 compassionate leader behaviors
Data the United Kingdom National Health Service collected from 600,000 health professionals over 18 years shows that there is a clear longitudinal relationship between better quality of care, better financial performance, higher levels of patient satisfaction, lower levels of staff stress and, in hospitals, a lower level of avoidable patient mortality in organizations where leaders displayed four qualities, West explained during the presentation.

In those organizations, leaders:

- **Attend.** They listen to those they lead with fascination.
- **Understand.** From listening, leaders learn the challenges physicians have in the workplace.
- **Empathize.** This understanding then builds compassionate leaders who are able to empathize by learning what it feels like to be, for example, on the third night of a 12-hour overnight shift without having a chance to take a rest break.
- **Help.** The first three steps then allow a compassionate leader to remove obstacles to people doing their jobs by ensuring they have the right staffing, the right equipment and the right training.

“If we want to provide high-quality, continually improving and compassionate care for patients, we have to ensure we are providing high-quality, continually improving and compassionate support for staff,” West said. “We have to think about how we transform our models of leadership to address and achieve the kinds of cultures that will give us the outcomes we want.”

**Real world examples**

Dr. Sinsky said there are organizations that others can look to for guidance on how a culture with compassionate leaders has made a difference.

One example, she said, comes from Stanford Medicine. At the very beginning of the pandemic, Stanford’s leaders held eight “listening sessions” with staff members from different departments to hear and understand the concerns of physicians and others, what they needed from their leaders and what other tangible sources of support they believed would be most helpful. Read more about it in this JAMA Network Viewpoint.

At Massachusetts General Hospital in Boston, leaders asked four questions to get to the heart of how leaders could help without putting the burden on physicians and other staff to provide answers. They asked:

- What are the ways your life has been impacted by the COVID-19 pandemic?
- What do value and appreciation at work feel like to you?
What prevents you from doing a job you can be proud of?
What can be done moving forward to help you do a job you are proud of?

“I believe we really are turning a corner in terms of recognizing the importance of well-being,” Dr. Sinsky said. “We need a radical reorientation of health care away from a transactional understanding of what the work is and onto a relationship-based understanding. What we do is strengthened if we have an infrastructure around relationships.”