

Listening Campaign

Engage Physicians to Uncover and Address Sources of Burnout



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How Will This Toolkit Help Me?

- 1 Outlines how to design a structured Listening Campaign
- 2 Provides a framework to prioritize and implement improvement work
- 3 Describes ways to overcome common obstacles to engaging both leaders and physicians in improvement work



Introduction

More than half of all physicians in the United States are experiencing professional burnout, which affects the experience, quality, and safety of care patients receive. Burnout can have devastating effects on physician well-being—forcing some to leave the profession altogether.¹⁻⁵ Health care organizations increasingly seek to measure and quantify physician burnout with surveys such as the Mini-Z or the Maslach Burnout Inventory.⁶⁻⁸

While surveys can help highlight general areas of concern and monitor trends over time, they often do not provide the personal narratives behind the issues that are so key for generating effective changes. Individual physicians and physician groups need a systematic yet practical process to voice their stressors and propose improvement ideas so they will feel heard.


One method to solicit, process, and act on clinician feedback is to develop a **Listening Campaign**, which comprises 1 or more **Listening Sessions** between a physician facilitator and a group of practicing physicians.

Figure 1. Definitions of Listening Campaign and Listening Session

Listening Campaign	Listening Session
An initiative comprising 1 or more Listening Sessions between a facilitator or physician leader and a group of practicing physicians	A forum to bring physician group members together to discuss what is going well in their clinical department and what systemic factors negatively impact their day-to-day work experience

A Listening Campaign is a detailed process similar to LISTEN-SORT-EMPOWER that accomplishes several goals (Figure 2).

Figure 2. Goals of a Listening Campaign

Offers insight into systemic factors that negatively affect the day-to-day work experience of physicians	Prioritizes topics within each group (section, division, or department) and across groups	
Shares topics with key leaders and stakeholders	Connects physicians to organizational resources	

Seven STEPS to Successfully Carry Out a Listening Campaign

1. Engage Leadership and Choose Physician Facilitators

2. Plan the Listening Session(s)

3. Facilitate a Listening Session to Create a Wish List

4. Share the Ranked Wish List with Participants

5. Create a Summary Report to Share with Key Stakeholders

6. Implement Changes to Fulfill Wishes




7. Follow Up with Participants

1 Engage Leadership and Choose Physician Facilitators

Congratulations, your organization has decided to embark on a Listening Campaign: a journey to tackle burnout by optimizing system efficiencies. As the physician champion for this campaign, you are spearheading the program at the organizational level or within your local team (eg, department, clinic, or practice group). A champion should be respected amongst peers and viewed as a positive, engaged leader within the organization. It is preferable, but not essential, to have an already established role in well-being at the organization.

As you create a plan, engaging organizational leadership and identifying motivated physician facilitators are the first STEPS.

Table 1. Listening Campaign Leadership Roles and Responsibilities

<p>Physician (group) leader</p>		<p>A physician who leads a group or practice that will participate in a Listening Session as part of a broader Listening Campaign. For example, a site leader or medical director of a practice group, or a division chief or department head.</p>
<p>Facilitator</p>		<p>A physician or other colleague/peer who is not part of the group participating in the Listening Session but has experience with the Listening Campaign. An individual who is an unbiased listener and recorder during the Listening Session should fill this role.</p>
<p>Physician champion</p>		<p>A physician leader who creates and runs the larger Listening Campaign for the organization. This person can serve as one of the facilitators, train other facilitators, and communicate with key stakeholders.</p>

“

In many ways, this is the most important step. Getting buy-in from both physician and administrative leaders is key and requires a well-planned and thoughtful approach.

”

—Sarah Richards, MD; University of Nebraska Medicine



Engaging leaders early in the process improves participation and support throughout the campaign. Figure 2 shows 5 tips to improve your engagement efforts.

DOWNLOAD [Listening Campaign Presentation for Leadership \(PPTX\)](#)

DOWNLOAD [Sample Follow-Up Email to Leaders \(DOCX\)](#)

Figure 2. Tips to Help Engage Organizational Leaders and Physician Facilitators in the Listening Campaign

Tip 1	<p>Start by circulating the idea to a small group.</p> <p>Circulate the idea for the Listening Campaign in 1:1 meetings or with a small group of physicians (eg, department chair, clinic medical director) and administrative (eg, CMO, COO) leaders. In particular, share with leaders you know personally and ask for open, honest feedback.</p>
Tip 2	<p>Involve interested leaders in the development process.</p> <p>Allow interested leaders to be part of the Listening Campaign development process. For example, present the structure of the Listening Campaign as a concept. Make it clear that you need and appreciate feedback, then incorporate the feedback. Let leaders know that elements of the Listening Campaign, and specifically the main Listening Session, can be customized to meet the needs of the group.</p>
Tip 3	<p>Reassure leaders that Listening Sessions are not for venting.</p> <p>Reiterate that a Listening Session is not for individuals or groups to vent. They are specially designed to be constructive. For example, the only portion of the session that includes a large group discussion is when the group is invited to share what is going well. Job-related stressors are not shared as a large group, but rather are recorded silently and independently.</p>

Tip 4**Acknowledge that problems may differ.**

Each leader may have a different “why”— a slightly different problem they are trying to solve. Appreciate these differences.

Tip 5**Share a compelling reason that resonates with each leader.**

Take into account unique needs when presenting the case for a Listening Campaign. In making your case and sharing compelling reasons,

- Provide local and/or national burnout and retention data, including the cost of losing a physician to burnout
- Describe how a Listening Campaign offers an opportunity for all physicians in a group to be heard, rather than the vocal minority
- Help leaders recognize that it is helpful to know the group’s priorities rather than addressing all problems as equal
- Describe how the simple act of engaging in a Listening Campaign is symbolic that well-being is a priority
- Educate on the structure and robust follow-up plan—this is not simply a listening exercise

As you choose your facilitators, think about individuals (typically physicians) with an interest and/or a formal role in supporting physician well-being. It is helpful for facilitators to have excellent communication skills given that they will be the point person for sharing information between key leaders and stakeholders. They should also possess exceptional listening skills and have a positive attitude.

Q&A**Does the facilitator always need to be a physician?**

No. The physician champion can work with other colleagues or peers in the organization who are interested in this work (eg, hospital administrators, house officers, other physician leaders, research colleagues, etc.). Having 2 facilitators at each Listening Session can be helpful, with 1 being the physician champion, but this is not essential. It is also possible to train multiple facilitators to help in different areas.

What if a physician leader is skeptical about their group participating in a Listening Session?

The Listening Campaign should be presented as “optional” and “customizable” and a resource for leaders to leverage. We recommended sharing the idea and collecting feedback from a few key leaders before presenting the idea to a broader group. It is important to first work with those that are engaged and motivated. Additionally, once a few leaders experience the program and discover how helpful it is, they can advocate on your behalf.

After we have met with leaders from various groups, how should we prioritize groups for Listening Sessions?

If you find yourself with a large list of requests, be encouraged by the interest. There are options to help with prioritizing and scheduling. One option is to start with a pilot group of the most engaged leaders and their teams. Another option is to go by the order in which requests were received. Physicians may ask how the order of sessions is determined, so your approach must be consistent.

What budget or resources do we need for a Listening Campaign, and how can we convince leadership to invest in this effort?

The cost for a Listening Campaign is almost all related to time for the physician champion and facilitators. There is minimal cost associated with running individual Listening Sessions (eg, cost of printing materials, supplying index cards, etc.) Describing the consequences of burnout, including the cost of physician turnover, can convince leadership to buy in.

2

Plan the Listening Session(s)

The physician champion should meet with the physician leader to plan the Listening Session. The champion and leader may want to include other facilitators.

Example Planning Meeting Agenda

1. Introductions
2. Briefly highlight the “why” behind the program
3. Discuss the current state of the group
 - a. Ask the physician leader how things are going and what types of issues they think will come up in the session
4. Share the agenda for the Listening Session. Invite the physician leader to customize elements of their group’s session, including:
 - a. Length
 - b. Location (on-campus, off-campus, virtual, hybrid)
 - c. Elements to include and exclude
 - d. Whether or not the physician leader wishes to attend (most leaders opt **not** to attend)
 - e. For large groups, consider holding multiple sessions to ensure there are no more than 20 to 30 physicians per session
5. Set a date and time for the Listening Session

Tips for a Successful Planning Meeting

- Start the meeting off by listening. Ask open-ended questions such as “What are your thoughts about the Listening Campaign approach?”
- Query the leader upfront about how they think the Session will go. Ask leaders specifically if they have any concerns.
- Allow the leader to ask questions and provide feedback throughout the planning meeting.

3 Facilitate a Listening Session to Create a Wish List

Ideally, schedule the Listening Session at a time when the physician group regularly meets, such as during a faculty meeting, to encourage attendance. The group leader may or may not attend depending on what is best for their group. A smaller department could successfully conduct a Listening Session over a dinner meeting.

The Listening Session fits best into a 45-to-60-minute timeframe; however, it can be completed in 30 minutes if more time is unavailable. Remember that the Listening Session agenda may need to be truncated for a shorter session (Table 2).


Table 2. Example Agendas and Time to Cover Different Topics for Listening Sessions of Different Lengths

	30 minutes	45 minutes	60 minutes
Introductions and purpose	5 min	5 min	10 min
Discussion of what is going well for the group	5 min	5 min	5 min
Individual activity	10 min	10 min	10 to 15 min
Small group activity	N/A	5 min	5 to 10 min
Large group activity (wish selection and rating)	5 min	10 min	10 min
Evaluation and next steps	5 min	5 min	5 mins
Additional conversation	N/A	Discretionary	Discretionary

Before the Listening Session

Send the proposed agenda and any suggested questions to the group approximately 1 week before the session so the participants have some time to reflect and prepare.

DOWNLOAD [Sample Agenda Email \(DOCX\)](#)




During the Listening Session

It is ideal for planning for 2 individuals to conduct the Listening Session. While one facilitator is presenting, the other can take notes, pass out materials, and gather completed worksheets or wishes. There is no set role for the facilitators. They can work together to determine how the responsibilities will be shared.

The presentation is organized into 5 to 7 sections depending on how much time the group has allotted for the session (Table 2).

DOWNLOAD [Listening Session Example Presentation \(PPTX\)](#)



FACILITATOR GUIDE

Introduction and Purpose

To kick off each Session, facilitators give a brief introduction and review of the purpose. Let the group know that you (the Listening Session facilitator) will assist with goal setting and action items after the session. You will support the local team members (physicians, leaders, administrators, etc.) in accomplishing their goals, but you are not there to “solve the problem” or “lead the project.”

Large Group Discussion

To set a positive tone for the Session, ask the group to share anything they think openly is going well—both individually and as a department or division—and take notes to document the participants’ responses.

Common responses to “What is going well?”

1. Strong sense of teamwork—physician–physician, physician–advanced practice provider, physician–nurse, a physician–non-clinical team member, etc.)
2. Empathetic and supportive leader(s) (“They value my opinion,” “They really listen,” “They advocate for us”)
3. Joy and meaning in practice (“I make a meaningful difference in the lives of my patients”)

Next, share specific examples of potential topics contributing to professional burnout, including known systemic factors (ie, excessive workload, administrative burden, workflow distraction, time pressure, control over schedule or workload). At this time, the physician facilitators could share a personal example, such as “the most stressful part of my job as a hospitalist is when my patient is ready for discharge to a skilled nursing facility, but they are stuck in the hospital for days or even weeks due to factors outside of my control.”



Individual and/or Small Group Activities

Depending on the time available, physicians may be asked to do only an individual activity or an individual activity paired with a group activity.

Each physician is asked to silently reflect and complete an individual reflection worksheet for the individual activity. The questions on the worksheet are designed to elicit specific factors that contribute to both a positive and negative work experience.



For the group activity, physicians are partnered to “pair and share,” in which they discuss their individual reflection sheets and brainstorm possible solutions for the issues. They are asked to record any ideas on the reflection worksheet. For example, a primary care physician’s biggest stressor is that they don’t feel like they get to spend enough time with their patients. During a brainstorming session, one partner recalls hearing that expanding the medical assistant (MA) role can give physicians more time with patients.

One Wish and Rating Activity

After the individual and small group activities, each participant writes down 1 “wish” that would most improve their work experience on a lined 3x5 index card. The rating process is a way to see which wishes are most likely to improve the work experience for the most people and to help prioritize where the group should focus first.

The room layout determines the process for rating the wishes. There are 2 possible processes:

1. The facilitators collect the cards, shuffle them, and then place them face down on tables around the room. Participants stand up and walk to a card near them. They review the wish on each card and consider how they would rate it before flipping it over to write down their score. Wishes are rated on a scale of 1 to 10, with 1 = this would not enhance my professional satisfaction at all and 10 = this would definitely enhance my professional satisfaction. Participants keep going until they've rated all the cards.
2. If the room is not set up so that participants can easily walk around, another option is to shuffle the cards, hand them out to seated participants, and then ask the participants to rate their wish and pass it to the person to their left.

Collect wish cards for data entry to provide a ranking of perceived impact for the wishes.

How to Adapt to a Virtual Listening Session

Determine:

1. What platform will be used for the virtual meeting. Ideally, the platform will support a PowerPoint presentation, and, if possible, it should be a platform with which the group is familiar. If you cannot share a PowerPoint, you could email it out for others to follow along.
2. What program is best for completing the activities through a survey program (eg, RedCap, Microsoft Forms, SurveyMonkey, etc). If these programs are not available, you could simply use email. Different activities may use different programs. Here is an example of programs used during an actual session:
 - Individual reflection (RedCap)
 - Sharing one wish (Microsoft Forms)
 - Rating wishes (RedCap)
 - Evaluation and next steps (RedCap)

Tip: At least 2 facilitators are essential for a virtual session. One facilitator prepares the rating activity while the other presents a related topic while compiling the wishes. In addition, facilitators may have to work harder on the “what is going well” group discussion due to different levels of engagement in the virtual setting.

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Evaluation and Next Steps

It is important to let the group know what to expect after the session concludes. The group will receive the wishes and their rating order within about 1 week, a copy of the formal report in the coming months, and will be invited to a report-out session approximately 6 to 9 months after the Listening Session. At the end of the session, consider asking for feedback about the Session itself.



[Listening Session Evaluation Form \(DOCX\)](#)

Q&A

Why might a practice or group leader choose not to attend the group's Listening Campaign meeting?

During our organization's initial 10 or so sessions, about half of the leaders opted not to attend. The most common reason stated was that they wanted to be sure the group felt comfortable speaking up and didn't want to influence any of the discussion. Leaders who chose to attend wanted to be part of the reflection activities and/or didn't feel their presence would affect the discussion.

We recommend discussing the option to attend all or part of the session with leaders during the planning meeting. Leaders could opt to stay for the beginning of the session (while the group discusses what is going well), fill out an individual reflection, and then leave for the "pair and share" and rating exercise. We do not recommend that leaders participate in the rating exercise because it's possible that the individual ratings might not remain anonymous to the leader. Additionally, the leader could potentially influence how the participants vote.

How do you keep the conversation positive during the large group discussion?

Unfortunately, physicians will sometimes use the large group discussion time to share something positive but then start talking about something that isn't going well. It is essential for the facilitator to:

1. Remind the group that while you recognize that there might be a tendency or an urge to share a stressor, the discussion is for positive items only. They will have the opportunity to share stressors later during the session.
2. Politely redirect the conversation if or when someone shares a stressor.

If 1 or more individuals continue to bring up stressors despite redirection, or if a negative discussion pops up later during the session, the facilitator can choose to sit back and listen.

What do you say if individuals are concerned about anonymity?

The best you can do is reassure the participants that their identity, wish, and individual reflection responses will never be shared or made public.

It is plausible that colleagues might recognize one another's handwriting during the wish rating activity. We ask participants not to include any identifying information on what they turn in for in-person sessions. If the session is held virtually, responses and activities are only submitted to one of the facilitators, ideally through anonymous survey systems.

Suppose a wish/concern is sensitive or refers to another person/colleague. In that case, we recommend that those issues be brought up separately from the Listening Session and directed to the appropriate resource (eg, human resources, supervisor, etc).

How do you include the voices of physicians who cannot attend?

If you know ahead of time that someone will be unable to attend, you can send them the individual reflection form via email or survey link. You can also ask for their 1 wish ahead of time so that you can write it down on an index card or include it in the virtual rating activity. For those who did not attend (and you weren't aware ahead of time), you can send them the individual reflection after the Session and still allow them to vote on the wishes after the fact. The only potential downside is that it could be more challenging to keep responses anonymous in some circumstances, so that needs to be conveyed upfront.

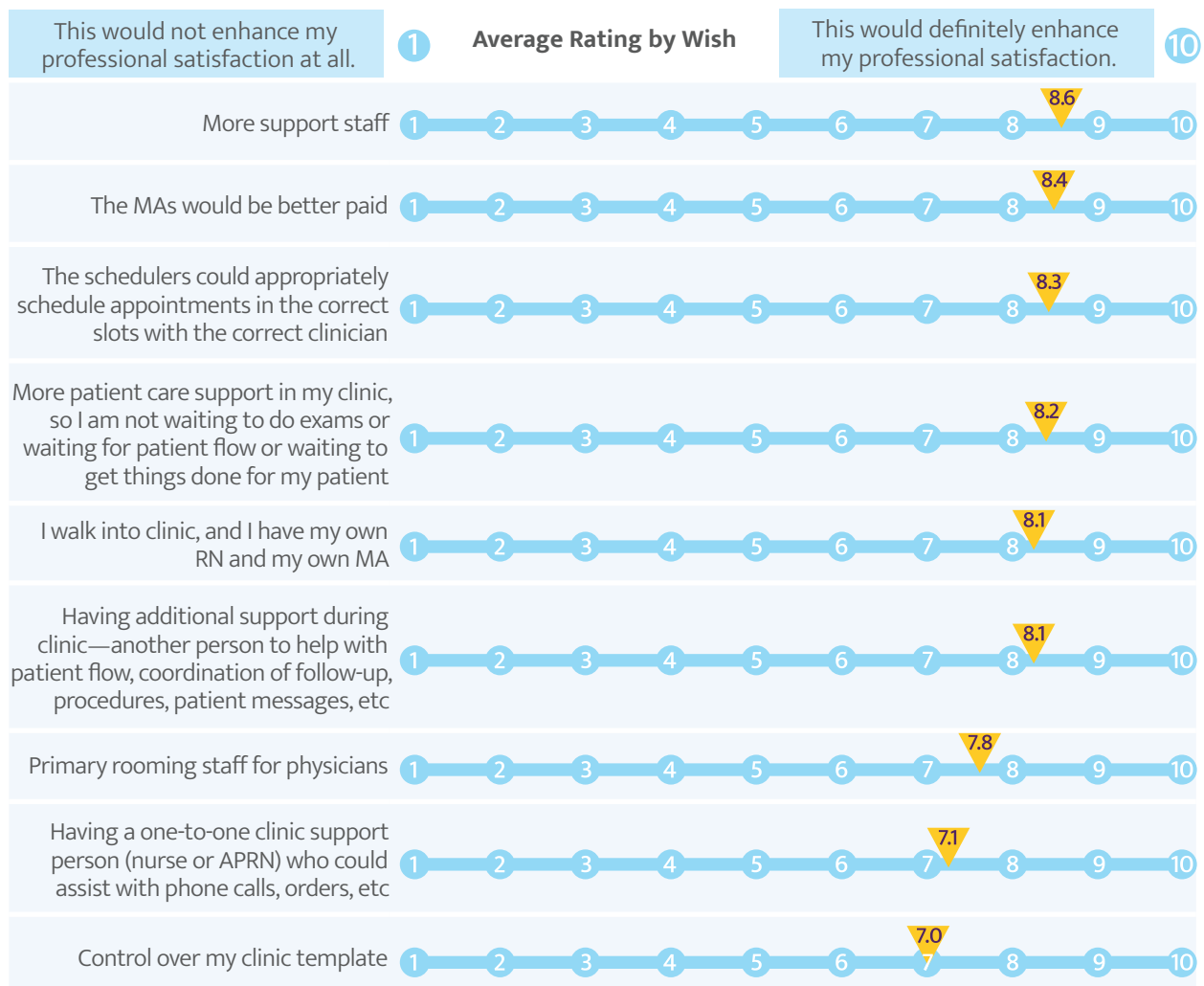
4 Share the Ranked Wish List with Participants

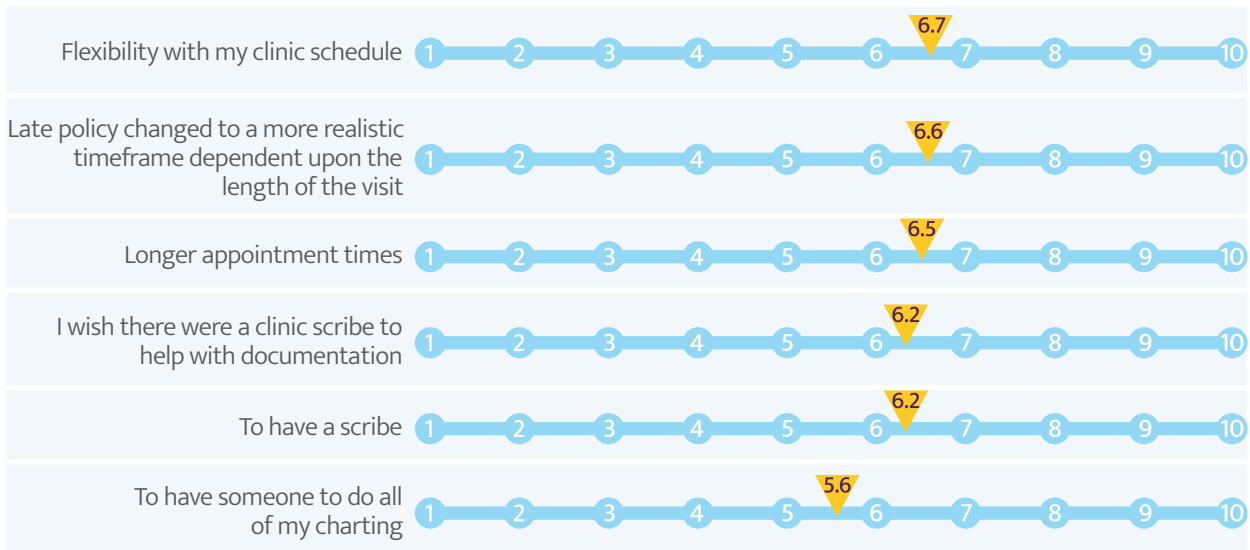
After the Listening Session, facilitators should compile a summary of the wishes gathered and calculate their average rating (Table 3). Communicate this summary in a brief email to the group leader so they can review the wish ratings first and have the opportunity to process the results and help determine the best timing for sharing the wishes (eg, before an upcoming team meeting instead of after). Shortly after the group leader has reviewed the wishes, the facilitator(s) should send a recap of the session and the collected wishes. In the email, include mention of the forthcoming report of the “what’s going well” discussion and analysis of the individual reflection exercises so that participants know that their time was valued and will lead to meaningful changes in the practice.



[Sample Recap and Summary Email \(DOCX\)](#)

Table 3. Example Wish Rating Results





Q&A

How do you ensure the leader shares the results with the group?

There are several options to ensure that results are shared. You can offer to:

1. Send the results to the group’s administrator to send out to the entire group
2. Pass the results along yourself once the leader has had the chance to review them

Follow up with the leader a few days after you send the summary to check that they’ve shared it with others and to confirm that they don’t have any questions.

Who should send out this email to the group?

It’s ideal if the physician leader sends the wish list and outlines the next steps. Some leaders prefer not to do so, and it is OK. The important thing is that the list is shared.

5 Create a Summary Report to Share with Key Stakeholders

A Listening Session “summary report” contains all the valuable information from the Session to share first with the group leader, then senior leadership and other key stakeholders. The report should reiterate the findings of the wish rating, highlight takeaways from the “what is going well” discussion, and include a summary of the individual reflection activities.

Summarizing and identifying common themes in individual reflection responses can be the most challenging and insightful. At our organization, a team member uses a content analysis matrix template to place open-ended responses into the following broad categories: the best part of the day, barriers, and worst part of the day. Categories that represent similar concepts are further collapsed (eg, “interacting with my colleagues” and “working with our team”). Include the counts for these categories and representative quotes in the report.

A typical summary report is organized as follows:

1. Overview (ie, the date of the session, number of attendees, results of the initial large group discussion about what is going well, and general themes)
2. Positives
Ex. Participants were asked, “What are the best parts of your job?”
Of the 15 responses, 9 mentioned...
3. Negatives
Ex. Participants were asked, “What gets in the way of the best parts of your job?” or “What are the worst parts of your day?” Of the 15 responses, 12 mentioned...
4. Potential solutions
5. Opportunities (prioritized wish list)
6. Priority items by category and next steps
7. Session evaluation results



There is flexibility in which components are included based on how long the Session lasted. Not all reports will have 7 sections.

DOWNLOAD [Summary Report Outline \(DOCX\)](#)

DOWNLOAD [Example Summary Report \(DOCX\)](#)

Tips For a Productive Summary Report Meeting with the Group Leader

1. **Share the completed report with the group leader(s) ahead of the meeting in person.** Sometimes leaders take the information personally and/or are disappointed with the results. Therefore, it can be helpful for them to have a chance to review the report ahead of time. When you send the report to them, it is also helpful to include a note: “We realize much of this is outside of your/our collective control and speaks to larger system-level issues.”
2. **Use open-ended questions to guide the discussion.** For example, begin the meeting by asking, “What are your thoughts about the results?” and prompt for the next steps by querying, “What opportunities do you see based on the results?”
3. **Give the leader(s) the floor** to share their perspectives and ask questions uninterrupted.

After reviewing the results in the report, devise a plan to work with senior leadership to implement key changes (STEP 6).

Q&A

Do I have to prepare a report?

No, you do not need to have a report. While the report can be an excellent way to document the feedback from the group, reports can be time-consuming, especially when going through the thematic analysis of the comments and qualitative feedback. The most important steps are to share the prioritized wish list and an overview of the thoughts and feedback collected from the individual reflection sheets. Selecting representative quotes that illustrate the priority issues and offer insight is one alternative to a full report. At times, you may find improvements in the reflection sheets that are low effort and high impact, that did not make it to the wish list.

How do we share findings related to team-based care processes with stakeholders in other clinical functions, such as nursing leadership?

Health care delivery is interprofessional; therefore, many care processes involve other stakeholders. Organizational culture and leadership involvement are crucial to the interactions across clinical professions; these aspects are unique to each institution.

Some wishes arising from a Listening Session could be very specific to the role or interaction with another stakeholder. For example, if a physician group is expressing high workload due to lack of care team support triaging patient messages and phone calls, the conversation could be directed to exploring the current staffing levels, roles, and/or the staffing model. If that happens, reframe the wish in the report and the conversation with the group leader and group so that the goal is clear to achieve positive interactions.

We recommend sending out wishes as they were initially stated with no modifications or redactions. Use your discretion and confer with the group leader about sending out wishes that potentially place blame on another clinical group.

During our first 10 Listening Sessions, we did not experience major concerns with this issue and believe it can be mitigated in the report and conversations with stakeholders.

Should a Listening Session include individuals from other groups, such as a mixed group of nurses and physicians?

We advise that Listening Sessions include only team members in the same function and that they be facilitated by a leader in the same function—for example, a Listening Session for nurses facilitated by a nurse leader.

6

Implement Changes to Fulfill Wishes

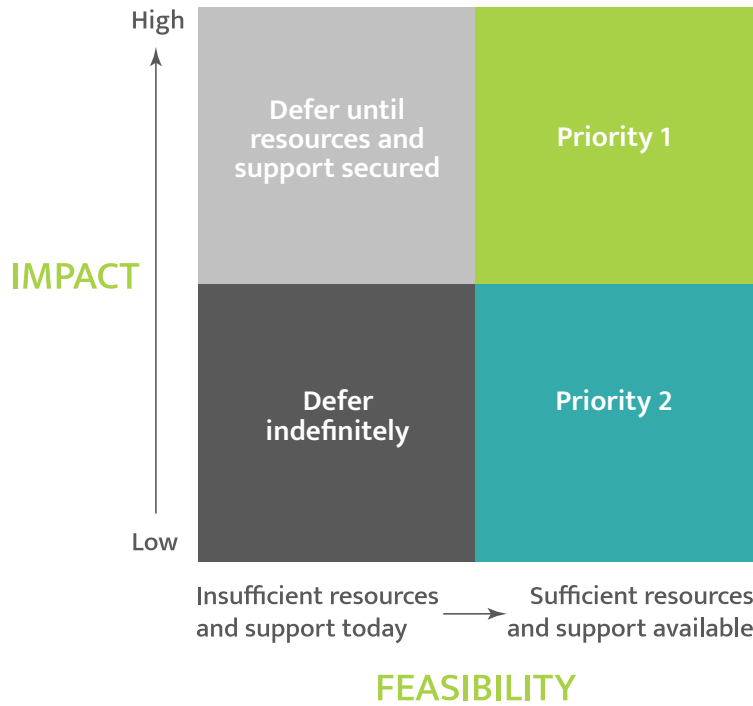
This STEP will undoubtedly be the most challenging and will not look the same in any 2 organizations. When working with organizational leaders to implement change, choosing what to tackle and where to start is always hard.

A matrix such as the example shown in Figure 3 can be helpful. Starting with “high feasibility, high impact” is optimal, but perhaps “high feasibility, low impact” can be another easy win to boost morale. For items determined to be low feasibility, it is crucial to share why and if or when the thing may become possible in the future. This is important because physicians may not be aware of the resources required to make changes that they believe would greatly enhance their professional satisfaction (eg, providing a full-time scribe for all physicians, hiring more clinical team members during a staff shortage, etc).

For example, many of the issues identified in our Listening Sessions were operational in nature at our organization. Therefore, we presented the high-level results of each Session to the Chief Operating Officer

and their leadership team every quarter. During these meetings, vital operational leaders sought additional clarity, brainstormed solutions, and helped identify the next steps. Depending on the topic, meetings were also often held with the Chief Transformation Officer, who oversees the EHR, the Chief Medical Officer, and/or other members of the organization’s senior leadership team. One of the most common next steps for an initiative was to invite a specific stakeholder to physician group meetings to transparently share information with physicians about the history and state of the identified issue(s), answer questions, and facilitate the subsequent actions on the topic.

Figure 3. Example Impact–Effort Matrix



Q&A

What if you don’t have a relationship with senior organization members?

If you do not have these contacts, you could start with familiar names and faces that are leaders at a more local or work-unit level. Advocate to these local leaders when you see an opportunity for further escalation. Remind yourself that this is important work, and courage is essential.

What if the group and leadership do nothing with this information and expect you to complete this work? How do you avoid accepting accountability for local or group-level change?

The Listening Session aims to surface ideas and themes that the group leader can analyze to determine the best course of action. Encourage the group or leadership to select 1 item to address, continue to connect them to institutional resources to address this item, and follow up as appropriate. At the beginning of the Listening Session, it is imperative to state that this is a collaborative process.

7 Follow Up With Participants

Setting up a follow-up meeting is essential to touch base with the physicians who participated in the Listening Session. The purpose of the follow-up meeting is to:

1. Revisit the issues identified during the session
2. Provide a status update
3. Identify any additional next steps for the group

We followed up 6 to 9 months after the initial session at our organization.

Q&A

What if the organization makes very little progress?

Even if there is little progress, it is better to remind people what they came up with, the group’s priorities, and help identify people willing and able to continue working towards fulfilling the wish. Sometimes it takes several rounds of revisiting a problem to make progress.

Conclusion

Conducting a Listening Campaign will guide the prioritization of work to improve process efficiency for physicians to help reduce burnout. Listening Sessions intend to facilitate conversations with physicians to identify systemic factors that negatively affect work experience, allow for group-specific ranking of these factors, and connect physicians and leaders to participate in improvement work. As you begin your Listening Campaign, we encourage you to continue to assess systemic inefficiencies with an open mind, ready to hear feedback from physicians.



AMA Pearls

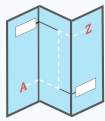
- Work with the willing. In order to get your Listening Campaign going, it’s helpful to start with the most interested and engaged leaders.
- Ensure that both the physician group leader and the physicians know that you alone are not going to solve the problems. Your role is to help the group identify priority areas and support their efforts to move forward.
- Don’t forget to follow up! Physicians appreciate feeling heard but that’s not enough. They need to feel like action is being taken.

Further Reading

Journal Articles and Other Publications

- Privitera MR. Addressing human factors in burnout and the delivery of healthcare: quality & safety imperative of the Quadruple Aim. *Health*. 2018;10(05):629. doi:[10.4236/health.2018.105049](https://doi.org/10.4236/health.2018.105049)

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The AMA Professional Satisfaction and Practice Sustainability group is committed to making the patient–physician relationship more valued than paperwork, technology an asset and not a burden, and physician burnout a thing of the past. We are focused on improving—and setting a positive future path for—the operational, financial, and technological aspects of a physician's practice. [Learn more.](#)