Organizational strategies to address physician burnout

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Summary

- Organizational strategies to address physician burnout
- What characterizes successful strategies
- Areas worthy of further attention
  - Modification of institutional culture
  - Organizational leadership
  - Secondary prevention
- Compassion and burnout – unique contexts: poverty/adversity, high acuity care, disasters, patient death
Causes of burnout (Maslach)

• Chronic mismatch between individual workers and their work setting in one or multiple domains:
  – e.g., Workload; Control; Reward; Values
• Organizational approaches aim to reduce/eliminate these mismatches through structural, procedural, or cultural changes
• Ought to include changes in practice and culture, such as increasing decision-making of providers and adapting work environment to enhance flexibility/autonomy of physicians and to address physicians’ needs
Organizational interventions are more effective

• Interventions at organizational level were more successful in decreasing physician burnout than interventions at level of individual physician – strategies that focused less on professionals coping with stressors in work environment than on organizations minimizing/eliminating potential stressors
  (Panagioti et al: JAMA Internal Medicine 2017; 177:195-205)

• Both strategies need to be employed and should be complementary
Healthy Work Place Study

• Healthcare organizations can improve burnout, dissatisfaction and retention by addressing workflow and communication and by implementing QI projects targeting clinician concerns


• Aims to address provider concern, selected by clinician providers who are given joint leadership role in change process, and highly consistent with values of providers
Finding Joy in Practice

• 23 high-functioning adult primary care practices

• Approaches shifting from physician-centric model of work distribution and responsibility to shared-care model
  – Higher level of clinical support staff per physician
  – Frequent forums for communication among providers
  – High-functioning teams
  – Improved professional satisfaction

Modification of institutional culture

• Medical profession not characterized by high levels of mutual support
• High levels of stigma associated with seeking help
• Licensing boards discriminate against physicians who disclose physical, mental health, or substance-abuse problems – even if effectively treated and no longer pose impact on abilities
• Some licensing boards initiate investigations if physicians seek treatment – may lead to sanctions whether or not evidence of impaired functioning documented
Organizational leadership style

- Organizational approach: invest in leadership training, mentoring, and supports offered to physicians
- Work to identify, develop, and equip physician leaders
Secondary prevention and physician errors

• Medical errors → significant distress → future errors
• Physicians generally feel they receive inadequate support by organizations as they attempt to cope with errors
• Establish institutional processes that assist physicians to cope and learn from errors, shifting more to shared decision-making and responsibility, while minimizing individual blame and associated stigma
Compassion and burnout

• Compassion fatigue: specific type of burnout that results from exposure to trauma and suffering of patients
  – Empathy: understanding and taking perspective of patient
  – Compassion: requires empathy but includes wanting to help and/or desiring to relieve suffering – “to bear or suffer together”

• Warnings about compassion fatigue imply that compassion is necessarily tiring

• Compassionate approaches can be pleasurable and buffer against physician stress; empathic relationships can lead to greater professional satisfaction
Supporting those most in need can be gratifying

- Realistic objectives of purpose of interactions
- Physicians have skills and resources to provide meaningful assistance
- Physicians aware of and have sufficient support to deal with personal impact of work
Unique contexts require unique organizational strategies

- Providing care to those in poverty/adversity
  - Teams that provide concrete supports such as medical-legal teams or co-location of food pantries
  - Advocacy efforts in communities and through AAP
- High acuity care settings or austere and high-need environments such as in aftermath of disasters
  - Institutions need to ensure supports and services that optimize the ability to deliver effective, compassionate, comprehensive care
- Institutions need to recognize impact of patient death on physicians
Health care organizations can, and should, take steps to decrease physician burnout

• Physician burnout involves emotional exhaustion, depersonalization, and sense of reduced personal accomplishment

• Despite challenges that characterize work in high-risk settings or with high-need populations, organizations can create environment that enables physicians to exercise capacity for empathy/compassion, create culture and structure where they can maintain personal relationship to patients and families, and equip them with resources to provide effective and comprehensive care that increases sense of accomplishment