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EDITORIAL

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Hospital administration response to physician stress and burnout

Alan H. Rosenstein

San Francisco, CA, USA

ABSTRACT
Recent studies have documented the alarming degree of physician stress and burnout that has affected physician attitudes, behaviors, and performance. Growing dissatisfaction, irritability, and frustration has negatively impacted physician ideals and attitudes which can lead to compromised health care relationships with impaired communication, collaboration, and coordination that can adversely affect satisfaction, clinical performance, and patient outcomes of care. For the most part physicians on their own have a difficult time recognizing or admitting that they are working under stress and burnout conditions, and even if they do, are reluctant to do anything about it. In this regard it is essential for the organization(s) in which the physician is involved with to take a pro- active role in providing support services to help physicians address this issue in a more empathetic, effective, and constructive manner.

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Introduction

Over the past ten years I have written extensively on the subject of physician behaviors and have given numerous presentations to medical staff members on the topics of physician stress and burnout and its impact on physician attitudes and behaviors toward medical practice. During these presentations I talk about the causes, the effect, and what can be done to help physicians better adjust to the complexities and pressures of today's health care environment. I am a physician advocate and look at physicians as being an over- worked, over- extended, often non- appreciated precious resource. I worry about the consequences of physician time and effort being pushed beyond reasonable capacity through excessive non- clinical demands and responsibilities. After I finish my presentation the most common response I hear is 'I wish administration was here to hear this'. There lies the problem.

Background

There is a growing recognition of accelerating physician (and nurse) stress and burnout which many feel have reached epidemic proportions [1]. Repeated surveys have shown that 40–50% of physicians report high rates of stress and burnout and 10–15% admit to being clinically depressed [2,3]. Many studies have focused on the difficulty and complexities in addressing the issue in an effective manner [4]. Part of the solution resides with the awareness and actions taken by the individual physician, but most of the inciting factors stem from issues related to the administrative policies and organizational culture [5]. Thus, the major part of the solution rests on the shoulders of the organization(s) in which the physician

practices medicine. Before discussing solutions, we must look at the barriers impeding success.

Physician barriers

Physicians are stoic individuals who have survived the rigors of medical training and are driven to meet the hectic demands of medical practice. They'll do what it takes to get the job done. Problem number one is their own awareness of the consequences of working under such stressful conditions and how it may impact their well- being and clinical performance. Even if they are aware, many physicians feel that they have been working under stressful conditions all their career and they can handle it themselves. That may work well for some, but not for all. Others will say that yes they'll make more time for rest and relaxation, but unforeseen demands usually trump that reality. Then there's the question of time and priority. They can barely get through the day.

After battling the reluctance, the second problem is where to go for help. As autonomous entities, many physicians feel that nobody cares and that outsiders don't understand the physician world. Even if they're willing to take the step, most physicians don't know where to go for support. Recent surveys have suggested that the vast majority of physicians (>75%) are unaware of resources or services offered by their organization that might be utilized to help physicians deal with these issues [2,6]. On top of that is the fear that if they do seek help, there will concerns about stigma and confidentiality and how this may be viewed as to diagnoses, questions about competency, and whether or not this may impact licensure or credentialing privileges [7]. These are all important issues which must be addressed.

CONTACT Alan H. Rosenstein ✉ ahrosensteinmd@aol.com San Francisco, CA, USA
No organizational affiliations
Practicing Internist in San Francisco, CA and consultant in physician behavioral management

Organization barriers

Many studies have suggested that it's the organizational factors that account for the majority (>80%) of the problems [8]. Issues related to organizational culture and leadership, changing physician roles and responsibilities, changes in workload and process flow, a greater focus on productivity and efficiency, compliance with new coding and documentation requirements and metric accountability, the electronic medical record, and an assortment of other administrative hurdles and responsibilities all contribute to the growing levels of physician dissatisfaction, anger, frustration, stress, burnout, depression, and physician disengagement.

Given the fact that it is the organization that holds the predominant position, coupled with fact that we can't leave it up to the physician to take action on their own, we must look to the organization to take a pro- active stance to intervene before bad things happen. Bad things include the negative impact on staff morale and satisfaction, concerns about reputation, recruitment, and retention, impaired care coordination, productivity, efficiency, and performance outcomes, and concerns about overall patient satisfaction, safety, and quality of care [9,10]. Besides the moral and ethical importance of staff well- being there have been a number of recent studies attesting to financial implications relating to costs of staff turnover and recruitment, loss of productivity and efficiency, and compromises in satisfaction, quality, and patient safety [11,12].

Recommendations

Table 1 outlines a ten-step process toward successful intervention and resolution. The importance of each topic depends upon the specific issues unique to that organization.

The first step is to gain a better appreciation of the level of stress and burnout at the organization. This can be assessed through the implementation of a number of different survey tools (Well- being Index, Maslach Burnout Inventory, PROQOL (Professional Quality of Life Scale, other) as well as an appreciation of listening to the grapevine and/or the content of documented incident reports. Getting a finger on the pulse needs to be followed by a commitment to make this an organizational priority, give physicians a purpose, and motivate physicians to get involved.

The second step is to foster a strong supportive empathetic organizational culture and a positive work environment. The Mayo Clinic was one of the first organizations to embrace the importance of how the organization can impact physician

Table 1. Strategies for support.

Awareness/assessment/priority/purpose/motivation
Organizational Culture/Work environment
Education
Relationship training
Logistical support
Clinical support
Behavioral support
Physician Well- Being/Work- life balance
Physician satisfaction
Physician engagement

attitudes and behaviors stressing the importance of acknowledgment and understanding, aligning goals and incentives, cultivating leaders and champions, providing appropriate interventions and support, and fostering the importance of work- life balance, wellness, and staff engagement [8,13]. To further emphasize the importance of the organization's role in creating a positive work environment, a soon to be released study by the National Academy of Science on 'Taking Action Against Clinician Burnout: A Systems Approach to Professional Well- Being' stresses the importance of creating a positive work environment by having health care organizations 'develop, pilot, implement, and evaluate organization- wide initiatives to reduce the risk of burnout, foster professional well- being, and enhance patient care' [14].

The next step is education. All medical staff, nursing staff, support staff, administration, and the Governing Board need to aware of what's going on. One of the basic educational offerings should be to describe the nature of today's health care environment and the impact and implications on delivery of patient care. The focus needs to emphasize that we are all working together to meet the demands of the changing health care environment with the primary focus on providing best patient care.

More comprehensive educational programs might include enhancing overall communication, team collaboration, and relationship skills, and/or more specific training in stress management, conflict management, cultural competency, diversity management, emotional intelligence, customer service, leadership development, or any other programs that can enhance organizational proficiency.

The next area focuses on the importance of providing logistical and administrative support. Organizations must recognize the high demands of the physician practice and the growing list of non- clinical responsibilities and the toll it takes on physician energy. Be sensitive to adjusting call schedules, capacity, and productivity requirements, and attendance at committee meetings. Allow the physician the opportunity to say 'no'. One of the key stressors is compliance with the Electronic Medical Record. Help physicians adapt to the electronic medical record by providing additional training, support, or use 'scribes' or technical assistants to help with data input and documentation. Involve physicians in system redesign by encouraging their input into more adaptable mechanisms for process and information flow [15].

From a clinical support perspective utilize Nurse Practitioners or Physician Assistants to help lighten the physician's load and free them up to focus on more complex issues. There are a growing number of studies attesting to the value they bring to the health care team [16]. Many organizations have introduced the role of a Care Coordinator or Care Coordinator to help navigate the complexities of population management and full spectrum care.

The behavioral support issue is of critical importance. At one end of the spectrum is the importance of mindfulness training and resiliency training which has proven to be being extremely beneficial in helping physicians relax, focus on the positives, and more effectively adapt to stressful situations [17,18]. In some cases organizations have re-energized their Wellness Committees to help provide services to physicians in

need. Some organizations have utilized a Physician specific EAP (Employee Assistance Program) where physicians can access advice from other trained physicians in a convenient confidential manner. Some organizations have provided 'coaches' who meet with physicians to help provide supportive advice. The focus here is to help the physician better adjust to the pressures of today's practice environment [19]. Some physicians may require more comprehensive counseling or behavioral modification services. There are now a growing number of outside resources through the AMA (American Medical Association), National Academy of Science, and IHI (Institute of Healthcare Improvement), who provide on- line programs to help physicians deal with stress and burnout [20–22].

Encouraging physician wellness, relaxation, and work- life balance is a key part of the solution. In addition to wellness programs many organizations have provided on- site wellness facilities that in addition to providing exercise equipment also promote the importance of adequate sleep, nutrition, exercise, meditation, and leisure time recreational activities. Stanford University has developed a new role of a Chief Wellness Office to take responsibilities for these types of initiatives [23]. Many larger organizations have followed this trend by employing a dedicated Physician Wellness Officer to help support their wellness programs. Other initiatives include providing non-traditional services such child care, gourmet food, and laundry services to make life easier for on- call physicians. By providing these types of extracurricular services the organization makes a strong statement in showing that they really care about physcian well- being.

The next goal is to improve overall physician satisfaction. Physician satisfaction is a strong contributing factor for the physician thinking about leaving practice or changing their model of care [24,25]. Many studies have linked physician dissatisfaction with premature retirement. This is of particular concern with the growing threat of a significant physician manpower shortage. Even more disconcerting is the linkage between physician dissatisfaction and poorer outcomes of care [26].

In the end it's all about getting and keeping the physician engaged. How do you do that [27,28]? First you need to give them an opportunity to be heard. Provide a vehicle for input and discussion. Empathize and show them that you care. This can be accomplished through informal hallway chats, coffee time, or through special 'town hall' meetings, Department meetings, or even better, one on one more structured individualized conversations with key administration and clinical leaders. Listen to what then have to say. Focus on reinforcing their core values. Show them respect and thank them for what they do. Provide them opportunities to connect with each other. Reinstitute physician lunches. Reinvigorate the doctor's lounge. Support outside social events. There's nothing better than giving physicians an opportunity to connect with each other. It eases the pain of isolation [29]. Motivate and inspire them. Remind them of what they do. There is now a growing movement on board to reinvigorate physician passion for care and return the joy to practicing medicine [30,31]. Think about what you can do to make this happen. Engaged physicians are more apt to establish positive satisfying relationships that enhance communication and collaboration that prevent gaps in patient care.

Conclusion

Physicians just want to practice good medical care, it's just that things keep on getting in the way. Organizations need to recognize the seriousness of the issue and take pro- active steps to help physicians better adjust to the pressures and complexities of today's health care environment. Recognize that physicians are overly committed and often won't take the necessary steps on their own. Develop a supportive culture that recognizes the physician's state of affairs and be prepared to offer appropriate education, training, coaching, and counseling in a time- sensitive confidential matter with the primary purpose of having physicians thrive in their practice. Make sure that the physicians are aware of these services and reinforce the intent is to help the physician succeed. Work with them on the ins and outs of the electronic medical record. Do what you can do to ease some of their non- clinical burdens so they can spend more face to face time interacting with their patients and colleagues. Be sensitive to their issues about time and sense of loss of control. Remind physicians about the joy of practicing medicine and focus on job fulfillment. Give the physician an opportunity to be heard. Give them an opportunity to connect with each other. Listen to what they have to say and be responsive to their needs. Support physician wellness and work- life balance. Develop wellness initiatives and wellness champions. Recognize their actions, motivate them, thank them, and reward them for a job well done. We need to look at physicians as an overworked overextended precious resource and help them feel appreciated for what they do. This is a wake- up call to administration. If you don't take action now it may be too late.

Disclosures

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The author has no organizational affiliations

Practicing Internist in San Francisco, CA and consultant in physician behavioral management

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Declaration of interest

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