



The AHA Physician Alliance conducts regular Questions with Clinician Leaders podcast featuring physicians across the country sharing their views on key issues. This month's focus is on physician well-being, a fundamental value of the Alliance. Below are six actions everyone can take to address burnout in their organization while helping themselves and colleagues on the road to resilience. To listen to these podcasts as well as others in the series, visit *www.aha.org/physicians*.



Talk about it.

Adapted from Questions with Clinician Leaders: Patrice Weiss, M.D., executive vice president and chief medical officer, Carilion Clinic – Roanoke, VA.

The most important thing we need to do is talk about resiliency and burnout – name the problem facing our organizations. Health care providers are at risk for burnout – 50 percent of physicians and nurses qualify as burned out.

Begin to educate people on dimensions of well-being, and as an organization do what you can. There are many dimensions to well-being – physical, mental, emotional, spiritual, financial and environmental. We've found big drivers of physician burnout fall into one of two categories: operational contributions and relational contributions. Most of us in medicine treasure and value relationships with colleagues, patients and our communities, but many of us in medicine feel much of what we do is operational – administrative duties or time spent on electronic health records. At Carilion, we identified operational contributions such as bringing in scribes and adjusting work flow.



Work to restore humanity to health care.

Adapted from Questions with Clinician Leaders: Ron Paulus, M.D., president and CEO, Mission Health – Asheville, NC

We must restore humanity to health care. Becoming a great place to work should be part of every strategic plan. From my perspective, any successful resilience strategy must include at least:

- A system level initiative around removing hassles and scaling joys in the practice environment
- Team and team-based communication with an emphasis on individual strengths, aligned values and shared goals
- Equipping clinicians and others to manage the stress using evidence-based strategies, which will empower individual resiliency and well-being.

Include well-being in Return on Investment (ROI). As health system leaders, we have to measure decisions against not just financial returns or quality improvements, but their impact on our clinicians' well-being. Whether the decision is new technology or new process or other change, only by creating well-being ROI that is evaluated systematically along with financial returns, patient impact and clinical outcomes, will we elevate well-being within an organization. And if we don't measure it, we're not going to change it.





Change the culture.

Adapted from Five Questions with Clinician Leaders: Frank Byrne, M.D., President-Emeritus, St. Mary's Hospital – Madison, WI.

Change the culture that currently makes asking for help hard. Many of us trained and practiced medicine in an era where asking for help was a sign of weakness, and there are still elements of that culture in executive and clinical leadership cultures. We have to address this and acknowledge burnout cannot be rectified alone.

As a leader, acknowledge your own vulnerability. As individuals, we each must figure out our own trusted support group to help each other through the twists and turns of a clinical career. That may mean a debrief session so caregivers can take time to grieve or it may be a chance to celebrate. Shared grief is lessened and shared joy is multiplied.

