

2023

Are We Really Listening? A Program to Assess and Mitigate Systemic Factors Contributing to Clinician Burnout

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Title: Are We Really Listening? A Program to Assess and Mitigate Systemic Factors Contributing to Clinician Burnout

Running Title: Are We Really Listening

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Conflicts of interest: None

of references = 9

of tables = 1

of figures = 1

Abstract word count = 193

This article has been accepted for publication in BMJ Leader following peer review, and the Version of Record can be accessed online at <http://dx.doi.org/10.1136/leader-2022-000701>. © Authors (or their employer(s)) 2023.

Manuscript word count = 1481

Key words: clinician burnout, wellbeing, professional satisfaction

Acknowledgments: We wish to thank those who participated in the Listening Sessions and our leadership and institution that supported these sessions.

Competing Interests: None

Ethics Statements

Patient consent for publication: Not applicable

Ethics approval: Not applicable

Contributorship statement: Drs. Richards, Kennel, and Lowndes contributed to the project concept and design. Drs. Richards, Kennel, Carlson, and Lowndes contributed to project execution and data acquisition. Drs. Richards, Kennel, Wardian, and Lowndes drafted the initial paper, and all authors contributed to its revising and review and approved the final manuscript.

Funding: None

Prior presentations: International Conference on Physician Health, April 2021

ABSTRACT

Background: Many US physicians are experiencing burnout affecting patient care quality, safety, and experience. Institutions often focus on personal resilience instead of system-level issues. Our leaders developed a novel process to identify and prioritize key system-related stressors and work to mitigate factors that negatively impact clinician wellbeing through a structured Listening Campaign.

Methods: The Listening Campaign consists of meeting with each clinician group leader, a group Listening Session, a follow up meeting with the leader, a final report, and a follow-up session. During the Listening Session, clinicians engage in open discussion about what is going well, complete individual reflection worksheets and identify one “wish” to improve their professional satisfaction. Participants rate these wishes to assist with prioritization.

Results: As of January 2020, over 200 clinicians participated in 20 listening sessions. One-hundred twenty-two participants completed a survey; 80% stated they benefited from participation and 83% would recommend it to others.

Conclusion: Collecting feedback from clinicians on their experience provides guidance for leaders in prioritizing initiatives and opportunities to connect clinicians to organizational resources. A Listening Campaign is a tool recommended for healthcare systems to elicit clinician perspectives and communicate efforts to address systemic factors.

INTRODUCTION

Approximately half of US physicians are experiencing professional burnout,¹ which affects the experience, quality, and safety of care that patients receive, and can have devastating effects on physicians, forcing some to leave the profession.²⁻⁶ The Stanford Model of Professional Fulfillment highlights three main drivers of professional satisfaction which include a culture of wellness, efficiency of process, and personal resilience.⁷ Many organizations focus on developing personal resilience while the literature suggests that system-based interventions, including changes to job demands and resources, are more effective in reducing physician burnout than interventions targeted at individuals.^{2,8}

While physician burnout data via surveys are helpful for highlighting general areas of concern and monitoring trends over time,⁹ a systematic yet practical process is needed that allows individual clinicians and groups to voice their stressors and propose ideas for improvement. Therefore, our team developed a Listening Campaign to 1) identify key system-related stressors at the individual and group level; 2) prioritize those stressors as a group; and 3) work with key stakeholders to mitigate those systemic factors that negatively impact clinician wellbeing. This manuscript will describe and demonstrate the use of a Listening Campaign.

METHODS

Setting and Overview

A system-wide Listening Campaign was conducted at a large midwestern academic medical center between May 2019 and February 2020. The Senior Medical Director, Clinician Experience, Medical Director of Physician Experience, a human factors engineer, and an industrial organizational psychologist developed and led the program. The Listening Campaign consisted of a series of events that took place for a clinician group over several months, including a 45-60-minute Listening Session with the clinician group (Figure 1).

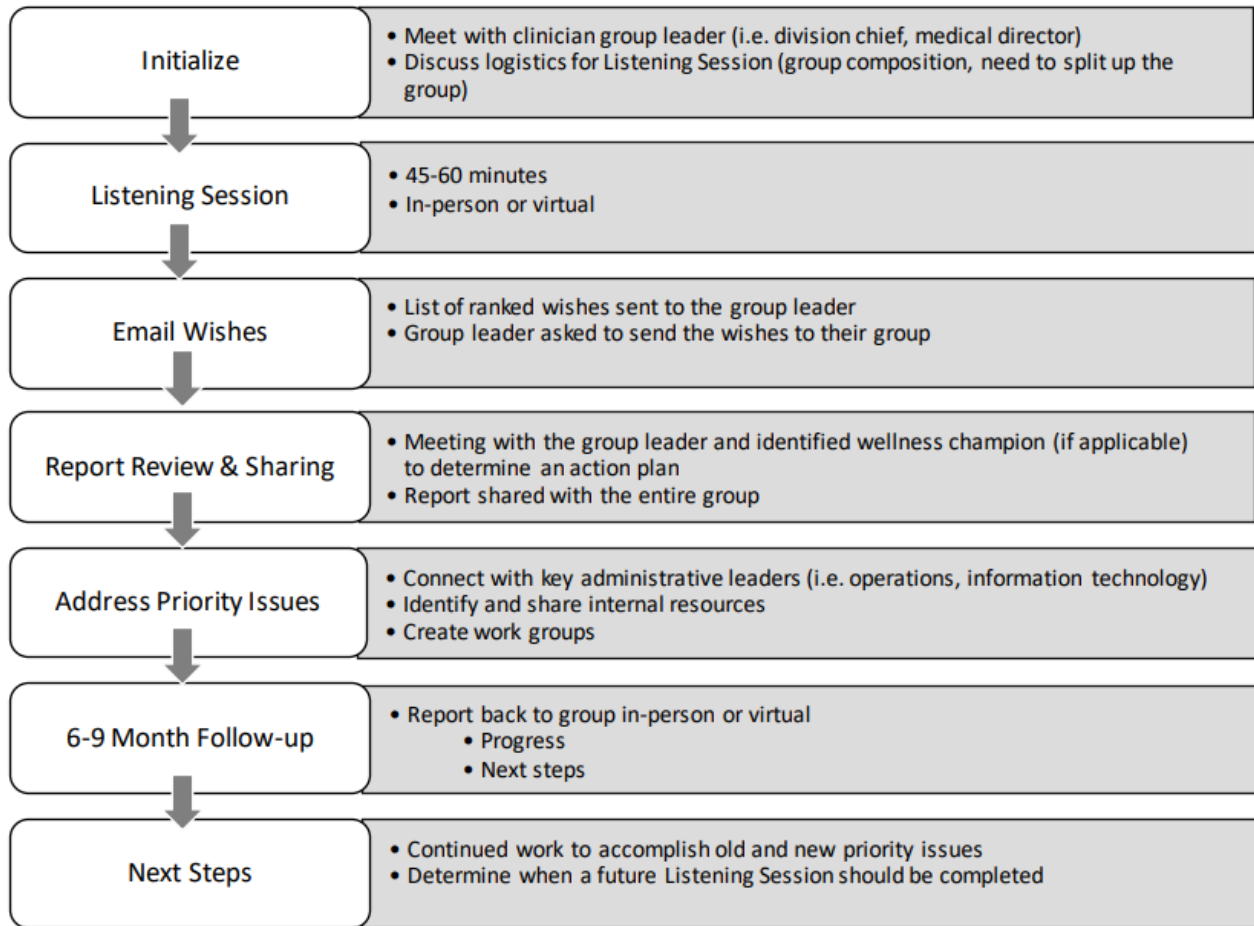


Figure 1. Listening Campaign Events

Listening Campaign Development

In a review article from 2017, Shanafelt & Noseworthy⁴ describe nine organizational strategies to promote engagement and reduce burnout. One strategy, to “Develop and Implement Targeted Interventions”, was leveraged through our Listening Campaigns. This allowed us to “transition away from generalities regarding burnout, focus on the specific issue(s) in the local work unit, and identify, develop, and implement an initial intervention,” and engage providers in improvement of the system with the support and involvement of leaders.

Conducting the Listening Sessions

Table 1 includes a sample Listening Session agenda. For additional details on conducting a Listening Session, please refer to the American Medical Association STEPS Forward® module (Richards & Lowndes, Forthcoming 2022).⁵ To kick off each session, facilitators provided a brief introduction and review of the purpose of the session. In order to set a positive tone for the session, the facilitators then asked the group to openly share anything they thought was going well – both individually and as a group – and took notes. This was intentional as we wanted to avoid a venting session in which one or two clinicians might dominate the discussion.

Each clinician was then asked to complete a reflection sheet on factors that contribute to both a positive and negative work experience. Next, each participant was asked to share one “wish” on a lined 3” X 5” index card that would most improve their work experience. Other attendees were allowed to “rate” one another’s wishes on a scale of 1 to 10 to see which wishes were considered most likely to improve the work experience for the most people, and to help prioritize where the group should focus first. Wish cards were collected for data entry, ranked in order, and were sent back out to the group within a week of the session.

Table 1. Listening Session Agenda

1. Introductions & Purpose – 5 minutes
 2. What is going well for you or for your department/division? – 5 minutes
 3. Individual & Small Group Activity – 30 minutes
 - Individual reflection activity (please try to write legibly!) – jot down 1-2 things for each question in the left-hand column (facilitators share examples) – 5-8 minutes
 - Pair and Share – With a partner reflect on the items you jotted down and work together to brainstorm items for the right-hand column – 15-20 minutes
 - One Wish – Choose one “wish” generated by ideas brought up during this activity that could enhance your work experience and write it down on your note card. Place the note card face down when you are done (this will be shared with others) – 2-3 minutes
 4. Large Group Activity – 10 minutes (facilitators pass out note cards randomly)
 - Review the wish on the card you are holding and score it on a scale of 1-10 (1=this would not enhance my work experience at all, 10=this would definitely enhance my work experience). Write the number on the blank side of the card and then pass it to your colleague on the left. When you get your own, feel free to score it as well!
-

5. Open Discussion
 6. Next Steps
-

Individual Reflection Sheet Analysis

Content from the reflection activity sheets were transcribed by study personnel into an Excel spreadsheet for a content analysis. Open-ended responses were categorized into broad categories concerning the best part of their day, barriers, and worst part of their day. Categories were then further collapsed into similar concepts (e.g. “interacting with my colleagues” and “working with our team”). The counts for these categories along with representative quotes were included in the reports for participants and key leaders.

Engaging Senior Leadership

The prioritized wish lists were shared with the group leader first and then emailed to the entire division or department. Formal reports including analysis of the reflection worksheets were created to share with each leader and their group. In-person meetings were 30-60 minutes to review the report and ensure responses from the Listening Session were elevated to a level of organizational leadership who 1) had the ability to take action, 2) could provide access to established resources, and/or 3) could explain why actions were not feasible at the time.

RESULTS

As of January 2020, 20 Listening Sessions were conducted with a variety of clinician groups with positive results. Participant numbers ranged from 5 to 60 for each clinical group and the largest group was split into two sessions. Surgical, Primary Care, and Specialty Care groups participated in listening sessions. Some groups included physicians only and other leaders opted to include physician assistants, advanced practice providers, and house officers.

Of the 272 participants, 120 (44%) completed an evaluation for their group's Listening Session. Eighty percent said they agree or strongly agree they "personally benefited from a session" and 83% said they "would recommend it to other provider groups".

DISCUSSION

Clinicians that participated in the Listening Sessions positively evaluated the session and found personal benefit. Hundreds of unique issues and several major themes were identified and successfully addressed and/or mitigated by engaged leaders and groups. However, this is not a once-and-done program. There are always new and ongoing challenges and there must be a way for organizations to regularly engage with clinicians to identify and mitigate system barriers.

Challenges & Lessons Learned

Launching and executing a system-wide clinician Listening Campaign is time consuming for those involved in leading, facilitating, participating, compiling and analyzing data, and creating reports. Ideally, the organization would provide adequate dedicated time for a member of the team to complete the tasks in a timely manner. It is always difficult to schedule time with busy clinicians and leaders. We found some success in scheduling the Listening Sessions during regular monthly team meetings. Finally, the project leader or champion (in this case it was the Senior Medical Director, Clinician Experience), should have ample protected time (at least 20% of their total FTE) to attend meetings, lead sessions, and help coordinate improvement efforts with the clinician groups and key leaders. We strongly believe the richness of the data were worth the investment of time.

Not all leaders and clinician participants were interested and/or fully engaged in the process. Therefore, we found it most helpful to "work with the willing" first. Once we had completed several sessions, we went back and shared some early wins and initial session evaluation data with other leaders. We continued to reiterate that information shared during the individual reflection and the wish

activity would remain anonymous unless someone was able to quickly identify their handwriting during the activity. Still, this may have been a deterrent for some. Finally, there were a few individuals who were skeptical of the process altogether and wondered whether any real changes would occur. We shared success stories from other groups and reassured them that we would continue to work with them closely after the initial session.

Flexibility

There is flexibility in this process which makes it easy to adapt based on the needs of the group (i.e. size, time constraints, etc.) and/or the organization at large. The sessions can also vary in size from as few as 5 clinicians to as many as 50 or more. When groups are large and/or diverse, it is helpful to break them into smaller groups (less than 20 or so), and consider grouping clinicians with similar roles (i.e. primarily outpatient versus primary inpatient-based, etc.). Finally, the sessions work quite well in a virtual format.

Limitations

While we made every effort to include as many clinicians in our Listening Sessions as possible, not all groups participated, not all clinicians in each group were able to attend, and not all clinicians who attended participated in part or all of the session. We fully expect that results will vary considerably by organization, groups, and individuals and this should be taken into consideration when designing a Listening Campaign.

Next Steps

We are actively exploring how best to sustain our efforts with each clinician group over time in both in-person and virtual Listening Sessions. We plan to provide a more comprehensive look at the data obtained during the sessions, including qualitative analyses and themes that have emerged amongst more than one clinician group.

CONCLUSION

Overall, this is a novel and effective method for collecting specific feedback from clinicians about their work experience. The process allows for prioritization of improvement initiatives and helps guide leaders and wellness champions. Further, the Listening Campaign provides opportunities to connect clinicians to organizational resources and to key administrative leaders to help impact meaningful change which can ultimately lead to a reduction in clinician burnout and improved wellbeing.

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Competing Interests: None

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