

Harnessing Values to Combat Clinician Burnout While Elevating Patient Experience

A Governance Institute Strategy Toolkit • Summer 2024





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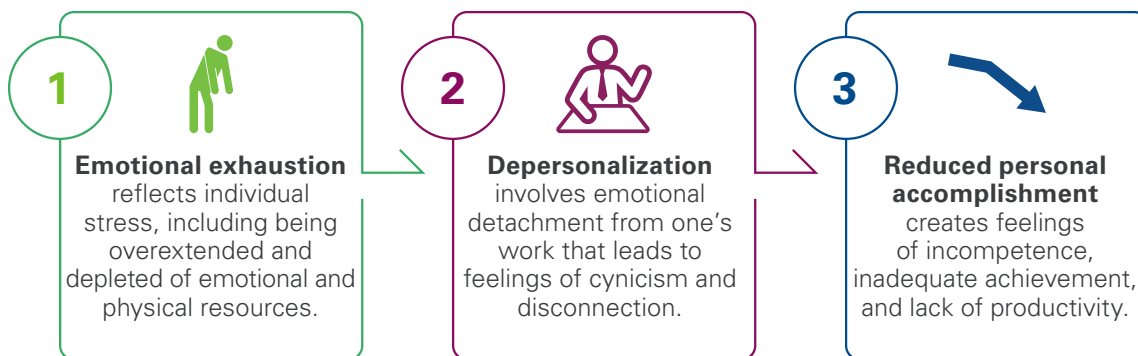
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Introduction

Physician burnout is a silent epidemic that has been sweeping across the healthcare industry for a decade leaving a trail of exhausted, disillusioned, and overburdened physicians in its wake. Imagine a world where physicians spend more time navigating complex electronic medical records than interacting with patients or where evenings are consumed by “pajama time” to complete charting tasks. This is the stark reality for many physicians today, and it presents immeasurable risk not only to physician well-being but also to clinical quality, safety, and the inherent social contract between physicians and patients. To preserve the well-being of physicians and to ensure the sustainability of our hospitals and health systems, healthcare boards and executive leaders must confront these challenges head on and develop meaningful strategies for prevention and for cure.

It’s valuable to start by defining burnout. Burnout is a syndrome comprised of three separate dimensions:¹



Burnout is also progressive in nature; it often moves along a continuum where initial feelings of dissatisfaction escalate to disengagement and ultimately culminate in full-blown burnout.

Burnout can be debilitating, so it’s of significant concern that almost half of America’s physicians exhibit burnout. Medscape’s *Physician Burnout & Depression Report* for 2024 found that 49 percent of physicians say they are burned out.² This statistic is echoed by American Medical Association’s data showing that 48 percent of physicians indicate burnout.³

1 James D. Wright, *International Encyclopedia of the Social & Behavioral Sciences*, Second Edition, Elsevier, 2015.

2 Medscape, *Physician Burnout & Depression Report 2024: “We Have Much Work to Do.”*

3 Sara Berg, “Physician Burnout Rate Drops below 50% for First Time in 4 Years,” American Medical Association, July 2, 2024.

Physician burnout has been described as a “wicked problem”: complex, unwieldy, misunderstood, and difficult to solve.⁴ Burnout stems from an intricate web of industry-wide issues, including:⁵

- Excessive workload
- Time pressure
- Administrative burden
- Technology challenges
- Lack of advanced practice providers
- Inadequate support staffing
- Workflow challenges
- Organizational culture
- Lack of control

The broad number of inputs contributing to burnout mean attempts at solutions often simply uncover new complexities to address. Many attempts at solutions have also been inadequate or sporadic, which further erodes the confidence of clinicians that anything meaningful can or will be done to help. That is unfortunately where many health systems find themselves today with addressing burnout. However, the continued moral injury of physicians is unsustainable, both in terms of implications for the social, emotional, and physical well-being of physicians, as well as for the implications for patients and hospitals.

4 Jina Sinskey, Rebecca Margolis, and Amy Vinson, “The Wicked Problem of Physician Well-Being,” *Anesthesiology Clinics*, June 2022.

5 National Academy of Medicine, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, 2019, p. 84.

The Rationale for Addressing Burnout

Governing boards must confront that physician burnout is more than a moral or intellectual problem. Burnout drives significant risks to individuals and healthcare organizations. For that reason, physician burnout has been called a national, public crisis by multiple healthcare industry associations and leadership groups.⁶ Burnout also has direct implications for physician well-being, clinical quality and safety, and the financial stability of healthcare organizations—all of which fall within the board’s purview.

Burnout incurs significant personal costs for individual physicians, including:⁷

- Anxiety
- Inability to concentrate
- Depression
- Deterioration of teamwork
- Substance abuse
- Loss of joy in work

Stephen B. Shapiro, M.D., is a General Surgeon and Chief Medical Foundation Officer at Gundersen Health System in La Crosse, WI. In considering the personal ramifications of burnout on physicians, he shares, “Physicians are like ultra marathoners; these are not normal people who are complaining. These people graduated in the top 20 percent of their high school class. These are not weak people. These are people who have an abundance of both endurance and resilience. However, when you have a star pitcher, you still need to rest them. You can’t crank them all the time.”⁸

A physician in the grips of unrelenting physical and psychological overload has been placed in an environment designed to create harm. Physicians suffering from burnout are more likely to exhibit “decreased attentiveness, impaired decision making, and increased likelihood of mistakes” and “to admit to having made mistakes or delivered substandard

6 John Noseworthy, et al., “Physician Burnout Is a Public Health Crisis: A Message to Our Fellow Healthcare CEOs,” *Health Affairs*, March 28, 2017.

7 *Ibid*; Bridget Berkland, et al., “A Worksite Wellness Intervention: Improving Happiness, Life Satisfaction, and Gratitude in Healthcare Workers,” *Mayo Clinic Proceedings: Innovation, Quality and Outcomes*, December 2017; Christine Sinsky, et al., “COVID-Related Stress and Work Intentions in a Sample of U.S. Healthcare Workers,” *Mayo Clinic Proceedings*, December 2021; Cintia de Lima Garcia, et al., “Influence of Burnout on Patient Safety: Systematic Review and Meta-Analysis,” *Medicina*, September 2019.

8 An interview with Stephen Shapiro, August 2, 2024.

care”—all of which have significant implications for patient safety and clinical quality. Implications include:⁹

- Double the risk of patient safety incidents
- Increased adverse outcomes
- Increased medical errors
- Increased hospital-acquired infections
- A three-times decrease in patient satisfaction

Burnout also chips away at the relationship quality between physicians and patients in ways that harm patient compliance with care instructions and likelihood to return. Therefore, alleviation of—or protection against—physician burnout is essential to ensure clinical quality and safety.

Kathy Leonhardt, M.D., M.P.H., a Joint Commission International Principal Consultant, reflects on what that means for the healthcare board: “The board is accountable for ensuring clinical quality and safety and for complying with all regulatory and accreditation requirements. Though there are no Joint Commission standards specific to *burnout*, The Joint Commission promotes worker well-being and developing strategies to promote resiliency among healthcare workers. Boards should be aware of and engaged in this issue. The board is also charged with providing resources and infrastructure—including buildings, technology, and people—to support the delivery of safe, high-quality care. So, the board must consider what is expected to maintain its other key assets that also require significant, initial investments. For example, why do you have to maintain your MRI? You bought it, so why maintain it, why calibrate it, and why pull it out of service if it is not working? Highly paid and highly sophisticated physicians are as complex and as in need of ongoing care as your most advanced technology. A hospital’s best and most expensive asset is its physicians and staff. So, just like boards take care of facilities and equipment, they must take care of physicians. If you don’t take care of your staff to prevent burnout, the board should be concerned about what happens next to clinical quality and safety.”¹⁰

Burnout has significant financial repercussions for healthcare organizations at a time when healthcare organizations already face acute and sustained financial challenges. Burnout is estimated to cost the healthcare industry at least \$4.6 billion annually.¹¹ While the source of cost to healthcare organizations includes issues like increased malpractice costs, the greatest cost is attributable to increased turnover. Turnover not only presents

9 Audrey Lyndon, “Burnout Among Health Professionals and Its Effect on Patient Safety,” PSNet, Agency for Healthcare Research and Quality, January 2015; Alexander Hodkinson, et al., “Associations of Physician Burnout with Career Engagement and Quality of Patient Care: Systematic Review and Meta-analysis,” *BMJ*, September 14, 2022; *Addressing Health Worker Burnout: The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce*, 2022, p. 7.

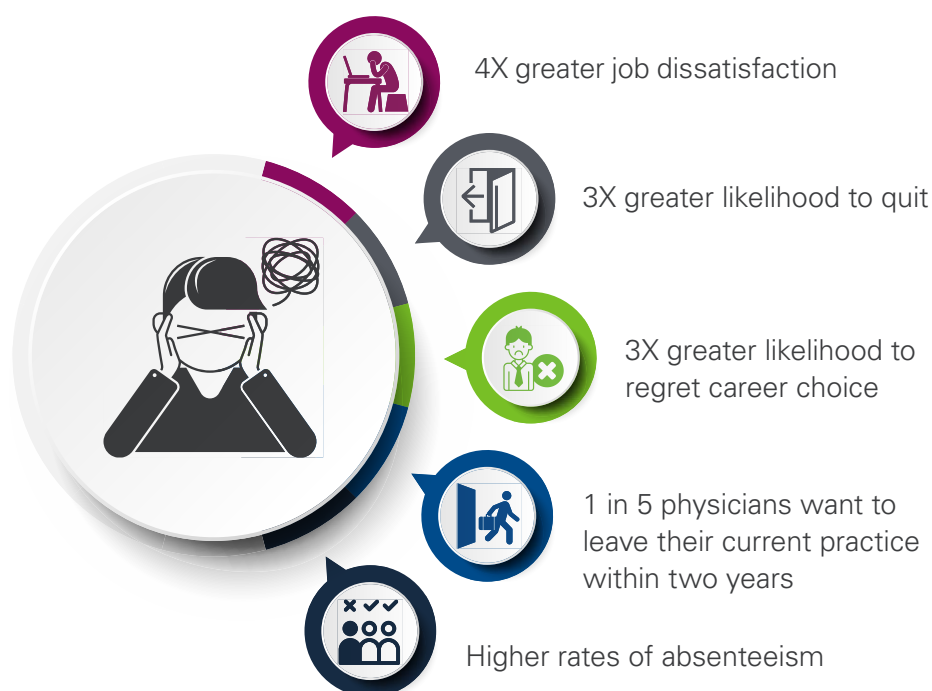
10 An interview with Kathy Leonhardt, August 5, 2024.

11 Shasha Han, et al., “Estimating the Attributable Cost of Physician Burnout in the United States,” *Annals of Internal Medicine*, May 28, 2019; Dhruv Khullar, “Burnout, Professionalism, and the Quality of U.S. Healthcare,” *JAMA Health Forum*, March 24, 2023.

costs related to vacancies, recruitment, and onboarding but also is symptomatic of a greater issue: the drain of critical talent.

Burnout is exacerbating already challenging issues with recruiting and retaining physicians. Healthcare CEOs rank “workforce challenges” as the top issue facing hospitals according to the American College of Healthcare Executives.¹² Additionally, the Association for Advancing Physician and Provider Recruitment says there is an increasing physician shortage in the United States with a high percentage of the 24,200 annual openings remaining open.¹³

Burnout is strongly associated with these sources of risk:¹⁴



A lack of physician well-being creates a collective threat to the entire healthcare organization and to the communities served. Given the healthcare board not only has a fiduciary role to safeguard all the organization’s most valuable assets but also has a primary responsibility to ensure clinical quality and safety, addressing physician burnout must become a cornerstone of the leadership agenda.

12 “Survey: Workforce Challenges Again Cited by CEOs as Top Issue Confronting Hospitals in 2023” (press release), January 31, 2024.

13 “AAPPR Report Shows Demand for Physicians Reaching a New High as Staffing Shortage Continues” (press release), October 24, 2023.

14 Hodkinson, September 14, 2022; Sinsky, December 2021; Marcus Ortega, et al., “Patterns in Physician Burnout in a Stable-Linked Cohort,” *JAMA Network Open*, October 6, 2023.

Rethinking “Meaningful” Solutions

While addressing physician well-being should be a flagship initiative, solutions have been scarce, shallow, or scattershot for many healthcare organizations. Some of this comes from organizations stumbling over what would be meaningful, measurable, or affordable.

Often, efforts do not address root causes of burnout and, ironically, turn into blaming and shaming physicians for a lack of resilience. Many solutions offer low-value placebos, such as encouraging the use of mindfulness apps or telling physicians to get more sleep—requiring time that is often elusive when time is a major constraint. This has produced a range of quick-fix solutions that secure more eyerolls than impact.

Jill Slominski, M.D., an internal medicine physician from Presbyterian Hospital in Albuquerque, NM, shares, “Most causes of dissatisfaction and burnout are not the fault of the physician. It’s not about not being resilient enough. It’s not about taking care of yourself. It is about system issues: administrative tasks, too little time in front of a patient, a thousand clicks a day in the EMR, and excessive documentation. That’s what prevents physicians from feeling efficacy. You can’t go through what it takes to become a physician without inherent resiliency. The rigor and demands on a person to become a physician are extraordinary. The expectations for performance, for mastery of knowledge, for physical endurance, and for literally being responsible for another human being’s life takes a tremendous level of commitment and dedication. So, it’s not about the physician: it’s about the environment.”¹⁵

Thomas L. Schwenk, M.D., Professor Emeritus at The University of Nevada, Reno School of Medicine, shared a vivid insight that summarizes the situation well. He describes physicians as the “proverbial ‘canary in the coal mine.’ While the canary may be sick, it is the mine that is toxic. Caring for the sick canary is compassionate, but likely futile until there is more fresh air in the mine.”¹⁶

Organizations must address the dysfunctional environments in which physicians work, including organizational systems, resources, culture, and more. Physicians prioritize solutions that support their ability to provide effective patient care over interventions focused on clinician wellness; their top priorities include improved nurse staffing, better work environments, and more control over scheduling.¹⁷ Other valuable efforts include increasing team-based care by integrating more mid-level providers to alleviate time pressure as well as more administrative and support staff to ease the burden of work. There is also value to protecting time off, streamlining documentation processes and administrative tasks, and eliminating low-value work.

¹⁵ An interview with Jill Slominski, August 7, 2024.

¹⁶ Thomas Schwenk, “Physician Well-Being and the Regenerative Power of Caring,” *JAMA*, April 17, 2018.

¹⁷ Lisa Rotenstein, et al., “Teamwork Climate, Safety Climate, and Physician Burnout: A National, Cross-Sectional Study,” *The Joint Commission Journal on Quality and Patient Safety*, June 2024.

AI Shows Potential Promise in Reducing Physician Burnout

Myriad new generative AI tools and platforms are emerging that have the potential to reduce administrative burden on physicians, saving them time and freeing them from mundane tasks so that they can focus more on listening, seeing, and hearing their patients.

A recent study showed that physicians on average spend 49 percent of their work time on administrative tasks and just 29 percent caring for patients.¹⁸

Examples of generative AI that have the potential to alleviate physician burnout include:

- Risk stratification to aid in care coordination and chronic disease management.¹⁹
- Various tools that automatically transcribe verbal notes into the EHR to significantly reduce the amount of time physicians need to spend documenting after a full day of seeing patients.
- Natural language processing (NLP) is being used to extract SDOH data from EHRs for a more comprehensive understanding of patients' socioeconomic conditions, which in turn can inform better healthcare interventions.
- Expanding telemedicine capabilities and integrating remote patient monitoring devices to provide continuous care and reduce unnecessary in-person visits.²⁰ Doing so can help maintain continuity of care and prevent fragmentation, especially for patients with multiple chronic conditions.

However, the technology and its consequences are still in very early stages and there exist many potential risks for organizations that rush to apply AI without carefully doing their due diligence. There are patient data privacy and security issues to address. The technology is in a state of almost constant evolution as it continues to improve. ChatGPT and other similar tools “hallucinate” or create facts when they cannot find the information being sought. AI tools that insert patient notes into the EHR still need to be reviewed for accuracy—the “trust but verify” adage. Until these tools can be proven at a particular accuracy rate that physicians must agree is “good enough” to trust without verifying, the potential time savings for physicians, while it is not nothing, may in reality be less than promised.

Further, the fact that there are so many AI tools emerging can make it difficult to determine where to focus and how to choose the right AI tool(s) for your physicians.

Finally, most people don't have a deep level of understanding of how AI tools work. This can open a host of unintended risks and consequences surrounding misunderstood limitations. These aspects make it extremely difficult to monitor and govern.

Ask your clinicians what their concerns are about AI, and what they are optimistic about when it comes to these new tools. Include them in selecting low-risk opportunities to implement AI and engage them in developing guardrails for all clinicians and healthcare decision makers regarding acceptable uses of AI in your organization.

Refer to our toolbook, [AI Governance and Strategy Alignment: Empowering Effective Decision Making](#), for information for boards on how to integrate AI into strategy and effectively oversee and monitor AI at the governance level.

18 Advisory Board, “Doctors Spend 27% of the Workday with Patients, Study Finds. What Do They Do for the Rest of It?,” February 28, 2019.

19 Shania Kennedy, “Exploring the Role of AI in Healthcare Risk Stratification,” May 8, 2024.

20 TATEEDA GLOBAL, “Top-17 Healthcare Technology Trends in 2024,” August 24, 2024.

However, while clear levers to improvement exist, even health systems motivated to provide meaningful solutions to burnout feel thwarted in their abilities to effect change due to financial and other constraints. For example, while most of medicine remains fee-for-service, it may be clear the organization must fix scheduling to offer physicians more flexibility, reduce demands on throughput, and give people more time off—but it may feel impossible to do so while remaining financially viable.

Many of these issues are not easy to solve and will require significant investment and leadership lift. Physicians are weary of solutions that feel esoteric or that do not address the root causes of their distress, so it's imperative for healthcare boards and executive leaders to identify real-world interventions that both will drive real and sustainable change and will shift the burden back to the health system rather than placing it on the physician.

Dr. Shapiro reflects, "We have to get realistic about what meaningful solutions look like. A simple schedule change is not a quick fix. It took a long time to get burned out, and it will take a long time to fix. Similarly, a transcription device or a workout room does not fix this. These are injured individuals, and they need time to heal. We need to put as much into this as we do into thinking about social drivers of health for patients. What are the antecedents that are causing this? What must we then do to care for physicians when they are under our control? What resources and support do they have access to? We need to do planning together to create a better ecosystem for everyone."

Harness Values and Virtues

Beyond the essential work of addressing organizational systems, there are other opportunities to unlock. There is significant evidence showing the power of harnessing values and virtues to address burnout. It manifests in terms of lowering psychological distress, physical fatigue, and more.²¹ The specific levers to pull here are also clear: it's about bolstering purpose and connectedness. Within connectedness, the work is deepened through embracing compassion satisfaction and gratitude. Leaning in around these things—purpose, connectedness, compassion satisfaction, and gratitude—not only eases burnout but also improves patient experience, engagement, and charitable investment in the healthcare organization.

It is not uncommon for healthcare boards to consider *extrinsic* motivators—such as compensation—as a pathway to address burnout; however, studies show money has scarce efficacy as a solution.²² However, a values-based approach taps into *intrinsic* motivators. Each physician's intrinsic motivators differ due to personal values, personality traits, life experiences, cultural backgrounds, and life stage. However, the key to understanding what will motivate and fulfill someone is the answer to the question: why am I here? Research identifies two significant clusters of response to this question for physicians: “to have a significant positive impact on others” (purpose) and “to engage and connect with others around me” (connectedness).²³ Both *purpose* and *connectedness* are about meaningfulness. Generally, physicians benefit from intrinsic rewards when they perceive work as meaningful, feel valued and respected, and experience connectedness with others.²⁴ Integration of values and values-based practices also responds to what physicians say they want and need: reconnecting to the values and virtues that brought them to a healing profession in the first place.

Addressing the work environment through values involves reshaping organizational culture. It starts with illuminating purpose and meaning in work. It's elevated by discovering how to strengthen compassion satisfaction. These things come together to deepen connectedness. Finally, this unleashes gratitude as a powerful, positive influence with a profound effect on both clinicians and patients. While each of these values and virtues may seem simple, research shows the impact each can have individually and collectively is profound.

Building a culture rooted in values and virtues can have a curative effect; however, there is also a significant opportunity here for preventive care. A recent surgical journal

21 Anne Puolakanaho, et al., “A Psychological Flexibility-based Intervention for Burnout: A Randomized Controlled Trial,” *Journal of Contextual Behavioral Science*, 2020.

22 Hyo Jung Tak, Farr A. Curlin, and John D. Yoon, “Association of Intrinsic Motivating Factors and Markers of Physician Well-Being: A National Physician Survey,” *Journal of General Internal Medicine*, February 6, 2017.

23 Brent Rosso, Kathryn Dekas, and Amy Wrzesniewski, “On the Meaning of Work: A Theoretical Integration and Review,” *Research in Organizational Behavior*, 2010; Kirsten Robertson, Jane O'Reilly, and David Hannah, “Finding Meaning in Relationships: The Impact of Network Ties and Structure on the Meaningfulness of Work,” *Academy of Management Review*, July 2020.

24 Edward Deci and Richard Ryan, *Intrinsic Motivation and Self-Determination in Human Behavior*, New York: Plenum Press, 1985.

article notes, “The best strategies for mitigating burnout mimic a modern approach to medicine: the development of preventive practices to protect, promote, and maintain health and well-being. However, just as it is impossible to prevent every case of colon, breast, or lung cancer despite the use of thoughtful and well-defined screening practices, it is impossible to prevent all cases of physician burnout.”²⁵ Still, embracing the adage “an ounce of prevention is worth a pound of cure” emphasizes it’s better and more efficient to prevent a problem than to deal with consequences after it occurs, and there is value to pursuing both prevention and cure.

What Prevents and Eases Burnout?



Illuminate Purpose

Meaning derived from purpose-filled work serves as a significant protective factor against burnout.²⁶ Physicians who embrace medicine as a calling are more likely to report high levels of meaning in life, life satisfaction, and commitment to direct patient care.²⁷ Physicians who find purpose, fulfillment, and joy in their work are also more likely to engage on a deeper level with patients and to have a more positive professional identity.²⁸ On the flip side, a national study of more than 2,200 U.S. physicians found

25 Timothy Siegel and Andrea Nagengast, “Mitigating Burnout,” *Surgical Clinics of North America*, October 2019.

26 Ben- Itzhak, et al., “Sense of Meaning as a Predictor of Burnout in Emergency Physicians in Israel: A National Survey,” *Clinical and Experimental Emergency Medicine*, December 28, 2015; Tak, Curlin, and Yoon, February 6, 2017; John Yoon, Brendan Daley, and Farr Curlin, “The Association Between a Sense of Calling and Physician Well-Being: A National Study of Primary Care Physicians and Psychiatrists,” *Academic Psychiatry*, 2016.

27 Tak, Curlin, and Yoon, 2017.

28 *Ibid.*; National Academy of Medicine, *National Plan for Health Workforce Well-Being*. Washington, DC: The National Academies Press, 2024.

those facing burnout were less likely to identify medicine as a calling but “more as a job—a way to simply earn a paycheck.”²⁹

The inherent purpose and meaning of a physician’s work is powerful: saving lives, extending lives, and improving quality of life. As a recent article in *Medical Economics* asked, “Who has a clearer and richer sense of purpose than physicians? Where would we be without the iconic healing skills of medical doctors?” The profession is the personification of purpose.”³⁰

This aura of humanitarian purpose used to portray physicians has attracted many physicians to the profession; most medical students cite altruistic motivations to help others as their primary motivation for going to medical school.³¹ However, many physicians say the rigors and logistics of medicine often strip away the purpose, intentions, humanity, and fulfillment that give the work meaning. In a national study of 5,312 physicians at 60 nationally distributed U.S. Magnet hospitals, only 9 percent of physicians identified their workplace as “joyful.”³² The loss of intrinsic motivation and purpose turns the practice of medicine into a joyless routine.

Jill Slominski, M.D., shares, “Physicians generally have purpose in spades. However, it is the environment that beats it out of us. Too quickly, the work is about tasks and transactions rather than human connection. That is what is lost. Physicians go into healthcare to help people and what they experience once they get into it is metrics, meetings, a focus on financials, and things that have nothing to do with caring for a patient. Not having time to connect with patients and to administer their skills means we are not only losing the fulfillment and purpose—the moral injury—but it makes us feel terrible.”³³

It’s important to clarify what purpose is and what it is not. Purpose is not about a statement on the wall of the healthcare organization but about what is *personally relevant, significant, and holds deep meaning to the physician*. Each physician’s own values will drive what “purpose” and “meaning” are to them. Simply, purpose

Inherent Purpose and Meaning of Physicians’ Work



29 Andrew Jager, Michael Tutty, and Audiey Kao, “Association Between Physician Burnout and Identification with Medicine as a Calling,” *Mayo Clinic Proceedings*, March 2017.

30 Greg Kelly, “The Purposeful Doctor,” *Medical Economics*, May 4, 2016.

31 Sonu Goel, et al., “What Motivates Medical Students to Select Medical Studies: A Systematic Literature Review,” *BMC Medical Education*, 2018; Johanna Rother, et al., “Explicit Motives and Personality Characteristics in First Year Medical Students: A Multicentre Quantitative Study Using McClelland’s Motive Disposition Theory,” *BMC Medical Education*, 2024.

32 Lisa Rotenstein, et al., “Teamwork Climate, Safety Climate, and Physician Burnout: A National, Cross-Sectional Study,” *The Joint Commission Journal on Quality and Patient Safety*, 2024.

33 An interview with Jill Slominski, August 7, 2024.

is individual—not corporate—even when physicians have pride in the healthcare organization where they work. Therefore, reconnecting to purpose is not about posting platitudes on a wall or even about highlighting the organization’s mission statement. It is about creating space for physicians to reconnect with their own values and about illuminating the impact of a physician’s purpose on others. For example, as part of illuminating purpose, there is value in healthcare leaders explicitly recognizing the impact a physician made on specific patients as part of annual feedback or review processes.³⁴ However, it must also be noted that fulfilling purpose remains closely tied to addressing organizational system issues for physicians: When a physician is blocked from providing meaningful patient care or from using their craft to help others, “dissonance arises between what clinicians find meaningful and the reality of their daily work tasks, they may experience increased work stress and burnout.”³⁵ In short, it does not matter if we talk about purpose if physicians cannot ultimately live and fulfill their purpose.

“Physicians go into healthcare to help people and what they experience once they get into it is metrics, meetings, a focus on financials, and things that have nothing to do with caring for a patient. Not having time to connect with patients and to administer their skills means we are not only losing the fulfillment and purpose—the moral injury—but it makes us feel terrible.”

—Jill Slominski, M.D.

Supporting Purpose: Board Considerations

- **Illuminate purpose:** Establish regular, structured opportunities to recognize the meaningful impact of physicians on individual patients. For example, consider how to integrate celebrations of physician contributions to patient care as part of the culture or to elevate the meaning of Doctor’s Day as a celebration of purpose.
- **Create space to engage:** Address organizational system issues that prevent physicians from engaging in meaningful patient care. Reduce unnecessary administrative tasks, meetings, and other burdens that detract from direct patient interaction, so physicians can focus on the fulfilling aspects of their patient care.
- **Create a sense of readiness:** Prepare to consider and integrate strategies from the heightened well-being initiatives anticipated and established by The Joint Commission and American Nurse Credentialing Center’s Magnet Application process.

34 Tina Shanafelt and Stephen Swensen, “Leadership and Physician Burnout: Using the Annual Review to Reduce Burnout and Promote Engagement,” *American Journal of Medical Quality*, September/October 2017.

35 National Academy of Medicine, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, Washington, D.C.: National Academies Press, 2019.

Foster Connectedness

Human connection between a physician and patient is the foundation of the healing relationship, and research demonstrates a strong physician–patient relationship improves a physician’s well-being.³⁶ Many physicians also say partnering with patients and knowing their patients as human beings is at the heart of their purpose and provides meaning and fulfillment.³⁷ However, the current care environment creates challenges that “inadvertently” create “distancing and alienation between physicians and their patients”³⁸ despite these relationships “keeping the doctor from falling further into burnout.”³⁹ Across studies, a physician’s desire for connectedness came down to two consistent and succinct sentiments: “I love taking care of them” and “I love being a part of their lives.”⁴⁰

While interaction with patients lifts physicians, patients also want and benefit from more meaningful relationships with their physician. In fact, patients consistently prioritize quality of the interpersonal relationship above the physician’s knowledge and skills. While patients expect any physician would be experienced, scientifically knowledgeable, competent, ethical, and calm under pressure, those things are neither differentiators nor drivers of positive experience.⁴¹ Instead, patients prioritize interpersonal relationships that reflect a value for human beings and shared human needs. Patients want a relationship with a physician who knows them as a person, tries to see their point of view, identifies them by name, and is sensitive to their emotions. Patients say the relationship would be characterized by:⁴²

- Attentive listening
- Effective communication
- Love for people
- Compassion
- Kindness
- Engagement

What creates high relationship quality for patients simultaneously puts a positive cycle in motion for physicians. When physicians participate in prosocial behavior by focusing on relationships with patients, it creates a stronger bond with patients. When patients

36 Lydia Dugdale, “Physician Work Environment and Well-Being: Re-enchanting Medicine,” *JAMA Internal Medicine*, August 1, 2017.

37 Angela Hiefner, et al., “Protecting Family Physicians from Burnout: Meaningful Patient–Physician Relationships Are ‘More than Just Medicine,’” *Journal of the American Board of Family Medicine*, July/August 2022.

38 Maria Panagioti, et al., “Association between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-Analysis,” *JAMA Internal Medicine*, September 4, 2018.

39 National Academy of Medicine, *Expressions of Clinician Well-Being: An Art Exhibition*, Zohal Ghulam-Jelani, “Bridging the Gap” (available at <https://nam.edu/expressclinicianwellbeing/#/artwork/347>).

40 Hiefner, et al., July/August 2022.

41 Ami Schattner, “Can Humanism Be Infused into Clinical Encounters in a Time-Constrained, Technology-Driven Era?,” *Cureus*, August 9, 2022.

42 *Ibid.*; Raul Borracchi, et al., “What Patients Consider to Be a ‘Good’ Doctor, and What Doctors Consider to Be a ‘Good’ Patient,” *Revista Medica de Chile*, July 2020; Verena Steiner-Hofbauer, Beate Schrank, and Anita Holzinger, “What Is a Good Doctor?,” *Wiener Medizinische Wochenschrift*, November 2018; Nathan Shippee, et al., “Effect of a Whole-Person Model of Care on Patient Experience in Patients with Complex Chronic Illness in Late Life,” *American Journal of Hospice and Palliative Care*, January 2018.

feel seen and valued, they feel satisfaction, trust, and commitment as well as a desire to express thanks for the care received.⁴³ When a patient expresses thanks to the physician, this boosts happiness and well-being in the physician and helps ward off burnout. Receiving meaningful recognition then inclines physicians to continue building strong relationships with patients. Ultimately, this creates a mutually reinforcing, virtuous circle that can become a protective force for physicians.⁴⁴

Supporting Connectedness: Board Considerations

- **Set the tone from the top:** Hospital leaders, including the board, should openly prioritize and model the value of meaningful relationship-building in their interactions with both staff and patients. Building high-quality relationships should be clearly communicated as a core value and commitment of the organization.
- **Prioritize patient-centered care practices:** Encourage and support initiatives that focus on patient-centered care, which prioritizes meaningful interactions between physicians and patients. When possible, adjust workloads and schedules to allow physicians sufficient time to engage meaningfully with patients, rather than being forced to rush through appointments. Provide opportunities for professional development for all clinicians and caregivers around building deeper rapport through relationship-building commitments such as attentive listening, effective communication, demonstrating a love for people, compassion, kindness, and engagement.

Integrate Compassion Satisfaction

Compassion satisfaction is the antithesis of burnout. Compassion satisfaction “occurs when empathy drives altruistic behaviors on the part of the helper and results in the alleviation of patient suffering.”⁴⁵ Compassion satisfaction is the positive, altruistic feeling of self-appreciation and fulfillment then achieved when caring for patients.⁴⁶ Compassion satisfaction provides emotional rewards that create a sense of accomplishment and joy that comes from making a meaningful difference in the lives of patients, witnessing the positive impact of one’s work, and receiving gratitude that boosts morale. It enhances resilience, fuels motivation, and improves job satisfaction. Compassion satisfaction also provides a coping mechanism for the negative aspects of caregiving while creating hope and optimism.⁴⁷ Additionally, practicing compassion can lead to professional growth and

43 Chih-Hsuan Huang, et al., “What Role Does Patient Gratitude Play in the Relationship between Relationship Quality and Patient Loyalty?,” *Inquiry*, January/December 2019.

44 Lara Aknin, Elizabeth Dunn, and Michael Norton, “Happiness Runs in a Circular Motion: Evidence for a Positive Feedback Loop between Prosocial Spending and Happiness,” *Journal of Happiness Studies*, April 2011; Kristin Layous, et al., “What Triggers Prosocial Effort? A Positive Feedback Loop between Positive Activities, Kindness, and Well-Being,” *Journal of Positive Psychology*, 2017.

45 Dorothy Dunn and Dawn Rivas, “Transforming Compassion Satisfaction,” *International Journal for Human Caring*, February 2014.

46 Encarnacion Perez-Bret, Rogelio Altisent, and Javier Rocafort, “Definition of Compassion in Healthcare: A Systematic Literature Review,” *International Journal of Palliative Nursing*, December 2016.

47 Ashley Peacock, “Compassion Satisfaction, Compassion Fatigue, and Vicarious Trauma,” *Nursing Management*, January 1, 2023.



better work-life balance by creating a more supportive and fulfilling work environment. Ultimately, compassion in practice not only improves patient outcomes but also enriches physicians' professional and personal lives by serving as a protective factor against all aspects of burnout and providing emotional rewards that enhance overall well-being.

Creating the conditions for compassion satisfaction is in some part a choice. Being compassionate is not simply an inherent trait, which clinicians either do or do not possess; rather, evidence shows compassionate behaviors can be learned.⁴⁸ In this way, "being compassionate" is more like muscles than eye color: it is not fixed and can be cultivated and strengthened. Given compassion is "...the sensitivity shown in order to understand another person's suffering, combined with a willingness to help and promote the well-being of that person, in order to find a solution to their situation."⁴⁹

This means compassion is action and solution oriented, and the pathways to demonstrating compassion can be taught and integrated into practice. Physicians can then cultivate "compassion satisfaction" by reflecting on and celebrating the positive outcomes and successes in their work and the purpose-filled impact they are making.

Compassionate care is a win-win for both patients and physicians, but some physicians fear compassion. They are afraid showing compassion will open them up, make them vulnerable, and put them at greater risk of burnout. However, that is not the reality. Instead, demonstrating compassion fosters connectedness and belonging in physicians. Even more, compassion during patient care is considered by both patients and physicians to be a vital element of high-quality care, and compassion is associated with better clinical outcomes across numerous conditions.

48 Brian Roberts, et al., "Validation of a 5-Item Tool to Measure Patient Assessment of Clinician Compassion in Hospitals," *Journal of General Internal Medicine*, May 2022.

49 Ann Bradshaw, "Compassion: What History Teaches Us," *Nursing Times*, May 2011.

Those who do not fear compassion will put them at emotional risk still often dismiss the idea of proactively integrating demonstrations of compassion into their work, since they anticipate it will take too much time. “Many leaders have fallen into the trap of thinking in terms of a binary choice between compassion *or* performance” and 56 percent of physicians say they don’t have time to show compassion.⁵⁰ However, a study done by Stephen W. Trzeciak, M.D., M.P.H., Chairman and Chief of the Department of Medicine at Cooper University Health Care in Camden, NJ, found effectively expressing compassion only takes 40 seconds. More importantly, those 40 seconds not only provide a significant lift to patients but also provide a significant lift to the physician. Dr. Trzeciak said when he started his experiments around compassion, he was already burned out and could not take on more, so he was initially reticent to open up himself.⁵¹ However, engaging and connecting became an antidote to burnout and when he “leaned in rather than pulled back...that was when the fog of burnout began to lift.”⁵²

Embrace Gratitude

Gratitude becomes the final stop on this value chain as purpose, connectedness, and compassion satisfaction all come together to create greater meaning. Gratitude is an intrinsically motivated desire to express thankfulness to another. The ability to experience and express gratitude is something hardwired in all of us, and gratitude can be a powerful force for good in the healthcare organization.

Receiving expressions of gratitude from patients and family members reduces physician burnout and emotional exhaustion and increases a sense of personal accomplishment and joy in work. As physicians enrich connectedness with patients, it creates fertile soil in which gratitude can grow. Physicians who “provide a humanistic, personal, caring encounter as a routine, will thrive by the experience of the encounter...Patients readily distinguish caring physicians and reward them with warm gratitude and trust that adds meaning to the physician through each clinical encounter, driving away fatigue and burnout.”⁵³ Studies show “expressions of gratitude from patients to physicians are linked to feelings of well-being, decrease emotional exhaustion, increase a sense of personal accomplishment, and decrease burnout.”⁵⁴ Further, patient thankfulness is often directed toward affirming a physician’s purpose and valued professional identity as a “healer, teacher, scientist, or domain expert.”⁵⁵ So, creating an environment in which gratitude is recognized and accepted can have valuable effects.

50 Mark Mortensen and Heidi Gardner, “Leaders Don’t Have to Choose between Compassion and Performance,” *Harvard Business Review*, February 16, 2022.

51 Stephen Trzeciak and Anthony Mazzarelli, *Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference*, Studer Group, 2019.

52 L. Carol Ritchie, “Does Taking Time for Compassion Make Doctors Better At Their Jobs?,” NPR, April 26, 2019.

53 Ami Schattner, “The Silent Dimension: Expressing Humanism in Each Medical Encounter,” *Archives of Internal Medicine*, June 22, 2009.

54 Daniela Converso, et al., “Do Positive Relations with Patients Play a Protective Role for Healthcare Employees? Effects of Patients’ Gratitude and Support on Nurses’ Burnout,” *Frontiers in Psychology*, April 21, 2015.

55 Tait Shanafelt, et al., “Shaping Your Career to Maximize Personal Satisfaction in the Practice of Oncology,” *Journal of Clinical Oncology*, August 20, 2006.

Supporting Compassion Satisfaction: Board Considerations

- **Align policies with compassionate care:** Ensure organizational policies and procedures prioritize compassionate care. This includes reviewing and revising policies to reduce unnecessary administrative burdens on physicians that will allow them more time for patient care. Additionally, the board can advocate for a balanced workload and reasonable time for patient interactions.
- **Integrate compassion training:** Ensure access to compassion training across clinical teams to include physicians, nurses, and support personnel. Programs should teach practical skills for expressing compassion efficiently to alleviate concerns about time constraints while fostering a culture of compassion.
- **Encourage and recognize compassionate care:** Celebrate acts of compassion in the organization to motivate staff and reinforce the value of compassionate care. Recognition should be tied to both patient outcomes and to physician and staff well-being to highlight how compassion contributes to professional satisfaction and reduces burnout.

A national study conducted by NRC Health and Accordant asked healthcare consumers, “During your healthcare experience, to whom were you most grateful?” Patients resoundingly said gratitude was directed toward clinicians with physicians at 37 percent and nurses at 31 percent.⁵⁶ So, what drives gratitude toward physicians? Overall, patients say gratitude is directed toward physicians as the person who made the most critical decisions to understand the diagnosis and to shape the care plan. However, gratitude is the beautiful byproduct of multiple commitments and actions coming together. First, someone must step forward to anticipate someone else’s needs. Next, they provide a benefit that was freely given, intentional, worthwhile, and memorable. This benefit generally requires truly “seeing” someone and doing something responsive and consequential for them. This benefit also must be something unexpected, unsolicited, and unearned. Simply, if you had to ask for it or you feel you paid for it, you were not really seen—this means gratitude most often stems from social and emotional dimensions of care like demonstrating compassion or kindness. So, when a physician steps forward to provide a benefit, the patient feels understood, validated, and cared for. This creates an intrinsic motivation in the patient to reciprocate by expressing thankfulness.

Being moved and motivated to express thanks to a person who helped you may be evolutionary in nature, according to Sara Algoe, Ph.D., from the University of North Carolina at Chapel Hill. She says when we find someone responsive to our needs and willing to help us, we want to solidify the connection with them. Algoe calls this the “find-remind-and-bind theory,” and it basically says we thank others to keep them interested in staying in a relationship with us.⁵⁷ Essentially, gratitude deepens connectedness.

⁵⁶ Consumer Survey, NRC Health and Accordant, May 2018.

⁵⁷ Sara Algoe, Laura Kurtz, and Nicole Hilaire, “Putting the ‘You’ in ‘Thank You’: Examining Other-Praising Behavior as the Active Relational Ingredient in Expressed Gratitude,” *Social Psychological and Personality Science*, September 2016.

While patient-expressed gratitude has positive elevating effects, many physicians tend to push gratitude away. When a patient or family member approaches a physician to express thanks, it is not uncommon for physicians to downplay the effort they provided rather than accepting gratitude. This manifests in statements like, “I’m just doing my job” or “it’s why we are here” or “no need to thank me” or “I’m just part of the team.” This not only dismisses and deflates the patient who offered thanks but also means the physician loses an opportunity for connection and affirmation of their impact. Thus, part of unleashing gratitude is in physicians learning how to accept it.

Beyond becoming both comfortable and agile in accepting gratitude, there is also an opportunity for physicians to embrace their own gratitude practice. Physicians who cultivate their own sense of appreciation through a gratitude practice to consciously consider why they are grateful experience enhanced mental well-being and reduced stress. Gratitude improves job satisfaction and fosters a positive work environment by enhancing relationships with colleagues and patients. It promotes fulfillment by shifting focus from challenges to achievements. Regular gratitude practice can lead to better sleep, lower blood pressure, and overall life satisfaction as well as “reduced lifetime risk for depression, anxiety, and substance abuse disorders.”⁵⁸ By integrating efforts to reflect upon their own reasons for being thankful, physicians cultivate a more fulfilling and balanced professional life, ultimately enhancing both personal and professional well-being.

Supporting Gratitude: Board Considerations

- **Facilitate gratitude and recognition programs:** Implement a formal program where patients can easily express gratitude to physicians. This could include recognition programs, online platforms for patient feedback, or events recognizing outstanding care. Such programs help reinforce the positive cycle of connection and well-being for both physicians and patients. Many organizations operationalize such an effort out of their foundation office, since grateful patients are also most likely to make a charitable, financial gift to a healthcare organization.
- **Integrate gratitude into culture:** Enable physicians and leaders to experience an overview of the science of gratitude and the associated neuroscience including organizational and cultural implications. Support training programs to show physicians why and how to accept and appreciate expressions of gratitude from patients emphasizing the importance of accepting, acknowledging, and internalizing gratitude as a way to reinforce their sense of purpose and reduce burnout.
- **Promote a gratitude practice among physicians:** The board can provide resources that encourage physicians to adopt regular gratitude practices, such as reflective journaling or micropractices that are integrated into daily work. Gratitude practices can help physicians cultivate their own sense of gratitude, enhancing their mental well-being and job satisfaction.

58 UC Davis Health, “Gratitude Is Good Medicine, Practicing Gratitude Boosts Emotional and Physical Well Being,” 2015.

Conclusion

Leaders at the Lucian Leape Institute at the National Patient Safety Foundation reflected on the path toward improving healthcare quality and safety and shared, “What needs to be done? Capturing the soul of an organization, where joy and meaning resides, requires a true partnership to align values among organization leaders, professionals, and the workforce. Leaders must create the environment where it is possible for improvements to take place.”⁵⁹

Now is the moment for the healthcare board to take an active role in creating the environment where it is possible for improvements to take place, and the need to meaningfully address burnout to elevate physician well-being remains the most critical element to achieving success. The board has an opportunity to ensure physicians who dedicate their lives to caring for others get the support and resources they need—and deserve—not just to survive but to thrive. The board championing addressing burnout is a commitment to allow physicians to achieve elevated physical, emotional, mental, spiritual, and social well-being and to fully utilize all their talents, passions, and capabilities to advance the mission. Such a commitment requires leadership and financial investment to address organizational issues that thwart the ability to deliver high-quality, safe, patient-centered care that include scheduling, staffing, streamlining of administrative tasks, and more. It also calls for the organization to create and sustain a supportive culture by unlocking the antidote of values and virtues—purpose, connectedness, compassion satisfaction, and gratitude—that can help both prevent and cure burnout. The board taking a proactive and substantial role in elevating physician well-being is an investment not only in the organization’s most important talent but also in quality, safety, financial sustainability, and patient experience. Ultimately, addressing burnout is paramount to sustaining a robust and effective healthcare system and to safeguarding the organization’s most precious resource.



59 L. Leape, et al., “Transforming Healthcare: A Safety Imperative,” Lucian Leape Institute at the National Patient Safety Foundation, *Quality and Safety in Health Care*, December 2009.

Board Discussion Questions

- How can our healthcare organization prioritize addressing physician burnout as a core component of our overall strategy for clinical quality and patient safety?
- What specific roles and responsibilities should the board take on to actively combat physician burnout and ensure the well-being of our physicians?
- Are current efforts to address physician burnout focused on superficial solutions, or are we tackling the systemic issues that contribute to burnout, such as scheduling, staffing, excessive workloads, and administrative burdens?
- How can we integrate values-based practices—such as emphasizing purpose, connectedness, compassion satisfaction, and gratitude—into our organizational culture to prevent and reduce burnout?
- What initiatives can we implement to help physicians reconnect with the inherent purpose and meaning in their work, and how can the board support these efforts?
- What strategies can we adopt to encourage physicians to accept and embrace expressions of gratitude from patients, and how can we create an environment that fosters this exchange?
- How can the board assess the impact of physician burnout on the financial stability of our healthcare organization, and what investments should we prioritize to address this issue?