THE GOVERNANCE INSTITUTE
A SERVICE OF nrc HEALTH
December 2019
Academic Health Focus

Physician Burnout as an Occupational Risk: What Boards and Leadership Need to Know

By Christopher Colenda, M.D., M.P.H., Physician Executive Consultant, and Kimberly Smith, Managing Partner and Practice Leader, Academic Medicine and Health Sciences, WittKieffer

When individuals are placed in work environments where expectations are misaligned with rewards, where available resources do not meet demands, where their ability to influence circumstances is limited, or where their personal objectives are impeded or subverted, stress ensues. Over time, of course, work stress may lead to burnout—emotional exhaustion, depersonalization, cynicism, and a low sense of accomplishment.

We already know that burnout is particularly prevalent in today's clinical environment, associated with adverse outcomes from medical errors and unsafe work environments to physician substance abuse and misuse to depression and suicidality.[1]

The recently released National Academy of Medicine's Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being offers a comprehensive review of clinician burnout and a call for action for the entire healthcare community.[2]

Faculty in academic medicine environments are particularly prone to occupational stress and burnout. The work environments and multiple missions of medical schools and their associated academic medical centers (AMCs) may increase the vulnerability for stress and burnout among academic faculty. As such, AMC leadership teams should not only be increasingly aware of the factors that may contribute to stressful work environments, but also implement strategies that offer comprehensive solutions.

Key Board Takeaways

- Boards and leadership must acknowledge that an academic medicine environment is particularly ripe for burnout among faculty, and insist that institutional leadership develop action plans that improve faculty and AMC workforce well-being. If necessary, a board committee should be created to address the workplace environment and be required to monitor program effectiveness.
- "Quintuple" institutional aims and expectations for faculty can present complex stressors not found in typical clinical settings. Boards and CEOs of AMCs must recognize that additional AMC "missions" such as community engagement and population health will impact faculty in terms of time and resources. Boards and AMC leaders need to adequately resource additional missions.
- Uncertainty around faculty roles can contribute to potential burnout among health professions' faculty. AMC leaders need to be clear in messaging to all faculty what the institutions priorities are, and how these priorities relate to professional expectations, departmental assignments, personal compensation, and career advancement. AMC leaders must be the champions of and for faculty in order to make the modern AMC a healthy work environment.

Greater, and More Complex Expectations

The National Academy of Medicine report shared a number of findings that contribute to clinical

1 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.

2 The National Academies of Sciences, Engineering, and Medicine, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, Washington D.C.: The National Academies Press, 2019.

The work environments and multiple missions of medical schools and their associated academic medical centers may increase the vulnerability for stress and burnout among academic faculty.

vulnerability to burnout, including poor professional relationships, lack of support networks, the desire for better work-life balance, individual temperament, sleep deprivation, conflicts between personal and professional expectations, and poor coping strategies leading to lower levels of perceived self-efficacy and resilience capabilities.[3]

Within AMCs there may be a number of unique contributing factors that increase the vulnerability of faculty workplace burnout. These include the following:

- **A lack of integration of mission and vision across the AMC:** Unclear or strategically misaligned visions and functional relationships among the medical school, the faculty practice plan, and the teaching hospital contribute to increased uncertainty and consternation for faculty: "Who's in charge? Why is department X getting a better deal than we are?" These pleas often suggest underlying structural issues that contribute to frustration, emotional exhaustion, and other components of burnout.
- **A shift from the "tripartite" to the "quintuple" academic mission of the AMC:** The traditional tripartite mission of the modern medical school (i.e., teaching, research, and clinical care) has expanded in recent years to include community engagement and population health. If not managed effectively, these additional expectations can increase the demand on precious faculty time, workplace uncertainty, and organizational conflict, resulting in dissatisfaction and discord.
- **The "quintuple" academic expectations for faculty:** A similar evolution of expectations has occurred for faculty. Historically, the ideal medical school faculty were "triple threats" (e.g., individuals who possessed skills in research, clinical work, and education missions). Today, physician faculty shoulder additional expectations—administrative burdens and compensation models based on clinical productivity that conflict with personal academic priorities. Non-physician faculty face similar compensation conflicts as many institutions tie their personal compensation to research support, which as we know has become increasingly competitive. Professional expectations and new compensation models may also impede a faculty member's ability to achieve a better work-life balance, especially important for both early career and women faculty with young families. The struggle to achieve work-life balance is increasingly recognized as a significant contributor to stress and burnout.[4,5]
- **Aligning the faculty appointment tract with career expectations:** It is encouraging to note that many medical schools have developed different faculty appointment tracts to accommodate faculty strengths and talents. The selection of the right appointment tract for an individual physician faculty member may not be without conflict, however. For instance, junior and mid-career faculty physicians are often torn between professional expectations, departmental assignments, and personal compensation, with academic standards required for promotion. The potential for mixed messages is large.

While not exhaustive or mutually exclusive, the above factors offer additional insights in the national spotlight of clinician burnout among faculty.

Recommendations for AMC Leadership

Clearly, understanding the contributions of the AMC workplace environment to stress is an important element to seeing how faculty become vulnerable to burnout. Multidimensional interventions that enhance personal resilience and modify workplace triggers are needed to ensure the health, well-being, and productivity

3 The National Academies of Sciences, Engineering, and Medicine, 2019.

4 Allen P. Anandarajah, Timothy E. Quill, and Michael R. Privitera, "Adopting the Quadruple Aim: The University of Rochester Medical Center Experience: Moving from Physician Burnout to Physician Resilience," *The American Journal of Medicine*, August 2018.

5 Phyllis L. Carr et al., "A Summary Report from the Research Partnership on Women in Science Careers," *Journal of General Internal Medicine*, July 12, 2018.

of the physician faculty. Solutions include:

1. **Make physician well-being a stated institutional priority so that it is woven into key conversations and decision making.** Hiring a Chief Wellness Officer (CWO) or someone in a similar role may provide symbolic commitment by the organization to faculty wellness. It is more important to make sure that the CWO is adequately resourced and that there is broad system-wide commitment to the issue to support organizational improvement interventions.
2. **Align and communicate a clear vision and strategy.** "Why does our AMC exist and what are our values?" Without a clear message of vision and mission it may be difficult for faculty to understand why they are being "asked to do more." AMC leaders are encouraged to become visible champions of the vision and mission for their AMCs through social media and direct interpersonal interaction with faculty and staff. Clear and consistent messaging that defines how members of the AMC are valued is critically important. And leaders who are visible and personally engaged with the AMC community—leading from the "front"—are perceived as fully engaged partners looking out for the best interests of all.
3. **Recognize how AMCs' expanded missions generate additional pressures on faculty.** The inclusion of community engagement and population health into an AMC's mission inevitably means an additional scope of responsibilities for faculty. Allow faculty the time and space to accommodate these expectations into their work lives.
4. **Take seriously the faculty's expectation to achieve better work-life balance and implement policies that ensure support and success.** Moving forward, medical schools and AMCs will need to find solutions to the work-life expectations that support professional development, provide social support, create solutions to balance administrative burdens, align conflicting incentives between academic advancement and compensation, and create a culture of positive faculty engagement through support services and activities. These interventions are especially important for junior faculty who are weighing work environment with work-life concerns with academic career decisions.[6]
5. **Increase mentorship and social support within the AMC.** The barriers and stigma of faculty asking for help to better address workplace stress are less prevalent today than just a few years ago. This is evidenced by the creation of CWOs and development of wellness programs in many AMCs and large health systems.

AMC leaders have a responsibility to understand the various aspects of burnout in an AMC context today, and to develop comprehensive ways to address stress and burnout while promoting resilience and overall wellness among faculty.

6 The National Academies of Sciences, Engineering, and Medicine, 2019.

The Governance Institute thanks Kimberly Smith, Managing Partner and leader of the Academic Medicine and Health Sciences Practice at WittKieffer, and Christopher Colenda, M.D., M.P.H., Physician Executive Consultant at WittKieffer, President Emeritus of West Virginia University Health System, and former Chancellor for Health Sciences at West Virginia University, for contributing this article. They can be reached at ksmith@wittkieffer.com and ccolenda@wittkieffer.com.