

The Governance Institute presents

Reconnecting to Purpose: New Strategies to Elevate Physician Well-Being

A Governance Institute Webinar

August 22, 2024

presented by

Betsy Chapin Taylor, FAHP

Stephen B. Shapiro, M.D., FACS



Today's Presenters

Betsy Chapin Taylor, FAHP Chief Executive Officer, Accordant

Betsy Chapin Taylor, FAHP, is an award-winning author, speaker, and consultant drawing on 30 years of experience in healthcare, philanthropy, and board governance. Betsy's work is frequently featured in TGI's *BoardRoom Press* as well as other industry publications including *Healthcare Executive*, *Modern Healthcare*, *STAT*, *Wharton Healthcare Quarterly*, *FierceHealthFinance*, *Becker's Hospital Review*, and more. In addition to leading Accordant, Betsy is a faculty member for The Governance Institute and ACHE, and a frequent speaker at conferences in the U.S., Canada, Europe, and Australia. She received a Master's in journalism from Columbia University in New York and an M.B.A. from the University of Georgia.



Dr. Stephen B. Shapiro General Surgeon, Gundersen Health System; President, Gundersen Medical Foundation

Dr. Steve Shapiro is a practicing General Surgeon focused on common issues like hernia and appendix as well as robotics and colorectal diseases. He teaches medical students and mentors surgical residents and has been recognized as teacher of the year four times. He has served as chairman of the department of surgery and on the hospital board of trustees. After 20 years of clinical practice, he transitioned his work toward administrative roles as President of the Gundersen Medical Foundation where he is the responsible leader for philanthropy, medical education, and research programs. He also serves on the senior leadership team which oversees the health system. This background gives him unique perspectives as his experiences from hands on front line patient care, departmental leadership, board service, and now administrative roles span the spectrum of patient care to governance.



Learning Objectives

After participating in this Webinar, attendees will be able to:



Describe the significance, causes, and rationale to address physician burnout.



Leverage the impact of values and virtues to improve physician physical, emotional, and social health.



Utilize practical, evidence-based strategies to cultivate gratitude, compassion, and kindness in daily practice.



Implement an approach founded in values and virtues to simultaneously improve physician well-being and patient experience and engagement.

Continuing Education



In support of improving patient care, The Governance Institute, a service of National Research Corporation, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

AMA: The Governance Institute designates this live activity for a maximum of **1 AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACHE: By attending this Webinar offered by The Governance Institute, a service of National Research Corporation, participants may earn up to **1 ACHE Qualified Education Hour** toward initial certification or recertification of the Fellow of the American College of Healthcare Executives (FACHE) designation.

Criteria for successful completion: Webinar attendees must remain logged in for the entire duration of the program. They must answer at least three polling questions. They must complete the evaluation survey in order to receive education credit. Evaluation survey link will be sent to all registrants in a follow-up email after airing of the Webinar.

Disclosure Policy

- As a Jointly Accredited Provider, The Governance Institute's policy is to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. Presentations must give a balanced view of options. General names should be used to contribute to partiality. If trade name are used, several companies should be used rather than only that of a single company. All speakers, faculty, moderators, panelists, and staff participating in The Governance Institute conferences and Webinars are asked and expected to disclose to the activity audience any financial relationships within the prior 24 months with a company ineligible for accreditation as defined by the Joint Accreditation Interprofessional Continuing Education Standards for Integrity and Independence in Accredited Continuing Education and any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity. The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with an *ineligible company*. Ineligible companies are organizations that are not eligible for accreditation whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Significant financial interest or other relationships can include such thing as grants or research support, employee, consultant, major stockholder, member of the speaker's bureau, etc. the intent of this policy is not to prevent a speaker from making a presentation instead, it is The Governance Institute's intention to openly identify any potential conflict so that members of the audience may form his or her own judgements about the presentation with the full disclosure of the facts.
- It remains for the audience to determine whether the presenters outside interests may reflect a possible bias in either the exposition or the conclusion presented. In addition, speakers must make a meaningful disclosure to the audience of their discussions of off-label or investigational uses of drugs or devices.
- All faculty, moderators, panelists, staff, and all others with control over the educational content of this Webinar have signed disclosure forms. The planning committee members, faculty, and speakers have no conflicts of interests or relevant financial relationships to declare relevant to this activity.
- This educational activity does not include any content that relates to the products and/or services of a commercial interest that would create a conflict of interest. There is no commercial support or sponsorship of this conference.
- None of the presenters intend to discuss off-label uses of drugs, mechanical devices, biologics, or diagnostics not approved by the FDA for use in the United States.



Three Dimensions of Burnout

Emotional exhaustion:

Individual stress including being overextended and depleted of emotional and physical resources

Depersonalization:

Interpersonal distancing or cynicism with a negative, callous, or detached response to aspects of the job

Reduced personal accomplishment:

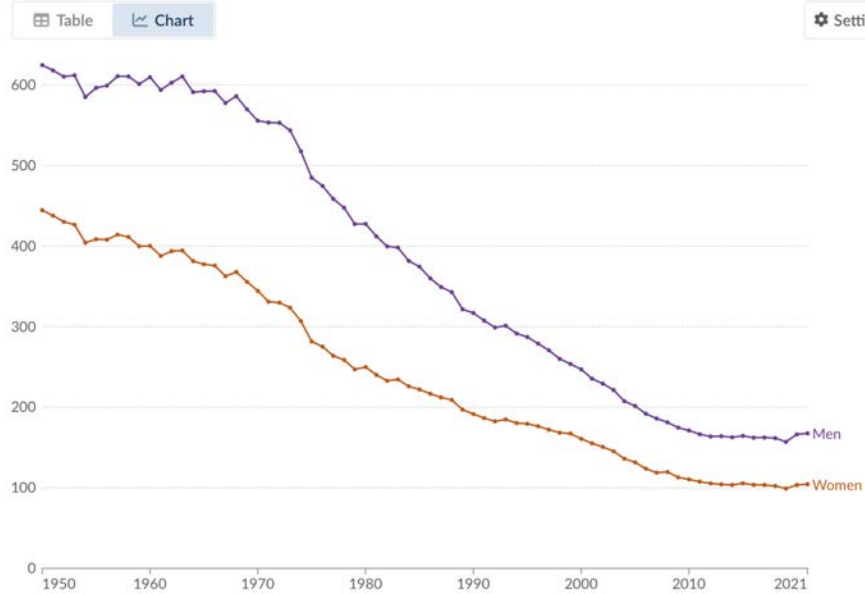
Feelings of incompetence, inadequate achievement, and lack of productivity



Progress on Other Fronts

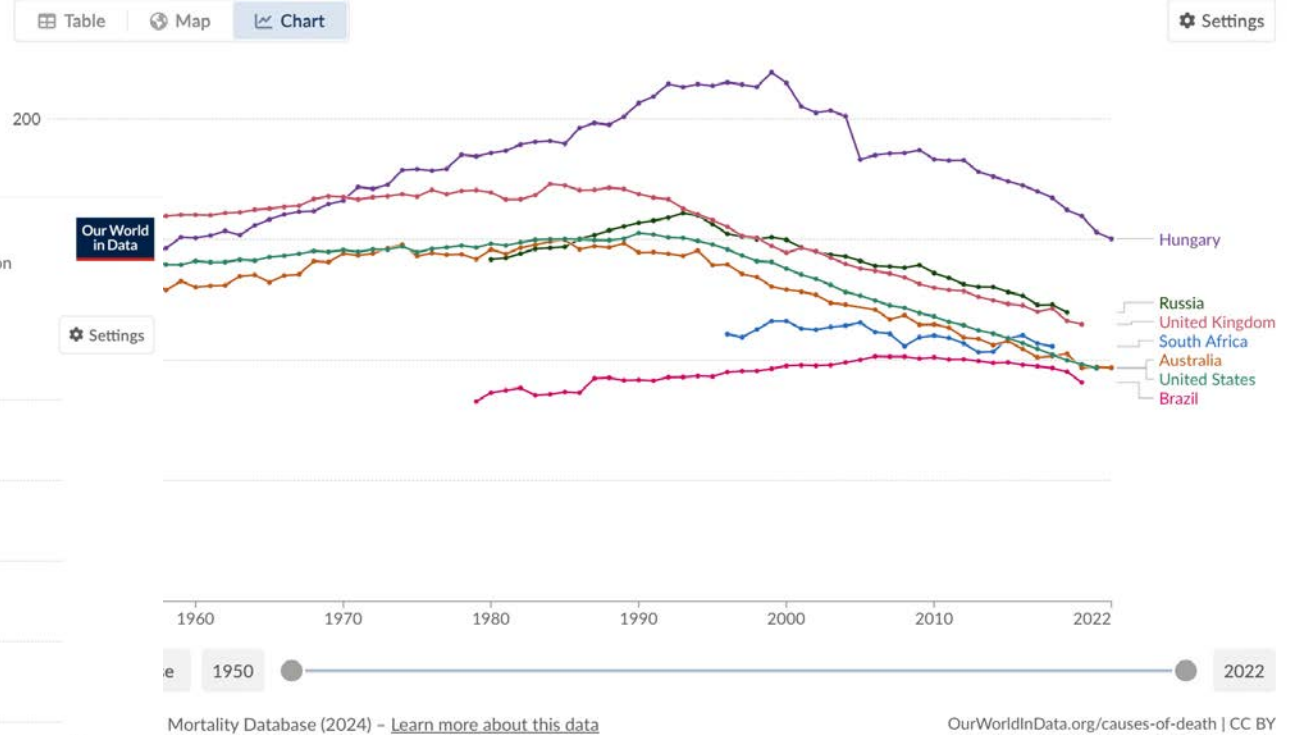
Death rate from cardiovascular diseases by sex, United States

Reported annual death rate from cardiovascular diseases per 100,000 people in each group, based on the underlying cause listed on death certificates.



Cancer death rate, 1950 to 2022

The reported annual death rate from cancer per 100,000 people, based on the underlying cause listed on death certificates.



49%

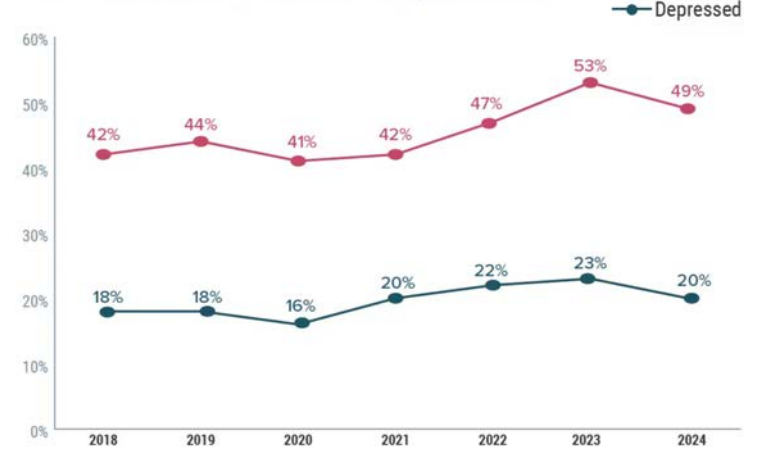
of physicians say they are burned out.



Percentage of Physicians Who Are Depressed

Clinical depression (ie, severe depression lasting some time, not caused by a normal grief event)	27%
Colloquial depression (ie, feeling down, blue, sad)	63%

Are You Burned Out and/or Depressed?



Years shown refer to years report was published. Some respondents said they were both burned out and depressed.



48%

of physicians burned out.

American Medical Association, Physician burnout rate drops below 50% for first time in 4 years, JUL 2, 2024.

This is 2X the rate of the general working population

Han S, et al. Estimating the attributable cost of physician burnout in the United States. *Ann Intern Med.* 2019;170(11):784-790.



“After skyrocketing to a record-high 62.8% in 2021... burnout has fallen below 50% for the first time since 2020.

The shift marks a milestone in the ongoing battle against physician burnout, but the fight is far from over. Continued efforts are essential to address root causes of burnout and ensure doctors receive the support they need to thrive.”







Physician Implications

- Anxiety
- Inability to concentrate
- Depression
- Substance abuse
- Absenteeism
- Desire to leave profession
- Loss of joy in work

"A Worksite Wellness Intervention: Improving Happiness, Life Satisfaction and Gratitude in Health Care Workers, B.E. Berkland et al, Mayo Clinic Proceedings: Innovation, Quality and Outcomes; Vol 1, Issue 3, December 2017, pp 203-210; *Health Affairs*, "Physician Burnout is a Public Health Crisis: A Message to Our Fellow Health Care CEOs, March 28, 2017, John Noseworthy, James Madara, et al. (Mayo Clinic Proceedings, VOLUME 5, ISSUE 6, P1165-1173, DECEMBER 2021, Christine A. Sinsky, MD, Roger L. Brown, PhD Martin J. Stillman, MD, JD Mark Linzer, MD [https://www.mcpiqojournal.org/article/S2542-4548\(21\)00126-0/fulltext](https://www.mcpiqojournal.org/article/S2542-4548(21)00126-0/fulltext))

Patient Implications

- 2X the risk of patient safety incidents
- Increased infection rates
- Increased medical errors
- Increased malpractice risk
- 3X decrease in patient satisfaction
- Decreased compliance with care instructions
- Less likely to refer and return

"A Worksite Wellness Intervention: Improving Happiness, Life Satisfaction and Gratitude in Health Care Workers, B.E. Berkland et al, Mayo Clinic Proceedings: Innovation, Quality and Outcomes; Vol 1, Issue 3, December 2017, pp 203-210; *Health Affairs*, "Physician Burnout is a Public Health Crisis: A Message to Our Fellow Health Care CEOs, March 28, 2017, John Noseworthy, James Madara, et al.; Hodkinson A, Zhou, A, Johnson J, Geraghty K, RileyR, Zhou A et al. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis *BMJ* 2022; 378 :e070442 doi:10.1136/bmj-2022-070442.

A \$100 bill is shown in the lower right corner, partially obscured by a digital particle effect of small white and blue squares. The bill features the portrait of Benjamin Franklin and the serial number EG 2691 220 C A. The background is dark with a bokeh effect of light spots.

Burnout is estimated to cost
the healthcare industry at
least \$4.6 billion annually.



- 4X more likely to be dissatisfied with job
- 3X more likely to want to quit
- 1 in 5 physicians want to leave their current practice within two years
- 3X more likely to regret career choice
- Higher rates of absenteeism



Hodkinson A, Zhou, A, Johnson J, Geraghty K, Riley R, Zhou A et al. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. *BMJ* 2022; 378 :e070442 doi:10.1136/bmj-2022-070442
Mayo Clinic Proceedings, VOLUME 5, ISSUE 6, P1165-1173, DECEMBER 2021,
Christine A. Sinsky, MD, Roger L. Brown, PhD Martin J. Stillman, MD, JD Mark Linzer, MD [https://www.mcpigojournal.org/article/S2542-4548\(21\)00126-0/fulltext](https://www.mcpigojournal.org/article/S2542-4548(21)00126-0/fulltext)
Ortega MV, Hidrue MK, Lehrhoff SR, et al. Patterns in Physician Burnout in a Stable-Linked Cohort. *JAMA Netw Open.* 2023;6(10):e2336745. doi:10.1001/jamanetworkopen.2023.36745

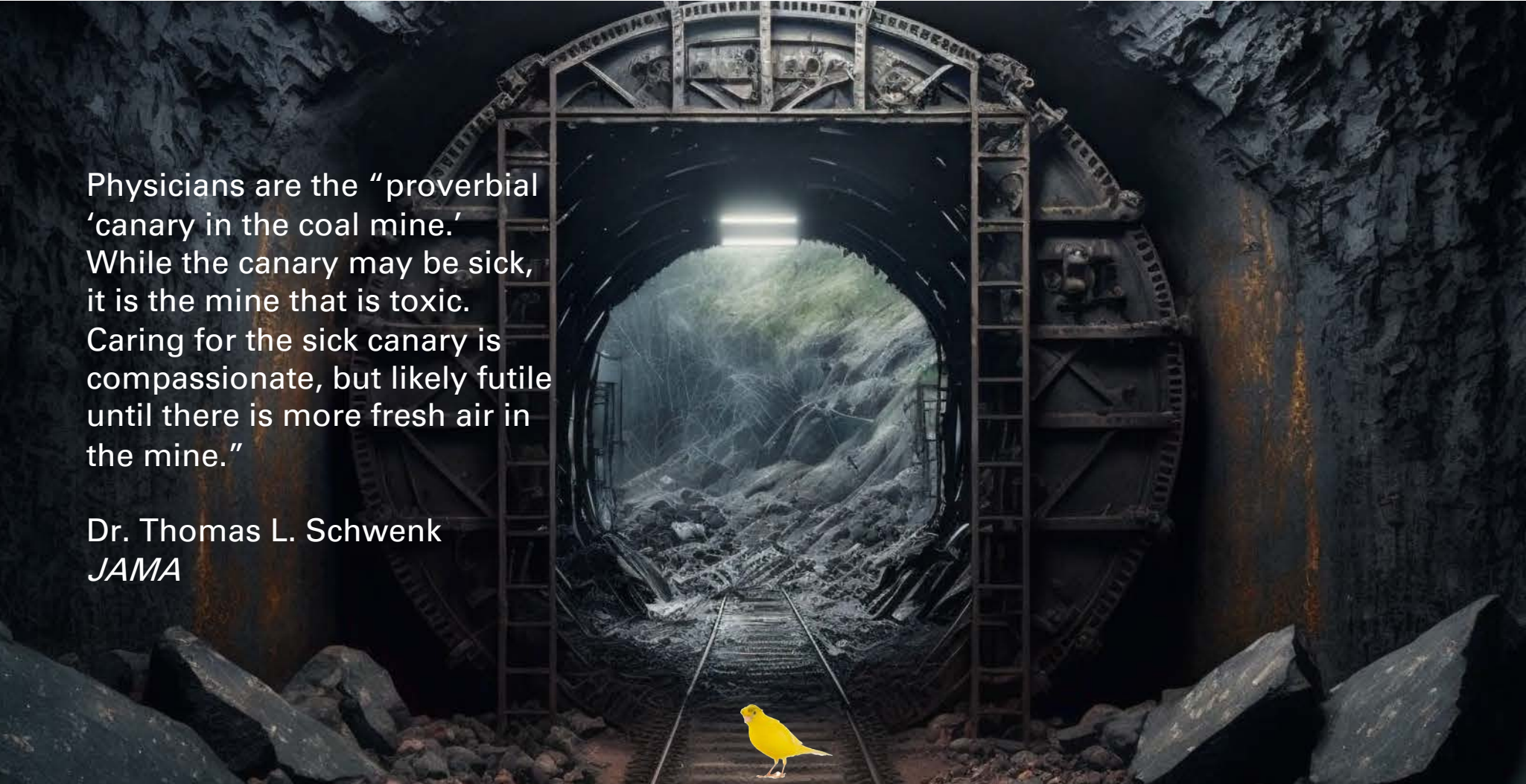


Issues Driving Burnout

- Excessive workload
- Administrative burden
- Technology challenges
- Inadequate staffing/staff retention
- Workflow/interruptions
- Time pressure
- Organizational culture
- Lack of control

National Academy of Medicine, [Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being](https://nap.nationalacademies.org/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional), (2019), <https://nap.nationalacademies.org/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional>, p. 84.

<https://www.ama-assn.org/practice-management/sustainability/practice-transformation-measure>.



Physicians are 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.”

Dr. Thomas L. Schwenk
JAMA







What prevents and eases burnout?

1. **Better systems** (resources, control, flexibility, time, etc.)

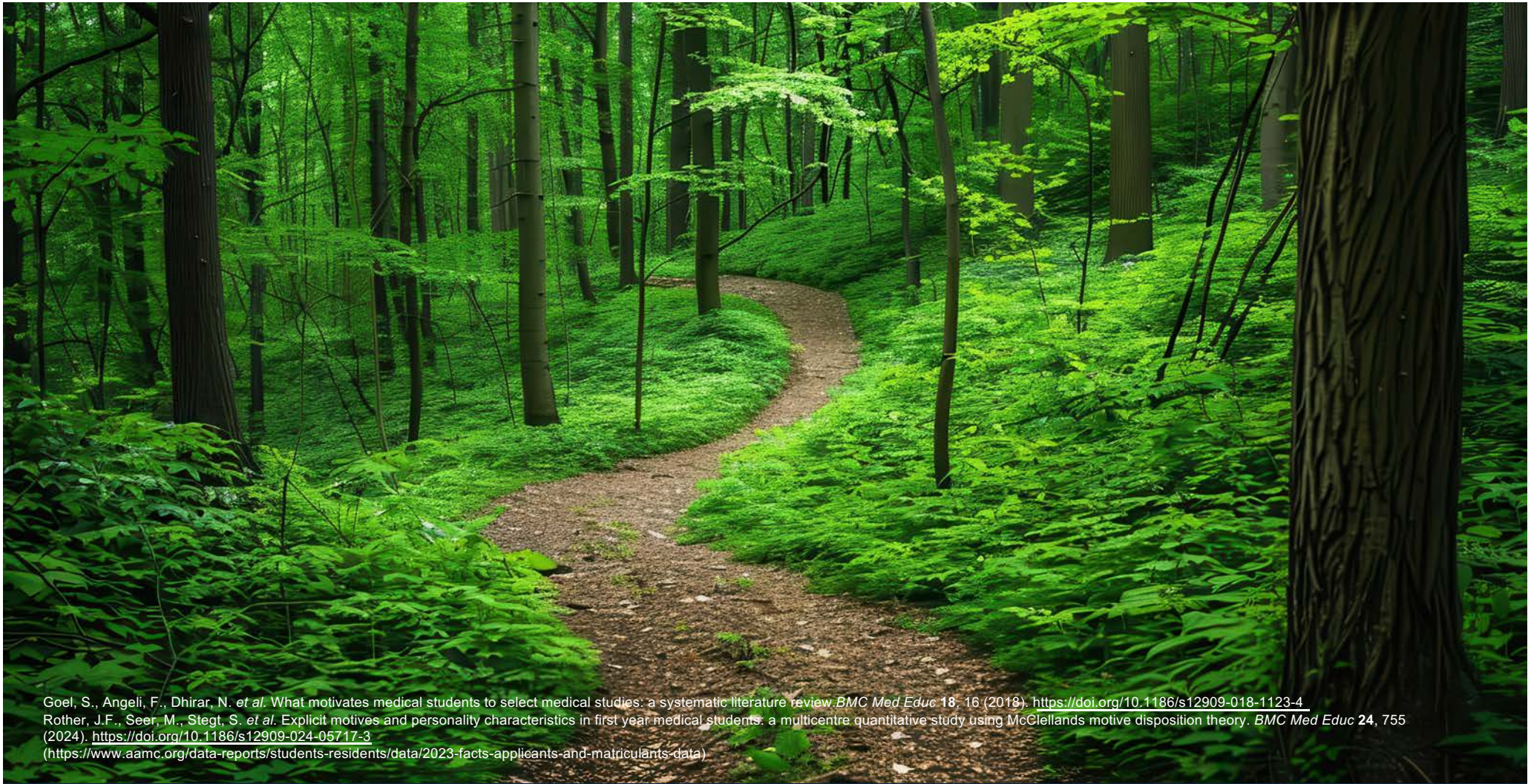
What prevents and eases burnout?

1. Better systems (resources, control, flexibility, time, etc.)
2. Purpose/meaning in work
3. Connectedness and belonging
4. Compassion satisfaction
5. Gratitude



Affirming Purpose & Meaning in Work





Goel, S., Angeli, F., Dhirar, N. *et al.* What motivates medical students to select medical studies: a systematic literature review. *BMC Med Educ* 18, 16 (2018). <https://doi.org/10.1186/s12909-018-1123-4>
Rother, J.F., Seer, M., Stegt, S. *et al.* Explicit motives and personality characteristics in first year medical students: a multicentre quantitative study using McClelland's motive disposition theory. *BMC Med Educ* 24, 755 (2024). <https://doi.org/10.1186/s12909-024-05717-3>
(<https://www.aamc.org/data-reports/students-residents/data/2023-facts-applicants-and-matriculants-data>)



Physicians who see medicine as a “calling” experience a lower incidence of burnout and “appear motivated by work that is personally meaningful and promotes a greater good.”

A hand is shown placing a single wooden puzzle piece onto a larger wooden surface. The background is a soft-focus scene of sunlight filtering through green foliage, creating a warm, golden glow. The puzzle piece is the central focus, with its unique shape and texture clearly visible.

Inherent Purpose and Meaning

Saving lives

Extending lives

Improving quality of life



Meaning derived from purpose-filled work serves as a significant protective factor against burnout.



“The patient is what is keeping the doctor from falling further into burnout. The physician-patient relationship and the desire for doctors to help their patients is the core of why physicians entered medicine. Yet, a gap is pushing them apart.”

Zohal Ghulam-Jelani


Ben-Itzhak et al., 2015.

Excerpted from the National Academy of Medicine's Expressions of Clinician Well-Being: An Art Exhibition. To see the complete work by Zohal Ghulam-Jelani, visit <https://nam.edu/expressclinicianwellbeing/#/artwork/347>.

Bridging the Gap (painting), Zohal Ghulam-Jelani, Albany, NY.




Deepening Connectedness & Belonging



“It isn’t easy to sustain the humane view of medicine when the rules of our humanity are apparently being rewritten to suit the imperatives of management and profit.”

Rowan Williams, Archbishop of Canterbury



“How disappointing to recognize the ideals of the art of medicine, as a moral practice, are being increasingly transformed into a technologically-focused, business-oriented interaction.”

Bain, 2018

The demands of practicing modern medicine present many barriers to physicians’ ability to deliver humanistic, patient-centered care and uphold the ideals of medicine.

Rosenthal et al, 2016

“Unfortunately, . . . advances in modern medicine have inadvertently led to distancing and alienation between physicians and their patients.”


Panagioti, 2018

“Modern medicine seems to be drifting away from the most important features of the clinical encounter and the benefits of clinical judgment informed by attachment, compassion, and *caritas*—the Latin word for love (i.e. humanistic traits).”

Thibault, 2019

Today’s technology-saturated clinic environment is driving demand for interventions that foster human connection.

Brown-Johnson et al, 2019

- 
- Bain, L.E. Revisiting the need for virtue in medical practice: a reflection upon the teaching of Edmund Pellegrino. *Philos Ethics Humanit Med* 13, 4 (2018). <https://doi.org/10.1186/s13010-018-0057-0>
 - Thibault GE. Humanism in Medicine: What Does It Mean and Why Is It More Important Than Ever? *Acad Med*. 2019;94:1074-7.
 - Association between physician burnout and patient safety, professionalism, and patient satisfaction: a systematic review and meta-analysis. Panagioti M, Geraghty K, Johnson J, et al. *JAMA Intern Med*. 2018;178:1317–1331.
 - Rosenthal DI, Verghese A. Meaning and the nature of physicians’ work. *N Engl J Med* 2016;375:1813–5. 10.1056/NEJMp1609055
 - Brown-Johnson C, Schwartz R, Maitra A, Haverfield MC, Tierney A, Shaw JG, Zions DL, Safaeinili N, Thadaney Israni S, Verghese A, Zulman DM. What is clinician presence? A qualitative interview study comparing physician and non-physician insights about practices of human connection. *BMJ Open*. 2019 Nov 3;9(11):e030831. doi: 10.1136/bmjopen-2019-030831. PMID: 31685506; PMCID: PMC6858153.

What Patients Value

Interpersonal relationships reflect a value for human beings and validity of shared human needs.

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

Medical Knowledge/Skills

- Experienced
- Scientifically knowledgeable
- Competent
- Ethical
- Calm under pressure





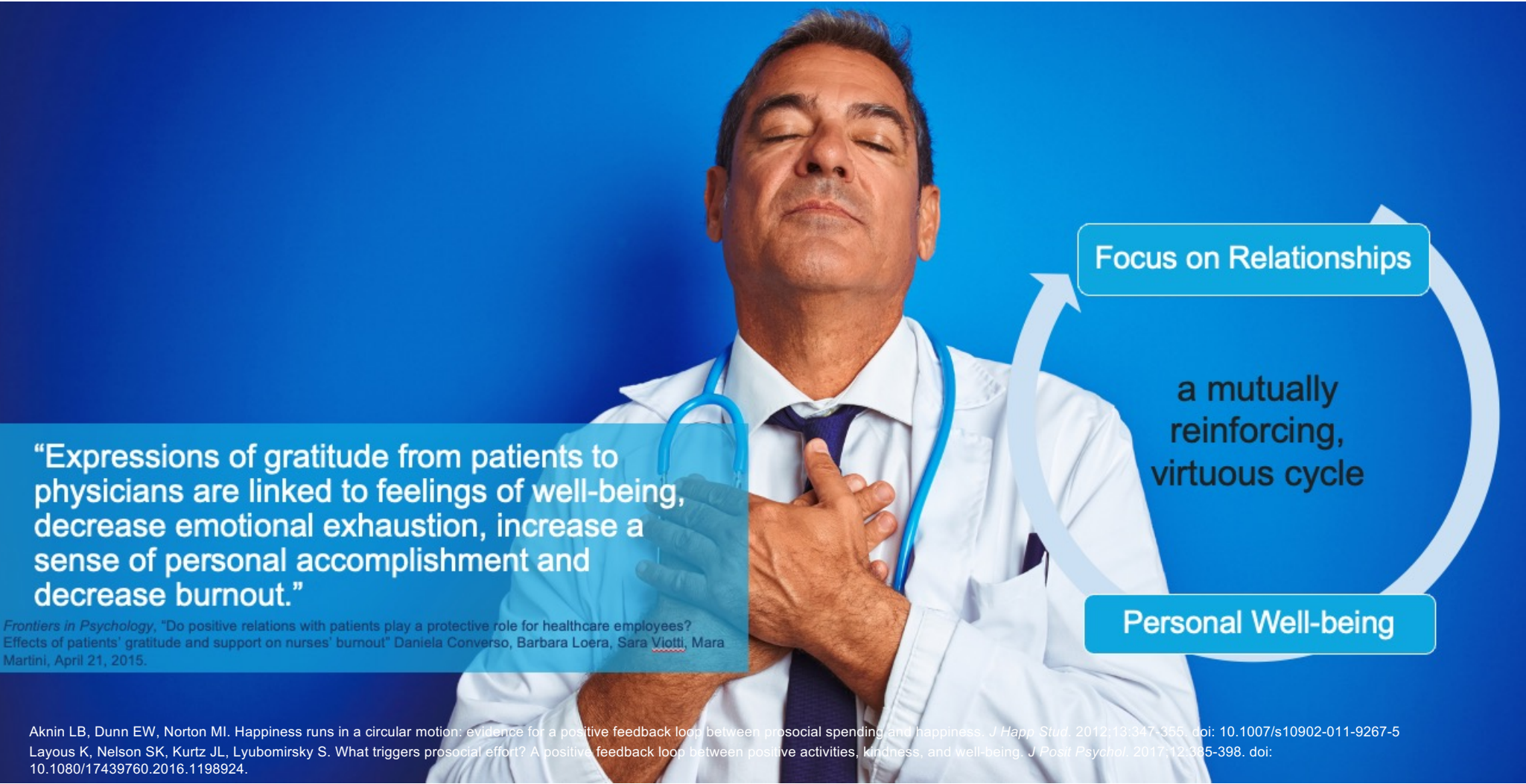
Making a Difference

“Love taking care of them”

Forming Connections

“Love being part of their lives”





“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.”

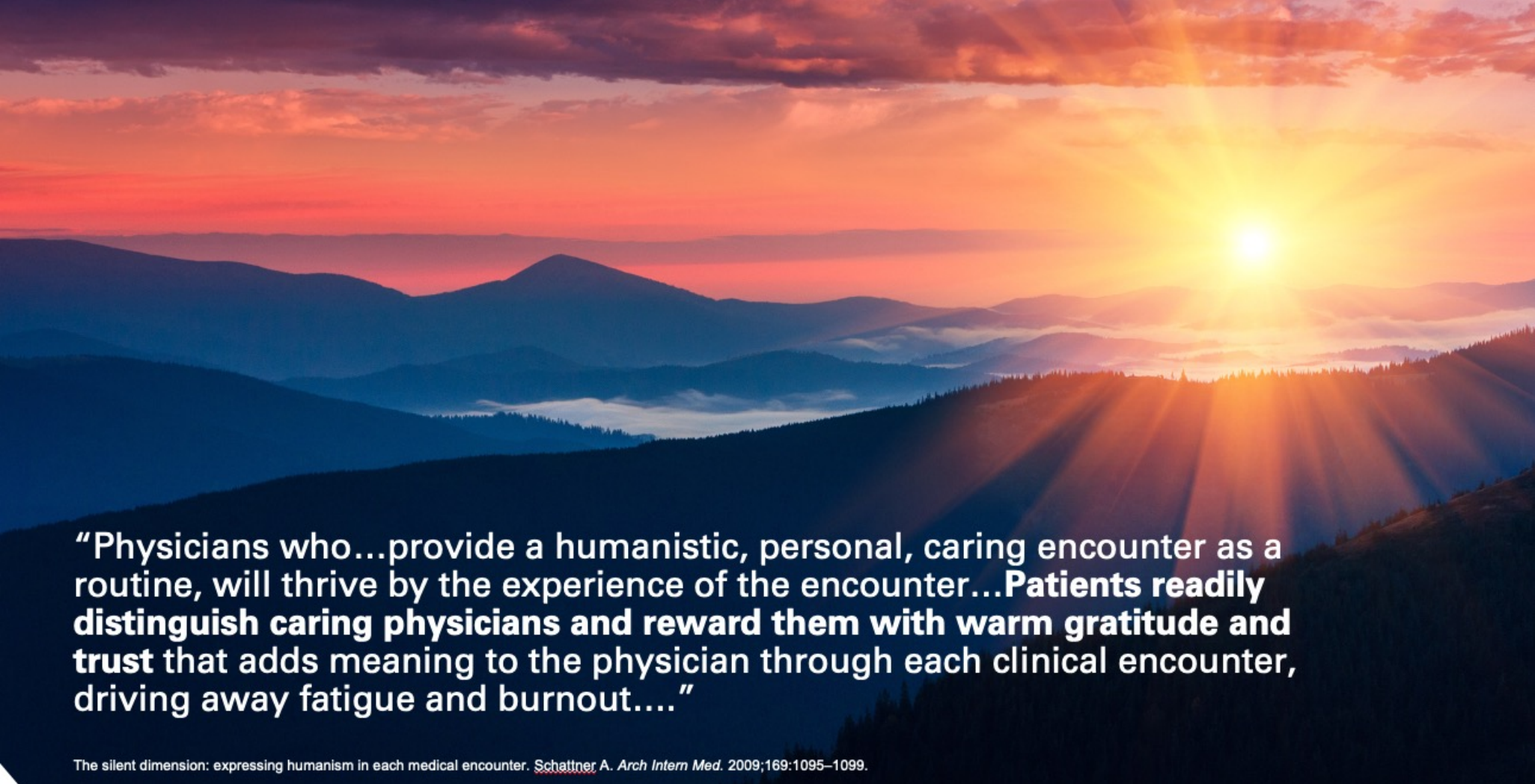
Frontiers in Psychology, “Do positive relations with patients play a protective role for healthcare employees? Effects of patients’ gratitude and support on nurses’ burnout” Daniela Converso, Barbara Loera, Sara Viotti, Mara Martini, April 21, 2015.

Focus on Relationships

a mutually reinforcing, virtuous cycle

Personal Well-being

Aknin LB, Dunn EW, Norton MI. Happiness runs in a circular motion: evidence for a positive feedback loop between prosocial spending and happiness. *J Happ Stud*. 2012;13:347-355. doi: 10.1007/s10902-011-9267-5
Layous K, Nelson SK, Kurtz JL, Lyubomirsky S. What triggers prosocial effort? A positive feedback loop between positive activities, kindness, and well-being. *J Posit Psychol*. 2017;12:385-398. doi: 10.1080/17439760.2016.1198924.



“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....”

The silent dimension: expressing humanism in each medical encounter. [Schattner A. Arch Intern Med. 2009;169:1095-1099.](#)

A modern lounge area with large windows, contemporary furniture, and indoor plants. The space features a mix of yellow and beige armchairs, a black coffee table with a white marble top, and a large potted tree. The floor is light-colored wood, and the walls are dark grey. The view outside the windows shows a paved area, green lawn, and buildings.

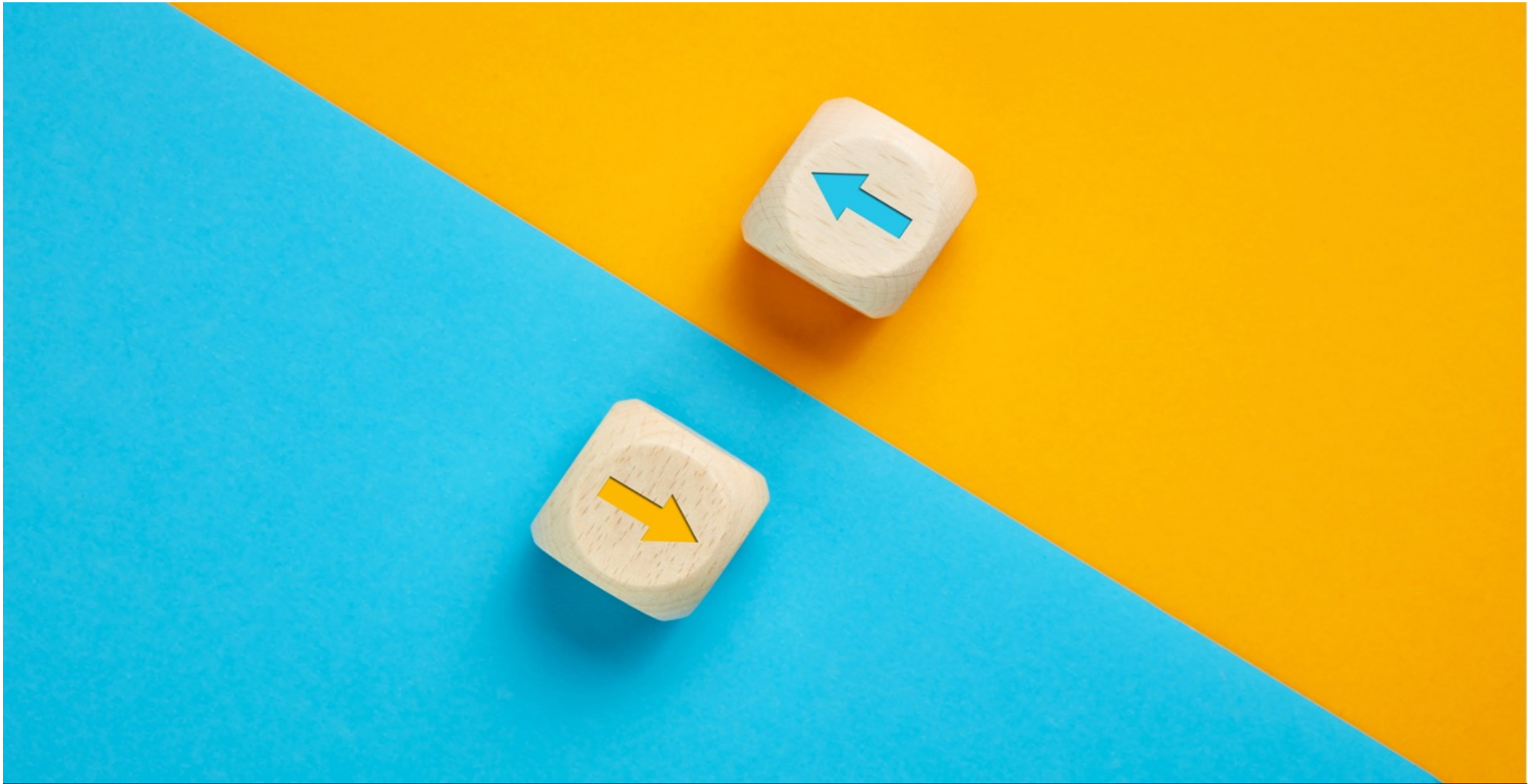
Create Spaces for
Physician Peer
Connectedness



Partnerships
Between
Physicians &
Executive
Leadership

Leveraging Compassion Satisfaction







Compassion vs. Empathy

“Compassion is...the emotional response to another’s pain or suffering involving an authentic desire to help. Compassion is differentiated from empathy in that empathy is defined as an affective state of sensing and understanding another’s emotions. In other words, in healthcare, empathy is a feeling the clinician has, as opposed to compassion, which encompasses positive behaviors which patients can perceive.”

McDonald MA, Meckes SJ, Lancaster CL. Compassion for oneself and others protects the mental health of first responders. *Mindfulness (N Y)* 2021;12:659–671. doi: 10.1007/s12671-020-01527-y.

Sprecher S, Fehr B. Compassionate love for close others and humanity. *J Soc Pers Relat.* 2005;22:629–651. doi: 10.1177/0265407505056439.

Roberts BW, Roberts MB, Mazzarelli A, Trzeciak S. Validation of a 5-Item Tool to Measure Patient Assessment of Clinician Compassion in Hospitals. *J Gen Intern Med.* 2022 May;37(7):1697-1703. doi: 10.1007/s11606-021-06733-5. Epub 2021 Apr 9. PMID: 33835313; PMCID: PMC8034051.

Fricchione G. Separation, Attachment and Altruistic Love. The Evolutionary Basis for Medical Caring. In: Post S, Underwood L, Schloss J, Hurlbut W, editors. *Altruism and Altruistic Love Science, Philosophy and Religion in Dialogue.* New York: Oxford University Press; 2002. p. 346-61.

“Many leaders have fallen into the trap of thinking in terms of a binary choice between compassion *or* performance.”



Riess H, Kelley JM, Bailey RW, Dunn EJ, Phillips M. Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. *J Gen Intern Med.* 2012 Oct;27(10):1280-6. doi: 10.1007/s11606-012-2063-z. Epub 2012 May 2. PMID: 22549298; PMCID: PMC3445669.

Harvard Business Review, Leaders Don't Have to Choose Between Compassion and Performance, Mark Mortensen Heidi K. Gardner February 16, 2022, <https://hbr.org/2022/02/leaders-dont-have-to-choose-between-compassion-and-performance>.

“Many leaders have fallen into the trap of thinking in terms of a binary choice between compassion

or performance.”

56%

of physicians say they don't have time to show compassion.

Riess H, Kelley JM, Bailey RW, Dunn EJ, Phillips M. Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. *J Gen Intern Med.* 2012 Oct;27(10):1280-6. doi: 10.1007/s11606-012-2063-z. Epub 2012 May 2. PMID: 22549298; PMCID: PMC3445669.

Harvard Business Review, Leaders Don't Have to Choose Between Compassion and Performance, Mark Mortensen Heidi K Gardner February 16, 2022, <https://hbr.org/2022/02/leaders-dont-have-to-choose-between-compassion-and-performance>.




40 seconds

"I connected more, not less; cared more, not less; leaned in rather than pulled back. And that was when the fog of burnout began to lift."

Dr. Steve Trzeciak



Trzeciak Stephen et al. *Compassionomics : The Revolutionary Scientific Evidence That Caring Makes a Difference*. Studer Group 2019.



Being compassionate is not simply an inherent trait, which clinicians either do or do not possess, but evidence supports compassionate behaviors can be taught and learned.

Roberts BW, Roberts MB, Mazzarelli A, Trzeciak S. Validation of a 5-Item Tool to Measure Patient Assessment of Clinician Compassion in Hospitals. *J Gen Intern Med.* 2022 May;37(7):1697-1703. doi: 10.1007/s11606-021-06733-5. Epub 2021 Apr 9. PMID: 33835313; PMCID: PMC8034051.

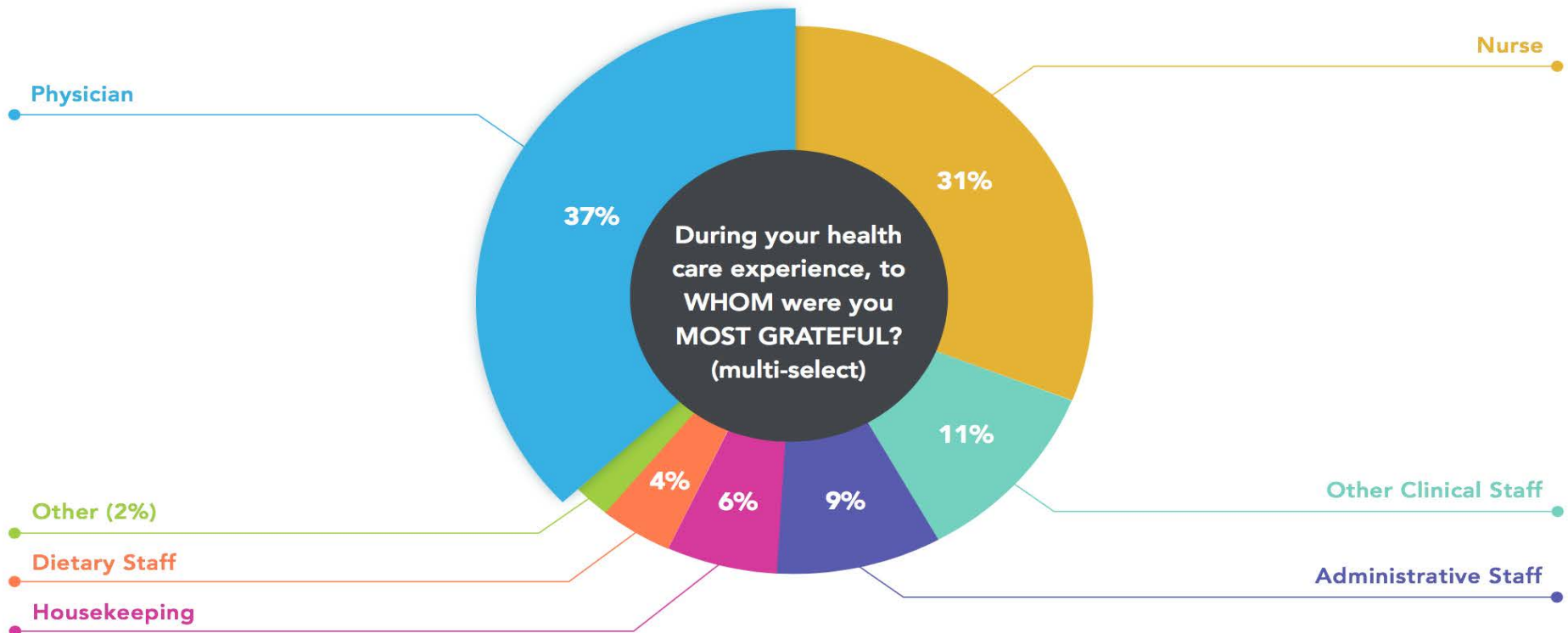




Embracing Gratitude



GRATITUDE



Data is from a national survey conducted in May 2018 by NRC Health in collaboration with Accordant Philanthropy. The sample was comprised of 18,413 respondents. The standard error range is 0.6% at the 95% confidence level.

What drives Gratitude?

Anticipate needs
show compassion
and kindness

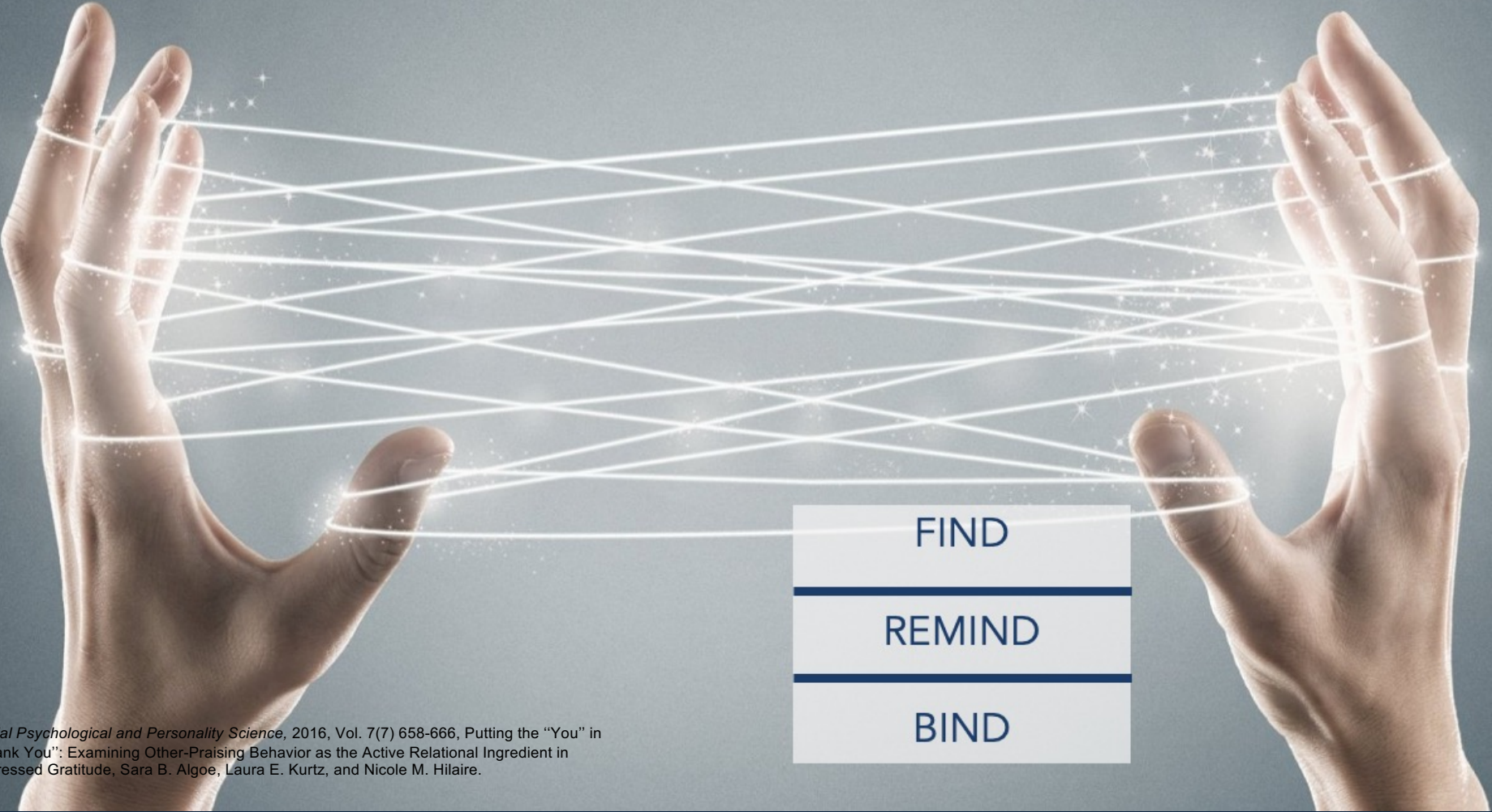
Provide benefit:
freely given,
intentional,
worthwhile,
memorable

Receive benefit
Unexpected,
unsolicited, unearned

**Feel understood,
validated, cared for**

**Experience wonder,
awe, humility**

**Feel intrinsic motivation
to reciprocate with
thankfulness**



FIND

REMIND

BIND

Social Psychological and Personality Science, 2016, Vol. 7(7) 658-666, Putting the “You” in “Thank You”: Examining Other-Praising Behavior as the Active Relational Ingredient in Expressed Gratitude, Sara B. Algoe, Laura E. Kurtz, and Nicole M. Hilaire.



Gratitude Is Good Medicine

Better Physical Health

- Stronger immune systems
- Lower blood pressure
- Less pain
- Better sleep (15-18% more efficient)
- Improved ability to heal
- Improved inflammatory biomarkers
- Dietary fat intake reduced 25%
- Decelerate effects of neurodegeneration
- 25-33% increase in exercise
- 38% reduced rate of smoking
- 23% lower levels of cortisol

Improved Mental Health

- More joy and happiness
- Increased purpose
- Reduced stress (23%)
- Less depression (19%)
- Satisfaction
- Motivation
- Engagement
- Optimism
- Self acceptance
- Self efficacy
- Less loneliness
- Sense of connectedness to others
- Reduced feelings of hopelessness

Integrating micro-practices



“Gratitude
is a vaccine,
an antitoxin,
and an
antiseptic”

John Henry Jowett
1863–1923





What To Do Now & Next





A Variety of Halo Effects

- Decrease burnout/emotional exhaustion
- Increase joy in work
- Strengthen physician-patient relationships
- Improve patient experience
- Foster philanthropy/advocacy





Questions & Discussion

Contact Us...



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- www.AccordantHealth.com



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