In 2012, almost 50 percent of physicians in the United States were considered to be at high risk for burnout, which has been identified by the World Health Organization as an occupational phenomenon, not a medical condition. The consequences of burnout are both personal and professional. Thus far, efforts at intervention have focused predominantly on the individual (e.g., resilience, mindfulness training), yet organizational changes have a greater effect on improving burnout than individual interventions since burnout is largely a systems issue. Afonso et al. demonstrated that the lack of perceived support in the workplace is the primary driver for anesthesiologist burnout.

As workplace factors are the primary determinants associated with burnout, it is essential for leadership to develop a culture of well-being and support within an anesthesiology practice which will benefit physicians, patients, and the healthcare organization. The following recommendations are designed to guide anesthesia leaders in improving the well-being of their members.

1. **Appoint a wellness champion**
   - Appoint a wellness champion with designated non-clinical time to initiate, implement, collaborate, and facilitate with departmental and organizational leaders on decisions that impact well-being.

2. **Routinely assess the current state of well-being**
   - Utilize standardized survey instruments to routinely assess and transparently share survey results that highlight the current state of well-being and the organizational costs of burnout.

3. **Coordinate well-being efforts with leadership**
   - Survey results can aid in determining strategic focus for the wellness champion to coordinate with department members/leadership and, if applicable, with organizational leaders while providing transparency in these processes.
   - The American Medical Association’s Joy in Medicine Health System Recognition Program provides guidelines, encourages leadership investment, and recognizes organizations in the path of improving physician well-being and the reduction of physician burnout.
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| • Consider varied start times or flexible work hours to offer anesthesiologists enhanced control of work hours and potentially improve work-life integration.\(^{16}\)  
  • Assess the total number of hours worked and number of calls per week as these factors have been independently associated with burnout. Shorter and interrupted work schedules can reduce occupational stress levels in healthcare workers.\(^{17}\)  
  • Optimize operating room scheduling and case assignments to improve workflow.\(^{18}\) |

| **Workflow Support**               |
| • Incentivize activities to reward anesthesiologists with time for professional activities and work-life balance. The “Time bank” program at Stanford University Department of Emergency Medicine gives credits to physicians for work activities (for example, teaching, mentoring, committee membership, last minute covering of a shift for a colleague) to purchase time for academic pursuits (manuscript writing, speech coaching) or support for home/personal activities (meal deliveries, dry cleaning, house cleaning, etc.).\(^{13,19}\)  
  • Furthermore, consider on-site childcare options to help reduce the stress of arranging childcare.\(^{20}\) |

| **EMR Optimization**              |
| Increase efficiency of clinical work by involving providers with IT and EMR design and implementation to optimize electronic documentation and education. |

| **Resource Support**              |
| Allow departmental members to provide and focus on patient care. For example, availability of functioning computers, working airway equipment, adequate anesthesia technician support, etc.\(^{13}\) |

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<th>Culture of Well-Being and Support</th>
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| • Offer formal leadership development with a focus on teamwork communication through conflict management to create a climate of equity and inclusivity that spurs innovation and resilience.\(^{13,14,21-25}\)  
  • Address disruptive behavior and exacerbating factors in the workplace. Recognize that a stressful clinical environment or culture, production pressure, lack of leadership support, workforce pressures, and the lack of supportive colleagues may cause changes in physician attitude, burnout and disruptive behavior. This may result in displays of disruptive behavior.\(^{26,27}\) Furthermore, disruptive, bullying behavior can lead to psychological and emotional turmoil and burnout in the recipient of the behavior.\(^{26,27}\)  
  • Development of wellness programs\(^{21-24}\), leadership skills\(^{21-24}\), faculty development\(^{14}\) for the department of anesthesiology. |

| **Psychological Safety**          |
| Create and maintain a culture of psychological safety in the department whereby staff at any rank can confidentially raise concerns with impunity.\(^{13,28,29}\) |

| **Just Culture**                  |
| Reduce the burden to department members after an adverse event. Create systems that allow for the relief of the second victim from clinical activity without negative consequences to allow psychological and emotional healing and provide resources to support the second victim.\(^{30,31}\) |

| **Support System**                |
| Provide confidential professional and personal peer support for issues including workplace conflict, burnout, adverse events, family issues, and financial support.\(^{32}\) |

| **Teamwork Training**             |
| Develop activities to build camaraderie and collegiality in the department.\(^{13}\) |
1. The National Academy of Medicine Resource Compendium for Health Care Worker Well-Being provides resources for six essential elements of health care worker well-being: advance organizational commitment, strengthen leadership behaviors, conduct workplace assessment, examine policies and practices, enhance workplace efficiency, cultivate a culture of connection and support.
2. Stanford Medicine Chief Wellness Officer Course.
3. Vanderbilt Center for Professional Health.
5. The American Medical Association’s Joy in Medicine Health System Recognition Program provides guidelines, encourages leadership investment, and recognizes organizations in the path of improving physician well-being and the reduction of physician burnout.
8. The United States Veterans Health Administration developed the Civility, Respect, and Engagement at Work (CREW) intervention to improve workplace civility/interpersonal climate.
9. Mayo Clinic Office of Staff Services, providing peer support and financial planning.

References and Links for Resources for Leadership to Support Organizational Change for Physician Well-Being


Jennings ML, Slavin SJ. Resident wellness matters: optimizing resident education and wellness through the learning environment. Academic Medicine. 2015 Sep 1;90(9):1246-1250.


