

HealthManagement.org

LEADERSHIP • CROSS-COLLABORATION • WINNING PRACTICES

VOLUME 23 • ISSUE 5 • € 22

ISSN = 1377-7629

The Loyal Employee

THE JOURNAL 2023

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Building a Culture of Well-Being for Clinicians Today Through Community and Leadership

This article discusses two key strategies for improving clinician well-being and ensuring staff retention in this issue devoted to supporting the loyal employee.



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Introduction

In the United States and around the world, the impact of clinician burnout is being observed on a daily basis. On October 4, 2023, in the U.S., 75,000 clinicians and support staff from Kaiser Permanente went on strike, the largest healthcare strike of workers in U.S. history (Kaye 2023). Clinicians and support staff in the U.K. went on strike on October 2, 2023, for the eighth time this past year (Saber 2023).

Burnout continues to increase on a yearly basis, and the numbers are concerning (Weissman et al. 2023). For example, according to the 2023 Medscape U.S. Physician Burnout and Depression Report, nearly 54% of radiologists reported being burned out, an increase from 49% in 2022 (Kane 2023). In 2019, 2020, 2021, and 2022, AuntMinnie.com chronicled that the burnout

key points

- The burnout epidemic continues to be a public health crisis that threatens the health of clinicians and the care of their patients.
- It is estimated that up to 47% of healthcare workers in the U.S. plan to leave their positions by 2025. This threatens to destabilise the country's healthcare system.
- In 2023, burnout continues to increase in all U.S. physician specialties.
- The two most impactful ways to improve well-being are by building a culture of community, culture and support and training and electing servant leaders to lead.
- To improve well-being, we need to work together with our respective organisations to create a positive work environment by sharing ideas and proposing solutions.

of radiologists is the biggest threat to radiology in its annual edition of the Minnies Awards (AuntMinnie 2021). This worsening trend is true for most U.S. physician specialties, with 65% of Emergency Medicine physicians now reporting that they are burned out (Kane 2023).

Burnout has huge consequences not just for clinicians but for patients. First, we need clinicians to be well to provide excellent patient care. Second, clinicians continue to resign through the Great Resignation. More than five million workers have quit their jobs, sometimes their entire careers, since February 2021. The healthcare industry is the second largest industry that has been hit, reporting losses of 20% of the workforce over the past two years. Overall, healthcare employment is down by an estimated 500,000 workers (Poindexter 2022). Up to 47% of U.S. healthcare workers are estimated to leave their positions

by 2025 (Kelly 2022). This threatens to destabilise the healthcare system in the U.S.

Like other medical specialties, radiology is experiencing widespread staffing shortages across multiple modalities and is struggling to maintain staffing levels and recruit new staff (Reeves 2022). The extent of the workforce shortage is a current public health crisis. Patients are also feeling the effects of the healthcare staffing shortages. In a recent patient survey conducted in the U.S. in 2023, separated by only three months, there was a 10% increase in Americans stating that they are being affected by staffing shortages, with 84% of patients saying that they are now experiencing delays in getting the healthcare they need (Thompson 2023).

So, what can we do to collectively improve well-being and maintain our critical healthcare workforce? Many factors have been studied, such as improving salary and benefits, electronic health records, and the efficiency of the practice environment as examples (Fishman et al. 2018). However, two fundamental principles for improving well-being have been found to be most effective through newly released research by the National Academy of Medicine and the U.S. Surgeon General (National Academy of Medicine 2019; Office of the U.S. Surgeon General 2022a; Office of the U.S. Surgeon General 2022b).

Peer review is approaching a colleague and telling them that they are valued and that you appreciate their hard work. You then share a clinical case of theirs that you read. This discussion is done in a safe, confidential and collaborative environment. You may share some articles on the subject that you found helpful. Peer learning is also complimenting a colleague on a great clinical diagnosis on a case they read and thanking a colleague for their hard work. In other words, one is constantly building a culture of community, connection and support at work.

Second, when all the qualities of an organisation are studied, the single biggest driver of professional satisfaction (by far) is the behaviour of one's immediate supervisor (Shanafelt et al. 2015). Does one's immediate supervisor include, inform, inquire, develop, and recognise one? This leads to a type of leadership called servant leadership. Servant leaders are different than traditional leaders. Both types of leaders are very driven to meet the needs of their organisation, but servant leaders are also concerned with growing and developing their teams. Servant leaders see leadership as an opportunity to serve others. They listen. They recognise how important it is for employees to feel they matter at work. They engage workers in workplace decisions. They build a culture of gratitude and recognition. Servant leaders also recognise that it is important for

More than five million workers have quit their jobs, sometimes their entire careers, since February 2021

First, it is critical to build a culture of community, connection and support in the workplace. Healthcare workers need to feel that they work in a safe and secure environment. They need to feel that they are being socially supported and that they belong to a team. One example is a current initiative in radiology called peer learning (American College of Radiology). Peer learning is very different than peer review. Peer review can feel threatening without much feedback or transparency.

employees to have the opportunity to learn, grow and accomplish goals. Servant leaders provide mentoring, and they value clear and reciprocal feedback. If one works for a servant leader, one is much less likely to burnout.

The bottom line is that as clinicians, we need to work with our respective organisations to create a positive work environment by sharing ideas and proposing solutions. The work recently released by the National

Academy of Medicine, which took over six years to develop after speaking to over 200 organisations, as well as the work from the U.S. Surgeon General, provides a rich source of data to now discuss with one's healthcare organisations.

resignation, which will continue to adversely impact patient care.

We must collectively work together now as a team to grow a culture of well-being for all of us by building a

Clinicians need to work together with their respective organisations to create a positive work environment by sharing ideas and proposing solutions

One can now say to healthcare leaders that it doesn't make a difference what we individually feel about the importance of well-being. Our leading public health institutions are providing instructions on what we need to do. If we don't follow these critical recommendations now, we will continue to lose more clinicians to the great

culture of community, connection and support and by training and electing servant leaders to lead us.

Conflict of Interest

None. ■

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