

Developing and Piloting Well-Being Program for Hospital-Based Physicians

Maarten Debets, Kiki Lombarts, Nathalie Hugenholtz, Renée Scheepers
Amsterdam UMC, University of Amsterdam





Physician burnout & Interventions



54%

of doctors
say they are
burned out.¹



88%

of doctors
are moderately
to severely stressed.²



59%

of doctors
wouldn't recommend
a career in medicine
to their children.³

1. Mayo Clinic 2014.

2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.

3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

Prevalence of Burnout Among Physicians A Systematic Review

Lisa S. Rotenstein, MD, MBA^{1,2,3}; Matthew Torre, MD^{1,4}; Marco A. Ramos, MD, PhD⁵; [et al](#)

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

[Colin P West](#), [Liselotte N Dyrbye](#), [Patricia J Erwin](#), [Tait D Shanafelt](#)

Controlled Interventions to Reduce Burnout in Physicians A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD



It is time to shift our gaze from the burned out physician to the resilient health care organisation

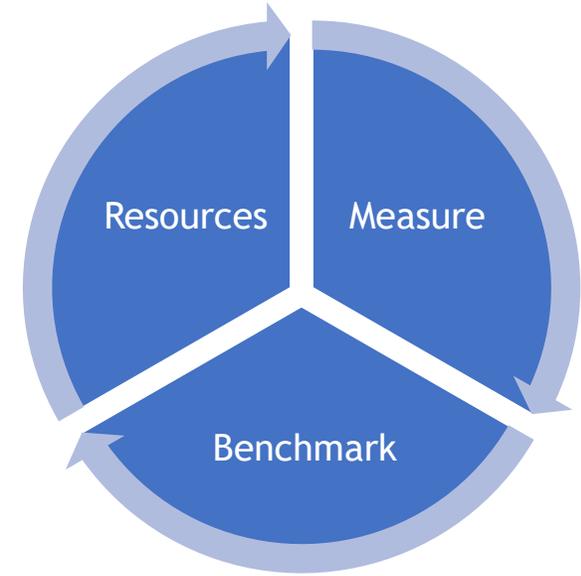




Considerations

Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization

Tait Shanafelt, MD, Mickey Trockel, MD, PhD, Jon Ripp, MD, MPH,
Mary Lou Murphy, MS, Christy Sandborg, MD, and Bryan Bohman, MD





A Well-Being Program for Physicians

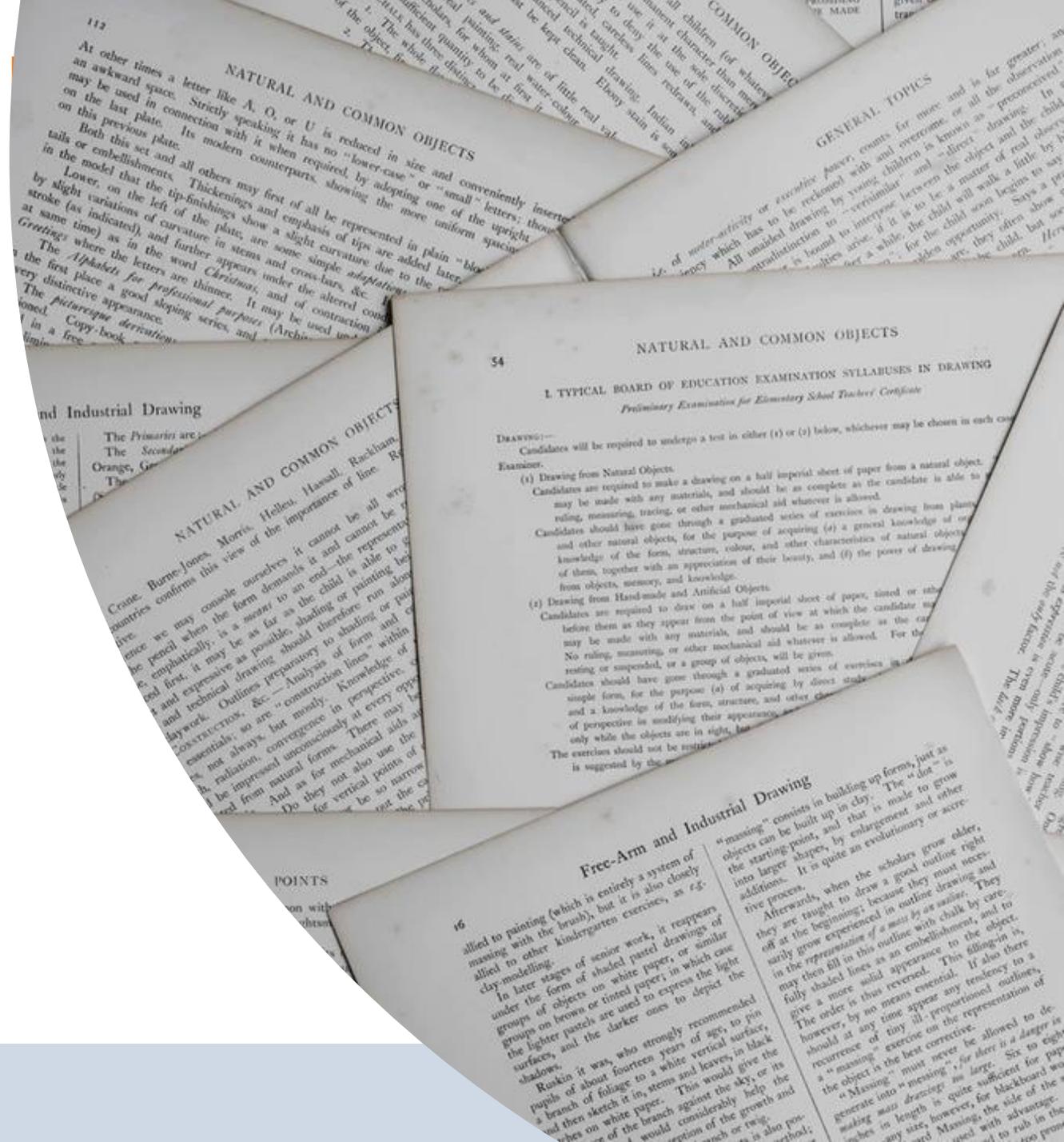
- Dutch Ministry of Social Affairs and Employment
- Development
 1. Literature review
 2. Needs assessment
 1. Focus groups
 2. Online survey
 3. Program Design
- Pilot testing



Development Literature review

To map:

- (a) reliable and valid *measurements* of physicians' well-being, job demands and resources
- (b) evidence-based *interventions* to improve physicians' well-being





Development Needs assessment (1)

- 2 focus groups; academic ($n = 12$) and general hospital ($n = 12$)
- Well-being (Multiple factors)

Interventions;

- Should address **shared working conditions** and respect **individuals' needs**
- Should aid **discussing well-being** in a **psychologically safe environment**
- Should be **(partly) facilitated** by hospitals (time and money)
- Should adopt a **positive** approach (not too heavy)



Development needs assessment (2)

- 218 physicians, 50.3% male, mean age 43.3 years ($SD = 9.97$)
- Surgery (17.8%), Neurology (14.1%) and internal medicine (12.0%)
- work-life balance, burnout, engagement
- administration, workload, learning and development, colleague support
- Discuss results in a team dialogue
- Interventions: training team communication and training team job crafting
- Prepared to invest in own well-being $M=5.43$ $SD=1.32$ (7-point scale)



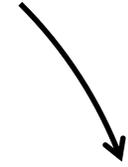
Program design

- Project team
- JD-R model
- Appreciative inquiry



1. Assessment and Report

- Online environment
- 75 items, well-being and working conditions
- Self-reported scores, benchmarks, interventions



2. Facilitated Team Dialogue

- Results
- Stenghtening resources
- Formulate actions with the team



3. Team Training Communication and Team Job Crafting

- Communication skills
- Team tasks and team members' strenghts and preferences.
- Formulate job crafting actions



Pilot testing

- 377 physicians, from 14 Dutch hospitals, 48 teams, well-being assessment
- 4 team dialogues
- 2 team training sessions on communication and team job crafting
- Pilot evaluation methods
 - Open question in well-being assessment ($n = 102$)
 - Telephonic interviews with team supervisors ($n = 14$)
 - Trainer evaluation forms
 - Observer notes



Results (1)

Well-being assessment and report

Provided insight, appropriate length

Some questions ambitiously formulated

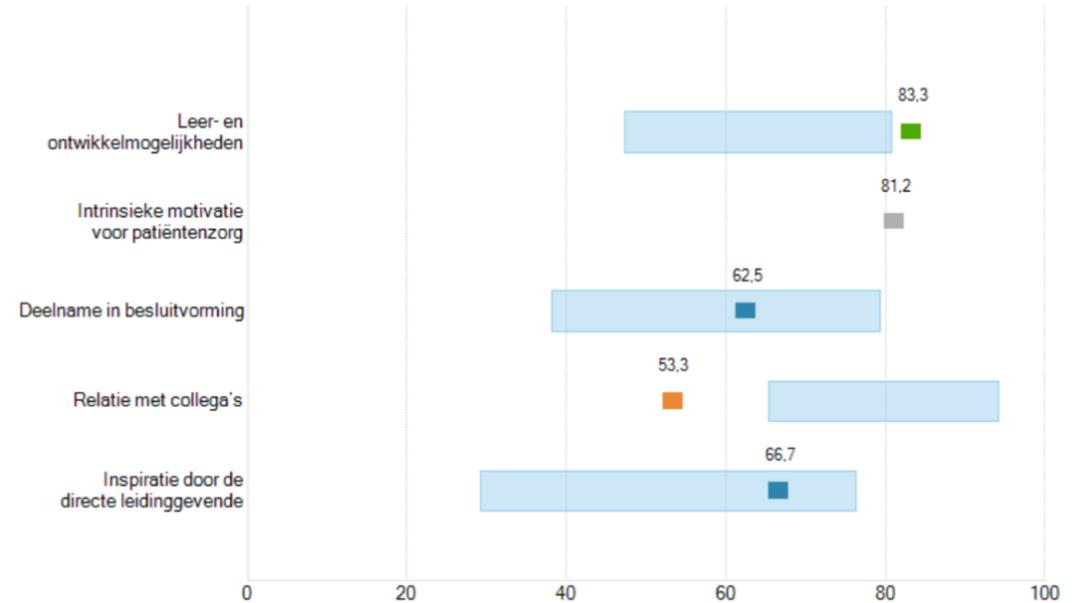
Include 'not applicable' and 'text boxes'

Facilitated Team Dialogue

Appreciated the structured, theory-based approach

Knowledge sharing, insight in team members

Led to practical and applicable improvement actions



Results (2)

Team Training on Communication and Team Job Crafting

- Open communication is essential
- Some already used job crafting
- Able to craft 'production quota'?
- Examples were preferred
- 4 hour barrier to participate





Discussion (1)

- Team-based approach, unique, Knowledge sharing and team-based reflection
- Insight in team members' strengths and preferences (alignment)

- Team job crafting for better job-fit
- Important to oversee organizational goals

Psychological safety and stigma well-being:

- Positive, workplace-based approached (not individual)
- Anonymous assessment, External trainers
- Program activities itself
- Inclusive leadership style





Discussion (2)

Limitations

- 2 team training sessions
- Self-selection
- Mono-disciplinary healthcare teams

Implications

- More research is needed on positive workplace-based programs
- Hospitals should facilitate well-being programs sufficiently
- Team supervisors may consider participating in LDPs
 - Inclusive / engaging leadership styles



Conclusion

- Applicable in various context
- Team-based approaches +
 - Psychological safety
 - Requires skills
- More research positive workplace-based interventions