

Promoting Physician Wellness through Health System Change

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Professional Satisfaction and Practice Sustainability
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Take Home Points

- Executive Sponsorship is #1 greatest contributor to successful transformation
- Transformational Change begins with building and maintaining relationships
- Transformational change requires a change in the mindset of our team members and leaders
- Change leaders should expect and Honor Resistance
- Tools that can be used to engage resisters:
 - Change Pyramid
 - Path to Commitment
 - DVFR





Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Gorringe, MS; Ronald Menaker, EdD; Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD; and Stephen J. Swensen, MD

Abstract

Objective: To evaluate the impact of organizational leadership on the professional satisfaction and burnout of individual physicians working for a large health care organization.

Participants and Methods: We surveyed physicians and scientists working for a large health care organization in October 2013. Validated tools were used to assess burnout. Physicians also rated the leadership qualities of their immediate supervisor in 12 specific dimensions on a 5-point Likert scale. All supervisors were themselves physicians/scientists. A composite leadership score was calculated by summing scores for the 12 individual items (range, 12-60; higher scores indicate more effective leadership).

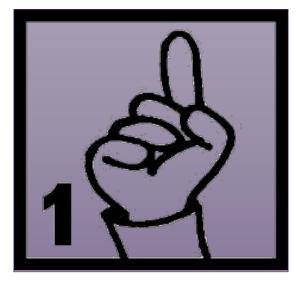
Results: Of the 3896 physicians surveyed, 2813 (72.2%) responded. Supervisor scores in each of the 12 leadership dimensions and composite leadership score strongly correlated with the burnout and satisfaction scores of individual physicians (all P<.001). On multivariate analysis adjusting for age, sex, duration of employment at Mayo Clinic, and specialty, each 1-point increase in composite leadership score was associated with a 3.3% decrease in the likelihood of burnout (P<.001) and a 9.0% increase in the likelihood of satisfaction (P<.001) of the physicians supervised. The mean composite leadership rating of each division/department chair (n=128) also correlated with the prevalence of burnout (correlation=-0.330; $r^2=0.11$; P<.001) and satisfaction (correlation=0.684; $r^2=0.47$; P<.001) at the division/department level.

Conclusion: The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations. These findings have important implications for the selection and training of physician leaders and provide new insights into organizational factors that affect physician well-being.



A Very Important Kind of Change Leader

Executive Sponsorship



Executive Sponsorship is #1 greatest contributor to successful transformation.

Prosci, 2012. Best Practices in Change Management, Benchmarking Report



Executive Sponsorship/Leadership

ABCs of Effective Sponsorship

ACTIVE & VISIBLE

• Direct-report meetings, rounding, face-to-face interactions with colleagues.

BUILD COALITION OF SUPPORT

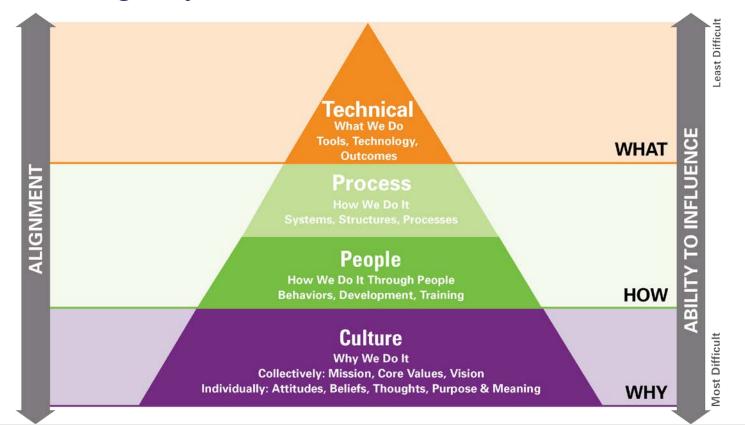
Ask directors and managers to support the change. Involve them early and often in creating the future state.

COMMUNICATE AT ALL LEVELS

Big Vision from Big Leaders.
How it impacts ME from MY leader.
Pair "burning platform" message with compelling Vision. Energy for change lives in Vision.



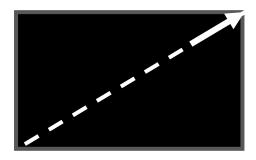
The Change Pyramid





3 Types of Organizational Change

Developmental Change: Improvements of what is already "in the box," what is already known or practiced.



EXAMPLES: Training * Team Building * Improving Communications * Conflict Resolution * Survey feedback results * Job Enrichment

Transitional Change: Rather than simply improve what is, transitional change replaces "what is" with something entirely different.



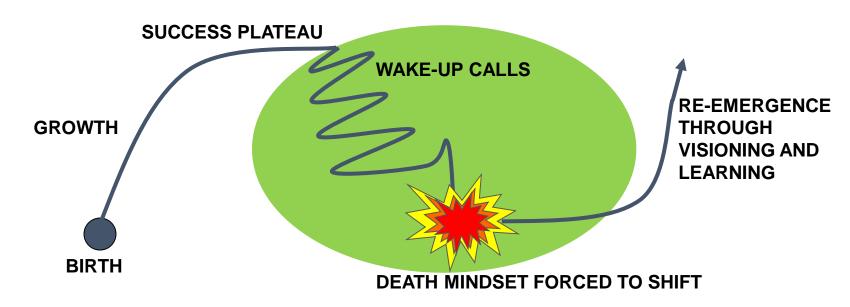
EXAMPLES: Installation of new computers or technology that do NOT require changes in mindset or behavior * New products to replace old ones

Anderson & Anderson, Beyond Change Management, 2001



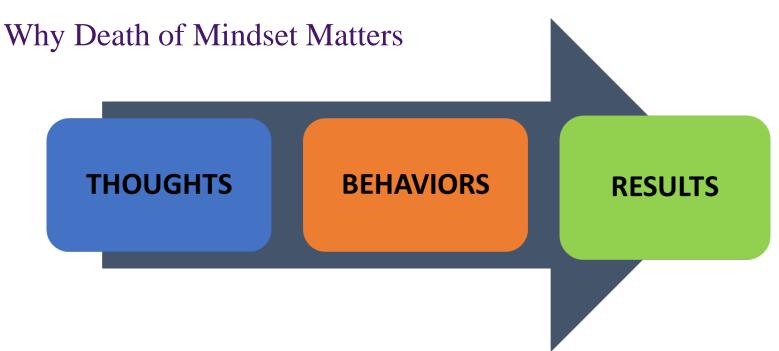
Transformational Change

A <u>radical shift</u> from one state of being to another, so significant that it requires a <u>shift in mindset</u>, <u>behavior and culture</u> to implement successfully and sustain over time.



Anderson & Anderson, Beyond Change Management, 2001



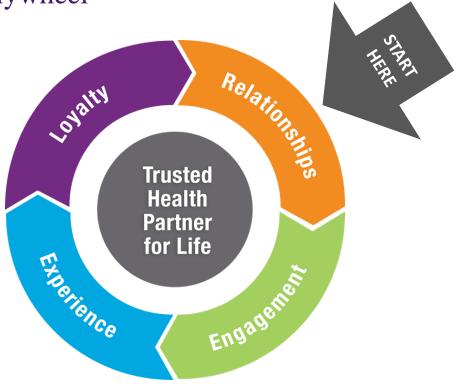


People must certainly change what they do in transformation, but more importantly, **they must** change the way they think. The strategy for the change must focus on how to accomplish this level of personal change across the organization, leaders included.

~Anderson and Anderson, Awake at the Wheel, OD Practitioner, 2001



The Relationship Flywheel



For Reflection:

What relationships need to be formed or perhaps repaired for this change to be successful?



The PATH to Commitment

The Change Leader's role is to understand WHO the key stakeholders are; WHERE they are on the Path and WHY: and HOW to move them toward commitment to doing the work of the change. ENGAGEMENT **ENGAGEMENT Awareness** Compliance



Awareness and Understanding (HEAD)



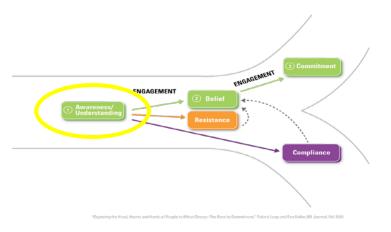
What it looks/sounds/feels like:

- Positive attitudes asking for involvement or information
- Rumors due to lack of information
- Teams or individuals acting in ways out of norm
- Stakeholders state their level of awareness of the change

• Engagement Strategies:

- Have strong, clear, concise case for change
- Expect, encourage questions/early resistance
- Remember the 3 Questions Everyone Asks in Change:
 - What's in it for me?
 - Is it good for my team/organization?
 - Do we have what it takes to make this happen?
- Communicate early and often

Awareness and Understanding is about providing INFORMATION.





Understanding what Stakeholders Care About



THREE QUESTIONS EVERYONE ASKS IN TRANSFORMATIONAL CHANGE

1.

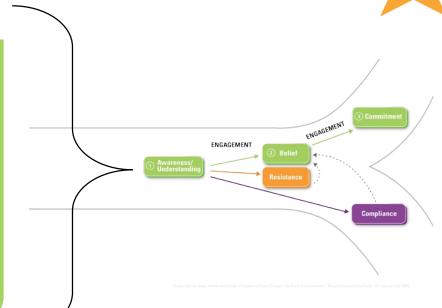
What's in it for me? (WIIFM)

2.

Is it good for my organization, team, patients, etc.?

3.

Does the organization have what it needs to be successful?





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Belief (HEART)

What it looks/sounds/feels like:

- Stakeholders asking more informed questions
- Making connections to how change is connected to higher purpose – patient care, Mission
- Stating to peers how they think the change is valuable

Engagement Strategies:

- Engage, communicate often so as not to lose momentum
- Listen to others' beliefs without judgment or taking it personally
- Share your beliefs about the change and give others the chance to do to the same together





The PATH to Commitment

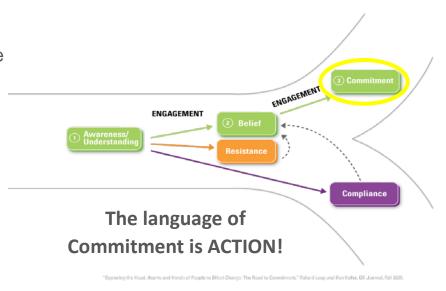
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Commitment (HANDS)



- What it looks/sounds/feels like:
 - ACTION!
 - Involvement in the doing the work of change
- Engagement Strategies:
 - Engage and communicate often include appeals to the head, heart AND hands
 - Co-create a clear path the next steps
 - Provide appropriate learning (training), recognition & appreciation to those making change happen
 - Remove barriers
 - Celebrate success stories





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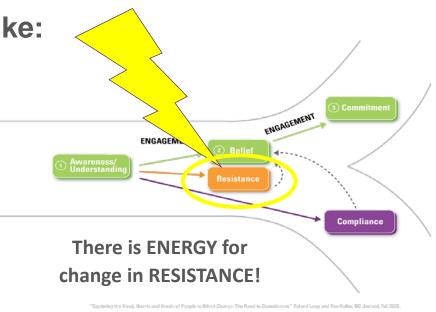
Resistance

What it looks/sounds/feels like:

- Verbal objection
- Disengaged body language
- Acting out, doubting the case for change

Engagement Strategies:

- Patience honor the resistance
- Listen
- Validate
- Remember the 3 Questions
- Ask "what do you need to move forward?"





Change Leaders Expect and Honor Resistance

- Resistance is a natural, normal and healthy part of change
- Resistance is evidence that people are thinking critically
- Resistance is a sign that people care
- Resistance can result from fear or loss
- Resistance can be a gift
- Resistance is how many people work their way down the PATH to Belief and Commitment
- There is ENERGY for change in resistance!!



Compliance

What it looks/sounds/feels like:

- Silence
- Under the radar
- Doing the bare minimum

Engagement Strategies:

- Careful about spending too much energy here unless it is a critical mass
- Spend your energy with those who are on the PATH and those who are expressing Resistance
- You will probably always have someone in Compliance
- Be prepared to let go

The language of Compliance is SILENCE.

There is NO ENERGY for change in COMPLIANCE. ENGAGEMENT







DVFR – Building A Case for Change



- DVFR an exercise in how to address resistance when teams and individuals are going through change
- Provides a framework for communication and conversations to promote a transformative change.



R = Resistance

- What Resistance will we encounter with this change?
- Why this won't work.
- Why it is not good for me, my team and my patients....





D = Dissatisfaction/Data

- Why is our current state no longer desirable? What is the Dissatisfaction or Data telling us?
- Why can we no longer stay the way we are?
- What happens if we DON'T Change?





V = Vision

- How will things be better than today?
- How does this change connect to what I care most about?
- How does this change help us advance our Mission, Vision and Values?



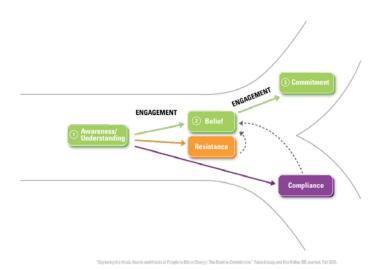


F = First Steps

- What are our first Steps in doing the work of this change?
- How can I get involved?
- What do you need me to do?











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EMBRACE CHANGE

"It is not the strongest of the species that survive, nor the most intelligent, but the ones most responsive to change"

Charles Darwin





