



Physicians, heal thyselfes – but with help

By Alison Pereto | December 4, 2018

Physician burnout is a crisis in healthcare. Many physicians feel there is a disconnect between what drew them to medicine and the reality of their day-to-day lives, filled with administrative tasks and reimbursement issues.

Recently, athena**Insight** sat down with Tom Jenike, M.D., chief human experience officer at Novant Health. He discussed how his personal experience as a burned-out physician led him to pioneer a program to reverse and prevent burnout – and restore joy to the practice of medicine.



Tom Jenike M.D.

Q • Many physicians report feeling burned out, but it's still considered a sign of weakness for them to admit it publicly, much less seek help. How did you overcome this stigma and reach out for guidance?

A • I think it was the realization that there was such a mismatch of what I thought it would be like to be a successful doctor, and what it felt like. I had in my mind, "This is going to be an amazing career." And in a lot of ways, it was. But the gap between that and the reality, what I felt every day, was unsettling.

It was very normal for me to wake up and leave before my kids got up. And I'd get home, oftentimes after dinner, and even in some cases, after they went to bed. That was just my pattern. But I was being successful.

And what I found was that I was starting to get worn down. Not so much physically, but more emotionally. Because when I woke up most days, I felt some degree of pressure, angst, worry – who am I going to let down today? Who

might I even hurt due to my lack of focus? Because I had overcommitted to so much. It was like I could not stay charged. I would power through it.

Number two was literally the experience that my family was having of me. If you looked at my patient satisfaction scores, they would be 98 percent. However, if you looked at my family satisfaction scores...they weren't 98 percent. Let me just put it that way.

On top of that, the experience of one of my best friends killing himself – as a medical student – it certainly got my attention. And then one of my partners in my practice killed himself, too. You can read the data on it, but when it's personal, it's different.

Q ▪ **Your personal experience led you to create Novant's Health Leadership Development Program. Can you share what makes this program unique?**

A ▪ When I took the role about three years ago, this was our mission statement that I wanted to make a reality: We will become world-class at caring for our people, so that they can be world-class at caring for our patients. That was the new drumbeat. And the part about making it a reality is, our people had to feel truly cared for.

We specifically called it a leadership development program because it was about leading from the inside, leading your life. That means know yourself: Know your patterns, know your habits, know your success model, know the impact of you on other people.

And then leading the teams that you work with, both your work teams and your home teams. And eventually, how do you lead the culture of your organization.

Q ▪ **More than 800 physicians have been through the program, and you've developed a similar one for nurses and other types of providers. What impact have you seen so far?**

A ▪ The program has two goals. One is that participants, after spending three days with us, will have a significantly enhanced experience of their life. It sounds ambitious, but I promise you, this happens every time. And it's a typically a cohort of 15 to 20 physicians at a time.

The second goal is for them to have access to their best self, and bring that to every room they occupy. We call that the leadership experience: "I don't know what it is about you. But ever since you were in that program, it's just better to be around you." And again, this occurs regularly.

Q ▪ **How can physicians get buy-in from healthcare leadership to invest time and money to tackle burnout, or even acknowledge that there's a problem?**

A ▪ You have to speak to what's important to them. There are some administrative leaders [for whom] this is just not going to be on the radar. And it's just going to be really hard. For my CEO, he wanted to double our company size and have it be world-class in experience. So my question was, "Do you think we can possibly achieve that goal if we're not addressing burnout head-on?"

And I let him answer: "No, I don't think so."

Excellent. Okay, great. "What do you think the cost of us doing nothing is?"

And he says, "A whole bunch of people leaving, people being disenfranchised, and us not growing."

So when I'm talking with others who are trying to get the conversation started, I ask them, "What are some of the biggest things that your leadership team is trying to address?"

I also think it's imperative that you have someone who's willing to be the champion for it. It doesn't have to be a physician either – just someone who says, "Listen. This is something we must do."

Q ▪ **How do you find the program changes physicians' frustration over the things they can't change – the EHR problems, the ever-changing reimbursement models, and so on?**

A ▪ I think in the pre-program mindset, it is a bit of a victim mentality. It's either angry, resentful, or resigned. "I guess this is just the way it is." Our approach is, "Can we get them to be hopeful again?" rather than, "This is only going to go one way."

And there's a difference between being resigned and accepting. It may sound the same, but there's a difference. Resigned is unempowered. Accepting is, "Okay, this is the way it is. How can I make it a little bit better?"

We don't want people to live in a state of resisting reality. There is power in choosing. Given the way healthcare is right now, do you still want to do this? Is this still meaningful to you? And we've had some that say, "No, I don't." But most people say, "Absolutely, I want to do it. And, I want to help." So it gets people to lean in. What we find with people, after we have this conversation, is that this is "the way it is." But, through self-examination, they can actively be more intentional about how they react. We can change their mindset by just creating a bit of space to say, "Okay, what do you normally do? And what do you want to do?"

Then, they can stand in the middle of a chaos ball – demands, expectations, pressure – and be grounded by purpose. They can say, "I'm going to do my best, whatever's in front of me, to be my best self in this moment, and not let the chaos distract me."

If they can, by virtue of the program, have a sense of hopefulness, a sense of purpose, and say maybe this can be better – that's a great place to be. Reinstilling hope is powerful.

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