

# Member Spotlight: How Nebraska Medicine is Developing the Next Generation of Physician Leaders

Health systems are increasingly focused on being more proactive about mitigating physician burnout. For Nebraska Medicine, building an organizational culture that is mindful of physicians' wellbeing was critical, and starts with teaching physician leaders the skillsets needed to give their teams the support they need to grow in their careers and find professional fulfillment.

### **Creating a Culture of Well-being Through Leadership Development**

"Physicians often feel the word 'burnout' implies that it's on them to get through the challenges they're facing. But professional fulfillment recognizes that it's the job of the health system to create a culture that supports wellbeing. Leadership culture sets the tone."

- Sarah Richards, MD Senior Medical Director, Clinician Experience, Nebraska Medicine

- With the goal of improving retention and minimizing burnout, Nebraska Medicine wanted to reimagine an organizational culture that supports the wellbeing of their physicians.
- Based on existing academic research on physician burnout, Nebraska Medicine recognized that successfully building a culture of wellbeing starts with teaching clinical leaders the skills they need to support their teams through professional challenges. Notable research they looked to included:
  - Better leaders, less burnout: In a study surveying 2,500 physicians, they found that physicians who gave higher leadership scores also scored lower levels of burnout and a higher likelihood of satisfaction.<sup>1</sup>
  - Burnout's financial impact: Another study showed that an estimated \$7.6 million (from turnover costs and lost revenue from unfilled roles) is lost per year due to physician burnout for an organization with 1000 physicians.<sup>2</sup>
- Therefore, they launched Leaders CARE (Curious, Authentic, Role Models, Empathetic), a leadership development program with the following components:
  - Self-care and self-reflection
  - · Strengthening relationships with individuals and teams
  - · Encouraging evidence-based skills that support team wellbeing

Footnotes:

 Han S, Shanafelt TD, Sinsky CA, Awad KM, Dyrbye LN, Fiscus LC, Trockel M, Goh J. Estimating the Attributable Cost of Physician Burnout in the United States. Ann Intern Med. 2019 Jun 4;170(11):784-790. doi: 10.7326/M18-1422. Epub 2019 May 28.

Shanafelt TD, Gorringe G, Menaker R, Storz KA, Reeves D, Buskirk SJ, Sloan JA, Swensen SJ. Impact of organizational leadership on physician burnout and satisfaction. Mayo Clin Proc. 2015 Apr;90(4):432-40. doi: 10.1016/j.mayocp.2015.01.012. Epub 2015 Mar 18.



## Leaders CARE Program Components

Over a six-month period, a cohort of physician leaders participate in the following:



#### Self Assessment

At the beginning of the program, participants complete a Hogan self assessment that provides insight on their personal leadership style, how they handle stress, and their approach to problem solving.

#### 360 Feedback

Participants solicit feedback related to their physician leadership skills. Their confidential report provides feedback on strengths and growth opportunities.



#### 1:1 Coaching

A core component of the Leaders CARE program, participants get six 1:1 coaching sessions that are one hour long. Two sessions focus on debriefing the Hogan self-assessment and 360 assessment, then the other four sessions focus on whatever participants want more coaching on.



#### **Skill Building Curriculum**

Experienced physician leaders designed an interactive skill building curriculum that focused on teaching participants how they can cultivate trust, authenticity and belonging, along with practical tips and skills they can use to improve the well-being of their team.



#### Peer Support

Participants meet with their peers and a group facilitator to discuss a specific leadership challenge. Topic-based questions are used to guide conversation.

### **Program Results**

**Lasting Peer Network:** Physician leaders chose to continue meeting with their peer support group after the program ended, creating a lasting support system for physician leaders. Every three months they meet to discuss a leadership challenge and get support from their peer group on how to solve it.

**Strong Participant Satisfaction:** 100% of participants said they would recommend the program to their physician colleagues.

**Effective Leadership Skill building:** 100% agreed that Leaders CARE increased their understanding of their leadership style and increased their confidence in applying concepts learned during the program.

#### **Future Plans**

Incorporating a dyad partnership between different clinical leaders (e.g., a clinical medical director and nurse manager) with the goal of building trust with colleagues and setting mutual goals.