

Leadership and Physician Burnout: Using the Annual Review to Reduce Burnout and Promote Engagement

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The epidemic of physician burnout undermines quality of care, patient satisfaction, and access to care, making it a major threat to the US health care delivery system.^{1–5} Burnout is primarily a system issue—not a problem of individual resilience. Accordingly, meaningful progress will not be made until the drivers of burnout are addressed at the level of the organization and care delivery system.

Leaders play a central role in this process.^{6,7} Evidence suggests that the behaviors of physician leaders have a profound impact on the well-being and professional satisfaction of the physicians they lead.^{6,7} Simplistically, the 4 behaviors leaders need to demonstrate are transparent communication (keep people informed), humble inquiry (ask for their ideas and suggestions), facilitation of professional development (sincere interest in career goals of reports and facilitate progress through coaching/mentorship/opportunity), and recognizing individual contributions and achievements of those they lead.

The annual review is one underutilized tool for leaders to reduce burnout and cultivate engagement by demonstrating some of these behaviors. All too often, annual reviews are comprised of a brief amount of small talk (“How’s the family?”), a review of productivity metrics (eg, relative value units, patient visits), and shallow praise (“Keep up the good work.”). Encounters like this fail to demonstrate the leadership behaviors that promote well-being or to foster alignment between the leader and the physician. Here, we consider specific ways that 2 of these leadership behaviors can be incorporated into the annual review.

Getting the best out of people requires unleashing their unique strengths and providing opportunities for the organization to benefit from their intrinsic motivation. A previous study demonstrated that physicians who spend a greater proportion of professional work effort dedicated to the activity they find most personally meaningful are at markedly lower risk for burnout.⁸ Each 1% increase in professional work effort dedicated to the area identified as most meaningful reduced the risk of burnout after adjusting for age, sex, specialty, call schedule, and work hours. Notably, a ceiling effect was observed at 20%. This suggests that individuals are willing to spend 80% of their time doing whatever it is leaders need them to do provided that they get that 20% that aligns with their passion and makes it all worthwhile.

Unfortunately, we have found that few leaders know what the most meaningful area of work is for each of the physicians they lead. Ironically, we also find that most physicians are unable, in a granular way, to articulate the specific activity they find most meaningful when first asked. A generic response (eg, “I like taking care of patients”) is often the initial reply. When challenged to reflect on this more specifically for a day, we find that most physicians can provide a more precise answer (eg, “I like trying to figure out the cause of undifferentiated symptoms in a patient with a new problem”). Having physicians complete a brief pre-view reflection/worksheet prior to the annual review can facilitate this process.

The fact that neither leader nor individual are aware of the most personally meaningful dimension of work precludes assessment of how much professional effort they are spending on that activity and how that proportion might be increased (eg through training, mentorship, building new skills, taking on new responsibilities). This represents a missed opportunity on the part of both the individual and leader to unleash talent and cultivate engagement. Gaining insight into these aspects allows physicians and leaders to work together in a symbiotic manner for the good of both the individual and the organization.

The second behavior for leaders to demonstrate during the annual review is humble inquiry. This term was coined by Edgar Schein (an international authority on organizational culture and leadership) and refers to an attitude of interest, curiosity, and vulnerability, and a desire to build a collaborative relationship.⁹ It is predicated on the belief that leaders are dependent on those they lead and need to learn from their experiences and insights to be effective. A framework of humble inquiry is a mind-set and skill set derived from intentionality along with self-confidence and humility (both of which are necessary to ask for honest feedback and suggestions on how

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Table 1. Using the Annual Review to Cultivate Physician Well-Being.

Leader	Dimension
"I want to begin by thanking you for your dedication to our patients and the sacrifices you make to help the division be successful over the last year. I <i>particularly</i> want to recognize . . ." ^a	Recognize Individual Contributions and Achievements
"I hope we can spend most our time together discussing some of your personal goals and ideas on what we can do to improve things as a division. Before we get to that, I need to share with you some of the productivity and performance measures that the organization routinely tracks on each of us. These metrics don't capture all the important ways in which you contribute to our division, but they are a partial appraisal of some of the things that can be readily measured."	Transparent Communication
"We are trying to identify ways we could work more effectively as a division. What do you see as our biggest challenges right now? Have you had any ideas on how we might make progress in that area? Adding more support staff would be helpful, but we do have to go through formal institutional channels and make a business case to do so. We are working on that but it takes time. Short of hiring more people, are there other ways we could improve efficiency or work differently to make progress in the near term?"	Humble Inquiry
"I'd like to spend our remaining time discussing some of your goals. What aspect of work are you finding most fulfilling right now? What specifically about that has been particularly meaningful lately? Is that a new direction you see your career going? What additional skills or training do you think would help you get there? Are there 2-3 tangible things we could work on over the next 12 months to make progress along that line? How could I help you pursue that?"	Facilitate Professional Development

^aBe personal and specific.

things could be improved). Humble inquiry involves leaders asking colleagues for their ideas on how to improve the work unit (and their leadership). Where possible, it also involves empowering physicians to develop and put their ideas into action in collaboration with other members of the team. Beneficial outcomes for the work unit resulting from these activities provide opportunities for achievement and recognition. We have found that engaging clinicians in the creation of a better work environment advances their intrinsic motivation and reduces burnout.¹⁰

Building from these principles, a more constructive annual review might be constructed as shown in Table 1. We suggest leaders allow at least 60 minutes for this process: 15 minutes should be spent on preparation by the leader immediately before the meeting, 30 minutes in face-to-face discussion with the individual, and 15 minutes facilitating the next steps in professional development identified during the dialogue. Leaders also should personally reflect on what they are learning about themselves and opportunities to strengthen the work unit through the art of humble inquiry.

The annual review is a formal, structured, and infrequent interaction. For long-term success it must be supplemented with frequent supportive follow-up conversations to track progress and note opportunities for further coaching, mentoring, and facilitation. It also should be clear that the approach to the annual review described here may not

be appropriate in all cases. Some individuals will require confrontation on suboptimal performance or other behavioral issues. These, however, are the exception rather than the norm.

With deliberate and strategic planning, the annual review can be a powerful tool for leaders to reduce burnout and cultivate engagement. Incorporating the art of humble inquiry, using the time to help both the leader and physician identify what that individual has a passion for, and identifying how they can work together to achieve both work unit objectives and foster the individual's professional development are critical to achieve this. In this way, the annual review can help leaders maximize the engagement and discretionary effort of those they lead.

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