

Organisational Leadership Impacts Physician Wellbeing



While the importance of good leadership to the success of healthcare organisations is increasingly recognised, its direct effect on the professional satisfaction and burnout of individual physicians is poorly understood.

A survey of physicians and scientists working at Mayo Clinic was conducted to evaluate the impact of organisational leadership on the professional satisfaction and burnout of individual physicians working for a large healthcare organisation. Survey results indicate that the leadership qualities of physician supervisors have a direct effect on the well-being and satisfaction of individual physicians they lead.

"These findings have important implications for the selection and training of physician leaders and provide new insights into organisational factors that affect physician well-being," the authors say. "These observations add to a growing understanding of organisational factors that impact physician well-being, including the efficiency of the practice environment, the level of flexibility/autonomy provided to physicians, and workload expectations."

The findings are reported in the journal Mayo Clinic Proceedings.

Methodology

Researchers surveyed Mayo Clinic physicians and scientists in October 2013. Mayo Clinic is a nonprofit, physician-led healthcare organisation with three large academic campuses (Rochester, Minnesota; Scottsdale, Arizona; and Jacksonville, Florida) and an integrated group of community-based hospitals and healthcare facilities serving more than 70 communities in Iowa, Georgia, Wisconsin, and Minnesota.

The survey included 98 questions exploring a variety of topics, including perception of quality and safety, professional burnout, satisfaction with the organisation, and assessment of the institutional culture. Participation was voluntary, and all the data were confidential.

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 and Discussion

Of the 3,896 physicians surveyed, 2,813 (72.2 percent) 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 percent decrease in the likelihood of burnout (P<.001) and a 9.0 percent 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. This is remarkable when one considers the extent of other factors that influence satisfaction (eg, salary, workload expectations, speciality, culture, strategic direction of the organisation, personality conflicts, and opportunities for professional development).

In contrast, the leader's own level of burnout was not related to the prevalence of burnout in the division/department, and the leader's personal satisfaction had a much smaller correlation with satisfaction in their division/department than their leadership scores (r² 0.07 vs. 0.47).

Extensive research now indicates that the well-being and professional satisfaction of physicians has a profound effect on the quality of care that physicians provide and affects patient adherence with treatment recommendations and satisfaction with medical care. This fact has led to greater recognition that reducing burnout and cultivating resilience/career satisfaction are the shared responsibility of physicians and the organisations in which they function.

These findings have important implications for the selection and training of physician leaders. Selecting and developing individuals with the requisite qualities to effectively motivate, inspire, develop, and manage physicians presents unique challenges. Vanguard institutions have recognised this problem and have pioneered programmes to identify, develop, and equip physician leaders. Currently, such programmes are not widespread.

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