Thriving in Medicine

Cultivating Choice, Competence, and Community

WELLNESS REPORT / SPONSORED BY THE WSMA FOUNDATION

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Background

The Washington State Medical Association conducted a wellness survey in 2024 to evaluate the current state of our peers in Washington. Thank you to all who responded from across the state and from various practice settings. The survey responses highlighted much of the work being done around our state: initiatives, programs, and foundational work. Your responses renewed our sense of purpose for physician and practitioner wellness, inspiring us with your dedication, thoughtfulness, suggestions, and requests. The results of the survey revealed that across our state there is a need for more adaptable programs for different clinical areas. Our colleagues overwhelmingly recognized that meaningful time to care for our patients is paramount to our joy in medicine. Our wellness is intricately tied to the care of our patients.

Health and well-being for our patients and communities are priorities for all of us in medicine. The WSMA recognizes that addressing the health and well-being of our health care organizations and fostering opportunities for physicians and practitioners to thrive are keys to supporting excellent patient care. Foundational work has been done nationally and locally by the American Medical Association, Stanford WellMD, Mayo Clinic, and others that have created a language and understanding of the need for wellness in health care teams. With gratitude, the WSMA recognizes this work and the need to evaluate it for the current and future needs of our state.

A Call to Action

Caring for patients is the meaning we find in work; it's what brought most of us to medicine and remains a primary driver, as recognized in the survey. Currently, systemic issues in medicine prevent clinicians from having adequate time with their patients. Survey respondents identified physicians' and practitioners' need for more support staff and efficiencies in practice, especially related to electronic health records, as issues impacting their joy of medicine. There were three other significant factors our colleagues said contributed to satisfaction in medicine: **1)** *Our relationships and connections with colleagues, patients, staff, and families*; **2)** *Work-life balance*; **3)** *Having autonomy to foster these relationships, a more satisfactory work-life balance, and improvements in medicine.*

Many respondents commented on flexibility as an important aspect in being able to give the best care to our patients while also feeling trusted, supported, and valued. Self-determination theory proposes that autonomy, competence, and relatedness can contribute to or hinder motivation and wellness.

This is a guide to start, or to reevaluate and renew, processes to allow physicians and practitioners to thrive. Productive and positive change requires listening to, involving, and empowering physicians and practitioners. It also takes dedicated resources and support. Wellness programs that are supported with time and financial support are viewed most positively, have better outcomes, and foster a greater sense that leadership supports joy in medicine. The following is a flexible framework for organizations, leaders, physicians, and practitioners to assess and implement positive changes.

A Framework for Wellness[1]

1 / Deci EL, Olafsen AH, Ryan RM. Self-Determination Theory in Work Organizations: The State of a Science. *Annual Review of Organizational Psychology and Organizational Behavior*. 2017;4(1):19-43. doi:10.1146/annurev-orgpsych-032516-113108

Self-determination theory is a macro theory of human motivation that has been successfully applied across domains including parenting, education, health care, sports, psychotherapy, as well as the fields of work motivation and management. It provides a psychological framework that is particularly relevant when addressing physician and practitioner wellness. It emphasizes the importance of autonomy, belonging, and competence (the ABCs of SDT) as key drivers of motivation and personal well-being. Traditional discourse on workplace well-being presumes a tension between worker wellness and organizational financial priorities. Self-determination theory provides concepts that can guide the creation of policies, practices, and environments that align priorities and address tension.

HERE'S AN OVERVIEW ↓

Autonomy

Autonomy refers to the need for self-governance and a sense of control over one's actions. Promoting autonomy means creating an environment where physicians and practitioners can make choices about their work processes, patient care, and professional development. When physicians and practitioners feel they have control over their work environment and decision-making processes, they are likely to experience higher job satisfaction and reduced burnout.

Belonging

Belonging pertains to feeling connected to others and having meaningful relationships. In a medical setting, this can be encouraged through supportive teamwork, mentorship programs, and a collegial, inclusive atmosphere. Ensuring that physicians and practitioners have strong, supportive relationships with colleagues, other health care professionals, and administrative staff can help mitigate feelings of isolation and stress while harnessing the power of shared experience that is unique to health care workers.

Competence

Competence involves feeling effective and capable in one's activities. For physicians and practitioners, this translates into having the necessary skills, resources, and support to perform their roles effectively. Continuous professional development, access to the latest medical technologies, and adequate staffing are crucial in fostering a sense of competence. Physicians and practitioners who feel competent are more resilient, less prone to stress, and more engaged in their work.

Several longitudinal studies have examined the role of self-determination theory in predicting well-being and preventing burnout among physicians and practitioners. These studies suggest that supporting the psychological needs outlined in self-determination theory can lead to sustained well-being and lower burnout rates. Interventions designed to enhance autonomy, belonging, and competence have been successful in improving mental health and job performance among physicians and practitioners.

Integrating self-determination theory into wellness programs for physicians and practitioners involves:

Leadership support

Support from health care organizations' senior leadership for the integration of self-determination theory into wellness programs is foundational and is required. This includes wellness leaders, resources, and financial investment. This is a signal to the workforce on the importance of these programs for sustainability, patient care, and health care delivery.

Empowering choices

Allowing those who are closest to the work a high level of control over how the work is planned and problems are solved. Physicians and practitioners need to have a meaningful say in their conditions of work, such as schedules, physical environment, workload, support structures, compensation and benefits practices, and methods of patient care.

Skill enhancement

Providing ongoing education and training opportunities that are accessible and relevant.

Fostering community

Encouraging social interactions and building networks of support among medical staff and other members of the health care team.

Examples are given from processes across the state that have worked in some organizations and communities. These include larger initiatives as well as "microclimates" of wellness within larger organizations or in smaller groups.

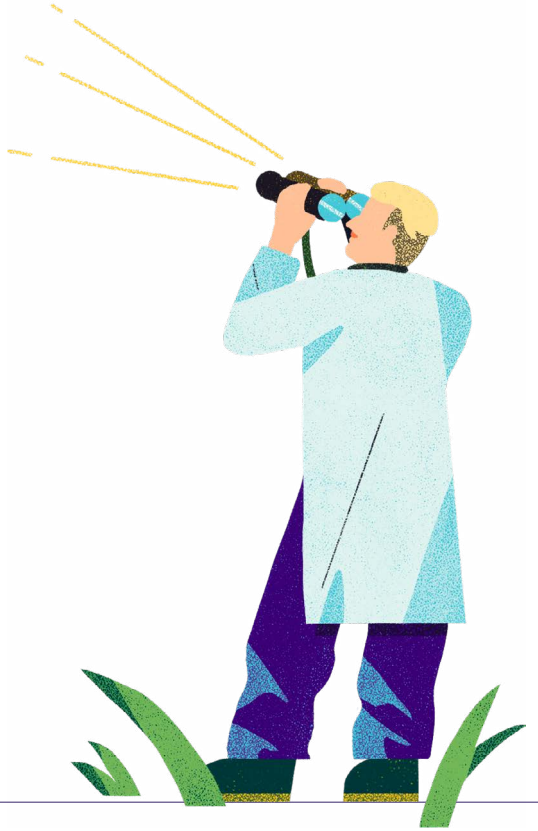
SDT AREA	Leadership support	Empowering choices	Skill enhancement	Fostering community
	Wellness conversations at the C-suite level and budgets allocated to wellness activities are important to improve wellness and reduce burnout at an organization.	Physicians and practitioners need to have a meaningful say in their conditions of work, such as schedules, physical environment, workload, support structures, compensation and benefits practices, and methods of patient care.	Providing ongoing education and training opportunities that are accessible and relevant.	Encouraging social interactions and building networks of support among medical staff and other members of the health care team.
EXAMPLES	Leadership focused on culture, support, and gratitude (values alignment).	Flexible schedules: hours, templates, days.	EHR user efficiency coaching and optimization: training 2.0, regular physicians' and practitioners' efficiency data review, etc.	Washington Permanente Medical Group shout-out awards.
	Identified leader (supported with time and pay) and a committee (with a budget) whose roles are to understand the needs of the medical staff and to develop a multiyear plan to address those needs.	Support of time off: cross-coverage support.	Peer support for physicians and practitioners dealing with litigation and malpractice lawsuits.	Monthly dinners with peers.
	Measurement tool: Determine baseline, goals, and progress to goal on a regular basis.	Decrease the burden of the EHR for our physicians and practitioners.	Encouraging and facilitating ongoing professional development opportunities.	Team retreats.
	Leadership rounding to understand current state.	Share best practices for EHR users on improving EHR efficiencies.		Schwartz Rounds.
	Philosophy of participatory management[2] by leaders.	Management of the inbox.		Leadership book club.
	Dyad/triad leadership.	Reduce patient portal burden.		Peer-support programs.
	Managing patient expectations.	Team-based care utilizing all members of the team at top of scope.		Creating traditions.
		Leadership development focused on wellness (i.e., WSMA Center for Leadership Development, Care4th).		Coaching.
				New physicians and practitioners onboarding program.

2 / Participative management is a collaborative leadership style that involves employees at all levels in decision-making. It fosters commitment and creativity within teams by delegating power and encouraging shared problem-solving. This approach values open communication, trust, and cooperation.

Future Recommendations

The proposals and ideas in this document are the next steps, not the final steps. In making these recommendations, it is important to recognize the need for greater changes in the health care system for future advocacy, locally, regionally, and nationally.

The WSMA is committed to progressive improvements in patient care, health care delivery, and care of physicians and practitioners. It will take a community of changemakers and radical hope for what can be. Together, we go far.



Local Wellness Resources

with contact information

This is not an exhaustive list, but we want to highlight the great wellness work already happening in the state and invite you to reach out to each contact to learn more. This is intended to promote collaboration and community across the state on a variety of wellness-focused topics.

Optum Care Washington
Steven English, MD, *senglish@optum.everettclinic.com*

- Leadership Wellness Institute
- Leadership visibility
- Community building activities
- Listening rounds

Confluence Health
Makrina Shanbour, MD,
j.makrina.shanbour@confluencehealth.org

- ARCH Collaborative combines the experience of hundreds of health care organizations to improve the EHR experience through:
  - Supporting ongoing EHR education (including additional pay-for-time-spent): Things continue to change, so we must be lifelong learners of technology (as we are in clinical practice).
  - Objectivity via data collection, transparency, and regular review or monitoring to iteratively improve.
  - Communication of all the above: Share great work broadly so we all learn from one another.
- BESIDE Program: Peer-support service offered to support physicians and practitioners who feel traumatized after a difficult, adverse, or unanticipated patient encounter.
- Leadership Book Club: A new leadership topic each session.
- Collegial Connection Dinners: Small group that meets monthly for six months.
- Leadership Academy.

MultiCare
Tamara Chang, MD, *tamara.chang@multicare.org*

- 1:1 Peer Support Program.
- RAFT Meal Program: Reflection and Fellowship Together.

Kaiser Permanente Medical Group
Nina Willow, MD, *nina.t.willow@kp.org*

- Wellness-centered leadership.
- Peer support.
- Group and individual coaching.
- Team retreats.
- Schwartz Rounds.
- Wellness week.
- Systemic changes: Late policy, CME time for wellness activities, hospital privileges.

UW Medicine
Anne Browning, *anneb7@uw.edu*

- Peer-to-peer support.
- Mentorship programs.
- Leadership trainings.
- Resilience programming and UW Resilience Lab.

SeaMar Community Health Center
Tyler Lawrence, *tylerlawrence@seamarchc.org*

- Peer support.
- Mentorship program.
- Monthly wellness newsletters.
- Internal leadership training.

Peace Health
Tricia Wooden, *PWooden@peacehealth.org*; Rachel Bishop, *RBishop2@peacehealth.org*

- Comprehensive New Clinician Onboarding Program
- Practice Experience Program
- Vital Worklife Collaboration
- AMA Organizational Biopsy
- DAX Co-Pilot Implementation
- Implementation of Inbox Clinician
- EPIC Superuser Education Program

WSMA Foundation Wellness Committee Roster

Thank you to the members of the WSMA Foundation Wellness Committee, who, together, helped to make this document a reality.

- Alka Atal-Barrio, MD, Optum Care Washington, Wellness Committee Chair
- Rachel Bishop, MD, PeaceHealth
- Jessica Bloom, MD, Family Care Network
- Chris Bundy, MD, MPH, Washington Physicians Health Program
- Linda Dale, PA-C
- Carrie Horwitch, MD, Virginia Mason Franciscan Health
- Judy Kimelman, MD, Swedish Health Services, Retired
- Sheila Kirkegaard, Systems Evolution Inc. Consulting
- Peter Mikkelsen, MD, Pullman Regional Hospital
- Linda Seaman, MD
- Makrina Shanbour, MD, Confluence Health
- Nina Willow, MD, Kaiser Permanente Washington
- Leah Yoke, PA-C, Fred Hutchinson Cancer Center, UW Medicine

Staff

The WSMA Foundation Wellness Committee is supported by WSMA Associate Director of Quality and Leadership Programs Monica Salgaonkar, MHA, CPHQ.

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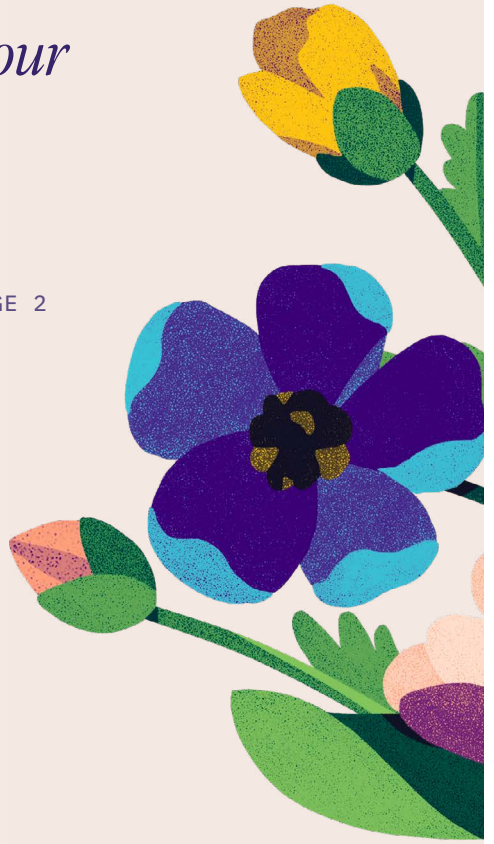
"Our colleagues overwhelmingly recognized that meaningful time to care for our patients is paramount to our joy in medicine. Our wellness is intricately tied to the care of our patients."

— A CALL TO ACTION, PAGE 2



Thank you!

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1215 4TH AVE., SUITE 1901
SEATTLE, WA 98161
206.441.9762