Leadership matters

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As we write this, our compatriots in Texas, Florida, the Virgin Islands, Puerto Rico, Las Vegas, and California are still struggling under the weight of their recent tragedies. The well-being of the people across each of these regions is dependent, in large part, on the effectiveness of those leading their recovery efforts.

Similarly, those leading our organizations in radiology influence our well-being during even the most mundane of circumstances. Whether during a crisis situation or the standard, day-to-day management of our practices, leadership matters.

When considering leadership's impact, we often think of large-scale issues, such as the overall profitability of an organization. But the actions of leaders affect us in ways that are not as readily apparent or quantifiable. We offer physician burnout as an example. Although burnout is often perceived as a problem of the individual, the data show that a leading cause is ineffective leadership.

Professional burnout is defined as a "response to chronic job-related stress characterized by emotional exhaustion, depersonalization, and a diminished sense of accomplishment." [1] Burnout rates are at an all-time high for physicians, with those among radiologists recently estimated at 50 percent. [1] This can be traced to systemic factors within an organization, including excessive job demands.

For physicians, these demands can show up in the form of productivity-based compensation and/or inadequate support. Radiologists face an additional challenge because technological advances have promoted isolation and reduced peer interactions. Utilizing PACS on top of an EMR environment results in even more time spent on clerical tasks, which increases the risk of burnout.[1]

Dissatisfaction with work has been attributed to shortcomings in how leaders communicate, as exhibited through "ineffective feedback, unclear performance expectations, competing

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conflict management styles, and failure to recognize achievements and express gratitude." [1] More than 10 percent of variation in burnout scores and nearly 50 percent of variation in job satisfaction scores have been directly associated with ratings of a physician's supervisor.[2]

From a hospital or practice-risk perspective, burnout leads to higher rates of medical error, lapses in professionalism, and physician turnover. Because burnout can spread across a medical team, these effects are often compounded. For the individual, burnout can have an impact on quality of life; it has been associated with higher rates of cardiovascular disease, shorter life expectancy, problematic alcohol use, broken relationships, depression, and suicide ideation.[1,2]

Well, that's depressing. What's the good news?

The good news is that providing leaders with opportunities to broaden their knowledge and hone their skills can lead to improvements in burnout rates. Leadership training is a relatively small investment in time and resources that can yield significant returns. Training programs provide leaders with information and methods that have been proven to effect change.

For instance, leaders can learn to better align physicians' work responsibilities with their respective values and preferences (including clinical care, education, and/or participation in multidisciplinary care teams). Even small changes make a difference: a physician who spends at least 20 percent of workplace time on tasks they find most meaningful substantially lowers burnout risk.[2]

Leaders can also learn to make other supportive adjustments, such as increasing radiologist visibility and autonomy, cultivating a work community with a shared sense of meaning, and maximizing efficiency by having clerical assistants/super techs take on responsibilities that do not require physician expertise. [1-3]

Of course, some of these ideas cost money to implement. How can leadership be convinced to make the necessary investments? The financial evidence for investing in burnout reduction is solid, especially when considering the economic cost of physician turnover and the drop-off in clinical and research productivity.

By some estimates, the average cost of turnover is *two to three times a physician's salary*, and even higher for subspecialists who perform procedures.[3] This does not take into account the disruption to other providers or the damage to a group's reputation. Simply replacing a radiologist is not a quick-fix either. The risk of burnout across the team increases for the 12 months following a physician's departure, even with timely replacement. Lost productivity results in lost revenue.[3]

The economic costs of burnout also include factors that are harder to quantify. These involve decreases in the completion of tasks that are not directly revenue generating, such as image optimization, teaching, research, mentoring, and committee service. Also, retrospective tracking among physicians shows significant increases in major errors during the three months before and after the onset of emotional exhaustion, independent of overall fatigue.[3] The secondary economic impacts of this involve decreases in quality of care, lower referrer and patient satisfaction, and cost increases for personal compensation and legal expenses.

As a study by Shanafelt et al summarizes, evidence suggests that "improvement is possible, investment is justified, and return on investment measurable. Addressing this issue is not only the organization's ethical responsibility, it is also the fiscally responsible one."[3]

Impress upon your leaders the important role they play in the well-being of their physicians, ideally before a crisis erupts. You, your group, and your patients will all benefit.

References

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