

What Happens When the (Career) Thrill is Gone

Helping Physicians and Senior Healthcare Executives Overcome Frustration and Burn-out

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“Look to your left, look to your right – one of you will not make it to graduation.”

Many physicians heard a version of this comment from a grey-haired dean on their first day of medical school. Although we had been admitted as acolytes to a sacred profession, it was going to be hard work, and many of us would not be up to the challenge.

I felt lucky on my first day of medical school. Our dean told us that this would not happen at UW, and that they would help all of us be successful. True to his word, nearly every one of us graduated four

years later. I remember sitting with my classmates on that remarkable day when, together, we recited our Hippocratic Oath. We were going to be different. We were going to change the world and enjoy our work until our mid 70’s.

“Look to your left, look to your right – one of you will not make it to retirement.”

Twenty-five years later, there is a new problem. A surprising number of physicians don’t enjoy their work. In fact, some have already left Medicine long before they thought they would, or are in the process of making plans for another career. Physicians who once burned with a passionate fire to heal and would have sacrificed nearly anything to attain the dream of becoming a doctor now can’t even find their pilot light.

A recent national survey of 150,000 doctors by the Physicians’ Foundation (www.physiciansfoundation.org) found that 49% of primary care physicians are planning to reduce the number of patients they see or to stop practicing entirely in the next three years. Three quarters of them reported that medicine was “no longer rewarding” or “less rewarding,” and 42% reported that their colleagues morale was “poor” or “very low.” Few recommend the profession to younger aspirants.

UW Med School is the only medical school serving a five state region encompassing 26% of the land mass of the U.S. Our regional workforce problem used to be getting enough qualified applicants in the pipeline to keep up with retirements of aging physicians who practiced until they were Medicare eligible. We now also need to replace physicians who are leaving in their 40’s or 50’s and seeking other careers.

You probably know several physicians who are electing this early retirement or career change due to practice dissatisfaction. What you probably don’t know is that for every one you can identify, there are several you can’t. Most physicians are remarkably stoic and patient-centered, and, despite their dissatisfaction, they soldier on, carrying forward the promises from that Hippocratic Oath. Likewise, frustration is at an all time high, and job satisfaction at an all time low among healthcare executives and administrators who are equally committed to service in healthcare. Nevertheless, it’s clear that stoicism and principle have their limits.

Dissatisfaction has many sources. Many are burned out from dealing with difficult roles they never envisioned in a system that doesn’t

support the kind of care they signed up to give. Some are clinically depressed and demoralized. Others are motivated to step up and lead but don't know how to get started. Still others need advice on reorganizing their practices within medicine so that their frustration doesn't cause them to leave the profession. This isn't just a problem for physicians – many senior healthcare executives have similar stories.

A new program at the UW is beginning to focus on this problem. The School of Public Health and School of Medicine have traditionally had the mission of caring for the public's health by training the next generation of healthcare providers. But who is caring for those who care for the public's health?

The Healthcare Leadership Development Alliance (HLDA) aspires to help physicians and senior healthcare executives as they sort through their career options and job satisfaction concerns. The mission of the HLDA is to assist physicians and senior executives in

evaluating their career dissatisfaction and then choosing paths that redirect their talents and energies back into satisfying careers.

Many of the burnout and practice design problems that fuel this dissatisfaction are appropriate targets for coaching and educational interventions. The HLDA takes a strengths-based approach that examines the individual's support needs and assists in identifying community resources that can help the physician or executive regain confidence and satisfaction in practice.

For some physicians, this re-engagement of practice satisfaction may involve a process of stepping up to lead – to take the reins of the system they find so frustrating and to make the positive changes needed to move it forward. It also involves leadership succession planning and alignment of incentives so that physicians and administrators remain engaged and strongly partnered in the provision of high quality healthcare.

If you'd like to learn more about

the Healthcare Leadership Development Alliance you can contact the program at 206-543-9371 or check out our website at depts.washington.edu/hlda.

Edward A. Walker, MD, MHA, is the founding director of the UW Healthcare Leadership Development Alliance. He holds two academic appointments at the university, the Cheryl M Scott / Group Health Cooperative Professor of Health Services and Professor of Psychiatry and Behavioral Sciences. Dr. Walker is nationally recognized for his expertise in coaching and developing physicians and other senior healthcare leaders, improving quality measures, and leading change in medical institutions.

A seasoned physician executive and active clinician, he brings together expertise in clinical systems improvement and a clinically-informed coaching style that has allowed him to assist physicians and senior executives in their journey of self-improvement and professional growth.

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