LEADING SYSTEMS TOWARD IMPROVING PROFESSIONAL WELL-BEING

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Near the end of 2019, the National Academies of Science, Engineering, and Medicine released a groundbreaking and comprehensive report that used a systems approach to address the challenges of professional well-being and clinician burnout. While we hope that this report stimulates more research and innovation aimed at improving professional well-being, we also think that it serves as a clarion call for a new kind of leadership within the intensive care unit (ICU).

Most clinicians are called into their vocations by a deep desire to care for and heal fellow humans during illness. Professional well-being can be defined as the positive perceptions and the constructive conditions at work that enable us to thrive and achieve our full vocational call. The very construct of professional well-being, then, is an acknowledgment that we are served as much by the high-quality care we provide to our patients as our patients are served by the care they receive from us. Although difficult to measure, professional well-being is often conceptualized to include such domains as feeling engaged while at work, feeling fulfilled from work, and feeling satisfied with our work.

Many of our professional oaths, pledges, or codes of ethics increasingly acknowledge the potential interplay between our professional well-being and the care that we aspire to provide our patients. Provision 5 of the American Nursing Association’s code of ethics asks nurses to preserve their own integrity and well-being in order to continue to uphold their commitment to caring for their patients. The document cites compassion fatigue as a threat to nurses’ professional well-being and asks nurses to aspire to mitigate its effect with “a healthy diet, exercise, . . . sufficient rest, . . . family and personal relationships, engag[ing] in adequate leisure and recreational activities and attend[ing] to spiritual or religious needs.” The most recent version of the physician pledge from the World Medical Association’s Declaration of Geneva also added a statement about professional well-being, “I will attend to my own health, well-being, and abilities in order to provide care of the highest standards.”

Clinician burnout is likely the most corrosive threat to professional well-being. The World Health Organization defines burnout as a work-related syndrome of stress characterized by 3 overlapping dimensions: (1) physical or emotional exhaustion, which often comes with the sense of being overwhelmed or
The scientific literature suggests that critical care clinicians suffer higher rates of burnout than do clinicians in other specialties. Of multiple stakeholders. Because such an approach acknowledges that change creates unintended consequences, it necessarily must also prioritize the early integration of learning and improvement activities. The report draws from a conceptual model of burnout and well-being that acknowledges 3 interacting system levels that affect the balance between job demands and resources: (1) frontline care delivery is the system within which clinicians interact with patients and patients’ families, using technologies and procedures to provide care; (2) health care organization refers to an interconnected set of work systems that create and sustain a particular culture, a particular system of payment and reward, a set of management styles and policies; and (3) external environment includes the political, economic, and cultural factors that influence and constrain health care organizations. Too many of the interventions that have been tested for improving professional well-being or clinician burnout have been focused on the individual clinician, often targeting clinicians’ behaviors, coping strategies, or resilience in the face of stress. For example, in a recent systematic review of interventions to prevent physician burnout, 12 of the 15 clinical trials were individual-focused interventions such as small group curricula, stress management, self-care training, or communication skills training whereas only 3 focused on work system factors such as professional relationship and social support, team organization, or technology-related factors. Although both individual- and systems-level approaches are modestly effective at improving burnout symptoms, few interventions have been tested that mixed individual with systems approaches. We believe that the systems approach that undergirds this 2019 report will require health care systems to seek out a different type of ICU leaders—systems leaders—who can leverage this kind of systems thinking in order to address the ICU’s most intractable problems. Such leaders not only will be expected to intuitively understand the systems approach to problems but will be called to leverage such understanding toward multipronged, interdisciplinary interventions. Such ICU leaders may dare to mix individual, interprofessional team approaches along with work system interventions into their complex plan for improving professional well-being. Because the systems approach assumes that all clinicians’ perspectives are valuable, the new ICU leader is called to make changes that reflect...
The new ICU leader is called to make changes that reflect the collective wisdom of multiple stakeholders and will need skills in fostering deep shared reflection among all types of stakeholders (patients, patients’ families, clinicians, and organizational leaders).

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REFERENCES

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