



# PEER COACHING

## Impacts on Physician Well Being

*New Data and Existing Evidence*

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### **A VITAL WorkLife White Paper**

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# Introduction

Physicians today are not thriving. Numerous national studies have demonstrated rates of burnout upwards of 50 percent.<sup>1-2</sup> Suicide rates among physicians are twice that of the general population.<sup>3-4</sup> The COVID-19 pandemic has intensified the stress, overwhelm and moral injury many physicians experience as part of their working life.<sup>5-7</sup>

The well being of the physician workforce has profound implications for healthcare organizations. Physicians who report higher levels of burnout are more likely to reduce their work hours<sup>8</sup> and are twice as likely to leave their organization within the subsequent two years.<sup>9</sup> In addition, decreases in productivity and reductions in clinical hours can directly affect patient care revenue from reductions in procedures and referrals.<sup>10-11</sup>

Replacing physicians who have left is expensive, with estimates of \$500,000 up to \$1 million for recruitment, onboarding and reduced productivity while a new physician gets up to speed.<sup>12-14</sup> Given there is a projected physician deficit, possibly as high as 86,000 physicians by 2033, attracting new physicians is projected to become more difficult and costly in future years.<sup>15</sup>

Maintaining the health and well being of physicians is critical. Full engagement of physicians in meeting the performance goals of the organization is unlikely if they are experiencing emotional exhaustion, depersonalization or other symptoms of stress and burnout. It is impossible if they have left the organization for a more appealing position or have chosen to leave practice entirely. In addition, because physicians are key revenue generators in most healthcare organizations, their ability to engage and work at their full potential has direct financial consequences.

Peer coaching is emerging as an effective solution for improving physician well being. This paper will describe the existing evidence base and new data from VITAL WorkLife that demonstrate the impact of peer coaching in supporting physician well being.

*“I found coaching to be more helpful than meeting with a therapist, as talking to another physician felt like he knew where I was coming from and understood some of my concerns.”*

*– Family medicine physician seeking peer coaching to improve overall well being*



Burnout rate for physicians

2x

Burned out physicians are twice as likely to leave their organization

↑\$1M

Cost to replace a physician

86,000

Predicted physician shortage by 2033

# ADDRESSING PHYSICIAN WELL BEING: Why Peer Coaching?

Experts in professional burnout are quick to point out that system solutions are critical for addressing the issues that drive physician burnout and career dissatisfaction.<sup>16-17</sup> Improving the resilience of individuals without addressing system problems, such as inefficient workflow and communication issues, is not a permanent fix. Yet without personal well being, physicians cannot engage in meeting key goals of the healthcare organization or in helping to address the underlying system factors that fuel burnout. Both individual and systemic solutions are essential.

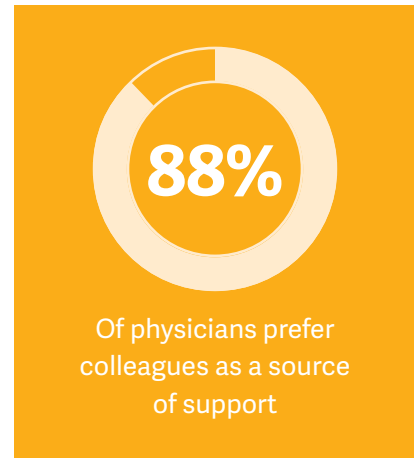
A number of interventions have been suggested for improving physician well being and reducing burnout, but data on their effectiveness are still limited. Organizational leaders may find it challenging to identify which are effective in improving physician well being and reducing burnout—and worth the time and financial investment. Peer coaching is an individual solution that holds promise, and its effectiveness is supported by an emerging evidence base.

The term coaching has several connotations. In the context of physician well being, coaching is based on one-on-one interactions in which the coach and the physician collaboratively set goals based on values; identify action steps; and troubleshoot obstacles that arise as the physician implements these steps.<sup>18</sup> Coaching increases self-awareness and helps identify and question self-defeating beliefs. Compared with psychotherapy, coaching is “generally future-oriented, goal-oriented, and is more focused on behavior (rather than the root causes of behaviors) and maximizing client effectiveness in the chosen context.”<sup>19</sup>

In physician peer coaching, both the coach and the physician have similar professional training and healthcare context. Research suggests physicians are more likely to accept support from peers. A study at a Boston teaching hospital found that a mixed staff support group for clinicians who had experienced an adverse event was not well attended by physicians.<sup>20</sup> Instead, the physicians indicated that colleagues were the preferred sources of support (88 percent).

*“I was able to learn from my peer coach's expertise in leadership and our shared clinical specialty. Her powerful guidance helped me choose my fellowship program, succeed in applying my passion and grow as a leader.”*

*– Integrative medicine physician seeking peer coaching for career development*





## CASE STUDY:

# Addressing Life and Career Challenges

Dr. A was a relatively new physician who was recently promoted into a leadership position. She was struggling with work-life balance, with two young children at home, and had feedback that her communication skills at work needed improvement. Members of her care team were put off by her approach, finding it unnecessarily harsh and direct. The human resources department recommended she seek out coaching from their Physician Well Being Resources solution. During her intake and well being assessment, Dr. A rated her overall well being as a 5 on a scale of 1-10, with 1 being the lowest and 10 being the highest.

During her coaching sessions, Dr. A worked on her communication and decision-making skills. In her words, she gained insight on how to become “a different and more effective leader.” She also identified some personal issues that were significant stressors, which she began to address. She found it helpful to work with a peer coach who could understand and validate the challenges she was facing. She reported that the confidential nature of coaching and the coach’s ability to point out the progress she was making were especially helpful.

By the close of the coaching series, Dr. A reported that her work-life balance was much improved and rated her overall well being as an 8, demonstrating a 60 percent improvement in well being. She added self-care activities to her routine, made positive changes related to her family life and accessed mental health services. She reported that these actions supported both her overall well being and her effectiveness at work.



“I became a different and more effective leader.”

– Family medicine physician seeking peer coaching for communication and leadership skills

## EFFECTIVENESS OF PHYSICIAN PEER COACHING:

# The Evidence Base

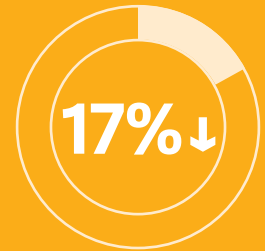
A growing body of evidence from sources across the country supports the effectiveness of peer coaching for improving physician well being. Two randomized controlled trials with similar study designs demonstrated the effectiveness of professional coaching for improving several measures of well being for coached physicians.

Researchers at the Mayo Clinic studied 80 practicing physicians who volunteered to receive professional coaching. Half were randomly enrolled in the intervention group and received up to six sessions with a professional coach who had experience coaching physicians, and half served as a control group. Overall burnout decreased by about 17 percent in the intervention group while it increased by about 5 percent in the control group ( $p < .001$ ).<sup>21</sup> In addition, the resilience scores of the intervention group improved significantly compared with the control group. ( $p = .04$ ).

A similar trial was conducted at a health system in Boston. Primary care physicians were randomly assigned to receive coaching initially (29 physicians) or be placed on a waitlist (30 physicians).<sup>22</sup> Data from the 50 participants who completed follow up surveys showed a number of metrics improved significantly, including burnout, turnover intentions, job stress, job satisfaction and job self-efficacy. Importantly, measures taken six months after the intervention showed persistence of the improvement.

While these two trials present the strongest study methodology, other data adds to the evidence supporting the effectiveness of coaching for physicians. A 2014 study used semi-structured interviews to assess the experience of 11 physicians with coaching.<sup>23</sup> The interview data suggest insights achieved in coaching, for example about prioritizing self-care, often led to behavior change, which physicians perceived to have indirect positive effects on patient care. A study of first year medical students found that a program of both group and private coaching sessions significantly increased self-efficacy about stress management and significantly increased awareness and management of thoughts about stress.<sup>24</sup>

### MAYO CLINIC COACHING STUDY



Decrease in burnout for physicians who received coaching



Increase in burnout for physicians who did not receive coaching

*“I have changed the way I view my job and have learned to better communicate my needs to those around me. I openly share my experience with my colleagues and encourage everyone to consider talking to a coach or a counselor.”*

*– Nurse practitioner seeking peer coaching to improve work-life balance*

## EFFECTIVENESS OF PHYSICIAN PEER COACHING:

# The Evidence Base

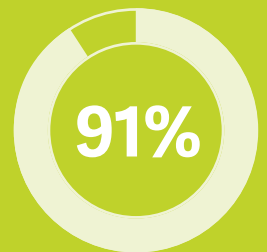
In a study at a large academic medical center in Boston, faculty members received training in positive psychology and were paired with 72 internal medicine interns for quarterly coaching sessions.<sup>25</sup> A vast majority of the intern participants (96 percent) reported they would recommend the experience to other training programs. In addition, burnout scores were lower than a previous cohort, although this difference did not reach statistical significance.

Two other unpublished reports deserve mention in service of recognizing the far-reaching impacts of peer coaching program outcomes. Researchers at the Cleveland Clinic presented data at the International Conference on Physician Health in 2019 on a peer coaching program for physicians.<sup>11</sup> Pre- and post-program evaluations found that the program influenced the decisions of 22 percent of participants to remain at the organization. In addition, 75 percent of participants reported that coaching substantially affected their goals, which included enhancing communication and leadership skills. Program directors noted that the coaching program was also an effective way to engage retired physicians.

A large national health system reported that a peer coaching program for physicians at high risk for burnout or work-related programs was effective at improving the retention of physicians.<sup>26</sup> The program consisted of a peer coach shadowing the physician at work and providing feedback followed by six months of bi-weekly phone coaching sessions. During the first year of the peer coaching program 32 of the 35 physicians (91 percent) referred to the program remained in their positions. The program director theorized that previously all 35 would have been dismissed without the peer coaching program.



Of the intern participants reported they would recommend the experience<sup>25</sup>



Of physicians referred to peer coaching program remained in their positions<sup>26</sup>





## CASE STUDY:

# Dealing with the Aftermath of an Adverse Event

Dr. B is a physician working in a specialty practice who sought out peer coaching because of the stress related to a patient's surgical complication. He noted that the experience had significantly affected his confidence and his well being, which he rated as 4 on a scale of 1-10, with 1 being the lowest and 10 being the highest. He felt he needed to speak with someone about the experience and favored someone outside of his healthcare system.

During peer coaching, Dr. B worked with his certified peer coach to talk through the experience. He stated that he appreciated being able to share with a peer who had been through a confidence-shaking tragedy, "someone who could get it." He reported the coach's questions and approach helped him to regain his confidence. "He asked, 'What gives you joy about your job?' 'What makes you feel confident—like I've got this, I'm good at this?'" Dr. B felt these lines of inquiry helped him to make the shift to a more confident mindset.

At the completion of the coaching sessions Dr. B described the progress he had made toward recovery. He stated, "My coach helped me to go through a normal grief/healing process and not to get stuck" and self-rated his overall well being as a 9.



*“My coach helped me to go through a healing process and not to get stuck.”*

– Dr. B, a physician working in a specialty practice

## EFFECTIVENESS OF PHYSICIAN PEER COACHING:

# Real-World Data from VITAL WorkLife

VITAL WorkLife, Inc. is a clinician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of solutions, including peer coaching. Peer coaching is offered as one component of a comprehensive well being program purchased by healthcare organizations and then promoted to their clinicians. A counseling component is also offered, and clinicians participate in an initial intake and well being assessment with a licensed behavioral health consultant to determine which offering(s) and specific coach or counselor will be the best fit.

Peer coaching offers a collaborative partnership between an experienced physician coach and their client, focused on goals and strengthening personal and professional well being. Through peer coaching clinicians can talk with someone who understands and has personal experience with the unique challenges of the medical profession.

Peer coaching consists of up to six virtual, confidential sessions. VITAL WorkLife has a network of approximately 30 highly-vetted, certified coaches available to clinicians. Most of these experienced coaches are physicians, representing a variety of specialty areas who share a common passion for assisting their colleagues in strengthening their work and life satisfaction.

Since 2007, VITAL WorkLife's healthcare practice has collected both quantitative and qualitative data to assess the impact of coaching on clinician well being.

The survey results that follow represent data from a pre- and post-intake survey completed by participants in the study. During the initial intake call, coaching clients were asked to rate their overall well being on a scale of 1-10, with 10 being highest. At the completion of the coaching engagement, an email was sent to participants with the following inquiry:

- Current well being rating (scale of 1-10)
- Level of impact coaching had on current well being rating (scale of 1-10; a score of 10 meaning coaching had a great influence on their well being; score of 1 being it had little influence)
- Top three most valued attributes of coaching (participants chose from a list)

In order to qualify for the study, participants needed to have completed both the pre- and post-coaching survey.

*Coaching help me identify my blind spots and find resources to address them. My coach helped me start a process that I am continuing.*

*– Psychiatrist seeking peer coaching to build better rapport with residents*

# REAL-WORLD DATA FROM VITAL WORKLIFE:

## Quantitative Data

VITAL WorkLife surveyed physicians and advanced practitioners about their experience with the peer coaching program. Data from 38 participants who completed both pre- and post-coaching surveys were analyzed, which represented approximately 30 percent of cases. Participants utilized an average of five peer coaching sessions.

*Analysis of the data demonstrated statistically significant improvement in self-reported overall well being from 4.97 pre-coaching to 7.89 post-coaching on a 10-point scale, an improvement of 2.92 points (58 percent) ( $p < 0.001$ ).* Of the 38 participants, 92 percent reported an improvement in overall well being. Only three participants reported seeing no change in their overall well being and none reported a decrease.

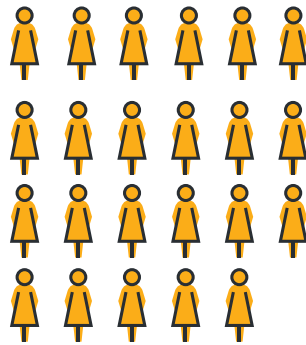
Improvement was observed in both male and female participants and across specialties. (See Tables 1 and 2.) The differences between sexes and specialty groups were not statistically significant.

**Table 1:** Average Improvement in Well Being by Sex



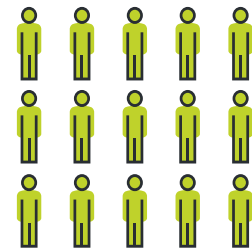
Total Participants

38



Female Participants

23



Male Participants

15



Group Average

2.92↑

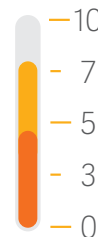


● Pre  
● Post



Female Average

2.91↑

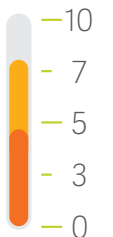


● Pre  
● Post



Male Average

2.93↑

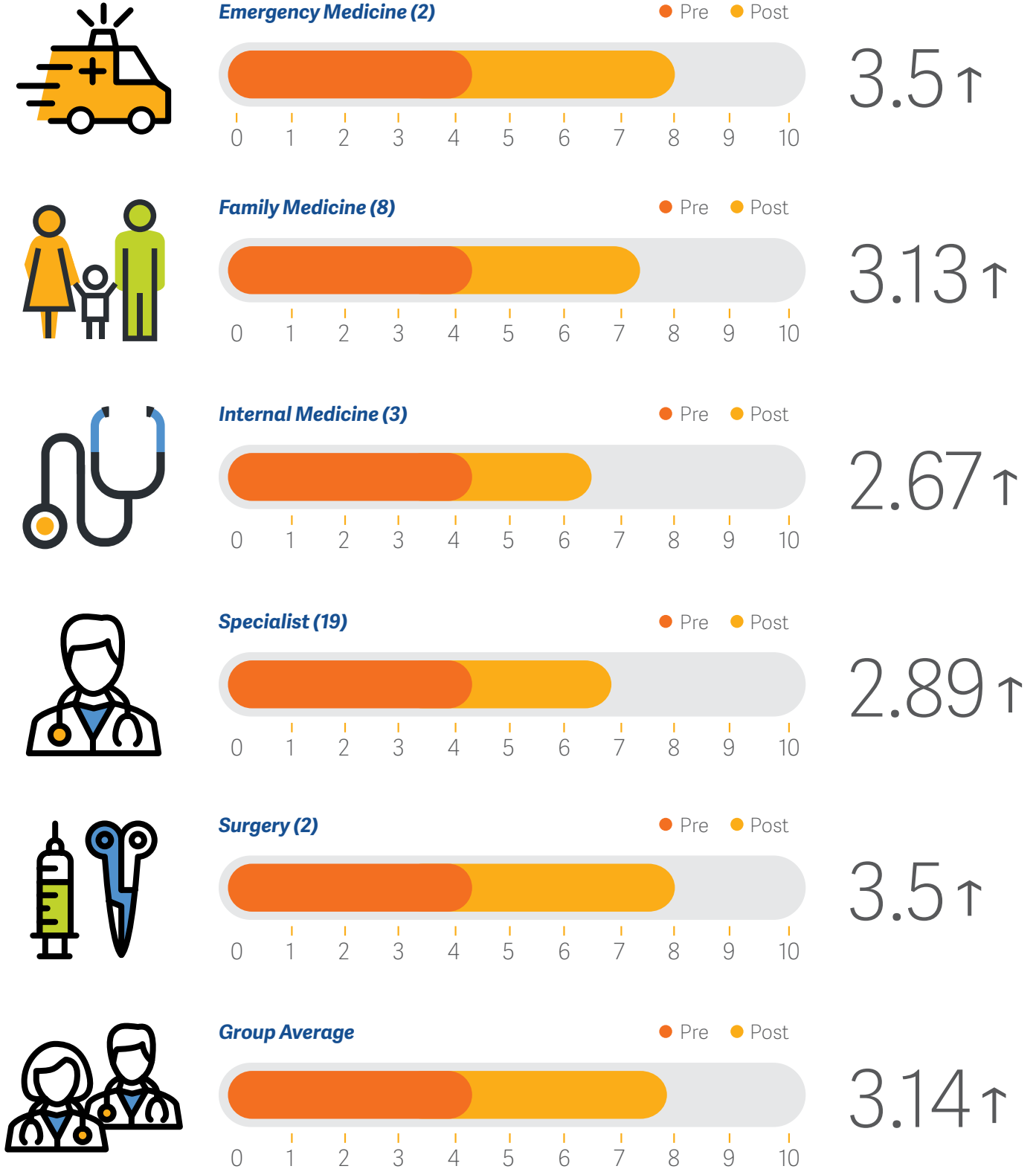


● Pre  
● Post

# REAL-WORLD DATA FROM VITAL WORKLIFE:

## Quantitative Data

**Table 2:** Average Improvement in Well Being by Specialty

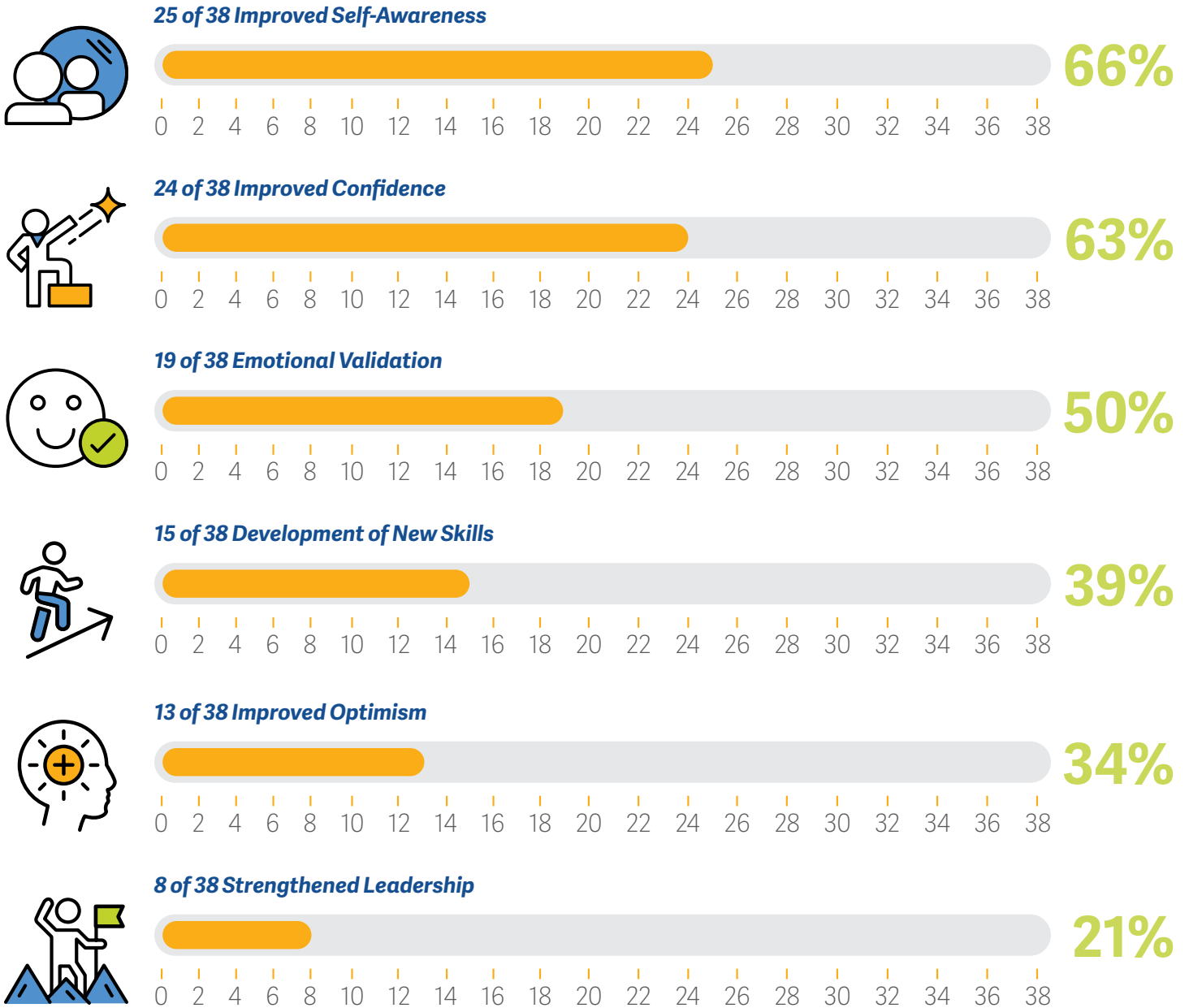


## REAL-WORLD DATA FROM VITAL WORKLIFE:

# Quantitative Data

Study participants were asked to identify the three main ways in which coaching had impacted their well being. The three most common responses were improved self-awareness, improved confidence and emotional validation.

### Participants Selected Three Main Ways Peer Coaching Impacted Their Well Being



“My coach was very helpful in putting things in perspective and preventing me from making hasty knee jerk decisions in the heat of the moment which I might have regretted later.”

– Nephrologist seeking peer coaching to manage a conflict with colleagues



## CASE STUDY:

# Supporting Confidence in a New Role

Dr. C is a physician in a specialty area. He chose to seek out peer coaching because of a lack of confidence he felt in a new leadership role and had a desire to speak with someone from outside his organization about his concerns. In his new role, he was charged with supervising a multi-specialty group for the first time and felt uncertain of his role and work expectations. In addition, he recognized his new position would require working closely with colleagues with whom he had relationship difficulties with in the past. He felt that those relationship issues were making his new role more complicated. He initially rated his well being as 6 on a scale of 1-10, with 1 being the lowest and 10 being the highest.

During peer coaching, Dr. C worked with his coach on the difficult relationships. He reported that his coach asked challenging questions and helped him broaden his perspective on the relationship difficulties from the past. He indicated that this line of inquiry helped him let go of the negativity he was bringing to the situation. He wrote a letter to one of the individuals (which was not to be sent) and felt this activity helped him move past any lingering resentment. By completion of the coaching sessions, Dr. C described feeling much more confident in his new role and having moved beyond the past hurt and resentment. He rated his overall well being as 10 out of 10.



“My coach's questions helped me broaden my perspective.”

– Dr. C, a specialty physician

## REAL-WORLD DATA FROM VITAL WORKLIFE:

# Qualitative Data

Three professional coaches, who are physicians and provide services through the VITAL WorkLife Peer Coaching program, were queried about their experience. Semi-structured 30-minute telephone interviews were conducted by an experienced interviewer. Transcripts were reviewed for responses to specific questions and analyzed for common themes. The following themes emerged.

### 1: Most common presenting issues and goals

Physicians who sought out coaching were frequently looking to address burnout or improve their work-life balance. In a smaller percentage of cases, participants were encouraged by their employers to engage in coaching due to a work-related problem. These physicians were often trying to avoid negative consequences for their careers. However, coaches stated that frequently the communication or behavioral issue that was affecting their work situation was also present in their personal life, adversely affecting their overall well being. These issues included being short-tempered with staff, failing to reply to staff in a timely manner, acting in ways that are perceived as uncaring and failing to complete documentation (often due to underlying perfectionism).

The physician coaches reported they worked collaboratively with the physicians to identify their values, such as doing a good job, enjoying their work and having time for their families, and then to create specific goals related to those key values. Coaches supported participants as they learned skill sets they were likely not exposed to in medical training, such as emotional intelligence and effective communication. Coaches described helping physicians gain greater awareness about their situation. For example, one coach noted, "In training we are taught to disregard our own needs and put off what we want. Coaching can help physicians change that perspective to one that works better for them, to try something else."



*“In training we are taught to disregard our own needs... Coaching can help physicians change that perspective.”*

– VITAL WorkLife Physician Peer Coach

# Qualitative Data

## 2: The impact of coaching

According to the coaches interviewed, coaching allows physicians to reflect and gain insights in a confidential, non-judgmental setting. As one coach put it, “They are able to take a step back and look at the situation in a non-emotional way.” The ability to reflect and gain insight can lead to attitude and behavior changes that move physicians toward their goals. Some specific examples of the impact of coaching mentioned by the coaches include:

- Improved overall sense of well being
- Better working relationships with nurses and other staff
- Greater enjoyment in patient care, which resulted in improved patient satisfaction
- Improved presence and mindfulness, being less distracted
- Greater sense of an internal locus of control and autonomy
- Better communication

The coaches identified several ways these effects would translate into benefits for the healthcare organization:

- Avoiding costs and care disruptions associated with physician turnover
- Improved well being for nurses and other care team members
- Reduced disruptive behavior and complaints from nursing staff about behavior
- Less hesitancy of nursing staff to contact physicians about patient care concerns (rather than delaying due to fear of physician response)
- Better support for team-based care, with improved communication and all members working at the top of their license
- Improved culture and morale, leading to increased productivity and patient satisfaction

Coaches described some specific instances of organizations benefiting from physician peer coaching. For example, one coach worked with 20 physicians in a large organization. She stated that she believes at least five physicians would not have remained at the organization if not for coaching. Another described a physician whose behavior (yelling, throwing objects, acting in a manner that was perceived as ignoring staff) led to high staff turnover: five medical assistants had left the practice in two years. After coaching, medical assistants were retained longer and turnover was greatly reduced.

*“The ability [for physicians] to reflect and gain insight can lead to attitude and behavior changes that move them toward their goals.”*

– VITAL WorkLife Physician Peer Coach





## REAL-WORLD DATA FROM VITAL WORKLIFE:

# Qualitative Data

### 3: Coaching from a peer

All three coaches interviewed stated physicians are more likely to access coaching from a coach who is a peer—a trained medical professional like them—than from a non-physician coach. Their reasons included:

- Assurance that the coach has a similar background and understands their life experiences
- Validation of the physician's stressors and frustrations, having "walked in their shoes"
- Ability to make suggestions and "push back" in a way a non-peer could not
- Innate understanding of the importance to physicians of providing high-quality care to patients
- Space to "unload" to another physician "with no skin in the game"

The insights of these peer coaches are consistent with comments made by physicians from the VITAL WorkLife program, which you have read throughout this paper.

*“I feel like I appreciate the small things more now. I still worry about bad outcomes, but not in a crippling way.”*

*– OB-GYN physician seeking assistance after an adverse event*

## CONCLUSION:

# Peer Coaching Works

Physician well being is at an all-time low, with the pandemic exacerbating previously high rates of burnout. Building and maintaining a strong clinical workforce is essential for healthcare organizations to meet their performance goals for financial viability, equity, quality and safety. Interventions for addressing system problems and those aimed at improving individual well being are both necessary to create a thriving and engaged workforce. Data collected by VITAL WorkLife align with the existing base of evidence, including the two randomized, controlled trials, demonstrating the effectiveness of coaching for physicians. Peer coaching is a solution for improving physician well being that is well-accepted and positively assessed by physicians.

On a national level, VITAL WorkLife remains committed to supporting physicians through peer coaching, allowing them to work at their full potential and to engage deeply as clinical leaders for the organizations in which they work and as healers for the patients they serve.

*In light of the COVID-19 pandemic, I believe most healthcare providers will need some sort of counseling or coaching to sort through the overwhelming emotions of dealing with the sickness, isolation and death that this virus has caused.*

*– Internal medicine physician seeking peer coaching to relieve stress and burnout*



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Dr. Diane Shannon is a former primary care physician and is a Physician Peer Coach with VITAL WorkLife. She received her medical degree from Thomas Jefferson University in Philadelphia and completed training in an internal medicine residency program at St. Elizabeth's Medical Center in Boston. Dr. Shannon also holds a master's degree in public health from Harvard University. She earned her International Coach Federation credential as an Associated Certified Coach and is a member of the International Coach Federation, the Physician Coaching Alliance and Boston Executive Coaches. She is also a co-author of the acclaimed book, "Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine."



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VITAL WorkLife, Inc. is a clinician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of solutions. Serving the U.S. healthcare industry since 2007, our national team of certified peer coaches and senior behavioral health consultants deliver life-changing well being solutions.

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