

# How to Face the Great Resignation in Healthcare

By Paul DeChant, MD, MBA



## Coming up in the article:

- Six Drivers
- COVID-19's Role
- Strategies for Leadership

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There is no doubt—The Great Resignation is impacting healthcare. Since 2020, 18% of healthcare workers have quit their jobs.<sup>1</sup> And a number of surveys indicate anywhere from 20 to 50% of doctors and nurses are saying they're ready to quit within the next year.<sup>2</sup>

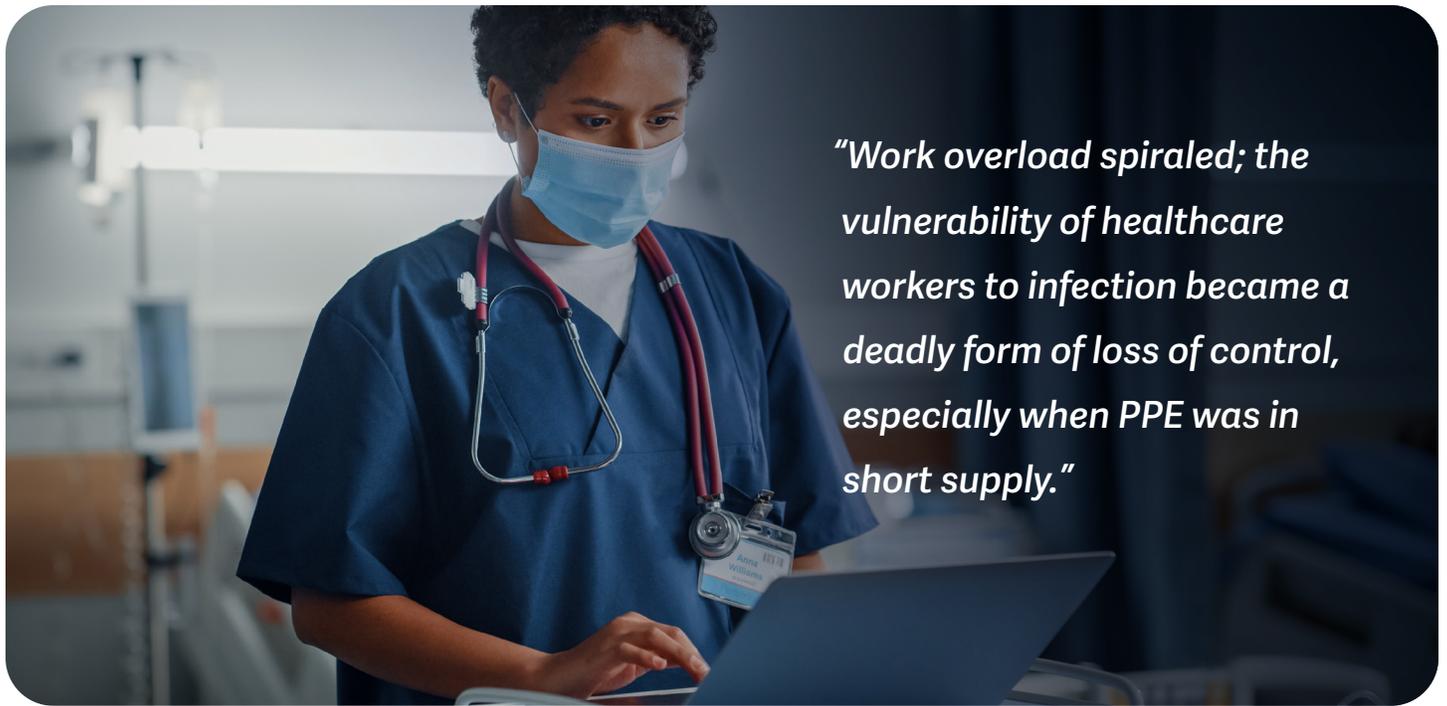
Physicians' workloads are immense; often there is simply not enough time in the day to complete it all. This in turn causes frustration and can result in them cutting hours, if not leaving the profession altogether. This pull-back might be from a full-time equivalent (FTE) of 1.0 to a 0.8 or 0.7, and even at 0.7, they're working 60 hours a week. Many others are job-hunting for organizations that are a better fit for them. All told, it's a major crisis of retention where the cost of replacing a physician can range from \$500k to over \$1M depending on specialty.

## Six Drivers

What's driving this crisis? The stresses of the pandemic are of course top of mind for everyone assessing the well being of physicians today. But doctors and nurses have been dissatisfied and burning out long before the COVID crisis. Christina Maslach, who developed the Maslach Burnout inventory over three decades ago, identified six key drivers of burnout, which are still true today.<sup>3</sup>



- 1 Work overload.** Physicians work in time-pressured environments with too much to do, experiencing information overload as well.
- 2 Lack of control.** Physicians are knowledgeable workers who must make decisions independently or they can't do their jobs. But, as work becomes more challenging and urgent, there's a tendency to try to micro-manage them, often by people who don't know as much about the job as they do. Physicians' loss of control is a challenge for them.
- 3 Insufficient reward.** The ability to be in control is one of the rewards physicians look for when they enter the profession. There are many situations where patients and support staff are looking for the physician to take control. Another crucial reward is professional recognition. This is acknowledgment of the good work physicians do and the tough situations they face; but quite often they are not receiving the recognition they deserve.
- 4 Breakdown of community.** Even before the pandemic, with the introduction of the EHR, physicians were separated into inpatient and outpatient-only jobs. They've, also become more focused on their computers than on each other, isolating them and limiting the rapport that's an important part of practicing medicine.
- 5 Absence of fairness.** If physicians are treated differently than their colleagues based on their gender, race or country of origin, resentment can build. In the context of the COVID pandemic, the same applies with many feeling they are being exposed to risks that others are able to avoid because of their job role.
- 6 Conflicting values.** When a physician's personal values come into conflict with those of the organization, or with the tasks they're called upon to do, alienation is a risk. A doctor has signed on to do whatever is necessary to care for patients. But when leadership's legitimate need to hold costs down or the necessity to follow insurance guidelines occurs, they must shape professional care in ways that seem wrong to them, and the result can be demoralization.



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## COVID's Role

The pandemic put these drivers of dissatisfaction and burnout into overdrive. Work overload spiraled; the vulnerability of healthcare workers to infection became a deadly form of loss of control, especially when PPE was in short supply. Work has become less rewarding, with certain factions of society denigrating things doctors and nurses say and do. In some cases, this has led to physical attacks on physicians, and other care team members, particularly in the emergency room.

Community was eroded further as coworkers donned PPE to protect themselves or began working virtually. Fairness became an issue when physicians saw themselves facing huge risks on the front lines, with inadequate protection initially, while administrators were able to work safely from home. We saw the [immense actions](#) physicians took during this time to be as safe as possible, while being exposed daily at work.

To add to the ongoing issue of aligning values came [moral dilemmas](#): physicians had to decide, for example, who got a ventilator and who didn't.

No matter what course the pandemic takes in the near term, many of these drivers of dissatisfaction will continue to operate and organizations will continue to struggle with staff shortages. Those who remain are having to take on more responsibilities and workloads and, as their pressure builds, they will have increasing propensity to leave.

In May of 2020,

87%

of nurses reported having to reuse a single-use disposable mask or N95 respirator.

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## Strategies for Leadership

So how are we going to cope going forward?

[The Stanford WellMD](#) model looks at three components of professional well being: personal resilience, efficiency of practice and creating a culture of wellness.

When it comes to personal resilience, a key tenant that fosters it is support. Institutional support for physicians is absolutely crucial and it's something an organization can begin to implement quickly to create a culture of well being.

For example, leaders being visible makes a big impact—going to the clinical sites, speaking with physicians, asking

them how things are going and thanking them. It's almost impossible to acknowledge, reward, support and thank physicians too much. In the process of showing up like this, leaders are also able to observe and learn more fully the challenges physicians face. Being present where care is occurring is powerful.

By being present, leaders can see, in a very immediate way, what needs to change in order to improve both patient care and physician well being. They're able to receive key insights into how to harness all the resources of the enterprise—HR, IT, finance and supply chain—to support the people at the front lines.

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## Organizational Change to a Culture of Well Being



Can we pivot promptly to this attitude of support for the well being of physicians? Of course we can. One of the major myths in healthcare is we can't change quickly because the work we do is highly regulated and risky. But what did we see when the pandemic hit? Within a week, people were turning colonoscopy suites into intensive care units. Nearly all of what would have been in-person visits to the primary care doctor's office became video visits. It's in times of crisis when our industry has made the most improvements and greatest innovations.

So yes, we can change quickly. The question is, what level of motivation do we have to do so? Organizations that recognize physician well being as a top priority and

maintain that level of urgency are the ones that will do well through The Great Resignation.

After all, only some of the physicians who are resigning are leaving the profession altogether; many more are leaving one organization to go to another. They've spent years gaining the skills they need to do this work and they find so much meaning in it, but then get frustrated when they feel they can't be effective, they're not being respected or they just don't have capacity. "Knee jerk" resignations can come with much regret for physicians and other healthcare workers who identify with the vocation of helping others. They want to go somewhere where they feel valued and welcomed; where they can do their best work.

When organizations understand and embrace this concept, they create a [culture of well being](#). They bring in the resources to help bolster resilience, let them know it's okay to be struggling and reduce the stigma of asking for help and getting it. They create a management system where people feel respected for their knowledge and work. They look at redesigning workflows to reduce as much non-patient-care "busywork" as possible. They're the organizations who say, "we can't afford to lose our people, so we need to take care of them." Physician well being is going to be a priority every single day. They're the places where people will want to come to work—and stay. In fact, many organizations are using their successful programs as a differentiating recruiting tool and it's working.

The good news is creating a culture of care for physicians in a healthcare organization decreases alienation and burnout, builds resilience and increases retention. Start with leadership, learn what works, keep building and you'll never regret the effort.

If you're a physician, knowing you want improvements and wondering what you can do, have you specifically asked your organization and/or leadership? Do you know who to ask? For example, would you like coaching from a peer or physician well-versed in helping others like you? Your efforts, for even small, positive changes on autonomy, validation and appreciation, can make a big difference for both you and the entire organization.



**Contact us** to learn more about how to face The Great Resignation head-on with tools and programs in place, to greater support yourself, your physicians and organization.



**Contact us by phone at 877.731.3949, or online at [VITALWorkLife.com/contact-us](https://vitalworklife.com/contact-us)**

#### ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a physician-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 physician peer coaches and senior behavioral health consultants deliver life-changing well being solutions.



**BY PAUL DECHANT, MD, MBA**  
Dr. Paul DeChant is part of the VITAL WorkLife Advisory Council, VITAL WorkLife Consultant, and an internationally recognized expert on clinician burnout. He speaks from the unique combined experience as a family physician,

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