



University of Alabama at Birmingham Health System Birmingham, Ala.

The AHA Physician Alliance provides resources to connect hospitals with work being done across the field to address the individual, environmental, and systemic factors that contribute to burnout and to foster resilience and well-being. You may find more case studies at our [knowledge hub](#).

Overview

The University of Alabama at Birmingham (UAB) Health System is composed of a six-hospital, academic health system and level one trauma center. As the largest employer in Birmingham, Ala., UAB employs over 16,000 employees. In 2016, UAB had 1.2 million outpatient visits and 86,642 inpatient visits. Influenced by the growing national conversation on burnout and also the rising rates of reported job stress from its own employee surveys, UAB decided to tackle physician burnout in an unprecedented way: a coordinated strategy for well-being across the professional spectrum: medical students, physicians-in-training, and senior faculty.

UAB set out to measure the rate of stress and burnout among UAB senior physicians and trainees (i.e., residents, fellows, and interns). UAB then identified and implemented organizational tactics to address drivers of burnout.

Data Collection

Like many health systems, UAB conducts an annual faculty engagement survey. In 2015 UAB decided to investigate systemic causes of stress after seeing a rise in reported “unmanageable stress.” The survey was then expanded to include questions on burnout, such as “To what degree do you agree with this statement: My work is burning me out?” and “What are the things that senior leadership

Impact

The organization is engaged and ready to advance well-being. By coordinating a streamlined approach, many improvements have occurred to promote well-being across the student-faculty continuum. Medical residents now give input and can use grants to pilot well-being interventions at the local level, with an eye toward system-wide deployment when successful. One pilot project created a resilience response team that activates when an adverse patient event happens, to prevent the second victim phenomenon that physicians experience. The Agency for Healthcare Research and Quality defines this phenomenon as “the suffering of caregivers in the face of a serious medical error.”

Using longitudinal data helped garner leadership buy-in and improved employee perception of the organization as being responsive. As a long-term goal, UAB leaders will be evaluated on employee well-being alongside other performance metrics.

should be looking to improve?” Leadership identified common sources of job-related stress using an interactive web-based process that allowed physicians to select and identify types of stressors. UAB’s designated institutional official (DIO) deployed a work environment survey to all trainees.

Items in the survey included the Maslach Burnout Inventory and depression questions.

After gathering three years' worth of data for a baseline to compare impact of new programs, UAB conducted a system-wide awareness campaign to destigmatize burnout and prepare the organization for change. The system hosted more than 12 presentations for mixed audiences of trainees, faculty, and administrators, and used traditional communications such as newsletters.

Infrastructure for Well-being

UAB hired its first chief wellness officer to lead and coordinate all efforts to advance physician well-being.

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David Rogers, M.D., senior associate dean for faculty affairs and professional development at UAB Medicine, was hired for this role. The graduate medical education house council and the

council of UAB program directors worked with him to develop a well-being strategy.

Creative Funding

The health system focused early on securing both internal and external funding to support well-being efforts. ProAssurance, a professional liability insurer, gave a \$1.5 million gift to fund an endowed chair associated with the chief wellness officer role; responsibilities would include developing a research program related to workplace stress for physicians. Additionally, a well-being grant program was established from UAB's university hospital to fund pilot projects developed by medical residents.

Lessons learned

Leadership buy-in is critical to success, particularly from the medical school dean, hospital CEO, and chief of the medical staff.

Sustaining funding is a challenge. To offset reliance



University of Alabama Hospital.

on the health system, UAB is now working on securing endowments and donations, similar to its approach to funding research for patient conditions.

These efforts have been met with a range of responses from physicians, from gratefulness to skepticism that anything would change to people not seeing burnout as a problem. UAB stayed persistent with the wellness messaging. “We are reminded by Will Ferniany, UAB Health System CEO, that it is often said you have to say things seven times before people start understanding it,” said David Rogers, M.D., UAB Medicine chief wellness officer.

Future Goals

UAB will continue to ask questions necessary to inform its strategy to improve well-being and prevent burn-out. Another survey is in the works targeting non-physician staff to collect information on factors that can affect the learning environment and well-being for trainees. Items from the Mayo Clinic Well-Being Index will supplement the annual faculty engagement survey.

UAB views well-being as a team sport. The health system is continuing to coordinate interventions, taking lessons learned from the UAB medical school's work on wellness and develop targeted interventions for trainees and faculty, and partnering with the chief nursing officer to improve well-being for the entire team. Additionally, UAB plans to expand its professional development office to

provide counseling after patient events and implement proactive strategies to prevent burnout.

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