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Varying Respect and Support from Hospital Administration as a Driver of Burnout in Hospital Medicine

This is one of seven drivers SHM's Practice Management Committee has identified as an aspect of hospital medicine that contributes to burnout. The examples of workplace stress listed here serve as a starting point for identifying burnout sources in your practice and develop effective interventions.

Use the following questions to jump-start the discussion:

- What elements of this driver do I or others see affecting our practice?
- How can I better understand what aspects of hospital medicine practice impact my team's wellbeing?
- What voices are currently unheard from yet that should be included in this conversation?
- Are there any immediate low investment changes to be done that will help mitigate pressure points?

Value of Hospital Medicine Difficult to Quantify and Qualify

Because value and meaning in hospital medicine can be difficult to define or can take multiple meanings, hospital medicine groups can be overlooked or considered a lower priority resulting in less support from the administration.

Being Left Out of the Decision-Making Loop

Decisions that directly impact hospital medicine may be made without transparency or engagement with hospitalists, leaving hospitalists feeling that things are being done to them instead of in collaboration with them.

Financial Support from Institution Engenders a Perceived Dependency

Financial support for hospitalist groups from the hospital engenders a power dynamic mindset where hospitalists can be asked to do anything, including caring for patients beyond their scope of practice. Because of this power dynamic, hospitalists tend to feel inclined to agree with what is asked of them and may be less likely or less able to advocate for change.

Mismatched Goals-Real or Perceived

A perception, regardless of whether it is real, of misaligned goals and priorities between providers and their institutions can create a feeling of lack of respect or devaluation.