

VIEWPOINT

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Charter on Physician Well-being

Dedication to serving the interest of the patient is at the heart of medicine's contract with society. When physicians are well, they are best able to meaningfully connect with and care for patients. However, challenges to physician well-being are widespread, with problems such as dissatisfaction, symptoms of burnout, relatively high rates of depression, and increased suicide risk affecting physicians from premedical training through their professional careers. These problems are associated with suboptimal patient care, lower patient satisfaction, decreased access to care, and increased health care costs.

Addressing physician well-being benefits patients, physicians, and the health care system. Governing bodies, policy makers, medical organizations, and individual physicians share a responsibility to proactively support meaningful engagement, vitality, and fulfillment in medicine. Furthering these ideals within the culture of medicine and across its diverse members may help to strengthen health care teams and improve health care system performance.

On behalf of the Collaborative for Healing and Renewal in Medicine (see acknowledgment), we set forth guiding principles and key commitments as a framework for key groups to address physician well-being from medical training through an entire career (Box).

Governing bodies and policy makers could use this charter to help advance a high-functioning health care system by ensuring that policies and regulations align with best practices that promote physician well-being. Organizations could use this charter to help identify strategic priorities and interventions that can maximize meaning, engagement, and job satisfaction. Individual physicians could use this charter to work with local and national partners to guide their practices in service of both patient needs and individual fulfillment.

Guiding Principles

Effective Patient Care Promotes and Requires Physician Well-being

Maintaining meaning and efficacy in the practice of medicine is likely protective against physician-reported burnout, a syndrome of emotional exhaustion, cynicism, and decreased effectiveness at work. For example, in a study of 465 physicians, spending even 1 day per week on the aspect of work identified as most meaningful was associated with lower physician burnout rates (53.8% vs 29.9%).¹ Targeted practice improvement interventions have yielded similar reductions in burnout. Caring for patients has intrinsic value that is not fully captured by performance and financial metrics. Authentic, humanistic interactions with patients and colleagues enhance physician well-being, and physicians who are well

may, in turn, provide better patient care and practice high-quality medicine.

Physician Well-being Is Related With the Well-being of All Members of the Health Care Team

Physicians practice within a matrix of important relationships with patients, members of an interprofessional team, administrative leaders, and in some settings, learners and educators. The entire team is affected by the health of each of its members. Approaches to address physician well-being are most effective when contextualized within efforts to enhance the well-being of all health care team members.

Physician Well-being Is a Quality Marker

Enhancing physician well-being likely benefits health systems seeking to provide high-value care.² For example, physician burnout has been estimated to contribute one-third of the cost of physician job turnover to the health care system.² The "Triple Aim" for health system improvement, optimizing the care experience and population health while reducing the cost of care, should be supplemented with physician well-being, the fourth component of a "Quadruple Aim" and an essential metric that should be tracked and included in organizational performance reports. Healthy organizations use systems improvement tools to identify factors associated with reduced well-being, including assessments of physician well-being in the planning stages of systems improvement initiatives.

Physician Well-being Is a Shared Responsibility

Physician well-being requires collaboration between individual physicians and their organizations. Partnerships among health care team members and medical organizations, local and national physician groups, and institutions and regulatory bodies/policymakers are essential. Healthy organizations could use these partnerships to proactively identify and respond to challenges and continually cultivate well-being.

Summary

Physicians who are well can best serve their patients. Meaningful work, strong relationships with patients, positive team structures, and social connection at work are important factors for physician well-being. Although evidence to support some of the recommendations in this charter is still emerging, medical organizations, regulatory groups, and individual physicians share a responsibility to support these needs. The Charter on Physician Well-being is intended to inspire collaborative efforts among individuals, organizations, health systems, and the profession of medicine to honor the collective commitment of physicians to patients and to each other.

Box. Charter on Physician Well-being

Societal Commitments

Foster a Trustworthy and Supportive Culture in Medicine. Alignment between the stated values of medicine and actual practice is essential for enhancing engagement in work and trust in the profession. Individual physicians and physician leaders have a responsibility to examine the extent to which the culture of medicine, broadly and locally, facilitates meaning, fulfillment in practice, and professionalism. To encourage a supportive culture, leaders could identify and minimize perceived discrepancies between organizational and individual values, promote community and connection at work, and recognize the innate value of individuals beyond their professional achievements. Individual physicians, especially those in leadership or educational roles, could practice and role model self-compassion and vulnerability as essential components of physician practice.

Advocate for Policies That Enhance Well-being. Policies and rules at the national level have an effect on physician well-being locally. For example, regulations may influence physician workload and willingness of physicians to access mental health care. Productivity-based reimbursement drives documentation requirements and physician job structure, contributing to increased workload and administrative burden. Policies could better align regulatory and documentation requirements with clinical activity and reduce excessive administrative work through task-sharing among team members. Although licensing organizations must ensure that physicians are fit to practice, physician leaders and organizations could advocate for processes that encourage physicians to seek routine mental health care without fear of licensing penalty.

Organizational Commitments

Build Supportive Systems. Optimal systems support for well-being includes providing adequate practice resources to manage the pace and volume of work and designing spaces that streamline work and communication, such as by colocating teams. Practice leaders and organizations could use quality improvement strategies to improve technology and the physical environment and reduce administrative burden. For example, automated prescription lines, having medical assistants enter patient data into electronic health records, and more efficient patient flow through the clinic have each demonstrated benefits to physician burnout and satisfaction. Decreased time spent on administrative work and documentation may enhance meaning and the patient experience by increasing the time physicians can dedicate to direct patient care. Organizational processes that ensure adequate rest and a manageable workload include coverage systems for physicians when they are ill, adequate staffing, provisions for family leave, flexibility for time off to address nonwork interests and obligations, and integration of administrative time within the clinical schedule.

Develop Engaged Leadership. Leaders within organizations, including medical schools, residency programs, hospitals, and health care systems, have a role in promoting physician well-being in their communities of physicians. Leaders could establish physician well-being as an organizational priority by including well-being initiatives in strategic planning efforts, using organizational awareness strategies to better identify and respond to emerging well-being challenges, and integrating well-being measures into assessments of organizational performance. By fostering opportunities for social connection and shared decision making, leaders could build engagement and develop a healthier, more productive workforce.

Optimize Highly Functioning Interprofessional Teams. Highly functioning interprofessional teams optimize patient care by enabling physicians and other members of the team to do the work for which they are uniquely trained. Team-based training and community-building activities enrich collaborative interprofessional practice. Additionally, organizations could mitigate burnout symptoms for all members of the health care team by designing staffing models and using process improvement initiatives to match workload to expectations, manage work intensity, and allow variety in practice.

Interpersonal and Individual Commitments

Anticipate and Respond to Inherent Emotional Challenges of Physician Work. Certain challenges to well-being are inherent to physician work and expected over the course of a career, including adverse events, patient deaths, and exposure to human pain and distress. Incorporating coping strategies for such experiences into training and continuing education may help mitigate their effect, promote emotional awareness, and normalize seeking support. Organizations could aid physicians by integrating regular protected opportunities for debriefing within the workday and by building professional support systems to address the influence of adverse events on physicians and other members of the health care team.

Prioritize Mental Health Care. Both individuals and organizations have a role in prioritizing mental health care. Leaders could counter stigma by openly promoting systems that encourage physicians to seek assistance. Increased availability of confidential mental health services during off hours and provision of coverage to attend appointments could decrease barriers to seeking care. More broadly, psychological support should be considered as a means to optimize physician performance proactively rather than solely as a response to crises.

Practice and Promote Self-care. Individual physicians who learn and incorporate self-care skills can enrich their own well-being. As part of their ongoing professional development, physicians may benefit from opportunities to enhance emotional awareness, mindfulness, and self-reflection. Organizations and training programs could provide education, resources, and protected time for physicians to devote to these practices. Additionally, organizations could encourage healthy choices by incorporating healthy food and exercise facilities at or near the workplace and incentivizing participation in lifestyle initiatives.

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REFERENCES

1. Shanafelt TD, West CP, Sloan JA, et al. Career fit and burnout among academic faculty. *Arch Intern Med.* 2009;169(10):990-995.
2. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med.* 2017;177(12):1826-1832.