

Lack of Influence and Advancement 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 currently unheard voices need to be included in this conversation?
- Are there any immediate low investment changes that can be done to help mitigate pressure points?

Invisibility of Hospitalists in Leadership

With an apparent lack of representation of hospitalists in leadership positions in health and hospital systems, many hospitalists struggle to see a pathway for ongoing growth into larger roles within the specialty.

Being Held Accountable for Systems They Have No Authority Over

Hospitalists are often held accountable for measures that are impacted by multiple service lines and hospital departments, but do not always have the commensurate authority to influence the processes and people essential to fulfill these responsibilities effectively.

Uncertain "Permission" to Innovate

Despite being experts in how a hospital functions, hospitalists are not always empowered to think of themselves as innovators with ideas and talents that can be leveraged to help transform care and solve complex system problems. Because these opportunities often are not given to them, hospitalists may feel they are not free to speak up without "permission" when important decisions are being made.

Less Research into the Advancement of Hospital Medicine

Due to a lack of funding for national research to understand and address the issues of hospital medicine practice, there is little room for advancement for the specialty. Most funding goes toward higher-tech medical and surgical specialties. This translates into more difficult opportunities for academic hospitalists and less introspective research on leadership and development in the field.

Unclear Pathways for Development and Advancement

Often times, professional development and leadership training for hospitalists is viewed as being transactional for maintaining licensure as opposed to being viewed as an investment in career growth. In fact, professional development for staff is not often built into the culture of hospital medicine practices. As a result, professional development typically only goes toward the individuals who know to ask for it.