Leadership & Professional Development: Harness Hassles to Maximize Meaning

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"Time is the coin of your life. It is the only coin you have, and only you can determine how it will be spent. Be careful lest you let other people spend it for you."

-Carl Sandburg

o one went into the practice of medicine to check off boxes. Clinicians find joy and purpose by connecting with patients and interacting with colleagues. Unfortunately, our goal of practicing in an environment that allows these experiences is threatened by extreme levels of regulatory and administrative oversight.^{1,2} Decreased enjoyment and meaning in work may follow and lead to burnout, poor performance, and for some, premature departure from medicine.³ The negative effects on individuals can erode the morale and productivity of the group.

Many administrative requirements add value to clinical care. For example, interdisciplinary rounds may include a mandatory review of urinary catheters that reduces catheter-associated infections. The usefulness of some requirements, however, may promote implementation of other requirements of lesser value that interfere with the positive impact of meaningful interventions. Best Practice Alerts (BPAs) that are "clicked through" sap enthusiasm. Perfunctory monthly meetings that are informational rather than productive and exhaustive e-learning modules on institutional requirements such as "Corporate Compliance" take time away from patient care. Despite being a prominent driver of burnout, the most common approach to nuisances is nihilism. It is unrealistic for anyone with a full clinical slate to tackle pervasive irritations. Similarly, leaders may not see decreasing administrative burdens as a priority; the excitement for decreasing hassles pales relative to the excitement for developing a new vision or strategic plan.

Rather than acceptance, leaders should take proactive steps to decrease wasteful tasks. Begin by explicitly assessing the burden of tasks through dialogue with administrators, such as the chief medical officer. Administrators may not realize the impact of seemingly small requests on hospitalist workflow. For example, even adding one required question for every patient at interdisciplinary rounds can meaningfully affect the flow of rounds. Hospitalist leaders are well situated to assess the yield to burden ratio (Y/B) of any requirement. High burden tasks

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should be justified by substantial benefit, and tasks in which the Y/B is uncertain should be limited in scope until the value proposition is established.

The electronic medical record (EMR) deserves specific attention because it is an established source of annoyance and burnout.³ Leaders should proactively collaborate with administrators to remove EMR requirements with low Y/B. The "Get Rid of Stupid Stuff" (GROSS) program demonstrated the benefits of an innovative approach to eliminating wasteful EMR tasks.⁴ Our own institution discontinued the BPA asking clinicians to add "Chronic Kidney Disease, Stage III" to the Problem List when an assessment revealed that the Problem List was rarely updated and this BPA was frequently presented; the BPA was low yield, high burden.

Lastly, leaders should not become part of the problem. For example, a hospitalist-led quality improvement project may require documentation that a primary care physician has been contacted for each newly admitted patient. Assuming four patients and 5 minutes per call, this ask requires 20 minutes; the burden has been estimated but the yield is unknown, producing an unclear Y/B. Therefore, items generated within the group need to be vetted with the same scrutiny as external tasks.

Explicitly addressing wasteful burdens provides leaders with the opportunity to shift the emphasis from processes that distract from to initiatives that enhance patient care. Promoting a sense of meaning and purpose is an essential component of group success.⁵ Outstanding performance, productivity, and retention can only be realized through a work environment that prioritizes patients and minimizes tasks not aligned with this mission.

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