

According to the Mayo Clinic, each year 7 percent of doctors attempt suicide. 400 doctors succeed. This is higher than any other profession.

What's the first danger-sign?

...***Burnout.***

*This report contains vital, life-saving information:*

1. If you know a doctor, nurse or medical professional who is exhibiting even *hints* of burnout, please, learn how you can help. Use this guide as your first resource.
2. If you manage an organization, know that there are simple changes that can lead to the increased effort, vitality and happiness of your medical team. These same steps will also lower costs, turnover, time-away-from-work, and management problems of all kinds.

#### **Contents:**

Part 1: Symptoms

Part 2: Causes

Part 3: Costs

Part 4: Solutions

Part 5: Prescription

# 1: Symptoms

## Know the Signs of Burnout

*“What we hear from doctors repeatedly is, ‘I went into healthcare to help people, but I spend my day typing into a computer or on the phone doing prior authorizations and I feel like my time is being wasted on all of these things instead of focusing on taking care of my patients.’ And over time doctors lose that connection of why they went into medicine and start wanting to do something else because they feel like they’re just wasting their time.”*

*-Clif Knight, MD, FAAFP*

*Board member of the National Academy of Medicine’s Action Collaborative on Clinician Well-Being and Resilience*

**Stopping burnout means seeing it.**

**Do your medical staff:**

- Lack motivation?
- Feel their work no longer matters?
- Express anger about the nature of their work?
- Distance themselves from the emotional side of their jobs?
- Suffer in their personal relationships?
- Complain of exhaustion that is **not** mitigated by temporary time off, rest or vacation?
- Consider relocating to another practice, hospital, or location?
- Show decreased interest in hobbies and activities?
- Admit they are stifled?
- Dread going to work?

**Here is the test:**

***Can you think of people you know personally with these symptoms?***

**Now is the time to improve *their* well-being, as well as the *functional, financial***

**and *branding health* of your entire medical office. Because burnout affects them all.**

Keep reading to learn the reasons why Physician Burnout is one of the top issues that medical organizations need to address today, and the surprisingly simple ways that you can get started saving your doctors, and your organization.

### **Do You Know the Signs of Burnout?**

Are your doctors on the brink? Most professionals *do not know the signs*. Burnout is similar to a medical condition, it has a clear presentation, both emotionally and physically:

- Stress
- Exhaustion
- Slow moving
- Lack of empathy
- Lost enthusiasm
- Increased skepticism
- Short tempered
- Antagonistic
- Less effective
- Less professional
- Lost sense of accomplishment

Anyone can experience these symptoms. They can appear in medical school, or after decades as a working doctor or nurse. And they can all get much, much worse.

### **Burnout Is Increasing**

In 2013, a Medscape survey reported that 26 percent of physicians admitted to feelings of burnout. In 2016, this figure increased to 51 percent. Mayo Clinic reported that between 2011 and 2014, the burnout rate rose almost 10 percent, from 45.5 to 54.4 percent.

### **Burnout Can Lead to Depression and Suicide**

It's not only patients who can feel on edge at the doctor's office. In 2015, the Mayo Clinic reported that 40 percent of physicians experience depression, and 7 percent attempt suicide. Up to 400 doctors take their lives every year due to stress-related burnout. Besides the grievous and unnecessary loss of life, these tragedies destroy

families and rock medical offices.

It's far better to deal with these issues earlier, rather than later, which is why all medical center staff should know the signs of burnout.

### **What Are the Signs of Burnout?**

1. Physician burnout may present as a ***lack of motivation***—the career your doctors studied and worked for no longer satisfies them. Somehow, with the passage of time and mounting stress, they've lost their influence.

2. ***Doctors may feel that their work no longer matters.*** Believing they are just another cog in the machine, they may detach from their work. And their patients. Disengaged and unfocused, they may cut corners, misdiagnose a patient, or request inappropriate or unnecessary testing.

3. ***Doctors may express anger about the nature of their work.*** They may also bemoan their patients, especially when those patients don't follow their advice. This manifests with increased skepticism or even snide remarks. Doctors may become more pessimistic when they believe their patients are not heeding their counsel or following instructions (Hughes, 2021).

4. ***A burned out doctor may retreat from the emotional side of their job.*** They will often refrain from participating in events. Seeking to avoid others, they don't consult with peers as often as they once did. Isolation at work is a sure symptom of growing stress and anxiety that leads to burnout.

5. ***A doctor's personal relationships can also be affected.*** Emotional bonds with a partner or spouse can become strained, causing domestic unhappiness, separation, or divorce.

6. ***Physicians may complain of exhaustion that is not helped by temporary time off, rest, or vacation*** (Robert Pearl, 2019). This mental and physical exhaustion is debilitating, causing doctors to wonder whether they can keep working at all.

7. ***They may consider relocating to another practice, hospital, or location.*** As with professionals in all vocations, burned-out physicians think their lives will improve if they just change roles, jobs, or locations. Will they have more time off? More compensation? The grass looks greener when your lawn is...burnt out.

8. ***There is an apparent decreased interest in hobbies and activities.*** Fatigue in the

workplace carries over to fatigue at home and in social environments. The once beneficial relationships and recreation no longer help well-being, throwing off life-work balance.

9. **Physicians may admit that they are stifled by burnout.** According to Advisory Board:

- 53% of doctors claim burnout harms their routines
- 35% experience extreme irritation with their patients
- 26% of doctors reveal that they are less willing to check on their patients
- 14% admit to making mistakes they otherwise don't make during typical routines
- 53% of physicians admit that burnout has an adverse impact on their lives (Advisory Board)

10. **They may dread going to work.** Doctors will arrive late or call in sick.

11. **They may have decreased efficiency and productivity.** As burnout advances, it affects a doctor's capacity to work. They see fewer patients, schedule and perform fewer procedures, or read fewer cases per hour or shift (Eschenroeder et al., 2021).

12. **They may express resentment when compared to their peers.** As they start to feel detached, doctors know their performance is sliding. Many physicians are competitive, and when compared to others, the pace of their downward spiral will often increase. Even small comparisons can spur anger, or isolation (Kane, 2021).

13. **Family and friends may comment that the doctor seems unhappy.** Family and friends are usually the first to notice negative changes. They're the ones hearing complaints about work, and seeing a lack of interest in family gatherings, social events, and enduring last-minute cancellations.

14. **Physicians who face burnout become incredibly introverted.** They isolate themselves, spending more time alone at work and home. Physicians, as a group, are often reluctant to seek help; they try to cope independently, but these coping methods are not always healthy, and the burnout can worsen. 41 percent of medical professionals isolate themselves when they face burnout (Medscape, 2021).

15. Patients notice that their practitioners **are more abrupt and may even be downright rude.** Patients will say the doctor seemed "frustrated" or "impatient." They may not bother to answer questions. If a patient repeats the question, the doctor might even lash out. Seeing these patient evaluations will likely make the doctor even more despondent. Physicians who face burnout feel trapped, helpless and defeated.

16. ***They may abdicate their responsibilities.*** They'll wait for another physician to see the patient before stepping in. Fear of failure, or loss of confidence, may cause them to hesitate to advise treatment.

17. ***Physical symptoms:***

1. Increased headaches
2. Dizziness
3. Muscle pains, tight muscles, or strained joints
4. Loss of appetite, interest in food
5. Increased appetite (stress eating)
6. Lower immunity and more illness.
7. Increased use of alcohol or pain-relief medications

### **Doctors Excel at Hiding Their Burnout**

If you're on the prowl to find instances of burnout, be warned: Most physicians are ***adept*** at masking their symptoms because of underlying (and often unspoken) professional pressures, expectations, and stigmas. Part of the problem is the culture of medicine; the result is much avoidable suffering.

## **2: Causes**

### **Chances Are, You're Already Overworking Your Doctors**

*“They wanted us to be more and more productive, like we had to see a patient every 15 minutes. ...I started feeling like, ‘don’t tell me your problems, I don’t have the time. Just make my life easy.’ And that wasn’t the way I wanted to practice.”*

*-Pediatrician Karen Ailsworth, MD,*

**What Are the Causes of Burnout?**

1. **Paperwork.** The #1 reason doctors burnout (58 percent of them) is bureaucratic tasks. Doctors spend more time on paperwork than patients. It's discouraging, because helping patients is why they became doctors.

- On average, doctors spend 11.61 hours per week on “non-clinical [paperwork] duties” (Physicians Foundation, 2018).

2. **Electronic Health Records.** There was a measurable spike in burnout rates after EHRs were adopted. Doctors average 16 minutes on EHRs per patient.

- Digitization contributes to 30 percent of burnout among physicians. Many say they'd like to quit just because of the admin.

3. **Higher Female Physician Burnout.** Female physicians burn out 25 percent more often than men. (Motherhood takes its toll.)

- Female practitioners seek assistance *less*.
- Only 6 percent of women get professional help.

4. **Online Reviews.** Ensuring patient reviews stay positive is a job itself. Staking your reputation and compensation on digital reviews makes life hard, adding stress to more patient interactions.

5. **Lack of Resources.** Doctors and medical staff get upset when they can't deliver top-quality care. About 40 percent of doctors lack the necessary resources, which increases their frustration and despair.

6. **Productivity VS Compassion.** Productive doctors are usually happy doctors. However, productivity as defined by the physician is often at odds with production as defined by the medical organization.

- Task management, profit management, and regulatory compliance—all necessary and good in their own right—create stress and overwork doctors.

7. **Low Reimbursement.** More doctors burn out in hospitals and practices located in lower-reimbursable areas. They have lower compensation, less resources and more stress as a result.

8. **Student Loans.** The average medical school debt is \$200k. This adds a significant burden other professions don't have.

9. **Compensation.** Physicians measure compensation in terms of both income and time off. They're not in a vacuum; doctors talk numbers with each other. They study the market. Often, they conclude that they're underpaid and undervalued.

10. **Too Many Working Hours.** The medical culture of working too many hours in a row on too little sleep has a big downside.

- While it's part of the residency experience and worn as a badge of honor, sleep research shows that 90 percent of people need 7 to 9 hours of sleep a night, while 90 percent of people think they're part of the 10 percent that needs less.
- When doctors habitually overwork themselves, it keeps them from family and friends, reducing their ability to do what they enjoy.

11. **Lack of Work-Life Balance.** Doctors with children at home are 54 percent more likely to burn out. In a recent study by the National Academy of Medicine, every physician under the age of forty-three said *better work-life balance* is a factor in where and how they practice medicine.

- Not giving proper time to family makes it even harder for doctors to maintain a balance between their emotional and clinical responsibilities.

12. **Patients Require More and More.** Evolving patient demands can make it difficult for doctors to keep them cheerful and returning. More than 50 percent of patients say that accessibility and convenience are the main factors in choosing their physician, NOT the quality or relationship (NRC Health, 2019).

- One-third of doctors say their non-clinical tasks are decreasing their efficiency in patient care, and would like 50 percent more time to spend with them (Agency for Healthcare Research and Quality).

13. **COVID-19.** The pandemic has caused a huge spike in exhaustion and burnout among healthcare professionals.

- We've suffered over a million deaths in the pandemic.
- Doctors were anxious and discouraged by the lack of an identifiable cause.
- They felt they were failing their patients.
- Doctors had a growing sense of insignificance.
- Protocols and precautions had to be implemented and endured.
- Long hours, isolation, lack of quality time with family and friends, and the compelling drive to keep their families safe caused high degrees of depression,



anxiety, and post-traumatic stress disorder (PTSD).

14. **Loss of Autonomy.** Many doctors are discouraged at losing their freedom after leaving independent work to join hospitals, joint practices, and companies.

- They can no longer define their work schedule.
- They must comply with organizational procedures.
- Their patient interaction is monitored and timed.

This loss of autonomy can lead to burnout and prove fatal for physicians (Bendix, 2019).

15. **Patients are Losing Trust in the Medical Industry.** Many patients believe doctors are putting their own interests first. This trust gap between doctors and patients is devastating.

- Doctors blame the documentation and procedural process for sacrificing the good of the patient on the altar of what's good for the establishment.
- Patients blame their doctors and the medical system.

16. **Cost Management.** How do physicians improve their already high standards, while *reducing* costs? These are business optimization questions--not patient care questions. This tension contributes significantly to the anxiety and stress that leads to burnout (Brayan Bohman).

17. **Regulatory and Insurance Requirements.** Health insurance is not only a hectic process for patients, but medical professionals as well. Insurance creates a lot of work for doctors.

- Upholding regulatory and insurance requirements are the tasks most hated by doctors.
- Doctors retire and leave *specifically* because of these requirements.
- 40 percent of doctors say regulation and insurance requirements are a complete waste of their time and energy (Physicians Foundation, 2018).

18. **Insurance Companies Can Profit over Patients.**

- Insurance companies seek profit to the detriment of medical professionals and their patients.
- They usurp medical authority and undermine the doctor's credibility when

denying a patient's suggested medical treatment.

- Having taken an oath to help their patients, and feeling helpless to do so, such recurring incidents with insurance can lead to burnout (Gopalakrishna, 2020).

### 3. **Costs:**

#### ***There's a High Cost of Losing Your Doctors to Burnout***

Nobody wants to lose great doctors; it's expensive.

Several studies calculate that physician replacement amounts to hundreds-of-thousands, and up to millions of dollars *per physician*.

Few organizations can afford expenses like these.

No organization should stomach them as a matter of good business.

When voluntary turnover helps an organization, it's much like balancing an ecosystem, and called *functional* turnover. However, in medical organizations where burnout is rampant, what management may consider *functional* turnover, and at worst, *unavoidable* turnover, is usually something far worse:

*Dysfunctional* turnover.

The dysfunction stems from the low cost of avoiding the problem, and the high cost of leaving the problem like it is.

Few medical leaders ask the truly simple questions that create organizational change:

1. "How much turnover is too much?"
2. "Why is turnover happening?"
3. "What do we do about it?"

Answering questions like these can help managers, directors and doctors change systemic habits that allow burnout to run wild. Until they do, the costs are astronomical.

#### **The Cost of Replacement**

Replacement expenses for recruiting, onboarding, missed patient care income, relocation, and new doctor ramp-up can be 2x or 3x the physician's yearly pay. According to the AMA, with burnout factors unchecked, in just two years, 60 doctors will abandon Stanford Medicine.

They're not retiring; they're drained. In some cases mentally and physically unable to continue at one of the most elite and sought-after medical organizations on the planet.

Each replacement will cost \$250,000 to \$1 million—depending on expertise and position. But this is just the tip of the scalpel. This \$15.5 million to \$55.5 million, is eaten by a single organization on turnover, in the space of a few years.

### **Lost Revenue**

Long before physicians actually quit, they lose their stamina and *joie de vive*. In a word, their production tanks. Most professionals, even doctors who survive the rigors of training, exams and residency, are unable to know how they will respond long-term to the physician's life. Titles, distinctions and placements won't sustain them, regardless of how hard they've worked to earn it. Managers will attest that doctors' decreased productivity can add up to more lost revenue than turnover. Fewer patients and more hours away from work result in untold revenue shortfalls in:

- Operating room income
- Hospital bed income
- Affecting anesthesia income
- Occupational therapy income
- Radiography income
- Neurosurgery income

Incidentally, according to the NYTimes, "from 1975 to 2010, the number of health care administrators increased 3,200 percent. There are now roughly 10 administrators for every doctor. If we converted even half of those salary lines to additional nurses and doctors, we might have enough clinical staff members to handle the work."

But as things stand, a single neurosurgeon who steps away from the job, even temporarily, will cause a ripple effect of indirect costs that can send shock-waves through the organization, and severe budget dips. Now, consider the relatively minor cost of keeping that same neurosurgeon healthy and happy.

### **Would You Rather Go To Airport Security, or the Doctor?**

The doctor's visit is often low on the list of desirable to-dos. This is to say nothing of logistics, insurance, and everything surrounding an appointment. The experience is already stacked against both the patient, and the healthcare provider.

So, if a practitioner cares about reputation...

How can they operate with burned out doctors?

No point of contact is more important than between doctor and patient. Burnout harms the relationship. Arguably, the lynchpin of all medical success. Even for those doctors who want as little to do with patients as possible--they still need an appropriate bedside manner--for everyone's sake.

Burnout erodes a doctor's ability even to feign care, and opens medical organizations to the repercussions of disrespect and costly mistakes.

## **Legal Exposure**

Burnout makes medical error virtually inevitable.  
Just like when truckers pull all-nighters, accidents are inevitable.

Both medicine and the supply-chain are systems that have:

- too little time
- too much to do
- too few resources

Doctors and drivers alike must keep on truckin', carrying the weight of patients and goods moment-to-moment, despite an inevitably increased rate of failure. When physicians must struggle to keep up, it affects the health of patients, and exposes healthcare institutions to legal responsibility for accidents.

In one study, 691 doctors, which was 10.5% of the respondents, said they are concerned they've made at least one medical error in the last 3 months. Doctors who report burnout are 2.2 percent more likely to report a perceived error. Of 691 doctors, there were 30 cases (4.5%) the patient died.

Error is a stressor, which is a cause of burnout. While we can't determine causation, we can say that where you find burnout, you'll likely find error; and where you find error, you'll likely find burnout.

The antidote isn't punitive.  
It's being *positive*.

### **Dissatisfied Patients**

Even if a patient's case is treated appropriately, burnout can elongate the patient's experience, creating an overall dissatisfaction. There is usually another doctor to turn to, and in most medical practices think too little about CX, or customer experience. It might cost the average patient little to nothing to either seek alternative care or even give up treatment.

But it will *always* cost the previous physician.

- In lost business from the patient.
- Lost business from negative reviews of that patient.
- The missed opportunity for referrals.

According to a recent poll, 39 percent of respondents delayed going to the doctor because of prior negative experiences with a healthcare institution or practitioner.

## **4. Solutions:**

### **You Can Help Your Doctors Thrive**

***“Yesterday, I met the new interns that will start in our residency program tomorrow. They are rested and relaxed, and are ready to start learning how to be real doctors. It’s wonderful to see such youth and energy.***

***Their first week of orientation involves in-service training on the EMR, the Patient Safety reporting system, and other administrative systems. In the years that follow, the EMR will suck them dry of youth and energy, and they will graduate happy to finally make better money, but fearful of how long they will last***

***before the burnout gets the better of them.***

***...The problem is entrenched because trainees are learning from burned out teachers in a toxic environment. Medicine has an inter-generational problem.”***

***-D.M., Philadelphia***

### **What Solves Burnout?**

The band-aids of yoga and meditation classes aren't solving the burnout crisis. Neither will gym memberships, or even extra time off. We all know...The solution isn't *adding* freedom and wellness to the system.

The Solution Is *Fixing the System* that Grinds Doctors to a Pulp.

### **Organizational Change is the 1000 Pound Gorilla**

- **Leaders must listen and act on physicians' needs** and recommendations when making important decisions.
- **Transparent communication must be encouraged and systematized** between the heads of healthcare organizations and physicians. This gives physicians a say from the start.
- **Quality leadership reduces doctor burnout**, and considerably decreases stress levels, and increases job satisfaction.

### **Change Is Closer Than You Think**

According to the Mayo Clinic, a *one-point* increase in the score of the supervision of physicians, reduces the chances of burnout by 3.3 percent, along with the addition of 9 percent in their job satisfaction.

### **The Ideal in Leadership**

Healthcare organizations must give priority to hiring leaders who:

- Listen to physicians.
- Actively encourage physicians, using all possible means.
- Help dissatisfied doctors regain their footing.

In a survey of 20,947 health professionals from 42 healthcare organizations across the United States, 66 percent of doctors reported that personal mental healthcare would greatly help them reduce burnout.

This was especially true during COVID-19 (Berg, 2021).

## Hours of Work

Intense work schedules are magnets for burnout. Like the transportation industry, medical organizations must **impose strict policies on how many hours in a row, or each week, that doctors can work.**

Healthcare organizations will save doctors and money, by halting the habit of work without boundaries. **Physicians are far more at peace with a flexible schedule, allowing them time for their personal life.**

Here are some options:

- **Flexible work**... 14-16 hour days inevitably leads to burnout. Shifts aren't the answer, either. Shifts force doctors to do more in staggered amounts of time, which doesn't relieve stress.
- **Time banking** gives awards to doctors who go beyond their schedule. Credited doctors receive incentives, or other services such as dry cleaning and meal deliveries designed to restore their work-life balance. The caveat is that every person is different--and these incentives will only work if they are truly incentives, and not mere band-aids.
- **Time management** is crucial to work-life balance. Physicians can provide the documents that patients need on their websites, and advise the patient to fill them before visiting the doctor.

## Review Weary

Almost 70 percent of patients consider an *excellent* doctor review to be vital in determining where they will seek care (PatientPop, 2019). Physicians can reduce the stress of review fishing by **asking their patients to leave an honest review, after they**

**are done with the appointment.**

## **Performance Anxiety**

Comparative performance reports that doctors receive yearly are a cause for concern and add to burnout. They also create a competitive environment based primarily on an organization's definition of *winning* rather than *quality care*.

Physicians, who generally excel in school, showing up last in these comparative performance reports can feel depression or anxiety. These emotional responses contribute to the higher suicide rates among doctors.

- These reports can **shift away from finding failure, to highlighting strengths.**
- **Reports based on rank should *not be published*.** Information should be issued based on the strengths and weaknesses of the *entire healthcare organization*.
- **Showing the health of the entire organization, while empowering individual doctors**, will help physicians adopt the muscles and resilience to enhance their strengths, and diminish their weaknesses.

## **EHR**

**Doctors need training** on how to use electronic health records efficiently. The intention of this training must be to help doctors regain their quality of life.

A great help is to **hire EHR professionals**, whose only job is to tend to the EHR database. This is a way for non-clinical staff to have more responsibility, and greatly lighten the burden on doctors and nurses.

There are new programs available to help with the issues of EHR. These include:

- The CMS "Patients Over Paperwork" initiative
- The AMA STEPS Forward program
- ACP's Putting Patients First by Reducing Administrative Tasks in Healthcare

All of these programs show an initiative to improve the conditions of physicians and reduce burnout and suicide rates.

## **The Taboo of Mental & Emotional Health**



Disclosing personal and psychological struggles is taboo in medicine. Doctors are therefore less likely to consult other professionals about their mental and emotional health (NAM Report).

- How can we break this stereotype? To **proactively recommend and provide mental and emotional support** to all who study, train, and work in healthcare.
- **To promote a culture of transparency and vulnerability** among peers, and encourage getting professional help when needed.
- The AMA has adopted the policy of pushing medical boards to cease stigmatizing emotional and mental health. Now, medical organizations should **encourage self-care for their clinical staff**.

### **Doctors Aren't Perfect, And That's OK**

A study showed that 94 percent of female doctors do not report their mental health diagnoses to their state licensing boards, because they don't want the diagnosis on their records (Clark, 2020).

This is because of the stigma attached to doctors who have a physical or mental health diagnosis. Why is this? Because there is a sense in the medical community that patients want their doctors to be perfect.

They're not allowed to be sick

To stop patient dissatisfaction and judgment, doctors feel compelled to hide diseases and problems like mental and emotional health. This needs to stop!

- **Doctors should be encouraged to disclose their illnesses without prejudice.** This will help them continue their healthcare work without experiencing burnout.
- **They should be encouraged to take care of themselves,** and not devote their entire lives to work.
- **Wellness programs and projects should be created** in every medical organization and clinic to advise doctors and nurses on the steps they can take to avoid burnout.

- **Leaders should regularly hear from doctors**, to learn how to best support them.

## **The Culture of Medicine Begins in School**

Our educational institutions, external organizations, clinical training sites and accreditors have a significant responsibility to **create and maintain positive learning environments**.

- The **development of wellness in trainees and students should be fundamental**, which must discuss and promote mental well-being.
- They have a responsibility to coach the soon-to-be medical professionals toward strategies that can **provide long-term mental, emotional and physical health**.
- **Addressing burnout early in career development** will develop life-long, sustainable doctors.
- Instead of isolated attempts, educational institutions and healthcare **organizations must collaborate to reduce and prevent burnout**. Examples are Reimagining Residency, and AMA Accelerating Change in Medical Education.

## **5. Prescription**

### **How Consultants Creates Organizational Change**

Now that you've seen the facts of burnout, the question is...where do you start?

Burnout has stages. In a medical organization, some doctors haven't yet reached burnout, while other doctors are in the middle of it. This means there is preventative care, and there is active management. At the same time, every organization has strengths and weaknesses in its response to burnout.

An internal task force is one way to tackle burnout. This group can identify the doctors in need, and evaluate the personal and organizational changes that are present.

Most organizations will have some low-hanging fruit, mid-level fruit and high-level fruit.

- The low-hanging fruits are solutions that are simple and affordable, such as speaking to doctors and getting their point of view.
- Mid-level fruits are solutions within reach, but that require more work to achieve. An example might be changing the schedule, or hiring more staff.
- High-level fruits are far more intensive to achieve. Like reworking the way an organization processes electronic health records.

To help an organization deal with burnout, and create a plan of action that will succeed, it can save time, money and resources to bring on a consultant who specializes in physician burnout, organizational change and exemplary leadership...tuned for *doctors*.

A consultant can assess your organization, and select the most efficient ways to help your doctors beat burnout, and enjoy successful careers at your medical organization.

## **About the Author:**

### **Mary Kelly Ph.D., CSP, CDR, US Navy Ret.**

Mary Kelly is a graduate of the United States Naval Academy and spent over 20 years on active duty in intelligence and logistics. She retired from the Navy as a commander. She has masters' degrees in history and economics, and a PhD in economics.

She is also an expert in organizational change. As a speaker and consultant, she helps companies manage employee loneliness, and dissatisfaction. It's a brave new world and Mary helps you get A.R.M.E.D.

- **Attract the right patients and staff to your organization**

- **R**ecruit/Retain the right talent to serve patients and create positive experiences
- **M**entor current and emerging leaders and doctors to full potential
- **E**volve forward-thinking leadership as the organizational culture
- **D**evelop teams and talent for future success

With over 20 years combined teaching experience at both the Naval Academy and at Hawaii Pacific University, Mary taught economics, finance, history and management.

She has extensive experience in business coaching, management, organizational leadership, communication, business growth, teamwork, strategic planning, human resources, customer service, time management, and project development.

**Mary C. Kelly**

*Ph.D., CSP, CDR, US Navy Ret.*

**719-357-7360 (office)**

**443-995-8663 (cell)**

**Mary@ProductiveLeaders.com**