Why now is the time for healthcare to tackle burnout

With COVID-19 shaking the foundation of healthcare, burnout must be a high-priority issue for the industry.

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E arly in the COVID-19 worldwide crisis, all efforts were focused on dealing with the immediate, daunting issues facing healthcare providers: bed capacity, adequate personal protective equipment (PPE), drug and vaccine research … and literally, surviving day-to-day.

But while the spotlight was shining brightly on these critical issues, a growing, serious problem has been lurking in the shadows. In healthcare provider organizations across the country, the underlying work and social environment either was helping caregivers effectively, collaboratively and rationally deal with the crisis, or it was exacerbating stress and challenges. These are many of the same issues underlying the insidious problems of burnout and workforce engagement that are rampant in the industry today.

Healthcare organizations are learning that burnout is a problem that is both widespread and affects more than just staff satisfaction and retention.[i] National studies estimate that at least 50 percent of U.S. physicians are experiencing some degree of burnout. Research also shows that staff disengagement and its symptoms across teams influence quality of care, patient safety, teamwork and patient satisfaction.

When most healthcare providers talk about burnout, the conversation usually turns to workload and how it affects individual professionals. Management and caregivers sometimes believe that if there were simply less work and individuals learned better coping skills, the problem would be solved. While work quantity and structure concerns are real and require thoughtful examination, there are larger organizational culture, leadership support, communication and relationship questions that either ignore or magnify the problems of disengagement and burnout.

This **LeaderBriefing** looks at the fundamental causes and implications of burnout in healthcare provider organizations. Using our in-the-trenches insights from our improvement work with major healthcare systems over the past decade, we provide perspectives on strategies and interventions that research shows make an important difference on the work-life satisfaction of individuals and the success of the organizations where they provide care.

Key Takeaways

Research shows that workload is a factor but not the primary cause of caregiver burnout.

Leaders in the middle of the organization significantly influence the engagement and resilience of frontline professionals.

Burnout strategies that focus only on helping individuals cope better will have limited success. They may actually worsen the problem because they imply that the problem is with individuals' resilience, not the work environment.

Social capital – defined as the personal relationships within an organization that build trust and respect – reduces disengagement and burnout.

Tracing the Roots of the Problem
Is burnout an inevitable consequence of medical training and underlying professional values?

In the inaugural issue of the peer-reviewed journal *Burnout Research*, author Anthony Montgomery, PhD, asks a thought-provoking question: Is physician burnout an appropriate and expected response to medicine as a system? His conceptual paper utilized meta-synthesis research methods to explore this relevant but seldom addressed issue.[ii]

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Starting with medical school training, Montgomery points out the informal, underlying attributes of the medical school culture clearly value performance and competitiveness over collaboration, putting little value on the social and emotional intelligence aspects of working in a high stress environment such as healthcare. This predisposition has negative implications for teamwork and cultivation of a spirit of collegiality across an organization.

Similar dynamics exist to some degree for nursing and other clinical professionals. Also influencing workforce culture and engagement is the interplay among different professions, especially physicians and nurses.

A study in the Journal of Nursing Education and Practice acknowledges that throughout history, doctors and nurses have shared a complicated relationship influenced by social status, gender, power and perspectives.[iii]

A watershed event in the evolution of nursing role definition and perception was the introduction of the "magnet" concept and framework by the Academy of Nursing in the early 1980s.[iv] Focused on the identification of hospital work culture elements that are conducive to attracting and retaining the best nurses, Magnet put a stake in the ground related to nursing as a profession, self-determination, and a more independent role for nursing going forward.

At the same time, physicians were under professional attack. An article from the New England Journal of Public Policy in 1997 was unequivocal in its assessment of what was happening to doctors:

> *"Physicians have long enjoyed prestige, power, and autonomy, but the rise of managed care organizations has drastically changed their status. Many doctors are in the thrall to the financial well-being of the corporations that employ them, their knowledge and expertise controlled and manipulated in the interest of profit maximization."*

The simultaneous elevation of nurses' role and the diminishment of physicians' status and independence has had an impact not only on their professional identifies but also on relationships in the work environment.

In residency training and practice, hospitals play a central role in furthering physicians' and nurses' professional identity. In the article "Toward Healthier Hospitals,"[v] McGill University professor Henry Mintzberg asserts that "hospitals are unique organizational environments where the degree to which professional roles are strongly embedded represents a significant barrier to change." This is true for both physicians and other clinical professionals, especially nurses. He insists that real organizational change can be affected only by a gradual, bottoms up approach that does not threaten the roles that individuals have established within the organization. Healthcare organizations' hierarchy, traditional leadership structure and top-down approach to the financial and operational challenges facing the industry can all run counter to the principle of strong, independent-minded physicians and nurses who value professional control.

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The Breadth and Depth of the Problem

Both work structure and organizational culture issues affect disengagement and burnout

While the training and practice culture of medicine may indeed cultivate an ideal breeding ground for burnout to occur, research also is uncovering viable solutions to change these conditions.

Mayo Clinic has been one of the major healthcare organizations at the forefront of research and the development of strategies to reduce caregiver burnout. In January, 2017, Mayo President & CEO John Noseworthy, MD, and then Director of the Program on Physician Well-Being, Tait Shanafelt, MD, published a comprehensive special article on this topic in Mayo Clinic Proceedings.[vi]

The article identified seven major areas of focus to address the problem of burnout:

- Workload and job demands
- Efficiency and resources
- Meaning in work
- Culture and values
- Control and flexibility
- Social support and community at work
- Work-life integration

While each of the areas are somewhat related, successful improvement strategies naturally fall into two broad categories:

- Work tasks and structure
- Work environment and culture

To be successful, Mayo leaders recognized that strategies must be developed and deployed at individual, work group and organizational levels. This understanding is critical because many hospitals, physician groups and health systems mistakenly have believed that burnout and professional satisfaction are the responsibility of the individual.[vii] Stress management and/or other coping strategies primarily address the symptoms and not the foundational causes of burnout and disengagement in organizations.

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Organizational development work and research at Mayo also revealed that approximately 11 percent of the variation in burnout and 47 percent of the variation in physician satisfaction between work units was explained by the aggregate leadership ratings of the work unit leader as assessed by their physician direct reports.

Gallup research regarding direct supervisors' impact on staff engagement confirms Mayo's findings, but its studies suggest that the influence of managers may be under-estimated. Across industries, Gallup studies show that up to 70 percent of the variance in staff engagement is explained by the relationship an employee has with his/her supervisor.[viii]

At the Heart of Improvement
Feeling valued and respected are critical factors affecting engagement for physicians and nurses

A recent study conducted at Massachusetts General Hospital looked at the specific factors that influence physicians' degree of engagement and satisfaction. Researchers conducted an online cross-sectional, confidential survey among members of the Department of Medicine, selected because "mounting evidence suggests that faculty in medicine are increasingly unhappy, dissatisfied and burned out."[ix]

This study focused on the primary and secondary desired outcomes among faculty members:

- Overall professional satisfaction
- Reported sense of feeling valued

Multivariable analysis identified the following three contributing factors to overall professional satisfaction:

- Feeling valued,
- Feeling treated with respect, and
- Working in a social and supportive environment.

Within the most important factor – feeling valued – four variables emerged in the study as contributing to this positive outcome:

- Feeling cared about as a person,
- Not feeling taken for granted,
- Feeling resources are provided for professional development, and
- Not feeling discriminated against by sex.

Interestingly, rank and feeling fairly compensated were not independently associated with feeling valued.

Studies among nursing professionals yield similar findings. In a 2015 study among Emergency Department nurses, authors from the Brigham Young University College of Nursing and the Department of Nursing at Utah Valley University assessed factors that influenced compassion fatigue, burnout and compassion satisfaction (satisfaction achieved with one's work by helping others and being able to do one's job well.[x]) Six major demographic and work environment factors were assessed in their nonexperimental, descriptive, predictive study using a self-administered survey:

- Education level
- Years in nursing
- Shift length
- Years in ED
- Hours worked per week
- Having adequate manager support

While levels of burnout varied somewhat by years of experience, the study showed that a low level of manager support was the most significant predictor of higher levels of burnout and compassion fatigue. Conversely, more effective manager support contributed to a higher degree of compassion satisfaction.

Across studies with physicians, nurses and other professionals, the message is clear: disengagement and burnout are not simply caused by workload and individuals' capacity to manage stress. To make real, sustainable progress, provider organizations must address workplace culture and leaders' ability to create an environment that supports staff engagement.

Key Strategies to Improve the Work Culture in Healthcare Organizations

Aligned with the findings of these and other research studies on the causes and strategies to reduce disengagement and burnout, Stamp & Chase has developed an overall framework and portfolio of specific leadership practices focused on improving social capital and the work environment for care professionals. Following are four major, foundational strategies and details on how they can be leveraged to change the work culture in healthcare.

1. Leverage the power of organizational purpose

Understanding and leveraging **purpose** in organizations is one of the most talked about issues – and opportunities – in companies today. In Fall 2019, 181 CEOs from the prestigious Business Roundtable signed a new statement on the "Purpose of a Corporation." No longer is simply driving shareholder value the top priority, they said. The statement recognized an organization's role in serving all stakeholders: customers, employees, suppliers, communities *and* shareholders.

Many in healthcare would argue that the industry has always understood purpose. After all, can there be a higher purpose than serving fellow human beings at some of the most vulnerable times in their lives? But how often do we actually talk about, appreciate and celebrate that noble purpose? In an age of population health models, redesigned care processes, growing regulation and increasing demands for lowering cost, have we forgotten the human side of healthcare? Recent research and insights into how purpose can and should be leveraged in organizations gives us important things to think about.

"When Work Has Meaning" proclaimed the cover story of the July/August 2018 issue of the Harvard Business Review. Like the remarkable statement from the Business Roundtable, this article turns long-standing business principles and theories on their head. Authors Anjan Thakor, the John E. Simon Professor of Finance at the Olin Business School at Washington University in St. Louis, and Robert E. Quinn, professor emeritus at the University of Michigan's Ross School of Business, argue that the "principle-agent model" describing the economic relationship between a company and its employees precludes the notion of a fully engaged workforce.[xi]

"People who find meaning in their work don't hoard their energy and dedication," the authors stress. "They give them freely, defying conventional economic assumptions about self-interest. They do more – and they do it better."

One of this article's most important, insightful messages is that the power of purpose doesn't just naturally happen and influence the work environment in organizations, even when that underlying purpose is as mighty as it is in healthcare. Leveraging purpose must be intentional, authentic and central to how work gets done in the organization.

Following are three tactics for elevating and leveraging organizational meaning and purpose in healthcare organizations.

Collaboratively explore your organizational purpose

All healthcare organizations have mission, vision and values statements. These statements focus on *what* we do (mission), *where* we're going (vision), and *how* we will behave getting there (values). A companion purpose statement speaks to

why the organization exists. Aligned with the traditional mission, vision and values statements, the purpose statement focuses on the meaning of work and the role of the organization in relation to all constituencies: patients, families, staff and the community.

A well-facilitated, collaborative design workshop is the most efficient, effective way to consider and construct a powerful statement of purpose. Harnessing extant but untapped passion around the organization's work, this streamlined design process over a couple of days brings together diverse representatives from all levels of the enterprise – physicians (both specialists and primary care), nurses, ancillary clinical professionals and support staff – to develop a powerful statement of purpose. These same team participants will play a critical role in communicating and championing their work to their colleagues throughout the organization.

Bring organizational values to life

Most all healthcare organizations have stated values – and often they are remarkably similar. Values affect organizational culture only to the extent that they consistently and predictably influence behaviors and relationships.

Unfortunately, most healthcare organizations spend significant time developing the perfect list of values and very little time thinking about how they will meaningfully influence the work environment, patients' care experiences and overall performance.

A collaborative process similar to the purpose exercise above is the ideal way to elevate and begin to truly *live* values every day. A "Values Summit" works when it is well-facilitated and involves diverse constituencies from throughout the organization. The key is to define and communicate in meaningful, compelling ways the *behaviors* that are at the heart of each value and why they are critical to the success of the organization and to the personal success of each and every team member.

Find meaning in the positive, not just problem-solving

Historically the science and practice of healthcare is built on diagnosing and fixing problems. Obviously, for critically ill or injured patients, this orientation is essential. But too often, a flaw-focused mindset permeates organizational culture, not just clinical decision-making.

Appreciative inquiry, a model developed by the Department of Organizational Behavior at Case Western Reserve University in 1987, was the precursor of positive organization studies and the strengths-based movement in American management.[xii] Among the model's five core principles, the "poetic" and "positive" principles are particularly important to building social capital and finding meaning in work:

- Poetic Principle – Organizational life is expressed in the stories people tell each other every day, and the story of the organization is constantly being re-authored.
- Positive Principle – Momentum and sustainable change requires positive affect and social bonding.

Leveraging the appreciative inquiry philosophy means rethinking and supplementing traditional organizational practices in healthcare. For example, the venerable Morbidity and Mortality (M&M) Conference in hospitals can be balanced by reviews of cases with exceptionally positive outcomes in standing Medical Staff committees or other meetings involving diverse members of the care team. During and following the COVID-19 crisis will be an ideal time to better understand and celebrate patients who recovered and the remarkable caregivers who helped them regain their health.

The same philosophy can be followed in management team meetings to highlight breakthrough practices or individual patient success stories. Many not-for-profit health systems use these stories with the consent and enthusiastic involvement of families in fund-raising efforts and management meetings to boost morale and sustain positive momentum.

2. Develop stronger middle management leaders with different skills

A few years ago, company "universities" became extremely popular, especially among larger health systems. High quality educational content was developed, often in collaboration with local universities, to address a broad array of topics for both up-and-coming and more experienced managers. Similar management training for physicians in leadership roles has blossomed. Traditional MBA programs in universities have added programs specifically for physicians, and

organizations such as the American Association for Physician Leadership (formerly the American College of Physician Executives) have significantly expanded offerings and membership.

But there are limitations to these types of programs both for administrative and physician leaders. For nursing and other clinical department leaders, the issue is follow-up and sustainability of best practices. Even the most inspiringly crafted and eloquently delivered educational content is unlikely to improve operational results without equal thought and effort given to how leaders will be supported in changing behaviors and implementing new management practices.

For doctors, organizations often make professional management training available only to senior physician executives at or near the chief medical officer level. These roles are by design and necessity focused on larger organizational strategies, not on supporting and developing physicians who report to them.

The medical profession has given little attention to mid-level physician leader roles largely because they have perceived no need for doctors to be "supervised." In a contemporary leadership model where managers should be focused on communication, team development and performance improvement, mid-level leaders who bridge the gap between the CMO and physicians working in the trenches play a critical role in engagement, retention and the achievement of operational goals. Clear position descriptions that include responsibilities for mentoring and supporting frontline physicians are critical.

Here are three tactics to improve mid-level leadership practices:

Expand the definition and job description of the "medical director" role

Traditionally, the medical director role in hospitals and health systems has focused on goals and strategies in three primary areas: programmatic (growth and expansion), operational (quality and cost), and financial (budget). These roles are concentrated on *what* to achieve, not *how* to engage teams to get there.

To effectively decrease physician burnout and disengagement, mid-level physician leaders' role definition must be expanded to include communication, mentoring and team development. These skills, which are among those least emphasized in medical school curricula or residency training, are essential to developing social capital in an organization, improving the work environment, and reducing burnout.

Reimagine professional development training for physician, nursing and other clinical leaders

Providing mentoring, feedback and social support to clinical teams involves a completely different set of leadership skills than those associated with the traditional medical and administrative director roles. Simply inserting these responsibilities into a job description will likely do little to change the work environment and build social capital. Structured, professionally respectful training to develop these leadership competencies in physician and other clinical leaders is essential to change the work environment.

Provide tools to facilitate and simplify new leadership practices

Even when leaders understand and enthusiastically buy into contemporary leadership practices that build staff engagement and improve the work environment, successfully introducing and sustaining these practices will be difficult without innovative tools to encourage and facilitate implementation. Software solutions that make it easier for physician and administrative managers to provide and track consistent feedback, set work group goals, and encourage involvement in problem solving are essential to make these practices stick in organizations.

3. Increase staff involvement in decision making

Contemporary process improvement models such as LEAN and Six Sigma developed in manufacturing have been adapted and embraced by most healthcare systems over the past two decads. At the heart of these process improvement philosophies is the idea that individuals closest to the work are best equipped to identify opportunities to reduce cost and/or improve quality.

The importance of staff member involvement in decision making related to their core responsibilities is well documented. In his book, *Drive: The Surprising Truth About What Motivates Us*, author Daniel H. Pink describes three major factors in the workplace that accentuate the intrinsic motivation to succeed within all of us: autonomy, purpose, and mastery[xiii]. Involving staff in how to make the work better, more efficient, and more satisfying supports all these factors, especially autonomy.

While there certainly must be reasonable limits to caregivers' time away from the bedside, encouraging physicians and nurses to participate in performance improvement initiatives is a smart investment in their personal development and long-term success of the organization. It also helps satisfy their professional need for some degree of autonomy in their work.

The following tactics provide ways to involve physicians along with their nursing and clinical colleagues in problem-solving and decision-making:

Tap specialists for program-specific improvement teams

Diverse teams comprised of physicians, nurses, and other clinical professionals not only craft better, more comprehensive solutions; they also help build relationships across disciplines that support sustainable social capital development. Even when an identified improvement opportunity appears to focus primarily on nursing or clinical diagnostic services, including surgeons, critical care, emergency, and hospital medicine specialists in care design improvement projects that impact their patients is wise.

Make special efforts to include primary care providers

The unintended consequence of the growth of the hospital medicine specialties (hospitalists, intensivists and laborists) has been the further isolation of primary care providers. This separation affects continuity of care in multiple ways at the very time when population health models demand closer coordination across diagnostic, treatment and well-care programs.

With a little effort, primary care providers can be pulled back into the fold. Regularly scheduled focus groups, usually held over breakfast or dinner, are an ideal way to solicit input on a variety of issues. These dialogues should be thoughtfully planned but focus more on gaining insights and feedback than on sharing information.

Selectively, primary care representatives should be included in care path development and improvement projects that require more structured follow up in the community after hospital discharge and/or care by specialists.

Streamline and stimulate more frequent performance improvement projects

Complex, cross-functional process improvement projects often demand a highly-structured, multi-day, complicated planning and design process. But in the parlance of LEAN, not every problem requires a Kaizen event. Less complex, unit-based problems are often better, more efficiently served by ad hoc teams focused on understanding singular issues and rapidly crafting novel solutions. These small teams can be cross-disciplinary or comprised solely of physicians, nurses or other clinical professionals, depending on the issue and its impact on various team members.

4. Change the culture of feedback

Healthcare's innate predisposition to finding problems and fixing them has implications for how feedback is viewed and expressed. In fact, while feedback can be either positive or negative, it is most often associated with criticism. To build a more positive, engaging work environment, that bias must change to a model where feedback is more frequently offered to reinforce positive achievements and behaviors than it is given to reprimand or fix problems.

Here are suggestions for ways to change the culture of feedback:

Incorporate strategies and practices for effective feedback at the middle management level

Effective feedback features several key characteristics. It is:

- Balanced (both positive reinforcement and constructive criticism),
- Frequent, and
- Focused on development and professional advancement.

Models and tools that provide guidelines for both how to provide feedback as well as how often to give it are most effective in changing the work environment. Moving from a command-and-control model where feedback is often punitive and focused only on addressing problem behaviors to a balanced feedback model builds a culture of respect, gratitude, and professional development.

While feedback at the middle manager level is critical for all professionals, efforts to improve and increase its frequency must be particularly intentional among physician leaders. The job descriptions and professional training for medical directors discussed above must include responsibility and specific strategies for providing feedback to frontline members of the medical team.

Increase balanced feedback from health system leaders

As the study at Massachusetts General Hospital described above points out, feeling valued is the most highly correlated factor in overall professional satisfaction. Feeling cared about as a person, not being taken for granted and feeling that resources are provided for professional development are all necessary factors which must be expressed both by physician and executive leaders in health systems.

Visibility through leadership rounding in the trenches is essential for leaders to stay connected to staff at all levels. This rounding is most effective when leaders talk with patients as well as physicians, nurses, other clinical professionals, and support staff.

Summary

Comprehensive strategies to effectively address the growing problem of physician and nurse disengagement and burnout must consider both the structure of the work itself as well as the work environment. Adjusting tasks and individual workload may provide some temporary relief, but to sustainably build a culture of engagement and professional satisfaction, understanding and changing key aspects of the work culture is critical for long-term success.

[i] Shanafelt TD, Boone S, Tan L. et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172(18): 1377-1385.

[ii] Montgomery A. The inevitability of physician burnout: Implications for interventions. *Burnout Research* 2014;1(1): 50-56.

[iii] McKay KA, Narasimhan S. Bridging the gap between doctors and nurses. *Jour Nurs Ed and Practice.* 2012;2(4):52-55.

[iv] Kramer M, Schmalenberg C. Development and Evaluation of Essentials of Magnetism Tool. *Jour of Nursing Admin.* 2004;34(7):365-378.

[v] Mintzberg H. Toward healthier hospitals. *Health Care Mgt Review* 1997;22(4): 9-18.

[vi] Noseworthy JH, Shanafelt TD. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout" *Mayo Clinic Proc.* 2017;92(1): 129-146.

[vii] Scheurer D, McKean S, Miller J, Wetterneck T. US physician satisfaction: a systematic review. *J Hosp Med.* 2009;4(9): 560-568.

[viii] Beck R, Harter J. Managers Account for 70% of Variance in Employee Engagement. Gallup, Inc. April 21, 2015. Accessed at https://news.gallup.com/businessjournal/182792/managers-account-variance-employee-engagement.aspx

[ix] Simpkin AL, Chang Y, Yu L, et al. Assessment of Job Satisfaction and Feeling Valued in Academic Medicine. JAMA Int Med. 2019;179(7):992-994.

[x] Stamm BH, Blampied S, Higson-Smith C, Hudnall AC, Piland NF, Stamm, H. E., & Khabir, S. (2010). ProQol.org. Retrieved from http://www.proqol.org/ProQolTest.html

[xi] Quinn RE, Thakor AV. Creating a Purpose-Driven Organization. *Harvard Business Review.* 2018;96(4):78-85.

[xii] Cooperrider DL & Srivastva S (1987). "Appreciative inquiry in organizational life". In Woodman, R. W. & Pasmore, W.A. (eds.). *Research in Organizational Change and Development*. Vol. 1. Stamford, CT: JAI Press. pp. 129–169.

[xiii] Pink, Daniel H. *Drive: The Surprising Truth About What Motivates Us.* Penguin Group (USA) Inc. December 29, 2009.

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Prior to launching Stamp & Chase over 17 years ago, Burl served several leading healthcare organizations in executive roles, including president/CEO of Phoenix Children's Hospital and vice president of clinical services development for St. Louis Children's Hospital and BJC HealthCare/Washington University Medical Center.

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