The University of Michigan Department of Urology

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What's New April 27, 2018

Acting Chair Recap: Fighting the "Loneliness Epidemic"

1 Item, 25 Minutes

Good morning, everyone!

Today's edition of What's New continues our annual practice of having the Acting Chair reflect on his or her time, and I'd like to thank Dr. Alon Weizer for putting together such a thoughtful contribution. His honest acknowledgement of the challenges facing all of us – in both our professional and personal lives – is refreshing and genuine. I really enjoyed reading what Dr. Weizer had to say, and I hope you enjoy it as well, so without further ado, here's Dr. Alon Weizer.

-Eric Anderson

Dr. Alon Weizer

Being given the chance to "fill-in" as acting Chair of the Department is a truly unique opportunity. I do not believe this opportunity exists in other Urology Departments and it is one of the aspects that makes our Department (and current Chair) special. I was asked to write this What's New to summarize my experience as acting chair. I have actually struggled with writing this (which is usually not a problem for me). My original draft spent a great deal of time discussing our current predicament as a Health System and the role of the Chair in helping to address our challenges. After the recent retreat, I believe we are at least aware of the major issues and I prefer to discuss broader themes.

Fundamentally, the Chair of a Department lives at the crossroads of Michigan Medicine. From one direction, the Chair has the responsibility to recruit, foster, and develop faculty, staff, and learners that fall under the umbrella of the Department. They must steward the current resources and ensure the future success and well-being of the Department. From another direction, the Chair is accountable to the leadership above them. They are

expected to participate in defining institutional strategy and priorities and ultimately communicate and help implement these strategic goals at the level of the Department across all missions. And then there are the myriad of other stakeholders (alumni, referring urologists, other Department Chairs, other Urology Departments around the country, local, state, and national organizations…) that the Chair must accommodate in the management of their Department.

As our Department has grown and the complexity of our clinical practice, educational responsibilities, and research have expanded and changed, the role of Department Chair has become more challenging and time-consuming. This is not only felt by the Chair but to some extent everyone in the organization. The challenge of our current time is how do we balance the needs of the organization to grow, contain costs, and become more efficient while avoiding sacrificing our own individual well-being? If you were at the retreat this is really the question I asked Dr. Runge and while I believe he did a good job addressing our retreat, I don't feel that this question was adequately answered.

No easy answer exists to this question. There is not an intervention, checklist, or business case we can draw upon that will tell us how to cut $150 million in expenses without further burdening everyone in the organization. Even if you argue that there is a lot of waste in the system (and there is), people will feel the loss whenever something is taken away. The real answer lies in how we as individuals view ourselves in relationship to the broader organization and whether we fundamentally believe in the mission and values of Michigan Medicine.

A natural tendency when we are faced with an institutional mandate or further policies and regulations is to blame the faceless leadership of the organization. It's easier to blame someone we don't know than to perform the critical self-examination that is often required in these times of need. We love to invoke the faceless villain as the cause of our current troubles. I'm here to tell you that there really are no faceless villains at Michigan Medicine. Having served in several leadership capacities over the last 5 years (Medical Director of the Cancer Center, Associate Chair of Surgical Services, Acting Chair, and now Associate Chief of Staff), I can pretty safely tell you that our leaders are not faceless and do not feel that they are above the fray. Many of them rose up through the ranks of the organization, take care of patients just like we do, and have families, friends, and lives outside of work just like us. For the most part, no one is asking anyone to do anything that they would not do themselves and as we learned during the retreat, Dr. Runge has to do his MLearnings just like the rest of us.

Which leads to the hard conclusion that there is no other, there is only us because if we stop and think for a moment, we are all Michigan Medicine. I know this sounds really sappy so I will try to clarify this better. At least for the physicians, one way to think about this is that we are all members of one very large multispecialty group called the UMMG.

Fundamentally that means that the we are all partners whether we are talking about another urologist at Michigan Medicine or an emergency medicine physician or hospitalist or pediatrician…This is because fundamentally, our professional revenue (and to some extent our salary) depends on the function of the UMMG and how each member of the UMMG performs. In essence, when we blame faceless leadership, we are blaming ourselves and at the end of the day, the problem and the solution lies in how we as individuals view ourselves in relationship to the group.

I know this will not be popular but I do believe a large part of the problem in our organization lies in the fact that a healthy minority don't feel accountable to the greater organization. I am not saying that people are not working hard or not achieving success but there are individuals that pursue their own agenda without considering the impact to their partners yet expecting the same rewards as everyone else. Decisions that take people away from their core activities, while they seem small on an individual level, add up in aggregate. For example, at the retreat, we looked at CME expenses and I have had conversations with multiple people after looking at the data commenting on the wide range that we have in our own Department. Presenting and participating in national meetings, meeting with collaborators, and traveling to promote the interests of the Department are important in building our brand, recruiting residents, fellows, and faculty, developing relationships for philanthropy, and in individual faculty development but when does travel exceed the law of diminishing returns? Whether it's travel, new local, state, or national roles, or other opportunities, in a Department our size, these activities (especially when they are underfunded) have an impact on everyone else in the Department and individual faculty members should make decisions on accepting these activities in consultation with their Division Chief and Department Chair. This is because these activities often have the double impact of increasing our expenses (especially in the case of CME) and decreasing our revenue due to decreased clinical activity. I am not making the argument that we judge value to the Department based on RVUs because there are many of us that don't generate a margin to the Department that are highly valuable to our group because of their contributions to research, education, and leadership activities locally and nationally. But the decision to deploy our most precious asset, our people, is a shared investment amongst every single faculty member in our Department and more broadly, every member of the UMMG.

There are a lot of underlying issues here that related to how we as an organization fund research and education effort as well as how we do effort certification but fundamentally, the details are less important than how we as individuals view ourselves in relation to the broader organization. If you take the opinion that we are members of a larger group, then we are equally accountable to come up with solutions to the greater problems we face as an organization. We can make an argument that we can't control the MA's in our clinic or turnover time in the operating room, but we can control our own behavior and time and that is the place to start. If we don't view ourselves as part of something greater, then

the whole thing ultimately unravels not because of some faceless leader but because we put our own interests first and take from the organization without really giving anything back.

Who wins the "me" versus "us" attitude ultimately will determine whether we reach our goals as an organization because as I learned as acting Chair, there is no one individual that can solve our problems. Our solution lies in creating a culture that supports and values every single one of us and we, in turn, contribute back to the growth and well-being of the organization that allows us to flourish as individuals.

The naysayers amongst us will say that the organization has failed us. As physicians, we have more and more burdens placed on us that prevent us from being able to do what we need to get accomplished and that bring us meaning. I would make the argument that, again, we are the organization and the solution lies in the same accountability to each other to address the issues that are impacting our wellbeing and leading to burnout.

I want to step back for a second and consider the potential root cause of burnout. While increased administrative burden, higher patient expectations, greater complexity, and more and more added responsibilities are contributing to burnout, I actually don't believe that is the root cause. In fact, I believe a major contributor to both the issue of burnout amongst clinicians and our greater societal woes are related to the epidemic of loneliness. A recent study reported that the health impact of loneliness on mortality was equivalent to someone smoking 15 cigarettes a day. Instead of delving into the details of this complex topic, I would suggest two readings that will give people some insight into how social isolation impacts our wellbeing as clinicians (and the wellbeing of our patients). The first one is an article in the Harvard Business Review by Vivek Murthy who served as the 19th US Surgeon General. It's a quick read and gives some great context to this issue. https://hbr.org/cover-story/2017/09/work-and-the-loneliness-epidemic. The second reference illustrates that this is not a new problem but a broader societal issue that has its roots in how our country has changed over time. Bowling Alone by Robert Putnam published in 2001 provides an in depth review of how changes in our society have led to social isolation.

In many ways, our work as clinicians is a lonely business. We are surrounded by people- patients, staff in clinic, colleagues, residents, fellows, etc… but ultimately the decision making rests with us as individuals and a lot of the work we do- reviewing MiChart, managing our email or other administrative tasks is solitary business. An extreme example of social isolation that I learned about recently is known as hikikomori. This is a cultural phenomenon in Japan impacting over ½ a million young adults who stay shut in almost never leaving their homes. While the reasons for this epidemic are unique to Japan, it is likely that the issues of social isolation are present to varying extents in many cultures across the globe and certainly exist in the United States. Loneliness and social isolation create a

situation where we have no support network to deal with the burdens that we face. I remember feeling very lonely when I was medical director in the cancer center despite being surrounded by a supportive team to help. In some ways, I felt like the problems we were facing were on my shoulders to address and that it was hard to identify someone who I could trust to share my feelings.

But we are not alone. Fundamentally, the desire to be part of a group has been part of our evolution as human beings and is what has led to our survival and growth. We are better together than by ourselves. That is why there is such an emphasis on "team" science or why many organizations have gone to working in teams on projects. There is a lot of data and science on this (which I have not included here) but at its root, we know that being part of something bigger allows us to achieve more and share the burden. This is where I believe our Department can lead the way in helping the organization address isolation, physician wellbeing and the spectrum of burnout. While we all have different social groups, families, and other organizations we connect with, a large part of our waking hours are spent at work with the same people on a daily basis. Accountability should not be just about how we spend our time related to work but also how we use that time to support each other and the people we work with every day. I can't count how many times I have reached out and received help from people in the Department for difficult clinical situations, trouble in the operating room, covering call/patients, professional, or personal challenges. But my experience with many people in the Department goes beyond clinical and professional life. Interacting with colleagues who I consider friends outside work in a variety of settings provides opportunity for us to know each other and our families as "real" people and builds camaraderie. On my OR days, I often go into the nurses' lounge with my lunch and sit down with the nurses and techs so that I can get to know the people I work with. When we truly care about each other as people, both the challenges of the organization and our individual stresses are easier to face. While our numbers on the recent physician survey are amongst the highest in the organization, we are also one of the most productive Departments and our success is largely based on the collaborative and personal culture that we have built. Doubling down on this success is a way for us to respond to issues of burnout and fight the loneliness epidemic.

Coming full circle, I have learned an important lesson as acting chair. First, while the Chair is an important role, that role is not to solve problems but rather to create a culture where everyone feels valued and connected so that people can flourish as individuals and as a group. It is true that the Chair sets the direction the Department is heading aligning with the broader institution but it is us, the members of the Department that influence how quickly we achieve our goals, how we deal with challenges along the way, and how much fun we have together getting there. Whoever our next Chair is, I hope they will hold us accountable to support the Department and organization, hold us accountable to continue to support and care for each other, and empower all of us to lead the institution in addressing the challenges we face.

Thank you and I hope everyone has a great weekend.
Alon