Group Coaching Pilot with RechargedMD

Program Evaluation

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EXECUTIVE SUMMARY

Background: The Academic Medical Center, like many healthcare institutions, recognizes the pressing challenge of clinician burnout and is dedicated to helping support its physicians. In October 2022, a pilot project collaboration was initiated with RechargedMD to help combat physician burnout among 35 women physicians within The Academic Medical Center's health system.

Program Overview: The primary goals of this pilot project were to successfully conduct five RechargedMD curriculum-based group coaching cohorts (each with seven one-hour long sessions) to women physicians and to preliminarily explore the feasibility of, acceptability of, and outcomes associated with the behavioral intervention.

Positive Impacts of the Coaching Program: Based on feedback from the program coaches, participants were highly engaged in the program and the sessions were perceived by the coaches as effective. Survey data from participants both before and after the coaching program show that the program had a significant positive impact on participants. Burnout scores decreased significantly, indicating effective burnout management. Participants also demonstrated increased self-awareness, emphasizing the program's potential to improve well-being and professional development. Participants also showed a trend towards lower emotional exhaustion after completing the coaching program.

Positive Participant Feedback: Participants reported high satisfaction with the program, particularly valuing peer connections and open discussions. The program fostered a sense of belonging, reduced isolation, and positively impacted well-being and feelings of empowerment. Participants' strong appreciation for peer connections highlights the importance of creating a supportive community. Such a community fosters a sense of belonging and reduces feelings of isolation, which are particularly crucial in the high-stress healthcare environment. It also suggests that providing a space for open and meaningful dialogue is a crucial component of this coaching program.

Areas for Improvement: While overall feedback was positive, improvements could enhance program effectiveness. Lengthening sessions, providing concrete tools and strategies, and balancing reflection with structured coaching were suggested. This feedback underscores the need for striking a balance between reflection and practical coaching. Participants' desire for longer sessions and concrete tools reflects a need for practical, goal-oriented elements. Lengthening future sessions could allow for more in-depth exploration of topics, richer interactions among participants, and the development of deeper connections. Incorporating coaching techniques and exercises that facilitate skill development, problem-solving, and goal setting can enhance participants' ability to apply their learning effectively. Addressing these aspects could enhance engagement and impact in the future.

Conclusion: The Academic Medical Center's Group Coaching Pilot with RechargedMD positively impacted physician wellness by reducing burnout scores and increasing self-awareness among participants. High satisfaction levels underscored the value of peer connections and open discussions. However, refining program length, structure, and resource provision could enhance its effectiveness. Continuous program refinement will be important to meet evolving participant needs and preferences.

BACKGROUND

Clinician Burnout. Clinician burnout is a nationwide concern and has been recently designated as a public health crisis (Dyrbye et al., 2017). Over half of physicians and over one-third of nurses report burnout, which can lead to increased medical errors and poor clinical outcomes (Aiken, et al., 2002; Balch et al., 2011; Dyrbye et al., 2017; McHugh et al., 2011; Shanafelt et al., 2010). We also know that healthcare practitioners who experience burnout are not as satisfied with their work and are more likely to resign than those who do not feel burnt out (Shanafelt et al., 2014; Shanafelt et al., 2011). Traditionally, burnout has been framed as an individual concern, stemming in part from a lack of resilience, but there is now growing acknowledgement that burnout is caused by systemic factors. Burnout leaves both physicians and patients suffering, so it is essential that we work to identify the root causes of this issue and make system-wide changes to alleviate it.

Among healthcare professionals, coaching has been shown to effectively reduce burnout, increase job satisfaction, improve leadership skills, and increase a sense of empowerment. One of the benefits of coaching is that it provides a general structure for intervention, while still allowing for the individuals being coached to set the focus of the work, based on their needs and challenges (Jones et al., 2015; Theeboom et al., 2013). Moreover, we believe that coaching provided by trained physicians who are also certified coaches is likely to produce even stronger results than those seen for non-physician coaches.

The Current Project. The Academic Medical Center and RechargedMD conducted a pilot project to address the crucial issue of physician burnout among The Academic Medical Center's physicians. This pilot project offered the RechargedMD group coaching program to women physicians working within The Academic Medical Center's health system. The RechargedMD group coaching program is unique in that groups are led by trained, certified physician coaches who are uniquely knowledgeable about challenges in the healthcare environment and equipped to support physician colleagues. The group sessions are designed to provide physicians with concrete tools to promote personal and leadership development, empowerment, and communication skills while reducing burnout. The primary goals of this pilot project were to successfully conduct five RechargedMD curriculum-based group coaching cohorts (each with seven one-hour long sessions) to women physicians and to preliminarily explore the feasibility of, acceptability of, and outcomes associated with the behavioral intervention.

METHODS

Recruitment. Women physicians currently working at The Academic Medical Center's health system were eligible for this program. The study team provided information about the project via newsletters and emails to Physician Experience Champions and Department Heads (who then distributed the information to physicians in their departments). Physicians who were interested in learning more about the program were invited to attend an information session via Zoom or to reach out to the project manager directly for more information. During the information sessions, the project manager described the study and answered questions. The Zoom sessions were conducted without video (for anonymity), and physicians could ask questions of the project manager anonymously via the chat feature.

If physicians were interested in participating in the program after learning about the program details, they signed a consent form (via DocuSign) and filled out a screener survey (via Qualtrics) to determine eligibility. Physicians were eligible for the project if they:

- Were at least 25 years of age
- Speak and understand English
- Identify as a woman
- Were an attending physician or staff physician
- Were currently in clinical practice and directly cared for patients
- Could commit to seven weekly coaching sessions
- Had access to Zoom in a private setting
- Were comfortable with the technology skills required for Zoom

Thirty-five physicians who completed the screener survey and qualified for the project received an email from the project manager, welcoming them into the study and describing next steps.[1] Participants who completed all seven coaching sessions as well as the pre-program and post-program survey earned seven category one continuing medical education (CME) credits through AAFP that could be used towards their medical license renewal.

Sessions. Participants were asked to attend seven, one-hour long virtual group coaching sessions (held on Zoom) over a 2-month period. Five cohorts were carried out, and each cohort included seven participants (for a total of 35 participants). The group sessions were led by trained and certified physician coaches and were designed to provide physicians with concrete tools to promote personal and leadership development, empowerment, communication skills, and reduce burnout. Themes discussed in the groups included: physician identity, individual values, the culture of medicine, imposter syndrome, vulnerability, and the power of stories. The group sessions were conducted between April 6, 2023, and July 27, 2023.

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[1] Of note, we received overwhelming interest in the program. About 150 physicians completed the screener survey. Those who were not able to join this pilot project (because the slots were already full) were asked if they wanted their contact information to be shared with The Academic Medical Center's team for potential future opportunities. This contact information was then shared with The Academic Medical Center's team.

Surveys – Participants. Participants completed a pre-program survey within 1 week of the first coaching session and a post-program survey within 1 week of the last coaching session. All surveys were completed online via Qualtrics, and each survey took approximately 20 to 30 minutes to complete. All 35 participants completed their pre- and post-program surveys.

The **pre-program survey** included questions about the participant's work, demographics, and previous experience with coaching programs/support groups. It also asked participants to list their top 3 biggest obstacles they face at work, their typical coping responses, the effectiveness of these responses, and their expectations for the group coaching program.

The **post-program survey** asked participants for feedback about the program as well as their personal experiences with the program (e.g., what was most helpful, what was most enjoyable, suggestions for program improvements, how likely they are to recommend the program, level of satisfaction with the program, positive impacts of the program, etc.).

Both the **pre-program and post-program surveys** asked participants to rate their overall level of daily stress and their overall level of burnout (on a scale from 1 to 100). Both surveys also included items from the following established measures:

Authentic Leadership Questionnaire (Avolio et al., 2007)
The 16-item Authentic Leadership Questionnaire (ALQ) by Avolio, Gardner, & Walumbwa (2007) was used to assess authentic leadership (AL) behaviors among participants of this program. Authentic leadership represents a leadership approach demonstrated by individuals who uphold strong integrity, assume accountability for their actions, and make decisions that are grounded in their foundational principles. They rely on their internal guiding principles to direct their workplace behaviors, fostering the confidence of their staff and colleagues. Authentic leaders endeavor to establish authentic connections with their team while progressing towards objectives aligned with their organization's mission and vision.

The ALQ was derived from Kernis and Goldman's (2006) multi-component conception of authenticity. In their review of AL literature from 1980 to 2010, Gardner et al. (2011) found that the ALQ was the most frequently used measure of AL. Indeed, the ALQ has been utilized by many researchers and has been found to be a psychometrically sound measure of AL (Hassan & Ahmed, 2011; Hmieleski et al., 2012; Laschinger et al., 2012; Leroy et al., 2012; Peus et al., 2012; Rego et al., 2012; Roof, 2013; Walumbwa et al., 2011; Wooley et al., 2011).

The ALQ consists of four components (descriptions provided by the ALQ manual; Avolio et al., 2007):

Transparency (5 items): Transparency measures how a leader presents her/himself to others. A leader with transparency shows a great deal of openness and presents their authentic self to others, sharing their true thoughts and feelings. In doing so, a leader promotes an authentic relationship, which is a selective process of self-disclosure and the development of mutual trust.

Ethical/Moral (4 items): The Ethical/Moral scale reflects the leader's moral standards and behavior. It is essentially a form of self-regulation guided by internal moral standards and values, as opposed

to external standards (e.g., from one's social group or work organization). Ethical/Moral behaviors show decision-making and actions consistent with internalized values.

Balanced Processing (3 items): A leader that objectively analyzes all relevant data before coming to a decision has a good sense of balanced processing. This leader also solicits views that challenge their own deeply held positions. A leader with balanced processing considers diverse points of view to fairly and objectively shape their interpretation and decisions.

Self-Awareness (4 items): Self-awareness measures a leader's knowledge of their own strengths, weaknesses, limitations, and how they are viewed by others. A leader's self-awareness is used in their interactions with others and with their environment.

Maslach Burnout Inventory-HSS-MP (Maslach et al., 2018)
The Maslach Burnout Inventory (MBI) is a validated and frequently employed 22-item psychometric tool for measuring burnout (Maslach et al., 2018). It evaluates three key dimensions:

Emotional Exhaustion (9 items): Feelings of being emotionally overextended and exhausted by one's work

Personal Accomplishment (8 items): Feelings of competence and successful achievement in one's work with people

Depersonalization (5 items): Unfeeling and impersonal responses toward recipients of one's service, care, treatment, or instruction

Each item is rated using a seven-point Likert scale grading the extent each item is experienced by the respondent, ranging from *Never* to *Everyday*. Additive scores from items under each subscale represent the total score for that subscale and are used in determining the level of risk for burnout.

Various iterations of the MBI have been developed to target specific populations. For the current study, we used the version developed for Medical Personnel (MBI-HSS-MP), which was designed for physicians, nurses and other medical personnel. The MBI-HSS-MP uses slightly different wording than the original MBI. For example, instead of referring to "recipients," the MBI-HSS-MP uses the term "patients." Numerous empirical studies have confirmed the strong psychometric qualities of the different versions of the MBI (Alarcon, 2011; Demerouti et al., 2001; Wheeler et al., 2011), and several studies have shown the HSS-MP version to be reliable and valid (Lin et al., 2022; Poghosyan et al., 2009).

Areas of Worklife Survey (Leiter, 2006; Leiter & Maslach, 2004)
The Areas of Worklife Survey (AWS) is a well-established measure that includes 28 items designed to assess key aspects of an individual's work environment, their functioning in the workplace, and any misalignments between the requirements of the organization and the aspirations, capacities, needs and values of the individual. The questionnaire's statements are grouped together into six scales:

Workload (5 items): The amount of work to be done in a given time

Control (4 items): The opportunity to make choices and decisions, to solve problems, and to contribute to the fulfillment of responsibilities

Reward (4 items): Recognition—financial and social—for contributions on the job; a meaningful reward system acknowledges contributions to work and provides clear indications of what the organization values

Community (5 items): The quality of an organization's social environment

Fairness (6 items): The extent to which the organization has consistent and equitable rules for everyone

Values (4 items): What is important to the organization and to its members
Respondents are asked to rate each item on a five-point Likert scale, ranging from *Strongly Disagree* to *Strongly Agree*, indicating the degree to which they agree with each statement. For each of the six subscales, higher scores suggest greater alignment between the workplace and the employee's preferences, while lower scores indicate a disconnect between the workplace and the employee (Leiter & Maslach, 2004).

The AWS has demonstrated consistent factor structures in various samples (Leiter & Maslach, 2004). Criterion-related validity is supported by robust correlations between the AWS and the three dimensions of the MBI-GS (Maslach et al., 1996) in separate studies (Leiter & Maslach, 2004). An indicator of the subscales' construct validity is that participants' workplace complaints corresponded with the areas of worklife they evaluated negatively (Leiter & Maslach, 2004). The AWS has shown acceptable internal consistency, with reported Cronbach's alpha values ranging from .70 to .89 in previous studies (Bamford, 2011; Leiter & Maslach, 2004). In the current study, the Cronbach's alpha coefficient for the AWS was found to be .89.

See Appendices A1 and A2 for copies of the pre-program and post-program surveys.

Surveys – Coaches. Coaches also completed a 5-minute survey after each group coaching session. In this survey, coaches rated the degree to which the session goals were attained and if expected activities/exercises took place. They also reported on level of participant engagement, effectiveness of the session, and any issues that came up during the session. Two certified physician coaches were involved in this project, and they completed all seven surveys for each of their groups. See Appendix B for a copy of the coaches' survey.

SURVEY FINDINGS

Demographics of Participants. When asked about their professional position, most of the 35 participants (40%) reported that they work in "medicine" (see Figure 1) and had been working as a physician and at The Academic Medical Center's health system for 3 years or more (see Figures 2 and 3). A majority (94%) are White or Asian, and most participants (68%) had not been in a coaching program previously.
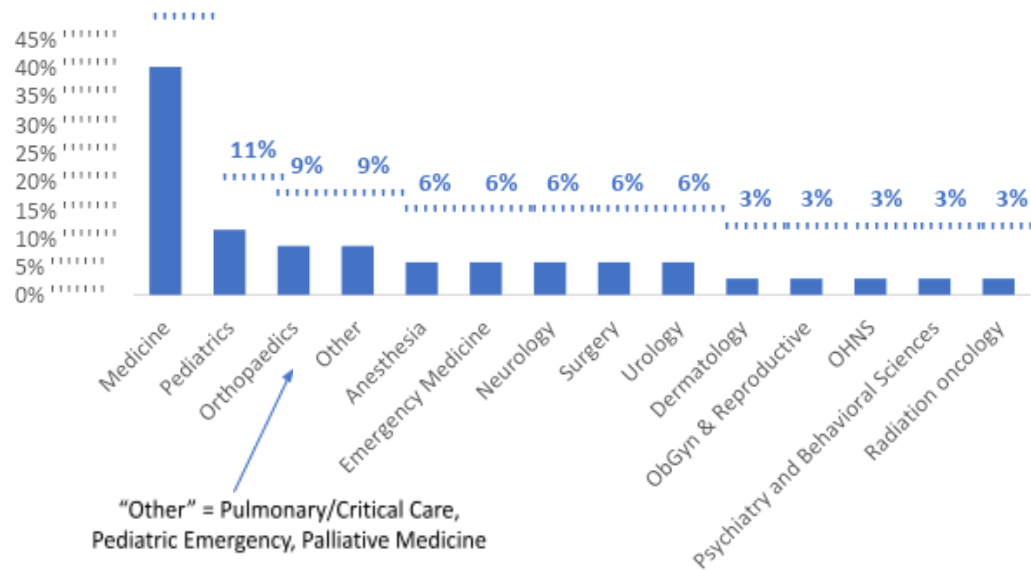
Figure 1. Professional Position

"Other" = Pulmonary/Critical Care, Pediatric Emergency, Palliative Medicine

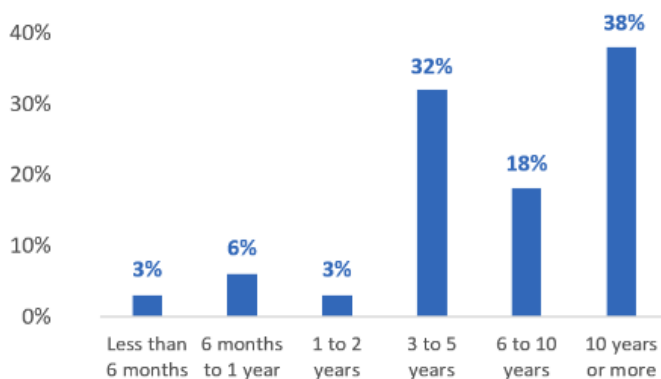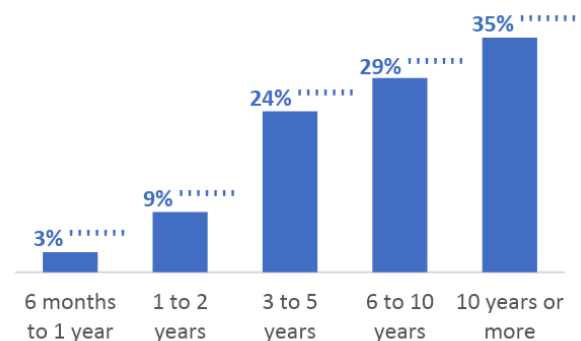*Figure 2. Time Working as a Physician*

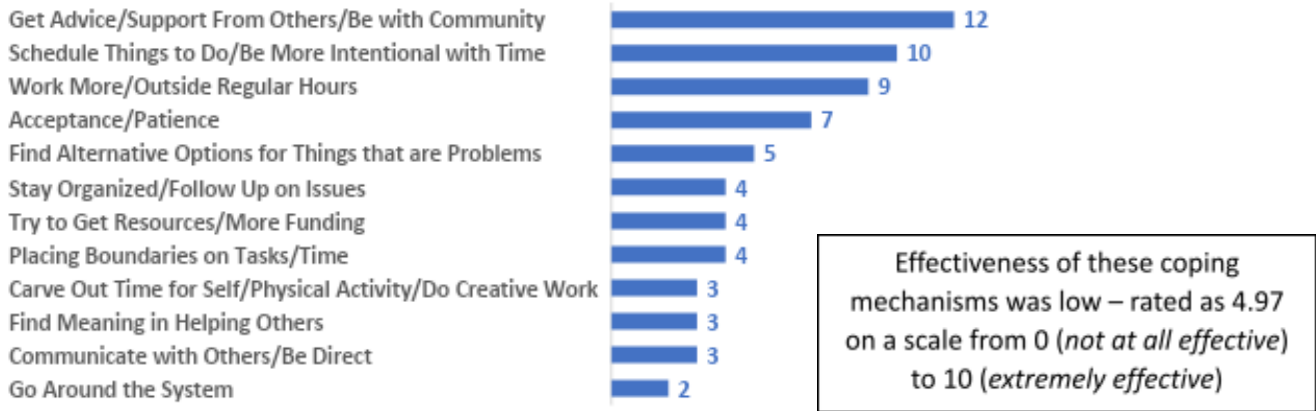*Figure 3. Time Working at The Academic Medical Center*

Pre-Program Stress and Coping. In the pre-program survey, participants were asked to report the top three obstacles they experience at work. The challenges noted most frequently include: Lack of time/issues with time management (reported by 20 of the 35 participants), heavy volume of work (15 of 35), and resource limitations/staff turnover (11 of 35; see Figure 4).

Figure 4. Pre-Program: Biggest Obstacles at Work

Obstacle	Count
Lack of Time/Time Mgmt	20
Heavy Volume of Work	15
Resource Limitations; Staff Turnover	11
Documentation/Paperwork/Administrative Burdens	8
Feel Inadequate/Not Doing All/Always Feeling Behind/Imposter Syndrome	7
Lack of Support From Leadership/Poor Leadership	7
Lack of Trusted Community; Interpersonal Conflicts	7
Taking on Tasks that Belong to Someone Else/Having to do Everything	6
Staff Underperformance	6
Scheduling Issues	5
Navigating Bureaucracy/Systems Issues/Politics	5
Organizing Research Ideas; Deciding How to Spend Non-Clinical Time	4
No Help/Assistance	3
Pay Issues	3
Demands from Others/Meeting Expectations	3
No Sick Days/Have to Cover Others' Calls	2
Not Feeling Valued	2
New role/Inexperience	2
Funding/Grant Writing	1
Pressure to do Research	1

Participants' primary coping mechanisms used in response to these obstacles include: Getting advice and support from others (12 out of 35 participants), scheduling and being more intentional with time (10 of 35), and working more (9 of 35; see Figure 5).

Figure 5. Pre-Program: Primary Coping Mechanisms

Get Advice/Support From Others/Be with Community	12
Schedule Things to Do/Be More Intentional with Time	10
Work More/Outside Regular Hours	9
Acceptance/Patience	7
Find Alternative Options for Things that are Problems	5
Stay Organized/Follow Up on Issues	4
Try to Get Resources/More Funding	4
Placing Boundaries on Tasks/Time	4
Carve Out Time for Self/Physical Activity/Do Creative Work	3
Find Meaning in Helping Others	3
Communicate with Others/Be Direct	3
Go Around the System	2

> Effectiveness of these coping mechanisms was low – rated as 4.97 on a scale from 0 (*not at all effective*) to 10 (*extremely effective*)

Program Expectations. Before the coaching program started, participants were asked to describe what they hoped to get out of the program (see Figure 6). Primary expectations included: Tools to overcome stress/burnout (14 out of 35 participants), tips for work-life balance (9 out of 35), strategies for how to prioritize/focus (7 of 35), tips for boosting productivity/efficiency (7 of 35), and time management strategies (7 of 35).

Figure 6. Pre-Program: Program Expectations

Tools to Overcome Stress/Burnout	14
Tips for Work-Life Balance	9
How to Prioritize/Focus	7
Tips for Boosting Productivity/Efficiency	7
Time Management Strategies	7
Tips for Communicating/Negotiating with Leadership	6
Social Support/Community	5
Tips for Improving Sense of Value, Meaning, Self-esteem	4
Strategies for Motivating Staff/Improving Leadership Skills	4
How to Set Boundaries	4
Healthy Habits	2

Program Attendance. Most of the 35 participants attended between 4 to 6 (out of 7) sessions; see Figure 7). Attendance was initially high (80% for session 2, 94% for session 3), but dipped down to 51% by session 7 (see Figure 8). Participants who had been in a coaching program before were more likely to attend all 7 sessions.
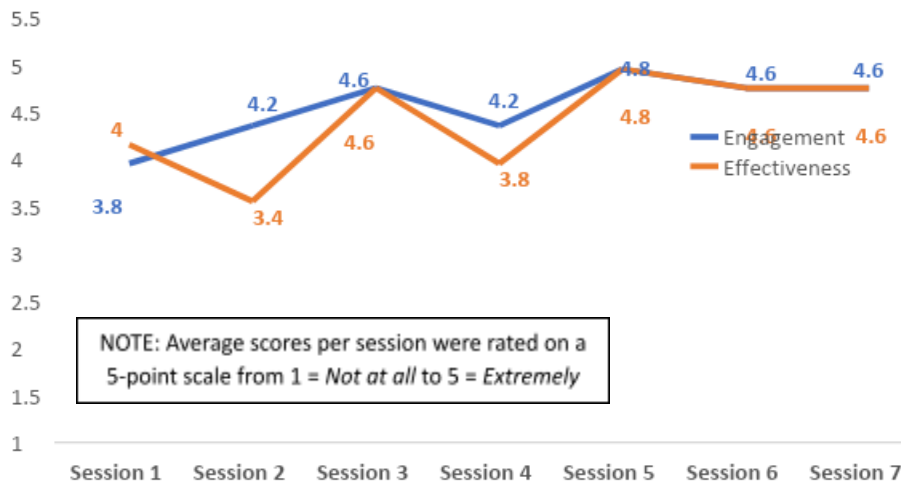
Figure 7. Number of Sessions Attended   *Figure 8. Percentage of Attendance by Session*
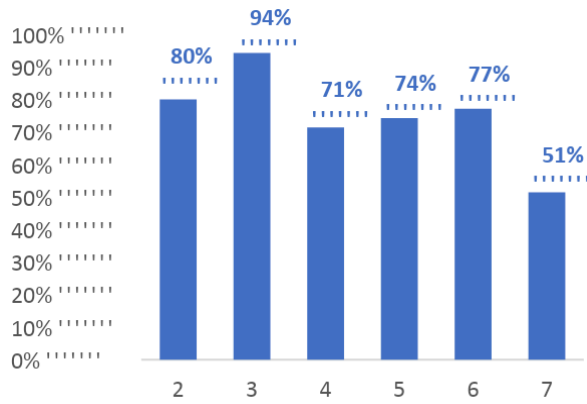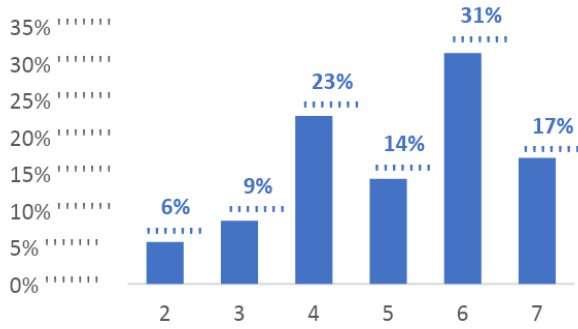
Data From Coaches. As noted in the Methods section above, coaches completed a post-session survey after each session. On average, coaches gave high ratings for both participant engagement and session effectiveness (4.40 for engagement and 4.26 for effectiveness, on scale from 1 to 5; see Figure 9 for ratings by session. Coaches' ratings of participant engagement and session effectiveness were positively correlated (r = .739; p < .001)

Figure 9. Participant Engagement and Session Effectiveness

NOTE: Average scores per session were rated on a 5-point scale from 1 = *Not at all* to 5 = *Extremely*

Overall, the coaches indicated that most goals and activities were achieved at all sessions and in all groups (see Tables 2 and 3). Those that were not achieved resulted from lack of time, too much planned content, and desire for the group to have thorough discussions and time to connect with other group members. Based on feedback from the coaches, Sessions 2, 3, and 5 may be most in need of cutting down on content. In addition, coaches indicated that it is not necessary to spend time at the beginning of every session talking about group expectations of rules.

Table 2. Goal Attainment (reports from the 5 cohorts)	Fully Achieved	Partially Achieved	Not Introduced /Covered
Session 1 – A Designed Alliance			
Introduced the curriculum	5		
Established session boundaries and expectations	5		
Session 2 – Physician Identity			
Participants acknowledged qualities about themselves that are separate from their identity as a physician	5		
Participants crafted statements about who they are as a person, outside of their role as a physician	1	2	2
Participants increased their understanding of their personal attributes and value of their unique qualities	3	2	
Session 3 – Individual Values			
Participants acknowledged aspects of their life that they value	5		
Participants created a plan to re-align their clinical practice with their values	1	4	
Participants committed to actionable ways to improve their work life	4	1	
Session 4 – Culture of Medicine			
Participants identified the cultural aspects of their organization and department, including how they and their patients fit in	5		
Participants described their ideal culture of medicine related to their values	4	1	
Participants identified how they can positively influence the culture in their department and organization	4		1
Session 5 – Imposter Syndrome			
Discussed "Imposter Syndrome"	5		
Participants identified pivotal moments when they've experienced imposter syndrome	5		
Participants shared their fears with others	5		
Participants identify at least one area where they can show more vulnerability in their daily life	3	2	
Session 6 – The Power of Vulnerability			
Participants identified situations where they could allow for more vulnerability	4	1	
Participants explained the benefits of being vulnerable in different scenarios	4	1	
Participants learned how vulnerability can work to combat Imposter Syndrome	2	3	
Session 7 – The Power of Stories			
Participants used story telling as a means to elicit change	5		
Participants identified positive changes they've made recently	4	1	
Participants created a plan to sustain positive changes they've made recently	4	1	

Table 3. Treatment Fidelity (reports from the 5 cohorts)	All Participants	Some Participants	Not Introduced
Session 1 – A Designed Alliance			
Expectations of group rules discussion	4	1	
Why are you here? activity	5		
Different levels of listening activity	5		
Wheel of Life exercise	3	2	
Session 2 – Physician Identity			
Expectations of group rules discussion	5		
Your resume activity	5		
What do they say about you? activity	5		
Journal – "I am a person who…" exercise	2	1	2
Session 3 – Individual Values			
Expectations of group rules discussion	4	1	
How are you feeling today? activity	5		
Journaling past experiences activity	5		
Sharing commitments activity	5		
Session 4 – Culture of Medicine			
Expectations of group rules discussion	3	2	
Your organization's postcard activity	5		
Culture of medicine group activity	5		
Desired culture – vision statement activity	3	1	1
Session 5 – Imposter Syndrome			
Expectations of group rules discussion	4		1
Journaling your strengths activity	5		
Your imposter situation journaling activity	5		
Session 6 – The Power of Vulnerability			
Expectations of group rules discussion	2	1	2
Icebreaker – vulnerability circle activity	4		1
What is vulnerability to you? group activity	5		
Journaling your vulnerable situations activity	5		
Journaling "I will allow myself to be vulnerable by…" activity	5		
Session 7 – The Power of Stories			
Expectations of group rules discussion	2	2	1
Journal – recent frustrations activity	5		
Journal – changing your story activity	5		
Journal – closing commitments activity	5		

Participants' Outcomes. Comparison of pre-program and post-program scores were analyzed to identify outcomes that may be associated with participants' involvement in the program. We found that participants showed significantly **lower burnout** scores after completing the coaching program (Mean = 57.30 to 46.61; see Figure 10) and significantly **higher ALQ – Self Awareness** scores after completing the coaching program (Mean = 8.94 to 10.82; see Figure 11). Participants showed a trend towards **lower MBI – Emotional Exhaustion** scores after completing the coaching program (Mean = 30.24 to 28.24; see Figure 12). Most other scores trended in a positive direction, but did not reach statistical significance (which is not surprising, given the small sample size; see Figures 10-13).

Figure 10. Level of Daily Stress and Burnout (Pre to Post Scores)
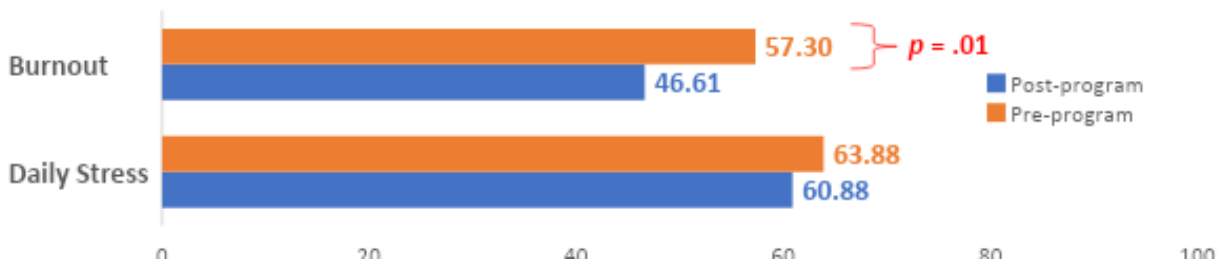
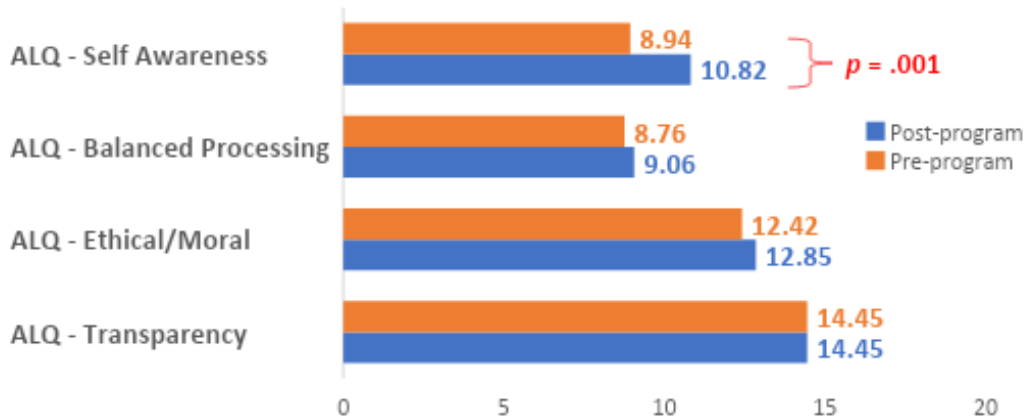*Figure 11. Authentic Leadership Questionnaire (Pre to Post Average Summed Scores)*

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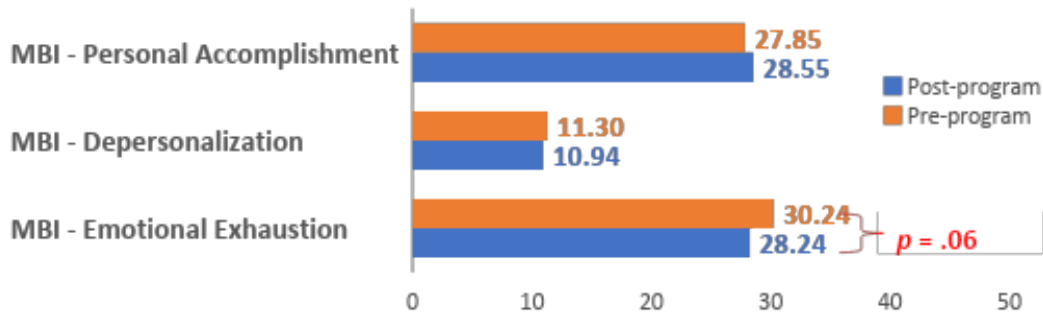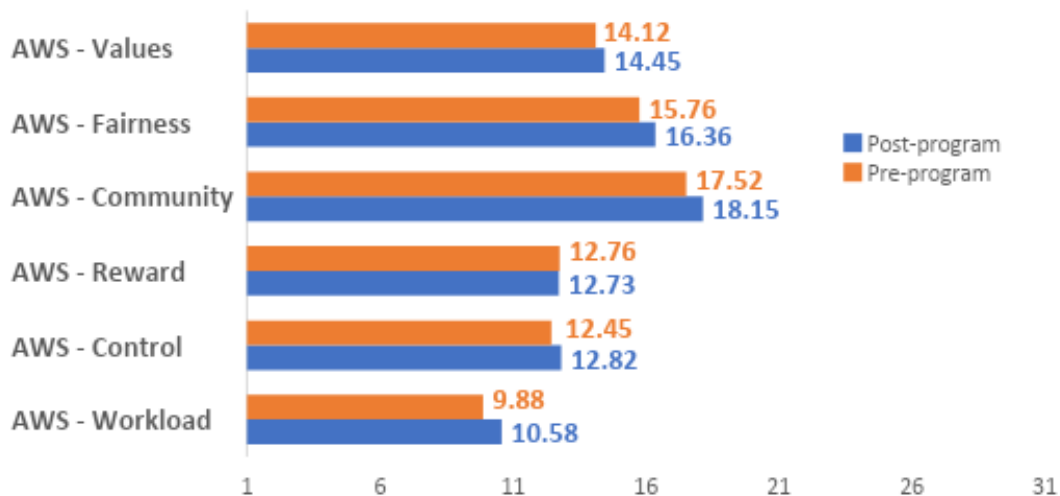*Figure 12. Maslach Burnout Inventory (Pre to Post Average Summed Scores)*

Figure 13. Areas of Worklife Survey (Pre to Post Average Summed Scores)

We also explored whether there were differences in pre- to post-scores based on demographic variables. We found that **greater attendance** was associated with **less stress and burnout** after the program, which was not the case for pre-program scores (*r* between total attendance and post-program burnout = -.36, *p* = .04; significant; *r* between total attendance and post-program stress = -.32, *p* = .07; trend). In addition, **having worked longer at The Academic Medical Center's health system** was associated **more ALQ – Balanced Processing** after the program, which was also not the case pre-program (*r* between length of time working at The Academic Medical Centerand post-program ALQ – Balanced Processing = .39 (*p* = .02; significant). There were no pre- to post-score differences based on previous experience with a coaching/support program.

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Program Feedback. Participants rated the program highly in terms of the quality of their experience in the program (7.4 out of 10), their satisfaction with the program (7.1 out of 10), and their likelihood to recommend the program (7.1 out of 10; see Table 4).

Table 4. Program Feedback Ratings

	Average Score (out of 10)	Rating of more than 5	Rating of less than 5
Quality of experience in the program	7.4	79%	9%
Satisfaction with the program	7.1	76%	12%
Likelihood to recommend	7.1	74%	12%

Participants provided positive ratings when asked about specific aspects of the program (see Figure 15). In particular, over 90% of the participants positively rated accessibility/ease of using the Zoom platform, the content of the group discussions, and the group coach. Eighty-five percent of the participants said they had an overall positive experience. On the other hand, only 55% of participants rated the program length positively. To shed some light on this finding, we examined participants' open-ended responses regarding sessions not being long enough:

"The sessions went a little too quickly, maybe longer blocks of time would be helpful."

"Sessions should be 1 hour and 15 minutes I think. 1 hour is too short."

Furthermore, many expressed a desire to have been involved with the groups for longer durations:
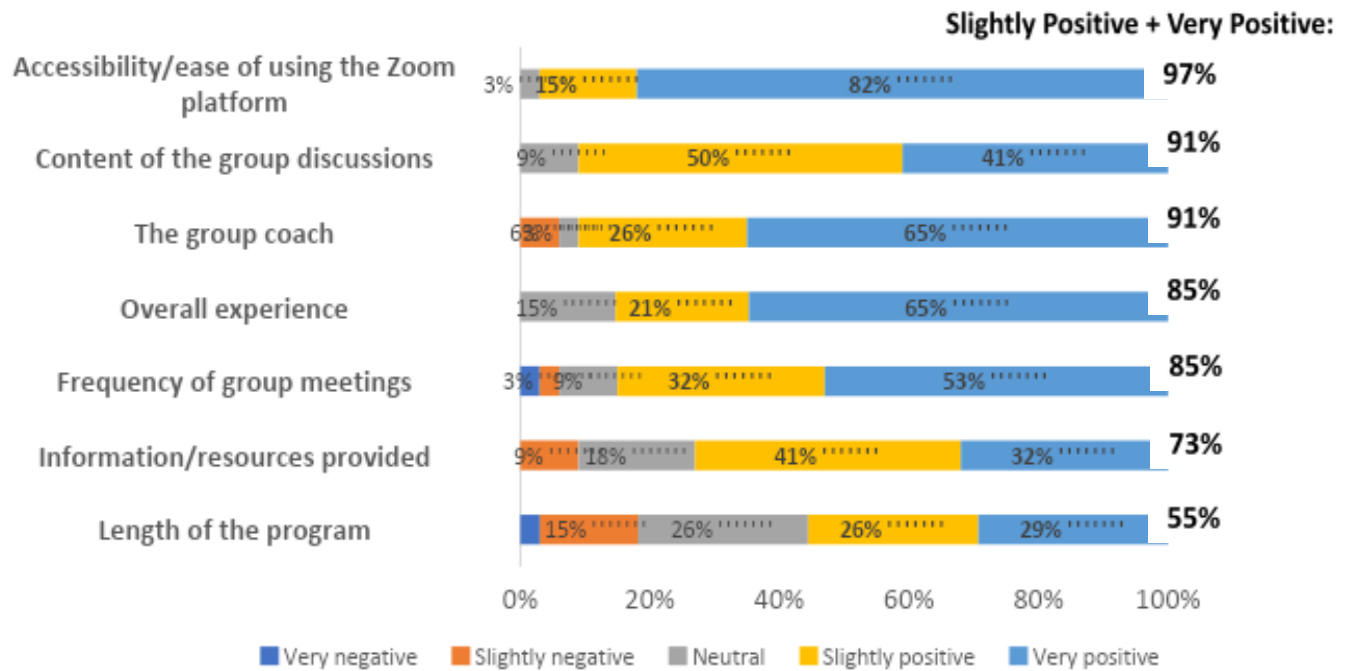
"Would have been more effective to have met monthly x 6-7 months rather than 7 weeks in a row."

"I would love to see more opportunities for longitudinal group experiences like this that are ongoing (i.e. have no end!) I may look into starting something like that."

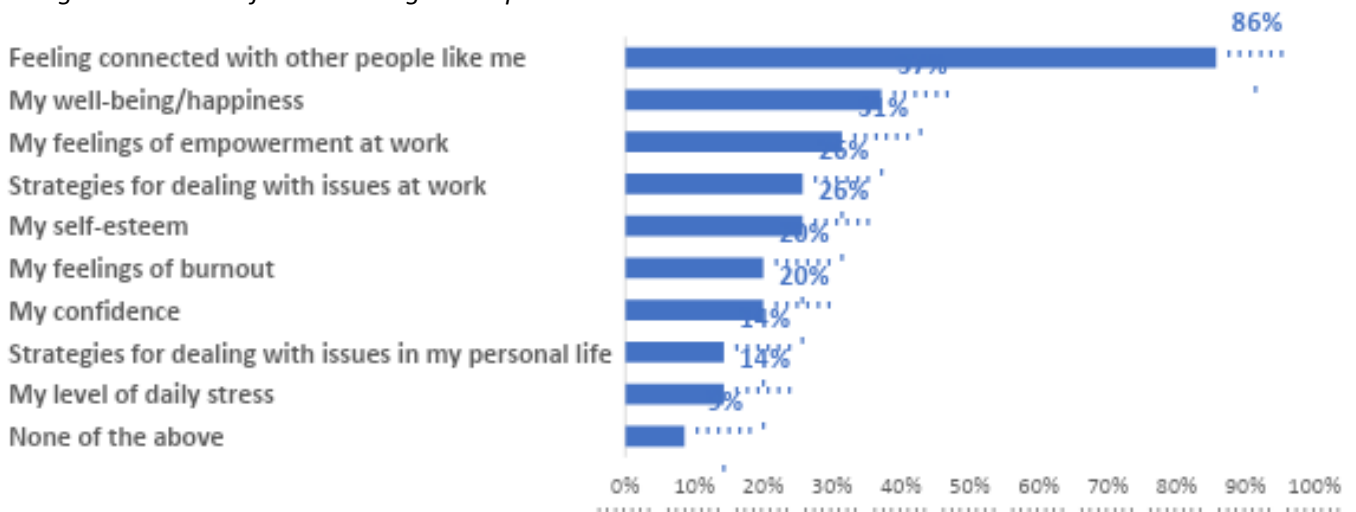*"Longer would be better. Perhaps a 6-month or 1 year option?"*

In addition, there appears to be some room for improvement regarding the information/resources provided by the program, which is described in more detail below.

Figure 15. Ratings of Specific Aspects of the Program

Slightly Positive + Very Positive:

Aspect	
Accessibility/ease of using the Zoom platform	3% / 15% / 82% → **97%**
Content of the group discussions	9% / 50% / 41% → **91%**
The group coach	6% / 3% / 26% / 65% → **91%**
Overall experience	15% / 21% / 65% → **85%**
Frequency of group meetings	3% / 9% / 32% / 53% → **85%**
Information/resources provided	9% / 18% / 41% / 32% → **73%**
Length of the program	15% / 26% / 26% / 29% → **55%**

Legend: ■ Very negative ■ Slightly negative ■ Neutral ■ Slightly positive ■ Very positive

Participants were also asked about areas of their life that were positively impacted by the program (see Figure 16). The program had the clearest impact on participants' feelings of connection with other people like them (86% of participants), and about one-third of participants say the program positively impacted their well-being/happiness and their feelings of empowerment at work.

Figure 16. Areas of Positive Program Impact

| Area	Percent
Feeling connected with other people like me	86%
My well-being/happiness	37%
My feelings of empowerment at work	31%
Strategies for dealing with issues at work	26%
My self-esteem	26%
My feelings of burnout	20%
My confidence	20%
Strategies for dealing with issues in my personal life	14%
My level of daily stress	14%
None of the above	5%

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Finally, when asked to describe in their own words the most helpful aspects of the program, again participants overwhelmingly noted their discussions and connections with other people like them (n = 29; see Figure 17):

"It was nice to meet others in our institution going through similar feelings and situations."

"Helpful to be with a group of women who had similar experiences. Felt able to be honest and vulnerable with them."

"Finding a community and seeing that many others in different departments are all having similar challenges."

Figure 17. Helpful Aspects of the Program (coded open ends)
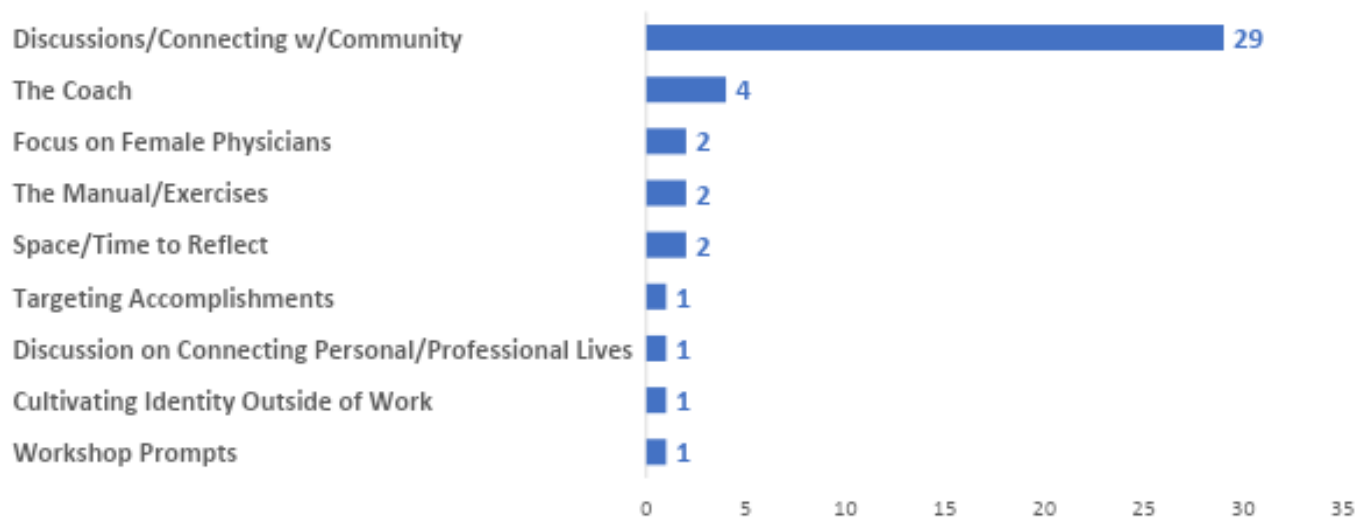
When asked what they enjoyed most about the program, participants mentioned the community and discussing shared experiences (n = 27), followed by having dedicated space and time to reflect (n = 10; see Figure 18):

"Reflecting on my career as a female physician with other female physicians, and recognizing the level of shared experiences."

"I enjoyed meeting with a group of women sharing similar experiences, even if for very different reasons."

"Enjoyed getting to know other women at The Academic Medical Centers Dealing with similar issues."

Figure 18. Enjoyable Aspects of the Program (coded open ends)
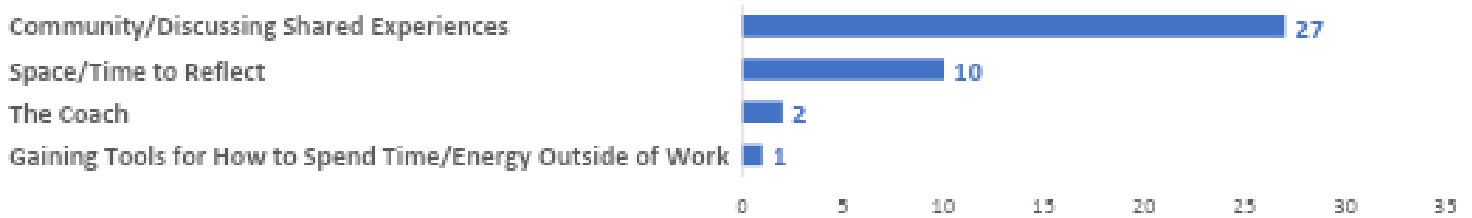
Areas for program improvement include more discussion/sharing (n = 8), more homework outside of sessions (n = 6), and more strategies/tools for problem solving (n = 6; see Figure 15):

> "There was very little time for everyone to share, and because of this, there was a tendency (at least on my part) to cut short my contributions, and to not explore in more depth what other members' contributions."

> "We spent a lot of time discussing how things are affecting us all, which I think is great, but it was hard to set goals or intentions based on the lessons because of the time limits. It may be helpful to have some specific tools to take with us each week to try to work on."

> "More coaching, less reflection. Participants are already introspective and self-reflective, need tools."

> "…have specific assignments / things to work on from week to week, rather than just reflections during the one hour session."

Figure 19. Areas for Program Improvement (coded open ends)

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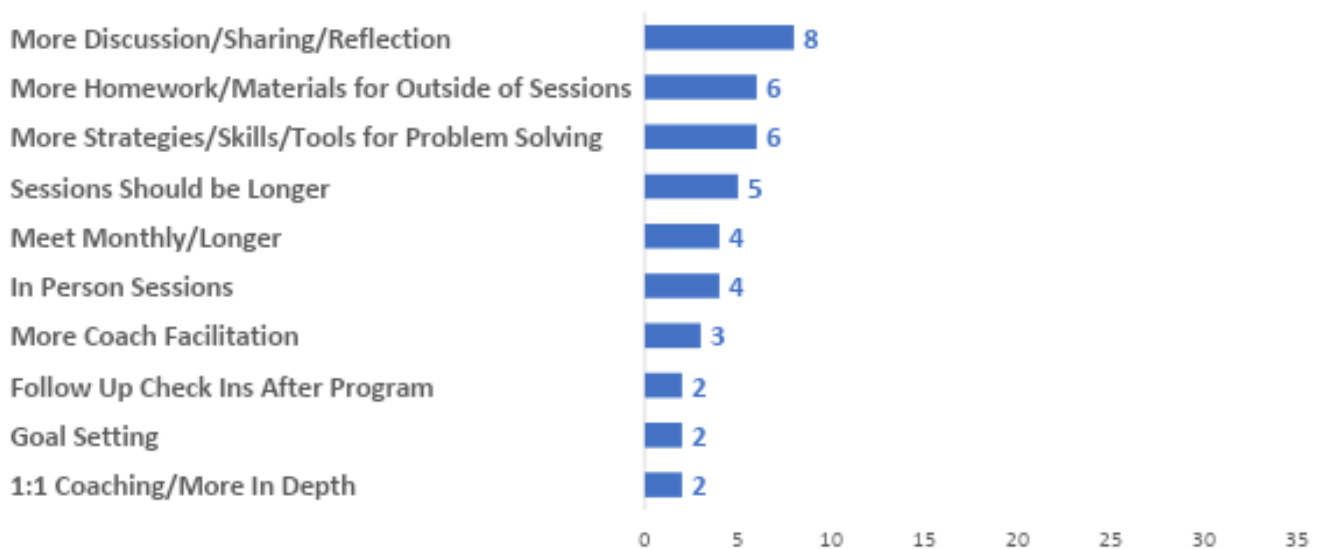
DISCUSSION

The Academic Medical Center traces its origins to the establishment of the ████████████ ████████████ as a medical college in 1864. Over the decades, The Academic Medical Center evolved into a renowned center for medical education and research and today continues to grow, merging with other medical centers, expanding its facilities, and deepening its commitment to providing cutting-edge patient care while remaining at the forefront of biomedical research. Like most (if not all) medical centers and hospitals, The Academic Medical Center has become increasingly aware of clinician burnout and is taking steps to ensure that their physicians are well supported and have the resources they need to effectively provide patient care and feel satisfied and energized.

Starting in October of 2022, RechargedMD began partnering with The Academic Medical Center to address the crucial issue of physician burnout among their physicians. A pilot project was conducted with 35 women physicians currently practicing within The Academic Medical Center's health system. These physicians were involved in the RechargedMD group coaching program, which includes seven group sessions that are led by trained, certified physician coaches who are uniquely knowledgeable about challenges in the healthcare environment and equipped to support physician colleagues. The group sessions focused on providing physicians with concrete tools to promote personal and leadership development, empowerment, communication skills, and reduce burnout.

Surveys were administered to both participants and coaches throughout the program. Participants were required to complete pre-program and post-program surveys, within a week of their first and last coaching sessions, respectively. The participant surveys utilized the Authentic Leadership Questionnaire (Avolio et al., 2007), the Maslach Burnout Inventory-HSS-MP (Maslach et al., 2018), and the Areas of Worklife Survey (Leiter & Maslach, 2004), along with other questions asking about topics such as pre-program stressors and coping, program expectations, program feedback, etc. In addition, coaches were responsible for completing brief surveys following each group coaching session, evaluating the achievement of session goals, adherence to planned activities/exercises, participant engagement levels, session effectiveness, and addressing any arising issues. Two certified physician coaches actively participated in the project, each completing seven surveys for their respective coaching groups.

Before the coaching program launched, the pre-program survey gathered insights on the key obstacles participants face in their work environments and the coping mechanisms they employ. The most commonly reported challenges included a lack of time or issues with time management, a heavy workload, and resource limitations or staff turnover. These findings are indicative of common workplace challenges that are not unique to the surveyed participants but are prevalent in many work settings. However, these challenges are significant as they can impact job satisfaction, productivity, and overall well-being. Addressing these issues is crucial for promoting employee well-being and organizational success. Strategies such as workload management, time management training, resource allocation, and employee retention efforts could be explored to mitigate these challenges and create a more conducive work environment.

To cope with these obstacles, participants said that they primarily rely on getting advice and support from colleagues, scheduling and being more intentional with their time, and simply working harder. However, the effectiveness of these coping strategies was notably low, with participants rating them at

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an average of 4.97 on a scale of 0 (not at all effective) to 10 (extremely effective). This suggests that while participants were aware of their workplace challenges and attempted to address them through various means, they perceived their efforts as falling short in terms of effectiveness. These findings underscore the importance of implementing more targeted and impactful strategies to support employees in overcoming these common workplace obstacles.

Among the 35 participants, the attendance rate for the coaching sessions varied, with most participants attending between 4 to 6 out of the total 7 sessions. Initial attendance was strong, however attendance gradually declined over subsequent sessions, with only 51% attending the seventh session. Interestingly, participants who had previous experience with coaching programs were more likely to attend all seven sessions. The attendance patterns suggest that participants initially engaged with enthusiasm but faced challenges in sustaining their commitment to the program over time. This decline in attendance may be due to various factors, such as scheduling conflicts, traveling (particularly during the summer months), work-related demands, or diminishing motivation. The fact that individuals with prior coaching experience were more likely to attend all sessions might indicate that they had a better understanding of the potential benefits and were more committed to the process. These findings highlight the importance of strategies to maintain participant engagement throughout the coaching program. It may be beneficial to address potential barriers to attendance and continuously communicate the value of the program to all participants. Additionally, understanding the specific needs and motivations of participants, especially those without prior coaching experience, can help tailor the program to enhance its overall effectiveness and retention rates. In addition, given that the weekly time commitment was hard for some, we might consider moving to bi-weekly or monthly schedules in the future.

The findings suggest that participation in the coaching program had a positive impact on several key outcomes for the participants. More specifically, participants experienced a statistically significant reduction in burnout scores after completing the coaching program, indicating that the program was effective in helping them manage and mitigate feelings of burnout. This is notable, as burnout is a prevalent issue among physicians and can contribute to reduced satisfaction within the workplace and decreased quality of care. Participants also showed a significant increase in self-awareness scores after the coaching program. This suggests that the program helped participants gain a better understanding of themselves, their strengths, and areas for improvement. These findings are encouraging, as they suggest that the coaching program had a positive impact on participants' well-being and professional development. However, the limitations of the small sample size should be considered when interpreting the results. Future studies with larger participant groups could provide more robust evidence of the program's effectiveness. Overall, these results highlight the potential benefits of coaching interventions in addressing burnout and enhancing self-awareness among participants.

Participants generally had a positive perception of the coaching program, noting high satisfaction and positive feedback on various program components. Participants especially appreciated the opportunity to connect and share with their peers. The program had a significant impact on participants' feelings of connection with others who shared similar experiences. Participants overwhelmingly cited their discussions and connections with others in the program as the most helpful aspects. This underscores the importance of creating a supportive community where individuals can relate to one another, which can contribute to a sense of belonging and reduce feelings of isolation. It also suggests that providing a space for open and meaningful dialogue is a crucial component of this coaching program.

In addition, approximately one-third of participants noted that the program positively impacted their well-being/happiness and feelings of empowerment at work. These outcomes are noteworthy, as they indicate that the program not only addresses professional development but also contributes to participants' overall sense of happiness and empowerment, which can have far-reaching positive effects. Participants also appreciated having dedicated space and time to reflect. This indicates that the program provided a structured environment for self-assessment and introspection, which can be instrumental in personal and professional development.

While the overall feedback is positive, there are areas where the program could be improved to ultimately enhance its effectiveness and impact in the future. For example, only 55% of participants rated the program length positively. In their open-ended responses, participants indicated that the sessions were not long enough and that they would have liked them to go for longer durations. The coaches also reiterated that they often felt rushed in the sessions, and that some goals and activities were not achieved due to lack of time and too much planned content. This feedback regarding the program's length and structure provides valuable insights for potential improvements in future iterations. Lengthening future sessions could allow for more in-depth exploration of topics and richer interactions among participants. In addition, longer programs could better accommodate the process of personal and professional growth, allow for the development of deeper connections among participants, and provide sustained benefits to participants.

Additionally, there is room for improvement in terms of the information and resources provided by the program. This is a particularly important observation, given that the primary expectations for the participants before starting the program centered around the development of specific tools and strategies for increasing productivity/efficiency and improving time management skills. However, the program was designed more to create a space for participants to share and process their common experiences and challenges as physicians. There is room for improved explanation and communication about the program's intent and areas of focus. In addition, program improvements could include providing tools and exercises to apply between sessions that may allow participants to apply what they've learned in a practical manner to their daily work and life. Some participants also indicated a preference for more coaching and less reflection. This suggests that participants may benefit from a balance between self-reflection and structured coaching that provides actionable guidance and strategies. This could involve incorporating coaching techniques and exercises that facilitate skill development, problem-solving, and goal setting.

In summary, findings from The Academic Medical Center's Group Coaching Pilot with RechargedMD suggest that it had a positive impact on participants by significantly reducing their burnout and enhancing their self-awareness. These outcomes are particularly significant given the prevalence of burnout among physicians and the potential implications for workplace satisfaction and patient care. Moreover, participants reported high levels of satisfaction with the program, particularly highlighting the value of connecting with peers and engaging in open discussions. Feedback also indicates areas for improvement, such as addressing the program's length and structure to accommodate more in-depth discussions and creating a more robust resource and toolset for participants. Striking a balance between reflection and practical coaching, as well as offering longer-term program options, could enhance the program's effectiveness. Overall, these findings underscore the benefits of The Academic Medical Center's Group Coaching Program with RechargedMD in addressing burnout and fostering personal and

professional growth, while emphasizing the need for ongoing program refinement to better meet participants' needs and preferences.

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