





The Impact of Coaching on Physician Well-being

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Disclosures:

Founder and CEO with employee of 1 (myself)

The Pivoting Physician Health and Wellness coaching

Certified by The Life Coach School

Health Coach training through Health Coach Institute

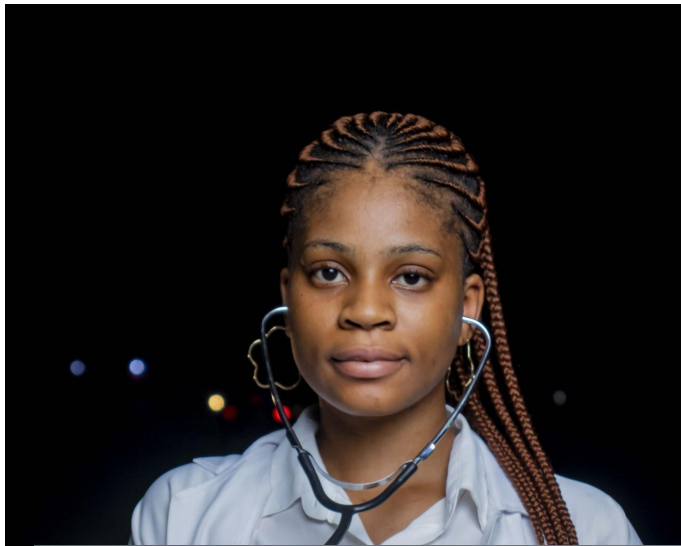
What is Coaching?

- A partnership that helps individuals optimize their performance and achieve personal and professional goals.
- **Focus:** Not on diagnosis or therapy but on unlocking potential by identifying blind spots and enhancing strengths.

What is a Life Coach?

- Someone who partners with individuals to help them set and achieve personal or professional goals.
- Life coaches provide support by improving self-awareness, identifying blind spots.
- Encouraging clients to optimize their abilities.
- Unlike therapists, they do not diagnose or treat mental health conditions; instead, they focus on future growth and actionable strategies for success.



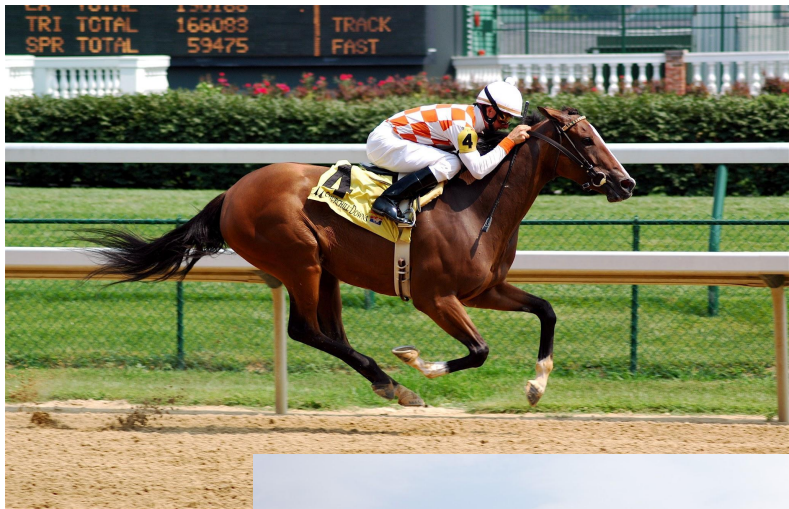


Why?

Physicians:

- Healers of Society
- Unique societal role throughout history - since the time of Hippocrates
- *Most precious resource in medicine
- Protect the Asset

** You are HUMAN too, and your health and well-being matters



The Physician is the Asset

- You are the MONEY
- However we are made to feel disposable
- Indoctrinated to
 - Sacrifice
 - Delay gratification (I'll be happy when)

Always postpone happiness

Medical Culture

Exploits our qualities of altruism, self-sacrifice, dedication and resilience

Ignore our own physiological needs

We make going to work sick a “badge of honor”

Because of this culture the system forgets that we are human too!

80-hour work week, our golden weekend is apparently just a weekend

No ONE is really protecting the Asset

Why Coaching Matters

- Burnout affects up to 80% of physicians
- Emotional exhaustion
- Disengagement
- Lack of Fulfillment

Coaching offers personalized tools to improve well-being

What is Coaching?

High-Performers Use Coaches:

- Executives, athletes, and business leaders benefit from coaching to stay at the top of their game.

Why Not Physicians?

- Physicians face immense demands but often lack structured support to thrive. Coaching offers a way to sustain performance and prevent burnout by aligning actions with personal values.



Impact of a virtual coaching program for women physicians on burnout, fulfillment, and self-valuation

Sunny Smith^{1*}, Nicole Goldhaber², Kathryn Maysent³, Ursula Lang⁴, Michelle Daniel⁵ and Christopher Longhurst³

Abstract

Background Coaching has been demonstrated to be an effective physician wellness intervention. However, this evidence-based intervention has not yet been widely adopted in the physician community. Documentation and implementation research of interventions to address physician burnout in real world settings is much needed.

Objective Assess the impact of a virtual physician coaching program in women physicians.

Design Pre- and post-intervention surveys administered to participants enrolled in the program ($N=329$). Effect size was calculated comparing pre- and post-intervention paired data ($N=201$).

Participants 201 women physicians from 40 states in the United States of America and 3 international participants.

Interventions Participants were given access to an 8 week virtual coaching program including eight individual, six small group, and 24 large group sessions.

Main measures Stanford Professional Fulfillment Inventory (PFI) containing categories for assessing professional fulfillment, burnout, and the Clinician Self-Valuation (SV) Scale (a measure of self-compassion).

Key results Burnout was found in 77.1% ($N=155$) of participants at baseline, which reduced to 33.3% ($N=67$) at completion with large effect size (Cohen's d 1.11). The percentage of participants who endorsed significant professional fulfillment started at 27.4% ($N=55$) and improved to 68.2% ($N=137$) with a large effect size (Cohen's d 0.95). Self-valuation improved from 17.9% ($N=36$) of the participants endorsing a compassionate self-improvement perspective to 64% of the same participants eight weeks later. The self-valuation metric showed a very large effect size (Cohen's d 1.28).

Conclusions Virtual physician coaching programs led by physician coaches can decrease burnout, improve professional fulfillment, and increase self-compassion. Non-institution-based opportunities for coaching available to any physician across the United States and internationally can facilitate access to effective physician well-being interventions.

Keywords (3) physician coaching, Burnout, Professional fulfillment, Compassion, Moral injury

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Virtual Coaching Program for Women Physicians:

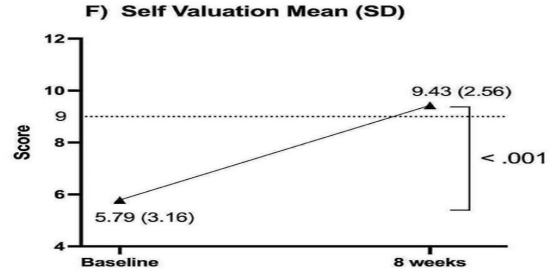
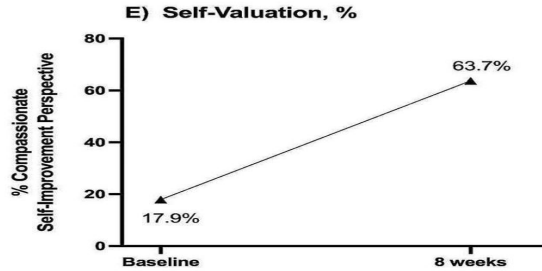
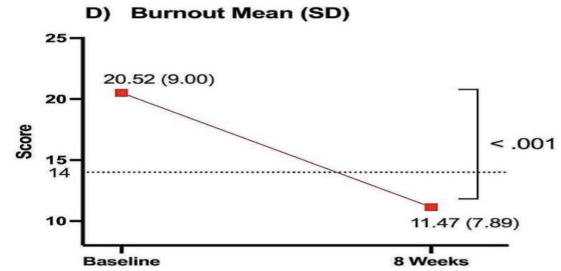
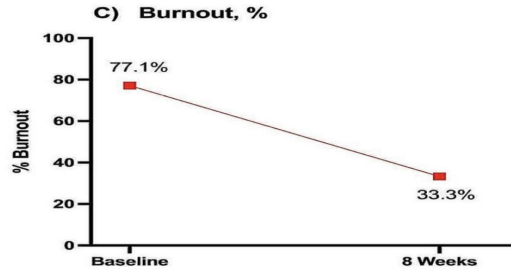
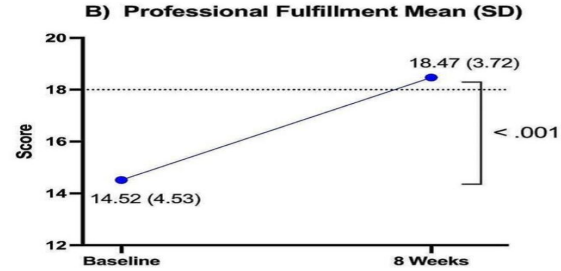
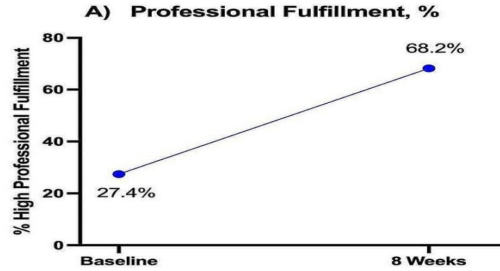
Participants: 201 women physicians

Intervention: Participants were given access to an 8-week virtual coaching 1:1, small group and large group sessions

Measures: Stanford Professional Fulfillment Inventory (PFI) and the Clinician Self-Valuation Scale (SV)

Key results:

- Burnout reduced from 77.1% to 33.3%
- Professional fulfillment increased from 27.4 to 68.2%
- Self-valuation improved from 17.9% to 64%



Limitations:

Selection Bias: Participants who chose to enroll might have been more motivated or distressed, skewing the results.

Generalizability: The study primarily involved women, limiting its applicability to broader physician populations.

Lack of Control over Institutional Variables: As an independent coaching program, the outcomes may not generalize to coaching sponsored by employers or institutions.

Follow-up Rates: Lower post-intervention survey responses in the intervention group could have affected outcome precision.



Original Investigation | Medical Education

Effect of a Novel Online Group-Coaching Program to Reduce Burnout in Female Resident Physicians A Randomized Clinical Trial

Tyra Fainstad, MD; Adrienne Mann, MD; Krithika Suresh, PhD; Pari Shah, MSW, LCSW; Nathalie Dieujuste, BA; Kerri Thurmon, MD, MPH; Christine D. Jones, MD, MS

Abstract

IMPORTANCE Female resident physicians are disproportionately affected by burnout, which can have serious consequences for their well-being and career trajectory. Growing evidence supports the use of professional coaching to reduce burnout in resident physicians, yet individual coaching is resource intensive and infeasible for many training programs.

OBJECTIVE To assess whether a structured professional group-coaching program for female resident physicians would lead to decreased burnout.

DESIGN, SETTING, AND PARTICIPANTS This pilot randomized clinical trial was conducted from January 1 to June 30, 2021, among 101 female resident physicians in graduate medical education at the University of Colorado who voluntarily enrolled in the trial after a recruitment period. Surveys were administered to participants before and after the intervention.

INTERVENTION With the use of a computer-generated 1:1 algorithm, 50 participants were randomly assigned to the intervention group and 51 participants were randomly assigned to the control group. The intervention group was offered a 6-month, web-based group-coaching program, Better Together Physician Coaching, developed and facilitated by trained life coaches and physicians. The control group received residency training as usual, with no coaching during the study. The control group was offered the 6-month coaching program after study completion.

MAIN OUTCOMES AND MEASURES The primary outcome of burnout was measured using the Maslach Burnout Inventory, defined by 3 Likert-type 7-point subscales: emotional exhaustion, depersonalization, and professional accomplishment. Higher scores on the emotional exhaustion and depersonalization subscales and lower scores on the professional accomplishment subscale indicate higher burnout. Secondary outcomes of impostor syndrome, self-compassion, and moral injury were assessed using the Young Impostor Syndrome Scale, Neff's Self-Compassion Scale–Short Form, and the Moral Injury Symptom Scale–Healthcare Professionals, respectively. An intention-to-treat analysis was performed.

RESULTS Among the 101 female residents in the study, the mean (SD) age was 29.4 (2.3) years, 96 (95.0%) identified as heterosexual, and 81 (80.2%) identified as White. There were 19 residents (18.8%) from surgical subspecialties, with a range of training levels represented. After 6 months of professional coaching, emotional exhaustion decreased in the intervention group by a mean (SE) of 3.26 (1.25) points compared with a mean (SE) increase of 1.07 (1.12) points in the control group by the end of the study ($P = .01$). The intervention group experienced a significant reduction in presence of impostor syndrome compared with controls (mean [SE], -1.16 [0.31] vs 0.11 [0.27] points; $P = .003$). Self-compassion scores increased in the intervention group by a mean (SE) of 5.55 (0.89) points

Key Points

Question Can a 6-month online group-coaching program targeted for various learning styles reduce burnout, moral injury, and impostor syndrome and increase self-compassion among female resident physicians?

Findings In this pilot randomized clinical trial of 101 female resident physicians, participants who were randomly assigned to a 6-month group-coaching program and a follow-up survey had a statistically significant reduction in the emotional exhaustion subscale of burnout compared with the control group.

Meaning An online multiformat group-coaching program may be an effective intervention to decrease burnout and improve well-being for female resident physicians.

+ Visual Abstract

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Effect of a Novel Online Group-Coaching Program to Reduce Burnout in Female Resident Physicians: Randomized Clinical Trial

Design: 6-month group-based program

50 participants were randomly assigned to intervention group and control group

Intervention group received web-based group coaching program; Control group received residency training as usual with no coaching during the study

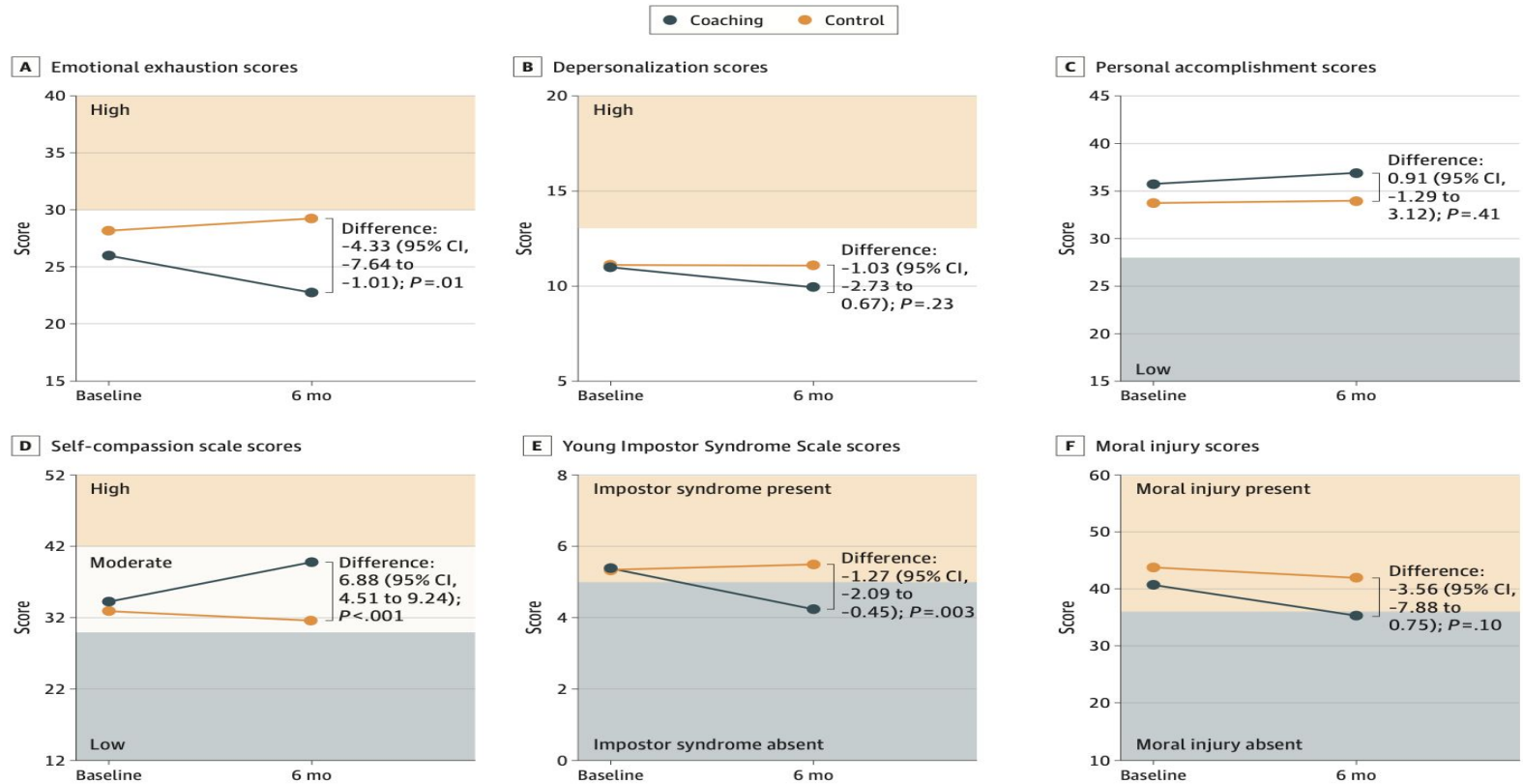
Measures: Maslach Burnout Inventory, Young Impostor Syndrome Scale, Neff's Self-Compassion Scale, Moral Injury Symptom Scale

Key Findings:

- Emotional exhaustion decreased
- Impostor syndrome decreased
- Self-compassion increased

Coaching addresses burnout and self-doubt effectively among trainees

Figure 2. Outcome Results and Estimated Changes in Scores From Baseline to After Intervention



A, Emotional exhaustion scores (range, 0-54; lower scores indicate less emotional exhaustion). B, Depersonalization scores (range, 0-30; lower scores indicate less depersonalization). C, Personal accomplishment scores (range, 0-48; higher scores indicate more personal accomplishment). D, Self-compassion scale scores (range, 12-60;

higher scores indicate more self-compassion). E, Young Impostor Syndrome Scale scores (range, 0-8; lower scores indicate less impostor syndrome). F, Moral injury scores (range, 10-100; lower scores indicate less moral injury).

Limitations:

Single Institution: Conducted only at the University of Colorado, limiting generalizability to other settings.

Voluntary Participation: May have attracted participants experiencing higher burnout levels, or conversely, excluded those too overwhelmed to participate.

Coach Involvement Bias: Coaches were also faculty members, possibly introducing social desirability bias among participants.

Non-Blinded Design: Participants knew whether they were in the intervention or control group, which might have influenced their responses

Original Investigation | Occupational Health

Physician Coaching by Professionally Trained Peers for Burnout and Well-Being A Randomized Clinical Trial

Stephanie B. Kiser, MD, MPH; J. David Sterns, MD, MPH; Po Ying Lai, MS; Nora K. Horick, MS; Kerri Palamara, MD

Abstract

IMPORTANCE Physician burnout is problematic despite existing interventions. More evidence-based approaches are needed.

OBJECTIVE To explore the effect of individualized coaching by professionally trained peers on burnout and well-being in physicians.

DESIGN, SETTING, AND PARTICIPANTS This randomized clinical trial involved Mass General Physician Organization physicians who volunteered for coaching from August 5 through December 1, 2021. The data analysis was performed from February through October 2022.

INTERVENTIONS Participants were randomized to 6 coaching sessions facilitated by a peer coach over 3 months or a control condition using standard institutional resources for burnout and wellness.

MAIN OUTCOMES AND MEASURES The primary outcome was burnout as measured by the Stanford Professional Fulfillment Index. Secondary outcomes included professional fulfillment, effect of work on personal relationships, quality of life, work engagement, and self-valuation. Analysis was performed on a modified intention-to-treat basis.

RESULTS Of 138 physicians enrolled, 67 were randomly allocated to the coaching intervention and 71 to the control group. Most participants were aged 31 to 60 years (128 [93.0%]), women (109 [79.0%]), married (108 [78.3%]), and in their early to mid career (mean [SD], 12.0 [9.7] years in practice); 39 (28.3%) were Asian, 3 (<0.1%) were Black, 9 (<0.1%) were Hispanic, 93 were (67.4%) White, and 6 (<0.1%) were of other race or ethnicity. In the intervention group, 52 participants underwent coaching and were included in the analysis. Statistically significant improvements in burnout, interpersonal disengagement, professional fulfillment, and work engagement were observed after 3 months of coaching compared with no intervention. Mean scores for interpersonal disengagement decreased by 30.1% in the intervention group and increased by 4.1% in the control group (absolute difference, -0.94 points; 95% CI, -1.48 to -0.41 points; $P = .001$), while mean scores for overall burnout decreased by 21.6% in the intervention group and increased by 2.5% in the control group (absolute difference, -0.79 points; 95% CI, -1.27 to -0.32 points; $P = .001$). Professional fulfillment increased by 10.7% in the intervention group compared with no change in the control group (absolute difference, 0.59 points; 95% CI, 0.01-1.16 points; $P = .046$). Work engagement increased by 6.3% in the intervention group and decreased by 2.2% in the control group (absolute difference, 0.33 points; 95% CI, 0.02-0.65 points; $P = .04$). Self-valuation increased in both groups, but not significantly.

Key Points

Question Does coaching by professionally trained physician peers reduce burnout and improve well-being, workplace satisfaction, and engagement for physicians?

Findings In this randomized clinical trial of 138 physicians, participants who received 3 months of coaching by professionally trained physician peers had a statistically significant reduction in interpersonal disengagement and burnout, with improvement in professional fulfillment and work engagement.

Meaning These findings show that physician peer coaching is an effective strategy for reducing burnout and improving well-being.

+ [Visual Abstract](#)

+ [Supplemental content](#)

Author affiliations and article information are listed at the end of this article.

Physician Coaching by Professionally Trained Peers for Burnout and Well-being: A Randomized Clinical trial

Participants: 138 physicians, hospital -sponsored

Intervention: randomized to 6 coaching sessions facilitated by peer coach over 3 months or a control condition using standard institutional resources for burnout and wellness

Measure: Standard Professional Fulfillment Index

key outcomes:

- Burnout decreased by 21.6% (P=.001)
- Interpersonal disengagement reduced by 30.1% (P=.001)
- Work engagement increased by 6.3%

Limitations:

Self-Reported Data: Outcomes were measured through self-report surveys, which can introduce bias or inaccuracies.

Short Follow-up: Results were evaluated after only 3 months, leaving long-term benefits unexamined.

Participant Demographics: Most participants were women, married, and white, limiting generalizability across diverse populations and career stages



Personal Journey Through Burnout and Transformation

Overcoming Burnout: My Path to Rediscovery



The Burden of Burnout

- **Early Career in Primary Care**
 - Long hours, late nights, and heavy workload with 20-25 patients daily
 - Feelings of inadequacy as an immigrant, compounded by impostor syndrome
 - **Emotional Toll:** Dreaded the commute, even breaking down in tears, feeling trapped

I felt like burnout was a never-ending cycle.

Discovering Physician Innovators

Pandemic Silver Lining: Discovered an online community of physicians exploring careers outside of traditional medicine

- Innovators, real estate investors, physician coaches, and more
- **Question:** "How did they find the time?"

Spark of Inspiration: Realized I wanted a similar transformation

First Steps out of Burnout

- **Investing in Myself Through Coaching**
 - **Charting Coach:** Helped me organize my work, enabling me to finish my day by 5:30 p.m.
 - **Result:** Immediate impact on my time and energy, making my workdays manageable

Finding Financial Freedom Through Coaching

- **Financial Coaching for Women Physicians:**
 - i. Discovered strategies for leveraging my existing finances
- **Key Lessons:** Money management, optimizing financial resources, and preparing for real estate investment
- **Outcome:** Gained confidence in my financial potential and took steps toward investing

Conquering Fear Through Coaching

Real Estate Coach: Helped me overcome analysis paralysis and take actionable steps

Impact: Transformed fear into confidence, allowing me to start investing sooner

Takeaway: Coaches provided the accountability and support I needed to make real changes

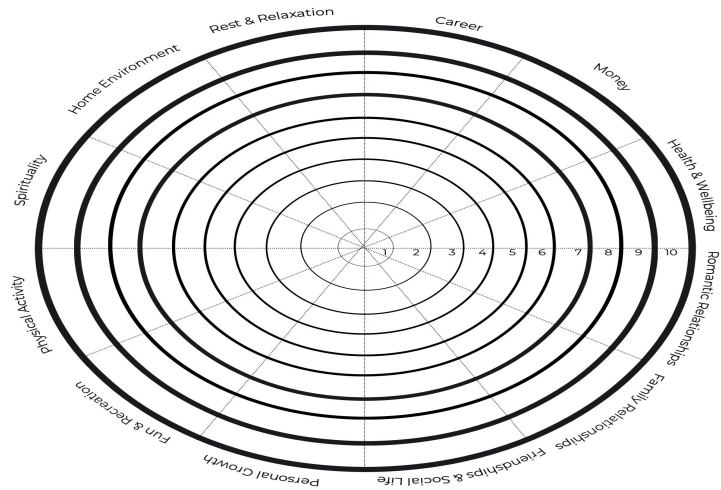
My Transformation Journey

- **Where I Started (2019):** Burned out, overwhelmed, feeling trapped as a family physician
- **Four Years Later:**
 - **Physician and Real Estate Investor:** Active and passive investments, leveraging financial strategies learned through coaching
 - **Entrepreneurial Path:** Launched my own personal health coaching business, supporting others on their journeys
 - **Thriving Personally and Professionally:** Reclaimed work-life balance, personal fulfillment, and financial independence

Key Takeaway: *With the support of coaching, I transformed challenges into opportunities for growth.*

How are you doing?

YOUR WHEEL OF WELLNESS



1. Career
2. Money
3. Health and Well-being
4. Romantic Relationships
5. Family relationships
6. Friendships and Social Life
7. Personal Growth
8. Fun and Recreation
9. Physical Activity
10. Spirituality
11. Home environment
12. Rest and Relaxation

Thank you!!

Remember that

- YOU as the physician are the ASSET!
- Your WELL-BEING matters!
- YOU are the most precious resource in medicine!



