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April 21, 2025

Dr. Andy Anderson, M.D.
Executive Vice President and Chief Medical and Quality Officer
RWJBarnabas Health
95 Old Short Hills Road
West Orange, NJ 07502

Re: Addressing Healthcare Burnout in RWJBH among Physicians through peer support groups

Dear Dr. Anderson,

Thank you for attending my presentation on mitigating physician burnout and for meeting with me for an interview. As Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH), you are acutely aware of the escalating physician burnout crisis that threatens the well-being of our healthcare workforce. The increasing administrative burdens, lack of institutional support, and emotional strain related to this profession erode physician morale and performance. Through my academic work and volunteer experiences at RWJBH, I have observed the profound impact of this burnout not only on the physicians but also on the patient care outcomes. My proposal builds on these observations and outlines a strategic plan to address this issue head-on.

The enclosed proposal presents the Physician Support Physician (PSP) program–a structured peer support initiative modeled after successful implementations at Kaiser Permanente, Brigham and Women's Hospital, and Stanford Medical Center. PSP creates a confidential, stigma-free environment where physicians can support each other and form emotional connections in high-stress professions. Following the Job Demands-Resources model and Social Cognitive theory, PSP offers a scalable, cost-effective, and evidence-based approach that reflects RWJBH's commitment to community wellness. The proposal outlines the need for the program, the four-phase implementation plan, realistic budget, and evaluation metrics to ensure long-term success.

As someone personally committed to physician well-being and passionate about building a healthy hospital environment, I urge you to consider funding and supporting the PSP program. By prioritizing physician wellness, RWJBH can not only retain top-tier talent but also improve

care delivery across our hospitals. I would welcome the opportunity to meet with you again and discuss how we can collaborate to bring this initiative to life. You may reach me at (908)-529-4772 or via email at js3021@scarletmail.rutgers.edu.

Sincerely,
Jahnavi Shah
Jahnavi Shah

Project PSP

Addressing Healthcare Burnout in RWJBH among Physicians through peer support groups.

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Submitted to: Dr. Andy Anderson, M.D.
Executive Vice President and Chief
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Abstract

Physician burnout is a persistent and growing issue in healthcare systems across the United States, particularly affecting large hospital networks such as RWJBarnabas Health (RWJBH). Burnout among physicians results in emotional exhaustion, depersonalization, decreased job satisfaction, and can compromise patient safety. This proposal introduces the Physician Support Physician (PSP) program, a peer support initiative designed to address burnout through structured emotional and collegial support. The program draws on the success of similar efforts at Kaiser Permanente, Brigham and Women's Hospital, and Stanford Medical Center. Based on the Job Demands-Resources (JD-R) model and Social Cognitive Theory, the program includes four phases: needs assessment, comprehensive training, pilot implementation, and evaluation. Surveys, focus groups, and metrics such as burnout scores and physician satisfaction will be used to assess program effectiveness. Budget projections estimate the initiative to cost approximately $14,500 in its first year, primarily for staff time, training materials, and program development. By investing in PSP, RWJBH can create a supportive institutional culture that prioritizes physician well-being and enhances overall patient care.

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Introduction

Physician Burnout at RWJBarnabas Health: An Urgent and Growing Crisis

Beginning a career in medicine is often seen as the culmination of years of hard work and dedication. For physicians at RWJBarnabas Health (RWJBH), one of largest and busiest healthcare institutions in New Jersey, that career commences in a high-pressure environment where long hours, emotional trauma, and intense workloads are part of daily life. Unfortunately, for many, this experience is not just demanding–but detrimental to their mental and emoation well-being.

Physician burnout has become a national public health emergency. In 2023, the Medscope National Physician Burnout and Depression Report found that 53% of physicians worldwide reported symptoms of burnout, with 23% also experiencing clinical depression (Kane, 2023). A 2024 American Medical Association survey added that 21% of physicians felt their work had significantly harmed their personal relationships–those affected were 13.59 times more likely to report symptoms of burnout (Garvey, 2024). These statistics reflect a dangerous combination of personal suffering and professional instability that can have direct impact on patients and the healthcare system alike.

RWJBH is not immune to this crisis. Like many large hospital systems, RWJBH places high demands on its physicians while offering limited emotional support and wellness infrastructure. New physicians often transition from structured academic environments into chaotic hospital settings where they must manage critically ill patients, relentless stream of administrative taste, and heavy caseloads. These stressors are further amplified by workplace culture that often discourages vulnerability or asking for help. A 2021 Journal of American Medical Association (JAMA, 2022) study, 60% of healthcare professionals experience burnout annually. This 60% indicates 5400 physicians, out of 9000 physicians working at RWJBH. Many

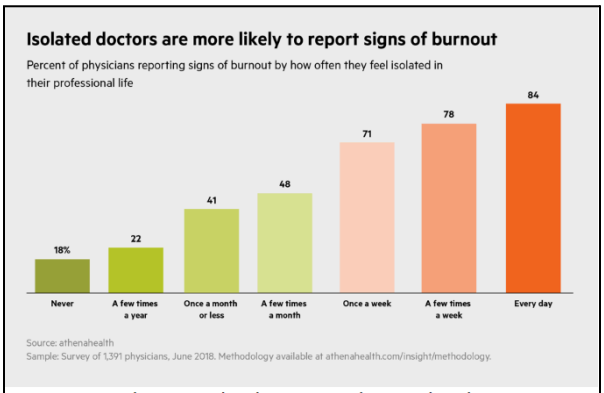


Figure 1: Forbes article showing relationship between isolation and burnout rates among physicians.

cited a profound case of isolation and disconnection from colleagues.

According to a Forbes article Physician Burnout: Isolation, Loneliness And The Loss Of The American Hospital 2019, 84% of physicians report experiencing burnout everyday, particularly emphasizing the profound sense of isolation many doctors experience (Figure 1).

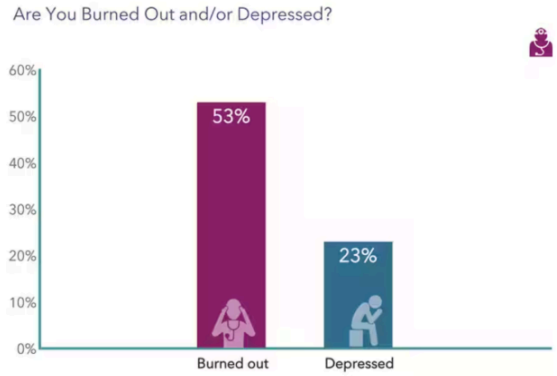


Figure 2: Shows the percentage burnout among physicians.

According to the article I Cry but No One Care: Physician Burnout and Depression Report 2023, 53% of physicians reported feeling burned out, and 23% reported feeling depressed–the highest percentages recorded in five years (Figure 2). This increase is attributed to excessive workloads, emotional strain, and systemic inefficiencies within the healthcare system. Physicians often struggle with long, unpredictable shifts, which can extend beyond 12 hours, disrupting their work -life balance. The shift towards corporate-driven healthcare models prioritizing efficiency over well-being has led to an increase in physician dissatisfaction, with many feeling like mere cogs in an impersonal system, rather than respected medical professionals. Burnout not only affects a physician's professional life, but also affects their personal life.

Through all the statistics, it is evident that the problem is not only widespread–it is escalating. Physicians who experience burnout are likely to commit medical errors, leave the profession early, and experience lasting personal and psychological harm. Financially, the cost of replacing a single physician can range from $500,000 to over $1 million, including recruitment, onboarding, and lost productivity (Shanafelt et al., 2017).

This paper proposes a novel yet proven solution: a peer-based intervention model tailored to the RWJBH context. The Physician Support Physician (PSP) program aims to combat burnout by fostering community, replacing stigma related to burnout, and providing emotional support through trained peer mentors. By drawing on successful models at institutions like Stanford, Brigham and Women's Hospital, and Kaiser Permanente, the PSP program offers a scalable and sustainable solution that directly targets the root causes of burnout.

In the following section, this paper will explore the theoretical framework that informs PSP, including Job Demands-Resources Model and Social Cognitive Theory. These frameworks support the idea that peer support can act as a buffer against emotional exhaustion and build a

more resilient medical workforce. The review will then examine real-world peer support programs that serve as successful case studies and discuss how PSP can be uniquely implemented at RWJBH.

Research Rationale

The proposed Physician Support Physician (PSP) program is a peer-based support system designed to address burnout through structured emotional and professional support. Unlike general wellness programs, PSP leverages physician-to-physician communication to offer immediate, relatable, and stigma-free assistance. This model is grounded in two key theoretical frameworks: the Job Demands-Resources (JD-R) model and Social Cognitive Theory.

The JD-R model (Bakker & Demerouti, 2007) posits that burnout arises when job demands exceed available personal and organizational resources. Physicians at RWJBH face extreme demands—including administrative paperwork, emotional trauma, and limited time for recovery. Peer support programs serve as "resources" within this model, helping to buffer stress and increase resilience.

Social Cognitive Theory (Bandura, 1986) emphasizes that individuals learn behaviors and coping mechanisms through social observation and interaction. Peer support programs, therefore, serve not just as outlets for emotional relief but also as platforms for learning effective coping strategies from respected colleagues. When physicians witness peers managing similar stressors successfully, they are more likely to adopt adaptive coping behaviors themselves.

Together, these frameworks suggest that PSP will not only alleviate immediate symptoms of burnout but also foster a resilient, supportive professional culture. Furthermore, peer support programs have been validated by real-world implementations (see Case Studies in Part 3) and can be scaled across departments with relatively low financial investment.

Methodology

What is a Peer Support Groups and How can it Help?

Burnout is defined by depersonalization, emotional exhaustion, and reduced sense of accomplishment that could affect job performance, diminish patient care, and increase probability of medical errors. According to a 2021 study published in Journal of American Medical Association (AMA), over 60% of healthcare professionals experience burnout annually, highlighting the urgency of the matter (Sinsky et. al, 2021). To mitigate that I would like to propose a peer support group which is a structured program that provides physicians with a confidential and supportive environment to share experiences, manage stress and receive emotional support from colleagues who understand the challenges of the profession. According to Rochman (2023), peer support programs create a psychological safe space where physicians can express concerns, discuss difficult cases, and seek advice from peers. According to West et al. (2016), interventions aimed at fostering collegiality and structured support systems could reduce physician stress and promote long-term career satisfaction. We can agree that physician's mental state can also affect patient care, hence by supporting this initiative would directly and indirectly affect the whole RWJBH organization by enhancing patient care through care for physicians.

Common Elements of Successful Peer Support Models

While each institution may tailor its peer support program to meet its unique needs, many share common foundational features that contribute to their success. These elements include:

- Voluntary Participation: participants are never forced to engage; they choose to attend sessions at their discretion.
- Confidentiality: conversations are kept private to build trust and encourage open sharing.
- Peer Facilitators: rather than licensed therapists, facilitators are trained peers—fellow physicians who understand the demands of the profession.
- Trigger-Based Outreach: Some systems use electronic health record flags, critical incident reports, or supervisor referrals to offer support after traumatic events.
- No Medical Documentation: Sessions are not charted or recorded, further encouraging participation without fear of stigma.

By understanding these core elements, we can begin to assess how such a model might function within RWJBH and whether it could be adapted to serve physicians in this particular setting.

Models of Success
Kaiser Permanente–Peer Outreach Support Team (POST)

Summary

Kaiser Permanente Northern California developed the Peer Outreach Support Team (POST) program to provide structured peer support for physicians following distressing clinical events such as adverse outcomes, medical errors, or emotionally challenging patient interactions. It was one of the first large-scale peer support programs in the US Post that focused on proactive outreach after critical incidents and offered long-term check-ins when needed. The program involved selecting and training physicians to act as peer supporters who would reach out confidentially to colleagues in need. It aimed to break down the stigma associated with emotional vulnerability and ensure that physicians received timely, empathetic support from individuals who understood the unique pressures of the profession.

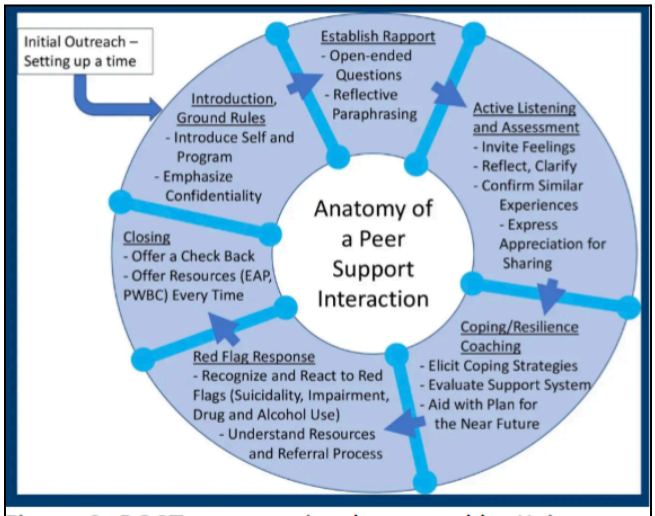


Figure 3: POST program implemented by Kaiser Permanente Northern California hospitals

Results

Between June 2019 and May 2022, the program was rolled out in 11 departments and engaged more than 530 physicians. Surveys revealed that 85% of participating physicians found the program helpful and would recommend it to other departments. Many reported feeling emotionally validated, less isolated, and more equipped to continue clinical duties after a difficult experience. The program also enhanced the confidence and communication skills of peer supporters, who received training in empathy, confidentiality, and active listening.

Benefits

The POST program created an environment of psychological safety and emotional support within high-stress departments. Physicians felt more comfortable acknowledging emotional distress, which contributed to quicker recovery and reduced feelings of isolation. The peer-led nature of the program made it relatable, accessible, and scalable, while also fostering stronger

interpersonal relationships among colleagues. The success of POST demonstrated that peer support could become an essential component of workplace culture, helping reduce long-term burnout risks through early intervention and continuous emotional validation.

Brigham and Women's Hospital – Center for Professionalism and Peer Support (CPPS)

Summary

Brigham and Women's Hospital (BWH) launched the Center for Professionalism and Peer Support (CPPS) in 2008 in response to increasing levels of physician distress, burnout, and unprofessional conduct within its Department of Medicine. The CPPS offers structured peer support through one-on-one sessions and group debriefings led by trained facilitators following emotionally taxing events such as patient deaths, medical errors, or aggressive patient encounters. These sessions are designed to promote mutual respect, conflict resolution, and emotional processing of clinical stressors in a safe, confidential setting. The program identified a team of 50 trained physician peer supporter who could be activated through referrals or automatic triggers like code events or adverse outcomes.

Results

A study analyzing the program's effectiveness found that 88% of physicians who engaged with a peer supporter reported feeling better after the conversation. Many noted that having the opportunity to talk with a peer who had "been there" made them feel less alone and more emotionally resilient. Although BWH did not release formal statistics on program efficacy, its replication by over 25 institutions speaks to its success and scalability. Internal feedback highlighted the CPPS's effectiveness in improving workplace communication, reducing burnout-related behavior, and enhancing professional relationships. Physicians who used CPPS services reported feeling more supported, understood, and comfortable addressing interpersonal or emotional issues that might otherwise have gone unspoken.

Benefits

The Brigham model highlights the importance of trust and shared experience in addressing physician burnout. Because the support comes from a fellow physician rather than an outside mental health provider, physicians were more willing to open up. The program's emphasis on confidentiality and quick response made it both accessible and highly effective. It empowered physicians to address emotional distress without fear of judgment or career repercussions. The program played a pivotal role in reducing burnout by encouraging early help-seeking behaviors, which in turn helped maintain clinical performance and team cohesion. Its long-standing implementation and influence on other institutions reflect its value as a transformative tool in promoting physician well-being.

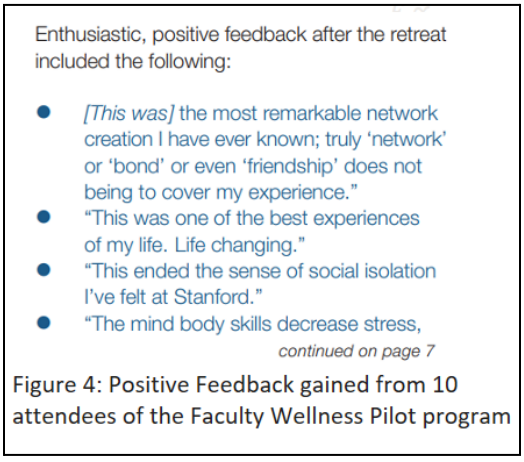
Stanford University – Thriving in Residency, PEARL, PRIME and Balance in Life Programs

Summary

Recognizing that residents and early-career physicians are particularly vulnerable to burnout, Stanford University Medical Center implemented a multi-faceted peer support system. Stanford's "Peer Support and Resilience In Medicine" (PRIME) program provides peer support to physicians and other healthcare professionals following adverse events or episodes of emotional distress. Like the Brigham model, it trains peer supporters to provide emotional first aid and normalize the stress responses of clinicians. The program is triggered by self-referrals, manager referrals, and incident reports. The Thriving in Residency initiative offers facilitated workshops on emotional resilience, time management, and stress processing. PEARL (Peer Emotional Awareness and Resilience Learning) pairs junior residents with senior peer mentors to discuss difficult cases in a confidential and supportive space. The Balance in Life program was specifically designed for surgical residents, offering resources and structured support to navigate the unique pressures of surgical training.

Results

Stanford reported that more than 90% of respondents found the support helpful, and most would recommend the program to a colleague. The majority of interactions took place within 48 hours of the incident, ensuring timely support. Evaluations across these programs revealed measurable reductions in emotional exhaustion and increased satisfaction with work-life balance. Residents participating in PEARL and Balance in Life reported feeling less isolated and more equipped to handle the pressures of clinical duties. These initiatives also improved team dynamics and made mental wellness resources more accessible to those early in their medical careers.


Enthusiastic, positive feedback after the retreat included the following:

- *[This was]* the most remarkable network creation I have ever known; truly 'network' or 'bond' or even 'friendship' does not being to cover my experience."
- "This was one of the best experiences of my life. Life changing."
- "This ended the sense of social isolation I've felt at Stanford."
- "The mind body skills decrease stress,

continued on page 7

Figure 4: Positive Feedback gained from 10 attendees of the Faculty Wellness Pilot program

Benefits

Stanford's comprehensive approach addressed the root causes of burnout among residents while promoting a culture of resilience and support. The integration of emotional well-being into professional development helped normalize discussions around mental health and encouraged long-term healthy coping strategies. These programs proved especially valuable in surgical departments, where residents are at high risk for emotional fatigue. As a result, physicians trained under these initiatives were more likely to remain engaged, motivated, and emotionally balanced throughout their residencies and beyond. Stanford's PRIME program underscores the value of rapid intervention and psychological safety. Physicians were able to process their emotions early, which is known to reduce the risk of long-term distress. The structured yet informal design of the program made it approachable and sustainable.

PSP

PHYSICIAN SUPPORT PROGRAM

INSTITUTIONAL SUPPORT

- RWJBarnabas backing
- Policy support

PEER SUPPORT SESSIONS

- Confidential and voluntary
- 1-on-1 discussions

REDUCE PHYSICIAN BURNOUT

ENHANCE PHYSICIAN HEALTH

The Physician Support Physician (PSP) Program aims to reduce physician burnout at RWJBarnabas Health (RWJBH) through structured peer support. Similar to successful models at institutions such as Stanford and Brigham and Women's Hospital, the PSP Program will involve four phases: Needs Assessment, recruiting/training, pilot implementation, and full expansion. Phase one, needs assessment survey, will focus on identifying the departments with highest burnout rates. Phase two, training, will provide formal preparation through a structured curriculum that covers active listening, emotional triage, and appropriate referral mechanisms. Phase three, pilot implementation, will launch the program on a pilot scale in the departments with highest burnout rates in RWJBH facility, incorporating feedback mechanisms to evaluate effectiveness and promote scalability. Phase four will expand this program across all departments and will create a feedback loop to keep the program up-to-date.

Phase 1: Needs Assessment and Survey

The first phase aims to establish a data-driven understanding of physician burnout across RWJBH in the first and second month. Recognizing that emotional exhaustion, depersonalization, and perceived lack of achievement vary by department and specialty, this phase will focus on systematically collecting both quantitative and qualitative data to identify priority areas for intervention.

A digital survey will be distributed to all practicing physicians within the RWJBH network. This anonymous survey will incorporate standardized metrics from the Maslach Burnout Inventory (MBI)—including Likert-scale assessments of emotional exhaustion, depersonalization, and personal accomplishment—alongside custom questions tailored to RWJBH's organizational structure. The survey will also include open-ended prompts to capture contextual feedback on workplace stressors, cultural or systemic barriers to well-being, and preferred support modalities (e.g., one-on-one vs. group settings).

Data will be stratified by department, specialty, and demographic information (e.g., years of practice, full-time vs. part-time status), allowing for high-resolution analysis of burnout hotspots. Quantitative data will be analyzed using SPSS or Excel, generating department-specific burnout indices. Qualitative responses will be coded using thematic content analysis to extract recurring stressors and support needs. This dual-pronged analysis will inform the design of a PSP structure that aligns with both the emotional climate and logistical constraints of the institution.

Phase 2: Development of PSP Infrastructure

Informed by the findings from Phase 1, Phase 2 will focus on constructing the structural and operational backbone of the PSP initiative in the next two months. This includes recruiting and training the first cohort of peer supporters, establishing secure digital infrastructure, and creating institution-wide awareness about the program.

A volunteer-based recruitment effort will identify 10 to 12 physicians from varied departments to serve as peer supporters. Selection criteria will prioritize emotional intelligence, interpersonal trust among colleagues, and representation across specialties. These individuals will undergo a four-hour training course delivered by licensed mental health professionals, ideally in collaboration with the Schwartz Center for Compassionate Healthcare or an equivalent organization. Training modules will cover Active listening and reflective feedback, Identification of burnout symptoms and red flags, Empathetic but professional communication, Ethical boundaries in peer interactions, Strict adherence to confidentiality and HIPAA compliance

Simultaneously, RWJBH's Information Technology team will create a HIPAA-compliant digital platform for scheduling peer support sessions. The platform will allow physicians to book sessions discreetly, preserving anonymity and minimizing administrative overhead. Complementary promotional materials—including digital newsletters, intranet announcements, flyers in physician lounges, and presentations during departmental meetings—will be developed to introduce the PSP program and normalize its use.

Phase 3: Pilot Implementation

This phase will deploy the PSP model in a controlled, real-world setting to test its functionality, effectiveness, and physician receptivity in the months 5-10. Two departments with the highest burnout scores, as identified in Phase 1, will serve as pilot sites.

Within these departments, peer supporters will begin offering voluntary one-on-one support sessions and monthly group debriefings, facilitated by mental health professionals. Sessions will be conversational, confidential, and centered on providing emotional validation, stress-reduction strategies, and resource navigation. To ensure quality and safety, all peer interactions will include protocols for referring cases to licensed mental health professionals when clinically necessary.

Ongoing assessment will be conducted via follow-up surveys administered at months 7 and 10. These instruments will measure participation rates, emotional impact, session satisfaction, and overall perceptions of the program. Additionally, direct interviews with peer supporters and participants will be conducted to gather narrative feedback on challenges, strengths, and suggested improvements. Burnout metrics from the MBI will be reassessed and compared to baseline data from Phase 1, allowing for quantitative evaluation of program efficacy. All findings will be consolidated into a formal evaluation report at the end of the pilot.

Phase 4: Full Expansion and Iterative Improvement

Pending a successful pilot outcome—defined by high engagement, positive feedback, and statistically significant improvements in burnout scores—PSP will enter a hospital-wide rollout phase. This includes recruiting and training an additional 10 to 15 peer supporters, expanding

program access across all departments, and embedding PSP within RWJBH's broader physician wellness ecosystem.

The expanded training will follow the established curriculum, with refinements based on feedback from Phase 3. The scheduling platform will be scaled to support the increased volume, and ongoing communication campaigns will reinforce the availability and confidentiality of the program.

Crucially, PSP will adopt a continuous improvement model. Quarterly review meetings involving peer supporters, department chairs, and program administrators will be instituted to assess implementation fidelity, review performance metrics, and identify training gaps. These sessions will also serve as collaborative spaces for evolving best practices and responding to emerging challenges. A semi-annual public-facing evaluation report will be produced to promote transparency, accountability, and institutional buy-in.

Through this structured, phased approach, the PSP program will move from a concept to a sustainable, evidence-informed solution to the physician burnout crisis at RWJBH.

Budget

Implementing a sustainable peer support program such as the Physician Support Physician (PSP) initiative at RWJBarnabas Health (RWJBH) necessitates a well-structured and justified budget. While the total cost is relatively low compared to many institutional wellness initiatives, it's important to detail each line item to both ensure fiscal responsibility and support long-term program success. The total cost for the first year of implementation is estimated at $14,500, reflecting essential start-up costs, including foundational training for peer supporters. In subsequent years, the annual budget is expected to decrease to approximately $13,000, since initial training and infrastructure costs will no longer be necessary.

Survey Instrument: $1,500 Annually

A foundational element of the PSP program is the ability to collect and analyze data to track progress, understand physician needs, and continuously improve the program. To do this effectively, the development and execution of a professional survey instrument are essential. The $1,500 allocated for this annually covers several critical components:

Survey Platform Licensing: Platforms such as Qualtrics or SurveyMonkey are industry standards for robust, confidential survey distribution and data collection. These tools offer advanced features such as anonymity protections, branching logic, and customizable templates, all crucial for collecting honest feedback from physicians on sensitive topics like burnout and emotional wellness.

Statistical Analysis Software: After data collection, it's vital to analyze the results using professional software such as SPSS or Microsoft Excel with advanced plugins. These tools enable program coordinators to interpret trends, measure changes in physician well-being over time, and produce meaningful reports.

Design and Labor: This budget also includes the personnel time and expertise needed to design effective, unbiased survey questions; distribute surveys; and compile, analyze, and report findings in a timely manner. These reports will guide program refinements and will be shared with hospital leadership to demonstrate impact and ROI.

Investing in data-driven decision-making not only ensures program effectiveness but also strengthens the case for continued or expanded funding in future cycles.

Peer Supporter Training: $3000 (Year 1 Only)

Peer supporters form the backbone of the PSP program. These individuals must be carefully selected and thoroughly trained to ensure that they can provide empathetic, appropriate, and confidential support to their colleagues. The $3,000 allocated in Year 1 reflects the scale-up cost of training a cohort of peer supporters. This training is conducted biennially, meaning the same expense will not recur annually.

Certified Facilitator Fees: To ensure quality and professionalism, training sessions will be led by certified mental health professionals or organizational wellness consultants with experience in clinician burnout and peer support best practices.

Workshop Materials: Printed manuals, handouts, and resource guides will be produced for each participant. These materials will include role-playing exercises, conversation guides, and information on referral pathways for more serious mental health concerns.

Space and Logistics: If in-person sessions are held, the program may require rental of hospital meeting space or off-site venues conducive to confidential, open discussions. Even if on-site spaces are donated, refreshments, setup, and cleanup services may still incur minor costs.

Certification Costs: Where possible, supporters will receive certifications of training completion, which can be added to their professional development records or CME portfolios. This incentivizes participation and adds credibility to the role.

The upfront investment in training helps ensure peer supporters are not just well-intentioned but genuinely equipped to offer meaningful support that aligns with hospital values and confidentiality standards.

Program Coordinator (Part-Time): $2000 Annually

The PSP program's effectiveness depends on strong, consistent coordination. A part-time program coordinator will be essential to managing daily operations and maintaining program momentum. The allocated $2,000 annually is a modest yet strategic investment for administrative oversight.

Scheduling and Communication: The coordinator will manage calendars for peer support appointments, monitor email inquiries, and serve as the point of contact for both participants and hospital leadership.

Documentation and Recordkeeping: While maintaining confidentiality, the coordinator will track anonymized engagement metrics and feedback, organize materials for training and outreach, and ensure consistent follow-up after sessions.

Outreach Management: The coordinator will also help oversee marketing efforts, ensure new staff are introduced to PSP resources, and monitor the availability of trained peer supporters.

This role will likely be filled by a current staff member within the hospital's wellness or HR division with a portion of their time formally dedicated to PSP, ensuring cost-efficiency and integration with broader employee support systems.

Marketing and Awareness: $2000 Annually

Building awareness and normalizing use of the PSP program is one of the most critical components of long-term success. Even the most well-designed support systems can fail if they are underutilized due to lack of visibility or misunderstanding. To that end, $2,000 per year will be invested in strategic outreach.

Print and Digital Materials: This includes the design and printing of flyers, posters, and brochures. Materials will be placed in break rooms, lounges, nursing stations, and physician offices, and will clearly communicate program benefits, confidentiality assurances, and how to participate.

Email Campaigns and Newsletters: Periodic digital outreach will be used to share testimonials, highlight wellness tips, and introduce new peer supporters. Content will be brief, engaging, and easy to digest amid physicians' busy schedules.

Town Halls and Information Sessions: At least twice annually, optional town hall-style meetings will be held to update departments on program progress and solicit feedback. These sessions will include brief presentations, Q&A opportunities, and perhaps even lunch-and-learn formats to increase attendance.

Endorsements: Promotional materials will prominently feature endorsements from department chairs or respected physicians who have engaged with the program, reinforcing its value and reducing perceived stigma.

Marketing is more than an awareness tool—it's a culture change lever. By making support visible, normal, and accessible, the program can achieve meaningful engagement and long-term institutional impact.

Evaluation and Reporting: $2000 Annually

The final budget line item supports evaluation and reporting, an essential practice for any sustainable program. This $2,000 allocation ensures that program effectiveness can be continuously monitored and communicated to stakeholders.

Post-Session Evaluation Tools: After each support session, anonymous follow-up surveys will be used to gather feedback from participants. This helps assess satisfaction, identify areas for improvement, and measure short-term outcomes.

Data Analysis and Metrics: The program will track key indicators such as the number of sessions held, repeat participation, changes in self-reported stress levels, and departmental utilization rates. These metrics will be compiled quarterly and analyzed for trends.

Performance Reports: At least twice a year, summary reports will be generated and presented to leadership. These reports will highlight successes, identify challenges, and propose adjustments. Sharing impact data builds internal credibility and strengthens the case for ongoing funding.

Return on Investment (ROI): Over time, the program will seek to correlate PSP participation with broader organizational outcomes such as physician retention, sick leave reduction, and engagement scores. While correlation does not imply causation, these data points can support the strategic value of continued investment.

By embedding a culture of evaluation, the program not only improves continuously but also earns trust and accountability among hospital decision-makers.

Category	Estimated Annual Cost	Details
Survey Development & Analysis	$1,500	Digital distribution and statistical software for analysis
Peer Supporter Training	$3,000	Covers facilitator fees, training materials, and certifications (biennial)
Program Coordinator (Part-Time)	$2,000	Scheduling, outreach, feedback collection
Marketing and Awareness	$2,000	Design and distribution of flyers, posters, email campaigns
Evaluation & Reporting	$2,000	Tools for measuring success, generating reports, and refining the program
Total (Year 1)	$14,500	
Recurring (Year 2+)	$13,000	Excludes one-time training scale-up costs

Complications with Plan/Budget

While the PSP program offers a clear, evidence-based approach to addressing physician burnout, no implementation is without potential challenges. Several foreseeable complications may arise, primarily related to cultural resistance, time constraints, and engagement barriers. Anticipating and planning for these complications increases the likelihood of long-term program success.

Stigma Around Seeking Support

One of the most significant obstacles to any emotional support program within a healthcare setting is stigma. In medical culture—especially among highly trained professionals—there remains a persistent perception that seeking emotional or peer support equates to weakness or failure. This stigma can deter physicians from participating in programs

like PSP, even when they're struggling with burnout or emotional distress. To overcome this challenge, the program will implement a multi-tiered de-stigmatization strategy starting with Confidentiality Assurance. All marketing materials, training protocols, and orientation sessions will emphasize that peer support conversations are confidential and not recorded in personnel files or medical records. To build on that there would be Leadership Endorsement. When respected hospital leaders and department chairs publicly support PSP, it sends a strong signal that seeking support is not only acceptable but encouraged. Leaders will be asked to share personal reflections or testimonials—voluntarily—to humanize the issue and break down stigma. To ensure compliance, anonymized success stories from past participants will be shared in newsletters and during town halls to normalize the use of peer support services and show tangible benefits. Changing institutional culture takes time, but through consistent messaging, visible leadership, and peer-driven storytelling, stigma can be significantly reduced.

Scheduling Conflicts

Physicians operate on demanding and often unpredictable schedules, which poses a logistical challenge for attending peer support sessions. Unlike other workplace roles, physicians may not have control over their time due to patient responsibilities, emergencies, and shift changes. Without flexible scheduling, program utilization may be limited. To mitigate this issue, the PSP program will adopt a flexible, multi-access model. Peer support sessions will be available during early mornings, lunch hours, and evenings to accommodate varying shift patterns. Encrypted video conferencing (e.g., Zoom for Healthcare, Doxy.me) will be offered to allow for remote sessions. This is especially important for physicians working in satellite or outpatient locations. For informal support, drop-in hours may be piloted once per quarter where peer supporters are available for brief check-ins. By removing time-based barriers, the program becomes more accessible, equitable, and accommodating to physicians' professional realities.

Initial Low Engagement

Another potential complication is early skepticism or resistance to the program. Given the number of institutional initiatives already in place, some physicians may feel skeptical about whether this program offers real value or whether it will lead to meaningful outcomes. To drive engagement from the beginning, PSP will implement a phased engagement strategy. Influential physicians from each department will be selected as PSP ambassadors. These champions will encourage participation, share updates, and model program involvement. A brief 5-minute PSP overview will be added to standing departmental meetings. This ensures every physician is exposed to the program without requiring additional time. Modest incentives such as Continuing Medical Education (CME) credits, wellness program points, or eligibility for recognition awards will be offered to those who attend training or use the support service. Through trusted advocates, efficient integration, and targeted incentives, initial engagement will be cultivated and expanded over time.

Discussion and Evaluation

The issue of physician burnout has reached critical levels, threatening not only the health and job satisfaction of medical professionals but also the quality of care delivered to patients. RWJBarnabas Health, as one of the largest healthcare systems in New Jersey, is in a unique position to take meaningful action that sets a national precedent. The PSP program offers a strategic and human-centered approach to tackling this urgent issue. Modeled on proven frameworks such as the Peer Outreach Support Team (POST) at Kaiser Permanente and the Center for Professionalism and Peer Support (CPPS) at Brigham and Women's Hospital, PSP is both innovative and grounded in best practices.

The heart of the program lies in creating a psychologically safe environment where physicians can share their challenges, decompress, and feel seen by colleagues who understand the unique pressures of the medical profession. Through confidential, voluntary peer support sessions, the program seeks to reestablish a sense of community, rebuild trust, and prevent emotional isolation. By training physicians to support one another, the initiative simultaneously builds internal capacity and fosters a culture of empathy and resilience. The long-term institutional benefits—reduced turnover, improved patient outcomes, and enhanced workplace morale—are well worth the investment.

To measure the effectiveness of the PSP program, a rigorous evaluation plan will be implemented. The primary tool for assessing burnout will be the Maslach Burnout Inventory (MBI), which will be administered to all physicians in the pilot departments before and after the implementation. A comparison of these scores will reveal whether the program is having its intended effect. In addition to MBI data, utilization metrics will be tracked, including the number of sessions requested, completed, and the frequency of follow-up visits. Satisfaction surveys will be conducted post-session to gather feedback on the usefulness, comfort, and accessibility of the program.

Additional metrics such as physician retention rates and the frequency of reported medical errors (where applicable) will be monitored to identify downstream effects of reduced burnout. The data will be collected, analyzed, and reviewed biannually, with comprehensive reports shared with hospital leadership to ensure transparency and accountability.

Success during the first year of the program will be defined by several indicators. These include at least 70% awareness of the PSP program among physicians in the pilot departments, at least 30% utilization of peer support services, a measurable reduction of at least 10% in average MBI scores, and positive satisfaction feedback from at least 80% of participants. Should these benchmarks be met or exceeded, RWJBH will not only have a validated internal wellness program but will also emerge as a leader in pioneering systemic change in physician mental health support.

Ultimately, the PSP program represents more than a solution to burnout—it marks a shift in culture. It signals that RWJBarnabas Health prioritizes the well-being of its physicians as much as the patients they care for. By fostering this supportive environment, the institution

ensures a future where care providers are equipped, empowered, and emotionally healthy, laying the foundation for a more sustainable and humane healthcare system.

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Appendix

Survey: (In the multiple choice questions the answers that were chosen the highest are highlighted)

1. Have you or someone you know have considered leaving the healthcare profession due to burnout?*
   a. Yes
   b. No
   c. Maybe

2. Which of the following contributes the MOST to burnout among physicians?*
   a. Long working hours
   b. Lack of mental health support
   c. High patient load
   d. Poor leadership and management
   e. Low financial compensation
   f. Other: Specify

3. On a scale of 1-10 how effective is mental health support programs in reducing burnout among physicians?
*

Not effective at all 1 2 3 4 5 Highly effective

4. Can you describe an experience where you or someone you know faced burnout in a healthcare setting? How does it impact their well-being and work performance?

- (One of the survey answers) Yes, a colleague of mine in internal medicine hit burnout hard during the peak of the pandemic. She became emotionally detached, made small but concerning documentation errors, and lost her usual energy for teaching. It affected both her patient care and her own mental health. She eventually took a leave, but it showed how burnout can silently build up until it reaches a crisis point.

5. If you could propose one major change to hospital policy to reduce burnout and improve retention among physicians, what would it be and why?

- (One of the survey answers) I would implement protected wellness hours during the workweek—time that's free from clinical or administrative tasks. It should be paid and scheduled, not optional. This would give physicians space to decompress, seek peer support, or access mental health resources without guilt or penalty. If we don't make well-being part of the workflow, burnout will keep escalating.

Interview Questions

1. What are the top three underlying factors contributing to burnout and high turnover rates among physicians?*

- At RWJBarnabas Health, I'd say the biggest contributors to physician burnout are documentation overload, misalignment between clinical and administrative priorities, and lack of protected time for recovery and development. We're often asked to balance high patient loads with extensive EHR documentation, and it leaves little room for meaningful patient interactions or reflection. There's also a disconnect at times between what leadership is focused on—like metrics—and what we need day-to-day, which is support, autonomy, and time to decompress. And finally, we don't get much structured time for things like mentorship, teaching, or even just peer discussion—which are the activities that used to re-energize many of us.

2. Can you provide examples of hospitals that have successfully reduced burnout and improved staff retention? What specific strategies made the biggest difference?

- Yes. Internally, I've seen some promising efforts at specific RWJBH sites, like Saint Barnabas Medical Center, where physician-led wellness committees have made progress. Externally, institutions like Stanford and the Cleveland Clinic have embedded physician well-being into their strategic priorities. What really makes the difference is leadership buy-in and consistent implementation. Having trained peer supporters, flexible scheduling, and administrative simplification—those are the game-changers. It's not just about offering yoga classes. It's about giving us the time and infrastructure to access help and voice concerns without stigma or red tape.

3. How does hospital leadership and workplace culture influence burnout rates? What leadership practices have proven most effective in creating a sustainable and healthy work environment?

- Leadership has a massive influence. When we see leadership taking wellness seriously—asking for feedback, actually acting on it, and being transparent about stressors—it sets a healthier tone. At RWJBH, some departments have really succeeded in reducing burnout by scheduling regular wellness check-ins, using shared governance models, and having respected physician champions to advocate internally. In contrast, departments that are top-down, where staff input is ignored, tend to have higher turnover. The most effective leaders I've seen are the ones who normalize conversations about stress, promote psychological safety, and protect time for clinicians to regroup.

4. What policy changes do you believe could significantly improve physicians' well-being over the next five years?

- A few things come to mind. First, expanding access to structured peer support and debriefing programs system-wide would be huge. Right now, we don't have a unified,

consistently offered resource for that across all RWJBH campuses. Second, creating protected time during the week—not just adding wellness activities on top of everything else—would show real institutional commitment. And third, there needs to be a broader shift in how performance is evaluated. We shouldn't only be measured on RVUs or patient throughput. Things like quality of care, mentorship, and collaboration should count toward how we're assessed and rewarded.

5. How does physician burnout directly impact patient care and hospital efficiency? Can you provide examples of how addressing burnout has led to better patient outcomes?

- It's pretty direct. Burnout makes you less attentive, less empathetic, and more prone to error. If a physician is emotionally depleted, it affects how they listen, how they explain, and how thorough they are. I've seen colleagues near exhaustion miss subtle signs that they would've caught easily if they were mentally present. Conversely, when we implemented short debriefing huddles and peer-to-peer support in my department, we saw improved morale and fewer unplanned readmissions. Burnout doesn't just hurt physicians—it leads to communication breakdowns, longer stays, and worse patient experiences. When hospitals take care of us, we take better care of our patients. It's that simple.