



# **Taking Action Against Clinician Burnout:** A Systems Approach to Professional Well-Being

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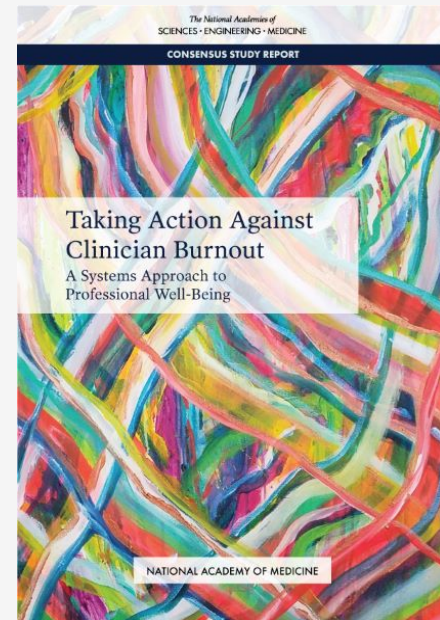
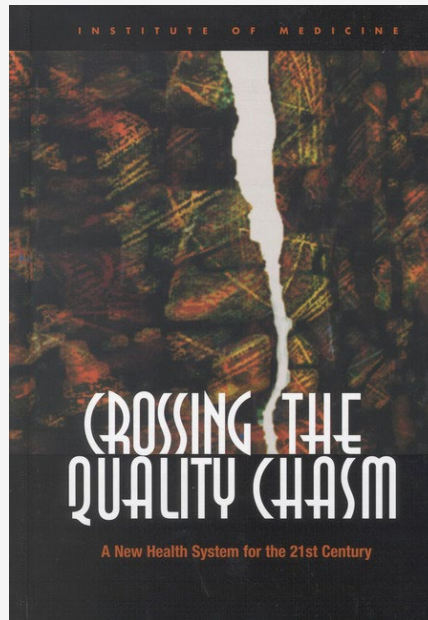
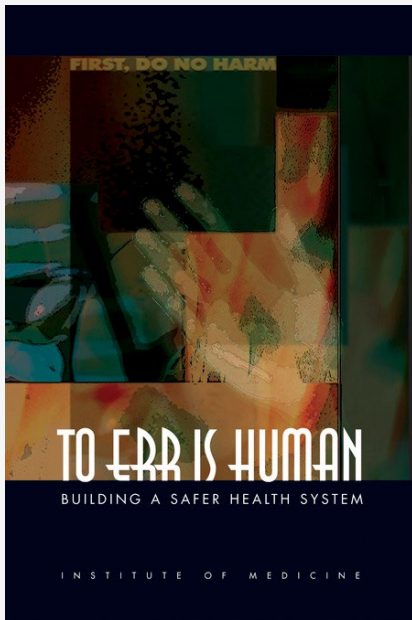


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# Health System Improvement







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# Study Charge

- Examine the evidence regarding the **causes of clinician burnout and the consequences** for clinicians and patients
- Examine components of **clinical training and the work environment** that can contribute to clinician burnout
- Identify **systems interventions, tools and approaches** to support clinician well-being
- Propose a **research agenda** to improve the knowledge base





# Committee Process

- 4 in-person meetings and several conference calls between Oct 2018 and Aug 2019
  - Included 2 public information-gathering sessions to get input from a broad range of invited experts
- Literature review (~4,000 articles) and synthesis of findings and conclusions
- Recommendations driven by consensus
- External peer-review by 14 experts in the various disciplines related to the study



# What is Clinician Burnout?

- The World Health Organization defines burnout as a problem associated **chronic workplace stress**; it is not an individual mental health diagnosis, nor the same as depression
- Burnout: **emotional exhaustion, depersonalization, and low sense of professional efficacy**
- A chronic **imbalance** of high **job demands** and inadequate **job resources** can lead to burnout

Sources: Maslach, C., W. B. Schaufeli, and M. P. Leiter. 2001. *Job Burnout*. *Annu Rev Psychol.* 52: 397-422; World Health Organization. 2019. QD85: Burn-out. <http://id.who.int/icd/entity/129180281>.



## Burnout is a Major Problem

- Between **35% and 54%** of nurses and physicians – and between **45% to 60%** of medical students and residents - experience burnout symptoms
- **Many consequences** for clinicians and patients (quality and safety), for health care organizations (e.g., turnover), and for society (workforce shortages)
- Burnout is a **barrier to the Triple Aim**: better care, improved population health, and lower health care cost





# Systems Approaches are Needed

- Clinician burnout is a **complex multi-factorial problem**; there's no one solution
- Many health care **system aspects have to work together** to mitigate burnout and improve professional well-being
- Stress and burnout among **clinicians in practice and in training** have to be addressed



# Taking Action Against Burnout: A Bold Vision

- Requires **redesigning clinical systems** focused on activities that 1) patients find important to their care, and 2) enable clinicians to provide high-quality care
- Interventions should **target known system factors** that impact clinician burnout and professional well-being at the systems-level.
- System interventions require **commitment, infrastructure, resources, accountability, and a culture** that supports clinician well-being



## Committee's Conceptual Model

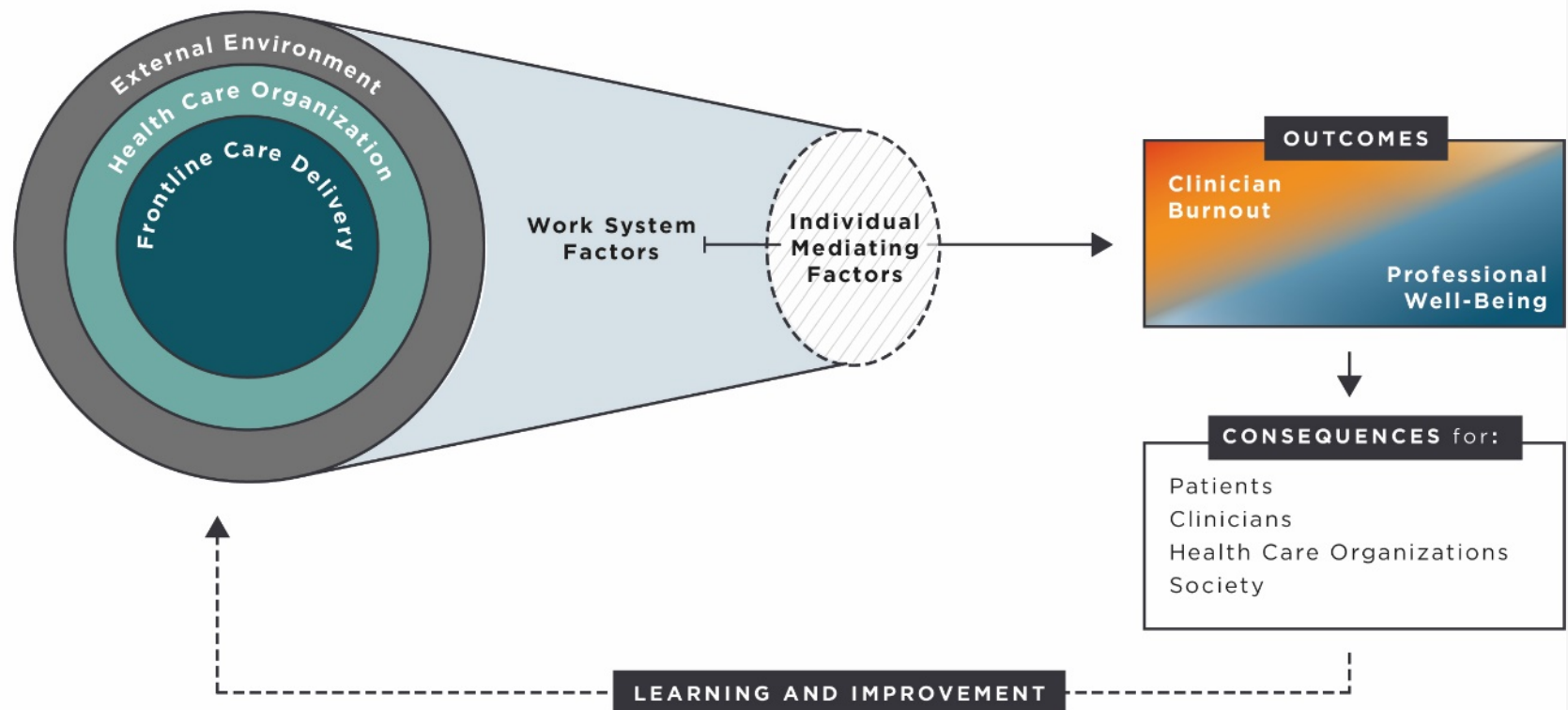
Scarce evidence exists on effective system-level burnout interventions

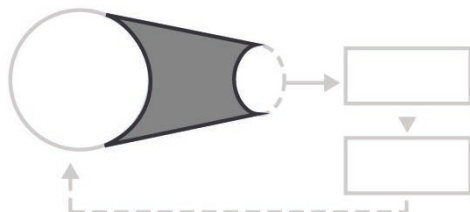
**BUT...**

Substantial evidence showing strategies to **improve work and learning environments** prevent and mitigate burnout and promote professional well-being.



## A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING





## WORK SYSTEM FACTORS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

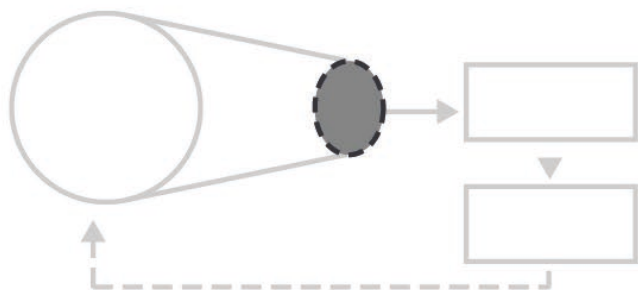
### Work System Factors include:

#### Job Demands

- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

#### Job Resources

- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work-life integration



## INDIVIDUAL MEDIATING FACTORS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

### Individual Mediating Factors include:

- Personality and temperament
- Coping strategies
- Resilience
- Personal relationships and social support





# Guidelines for Designing Well-Being Systems



# Values, Systems Approach, and Leadership

- **Align organizational structures and processes** with organizational and workforce **values**
- **Use a systems approach** to proactively improve professional well-being while supporting patient care
- **Engage and commit leadership** at all organizational levels to address clinician burnout and improve professional well-being



# Work System Redesign


- **Enhance the meaning and purpose of work** and deliver value to patients
- **Provide adequate resources** (e.g., staffing, scheduling, workload, opportunities to learn, greater job control, usable technologies, adequate physical environment) to support clinicians' work
- Design work systems that **facilitate teamwork, collaboration, communication, and professionalism**






# Implementation

- **Build infrastructure** for a well-being system that has adequate organizational resources, processes, and structures; continually learns and improves; and is accountable.
- **Design reward systems** that align with organizational and professional values to support professional well-being.
- **Nurture organizational culture** that supports change management, psychological safety, vulnerability, and peer support.
- **Use human-centered design processes** to co-design, implement and continually improve solutions and interventions that address clinician burnout.



**Collective and coordinated action**  
across all levels of the health care  
system – front line care delivery, the  
health care organization, and the  
external environment is needed.



# **6 Goals to Reduce Burnout and Foster Professional Well-Being**

**Goal 1 Create Positive Work Environments**

**Goal 2 Create Positive Learning Environments**

**Goal 3 Reduce Administrative Burden**

**Goal 4 Enable Technology Solutions**

**Goal 5 Provide support to Clinicians & Learners**

**Goal 6 Invest in Research**





# RECOMMENDATIONS

## Goal 1

# Create Positive Work Environments



# Create Positive Work Environments

Health care organizations should

- **develop, pilot, implement, and evaluate organization-wide initiatives** to reduce the risk of burnout, foster professional well-being, and enhance patient care (Recommendation 1a )
- **adopt and apply principles that improve the work environment** and balance job demands and job resources (Recommendation 1b)
- **routinely measure clinician burnout and ameliorate the work system factors** that erode professional well-being (Recommendation 1c)



# RECOMMENDATIONS

## Goal 2

# Create Positive Learning Environments





# Create Positive Learning Environments

Health professions educational institutions and clinical training sites should

- **develop, pilot, implement, and evaluate initiatives to improve the learning environment** and support learner professional well-being (Recommendation 2a)
- **routinely assess** the learning environment and factors that erode **professional well-being** and contribute to learner **burnout** (Recommendation 2b)



# Create Positive Learning Environments

Accreditors, regulators, national educational organizations, health professions educational institutions, and other related external entities should

- **partner to support** the professional well-being and the development of **learners** (Recommendation 2c)



# RECOMMENDATIONS

## Goal 3

### Reduce Administrative Burden





# Reduce Administrative Burden

Health-care-policy, regulatory, and standards-setting entities at the federal and state levels should

- **systematically assess laws, regulations, policies, and standards** to determine the effects on clinician job demands and resources and on patient care quality, safety, and cost (Recommendation 3a)
- in conjunction with health care organizations **adopt technology-enabled approaches to documentation and reporting that incorporate human-centered design** and human factors and systems engineering approaches (Recommendation 3b)



# RECOMMENDATIONS

## Goal 4

# Enable Technology Solutions



# Enable Technology Solutions

Health care leaders and IT vendors should

- **engage clinicians in the design and deployment of health IT** using human-centered design and human factors and systems engineering approaches to **ensure the effectiveness, efficiency, usability, and safety of the technology**  
(Recommendation 4a)





# Enable Technology Solutions

Federal and state policy makers should

- **facilitate the optimal flow of useful information** among all members of the health care community through regulation and rule making (Recommendation 4b)
- in collaboration with health IT companies and innovators and others, develop the infrastructure and processes for a truly **patient-centered and clinically useful health information system** (Recommendation 4c)



# RECOMMENDATIONS

## Goal 5

# Provide Support to Clinicians and Learners



## Provide Support to Clinicians & Learners

State licensing boards, health system credentialing bodies, disability insurance carriers, and malpractice insurance carriers should

- **minimize collection of clinicians' personal health information** (by either not asking or inquiring only about current impairments due to any health condition) (Recommendation 5a)





# Provide Support to Clinicians & Learners

State legislative bodies should

- **create legal protections** that allow clinicians to seek and receive help and support for mental health problems without the information being admissible in malpractice litigation (Recommendation 5b)



# Provide Support to Clinicians & Learners

Health professions educational institutions, health care organizations, and training sites should

- identify and **address aspects** of the learning environment, institutional culture, infrastructure and resources, and policies **that prevent or discourage access to professional and personal support programs** for individual learners and clinicians (Recommendation 5c)



# RECOMMENDATIONS

## Goal 6 Invest in Research



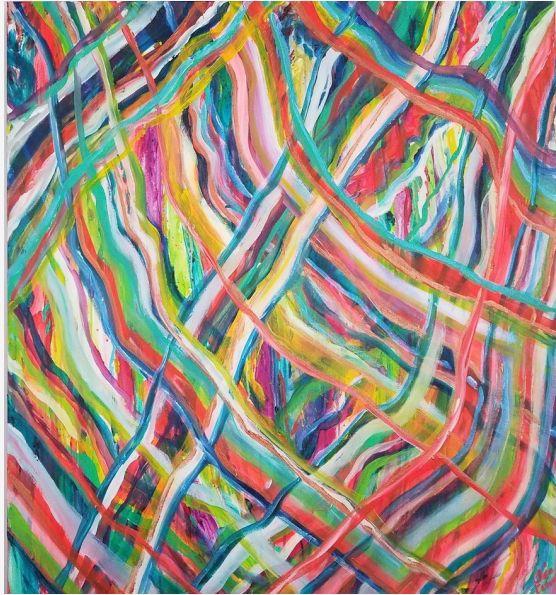


# Invest in Research

Federal agencies, including AHRQ, NIOSH, HRSA, and the VA, should

- develop a **coordinated research agenda** by the end of 2020 to identify the **best measures** of occupational stress, burnout, and workplace well-being in the health care environment; to determine the **system factors** that contribute to stress for clinicians and learners in all settings; and to test **system-level interventions** (Recommendation 6a)
- create opportunities for **public–private partnerships** to support research on clinician and learner professional well-being and burnout (Recommendation 6b)

## Connections Heal Patients and Clinicians



“**Woven** represents the **intricacies, layers, and complexities** of feeling burnt out while serving patients. It doesn't happen all at once, but builds over time. The shimmering threads represent **life and hope** that is embedded in each provider; the **spirit of serving**; and the **belief** that you will make a difference. All of these aspects woven **together are the essence of** the provider.”

Excerpted from the National Academy of Medicine's *Expressions of Clinician Well-Being: An Art Exhibition*. To see the complete work by Tia Calvert, visit <https://nam.edu/expressclinicianwellbeing/#/artwork/58>.



Download the report & view more resources:

<http://nam.edu/clinicianwellbeingstudy>

Questions? Send email to:

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