Establishing Clinician Well-Being as a National Priority
Keynote Address

Thank you for that generous introduction. It is a great honor to be asked to give this keynote address because the topic we are addressing – Clinician Burnout and Clinician Well-Being – is one of such immense importance to our health care system and to the patients we serve. But it is also a bit daunting, because the room is filled with outstanding people who have been immersed in this work for some time and who are more expert than I on many issues in the field. I want to particularly acknowledge the ground-breaking work of the Action Collaborative for the past 3 years and the leadership of Victor Dzau, Darrell Kirch and Tom Nasca in that effort. Through the collaborative more than 190 participating organizations have worked to raise the visibility of clinician well-being, to improve our understanding of the problems and to begin to advance evidence-based solutions.

At the request of the collaborative, a National Academies-commissioned study was launched, a "Systems Approach to Improve Patient Care by Supporting Clinician Well-Being." I was privileged to be on that Committee which was one of the most informed, hard-working and insightful committees I have ever worked on, under the superb leadership of Co-Chairs Chris Cassel and Pascale Carayon and study leader Laura Aiuppa . We will be discussing the consensus study report "Taking Actions Against Clinician Burnout: A Systems Approach to Professional Well-Being", its recommendations and the implications for stakeholders throughout today's meeting. It is not my intent in this brief address to try to summarize the complex and superbly written report.

Rather, I want to speak to the issue of <u>why this matters</u>. Why should society at large outside of our professions not only care about this problem, but actually feel a great sense of urgency about addressing it.

First, let me start with a little bit of background. The charge to the Consensus Committee included studying both "clinician burnout" (for causality and prevention) and "clinician well-being (to support it). The report is predominantly about Burnout because there is an agreed upon definition (i.e. a work-related state of emotional exhaustion, depersonalization and inefficacy) and a large body of literature on which to base findings and recommendations. The committee well understood that "well-being" is more than the absence of burnout, but felt that clinician burnout was our best current window to gain access to an understanding of the broader concept of clinician well-being – "the canary in the mine", so to speak. Further, though much of the discourse about burnout has quite appropriately focused on the mis-match of demands and resources experienced by our clinicians in the increasingly complex modern health care system, the committee also realized there also is a very important <u>values</u> component to burnout that has potentially profound societal implications.

So, even if we accept the premises of the report that burnout is real, has many adverse consequences, is prevalent across sites and professions and is probably increasing, why should society be concerned about it? Why is this more than just a problem of the job satisfaction of relatively highly paid health professionals?

I will posit there are three reasons why this is an important societal issue:
1) We will only have an optimally functioning health care system that effectively serves the needs of all our patients if <u>all</u> members of the system are functioning at the highest level and achieving their maximum potential.
2) A further erosion of professionalism will undermine clinician-patient relationships and further undermine the public confidence in our institutions.
3) A decline in humanism will diminish all the health professions and contribute to a decline in humanism in society.

Let me briefly explicate each of these points to demonstrate the connection to burnout and establish the urgency of intervening.

Reason Number 1:
We will only have an optimally functioning health care system that effectively serves the needs of all patient's if <u>all</u> members of the system are functioning at the highest level and realizing their full potential. There is a large body of evidence – reviewed in the report – that clinicians suffering from burnout are more likely to make medical errors, are more likely to communicate poorly and are generally less productive. They therefore are contributing to poorer patient care and system underperformance. Burned out clinicians are also more likely to change jobs or leave healthcare all together, and both phenomena incur greater expenses for the healthcare system and for society. So, it is in the best interest of all healthcare organizations and the patients they serve to take action against burnout.

But the obligation and the opportunity is even greater than that – and here is the canary in the mine analogy. It should be the goal of all health care organizations to see that all clinicians (in fact all employees) function at their highest levels <u>to realize their full potential</u> (which is one definition of "well-being"). Though we lack evidence at this time, we believe that the steps recommended to treat, mitigate and prevent burnout will in fact improve the well-being and improve performance of <u>all</u> working in the system whether they are burned out or not. This is an aspiration. But it is not unreasonable to conjecture that rebalancing work demand and resources, involving clinicians in system redesign decisions, improving the climate for collaboration and teamwork, aligning organizational and professional values, reducing administrative burden, improving the clinical relevance of technology support – to name just a few organizational and cultural changes that are recommended in the report to address burnout –

would benefit <u>all</u> clinicians and optimize performance of the health care system. Patients and society at large will be the beneficiaries. That's why they should care whether we are taking <u>more</u> actions, <u>more</u> urgently against burnout.

As we wrote in the report:

"The identification of interventions aimed at tackling the critical factors contributing to burnout is a way of fostering an improved state of professional well-being while improving patient care."

Taking action against burnout will improve patient care.

<u>Reason Number 2:</u>
A further erosion of professionalism will undermine clinician – patient relationships and further undermine the public's confidence in our institutions.

There is a complex relationship between professionalism and burnout. There is good evidence that both real and perceived breaches of professionalism contribute to burnout. When lapses of professional behavior are tolerated – or worse yet, <u>encouraged</u> or <u>required</u> – clinicians feel a sense of moral distress that accumulates over time – what some have called a "death by a thousand cuts". When organizational values do not appear to be aligned with long-held professional values, burnout is more common.

There also is good evidence that burnout <u>causes</u> a decline in the professionalism of both learners and clinicians. The fact that this can occur at the earliest stages of training makes it all the more important to address this urgently. Professionalism is the basis of the clinicians' special relationship with patients and society – that   we will always put their interests above our own. Professionalism is the expression of our social contract to put patient's interests above our own and in addition to advance the knowledge in our field and pass it on to the next generation. That is the basis of the trust that leads to the most effective care. Loss of professionalism will undermine clinician/patient relationships with a resulting loss in that trust. It will also undermine <u>public</u> trust in the health professions, promoting cynicism that the health professions – like many other societal institutions – are not to be trusted.

So, it is in our patient's and society's interest that we identify and root out the anti-professionalism that leads to burnout and that we prevent the burnout that further erodes professional behavior.

This is also a powerful reason to focus on the learning environments where the earliest imprinting occurs. Studies show that burnout is prevalent among our learners, and burned out learners are more likely to display unprofessional conduct, are less likely to hold altruistic views,

and are less empathetic. We need more longitudinal studies to determine the long-term effect of this deficiency in the professional development of learners due to burnout. Even without such studies we can agree that at best it represents a lost educational opportunity, and at worst it could result in a long-term deficiency in professionalism.

Taking action to improve both the working environments and the learning environments to address burnout will preserve and enhance professionalism.

Reason Number 3:
A decline in humanism will diminish all the health professions and contribute to a decline in humanism in society.

Healthcare organizations that create the environments in which burnout of learners and clinicians is prevalent are not humanistic organizations. Humanism – that is, making human interests, values and dignity the guiding philosophy of the system – should be the touchstone of our education and care systems. Workers and learners in non-humanistic organizations – whether they are burned out or not – will less likely be humanistic, if humanism has not been modeled or demonstrated in the learning and work environments.

How learners and clinicians are treated reflects the values of the system and directly influences whether they will be humanists in practice. Health professionals, in deriving their professional goals and actions from the needs of patients, should be models of humanism in society and advocates for humanistic policies. Burned out learners and clinicians are less able to be humanistic, and systems that produce them are less likely to be models for humanism. Society loses doubly: each individual encounter with the health care system is less likely to be humanistic and a major voice for advocacy for humanism in medicine and in society will be diminished. This seems to me to be more important than ever today when the de-humanizing forces in medicine are even stronger and when society-wide anti-humanistic behaviors and policies are more prevalent.

The work to humanize medicine follows the principles of humanism – putting patients at the center of focus, promoting a better understanding of the human experiences of both patients and clinicians, deriving professional goals and actions from the real needs of patients, applying reason to better solve the problems in health care, and using science to devise better ways to help patients maintain health.

Taking actions that reduce burnout will help promote humanism as a guiding philosophy for healthcare and enhance the status of health professionals as advocates for humanism in medicine and in society.

So, let me repeat the 3 premises

1) We will only have an optimally functioning health care system that effectively serves the needs of all our patients if <u>all</u> members of the system are functioning at the highest level and achieving their maximum potential.
2) A further erosion of professionalism will undermine clinician-patient relationships and further undermine the public confidence in our institutions.
3) A decline in humanism will diminish all the health professions and contribute to a decline in humanism in society.

So, what is at stake if we do nothing to address the issue of clinician burnout? <u>Quality of care</u>, <u>Professionalism</u>, and <u>Humanism</u>. This is much bigger than an individual professional or profession. That is why there is urgency to address the issue of burnout in health professional clinicians and learners.

As you listen to the presentations today and participate in the discussions, please also think about some of the principles that guided the committee in its work:
1) Burnout is a multifaceted, complex problem that can only be addressed with a systems approach. Leadership from the top is essential; frontline engagement is equally essential.
2) Strategies to address <u>individual</u> well-being are necessary but not sufficient.
3) Burnout is an issue across the professions and should be approached interprofessionally. Though some issues will likely be profession specific, most will benefit from an interprofessional perspective. This approach will have other dividends for the healthcare system.
4) Burnout must be approached scientifically with data, analysis, rigorous research and feedback in an iterative way,
5) Always return to the patient – the values, interests and dignity of the human at the center. Ask what's best for the patient in making decisions about system redesign.

In conclusion, let me once again thank the committee and staff that I was privileged to work with on this report and from whom you will be hearing in the rest of today's meeting. I learned a tremendous amount from them, and I know you will, too. Let me also thank the Action Collaborative and all who are attending this meeting for helping to raise awareness and create a broad community to address this important problem. Taking action will require all of you and more. My hope is you will leave here today even better informed and with a heightened commitment to take action – that you will be <u>activated</u> to address burnout in order to provide better care for our patients; to preserve professionalism; and to promote and advocate for humanism.