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

The report recommends that methodologically rigorous research is conducted within the following five major areas:

1. Foundational epidemiologic research is needed to better define the prevalence of burnout among select groups of clinicians and learners within select health profession education programs.

Studies that include various clinician types, practice settings, institutions, and demographic groups are needed to better define the extent of the problem of clinician burnout. These studies should employ validated instruments to measure burnout and other dimensions of professional well-being.

2. Hypothesis-generating research is needed to define optimal professional fulfillment and well-being.

Studies are needed to advance a better understanding of professional fulfillment, engagement, and professional well-being and to identify system designs that can best cultivate and support these qualities for clinicians and learners.

3. Research is needed to identify work-system factors, learning environment factors, and individual mediating factors that increase the risk for burnout or that promote professional well-being among clinicians and health profession learners.

Research Priorities to Identify Work-System Factors, Learning Environment Factors, and Individual Mediating Factors that Affect Burnout and Professional Well-Being Among Clinicians and Learners

External Environment

- What models of health care delivery (forms of economic integration and employment models) optimize clinician performance and professional well-being?
- What is the effect of specific regulatory policies related to health care delivery and payment on clinician burnout and professional well-being?
• How do non-financial performance incentives, such as price transparency, public performance reporting for consumers, and performance feedback reports to clinicians affect clinicians’ degree of burnout and professional well-being?
• What are the regulatory and compliance factors that contribute to clinicians’ administrative burden and clerical tasks? How can such tasks best be measured, leveraging audit log data from electronic health records (EHRs) and other technologies?
• What components of health information technology systems contribute to cognitive load and affect clinician burnout and professional well-being?
• What effect would totally interoperable EHRs have on clinician burnout?
• What is the effect of malpractice liability and tort reform on clinician burnout and professional well-being?
• What are the effects of accreditation rules and licensure requirements, including high-stakes assessment, on clinician and learner burnout and professional well-being?

Health Care Organization and Frontline Care
• What structural, functional (including clinical), financial, and operational features of a health care organization and health education institution are associated with the risk of burnout among clinicians and learners, and which features are associated with higher levels of professional well-being? Which features are modifiable?
• What is the relationship between practice-level factors (e.g., delivery model, team composition, hours of operation, panel characteristics [e.g., panel size, complexity of patients seen], hours of operation, appointment length), and workload, job control, flexibility, autonomy, meaning in work, clinician burnout, and professional well-being?
• What are the optimal workloads for clinicians for promoting the quality of care, preventing burnout, and achieving patient safety? How can workload be objectively measured?
• What effect does case complexity have on workload, meaning in work, clinician burnout, and professional well-being?
• What system-level factors affect patient–clinician relationships, and to what extent does lack of continuity of care (i.e., lack of longitudinal patient relationships) threaten meaning in work and contribute to clinician burnout?
• How do different compensation and incentive models influence clinician well-being?
• How does the organizational customization of EHRs affect work load, work efficiency, and clinician burnout and professional well-being?
• Which care team designs facilitate high-quality care, meaning in work, work efficiency, job satisfaction, and professional well-being among all care team members?
• Do system factors affect clinicians differently based on demographic factors such as race, ethnicity, age, and gender?
• What system-level factors affect the learning environment and learner professional well-being?

Individual Mediating Factors
• What modifiable individual characteristics relate to perceptions of social support, resilience, and risk of burnout, and to what degree do they mitigate the negative impact of workplace stress on professional well-being?
4. Research is needed to gain further understanding of the implications of clinician and learner burnout and professional well-being on patients, clinicians, learners, health care organizations, and society.

Research Priorities to Further Understand the Effects of Clinician Burnout and Professional Well-Being on Patients, Clinicians, Learners, Health Care Organizations, and Society

- What is the relationship between clinician burnout and professional well-being and the quality of care, patient safety, the cost of care, and patient health outcomes? How does this relationship vary by type of clinician?
- What is the relationship between clinician burnout and professional well-being and patient experience, patient engagement, and patient adherence to treatment?
- What are the short- and long-term economic costs of clinician burnout and professional well-being?
- How do clinician burnout and professional well-being affect actual turnover, productivity, disability claims, liability, and access to care?
- How does burnout in a clinician affect other members of an interdisciplinary team?
- How does clinician burnout affect learners’ professional development, risk of burnout, and professional well-being?
- What is the relationship between burnout among learners and their professional development, career decisions, and future experiences and behaviors once in practice?

5. Research is needed to evaluate systems-based interventions to prevent and mitigate the risk of burnout and optimize professional well-being across the career span as well as help clinicians and learners with burnout recovery.

Intervention Research Priorities to Prevent and Mitigate the Risk of Burnout, Optimize Professional Well-Being Across the Career Span, and Help Clinicians and Learners with Burnout Recovery

External Environment
- What changes in the external environment would prevent or mitigate clinician or learner burnout and promote professional well-being? What types of improvements in health information technology improve workflows, decrease clerical work, and mitigate the risk of burnout and optimize professional well-being?
- What changes in the external environment reduce barriers to help-seeking among clinicians and learners?
- What interventions to improve clinician professional well-being also improve patient outcomes and reduce cost of care?

Health Care Organizations and Frontline Care Delivery
- What are the optimal approaches to designing and implementing individual and organizational interventions to reduce clinician or learner burnout and promote professional well-being?
What are effective ways to engage clinicians and learners in system redesign to reduce burnout and improve professional well-being, including reconfiguration of the EHR?

What organizational interventions in the practice environment reduce burnout and cultivate professional well-being among clinicians and learners?

What is an optimal workload that maximizes patient outcomes while preserving clinician professional well-being?

What approaches to workflow optimize team-based care and enhance professional fulfillment for all team members?

What types and approaches to patient education about navigating interactions with the health system and frontline care team members, including Web-based portals, achieve the dual goal of optimizing the patient experience and streamlining work?

What practice environment factors optimize the implementation of interventions aimed at increasing efficiency and controlling and improving affordability without increasing clinician burnout?

How do interventions for one group of clinicians affect the workplace stress and professional well-being of other groups of clinicians? How do interventions in the work environment affect the learning environment and vice versa?

How do health care organizations optimally incorporate regular assessment of clinician and learner professional well-being and act on results?

How should organizations evaluate and improve the work and learning environment, help individual clinicians and learners promote their professional well-being, and support those who experience distress?

Individual Mediating Factors

What personal strategies are essential to accessing resources/services and facilitating recovery from burnout and other types of distress among clinicians and learners?

What systems-based approaches most effectively provide resources and reduce barriers for individual clinicians and learners to engage in strategies that strengthen their abilities to deal with the stressors inherent to the practices of medicine, nursing, pharmacy, and dentistry?

To read the full report, please visit nam.edu/ClinicianWellBeingStudy.