Workforce Grand Rounds Webinar Series
Combating Healthcare Provider Burnout in Clinical Settings

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Vision: Healthy Communities, Healthy People
COVID-19’s Stress on Providers

- Prolonged Uncertainty
  - Magnitude
  - Duration
  - Effects

- Concerns about Preparedness
  - Personal
  - Organization
  - Public

- Lack of Needed Supplies
  - PPE
  - Equipment
  - Tests

- Potential Threats
  - Self
  - Loved Ones
  - Coworkers
COVID-19’s Psychological Effects on Providers

- Depression
- Irritability
- Avoidance
- Distress
- Insomnia
- Anxiety
What Is Burnout?

- Exhaustion
- Inefficacy
- Cynicism
Causes of Provider Burnout

Clinicians
- workload
- time pressure
- moral distress
- technology usability
- workflow
- administrative burdens

Students & Residents
- inadequate support
- suboptimal experiences
- peer behaviors
- grading schemes
- supervisor behaviors
- inadequate preparation
- lack of autonomy

Burnout: The Scope of the Problem

- 50% physicians, nurses
- x2 other professions
- #1 front-line providers
Burnout: The Impact on Health Care

- x2 unsafe or suboptimal care
- x3 low patient satisfaction
- $4.6+ billion in costs
Burnout: The Impact on Turnover

- x3: intent to leave
- x1.3: salary costs (nurses)
- $500K: (physicians)
Counter Elements to Burnout

• Meaning and purpose in work
• Positive work and learning environments
• Alignment of values and expectations
• Job control, flexibility, and autonomy
• Reduced administrative burdens
• Optimized workflows and technology
• Interdisciplinary team collaboration
• Supportive and effective leadership
Strategies to Reduce Burnout and Promote Engagement

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science

HRSA’s Efforts to Address Provider Burnout
How HRSA Can Help Improve Clinician Well-Being

ACICBL* recommends that HRSA work across divisions and programs to include specific language in their notices of funding opportunities (NOFOs) to develop evidence-based practice models that prevent burnout and foster individual/team wellbeing, resilience, and retention to advance the Quadruple Aim in interprofessional collaborative practice.

*ACICBL = Advisory Committee on Interdisciplinary Community-Based Linkages
17th Report to the Secretary of Health and Human Services and the U.S. Congress (August 2019)
Provider Wellness Program Models

- Pre- and Post-Burnout Assessments
- Peer Support via Secure Social Media Sites
- Communities of Practice via ECHO
- Self-Care Activities during Peer Review Meetings
- Mentoring and Interdisciplinary Support

Provider Support Incorporated into BHW Programs
Provider Wellness Example: Primary Care Training and Enhancement Program

- Instructional materials in self-management
- Course time to develop and implement self-care plans
- Wellness retreat on burnout and resilience
HRSA’s Workforce Engagement & Well-Being Initiative

GOAL: Develop and conduct a health center provider and staff survey to collect, analyze, and disseminate national data on health center workforce well-being and engagement.

Phase 1: (2019-2021)
- Review the literature and evaluate existing surveys
- Convene a Technical Advisory Panel
- Develop a workforce well-being survey
- Institute a Health Center Learning Collaborative

Phase 2: (2021 and beyond)
- Administer the workforce well-being survey
- Analyze data
- Disseminate findings and promising practices
- Enhance training and technical assistance strategy to support the health center workforce
- Expand and improve health center activities to support the workforce
Clinician Burnout Research Studies

The Health Workforce Research Centers

• University of Michigan Behavioral Health Workforce Research Center
  • Impact of COVID-19 on presenteeism, absenteeism, and burnout associated with behavioral health conditions for frontline health care workers.

• University of North Carolina at Chapel Hill, Program on Health Workforce Research and Policy
  • Identify proven strategies for reducing burnout and increasing mental health & well-being of health care providers.
  • Developing a better understanding of factors leading to, consequences of, and ways to reduce clinician burnout.
  • Understanding factors leading to staff turnover among RNs.
Clinician Burnout Research Studies Continued

• George Washington University, Health Workforce Research Center - Policy
  • Utilization of medical scribes and their impact on clinician burnout and provider satisfaction in Community Health Centers (CHCs)

• University of California, San Francisco, Health Workforce Research Center – Long-Term Care Support and Services
  • Staff turnover in home health

• University of Washington, Health Workforce Research Center – Allied Health Workforce
  • Wage consequences of illness and burnout in the allied health workforce

• University of Washington, Health Workforce Research Center – Health Equity in Health Workforce Education and Training
  • Resilience, burnout and the potential burden of being under represented in health professions programs
Primary Health Care Digest

- Promising practices
- Assessment tools
- Trainings
- Presentations
- Articles
- Resources

volume 1  https://content.govdelivery.com/accounts/USHHSHRSA/bulletins/242715b
volume 2  https://content.govdelivery.com/accounts/USHHSHRSA/bulletins/243b90e
Any health care organization that recognized it had a system issue that threatened quality of care, eroded patient satisfaction, and limited access to care would rapidly mobilize organizational resources to address the problem. Burnout is precisely such a system issue.

Contact Us

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