Burnout has high personal costs for individual clinicians and learners, as well as high social and economic costs for their organizations and society as a whole. The personal consequences include occupational injury, problematic alcohol use, risk of suicide, career regret, and suboptimal professional development. Burnout strains health care organizations (HCOs) by increasing clinician absenteeism, presenteeism (working while sick), and turnover, and by reducing individual productivity.

Numerous work system factors (i.e., job demands and job resources) either contribute to the risk of burnout or have a positive effect on professional well-being. The interactions of the care team, HCOs, and the external environment influence the work system factors that contribute to clinician burnout and professional well-being. Decisions made at these three levels of the system strongly influence the work environment that clinicians experience in both negative and positive ways.

Given the high rate of clinician and learner burnout as well as the profound consequences on the U.S. health care workforce and the quality and safety of patient care, there is a strong imperative to take a systemic approach to reduce it.

WHY WE SHOULD TAKE A SYSTEMS APPROACH TO CLINICIAN BURNOUT & WELL-BEING

Taking a systems approach incorporates thorough knowledge of several factors, including stakeholders, their goals and activities, the technologies they use, and the environment in which they operate. Because the drivers of burnout stem from the work environment, health care should apply a framework that views and addresses burnout as a system issue rather than as a personal mental health diagnosis. While individually-targeted interventions may help individual clinicians and learners, they will not address the systemic issues that drive the burnout problem in the first place.
The committee’s framework for a systems approach to clinician burnout and professional well-being reflects theories and principles from the fields of human factors and systems engineering, job and organizational design, and occupational safety and health. The conceptual framework clarifies the structure and dynamics of the system in which clinicians work and reveals potential levers for change.

Creating healthy and safe systems for the nation’s patients and clinicians is a complex endeavor. Many factors over time have contributed to the current state of health care. “Fixing” a single variable in the system, such as the electronic health record, will not solve the burnout problem by itself, nor will it be sufficient to gain the necessary understanding for a comprehensive, multifaceted solution. Many different aspects of the health care environment have to work together in an integrated way to address burnout and improve professional well-being. Interventions should target known work system factors that contribute to clinician burnout.

**HOW TO TAKE A SYSTEMS APPROACH TO CLINICIAN BURNOUT & WELL-BEING**

Taking action to address burnout requires a bold vision for redesigning clinical systems—one which focuses on the activities that patients find important to their care and which enables and empowers clinicians to provide high-quality care.

HCOs should focus on adopting fundamental principles for redesigning work systems to prevent and reduce clinician burnout and foster professional well-being.

**Guidelines for Designing Well-Being Systems**

**Values, Systems Approach, and Leadership**
- Align organizational structures and processes with organizational and workforce values (respect, justice, compassion, diversity of views).
  - The patterns that created the current conditions for differences in values did not occur overnight, so aligning structures and processes with values requires a sustained intentional focus on collective 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 and a built environment (e.g., staffing, scheduling, workload, opportunities to learn, greater job control, usable technologies, adequate physical environment) to support clinicians’ work.
- Design work systems that encourage and 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.
- Establish and sustain an organizational culture that supports change management, psychological safety, vulnerability, and peer support.
- Use human-centered design (HCD) processes to co-design, implement, and continually improve solutions and interventions that address clinician burnout.
  - HCD allows iterative design, prototyping, and evaluation of a solution at all system levels, anticipating its effects on the entire work system, including individuals, tasks, technology, and the physical and organizational work environment.

Systems-oriented strategies will need to make improvements in clinician workload and clinical workflow, provide more usable technologies focused on clinicians’ needs, and develop organizational structures and processes that better support clinicians and the interdisciplinary care teams in which they work.

Addressing the factors contributing to clinician burnout and the barriers to professional well-being using a systems approach will ultimately help health systems improve patients’, families’, and clinicians’ experiences and outcomes.

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