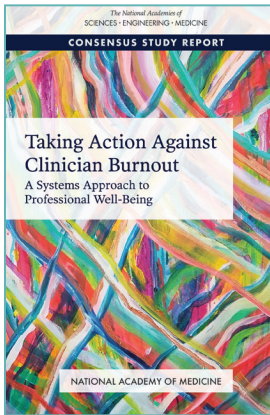# Taking Action Against Clinician Burnout:
A Systems Approach to Professional Well-Being

Highlights for Policymakers

Clinician Burnout Is a Threat to the U.S. Health Care System

Taking Action Against Clinician Burnout: A Systems Approach to Supporting Professional Well-Being, a 2019 report from the National Academy of Medicine, identifies clinician burnout as a threat to the quality of patient care. Health care delivery is undergoing many dramatic changes related to technology, regulation, and policy that profoundly affect the organizations delivering care and the people working to care for patients. Furthermore, mounting system pressures within the U.S. health care system have contributed to an imbalance in which the demands of the clinician's job are greater than the resources and supports available to them. A chronic imbalance of excessive job demands and inadequate job resources can lead to burnout – a workplace syndrome characterized by high emotional exhaustion, high depersonalization (i.e., cynicism), and low sense of personal accomplishment from work. All clinical professionals are at risk of burnout.

The U.S. clinical workforce reports experiencing substantial symptoms of burnout:

35-54% *of nurses and physicians &* **45-60%** *of medical students and residents (or "learners")*

Burnout's far-reaching consequences:

Personal
- *Occupational injury*
- *Problematic alcohol use*
- *Risk of suicide*
- *Career regret*
- *Suboptimal professional development*

Organizational
- *Clinician absenteeism*
- *Presenteeism (working while sick)*
- *Increased turnover*
- *Reduced individual productivity*

Societal
- *Estimated $4.6 billion in societal costs each year in the United States*

Improved Clinical Work and Learning Environments Are Vital to the Nation's Health

Numerous work system factors (i.e., job demands and 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 multiple policy and regulatory actors in 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.

The high rate of clinician and learner burnout and its profound consequences on the U.S. health care workforce and patient care is a signal to health care policy, regulatory, and standards-setting entities that major improvements in the clinical work and learning environments must become a national and organizational priority.

Priority Actions for Health Care Policy, Regulatory, and Standards-Setting Entities

Health care laws, regulations, policies, and standards in the United States are numerous, immensely complex as a whole, and insufficiently aligned with the delivery of high-quality patient care. A myriad of requirements constitute the oversight of U.S. clinicians, including those addressing:

- Payment policies
- Clinical documentation
- Quality measurement and reporting
- Prescription drug monitoring

- Privacy rules and procedures
- Pre-authorization forms
- Professional and legal requirements for licensure, board certification, professional liability, and health information technology (IT)

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The combination of the additional clinical workload, disruptions to workflow, and time and stress associated with fulfilling the requirements diverts clinician attention from providing patient care. Administrative burden is a barrier to quality care that diminishes patient experiences and contributes to the risk of clinician burnout.

A better balance is needed between the pursuit of HCO and societal goals for health care delivery and the value placed on improving clinical environments to support clinician well-being. Achieving this will require coordinated efforts from various stakeholders, including federal, state, and local government agencies, professional organizations, and accreditors.

Reforms in the U.S. health care system should address unnecessarily burdensome regulations, redundant and conflicting requirements, and unrealistic expectations. Specifically, the report recommends that policymakers take these key actions to mitigate clinician burnout:

- Identify and eliminate policies and processes that impede a clinician's ability to perform necessary work for quality patient care and that negatively affect the clinician–patient relationship, with the input of clinicians and patients.
- Systematically assess laws, regulations, policies, and standards to determine their effects on clinician job demands and resources as well as on patient care quality, safety, and cost. Specifically, entities at the federal and state levels, such as the *U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services and The Office of the National Coordinator for Health Information Technology, the National Quality Forum, state legislatures, professional boards, and departments of health, should*:
  - Allocate the necessary resources to support assessment of the effects of regulations, policies, and standards on clinicians in various care settings. Formal pre- and post-implementation assessments should be conducted to evaluate how the requirements affect clinician workload and whether they are redundant or conflict with other requirements. Then modify accordingly.
  - Apply human-centered design and human factors and systems engineering approaches in developing regulations, policies, and standards, including those related to payment and performance, to minimize the potential risk for adverse effects on clinicians and patients.
  - Align licensure standards and enable broad license reciprocity for all clinicians regulated by states.
- Coordinate efforts by professional certification and health care accrediting entities to align documentation requirements, streamline reporting, and eliminate redundant processes and requirements that contribute to unnecessary burden.
- Evaluate how policies of accreditors and administrators of licensure and certifying examinations may affect learner professional well-being and willingness to seek emotional support.
- Support integration of new technologies and approaches to improve patients', caregivers', and clinicians' care experiences and outcomes, closely monitoring for negative consequences.
- Create incentives for, and lower barriers to, the development and implementation of new ideas, approaches, and technologies with the promise of improving professional well-being and care.
- Facilitate the optimal flow of useful information among all members of the health care community through regulation and rule making. Health information sources should be shared efficiently, safely, and securely, including but not limited to electronic health records (EHRs), electronic pharmacy records, digital health applications, medical devices, and quality data repositories.
- Develop the infrastructure and processes that will lead to a patient-centered and clinically useful health information system and give the entire care team, including the patient, the ability to collect and use timely and accurate data.
- Reduce the documentation burden for payments, quality measurements, and compliance to address some of the antecedent factors in EHR use that are linked to clinician burnout.
- Reduce the time and effort clinicians and HCOs spend to meet regulatory reporting requirements.

Clinician burnout is a complex multi-factorial problem; there is no one solution. However, preventing and reducing the negative consequences on clinicians' professional well-being that result from laws, regulations, policies, and standards will ultimately help health systems improve patients', families', and clinicians' experiences and outcomes.

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