NATIONAL PLAN for health workforce well-being

Taking Collective Action for the Future of the Nation’s Health System

The National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience members have been working rigorously to develop the National Plan for Health Workforce Well-Being, which intends to drive collective action to strengthen health workforce well-being and restore the health of the nation. The vision is that people are cared for by a health workforce that is thriving in an environment that fosters their well-being as they improve population health, enhance the care experience, reduce costs, and advance health equity. The National Plan identifies the following seven priority areas that are the backbone of the National Plan:

Priority Areas in the NAM National Plan for Health Workforce Well-Being

• Create and sustain positive work and learning environments and culture.
  Transform health systems, and health education and training, by prioritizing and investing in efforts to optimize environments that prevent and reduce burnout, foster professional well-being, and support quality care.

• Invest in measurement, assessment, strategies, and research.
  Expand the uptake of existing tools at the health system level and advance national research on decreasing health worker burnout and improving well-being.

• Support mental health and reduce stigma.
  Provide support to health workers by eliminating barriers and reducing stigma associated with seeking services needed to address mental health challenges.

• Address compliance, regulatory, and policy barriers for daily work.
  Prevent and reduce the unnecessary burdens that stem from laws, regulations, policies, and standards placed on health workers.

• Engage effective technology tools.
  Optimize and expand the use of health information technologies that support health workers in providing high-quality patient care and serving population health, and minimize technologies that inhibit clinical decision-making or add to administrative burden.

• Institutionalize well-being as a long-term value.
  Ensure COVID-19 recovery efforts address the toll on health worker well-being and bolster the public health and health care systems for future emergencies.

• Recruit and retain a diverse and inclusive health workforce.
  Promote careers in the health professions and increase pathways and systems for a diverse, inclusive, and thriving workforce.
Building a National Movement for Health Workforce Well-Being

The National Plan is a crucial starting point for collective action that will help coordinate actions across the field and provide a roadmap to develop a health system in which health is delivered joyfully and with meaning, by a committed team, in partnership with engaged patients and communities.

Many of the foundational pieces are in place to continue a national movement to advance health workforce well-being through the NAM Clinician Well-Being Collaborative. It will take the collective efforts of many individuals, organizations, and coalitions of actors to reverse trends in health worker burnout. There are 10 key elements for driving a successful national movement, and the NAM Clinician Well-Being Collaborative has been working on several of these elements over six years.

1. Frame the Crisis
In 2017, the NAM established the Clinician Well-Being Collaborative to raise the visibility of clinician anxiety, burnout, depression, and suicide, recognizing that clinician well-being is essential for safe, high-quality patient care. The Clinician Well-Being Collaborative’s work prior to and throughout the COVID-19 pandemic recognizes the challenges facing health workers as systemic, complex, and longstanding.

2. Strengthen the Science
The NAM published the report, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being* in 2019. The Clinician Well-Being Collaborative is also a leader in identifying evidence-based strategies to improve clinician well-being at both the individual and systems levels. Products include an online knowledge hub, a series of NAM Perspectives papers, and a conceptual model that reflects the domains affecting clinician well-being.
3. **Build a Coalition**
At the outset, the Clinician Well-Being Collaborative focused on fostering a community of diverse stakeholders across the health care system. More than 200 organizations have joined the Clinician Well-Being Collaborative’s network by making a visible commitment to tackle the issue of clinician burnout and support the work and priorities of the Clinician Well-Being Collaborative locally.

4. **Evaluate Environment & Policy**
Working groups of the Collaborative have identified evidence-based strategies to engage leadership, break the culture of silence, organize promising practices and metrics, address workload and workflow, and act on recommendations to improve clinician well-being. Recent focus areas include mobilizing national stakeholders, reviewing and applying lessons from COVID-19, and implementing evidence-based tools for clinician well-being.

5. **Make the Economic Case**
The NAM’s *Taking Action Against Clinician Burnout* report raised the far-reaching consequences of burnout at the personal, organizational, and societal level. The report estimates $4.6 billion in societal costs each year in the U.S. due to the U.S. clinical workforce reporting substantial symptoms of burnout. The Clinician Well-Being Collaborative launched a Resource Compendium for Health Care Worker Well-Being, featuring tools to calculate the organizational costs of burnout and other resources for health care leaders and workers to use across practice settings.

6. **Get Government Involved**
The Clinician Well-Being Collaborative has more than 100 members across sectors who participate in working groups, including representatives from the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid, and Veterans Health Administration. In 2021, the Office of the Surgeon General joined the Clinician Well-Being Collaborative, to lead alongside the NAM, Accreditation Council for Graduate Medical Education, and the Association of American Medical Colleges.

7. **Create a Plan**
The priorities, goals, and actions laid out in the National Plan are urgent, yet complex. The NAM has created a National Plan to focus on the immediate and long-term needs of the health workforce with the intention that the goals and actions will enable a sustained state of well-being. Every actor and sector should identify the most pressing priorities or promising opportunities and develop plans for near-, medium-, and long-term actions in accordance with available resources and in collaboration with other actors.

Now, it is critical to organize major engagement efforts to:

8. **Communicate the Details of the National Plan Widely**
9. **Activate Change Makers to Spark Action Across the Nation**
10. **Inspire Advocacy of the National Plan**
Actor Groups Needed for the National Movement

Improving health worker well-being is a shared responsibility that requires collective action by all actors in the U.S. health system and those who influence the systems that support health. No single actor is responsible for making the significant investments needed to result in sustainable, system-wide changes and to achieve the vision set out in this National Plan. The National Plan identifies the following actor groups:

- Academic Institutions, Clinical Training Programs & Accreditation Bodies
- Insurers & Payers
- Federal, State & Local Governments
- Media & Communications
- Health IT Companies
- Patients
- Health Systems
- Private & Non-Profit Organizations
- Health Workers
- Professional & Specialty Societies

Learn more at nam.edu/NationalPlan.