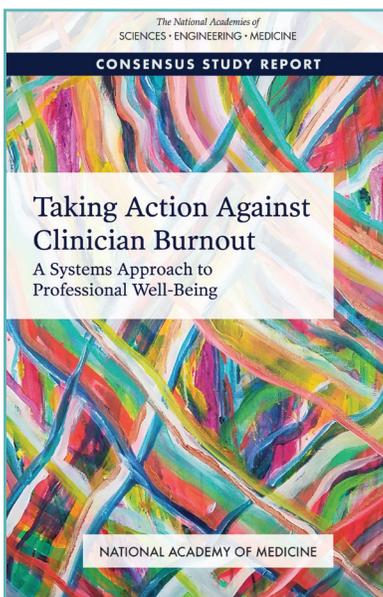


Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being

The Role of Health Care Leadership

“Health care leaders at all levels must take urgent action to uphold clinician well-being as a fundamental value that is essential to the fulfillment of their missions.”

-Victor J. Dzau, President, National Academy of Medicine



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. 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 a 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 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.

Work System Factors include:

Job Demands

- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

Job Resources

- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work-life integration

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 signal to health care leaders that major improvements in the clinical work and learning environments must become a national and organizational priority.



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Priority Actions for Health Care Organizational and Educational Leaders

In large part, the balance of job demands and job resources affecting clinicians and learners is under the direct influence of the HCOs in which clinicians work and train. Organizational leadership's decisions on resources, constraints, incentives, and demands shape the work and the behavior of people in the organization.

The report calls on leaders in HCOs and health professions educational institutions to prioritize the creation of positive, healthy clinical work and learning environments in all settings, and thereby mitigate clinician burnout and foster professional well-being across all disciplines.

Health care leaders must make an immediate and widespread commitment to a systems approach to clinician burnout. This requires the engagement of leaders across the organization, including hospital boards, executive officers and senior leaders, department chairs, and administrative and operational leaders.

Key actions that leaders can take to mitigate clinician burnout:

- Build organizational will to make clinician well-being a priority, remove barriers to well-being, advocate for needed regulatory reforms, and create conditions that equip clinicians and non-clinician staff with the time, resources, and skills needed to devote to this effort.
- Identify and address those aspects of the work and learning environments, institutional culture, infrastructure and resources, and policies that erode professional well-being and contribute to burnout.
- Commit to a culture of teamwork, collaboration, and adaptability in support of continuous learning. An organization's culture is manifested in its actions and relayed through leadership behaviors.
- Eliminate barriers that prevent or discourage access to professional and personal support programs for individual clinicians and learners.
- Create and maintain, at the executive level, a leadership role and function responsible for improving and sustaining professional well-being across the organization. This leader should strengthen coordination across all programs, especially those that deal with patient care quality and safety and occupational safety.
- Communicate and coordinate between organizationally separate entities; mutually consider requirements, constraints, and unanticipated consequences; and align organizational goals and resources. A shared focus on improving patient care can contribute to a healthier work environment.
- Governing boards should hold organizational leaders accountable for creating and maintaining a positive and healthy work environment, and support the allocation of resources in ways that address the issue of clinician burnout.
- Monitor at a minimum annually using validated instruments to measure burnout, and continuously improve the clinical work and learning environments.
- Assess the foreseeable impact of business and management decisions on the work environment. Specifically evaluate how decisions may affect clinicians' job demands (e.g., additional administrative burden, competing demands on clinicians, unnecessary stress) and job resources (e.g., supportive managers and leaders, useful and usable technologies, effective teamwork), patient care quality and safety, and levels of burnout within the organization. Adjust decisions and their implementation accordingly.
- Assess total workload and the complexity of the work expected of clinicians (including continuing professional education, maintenance of certification, required institutional learning modules, and work performed outside of scheduled hours).
- Target reports internally, including to leadership, managers, and clinicians, to share data transparently within the organization.
- Avoid any perception of blaming frontline staff for results or exerting pressure for them to remediate results.
- Co-create solutions with clinicians, rather than imposing them, to increase the likelihood of meaningful and sustainable progress.
- Create incentives for, and lower barriers to, the development and implementation of new ideas, approaches, and technologies that have the promise of enhancing professional well-being as well as improving quality of care.
- Share successes within the HCO as well as the field at large to accelerate improvement.

Clinician burnout is a complex multi-factorial problem; there is no one solution. However, addressing the factors contributing to clinician burnout and the barriers to professional well-being will ultimately help health systems improve patients', families', and clinicians' experiences and outcomes.

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

