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

The changing landscape of the U.S. health care system – how care is provided, documented, and reimbursed – has had profound effects on clinical practice and the experiences of the professionals who provide patient care ("clinicians"), students and trainees in the clinical learning environment ("learners"), and patients and their families. Mounting system pressures have contributed to an imbalance in which the demands of the clinician's job are greater than the resources available to complete the job effectively. This job demand–job resource imbalance is intensified by the increasing push for performance improvement, technology that hinders rather than supports patient care, changing professional and societal expectations, and policies that are insufficiently aligned with professional values or the goal of better patient care. Adding to these health system pressures is an explosive increase in medical data and a growing demand for health care as the U.S. population ages and many disciplines experience workforce shortages. Overwhelming job demands and insufficient job resources cause physical, psychological, and emotional stress, including burnout – a workplace syndrome that is characterized by high emotional exhaustion, high depersonalization (i.e., cynicism), and a low sense of personal accomplishment from work.
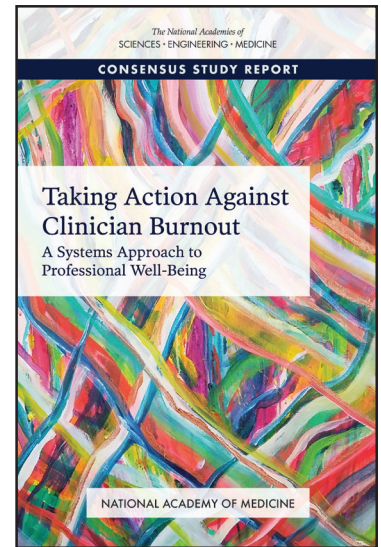
Studies estimate that between 35 percent and 54 percent of U.S. nurses and physicians have substantial symptoms of burnout, and the range for medical students and residents is between 45 percent and 60 percent. There are indications that burnout is a problem among all clinical disciplines and across care settings.

The high rates of burnout reported among U.S. clinicians and learners is a strong signal that the nation's health care system is failing to achieve its aims for system-wide improvement. Improving the U.S. health care system to achieve the goals of better care, improved population health, and lower costs depends in large part on a workforce that is functioning at its highest level. Positive, healthy work and learning environments facilitate and support the professional well-being that is so essential to the therapeutic alliance among clinicians, patients, and families and the delivery of high-quality care.

On behalf of the National Academy of Medicine, an ad hoc committee under the auspices of the National Academies of Sciences, Engineering, and Medicine examined the scientific evidence regarding the causes of clinician burnout as well as the consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. The resulting report, *Taking Action Against Clinician Burnout: A Systems Approach to Supporting Professional Well-Being*, calls upon leaders in health care organizations and health professions educational institutions as well as within the government and industry to prioritize major improvements in clinical work and learning environments in all settings, and for all disciplines to prevent and mitigate clinician burnout and foster professional well-being for the overall health of clinicians, patients, and the nation.

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CAUSES AND CONSEQUENCES OF BURNOUT

The committee focused on the evidence showing an association or strong relationship between specific system-level factors and burnout, on the basis of data collected using validated measures of burnout symptoms in clinicians and learners. The committee found that 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 factors are varied and are quite context-dependent – factors in one setting may not be present in another. The studies show that these work system factors need to be addressed to prevent and mitigate burnout.

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

Among learners, burnout is associated with suboptimal clinical experiences, inadequate support, supervisor and peer behaviors, a lack of autonomy, and grading schemes. Among clinicians, burnout is associated with job demands related to workload, time pressure, and work inefficiencies, such as burdensome administrative processes which divert clinicians' attention away from patients and detract from patient care. Health information technology, despite its many positive benefits, can also disrupt clinical workflows and patient interactions. Job demands also include intrinsic aspects of clinical work, such as the moral distress individuals experience when the work environment conflicts with professional and personal values. Both tangible and intangible job resources that foster professional well-being are within the work environment as well.

In large part, the imbalance of job demands and job resources affecting clinicians and learners is under the direct influence of the health care organizations in which clinicians work and train. In addition, many aspects of the external health care environment, including a myriad of complex laws, regulations, standards, and other requirements, influence the decisions and actions of both health care delivery and health professions education organizations, and greatly contribute to the chronic stresses in the everyday work of clinicians and learners.

Studies clearly show that 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 of burnout for clinicians and learners include occupational injury, problematic alcohol use, and the risk of suicide; specifically among learners, the consequences include career regret and suboptimal professional development. Burnout is also a barrier to clinicians' and learners' sense of professionalism, the fundamental ethical norms that are essential to professional fulfillment and the delivery of high-quality care. Burnout strains health care organizations by increasing clinician absenteeism, presenteeism (working while sick), and turnover, and by reducing individual productivity. All of these effects have profound consequences for the adequacy of the U.S. health care workforce and the quality and safety of patient care.

A SYSTEMS APPROACH TO CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

In general, a systems approach to mitigating a problem incorporates thorough knowledge of the stakeholders, their goals and activities, the technologies they use, and the environment in which they operate. In the report, the committee reviewed systems aspects largely focusing on the structure, organization, and culture in health care to examine clinician burnout and professional well-being. The committee introduced a conceptual model –

A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING
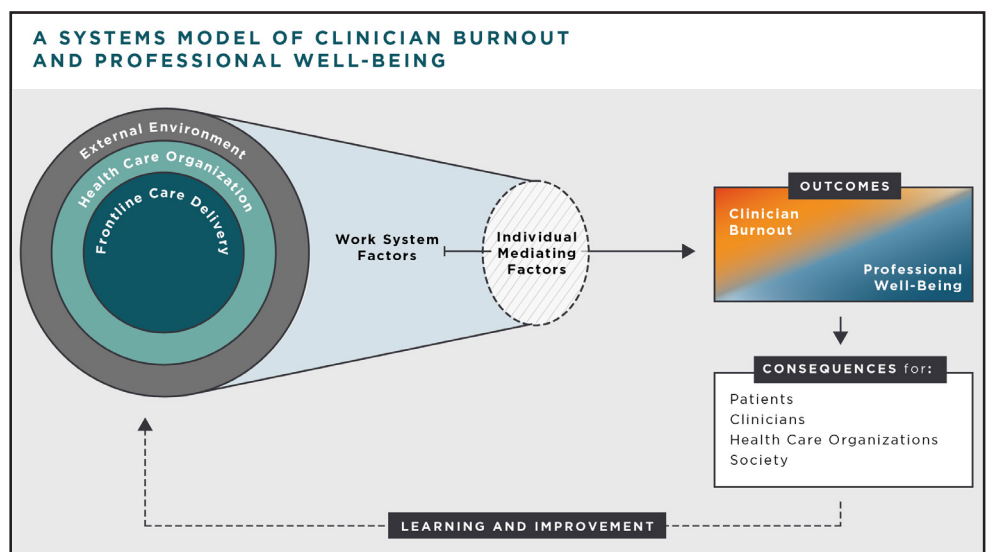
"Collective and coordinated action is key to addressing the problem of burnout and designing health care systems that support professional well-being and provide high-quality patient care. Widespread commitment to health system improvement is needed."

inclusive of clinicians and learners across health care disciplines – to illustrate that the interactions of the care team, health care organizations, 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.

To reduce burnout among clinicians and learners and to foster professional well-being, actions should target known work system factors (job demands and job resources) that influence burnout and well-being. In addition, learning and continuous improvement processes (informed by clinician and patient feedback) are necessary for identifying, evaluating, and implementing effective improvements at all levels of the system.

TAKING ACTION

While many health care stakeholders are initiating important actions to address clinician and learner burnout, there is little research indicating how effective these efforts are in reducing burnout, and even less evidence regarding their effectiveness in improving professional well-being or patient care. Nonetheless, health care organizations clearly have a critical role to play. Preventing and mitigating burnout requires changing the design and organization of clinical work. Individual-focused strategies can be an effective part of larger organizational efforts but do not sufficiently address clinician burnout on their own.

The committee's recommended guidelines for designing and implementing work system changes that foster and sustain professional well-being among clinicians and learners reflect evidence-based principles for creating high-functioning systems and healthy work environments. They focus organizations' attention on values, systems approaches, and leadership as well as on work system redesign and implementation strategies.

Collective and coordinated action is key to addressing the problem of clinician burnout and designing health care systems that support professional well-being and provide high-quality patient care. Widespread commitment to health system improvement is needed from health care organizations, health professions educational institutions, policy makers, regulators, health IT companies, clinician and patient organizations, standard-setting entities, and the research community. The committee proposed six goals and recommended system-wide actions to accelerate progress toward burnout prevention and reduction for clinicians and learners.

1. **Create Positive Work Environments**: Transform health care work systems by creating positive work environments that prevent and reduce burnout, foster professional well-being, and support quality care.

2. **Create Positive Learning Environments**: Transform health professions education and training to optimize learning environments that prevent and reduce burnout and foster professional well-being.

3. **Reduce Administrative Burden**: Prevent and reduce the negative consequences on clinicians' professional well-being that result from laws, regulations, policies, and standards promulgated by health care policy, regulatory, and standards-setting entities, including government agencies (federal, state, and local), professional organizations, and accreditors.

4. **Enable Technology Solutions**: Optimize the use of health information technologies to support clinicians in providing high-quality patient care.

5. **Provide Support to Clinicians and Learners:** Reduce the stigma and eliminate the barriers associated with obtaining the support and services needed to prevent and alleviate burnout symptoms, facilitate recovery from burnout, and foster professional well-being among learners and practicing clinicians.

6. **Invest in Research**: Provide dedicated funding for research on clinician professional well-being.

CONCLUSION

Taking action to mitigate 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. Central to the committee's vision for moving forward is an emphasis on the human aspects of care – putting patients, families, caregivers, clinicians, and staff at the center of focus; demonstrating compassion for patients, clinicians, and other care team members; and deriving professional goals and actions from the needs of patients.

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

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