

Be Well: Cultivating Resilience to Address Health and Well-Being



What Is “Burnout”?

Burnout is defined as loss of enthusiasm for work, feelings of cynicism and low sense of personal accomplishment.

Who Is Affected?



1 out of 2 physicians (54%) are experiencing burnout



compared to **1 in 3 (29%) professionals** in the general population.⁴

What Contributes to Burnout?⁵



Workload. Excessive, the wrong kind, or emotionally draining work.



Control. Insufficient control over resources needed or insufficient authority to pursue work more effectively.



Reward. Lack of appropriate rewards (financial, social, or intrinsic).



Community. Lack of connection with others in the workplace.



Fairness. Lack of perceived fairness and mutual respect.



Values. Mismatch between personal values and leadership/organizational values or organizational values and actual practice.

The rapid pace of change in health care, from system redesign to new payment models to increased data reporting and electronic interoperability, has clinician attention divided among many competing priorities.

All the while, the health care workforce itself is shifting and changing to reflect the growing diversity of the nation as well as needs and preferences of our communities. Clinician stress is associated with lower patient satisfaction, patient safety issues, overuse of resources and increased costs of care. Clinicians at the front lines of care, including primary, emergency and critical care, are especially vulnerable.

Physicians with less control over their work environment and chaotic schedules and pace are more likely to report symptoms of burnout and it's no wonder; primary drivers of burnout include regulatory and paperwork burden, deterioration of clinical autonomy, inefficient EHR design/interoperability and professional liability concerns.

Burnout is directly tied to job satisfaction and stress. In 2016, the *Physicians Foundation surveyed* 17,236 physicians and found long-term patient relationships, intellectual stimulation, interactions with colleagues, and social and community impact among the factors physicians value most in job satisfaction.

One study linked the areas of work-life balance with the dimensions of burnout for nurses; this in turn predicted nurse turnover. The study concluded that the impact of workload on exhaustion, which over time increases cynicism, indicates intervention to sustain manageable workloads and workplace health is necessary. It is imperative to recognize and acknowledge nurses' contributions in ways they find meaningful.

Implications

Burnout has a substantial effect on health care quality and safety. In cross-sectional studies of more than 7,100 US surgeons, major medical errors reported were strongly related to the surgeon's degree of burnout.¹ Other studies found that mean burnout levels among hospital nurses were an independent predictor of health care-associated infections.² As emotional exhaustion levels of physicians and nurses working in intensive care units increased, so did patient mortality ratios.³ Additionally, a study on hospital nurses found a correlation between longer shifts, higher levels of

burnout and lower patient satisfaction.

As noted in *The Physician Charter*, professionalism is the basis of medicine's contract with society, asking physicians to commit themselves to continuous improvement, the primacy of patient welfare and autonomy as well as social justice. "For many, medical professionalism is the 'heart and soul of medicine.' More than the adherence to a set of medical ethics, it is the daily expression of what originally attracted them to the field of medicine – a desire to help people and to help society as a whole by providing quality health care. But many physicians today experience profound obstacles to fulfilling the ideals of medical professionalism in practice." Physicians' commitment to putting the needs of their patients first and maintaining standards of competence and integrity can be stressed by the competing priorities, pace and time pressures of today's health care delivery system.

Influences Factors for Well-Being



A 2015 Swiss study evaluated the relationship of individual and unit-level burnout scores and clinician ratings of overall safety on standardized mortality ratios and length of stay. Higher burnout scores related to poorer safety grades and emotional exhaustion was an independent predictor of standardized mortality ratio.

Action Items

Organizations should:

- ➔ Acknowledge the complexity of burnout
- ➔ Use data to inform priorities and strategic planning
- ➔ Conduct a needs assessment
- ➔ Implement clear actions

While no single solution will address burnout and build resilience, studies have shown that a multifaceted strategy that targets key drivers in each organization can result in interventions which are inexpensive when sustainably implemented, with significant return on investment for patients, clinicians and the health care system.

The American Hospital Association has been active in several national coalitions to address this issue including the National Academy of Medicine's Action Collaborative on Clinician Well-being and Resilience, the Collaborative for Healing and Renewal in Medicine, and the Accreditation Council on Graduate Medical Education, American Medical Association and others.

Visit aha.org/physicians for more information on immersion sessions for clinicians to address leadership that drives well-being, as well as education on addressing the complexity of health care delivery to foster resilience. A resource-rich knowledge hub provides research, podcasts and interviews with leaders who are addressing clinician well-being in their organizations.

For more on this topic, visit Be Well at aha.org/physicians.

Sources:

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3. Welp, A., Meier, L. L., & Manser, T. (2015). Emotional exhaustion and workload predict clinician-rated and objective patient safety. *Frontiers in psychology*, 5, 1573.
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