

Effectively Addressing Clinician Burnout: A Key to Enhancing Healthcare Quality

By **Bruce D. Cummings, M.P.H., LFACHE**, and **Paul DeChant, M.D., M.B.A.**, Co-Founders,
Organizational Wellbeing Solutions

Recruitment, retention, and financial challenges top the list of urgent and important issues worrying hospital CEOs in 2023. These issues in turn affect quality, safety, and patient experience, ultimately impacting growth and market share.

Burnout, a root cause of workforce and financial challenges, has emerged as a significant issue with far-reaching and multifaceted implications that healthcare executives cannot afford to overlook.

Understanding the Interconnection

Clinician burnout is the manifestation, in an individual, of dysfunction in the workplace. Put another way, the problem with burnout is the workplace, not the worker. Burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.

Contrary to popular belief, burnout is not the result of insufficient personal resilience on the part of clinicians. This misconception leads all too frequently to a misguided organizational response—a focus on enhancing clinician resilience. While there is nothing inherently wrong with offering expanded “wellness” benefits such as meditation, yoga classes, gym memberships, “recharge rooms,” or literature-and-medicine affinity groups, these provide temporary symptom relief.

Strengthening individual resilience does not change the underlying conditions in the workplace—the workflows and leadership practices that *cause* burnout. Clinicians realize that their jobs are becoming “undoable” as a result of the array of expectations placed upon them by numerous external stakeholders. They are looking for leaders who recognize this as well.

In *The Burnout Challenge*, the authors demonstrate how burnout results from workplace conditions, within which they identify six job-person mismatches:¹

- Work overload
- Lack of control
- Insufficient reward
- Breakdown of community
- Absence of fairness
- Values conflict

The first of these, work overload, drives exhaustion and is impacted by workloads and workflows. The other five mismatches drive cynicism and are impacted by leadership. Whether one leads a small team of two or three people, or a health system with 20,000 employees, the leader's personal approach to these mismatches has the most significant impact on the burnout experience for the members of that team.

The Significance of Burnout in Healthcare

Burnout is a systemic problem that affects the entire healthcare ecosystem. The high-stress environment, long hours, emotional toll, cumbersome workflows, and increasingly complex administrative requirements contribute to healthcare professionals, including healthcare executives, feeling overwhelmed, detached, and ineffective.

Burnout among clinicians has been associated with decreased patient satisfaction, higher patient mortality rates, and increased medical errors.

High-quality patient care relies on a trusting relationship and positive interaction between healthcare providers and patients. Depersonalization, one of the manifestations of burnout, can lead to a lack of empathy, a critical factor in patient relationships. Care that lacks empathy results in lower patient satisfaction and less adherence by patients to treatment plans.

A study published in the *Mayo Clinic Proceedings* of 6,695 physicians from August to October 2014 found a significant association between physician burnout and medical errors, even after adjusting for specialty, work hours, fatigue, and work unit safety

1 Christina Maslach and Michael P. Leiter, *The Burnout Challenge: Managing People's Relationships with Their Jobs*, Cambridge, MA: Harvard University Press, 2022.

rating.² Nurses are impacted as well. In a recent University of Pennsylvania study, lead author Linda Aiken, Ph.D., RN concluded, “(t)ransformational improvements in hospital nurse staffing and clinical work environments are needed to stabilize the hospital nurse workforce and provide safe patient care.”³

Often overlooked, healthcare executive burnout rates have now risen to levels that equal those of clinicians. A recent WittKieffer study found that 74 percent of healthcare leaders felt burned out and 93 percent feel that burnout is negatively impacting their organization.⁴

The burgeoning burnout crisis impelled U.S. Surgeon General Vivek Murthy, M.D. to issue a special advisory last year warning that “(b)urnout among health workers has harmful consequences for patient care and safety, such as decreased time spent between provider and patient, increased medical errors, and hospital-acquired infections among patients. Burnout results in patients getting less time with health workers, delays in care and diagnosis, lower quality of care, medical errors, and increased disparities.”⁵

The Role of Leadership

Senior leaders and boards, having significant power over the conditions in the clinical workplace, play a crucial role in reducing clinician burnout and improving the quality of care. Leaders must be instrumental in driving systemic changes to identify and address the root causes of burnout in their organization. This requires implementing changes to improve the work environment, allocating resources for mental health support, and advocating for policy changes.

People look up to, and emulate, their leaders. Therefore, leaders need to model healthy behaviors, such as maintaining an appropriate work-life balance, acknowledging mistakes, seeking help when necessary, and demonstrating empathy. Additionally, they should be proactive in identifying signs of burnout and intervene early.

- 2 Daniel S. Tawfik, et al., “Physician Burnout, Well-Being, and Work Unit Safety Grades in Relationship to Reported Medical Errors,” *Mayo Clinic Proceedings*, Volume 93, Number 11, November 2018.
- 3 Linda H. Aiken, et al., “A Repeated Cross-Sectional Study of Nurses Immediately Before and During the COVID-19 Pandemic: Implications for Action,” *Nurse Outlook*, January–February 2023.
- 4 Rachel Polhemus and Susan Snyder, *Burnout in Healthcare Executives: A Call to Action*, WittKieffer, 2022.
- 5 Vivek Murthy, M.D., *Addressing Health Worker Burnout: The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce*, May 23, 2022.

→ Key Board Takeaways

- Burnout has been linked to increased risks in quality, safety, patient experience, and staff recruitment and retention—all of which have potentially significant financial and reputational consequences. Boards should carefully follow the data and look for emerging trends in all these areas.
- Ensure that senior leaders foster a healthy work environment. This includes asking management questions such as: Which one or combination of improvement sciences is our organization using to improve workflow and work practices? What are the results?
- Because burnout has become such a pervasive and disruptive factor in hospitals and health systems, board members should become familiar with the six drivers (job-person mismatches) of burnout, one of which is work overload. The other five—lack of control, insufficient reward, breakdown of community, absence of fairness, and values conflict—are significantly impacted by leadership and leadership practices. Consider what changes in current leadership practices and/or organizational culture could be leveraged to improve these drivers of burnout?
- Senior leaders should interview frontline staff—and report their findings to the board—about specific conditions or factors in the workplace that are the most problematic for clinicians vis-a-vis work overload (e.g., suboptimal EHR implementation or support, inefficient workflows, outdated or unnecessary policies and procedures, scheduling snafus). Have management develop a plan with specific changes, timelines, and accountabilities to alleviate staff-identified stressors.
- Set a tone at the top that prioritizes physicians' mental health. Ask management what your organization is doing to provide appropriate mental health support for clinicians.

Strategies for Reducing Burnout

1. **Address workflow and administrative burdens:** Healthcare executives must support clinicians involved in evaluating and streamlining processes to remove waste from clinical workflows. This is best achieved when senior leaders personally shadow frontline clinicians to see and hear firsthand the challenges and

frustrations their staff experience on a day-to-day basis. Such observations enable leaders to prioritize opportunities to address problems with the electronic health record systems, redesign unnecessarily cumbersome workflows, assess what AI-enabled or other technologies could be introduced to automate paperwork, examine work scheduling practices to promote greater work-life balance, and demonstrate a genuine commitment to “Getting Rid of Stupid Stuff” (GROSS)—a growing movement to remove non-value-added work.

2. **Promote a healthy work environment:** It is critical for senior leaders to foster a supportive work culture where all members of the healthcare team feel valued and heard. This ideally involves leveraging improvement science (e.g., Lean, Six Sigma, operations research, design thinking) with direct participation by frontline personnel to improve workflow and work practices. We strongly recommend that leaders champion brief but focused (15 minute) daily huddles in each clinical work unit. An agenda that addresses all the drivers of burnout includes individual recognition, preparation for the day, tracking key metric performance, and problem-solving. A daily management system with tiered huddles will promote open bilateral communication between the C-suite and the frontlines.
3. **Prioritize mental health:** Healthcare institutions should prioritize mental health support for clinicians, including peer support programs and providing access to confidential counselling services from a qualified third party. It is essential to both normalize these services and to foster an ethos where seeking help is not only accepted but encouraged.
4. **Encourage professional development and recognition:** Continuous education and professional growth opportunities can help clinicians feel more competent and confident in their roles. In addition, recognizing their contributions and achievements can boost morale and instill a sense of personal accomplishment.

Conclusion

Reducing clinician burnout is an essential step towards enhancing the quality of care in hospitals and health systems. Healthcare executives and boards need to recognize the significant impact of burnout on both healthcare providers and patients and take aggressive, sustained actions to address it. By alleviating clinician

burnout, healthcare institutions can improve patient satisfaction, reduce medical errors, and ultimately, deliver higher quality care.

This is not just a moral and ethical responsibility; it is a strategic imperative. Investing in the mental health and well-being of healthcare professionals—and investing in improving their work environment—will both protect the quality of care that your institution provides and make yours a preferred setting in which to provide as well as to receive care.

The Governance Institute thanks Bruce D. Cummings, M.P.H., LFACHE, and Paul DeChant, M.D., M.B.A., Co-Founders of Organizational Wellbeing Solutions, for contributing this article. They can be reached at bruce@organizationalwellbeingsolutions.com and paul@organizationalwellbeingsolutions.com.

