The Burnout Equation: Evidence, Insights, and Practical Strategies for Supporting Healthcare Teams and Leaders

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What Is Burnout?

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Definitions and Prevalence: Burnout

- Emotional exhaustion, depersonalization, and lack of accomplishment
- In 2000, 27% of physicians reported feeling burned out
- ~45% in 2019, declined prior to the pandemic to < 40%
- Worsened during pandemic and peaked suddenly at >60% in late 2021
- Also is very high in other HCW roles, especially nurses

Shanafelt T, *Mayo Clin Proc*, 2020; Linzer M, et al *JAMA Health Forum*, 2022; Shanafelt T, *Mayo Clinic Proc*, 2022; Prasad K, et al. *Lancet-eclinicalmedicine*, 2021.

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MEMO (Minimizing Error Maximizing Outcome) Study (2009)

- In 119 primary care practices, 50% of clinicians *needed more time* for visits
- 27% burning out or burned out (**now >50%)**
- 30% thinking of leaving job within 2 years
- **Strong relationships between work conditions (time pressure, control, chaos, culture) and physician satisfaction, stress, burnout, intent to leave**
- **Some relationships also seen between work conditions and patient care (diabetes, BP, prevention)**



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What causes burnout (from MEMO)*:

- Time pressure (for visits, care) and the “three C’s”
  - **C**ontrol
  - **C**haos
  - **C**ulture
    - Quality
    - Values alignment
    - Communication
    - Cohesion
    - Trust

*Linzer et al, Minimizing Error Maximizing Outcome, *Ann Intern Med*, 2009.



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An AHRQ-funded Intervention Trial: Healthy Work Place (HWP)

A Cluster Randomized Trial of Interventions to Improve Work Conditions and Clinician Burnout in Primary Care: Results from the Healthy Work Place (HWP) Study

Mark Linzer, MD[1,3], Sara Poplau, BA[2], Ellie Grossman, MD, MPH[4], Anita Varkey, MD[5], Steven Yale, MD[6], Eric Williams, PhD[7], Lanis Hicks, PhD[8], Roger L. Brown, PhD[9], Jill Wallock, BS[5], Diane Kohnhorst, BS[6], and Michael Barbouche, BS[10]

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Healthy Work Place (HWP) Trial*

- Cluster randomized trial funded by AHRQ, 2009-2013
- 34 clinics, 150 clinicians, 800 patients
- No overall treatment effect (i.e. just reacting to data may not succeed)
- 3 intervention types associated with less burnout, improved satisfaction:
  - Workflow redesign (Odds Ratio 5.9)
  - Communication improvements between provider groups
  - QI programs in chronic disease care targeted to clinician concerns



*Linzer M. *J Gen Intern Med*. 2015;30(8):1105-1111.

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Urgency and agency in addressing the 4 known causes of burnout

- **Causes** of burnout: Time pressure and the 3 C's:
  - **C**ontrol
  - **C**haos
  - **C**ulture (quality, communication, trust, cohesion and values alignment)
- **Urgency**. Prevalence rising rapidly among numerous HCW roles; devastating consequences for individuals and systems
- **Agency**. There are steps to take. Partnering with/embedding within health systems is key

Linzer M, et al. MEMO study. *Annals Internal Medicine*, 2009. Linzer M and Poplau S. *Lancet-eclinicalmedicine 2021.*

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Measurement

- We developed, know and thus favor 10 item Mini Z
  - Used in thousands of healthcare workers around the world, validation in *JGIM* 2022
- Stress, satisfaction and burnout with 7 predictors (control of workload, chaos, time pressure, EMR stress, values alignment, negative experiences by gender and race; recently, feeling valued, intent to leave)
- Variations:
  - Mini ReZ
  - Ad-mini (for administrative leaders)
  - Mini RN
  - Mini team member (clinical and non-clinical staff)



Mini Z tools available on our website: https://www.professionalworklife.com/mini-z-survey

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Feeling Valued

National COVID Data, American Medical Association

Published in BMJ Leader.

Study Overview

- Purpose: Identify how leaders can make healthcare workers (HCWs) feel valued, a critical factor in mitigating burnout.
- Feeling valued significantly reduces burnout and intent to leave.


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Methods

- American Medical Association's 'Coping with Covid' survey, distributed to 208 US healthcare organizations (national survey).
- Participants: 37,685 HCWs including physicians, APPs, nurses, and other clinical staff.
- April to December 2020
- Key Measures: Burnout, intent to leave, and feeling valued.
- Both quantitative and qualitative data were analyzed.



Results

- HCWs who felt highly valued had significantly lower odds of burnout and intent to leave.
- Burnout Reduction: 8.3 times lower odds.
- Intent to Leave Reduction: 10.2 times lower odds.



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Key Themes

Six key themes that contribute to HCWs feeling valued:

- Physical Safety: Ensuring adequate PPE and safety measures.
- Compensation: Aligning financial priorities with patient care.
- Communication: Transparent and frequent updates.
- Teamwork: Promoting effective collaboration.
- Leadership: Empathetic and respectful behavior.
- Support: Comprehensive organizational support systems.

Solutions

- Safety Measures: Invest in robust safety protocols.
- Financial Recognition: Provide appropriate compensation.
- Clear Communication: Maintain open and honest dialogue.
- Team Building: Foster strong teamwork.
- Leadership Presence: Ensure leaders are visible and empathetic.
- Support Systems: Offer mental health resources and flexible work arrangements.



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Understanding Healthcare Leader Burnout

Post-COVID/National Data

Published in the Journal of Rural Health



Rural Health Leader Burnout: Prevalence, Cause & Implications

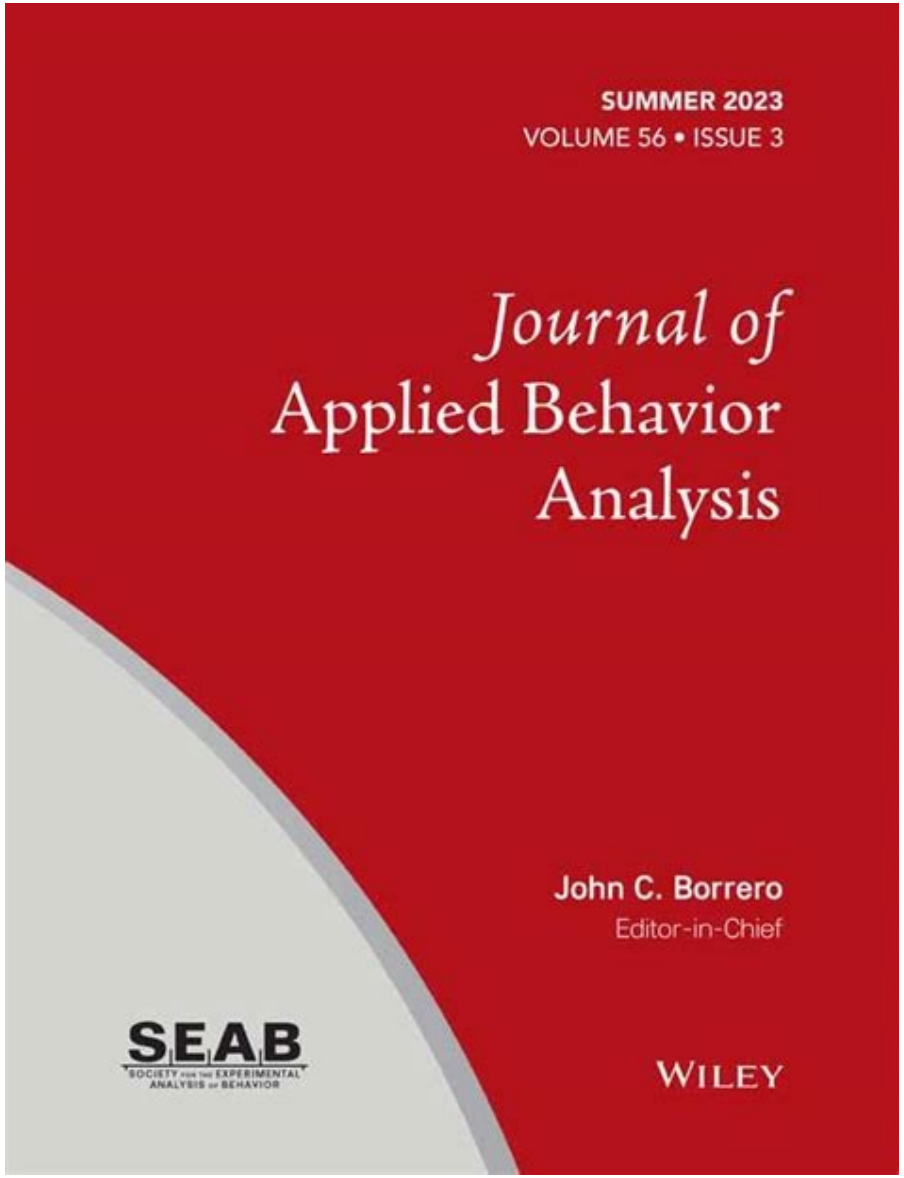


Leadership is essential to an organizations' success…

Boyles, M. (2023, Jan.). *Organizational leadership: What it is and why it's important.* Hbr.org.

The Effects of CEO Succession and Tenure on Failure of Rural Community Hospitals

CEO succession increases the risk of organizational failure



Alexander, J. & Lee, S. (1996). The effects of CEO succession and tenure on failure of rural community hospitals. *Journal of Applied Behavioral Science, 32*(1), 70-88.

Problem Statement

- To date, we know little about whether and the extent to which rural health care leaders are experiencing symptoms of mental exhaustion or burnout.



Why is this important?

- If we understand leader burnout, we use data to do something about it!
  - improve leaders' sense of well-being
  - strengthen leadership capabilities
  - *potentially increase retention*



Research Objectives

(1) Prospectively identify characteristics and risk factors of rural health care leaders' work environments that may be associated with burnout (e.g., work atmosphere (chaos) causing work-related stress); and

(2) Determine the relationship between work conditions, burnout, job satisfaction, and leader intent to leave (ITL).



Study Design

- Phase 1: Survey (Summer 2023)
  - Mini-Z to assess burnout
  - +5 new questions for leaders (ad-mini)



Survey Results



Survey Respondents

- 272 respondents out of 1,278 invitations
- 61.4% women
- 58.1% also had clinical role
- 141 (51.8%) worked for > 10 years as health care leader
- Predominantly White (87.5%)
- Geographically located in the South (66.5%)

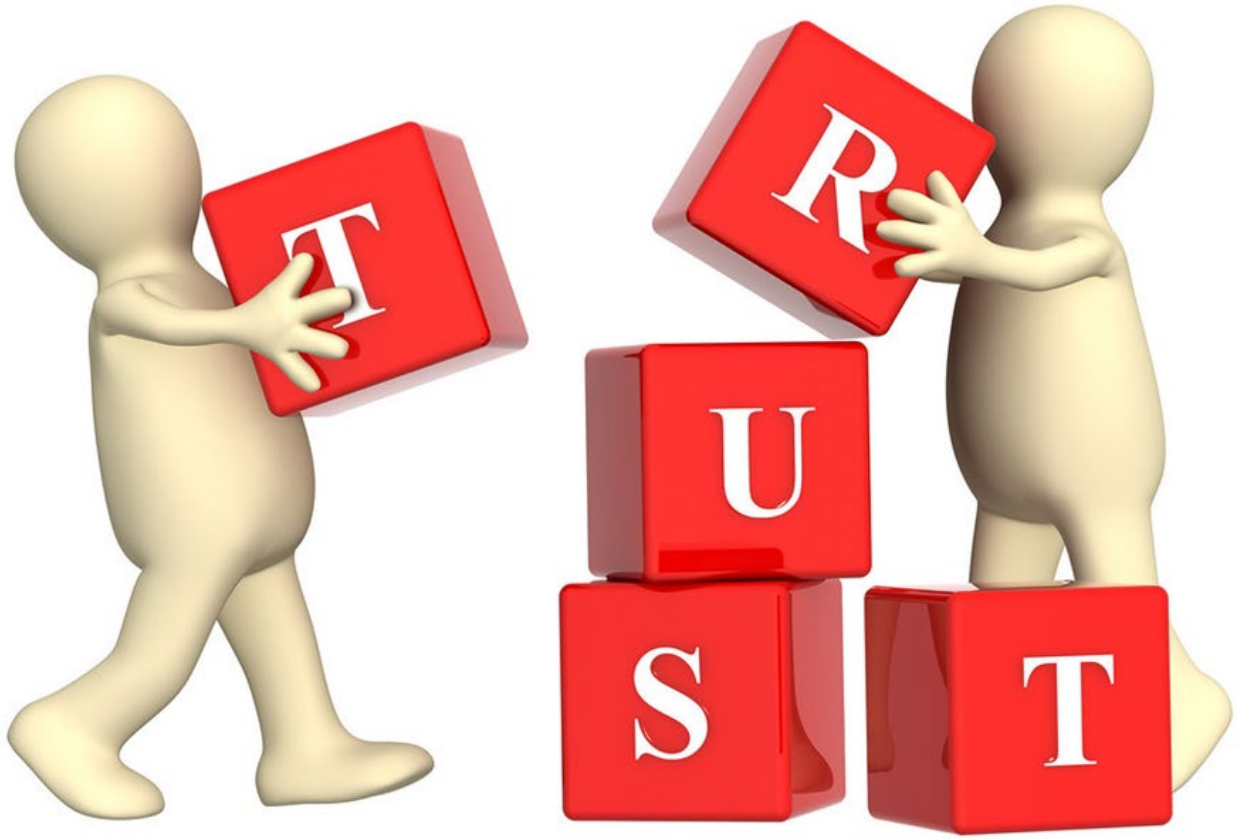
Good News

- Respondents were satisfied with their work (80.9%)



What is driving satisfaction?

- *Control over Workload*
- *Values Aligned*
- *Trust in the Organization = highest driver of satisfaction*



However…



- 40% identified as experiencing burnout



What is driving burnout?

- *Control over Workload = strongest influence*
- *Stress*
- *Trust in the Organization*

… not great news

- 50% intended to leave their leadership role within 2 years



Intent to leave…

- *Trust in the Organization, Feeling Valued – positive associations*
- *Stress – negative associations*





Let’s put rural leader stress in perspective

- *I feel a great deal of stress because of my job*
- ~50% of chiefs/chairs in academic medicine (2016)
- ~67% clinicians during COVID

Rural leaders in our survey: 80%



What is causing stress?

- Industry-level conditions
- Daily operational challenges
- Professional relationships



Key Takeaways

- TRUST related to burnout, satisfaction and intent to leave
- Values alignment
- Call to action for Policymakers and Boards
- Improve leaders' sense of well-being → can affect retention



Future Work

- National Research Agenda for Workforce Wellness
- Co-author on National Academies of Science, Engineering, and Medicine report on the consequences of burnout
- Organizational justice and moral injury paper/chapter
- Team support in primary care: EMR, APPs
- Investment in primary care



Interventions: What works?

- What can you do, or are you inspired to do…
  - Tomorrow
  - Next week
  - Next month



Interventions: What works?

- Healthy Work Place (HWP) cluster randomized trial (ML, *JGIM*. 2015)
  - Workflow redesign: 5.9 times lower odds burnout
  - Communication improvements between provider groups: 3 times greater odds satisfaction (linked to intent to stay)
  - QI programs sharing work with other clinical staff (3 x greater odds satisfaction and less burnout
- Other strategies: Float clinicians, less chaos (lean redesign), schedule control, build cohesion, make clinicians feel valued. (*Lee J, JGIM* 2019;34:1973-74; Palamara and Sinsky, *Mayo Clinic Proc* 2022;97:22-25.)



How to help workers do a job they are proud of*

1. Ask "**how can I help** your day be better?"
2. Meet one-on-one; see what clinicians lost academically or monetarily
3. Respect work and home boundaries
4. Encourage self-care
5. Encourage time off
6. Adjust clinical expectations to manage workload
7. Create opportunities for grieving and sharing loss



*Palamara K, Sinsky C. Four key questions leaders can ask. *Mayo Clin Proc*. 2022.97:22-25.

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