Envision
HEALTHCARE

A Systematic Approach to Combating Clinician Burnout with Professional Well-Being

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About Envision Healthcare

Envision Healthcare is one of the nation's leading medical groups, delivering care when and where it's needed most. Envision provides care mainly in the areas of emergency medicine, hospital medicine, anesthesiology, radiology, trauma surgery and neonatology. Envision is a preferred health solutions partner for healthcare practices around the country and has a network of clinicians that includes physicians, physician assistants, advanced practice registered nurses and certified registered nurse anesthetists.

A Commitment to Caring for Those Who Care for Us

A core tenet of our mission is caring for our teams and ensuring the professional health and well-being of our teammates. By developing emotionally intelligent leaders, eliminating the stigma of mental healthcare and focusing on personal mental health, we can foster an environment that supports clinicians' professional well-being. With the continuous evolution of healthcare, we must create a sustainable, holistic system that meets the evolving needs of our clinicians and provides them with the resources required to thrive professionally and personally.

Physicians, advanced practice providers and nurses who care for patients are a critical part of our society. They promote and protect the health of communities across the country and care for us when we are at our most vulnerable — through pregnancy, birth, disease, recovery and end of life. From the responsibility for another person's life to the regulatory oversight and rigorous performance standards, the professional environment and stress of clinicians' work are unique. Compounded by the typical life stressors that everyone faces, clinician burnout has emerged as a serious issue and is a sign of a diseased healthcare system.

Throughout the pandemic, clinicians have dealt with similar life stressors that everyone is experiencing — illness and death of loved ones, child-rearing responsibilities and overall uncertainty — in addition to the trauma and fatigue of fighting a deadly disease for more than 18 months. The post-traumatic stress of this pandemic has and will impact clinicians in the months and years to come.

As such, the professional well-being of clinicians is extremely important. Clinician professional well-being requires a systematic approach that addresses the demands from society, the stigma around mental healthcare, the burdens the healthcare system places on clinicians and clinicians' need for adequate support and resiliency.

The purpose of this white paper is to discuss common stressors and factors that contribute to clinician burnout and how burnout impacts society, patients and clinicians. The paper also shares how Envision is supporting clinicians' professional well-being and provides policy and healthcare system recommendations on how we all can better support clinicians.

Factors Contributing to Clinician Burnout

For the past decade, clinicians have experienced an alarming rate of burnout. In 2019, the National Academies of Sciences, Engineering, and Medicine found that more than 50 percent of clinicians experienced symptoms of burnout, which is defined as a high level of emotional exhaustion, a high level of depersonalization and a low sense of personal accomplishment from work.[1] Multiple factors can contribute to clinician burnout, including society, the healthcare system, individual pressures and organizational and team culture.

While the pandemic has exacerbated many factors impacting burnout — personnel shortages, risk of infection, long hours and exposure to death and suffering – these factors are not new. The unremitting nature of these factors is new.

SOCIETAL FACTORS

- Portrayal of clinicians as heroic or purely mission-driven
- Society's expectations of perfection over emphasis on "fool-proof" systems
- High cost of medical education, student loan debt and lack of repayment options for medical students

HEALTHCARE SYSTEM FACTORS

- Administrative burden from quality programs' documentation requirements
- State malpractice laws that emphasize protecting against a lawsuit rather than providing the best patient care
- Reduced practice autonomy
- State medical board and hospital credentialing committee questions regarding mental healthcare

EMPLOYER FACTORS

- Irregular work schedules and clinical load
- Clinician onboarding, practice culture and communication updates
- Performance metrics
- Lack of benefits and resources

INDIVIDUAL FACTORS

- Being a high achiever and mission-driven
- Operating in zero-error tolerance environments
- Self-sacrifice to achieve a goal

[1] National Academies of Sciences, Engineering, and Medicine. 2019. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington, DC: The National Academies Press. https://doi.org/10.17226/25521

DEMOGRAPHIC FACTORS

- For women, additional pressure to bear the majority of caregiving responsibilities for children, aging parents and the home
- For women, childbearing time can be concurrent with training in their early career
- For parents, inadequate parental leave for raising a happy, healthy child
- For clinicians belonging to racial, ethnic, sexual orientation and gender minorities, witnessing healthcare disparities and how institutionalized racism impacts patients

Clinician Burnout and its Impact

Clinicians are skilled at and accustomed to caring for patients in intense and high-pressure situations — like pilots, athletes and other highly trained professionals operating under extreme stress. However, their rested state, workload, self-care and recovery impact their overall performance. Long periods of sustained, high stress can lead to burnout. Burnout is a sign of a diseased healthcare system that is placing increasing demands on clinicians, which can ultimately impact a clinician's physical and mental health, patient outcomes and the healthcare system at large.

IMPACT: CLINICIANS' PHYSICAL AND MENTAL HEALTH

Studies from outside the healthcare system have demonstrated that individuals experiencing burnout are at an increased risk of a number of physical ailments, including cardiovascular disease, high cholesterol, Type 2 diabetes, heart disease, fatigue, headaches, gastrointestinal issues, respiratory problems, severe injury and even mortality before age 45.[2][3][4][5] The physical consequences of burnout may also increase a clinician's susceptibility to diseases, such as influenza, respiratory infections and gastroenteritis. This, in turn, correlates with an increase in absenteeism (clinicians calling in sick) or presenteeism (situations in which clinicians may show up for work but demonstrate sub-optimal performance).[5]

Burnout also has a psychological impact, including insomnia, depressive symptoms, substance use and hospitalization related to mental disorders. Numerous studies have linked alcohol and substance abuse to prolonged stress, emotional exhaustion, depression, depersonalization and suicidal ideation.[6] While depression and burnout are two separate entities, research has shown that burnout leads to increased rates of depression. The nature of these associations is complex, yet the relationship between burnout and suicidal ideation — independent of depression — has been found in multiple studies.[7][8]

[2] Appels, A., & Schouten, E. (1991). Burnout as a risk factor for coronary heart disease. Behavioral medicine (Washington, D.C.), 17(2), 53–59. https://doi.org/10.1080/08964289.1991.9935158

[3] Toker, S., Melamed, S., Berliner, S., Zeltser, D., & Shapira, I. (2012). Burnout and risk of coronary heart disease: a prospective study of 8838 employees. Psychosomatic medicine, 74(8), 840–847. https://doi.org/10.1097/PSY.0b013e31826c3174

[4] Ahola, K., Toppinen-Tanner, S., Huuhtanen, P., Koskinen, A., & Väänänen, A. (2009). Occupational burnout and chronic work disability: an eight-year cohort study on pensioning among Finnish forest industry workers. Journal of affective disorders, 115(1-2), 150–159. https://doi.org/10.1016/j.jad.2008.09.021

[5] Salvagioni, D., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. PloS one, 12(10), e0185781. https://doi.org/10.1371/journal.pone.0185781

[6] Shanafelt, T. D., Balch, C. M., Dyrbye, L., Bechamps, G., Russell, T., Satele, D., Rummans, T., Swartz, K., Novotny, P. J., Sloan, J., & Oreskovich, M. R. (2011). Special report: suicidal ideation among American surgeons. Archives of surgery (Chicago, Ill. : 1960), 146(1), 54–62. https://doi.org/10.1001/archsurg.2010.292

[7] Dyrbye, L. N., Thomas, M. R., Massie, F. S., Power, D. V., Eacker, A., Harper, W., Durning, S., Moutier, C., Szydlo, D. W., Novotny, P. J., Sloan, J. A., & Shanafelt, T. D. (2008). Burnout and suicidal ideation among U.S. medical students. Annals of internal medicine, 149(5), 334–341. https://doi.org/10.7326/0003-4819-149-5-200809020-00008

[8] Shanafelt, T. D., Balch, C. M., Dyrbye, L., Bechamps, G., Russell, T., Satele, D., Rummans, T., Swartz, K., Novotny, P. J., Sloan, J., & Oreskovich, M. R. (2011). Special report: suicidal ideation among American surgeons. Archives of surgery (Chicago, Ill. : 1960), 146(1), 54–62. https://doi.org/10.1001/archsurg.2010.292

Approximately 25 percent of depressed clinicians reported suicidal ideation and more than 50 percent stated depression interferes with patient care, resulting in errors, outward frustration in front of patients, decreased motivation in completing patients' notes and decreased professional work effort.

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The most glaring impact of clinician burnout is the incidence of suicide. Extensive data shows a career in medicine is associated with an increased risk of suicide. One percent of physicians have attempted suicide and 300-400 physicians die by suicide each year. Cross-sectional studies found burnout to be associated with a nearly 200 percent greater chance of suicidal ideation.[8] Unfortunately, a large percentage of depressed physicians (37-41 percent) have not spoken to anyone about suicidal thoughts. However, studies show that suicidal thoughts decrease when one doesn't feel as burnt out.[7] This further supports the need to address burnout and depressive symptoms in the context of promoting clinician well-being.

IMPACT: OUTCOMES, QUALITY AND PATIENT EXPERIENCE

While improving the well-being of clinicians is an important endeavor in its own right, numerous studies have found strong links between clinician burnout and depersonalization, leading to undesirable patient experiences.[9] Depersonalization includes feelings of treating patients as objects rather than human beings and becoming more callous toward patients.[10] Additionally, clinicians under sustained duress develop compassion fatigue. The unique phenomena of a clinician's job extend past the ability to provide appropriate clinical care but to do it with compassion as well. Patients and families expect clinicians to provide empathetic support and encouragement in addition to treatment. A review of multiple findings points to the fact that compromised well-being correlates with a decrease in one's ability to provide compassionate care to patients and families.[11]

In looking more deeply at how this translates to medical errors, clinicians with burnout are at least twice as likely to report they have made a major medical error in the past three months as opposed to those not experiencing burnout. Medical errors are the third leading cause of death in the United States, accounting for 10 percent of all deaths.[12] A recent systematic review and meta-analysis of studies

[9] Windover AK, Martinez K, Mercer MB, Neuendorf K, Boissy A, Rothberg MB. Correlates and Outcomes of Physician Burnout Within a Large Academic Medical Center. JAMA Intern Med. 2018;178(6):856–858. doi:10.1001/jamainternmed.2018.0019

[10] West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: contributors, consequences and solutions. Journal of internal medicine, 283(6), 516–529. https://doi.org/10.1111/joim.12752

[11] Zhang, Ying-ying MDa; Zhang, Cheng MDb; Han, Xiao-Rong MDc; Li, Weid; Wang, Ying-lei MDe,* Determinants of compassion satisfaction, compassion fatigue and burnout in nursing, Medicine: June 2018 - Volume 97 - Issue 26 - p e11086)

[12] Makary M A, Daniel M. Medical error—the third leading cause of death in the US BMJ 2016; 353 :i2139 doi:10.1136/bmj.i2139

involving more than 40,000 physicians found that burnout was statistically associated with patient safety incidents, poorer quality of care due to low professionalism and reduced patient satisfaction.[13 14 15 16]

IMPACT: SOCIETY – TURNOVER AND INFRASTRUCTURE

The effects of burnout on turnover and productivity have a tremendous economic cost at the organizational and societal levels. A recent estimate of the annual societal cost of physician burnout in the United States was more than $4.5 billion.[17] Additional studies estimate burnout-related physician turnover to cost between $15 to $55 million annually. Moreover, physicians experiencing burnout are more than twice as likely to leave their practice and more than four times more likely to express intent to leave the workplace. These stated costs do not include a loss of revenue due to vacancy or diminished productivity associated with those that remain employed, nor does it account for the disruption in the quality and continuity of direct patient care.[18]

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The impact of burnout and high-stress environments on clinicians extends far beyond patient care. Clinicians experiencing burnout have a 17 percent increased likelihood of being named in a medical malpractice suit,[19] leading to a loss in clinician productivity and an emotional impact on the clinicians, patients and family members involved.

Overall, clinicians who have poor professional well-being are at risk of significant physical and mental ailments, providing lower-quality patient care and leaving the practice of medicine, which impacts society immensely. We cannot place the responsibility of ensuring professional well-being primarily on clinicians. Poor professional well-being is not the clinician's fault. Instead, it is the system's failure to support clinicians adequately.

[13] Panagioti, Maria et al. "Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis." JAMA internal medicine vol. 178,10 (2018): 1317-1331. doi:10.1001/jamainternmed.2018.3713

[14] Shanafelt, T. D., Balch, C. M., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., Collicott, P., Novotny, P. J., Sloan, J., & Freischlag, J. (2010). Burnout and medical errors among American surgeons. Annals of surgery, 251(6), 995–1000. https://doi.org/10.1097/SLA.0b013e3181bfdab3

[15] West, Paige & Igoe, James & Brockington, Dan. (2008). Parks and Peoples: The Social Impact of Protected Areas. Annual Review of Anthropology. 35. 10.1146/annurev.anthro.35.081705.123308.

[16] West, C. P., Dyrbye, L. N., Sloan, J. A., & Shanafelt, T. D. (2009). Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals. Journal of general internal medicine, 24(12), 1318–1321. https://doi.org/10.1007/s11606-009-1129-z

[17] Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., Trockel, M., & Goh, J. (2019). Estimating the Attributable Cost of Physician Burnout in the United States. Annals of internal medicine, 170(11), 784–790. https://doi.org/10.7326/M18-1422

[18] Hamidi, M.S., Bohman, B., Sandborg, C. et al. Estimating institutional physician turnover attributable to self-reported burnout and associated financial burden: a case study. BMC Health Serv Res 18, 851 (2018). https://doi.org/10.1186/s12913-018-3663-z

[19] Balch CM. Oreskovich MR, Dyrbye LN et al. Personal consequence of malpractice lawsuits on American surgeons. J Am Coll Surg 2011; 213: 657-67

How Envision Uses a Systems-Based Approach to Support Clinician Well-Being

Envision has taken a comprehensive, systems-based approach to support the professional well-being of clinicians and mitigate burnout. We have created several programs to address the many psychological and emotional needs, including peer-to-peer support, leadership training and counseling.

PEER-TO-PEER OUTREACH

Envision's peer-to-peer outreach program identifies and trains select clinicians to provide preventive and responsive resources to their clinical peers who have experienced high-risk professional situations, such as exposure to malpractice litigation (even if they are not at fault) or psychological trauma associated with a challenging patient care event.

According to the Charles Report,[20] more than 50 percent of active physicians have been the target of malpractice litigation and, of those, 25 percent report it is the most stressful time in their life. Most clinicians have never been trained on the intellectual, emotional or physical effects of malpractice litigation and are provided few resources to help them cope during a lawsuit, which can last years. Litigation and claims of malpractice happen – even when a clinician is not a fault. To support clinicians during litigation, Envision pairs the clinician going through litigation with a trained peer supporter who is available throughout the litigation process. The trained peer supporter offers resources, such as additional counseling or personal wellness practices, to help the clinician better cope with the litigation process by understanding the normal emotional and intellectual responses that come with it.

Not all stressful events in a clinician's practice result in litigation. However, unexpected patient outcomes, mass casualty events and traumatic patient encounters can lead to "second victim syndrome," which can impact a clinician's mental health. When Envision's clinical leaders identify a potentially stressful event, trained local peer supporters are available to provide important resources as well as emotional and psychological support. This involves one-on-one conversations to let impacted clinicians know someone is there to talk to or a referral to counseling resources. Additionally, Envision peer-to-peer leaders facilitate group meetings to help destigmatize discussions around stressors, reduce feelings of isolation and provide coping mechanisms.

INTENSIVE PROFESSIONAL COACHING AND INTERVENTION

For clinicians who need help with communication skills, team leadership or personal well-being, Envision also trains select clinicians to become peer coaches who provide intensive professional coaching and intervention. During a 6-month engagement, peer coaches will work with the clinician to identify psychological triggers, improve communication and coping skills and re-engage clinicians in their careers.

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[20] Physicians' self-reports of reactions to malpractice litigation. American Journal of Psychiatry 1984 141:4, 563-565. https://doi.org/10.1176/ajp.141.4.563

Since the start of the intensive professional coaching and intervention program, for every two clinicians coached, Envision has prevented turnover costs totaling more than $5.54 million. Additionally, 80 percent of clinicians who have completed the program stated they would recommend the program to a colleague and 96.5 percent of managers said they are "satisfied" or "highly satisfied" with the program.

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PEER ONBOARDING AND FEEDBACK

Starting a new career or role can be exciting, but it can also be a stressor. To help clinicians during the orientation and onboarding of a new role, Envision pairs trained clinician facilitators and coaches with clinicians to provide feedback and guidance on patient communication best practices. The peer onboarding and feedback programs provide newly hired clinicians with an opportunity to build relationships, learn performance culture and understand local practices.

According to the American Medical Association, peer emotional and intellectual support represents an organizational shift away from a culture of silence, expected perfectionism and shame. Instead, it fosters a culture of sharing, an acceptance of vulnerability and psychological safety and encourages clinicians to learn from each other. By proactively nurturing clinicians as they onboard and providing well-being support during times of stress, Envision is working to overcome the stigmas associated with seeking mental health support among healthcare workers. Peer support is an important component of a comprehensive approach to clinician support.

Recommendations to Support Clinician Professional Well-Being

Clinician well-being has often focused solely on the individual through "burnout" or "resiliency" training because participation and completion can be tracked. While these programs can be helpful, they often ring false or incomplete when not accompanied by systemic changes. Clinicians should not be made to feel less than. They should be uplifted.

> **"I dream of never being called resilient again in my life. I'm exhausted by strength. I want support. I want ease. Not to be patted on the back for how well I take a hit or for how many hits I can take." — Clinician discussing resiliency training**

Clinician professional well-being requires a systematic approach that encompasses personal wellness techniques and ties organizational, systemwide and policy improvements together with clinician-centered interventions. Professional well-being cannot be achieved without understanding the role these play in clinicians' day-to-day lives.

To support clinician professional well-being, we recommend the following organizational, healthcare system and policy improvements:

1. Enhancing Practice Flexibility
2. Fostering a Supportive and Inclusive Practice Culture
3. Developing and Implementing Peer Support Programs
4. Providing Mental Health and Professional Well-Being Education
5. Using Thoughtful and Intentional Quality Metrics
6. Updating Licensing and Credentialing Mental Health Questions
7. Providing Additional Support and Protection for Parents
8. Reforming Tort laws
9. Providing Student Loan Relief
10. Promoting the Study of Professional Well-Being

ENHANCING PRACTICE FLEXIBILITY

To support well-being and mitigate burnout, clinicians' practice schedules should emphasize flexibility to accommodate life events, such as childbirth, bereavement and sick leave. Additionally, scheduling should be flexible to support all parents, regardless of gender, throughout their children's life. During career transitions and wind-downs, credentialing and practice flexibility can support clinicians as they shift into alternative roles. One example is providing care via virtual health. Overall, scheduling and clinical load must accommodate and account for fatigue to protect clinicians and patients.

FOSTERING A SUPPORTIVE AND INCLUSIVE PRACTICE CULTURE

A supportive and inclusive practice can help improve clinician well-being. Clinician well-being can be fostered through workplace onboarding, practice resources, clinical updates, mentorship programs, introductions to allies and career advancement and growth. Additionally, practices should offer benefits and scheduling that support well-being.

It is important to hire, train and retain skilled individuals that lead by example when it comes to prioritizing well-being-based activities — flexible scheduling, taking vacations and focusing on personal care — and encourage their teams to do the same. For example, promoting women into leadership roles helps provide opportunities for role modeling and mentoring for other women.

DEVELOPING AND IMPLEMENTING PEER SUPPORT PROGRAMS

Peer support is a key component of a comprehensive clinician well-being program. Peers offer camaraderie and support in the face of adverse events, family events and shift coverage needs. These programs can vary depending on clinicians and practice needs. They can be in various forms, including informal gatherings to share stories or more formal debriefings on traumatic events. Additionally, Patient Safety Organizations (PSO) and peer review protections should be extended to cover peer support and professional well-being activities.

PROVIDING MENTAL HEALTH AND PROFESSIONAL WELL-BEING EDUCATION

To reduce clinician burnout, provide solutions for meaningful intervention and reduce stigma, clinicians and practices must be better educated on the importance of mental healthcare. Overall, supporting professional well-being through education will require a unified approach between clinicians, healthcare organizations and public health organizations.

USING THOUGHTFUL AND INTENTIONAL QUALITY METRICS

To further support clinician well-being, employee incentives, such as quality and patient satisfaction programs, should be aligned with metrics that clinicians can control. An example of this is to evaluate patient experience verbatims from patients in the context of the care given.

UPDATING LICENSING AND CREDENTIALING MENTAL HEALTH QUESTIONS

Envision, alongside the Dr. Lorna Breen Heroes' Foundation, has been advocating for licensing and credentialing updates. As of July 2023, 21 states no longer require physicians to answer questions about mental health or substance abuse when applying for a license.

PROVIDING ADDITIONAL SUPPORT AND PROTECTION FOR PARENTS

As a result of the COVID-19 pandemic, support systems to help with child rearing have crumbled and need to be rebuilt. The pandemic has also placed a greater emphasis on how important it is to have adequate parental leave to raise a productive, happy, healthy child into adulthood.

We urge lawmakers and organizations to:

- **Provide protected time for parental leave for all parents during childbearing years**
- **Support additional protections for clinicians who are breastfeeding or pumping**
- **Establish oversight and enforcement processes that ensure the burden of compliance does not fall on those who rely on them**

REFORMING TORT LAWS

We urge lawmakers to reform tort laws to protect patients from negligent care and clinicians from frivolous lawsuits.

PROVIDING STUDENT LOAN RELIEF

Clinicians go through years of intensive training, incur extreme amounts of debt from their medical education and give up time spent with their families to provide lifesaving care to their community members. **We urge lawmakers to provide student loan debt relief and repayment options for medical students and clinicians.**

PROMOTING THE STUDY OF PROFESSIONAL WELL-BEING

In honor of emergency physician Dr. Lorna Breen, who died by suicide in 2020, the bipartisan Dr. Lorna Breen Health Care Provider Protection Act aims to reduce and prevent burnout, behavioral disorders and suicide among healthcare professionals. It also urges governments and health systems to prioritize clinician well-being through education and awareness campaigns, grants and a comprehensive study on the mental and behavioral health of healthcare professionals. Envision strongly supported the bill, welcoming its enactment in March 2022 and the country's efforts to prioritize healthcare professionals' health. Envision continues to **work closely with the Dr. Lorna Breen Heroes' Foundation** to safeguard clinicians' well-being and job satisfaction. We believe in taking care of those who take care of America.

Conclusion

Clinician professional well-being is immensely important on an individual, organizational and healthcare system level for the success of clinicians, hospitals and our communities. While personal well-being and resiliency are important, addressing professional well-being as a systemic but actionable issue will lead to positive change. Clinicians should be supported in their well-being journeys. If professional well-being initiatives focus on individuals to the exclusion of the workplace, system and societal change, there is undue responsibility placed on the clinicians who are already heavily burdened, and it will be difficult to effect change. We all must work to improve professional well-being for the clinicians who care for patients, when and where they need care the most.