

Leadership Survey

# Immunization Against Burnout

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## Immunization Against Burnout



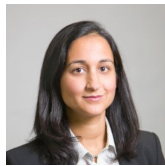
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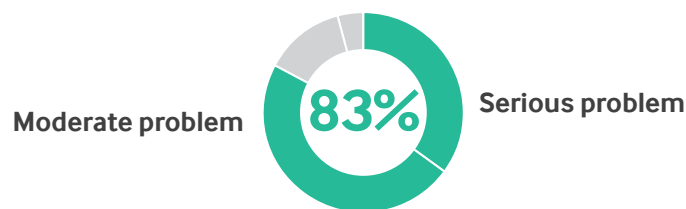
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Insights Report · April 2018

## Advisor Analysis

Clinician burnout is far from being eliminated at health care organizations, but leaders, frontline physicians, and nurses are joining forces to get to the roots of the crisis. That’s the takeaway from the NEJM Catalyst Insights Council survey, “Immunization Against Burnout.”

To what extent is physician burnout a problem at your organization now?



Base = 703

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We were not surprised that 83% of respondents — who are clinicians, clinical leaders, and health care executives — call physician burnout a “serious” or “moderate” problem in their organizations. That could be considered a slight improvement from the findings of our fall 2016 [survey on burnout](#), when 96% of Insights Council members said physician burnout was a serious or moderate issue. It is clear, however, that the problem remains prevalent.

This most recent survey also finds burnout a major concern for registered nurses (78% say it is a serious or moderate problem), advanced practice nurses (64%), clinical leaders (56%), and health care executives (42%).

With such a large swath of health care organizations affected, leaders and frontline clinicians have become thirsty for solutions. After all, the damage to their business

and culture can be quite severe — from straightforward pocketbook issues (at Steven Strongwater’s employer, Atrius Health, it costs between \$500,000 and \$1 million to replace a physician) to a well-studied breakdown in patient satisfaction and the quality of care. Clinicians feel the impact of burnout by reducing their hours, switching to administrative roles, or leaving health care altogether, taking them away from why they chose medicine in the first place: to treat patients.

While it might seem a trivial place to start, many organizations have stopped referring to the condition as “burnout,” realizing the word has something of a contagious effect. Instead, they are using more positive and aspirational nomenclature such as “esprit de corps” and “joyfulness in work.”

No one is under the illusion, though, that simply swapping to more optimistic language will solve this predicament. Instead, interventions must be targeted at multiple levels: provider organizations, regulators (specifically around payer/documentation requirements), the work unit leader, and individual clinicians. In the survey, 82% of respondents place the onus on organizations, through system and infrastructure improvements, but we believe interventions should be a shared responsibility with the individual (chosen by 47% of respondents).

What complicates the organizational approach to burnout is that physicians and nurses

experience burnout in very different ways.

We have found the drivers of physician burnout to be workload, work/life balance, cognitive dissonance, and clerical work, while nurses more often suffer burnout due to compassion fatigue, moral distress, and work environment issues such as psychological safety and hostility. There is also variation between specialties and practice locations.

There is broad agreement on the need for

more face-to-face time between clinicians and patients and less time spent on the electronic medical record and documentation. A little over half of survey respondents recommend offloading clerical tasks to scribes, pharmacy technicians, or population health facilitators. That way, physicians and nurses



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(and all clinical team members) can work appropriately at the top of their licensure. The next most popular solution, chosen by 46% of respondents, is improving the functionality and interactivity of EMRs and other IT systems.

That theme came up consistently in verbatim responses to the survey, with one respondent hoping to “treat patients rather than treat the chart.” At Atrius, efforts are under way to improve clinician workflow in the EMR, ranging from reducing inbox messages to changing staffing patterns, but deployment of those processes is two years out. Some organizations have shared with us that they don’t have the resources to invest in better systems, workflow, and people to alleviate burnout, so it has fallen on clinicians to be more resilient.

In addition to improving IT systems, we believe organizations should focus on improving the communication and management skills of their point-of-care leaders. After all, employees don't tend to leave organizations, they leave their managers.

Self-care is another important part of the solution to burnout. Clinicians cannot resolve these complex issues on their own, but neither are they helpless victims. Until structural changes are deployed, individual mitigation strategies can be effective. Just over half of survey respondents rate self-care as the top tool to reduce individual clinician burnout, which can include meditation, yoga, and engaging in a hobby.

Where organizations and individuals can work together is in creating incentive models and positive role models that encourage wellness. Together they can strengthen camaraderie, time for creativity, purposefulness, and personal resilience. Leaders can encourage self-care by setting up protected, guilt-free personal time for clinicians.

Leaders should get in the habit of measuring clinician joy, camaraderie, engagement, and satisfaction, just as you would a patient's vital signs. You can use regular unit-based voluntary surveys to measure these characteristics.

Only measure them, however, if you are committed to improving them. It may also be helpful to collect and manage metrics on the efficiency of EMR use, such as how many clicks are required for certain conditions and unit workflows. When there is substantial variation, super users can help colleagues improve their efficiency and reduce their work hours. Unless you measure it, it won't get better.

While a majority (60%) of Insights Council members believe clinician burnout will worsen over the next two to three years, 15% of respondents believe the situation will improve over the next two to three years. Count us in the optimistic camp, as we already see EMR vendors trying to make improvements to their technology and organizations trying to return meaningfulness to clinician work. ●

## Immunization Against Burnout

by NEJM Catalyst

Insights Report · April 2018

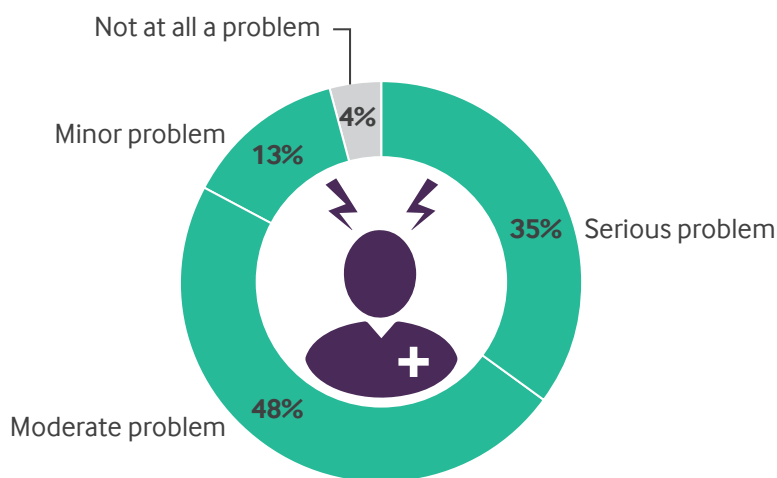
### Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council, who comprise health care executives, clinical leaders, and clinicians, about clinician burnout. The survey covers the extent of physician burnout at their organizations, the extent of burnout among other groups at their organizations, the level of clinician burnout over the past 2–3 years and expected during the next 2–3 years, where interventions to reduce burnout should be targeted, and tools that individuals and organizations are using to reduce burnout. Completed surveys from 703 respondents are included in the analysis.

Nearly all respondents (96%) say physician burnout is a problem in their organizations to some degree. Just over a third consider it a serious problem, while nearly half say the problem is moderate. Respondents at health systems (44%) are more likely to say it’s a serious problem than those at hospitals (36%). Executives, clinical leaders, and clinicians agree about the extent of the problem. In a written comment, one Insights Council member attributes burnout to the change in the business of medicine. “We are not a corporate culture. Medicine is a practice and tying a physician to a corporate model is the one driving force that leads to burnout,” the respondent says.

## Physician Burnout Is Extensive

To what extent is physician burnout a problem at your organization now?



Base = 703

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*We are not a corporate culture. Medicine is a practice and tying a physician to a corporate model is the one driving force that leads to burnout.*

Registered nurses also experience burnout at a serious or moderate level, according to 78% of survey respondents. Clinical leaders (84%) are more likely than clinicians (75%) to rate burnout among nurses this way. Also experiencing burnout at high levels are advanced practice nurses (say two-thirds of respondents) and clinical leaders (56%). Health care executives are burned out to a lower degree; 42% consider the issue serious or moderate. A higher incidence of clinicians (25%) than clinical leaders (14%) and executives (15%) indicate that burnout is not a problem at all. Many Insights Council members, in written responses, point to staff imbalances and the barriers to clinicians working to the top of their licensure, such as too much documentation, as issues that lead to burnout.

## Physician Burnout Is Widespread Among Nurses

To what extent is burnout a problem now among the following other groups at your organization?

	Serious problem	Moderate problem	Minor problem	Not at all a problem	Net (Serious + moderate)
Nurses (RNs)	28%	50%	17%	5%	78%
APRNs (NPs, PAs, midwives)	17%	47%	27%	9%	64%
Clinical leaders (e.g., Chief Medical Officer, VP/Director Service Line/Department)	16%	40%	33%	11%	56%
Executives	8%	34%	39%	19%	42%

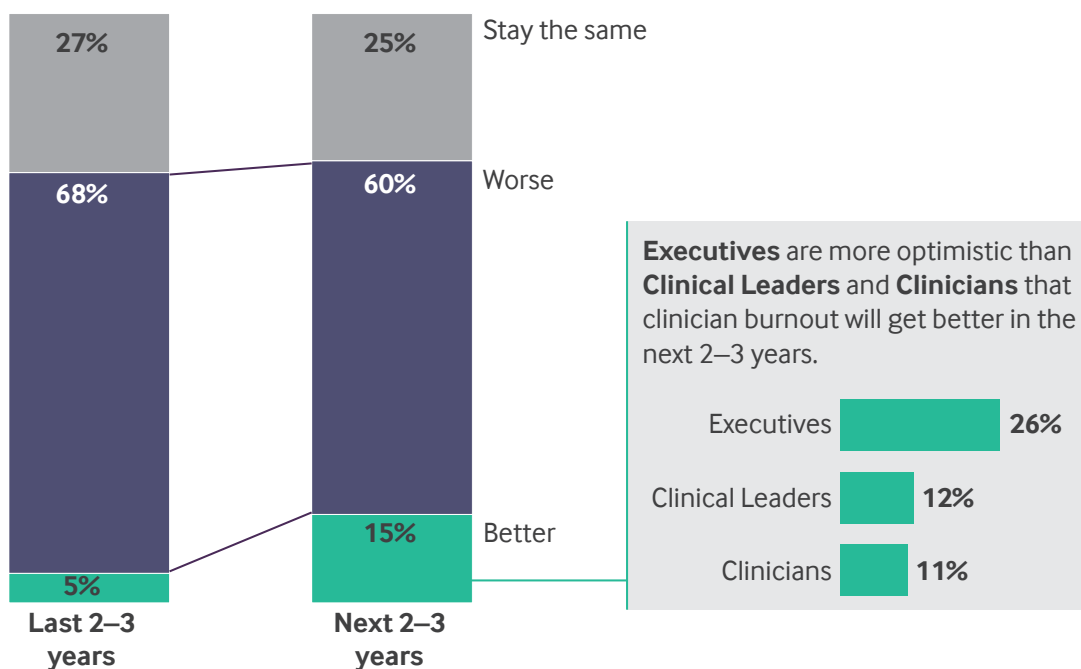
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More than two-thirds of survey respondents indicate that clinician burnout has worsened at their organizations over the past two to three years. While only 5% of respondents say the problem has gotten better in the past two to three years, 15% expect it will improve over the next two to three years. Executives (26%) are more optimistic than clinical leaders (12%) and clinicians (11%) about the next few years when it comes to burnout. One Insights Council member says, going forward, organizations should “acknowledge” burnout as a problem and “create internal systems of support within the organization.”

## An Ongoing Crisis, But Slight Optimism for the Next 2–3 Years

**Has clinician burnout gotten better, worse, or stayed the same in the last 2–3 years at your organization?**  
**Do you anticipate clinician burnout will get better, worse, or stay the same in the next 2–3 years at your organization?**



Base = 703

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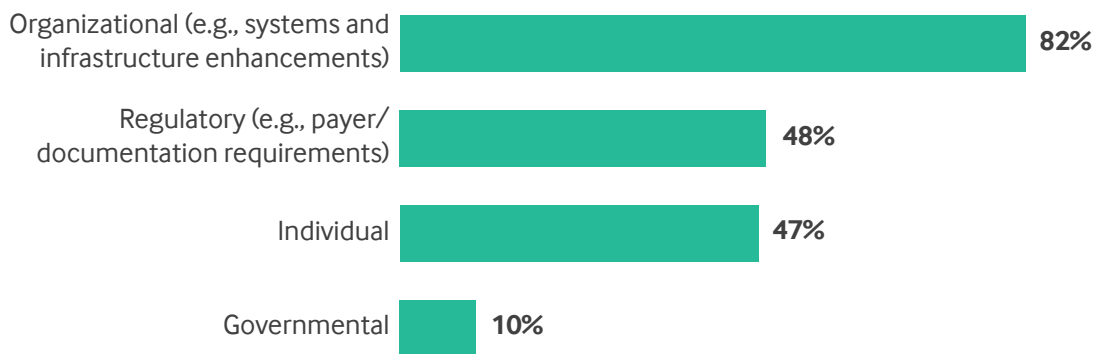


*More than two-thirds of survey respondents indicate that clinician burnout has worsened at their organizations over the past two to three years.*

A large majority of respondents say interventions to alleviate burnout should be targeted at the organizational level, in contrast to under half who recommend addressing the issue at the regulatory level (e.g., payer/documentation requirements) or individual level. One Insights Council member who favors an organizational approach calls for “less reliance on metrics and more use of philosophies that emphasize the humanness of patients.” Another respondent suggests health care organizations look to the technology industry, where some firms have embedded employee well-being into everyday functions. Executives (55%) feel more strongly than clinicians (42%) about targeting interventions at the individual level.

## Organizational Interventions Are the Key to Reducing Burnout

Where should interventions to reduce burnout be targeted?



Base = 703 (multiple responses)  
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Self-care ranks highest among tools that individuals can use to reduce or guard against clinician burnout, according to half of respondents. More than a quarter say individual responses are ineffective because burnout is primarily a system-level issue. While “engage a personal coach” scores lowest among tools to address burnout, one Insights Council member says personal coaches enable “doctors to feel they have some autonomy and control by having them concentrate on self-improvement to increase their sense of accomplishment and get them re-engaged with medicine.”

## Self-Care Is an Important Tool to Reduce Clinician Burnout

**What are some tools that individuals can use to reduce or guard against clinician burnout?**



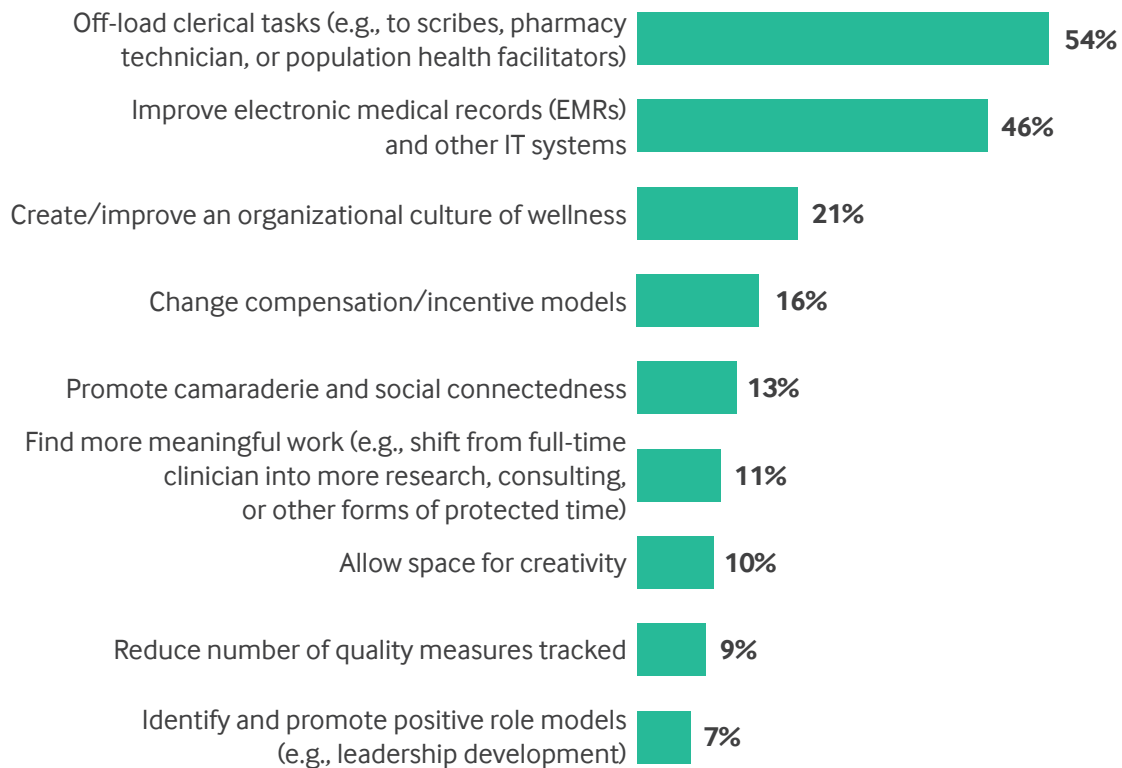
Base = 703 (multiple responses)

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Just over half of survey respondents rank off-loading clerical tasks as the top tool that organizations can use to alleviate clinician burnout. One Insights Council member supports the use of scribes and suggests making sure they are “in sync with billing and compliance, and know how to and are able to discuss any issues directly with [those departments].” Making improvements to electronic medical records and other IT systems is the second most popular tool. EMRs are another hot-button issue in the written responses, with most calling for a revamp of workflows and the technology itself. While respondents choose reduced work time (such as switching to part-time status) the least often, some write in verbatim comments about the need for flexible scheduling and other time-related changes.

## Minimizing Clerical Tasks Can Help Organizations Reduce Clinician Burnout

**What are some tools/initiatives that health care organizations can deploy to reduce or guard against clinician burnout?**



## Verbatim Comments from Survey Respondents

### What is the one thing you would do to reduce clinician burnout at your organization?

“Eliminate EMR until it is sufficiently improved to be user friendly. Care delivered is measured, but not any better than what we were doing in the late 1990s. EMR tracking is something that should be done outside of MD involvement in data entry.”

— *Clinician at a small for-profit clinic in the South*

“Build effective care teams.”

— *Chair of service department at a large teaching hospital in the mid-Atlantic*

“It has to be more than one thing: 1) Does the organization have a robust improvement department and have all administrators, physicians, and clinicians agreed to actively pursue and participate in improvement, this is critical. 2) EMR optimization. 3) All clerical and documentation work (see #1 for how to fix). 4) Culture & camaraderie.”

— *Director of a midsized community hospital in the Midwest*

“We are not a corporate culture. Medicine is a practice and tying a physician to a corporate model is the one driving force that leads to burnout.”

— *Clinician at a small nonprofit allied provider in the Mountain West*

“Reduce required ‘busy work’, empower the individuals to make change, flexible work schedule.”

— *Director of service line at a large for-profit physician organization in the South*

“Engage clinicians in decision making and innovation activities.”

— *VP of a small university hospital in New England*

“Allow/encourage physicians more control/access to schedules!!!!”

— *Clinician at a large nonprofit health system in the Midwest*

“Develop a more team-based approach to care instead of our current model which places the burden of documenting and education on the physician. Reducing the clerical tasks currently burdening physicians will help considerably as will revamping physician compensation as the drive to see more patients to rack up RVUs is a contributing factor to physician satisfaction.”

— *Chief Medical Officer of a large physician organization in the South*

“Improve efficiency of busy work so they can focus on the real purpose.”

— *Executive of a large nonprofit health system in the Midwest*

“Improve ability to care for self.”

— *Clinician at a for-profit organization in the mid-Atlantic*

“Improve Communication and Respect.”

— *Chief Medical Officer of a large for-profit payer in the South*

“Eliminate non-physician administrators. I have had CEOs state that ‘healthcare is nothing more than a cash commodity.’ They are MBA or MHAs who weren’t bright enough to get into medical school in many instances and abandoned a biological sciences major (I know 7 such executives) ... MDs take an oath... MBA/MHAs do not.”

— *Executive at a large nonprofit teaching hospital in the South*

## Methodology

- The Leadership Survey: Immunization Against Burnout was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In September 2017, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 703 completed surveys are included in the analysis. The margin of error for a base of 703 is +/- 3.7% at the 95% confidence level.

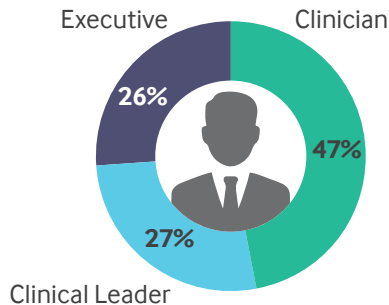
## NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

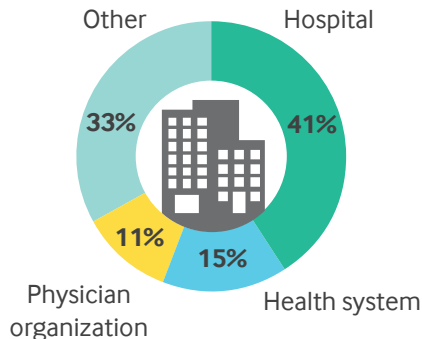
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit [join.catalyst.nejm.org/insights-council](https://join.catalyst.nejm.org/insights-council).

# Respondent Profile

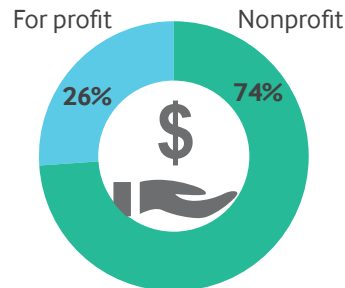
## Audience Segment



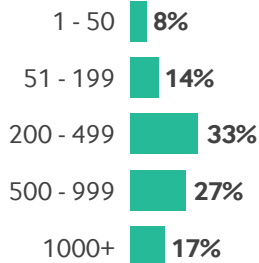
## Organization Setting



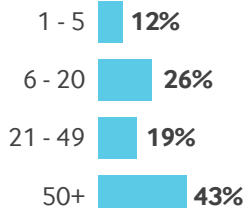
## Type of Organization



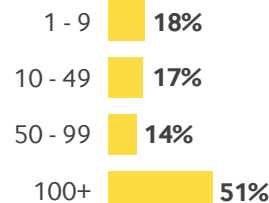
### Number of Beds (Among hospitals)



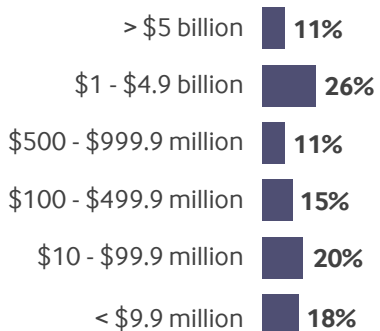
### Number of Sites (Among health systems)



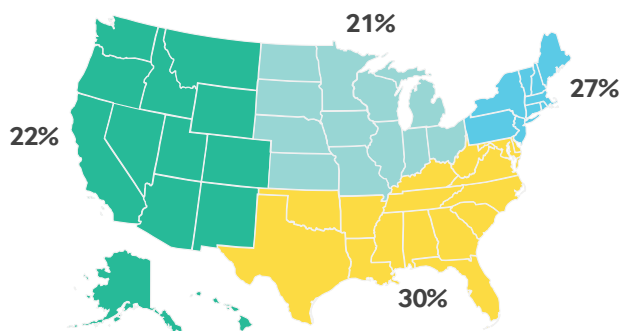
### Number of Physicians (Among physician organizations)



## Net Patient Revenue



## Region



Base = 703

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## About Us

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.