Healthcare Burnout: Supporting Staff and Anticipating the Next Crisis for 2022 and Beyond
Healthcare in Crisis

Stress is a reality for all career types, with varying degrees of severity and with a variety of consequences for the worker. Dangers surface when stress is left unchecked and unresolved, leading to a slippery slope and crushing consequences for the individual, the broader talent landscape, and thus, the industry as a whole.

As staff shortages devastate numerous sectors in the United States, healthcare staff are acutely impacted by the stress and inevitable burnout connected to their roles on the frontline of the pandemic.

According to Nancy Nankivil, Director of Professional Satisfaction and Practice Sustainability at the American Medical Association, 50% of surveyed physicians report experiencing some symptoms of burnout. Of the participants who reported experiencing burnout in the wake of COVID-19, 47% report that their burnout has “severe impact” on their life. (Advisory Board 2021.)

According to a recent survey by Mental Health America, 93% of healthcare workers reported feeling stressed, 86% experience anxiety, 82% expressed emotional exhaustion and 55% questioned their choice in career. (Mental Health America)

Stress leads to anxiety, which leads to burnout, which leads to questioning career paths. (Mental Health America)

This report examines the current state of healthcare workers, the personal perspectives and recommendations from and for the staff on the frontline, and an analysis of the global health crisis and strategies for anticipating the next crisis.

Note: While there is no single definition for “burnout,” for the purposes of this report and its sources, burnout is considered self-reported and identified by survey respondents.

According to Dr. Laura Hamill, Chief Science Officer at Limeade, individuals are at risk for burnout when they have high engagement but low well-being. [Source: Limeade]

Caring For Healthcare Workers

Contributions from Laura Hamill, Ph.D., Senior Advisor at Limeade

Who are the most at risk? As Dr. Hamill phrases it, those who are on fire are those will be burned out. The staff who are most likely to be burned out are the staff who have been the most involved, the most engaged. Burnout differs from disengagement in that it exists at the other end of the spectrum, manifesting in individuals who have been hyper-dedicated for so long that they are depleted.

When employees are burned out, they trend toward higher rates of absenteeism, they tend to be less committed, and they have lowered intentions of staying with the organization. This results in personal costs of burnout in addition to the financial costs to the organization.
Burnout Level Setting: Learnings from the American Medical Association

Contributions from Nancy Nankivil, Director of Professional Satisfaction and Practice Sustainability at the American Medical Association

According to a recent survey conducted by the American Medical Association during the beginning of the COVID-19 pandemic and presented by Nancy Nankivil, Director of Professional Satisfaction and Practice Sustainability, 50% of physicians are experiencing symptoms of burnout. Intermittently, higher percentages are often reported across all role types. (Nankivil 2021).

Key Understandings:

- While burnout manifests itself in individuals, it originates within systems. Looking at the system drivers for change systematically is the more effective strategy than depending on the resilience of individuals.

- COVID-19 has done more to illuminate the fractures in the system, rather than being wholly responsible for the stress and burnout. Monitoring the ongoing impact of COVID-19 is important because of its duration and the stressors it has presented. With the SARS epidemic the full impact wasn’t seen for a year after it was over.

- The Triple Aim (Care, Health, and Cost) has become insufficient. A Quadruple Aim is essential: To consider our human assets and their well-being in addition to our typical Triple Aim. With this lens, the other facets of the triple aim will become reality.

- Respondents who work on the frontline report more anxiety and depression as a result of the environment of COVID-19. (See Figure 4.)

- Those who report experiencing burnout that is not subsiding are identified as those who may choose to leave the workforce. (See Figure 6.)

From the AMA surveying, the impact of burnout is greater among nurses, with implications for anticipated workforce issues. Anxiety and depression are elevated. On average, about 50% of respondents felt valued by their organization.

Ongoing research will focus on whether this is situational or if it will continue beyond the pandemic.

In addition to their emotional and mental state, survey respondents reported how they felt their hospital organization considered their well-being, which directly impacts their performance and morale. Burnout and stress/anxiety is less likely among individuals who report feeling valued by their organization. On average, about 50% response respondents felt valued by their organization.
What leads to burnout?

From Laura Hamill, Ph.D., Senior Advisor at Limeade (from Maslach, Schaufeli, & Leiter, 2001)

Organizational Causes of Burnout:

- **Overload** – When workload and time pressure mount.
- **Role conflict and ambiguity** – Conflicting job demands and a lack of adequate information to do the job well.
- **Lack of support from managers** – More critical to burnout than lack of support from peers.
- **Lack of feedback** – Connected to ambiguity and lack of information.
- **Lack of participation in decision making** – Connected to a lack of control.
- **Lack of fairness and equity** – Includes hierarchies, operating rules, resources, and space distribution.
- **Values disconnect** – When the personal values of the individual are not shared by the organization in a demonstrable way.
- **Broken psychological contract** – Lack of reciprocity, lack of opportunity, broken promises from leadership.

Ultimately, having more well-being leads to less stress. And resilience, optimism, and organizational support lead to more well-being.

According to Dr. Hamill, organizational support is effective when it is perceived by staff. Organizational support is how authentically and consistently an organization shows its employees it cares for its employees’ well-being.

“Organizational support is the most important lever to pull in order to reduce burnout.”

-Laura Hamill, Ph.D.

In 2019, Limeade conducted research into the concept of “care”: the perception from an employee perspective of whether the organization cares about them. When the participants feel the organization does care about them, they agree that their stress is manageable and they are less likely to be burned out.
Stress and burnout is connected to:

- Job stress
- Burnout
- Emotional exhaustion
- Work-family conflict
- Absenteeism
- Turnover

When staff perceive the feeling of “care” from their organization, they report higher levels of:

- Trust
- Organizational identification
- Self-efficacy
- Organizational citizenship
- Job involvement
- Self-esteem
- Performance
- Commitment
- Job satisfaction
- Work-family balance
- Intention to stay

If they want to prevent burnout, Dr. Hamill stresses that leadership must intervene at an organizational, structural level.

Insights to Monitor

from Nancy Nankivil

According to a recent survey conducted by the American Medical Association during the beginning of the COVID-19 pandemic, 50% of physicians are experiencing symptoms of burnout. Intermittently, higher percentages are often reported across all role types. [Nankivil 2021].

Nancy Nankivil, Director of Professional Satisfaction and Practice Sustainability at the American Medical Association highlights two insights from the AMA research that are critical for healthcare administration to monitor: Nankivil highlights two insights from the AMA research are critical for healthcare administration to monitor: The need for mental health support and the risk of staff choosing to leave their profession.

Healthcare workers are seeking mental health support. In particular, they are seeking organic versus structured mental health assistance. They are interested in peer-to-peer support – to be offered the space and time to grieve and heal in teams in order to cope with post-traumatic stress syndrome and to foster post-traumatic growth opportunities.

Stress and burnout having been an industry-wide concern prior to the pandemic, the added pressures of working amid a global health crisis is pushing healthcare workers to leave their field.
• 27% of respondents note a moderate, likely, or definite chance of reducing clinical hours in the next 12 months
• 27% of respondents note a moderate, likely, or definite chance that they will leave practice all together in the next two years

The AMA is currently conducting ongoing research in order to monitor the trend of healthcare workers’ staffing as vaccination rates increase but COVID-19 variants continue to spread.

Organizational Opportunity:

Analyzing the data from the AMA research along with other sources, four key aspects of strategy surface as critical for organizations to consider in order to address workforce stress and burnout.

Communication

• Frustration with leadership communication/unclear directives
• Empathetic listening, rounding, understanding the experience of those on the frontline

Financial

• Concern for financial stability and job security and focus on revenue generation were repeatedly reported.

• Concerns with how the organization balances revenue generation and mission work or taking care of the workforce were expressed

Workflows and Workload

• Concerns were particularly reported in organizations who implemented new technologies and how well these were delegated across teams
• Technology integration has been connected to increased levels of reported stress and anxiety [Source: NeuroFlow and PCDC]
• Burnout often manifests as a reduced level of collaboration between team members.
• Burnout has also manifested as a lack of empathy and increase in apathy.

Peer support

• Need for connection, healing, and reset though more organic peer support.

“Let’s face it, healthcare is one of the most emotionally and physically demanding fields out there. The old approach of telling clinicians to maintain a stiff upper lip and download meditation apps for stress relief is not the antidote. We don’t need stronger canaries. We need to redesign the coal mine.”

- Corey Feist

CEO, University of Virginia Physicians Group
Co-founder, Dr. Lorna Breen Heroes Foundation
(Source: Modern Healthcare, May 4, 2021)
A Perspective from the Frontline:

Contributions from Mark Greenawald, MD, Vice Chair, Family and Community Medicine at Virginia Tech Carilion School of Medicine

The National Academy of Medicine published in October 2019 that healthcare staff burnout is a national issue. And the issue is not localized to clinicians. Healthcare staff burnout has long-reaching implications, making this truly a public health concern. Dr. Greenawald notes that COVID-19 is a crisis. But it has offered the opportunity for (and emphasized the necessity of) considering clinician and care team distress differently than in the past.

CRISIS = DANGER + OPPORTUNITY

Stress is a reality. It is not inherently bad. On the other hand, distress is the stress that prevents individuals to grow from their experience and prevents them from performing at an optimal level. The post-traumatic stress disorder will surface more and more as we emerge from the pandemic as a result of damaging distress due to the COVID-19 environment.

The Quadruple Aim: How do we improve the experience of caring for caregivers?

According to Dr. Greenawald, we will not achieve the triple aim (or quadruple aim) unless we have those who provide care performing optimally. In looking at the data, the system must be addressed in several steps:

1. Examine Programming: Primarily we have the programming of physicians and the culture of healthcare. As an industry, healthcare professionals are “armored up,” as Dr. Greenwald says. The culture has been to expect healthcare professionals as impervious to feelings of distress and burnout and to not speak about their experiences. This is often misinterpreted as a healthy system.

2. Recognize the Consequences: Distressed staff provide distressed care. This leads to a quality and safety issue.

3. Address the Actual Problem: Organizations often misidentify the issue as a problem of engagement. However, Dr. Greenawald stresses the difference between engagement and burnout. In fact, as Dr. Hamill points out, burnout exists not because staff are not engaged but rather because they are engaged to such a high level that they feel they are depleted.

What’s the difference?

<table>
<thead>
<tr>
<th>BURNOUT</th>
<th>DISENGAGEMENT</th>
<th>ENGAGEMENT</th>
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<tbody>
<tr>
<td>I've cared so deeply, for so long, without a break from the stress that I've become depleted and cynical</td>
<td>I'm past the point of caring or I've never cared at all</td>
<td>I'm energized by and connected to this job, so much so that I get purpose from it</td>
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<tr>
<td>I've given everything to this job</td>
<td>This is just a job</td>
<td>This is way more than just a job</td>
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(Source: Limeade 2021)
What’s the difference?

4. Don’t Shame the Individual: Organizations must help staff feel comfortable and confident in expressing their stress and burnout. This begins by leading an organization with an honest view. According to Dr. Greenawald, organizations often fall into one of two pitfalls:

   i. Organizational Exceptionalism: Considering one’s organization as the exception.

   ii. Complacency: Considering one’s organization as operating normally, as all other organizations, and not contemplating changing the status quo.

5. Provide Support and Resources: This becomes ultimately a local issue. Organizations must own the problem. National organizations must lean on legislation and industry standards to help the problem. This helps organizations to recognize staff burnout as a series of systematic problems with systematic solutions.

6. Frame the Problem: Avoid the temptation to claiming they know the answer. As a complex problem, there are complex and multiple answers that will work together to address staff burnout.

7. Tame the Problem: Recognize there is evidence that points out there is much to be done. Identify pain points and address them in a systematic fashion to move the needle to neutralize the distress.

Dr. Greenawald ultimately posits that though there is great pain and great anxiety about the future, there is incredible opportunity and possibility for change. And it will take incredible courage for healthcare leaders to exhibit in order to find the way forward.

Anticipating the Next Crisis

Contributions from Don Abraham, Senior Partner of Consulting at Kantar

Understanding Disruption:

Our responsibility is to frame where we are. We have a duty to our organizations, staff, patients and communities to look ahead in order to anticipate the next crisis. Though anticipating a crisis may seem daunting or pessimistic, Don Abraham posits that looking at the future is inherently optimistic and positions us to be proactive about the future we want to create.

The pandemic presented a massive disruption to the business of healthcare. The economic impact is one we have not seen in decades. In addition, the simultaneous social justice movement of the last year was also unique.

The Spectrum of Response:

On one end of the spectrum is the urgency (by consumers and industry leaders) to get back to “business as usual” and pre-pandemic lifestyles. On the other end of the spectrum is caution – to be too afraid of what is out there. At times these reactions mix, but they are the perspective spectrum to understand how
We now live in an era of disruptions. These disruptions have increased in frequency and impact. From Y2K to the advent of the electric vehicle disruptions ignite predictable surprises.

Through these disruptions, the common experience of our industry is to react, be agile, and witness new changes emerge. In these changes, our rituals change.

We are emerging from a year of disruption, featuring quick reactions and operational agility.

Interestingly, we can now see new rituals, new practices, and new marketplaces forming with incredible speed and unstoppable force.

This is the time to lift our gaze, look ahead with clarity and focus, and place the right future bets.

Questions to Consider:

• What rituals can we change or eliminate? What rituals do we maintain? And what new rituals are we adapting?

• In the healthcare industry, are we going to embrace AI and robotics, or are we going to think deeply about the human touch?

• The concept of essential work has been redefined across the globe, with standing ovations and spotlights shining on those who deserve it most. Will we build the systems, structures, and remuneration models to transform our future?

While the crisis has exhausted the industry, this is the opportunity to make changes to shape and prepare for the future.
Demographics
Gender and Ethnicity

Gender
- Female (N=36218) 8.00%
- Male (N=14377) 25.00%
- Prefer Not to Answer (N=4851) 9.00%
- Non-Binary/Third Gender (N=158) 13.00%

Ethnicity
- White/Caucasian (N=33817) 64.00%
- Prefer not to answer (N=6847) 9.00%
- Asian/Pacific Islander (N=4803) 6.00%
- Hispanic/Latino (N=3222) 2.00%
- Black/African American (N=3462) 1.00%
- Native American or American Indian (N=119) 0.00%
- Other (N=647) 0.20%

Demographics
Role Type and Practice Setting

Role Type
- Nurse (N=11040) 14.00%
- Physician (N=15142) 20.00%
- Non-Clinical Support Staff (N=9585) 8.00%
- Clinical Support Staff (N=3866) 7.00%
- Advanced Practice Provider (N=4261) 6.00%
- Other Clinician (N=3389) 6.00%
- Resident/Fellow (N=1228) 5.00%
- Other (N=8054) 5.00%

Practice Setting
- Hospital-Based: Non-ER, Non-ICU (N=18632) 35.00%
- Ambulatory-Based: Non-Covid Care (N=18488) 19.00%
- Hospital Based: ER or ICU (N=10071) 11.00%
- Ambulatory-Based: Covid Care (N=5556) 7.00%
- Other (N=8632) 6.00%
Fear of Exposure to COVID-19
I worry about exposing myself and my family to COVID-19

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<th>To a great extent</th>
<th>Moderately</th>
<th>Somewhat</th>
<th>Not at all</th>
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<tr>
<td>Other</td>
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<td>Resident or Fellow</td>
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N Values | Overall: 58408 | Physician: 15142 | Nurse: 11040 | APP/Therapist: 4261 | Non-Clinical Staff: 9585 | Clinical Support Staff: 3860 | Resident or Fellow: 1228 | Other: 8054 | Other Clinician: 3399

Self-Reported Anxiety and Depression
Due to the impact of COVID-19, I am experiencing anxiety and depression.

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<tr>
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<tr>
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<tr>
<td>Other</td>
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<tr>
<td>Resident or Fellow</td>
<td>8.0%</td>
<td>26.0%</td>
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<tr>
<td>Clinical Support Staff</td>
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<td>Physicians</td>
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N Values | Overall: 58408 | Physician: 15142 | Nurse: 11040 | APP/Therapist: 4261 | Non-clinical staff: 9585 | Clinical Staff: 3860 | Resident or Fellow: 1228 | Other: 8054 | Other Clinician: 3399

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Burnout
Using your own definition of “burnout,” please choose one of the answers below.

- I feel completely burned out. I am at the point where I may need to seek help.
- The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
- I am beginning to burnout and have one or more symptoms of burnout.
- I am under stress but don’t feel burnt out.
- I enjoy my work. I have no symptoms of burnout.

N Values | Overall: 53218 | Physician: 15142 | Nurse: 11040 | APP/Therapist: 4261 | Non-clinical staff: 9585 | Clinical staff: 3860 | Resident or Fellow: 1228 | Other Clinician: 3399 | Other: 8054

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Value
I feel valued by my organization.

N Values | Overall: 58309 | Physician: 15138 | Nurse: 11036 | APP/Therapist: 4256 | Non-clinical staff: 9579 | Clinical Support Staff: 3858 | Other: 8049 | Other Clinician: 3397 | Resident or Fellow: 1228

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Sources and Further Reading


Limeade. Tackling burnout: Understanding the science in order to prevent it. 2021.


Limeade. Tackling burnout: Understanding the science in order to prevent it. 2021.


