

Healthcare Provider Burnout Panel: A Call to Action

Sponsored by Adtalem Global Education

Park Hyatt Hotel, Chicago

Adtalem Global Education (Adtalem) is a global education provider whose purpose is to empower students to achieve their goals, find success and make inspiring contributions to our global community. Headquartered in Chicago, Adtalem is the parent organization of two medical schools, American University of the Caribbean (AUC), and Ross University School of Medicine (RUSM), along with Chamberlain University, one of the largest nursing schools in the United States, which also operates a college for healthcare professionals.

As an educator of physicians and nurses, Adtalem has keen interest in the issues of stress and fatigue in health care professionals, specifically the “burnout” and attrition of doctors and nurses in the health professions, and the role educators and practitioners can play in improving retention in nursing and medicine. To that end, Lisa Wardell, President and CEO of Adtalem Global Education, recently sponsored a Salon Dinner and discussion in Chicago titled, “Healthcare Provider Wellness and Professional Persistence.” Adtalem invited distinguished national thought leaders from nursing and medicine to dialogue with leaders from RUSM, AUC and Chamberlain, along with Adtalem leadership and Board members.

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The Salon Dinner group discussed many facets of the issue and explored various strategies that Adtalem institutions and other organizations could utilize to reduce burnout and attrition in the health professions, and improve well-being among health professionals. This report summarizes the background of the issues and provides recommendations and a collaborative “call to action” from the Salon Dinner panel of participants.

BACKGROUND

Healthcare provider fatigue is a documented challenge and results in some physicians and nurses leaving their professions, while others remain with a diminished level of satisfaction, productivity and quality of life. American psychologist Herbert Freudenberger (1974) first coined the term “burnout” to describe the results of long-term unresolvable job stress, especially among health professionals with high ideals and under severe pressure. Burnout has recently been defined as a syndrome consisting of emotional exhaustion, disengagement and low personal fulfillment (Johnson, 2013; Noseworthy, Madara, Cosgrove, et al, 2017). Recent statistics indicate that almost 20% of nurses drop out of the field within the first year, and 33.5% within two years (Kovner, Brewer, Fatehi, et al, 2014). More than 50% of active physicians describe feeling burned out (Drummond, 2015). US physicians suffer more burnout than other American workers (Shanafelt, Boone, Tan, et al, 2012), and physician suicide rates are higher than in the general population (Gold, Sen, and Schwenk, 2013).

The potential consequences of burnout among healthcare professionals are dramatic, and include negative impact on patient care from disengagement or workforce shortages, loss of money related to replacement costs of healthcare workers who leave the profession, increased medical errors, and suicide of healthcare workers (Friedberg, Chen, Van Busum, et al, 2014; Noseworthy, Madara, Cosgrove, et al, 2017; Rabin, 2014).

After an engaging and productive discussion, the Salon Dinner participants agreed that healthcare and academic leaders must together address these issues, and that mitigating burnout and attrition in the health professions requires an inter-disciplinary alliance. The group agreed to a number of approaches to identified antecedents of health professional burnout

and attrition (Krasner, Epstein, Beckman, et al, 2009; Noseworthy, Madara, Cosgrove, et al, 2017). Those contributing factors include:

Workplace culture and need for increased autonomy, collegiality, fairness, sense of being valued and respected

- Leaders (executives, boards, and medical directors and managers) must recognize that burnout is a reality, and commit to addressing the issues beginning with measuring and tracking the well-being of the workforce using a standardized, benchmarked instrument.
- Leaders must create an environment of empowerment and support that may include: providing as much autonomy as possible for schedules and workload, creating outlets for acute stress and fatigue, offering career development conversations, and recognizing their employees for a job well done.
- Educators can help set appropriate expectations for what new healthcare professionals can expect in their jobs.
- The boards and chief executives of healthcare organizations have to make healthcare professional wellness a priority. Self-care should be a concept espoused from the very top.
- Managers should ensure a work environment that is peaceful and calm and promotes mindfulness.
- There should be no room for workplace denigration, bullying or any form of aggression.

Time and technological challenges related to the implementation of electronic health records (EHRs)

- Better training and support of healthcare workers to reduce the stress associated with EHRs.
- Educators can help prepare healthcare professionals for the challenges and stressors of technology by better incorporating training into curricula.
- Organizations should invest in helping staff deal with stresses arising from technology.

Inefficiencies in the practice environment combined with bureaucratic tasks and pressures

- Leaders must understand and address the clerical/administrative burdens that contribute to burnout and identify solutions.
- Technology and data can help decrease the administrative burden of repetitive tasks if used appropriately.
- There should be ongoing education and training around the business aspects of healthcare.

Perceived inability to deliver quality care due to patient acuity and workload, pace, staffing

- Leaders should be keenly aware of caseloads and excessive work. They should be trained to recognize early signs before staff begins to react with burnout.
- Organizations should have alternative career strategies for those choosing to leave direct patient care (e.g. MHA or MBA degrees for physicians and nurses).

Stigma of reaching out for help

- Healthcare leadership should allocate resources to regularly screen for and identify early signs of stress-related distress in staff.
- Remove obstacles that interfere with help seeking, including addressing perceived stigma associated with people seeking counseling or psychological support.

Research solutions

- Doctors and nurses need to collaborate to address this critical professional and personal epidemic.

- Organizational research should be used to determine the most effective policies and interventions to improve well-being among health professionals.
- Larger organizations such as the NIH should continue to support the study of the scientific basis of stress-related syndromes and the physiological underpinnings of resilience.

Future Steps / Action Plan

The participants of the Salon Dinner and the medical and healthcare institutions of Adtalem Global Education resolve to continue the exploration of this complex issue.

We commit to work together to help graduate and retain in the professions compassionate, competent, resilient, and engaged healthcare professionals.

At the level of individuals, we are committed to taking steps towards early recognition and appropriate interventions in as timely a manner as feasible.

In the larger context, we are committed to making changes in the culture of our organizations that will minimize burnout and promote wellness in our students and faculty.

Our shared goal is to provide a template for discussion that can be replicated in other organizations with similar goals.

We ask that CEOs of hospitals and healthcare systems join us in this important issue by convening their leadership teams to discuss ways to mitigate this challenge within their own organizations and in the healthcare industry broadly.

SIGNATORIES:

MODERATOR:

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