



Combatting Burnout and Turnover in Healthcare: A New Approach

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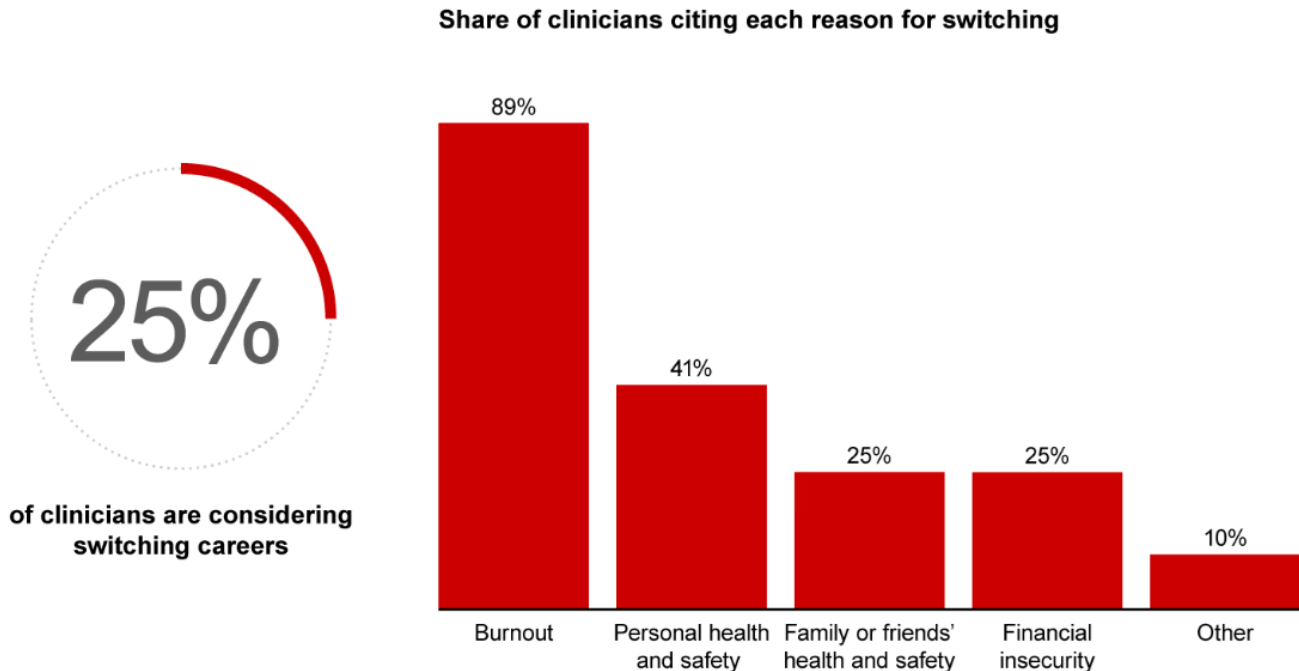
This is the first article in a two-part series focused on combatting burnout and turnover in health systems. Part two will provide a leadership model for rebuilding and retaining the healthcare workforce.

The “Great Resignation,” now engulfing hospitals and health systems in stunning fashion and with many consequences, shows no signs of abating. Consider these sobering findings:

- A national RN turnover rate of 27 percent and a 17 percent RN vacancy rate.¹
- 52 percent of nurses say they intend to leave or are considering leaving their jobs, citing insufficient staffing and the job’s negative impact on their health and well-being as their top two reasons.²
- 13 percent of nurse leaders intend to leave their position in the next six months and 25 percent say they might leave in the next six months.³
- Around 50 percent of physicians report they are burned out, with the top cause being too many bureaucratic tasks.⁴
- 70 percent of physicians say they feel frustrated by the pressure on healthcare professionals (up from 47 percent in 2021) and only 30 percent say they find their work rewarding (down from 45 percent in 2021).⁵

1 2022 *NSI Health Care Retention and RN Staffing Report*, NSI Nursing Solutions, March 2022.
2 “Pulse on the Nation’s Nurses Survey Series: COVID-19 Two-Year Impact Assessment Survey,” American Nurses Foundation, March 1, 2022.
3 *AONL Longitudinal Nursing Leadership Insight Study*,” American Organization for Nursing Leadership and Joslin Insight, October 2022.
4 Leslie Kane, *Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger*, Medscape, January 21, 2022.
5 Amy Baxter, “Burnout Is Causing Clinicians to Say Goodbye to Healthcare,” HealthExec, January 30, 2023.

Exhibit 1: Reasons Clinicians Are Contemplating Switching Careers



Note: Clinician results are an aggregate of responses from physicians, nurses, and APPs.

Source: Bain, U.S. Frontline of Healthcare Survey, July 22, 2022 (n=573).

- A quarter of clinicians—physicians, advanced practice providers (APPs), and nurses—are considering switching careers, primarily due to burnout.⁶ See **Exhibit 1.**)

And it's not just clinicians experiencing burnout or considering leaving their positions. Healthcare executives are impacted as well. In 2022:⁷

- 74 percent of healthcare executives said they felt burned out in the last six months—up from 60 percent in 2018.
- 33 percent reported they often or always think about leaving their current position due to burnout.
- 28 percent said they often or always think about leaving the healthcare industry due to burnout.
- 93 percent agreed that burnout is negatively impacting their organization.

⁶ Bain, U.S. Frontline of Healthcare Survey, July 22, 2022.

⁷ WittKieffer, *The Impact of Burnout on Healthcare Executives*, Summer 2022.

There is probably not a single healthcare executive team or board in the country that is not keenly aware of and deeply concerned about these three interrelated phenomena: critical personnel shortages, turnover, and burnout.

The sheer scope and consequences of epic, protracted staffing shortages and turnover are now the top concerns of hospital and health system CEOs.⁸ These phenomena are causing reduced patient access, including having to curtail or even eliminate services; increasing the incidence of hospital-acquired conditions and other quality concerns; diminishing patient and staff satisfaction; fueling skyrocketing labor costs; and fraying operating margins.

→ Key Board Takeaways

- **Measure:** Have your executive team track and report to the board every quarter turnover and vacancy rates by key patient-facing job categories (e.g., M.D., APP, RN, pharmacist, nurse's aide, environmental services, etc.).
- **Inquire:** Ask your CEO to arrange to have the executive team regularly shadow clinicians, or arrange a full day where board members participate in shadowing clinicians in various roles, to gain deeper insight into the daily challenges confronting frontline staff.
- **Discuss:** Devote a portion of several board meetings—or convene a retreat—to candidly discuss with physician leaders, nursing leaders, and senior executives what actions could be taken—and what barriers would have to be overcome—in the near, mid, and long term to move from the current state toward achieving “Well-being 2.0.”
- **Affirm:** When ready to act, issue a joint statement from the CEO and board chair that the organization is committed to finding a path forward to significantly improve the work environment.

Responding to Workforce Challenges

Many healthcare organizations have already responded or are in the process of responding with a combination of:

- Appointing a Chief Wellness Officer, perhaps augmented by the formation of a clinician wellness committee

8 “Survey: Workforce Challenges Cited by CEOs as Top Issue Confronting Hospitals in 2022” (press release, American College of Healthcare Executives, February 13, 2023).

- Introducing expanded wellness and “resilience” benefits such as meditation, yoga, gym memberships, clinician-oriented behavioral health services, “resilience” or “recharge” rooms, and peer support programs
- Increasing pay, extending recruitment and retention bonuses, and proffering other incentives

All of these are laudable. Many of these actions will be appreciated by health system employees. *None of them, however, address the underlying causes of burnout.*

From our combined 110+ years of experience as a physician and former medical group practice CEO, a former hospital CEO, and an executive leadership coach, we know that the problem is *not* a lack of resilience on the part of clinicians. Indeed, physicians, APPs, and nurses, by both training and inclination, are highly adaptable and resourceful when it comes to caring for patients. They personify resilience.




However, changes in the work environment, problematic workflows, and work policies over which clinicians have little perceived control—and which inhibit or even militate against clinicians’ training and identity—have created profound, unremitting levels of professional distress (also known as “moral injury”) and emotional stress. The combination of professional distress and chronic emotional stress has had a negative personal impact on clinicians resulting in depression, substance abuse, family dysfunction, and suicide rates significantly greater than the public.

Reduced to a phrase, the problem is not the worker, it is the workplace. Burnout is the manifestation, in an individual, of dysfunction in the workplace. While these workplace issues were present well before the pandemic, they have become sharper and more keenly felt due to the pandemic’s many disruptions.

The current staffing crisis shows no signs of abating; indeed, the long-standing shortages among both physicians and nurses is likely to get much worse in the coming years. To the late Sister Irene Kraus’ well-known maxim “no margin, no mission,” we would add “no staffing, no hospital.” Indeed, we believe that the presence or absence of appropriate staffing will be the single most important variable in determining future “winners” and “losers” in healthcare.

Christina Maslach, Ph.D., the foremost researcher on burnout, and her colleague, Michael Leiter, Ph.D., have taken their previous pioneering work and enhanced it with additional insights in their newly released book, *The Burnout Challenge*. Moving away from their prior term “drivers of burnout,” they now favor “person-job mismatches” in relation to six domains: work overload, lack of control, reward and recognition

Exhibit 2: Professional Characteristics and Mindset of the Three Eras of Physician Well-Being

Era of distress	Well-being 1.0	Well-being 2.0
		
<ul style="list-style-type: none"> • Lack of awareness • Focus on institutional needs • Rigid environment • Individual • Ignore distress • Unfettered autonomy • Neglect • Ignorance of economic impact • Physicians & administrators function independently 	<ul style="list-style-type: none"> • Awareness • Focus on patient needs • Choice • Team • Treat distress • Carrots and sticks • Blame individuals • Return on investment • Adversarial relationship between physicians and administrators 	<ul style="list-style-type: none"> • Action • Focus on needs of people • Flexibility • System • Prevent distress & cultivate professional fulfillment • Aligned autonomy • Shared responsibility • Value on investment • Physician and administrator collaboration

(which includes but is not limited to compensation), sense of community, fairness, and matching or mismatching values.

Most importantly, Maslach and Leiter emphasize the crucial role of senior leaders in changing the *workplace culture*. From our standpoint, this means systematically and comprehensively tackling problematic workflows and issues in the work environment. It means moving from a misplaced focus on fostering *personal* resilience to instead generating a culture of *organizational* wellness and resilience.

What do we mean by a culture of *organizational* wellness and resilience? Tait Shanafelt, M.D., the leading researcher on physician burnout and wellness, describes it as a state wherein leaders move a hospital or other clinical enterprise from the current state vis-à-vis clinicians (for most organizations, “Well-being 1.0”) to the desired state, which Shanafelt calls “Well-being 2.0.”⁹ It requires embracing new operating principles, leadership practices, and organizational priorities as outlined in **Exhibit 2**.

9 Tait Shanafelt, “Physician Well-Being 2.0: Where Are We and Where Are We Going?,” *Mayo Clinic Proceedings*, Volume 96, Issue 10, October 2021.

Successfully accomplishing this transition from Well-being 1.0 to 2.0 will confer three significant strategic advantages for the hospital or health system:

1. Beating burnout
2. Becoming an employer of choice
3. Rebuilding the bottom line

To successfully make this transition senior executives must embrace a new model of leadership and of leadership practices that are designed to connect the C-suite to the frontlines. In our next article, “Rebuilding and Retaining the Healthcare Workforce: A New Leadership Model for a New Era,” which will appear in the March issue of System Focus, we will describe such a model.

→ Recommended Reading

- Kimberly Russel, “[Healthcare Workforce Scarcities: The Governance Role](#),” The Governance Institute, 2022.
- Dustin Shell and Richard Corder, “[The Science of Relationships and the Impact on Leadership](#),” Public Focus, The Governance Institute, March 2022.
- Tait Shanafelt, et al., “[Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment](#),” *Academic Medicine*, Vol. 96, No. 5, May 2021.
- Tait Shanafelt, “[Physician Well-being 2.0: Where Are We and Where Are We Going?](#),” *Mayo Clinic Proceedings*, Volume 96, Issue 10, October 2021.
- Paul DeChant and Diane Shannon, [Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine](#), 2020.

Conclusion

We are sympathetic to the plight of senior executives as they wrestle with many competing priorities and the overwhelming demands placed on them. Some 25 years or so ago, Peter Drucker, the consensus founder of modern management theory, declaimed that the four hardest jobs in America (not necessarily in order) were: the president of the United States, a university/college president, a CEO of a hospital, and the head of a religious community.

It would be fair to say that the complexity of the challenges facing healthcare executives, exacerbated by the pace and number of changes—regulatory, technological, demographic, clinical, political, financial—no doubt makes the job of running a hospital or other healthcare organization today orders of magnitude more difficult than Professor Drucker could have imagined. Nonetheless, becoming the employer of choice for clinicians will require the direct involvement of, and the embrace of new leadership practices by, the entire senior leadership team.

Stanching the rising tide of turnover and burnout cannot be accomplished by an “initiative.” It cannot be delegated to a committee or assigned to a Chief Wellness Officer, Chief Human Resource Officer, or other individual. The CEO, guided and supported by the board, must lead this whole-of-organization effort.

The Governance Institute thanks Bruce D. Cummings, M.P.H., Founder and Managing Director of Cummings Healthcare Consulting and former CEO of L+M Healthcare and Executive Vice President of Yale New Haven Health; Paul DeChant, M.D., M.B.A., a former medical group CEO, international expert on clinician burnout, keynote speaker, author, and advisor to senior leaders in health systems; and Michael O’Brien, Ed.D., President and CEO of O’Brien Group, for contributing this article. They can be reached at thompsonlake1@gmail.com, paul@pauldechantmd.com, and michael@obriengroup.us.

