New White Paper Outlines Strategy for Enhancing Resilience, Reducing Burnout

By Diana Mahoney

The most effective strategy for addressing the growing problem of clinician burnout is to understand the different types of stressors and rewards that influence the daily experience of clinicians and use that understanding to nurture an environment that supports a favorable balance between the two.

In a new white paper, Press Ganey provides a road map for doing just that. The report, *Burnout and Resilience: A Framework for Data Analysis and a Positive Path Forward*, details a strategic approach for deconstructing burnout into actionable component parts, identifying the ways in which the components influence each other, understanding how that relative influence varies by clinician role, and designing targeted interventions to better support clinicians and strengthen their resilience.

The framework categorizes stressors and rewards into those that are inherent to being a caregiver and those that are external to this, coming from the environment in which clinicians work. Examples of inherent stressors that clinicians face include the pressures associated with being responsible for patients’ lives and bearing witness to their suffering. On the flip side, the satisfaction of doing work that has meaning and having the skill and ability to help people in need are some of the inherent rewards.

Some of the external stressors that contribute to clinician burnout include growing administrative burdens, resource limitations, excessive workload and diminished autonomy, while some of the external rewards include financial compensation, recognition from patients and a degree of prestige.

The balance of all of these stressors and rewards influences clinicians’ vulnerability to burnout, but it is not a simple equation. On the surface it might seem that focusing on enhancing rewards would shift the balance favorably, but the interrelationships between stressors and rewards mean that most actions tip both sides of the scale to some degree, and some don’t move the scale at all.

For example, in considering inherent sources of reward and stress, the joy and satisfaction that come from caring for people can be tempered by the psychological burden of such responsibility. With respect to external sources of reward and stress, research has shown that no amount of money or status or benefits diminishes the stress associated with the administrative burden of, say, electronic health records (EHRs) or an excessive workload. “Such external rewards may create a cognitive trade-off in which an individual chooses to continue to tolerate the added stress, but the added rewards do not fundamentally change the clinician’s emotional experience of their role,” according to the report.

When contemplating how to reduce clinician burnout, organizational leaders must consider all of the interdependencies, reduce external stressors to the degree possible, prioritize strategies that minimize the impact of inherent stressors and help clinicians cope with the difficult work of patient care. At the same time, leaders must create a culture that amplifies and reinforces the inherent rewards of the healing professions.

AT A GLANCE

- A new Press Ganey Performance Insights white paper, *Burnout and Resilience: A Framework for Data Analysis and a Positive Path Forward*, details a strategic approach for deconstructing and addressing the sources of clinician burnout and resilience based on whether they are inherent to being a caregiver or external to the work environment.

- The relative influence of the inherent and external stressors and rewards that define the experience of different clinicians (physicians, nurses, etc.) can be determined through diligent measurement of engagement and resilience.

- To address burnout, leadership must consciously distinguish between inherent and external stressors and rewards and manage each appropriately.
Measuring the Clinician Experience

The best way to understand the relative influence of the stressors and rewards that define the clinician experience is through diligent measurement of clinician engagement within the context of the burnout framework described in the report, and identification of the key sources of stress and reward that influence the experience of different clinician segments.

An analysis of Press Ganey national data on nurse and physician engagement presented in the report shows similarities and differences in performance on specific engagement survey items by group. Both physicians and nurses report feeling that their work provides a sense of accomplishment and that their units work well together. Nurses are less likely than physicians to feel as if they are recognized for their good work, and that different units work well together.

In addition to measuring engagement, Press Ganey has developed and validated an eight-item tool for measuring resilience within its engagement surveys. Specifically, the tool measures decompression (the ability to decompress from work) and activation (the degree of engagement with work). An analysis of the national data indicates that survey respondents who are more activated and better able to decompress are less likely to experience burnout, according to the report.

Reducing Burnout as an Organizational Mandate

Reducing burnout requires an organizational-level strategy that is driven and supported by leadership. The report lays out the steps needed to achieve this end, directing health system leaders to do the following.

1. Understand and communicate the importance of burnout, accept responsibility for addressing the external stressors that contribute to it and offer resources to help clinicians cope with the inherent stressors.
2. Commit to measuring the engagement and resilience (activation and decompression) of physicians, nurses and other key personnel with enough frequency to support benchmarking at segment and organization subunit levels and detect change associated with specific interventions.
3. Increase awareness and experience of inherent rewards, and in doing so, increase clinician activation.
4. Promote a culture of wellness and resilience, in order to move the fulcrum of the stressor and reward balance to the right.

Examples of interventions that address these steps are described in the report. For instance, one activity that some organizations are pursuing is identifying work that can be streamlined in ways to reduce the external stressors. Hawaii Pacific Health and the Mayo Clinic both have programs in which caregivers can point out work processes that seem to add no detectable value from their perspectives. Such programs instill confidence among clinicians that their organizations understand their burdens and are trying to reduce them.

The framework and guidance presented in this report can help leaders develop solutions that target burnout risk factors, increase the protective factors that enhance resilience and help clinicians rediscover their sense of purpose and achieve professional fulfillment.