Addressing Health Worker Burnout: The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce

Opportunities for Supporting Rural Health Workers

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Office of the U.S. Surgeon General
• [https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html](https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html)

• *If you or someone you know may be considering suicide, call the [National Suicide Prevention Lifeline](https://www.suicidepreventionlifeline.org) 24/7 at **1-800-273-8255** (En Español: 1-888-628-9454; Deaf and Hard of Hearing: dial 711 then 1-800-273-8255) or the [Crisis Text Line](https://www.crisistextline.com) by texting **HOME** to **741741.**
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During the COVID-19 pandemic, thousands of health workers lost their lives. They put their own health and safety at risk so they could heal and comfort others.

This call to action is dedicated to their memory.
Surgeon General's Advisories are reserved for urgent public health issues that call for the American people’s attention.
• **Goal** of this Advisory is to sound the alarm on the pandemic’s **unprecedented impacts on the well-being of our nation’s health workers**, including long-standing burnout, systemic challenges, and workforce shortages that existed prior to COVID-19.

• **This Advisory lays out key recommendations for stakeholders** from health care delivery organizations, government at all levels, payors, health tech and IT companies, training and academic institutions, accreditation bodies, communities and more.

• [https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html](https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html)
For this Advisory, we are defining health workers broadly as all people engaged in work to protect and improve the health of individuals, communities, and populations, including those who assist in operating health care facilities.\textsuperscript{1, 2, 3}

“I just believe that we need to \textit{take good care of our health care workers}, so that they can take good care of other people.”

- I.R., NYC, Psychiatry Resident

What is health worker burnout?

Burnout is the result of chronic workplace stress due to an imbalance between job demands and resources. Learn more at surgeongeneral.gov/burnout

Health Worker Well-Being, Before & During COVID-19

• In 2019, the National Academy of Medicine found burnout had reached “crisis” levels
  o Up to 54% in nurses and physicians 5
  o Up to 60% in medical students and residents

• The National Association of County & City Health Officials reported a 16% loss in the public health workforce from 2008 to 2019 6

• Association of American Medical Colleges (AAMC) projects that physician demand will grow faster than supply 7
  o Shortage up to 139,000 physicians by 2033
  o Most alarming gaps in primary care and for rural communities

Negative consequences of health worker burnout

“I can’t provide the best care to my patients...”

“I can’t get the care I need...”

**Health Workers**
- Insomnia, heart disease, and diabetes
- Isolation, substance use, anxiety, and depression
- Relationship and interpersonal challenges
- Exhaustion from overwhelming care and empathy

**Patients**
- Less time with health workers
- Delays in care and diagnosis
  - Lower quality of care
  - Medical errors

**Health Care System**
- Health workforce shortages and retention challenges
  - Limited services available
- Risk of malpractice and decreased patient satisfaction
  - Increased costs

**Community and Society**
- Erosion of trust
- Worsening population health outcomes
  - Increased health disparities
The pandemic has had an unprecedented impact on health worker well-being

- **Mental health conditions**: >50% public health workers reported symptoms of at least one mental health condition (anxiety, depression, PTSD, or suicidal ideation) in the 1st year of pandemic. 4

- **Violence against health workers**: In mid-2021, eight out of 10 health workers experienced workplace violence, with two-thirds having been verbally threatened. 5

- **Widespread falsehoods and misinformation** about COVID-19 have contributed to HWs exhaustion, frustration, burnout and moral distress. 6

Health workers in rural and underserved urban areas are disproportionately impacted

- Across 20 states, nine to 11 months into the pandemic, nearly 76% reported feeling burnout from their work.  
- Facility closures and lack of hospitals
- Increasing shortage of health workers, especially in multiple specialties; notably primary and maternity care
- Worsening health disparities

Factors associated with burnout among health workers

**Societal and Cultural**
- Politicization of science and public health
- Structural racism and health inequities
- Health misinformation
- Mental health stigma
- Unrealistic expectations of health workers

**Health Care System**
- Limitations from national and state regulation
- Misaligned reimbursement policies
- Burdensome administrative paperwork
- Poor care coordination
- Lack of human-centered technology

**Organizational**
- Lack of leadership support
- Disconnect between values and key decisions
- Excessive workload and work hours
- Biased and discriminatory structures and practices
- Barriers to mental health and substance use care

**Workplace and Learning Environment**
- Limited flexibility, autonomy, and voice
- Lack of culture of collaboration and vulnerability
- Limited time with patients and colleagues
- Absence of focus on health worker well-being
- Harassment, violence, and discrimination

“This is beyond my control...”
We Must Take Action

Together, we can:

• **Protect** the health, safety and well-being of all HWs, including students & trainees

• **Transform** organizational cultures to prioritize HW well-being

• **Eliminate** punitive policies for seeking mental health and substance use care

• **Reduce** administrative burdens to help HWs have quality time with patients, communities and colleagues

• **Prioritize** social connection and community as a core value of our health care system

• **Invest** in public health and our public health workforce
Stakeholder Recommendations

- Health Care Delivery Organizations
- Federal, State, Local Governments and Tribal Authorities
- Health Insurers & Accreditation Bodies
- Health Care Technology Companies
- Academic Institutions
- Family, Friends, and Communities
- Health Workers
- Researchers
Resilience strategies for recruitment and retention in rural areas - I

Health Care Organization Leaders at all levels $^{9,10,11}$

- Ensure effective, sustainable staffing models; team-based care
- Reflect the community
- Include opportunities for cross-training, peer support; mentoring and career advancement
- Provide incentives and more than EAP - scholarships, loan repayment; family and caregiver support

References:

Resilience strategies for recruitment and retention in rural areas - II

Federal and state level $^{9,10,11}$

- Provide long-term funds to expand and sustain successful programs (NHSC, THCGME, RRPD, HCOP, etc)
- Drive investment and innovation in rural areas
- Align GME investment with rural needs
- Support safe, equitable, human-centered (pt and HW) telehealth
- Reduce regulatory burdens

References:

Thriving together: Solutions to health worker burnout

We must shift burnout from a “me” problem to a “we” problem.

- Diverse and empowered health workforce
- Leadership commitment and organizational values
- Reduced administrative burdens
- Accessible mental health and substance use care
- Safe and inclusive environments
- Human-centered technology
- Culture of healing, community and connection
- Community partnership

Trust

Federal, State, Local, Tribal Governments
Health Care Organizations
Health Insurers and Payers
Academic Institutions
Licensing and Accreditation Bodies
Researchers
Family Members, Friends, and Communities
National Academy of Medicine (NAM)
National Plan on HW Well-Being

• The NAM Action Collaborative on Health Worker Well-Being and Resilience released a National Plan on June 24th
• All stakeholders can utilize this (draft) plan alongside the SG's Advisory
• Follow-on regional convenings will be underway in Sept and Nov 2022
• Resource Compendium: https://nam.edu/compendium-of-key-resources-for-improving-clinician-well-being/
Our nation’s health depends on the well-being of our health workforce.

"Will we step up and meet our moral obligation to care for those who have cared for us?"
-Dr. Vivek Murthy