

# **Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians:**

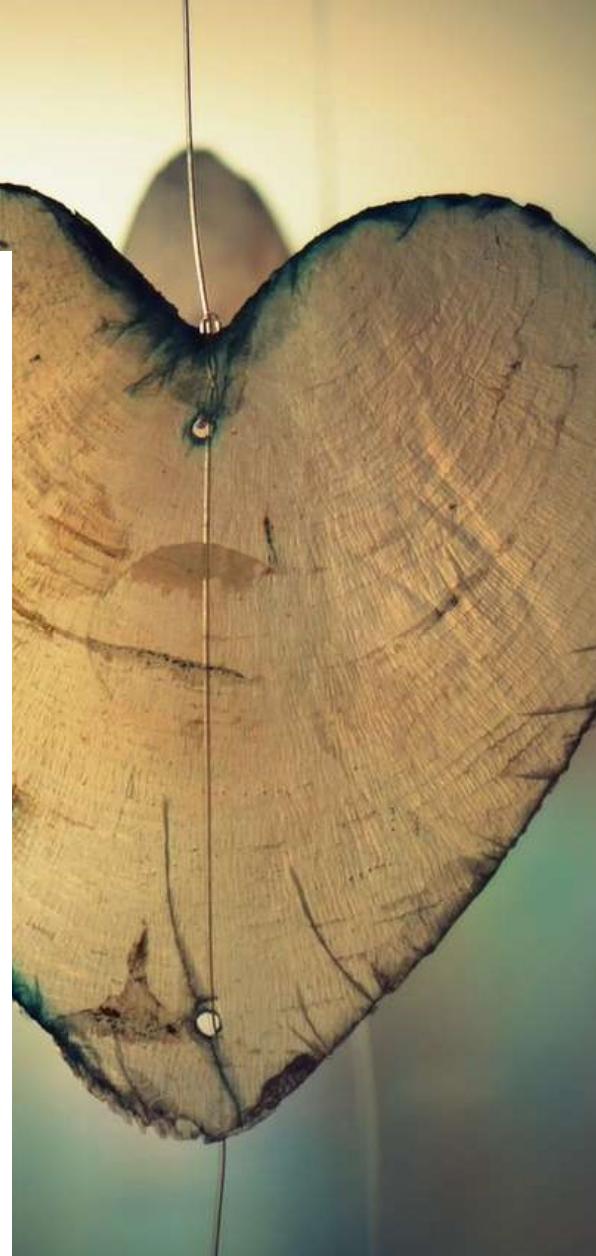
*Optimizing Systems to  
Mitigate Burnout, Promote  
Resilience and Drive Quality  
of Care*



**SEPTEMBER 2019**

Advisory Committee on Training in  
Primary Care Medicine and Dentistry

Fifteenth Annual Report to the  
Secretary of the United States  
Department of Health and Human Services  
and the Congress of the United States



# **Advisory Committee on Training in Primary Care Medicine and Dentistry**

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## **Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care**

### **Alternate title:**

Reducing Burnout among Primary Care Trainees and Clinicians:  
Managing Stress, Building Resilience, Optimizing Systems, and  
Promoting Well-Being

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**Fifteenth Annual Report  
to the  
Secretary of the United States  
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and the  
Congress of the United States**

**November 2018**



The views expressed in this report are solely those of the Advisory Committee on Training in Primary Care Medicine and Dentistry and do not represent the perspectives of the Health Resources and Services Administration nor the United States Government.

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## **Authority**

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) is a federal advisory committee under the auspices of the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS). HRSA is the primary federal agency for improving access to healthcare by strengthening the healthcare workforce, building healthy communities, and achieving health equity. ACTPCMD is authorized by sections 222 and 749 of the Public Health Service (PHS) Act (42 U.S.C. §§ 271a, 749), as amended by section 5303 of the Patient Protection and Affordable Care Act (ACA).

ACTPCMD provides advice and recommendations on policy and program development to the Secretary of the U.S. Department of Health and Human Services (Secretary) and is responsible for submitting an annual report to the Secretary and to Congress concerning the activities under sections 747 and 748 of the PHS Act, as amended. Reports are submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives. In addition, ACTPCMD develops, publishes, and implements performance measures and longitudinal evaluations, as well as recommends appropriations levels for programs under Part C of Title VII of the PHS Act, as amended.

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## Acknowledgements

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) is authorized by sections 222 and 749 of the Public Health Service (PHS) Act (42 U.S.C. §§ 271a, 749), as amended by section 5303 of the Patient Protection and Affordable Care Act (ACA). ACTPCMD provides advice and recommendations on policy and program development to the Secretary of the U.S. Department of Health and Human Services. ACTPCMD is governed by provisions of the Federal Advisory Committee Act (FACA) of 1972, (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Each year, ACTPCMD selects a topic concerning a major issue within the healthcare delivery system that is relevant to the mission of the Bureau of Health Workforce, Public Health Service Act, Title VII, Part C, Sections 747 and 748 training in Primary Care Medicine and Dentistry programs. After ACTPCMD analyzes the selected topic, it submits an annual report with recommendations regarding policy and program development to the Secretary and ranking members of the Senate Committee on Health, Education, Labor, and Pensions and the House of Representatives Committee on Energy and Commerce. In the years 2017-18, ACTPCMD examined *Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care*.

This report is the culmination of the efforts of many individuals who provided their expertise to ACTPCMD during several formal meetings on this topic, along with several other discussions. As noted throughout this report, leading authorities informed ACTPCMD members, provided their expertise, and responded to a broad array of issues concerning trainee and clinician burnout, resilience, and well-being; systems-level approaches to addressing the stresses of patient care; and promoting joy in the vital and meaningful work of clinicians. The members of ACTPCMD express appreciation to all presenters for their time and expertise.

Finally, this report has benefited from the capable assistance of federal staff from the Health Resources and Services Administration, Bureau of Health Workforce, Division of Medicine and Dentistry (DMD): Dr. Kennita R. Carter, Designated Federal Official, DMD; Dr. Candice Chen, Past Director, DMD; and Mr. Raymond J. Bingham, RN, Technical Writer, DMD. ACTPCMD appreciates the hard work and dedication of these individuals in producing this report.

Sincerely,

**Russell S. Phillips, MD**  
Immediate Past Chair, ACTPCMD

## **Executive Summary**

The U.S. healthcare system is evolving in an effort to deliver better care, broaden access, promote safety, and improve the health of individuals, communities, and populations, all while lowering the cost of care. Healthcare institutions, including hospitals and community clinics, face constant market pressure that often leads to efforts to increase productivity and efficiency while reducing expenses. Any such institution confronting a systemic issue that contributed to increased costs, decreased quality and satisfaction, and limited access to care, would need to mobilize its resources to quickly resolve the problem. Burnout among healthcare providers, which research shows is reaching epidemic proportions, is one such problem.

Healthcare providers, and even students in training, face many challenges and stresses that include: the high financial burden of student loans; rapid advances in health care technology; an aging and increasingly diverse patient population with wide-ranging health needs; and societal pressures for improved outcomes. While some stress is natural and unavoidable, a constant and unrelieved level of stress can place great pressures on health professionals and contribute to burnout, a condition marked by emotional exhaustion, loss of empathy, a sense of depersonalization and cynicism, and loss of a sense of reward or accomplishment from work.

Burnout among health students and practitioners is widespread and growing, with recent studies finding elevated levels of burnout, along with related conditions of depression and emotional exhaustion, among physicians, registered nurses, dentists, physician assistants, and other health professions. Stress may cause many talented practitioners to leave the health care field. In the extreme case, levels of suicide are higher among most health professionals compared to the general public.

Health trainees and practitioners experiencing burnout are less productive, leading to declines in quality of care, satisfaction with care, and health care access. As a result, workplaces with high levels of employee burnout tend to have higher expenses related to turnover, medical errors, and related costs. In the healthcare system as a whole, provider burnout leads to a loss of trust by patients in the system, as well as a loss of responsiveness to changing or emerging needs.

Efforts are needed to promote the well-being and resilience of health trainees, students, and professionals, and to reduce or mitigate the stress inherent in providing care for others. One key to decreasing the incidence of burnout among healthcare professionals is to promote an institutional culture that supports wellness and resilience.

Wellness refers to all of the components of good health, including physical, emotional, and spiritual well-being. Resilience is defined as the capacity to bounce back from stressful situations, withstand hardships, and construct positive adaptations in the face of disruptive changes. These are skills that can be taught, with a focus on learning how to recognize and manage stress, react appropriately, work within a team, and seek help when needed. These concepts can be built into the curricula for health professions students, while practitioners in the workplace could receive this training as a routine part of their work requirements.

Many organizations, including the National Academy of Medicine and the Accreditation Council on Graduate Medical Education, have begun initiatives to better understand the scope of the problem of burnout, and to find effective, evidence-based solutions. ACTPCMD commends all of these efforts, and looks to help HRSA promote those that will have the greatest impact on practitioners who are training and practicing in primary care.

As stressful as the healthcare workplace can be, it holds the potential for great rewards. Clinicians can have a strong and positive influence on the lives of others, and provide healthful benefits to whole communities and populations. When clinicians can learn to balance their idealism with realism, and see the results of their efforts, the work can bring a great sense of value and accomplishment, and even joy.

The recommendations of ACTPCMD seek to promote systemic changes within both the educational and the healthcare systems to reduce sources of stress, toward the goals of improving patient care, promoting teamwork and interprofessional care, promoting provider wellness and resilience, and ultimately helping providers retain joy and meaning in their vital work.

### **ACTPCMD Recommendations:**

#### **Recommendation #1**

*ACTPCMD recommends that HRSA include specific language in all training Notices of Funding Opportunities (NOFOs) that applicants identify plans to promote well-being and to measure, prevent, and mitigate burnout among trainees, faculty, and clinicians.*

#### **Recommendation #2**

*ACTPCMD recommends that HRSA fund the development of innovative system approaches to the identification and alleviation of burnout among multidisciplinary trainees, faculty, and clinicians. Furthermore, the Committee recommends that HRSA support research pertaining to trainee, faculty, and clinician well-being and methods that effectively mitigate burnout among trainees, faculty, and clinicians.*

#### **Recommendation #3**

*ACTPCMD recommends that HRSA work across bureaus, divisions, and programs to address training in well-being and resilience and the prevention of burnout, to include all health professions engaged in primary care training and practice.*

#### **Recommendation #4**

*ACTPCMD recommends that organizations that accredit health professional education programs include standards that promote provider well-being and resilience and the prevention of burnout.*

# **Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care**

## **Introduction**

The U.S. healthcare system is evolving in an effort to deliver better care, broaden access to care, promote safety, and improve the health of individuals, communities, and populations, all while lowering the overall cost of care. Within healthcare institutions such as hospitals and community clinics, there are on-going and intensifying efforts to increase productivity and efficiency, and reduce expenses. These institutions face constant market competition; a race to keep up with the latest diagnostic and treatment methodologies; shortages of physicians, nurses, and other trained providers; and a range of other threats. The rapid pace of change creates many challenges to the functioning, and even the survival, of these institutions.

Any healthcare institution confronting a systemic problem that increased costs, decreased quality of care, reduced patient safety and satisfaction, limited access to care, and eroded the trust of the patients and communities it served, would need to mobilize its resources to quickly focus on and resolve the problem. Burnout among healthcare providers, which research shows is reaching epidemic proportions, is one such problem (Shanafelt and Noseworthy, 2017).

## **Burnout among Healthcare Providers**

Healthcare providers face many challenges and stresses that often begin during their education and training and continue as they enter practice, including: the high financial burden of student loans; rapid advances in technology that are changing how their work is done, documented, and reimbursed; an aging and increasingly diverse patient population with wide-ranging health needs, including an increase in chronic health conditions and co-morbidities; and societal pressures for improved outcomes. These factors place great pressures on health professionals and contribute to burnout, a condition marked by emotional exhaustion, loss of empathy, a sense of depersonalization and cynicism, and loss of a sense of reward or accomplishment from work (Bernstein, 2017; Coffey et al, 2017; Dyrbye et al, 2017).

Burnout among health practitioners is widespread and growing. Recent studies have found that over half of physicians report experiencing at least some signs of burnout, with family medicine and emergency medicine physicians among those at highest risk (Dyrbye, et al, 2017).

Symptoms of depression, one of the hallmarks of burnout, are reported by almost 40 percent of physicians (Shanafelt et al, 2015). Among registered nurses (RNs), burnout has been related to increased workload and patient-to-nurse ratios (Aiken et al, 2002). One survey of over 1,000 nurses found that 18 percent reported symptoms of depression, compared to a national prevalence of around 9 percent (Dyrbye, 2017; Letvak, Ruhm, and Gupta, 2012). Other studies have found that 35 percent of RNs, including a third of primary care nurses, report a high degree of emotional exhaustion (McHugh et al, 2015; Gomez-Urquiza et al, 2016). Almost two-thirds of rural physician assistants (PAs) report moderate to high emotional exhaustion, while 46 percent report a low to moderate sense of personal accomplishment, often exacerbated by a sense of personal or professional isolation (Benson et al, 2016). Dentists perceive their profession as

highly stressful, with 34 percent reporting feelings of physical and emotional exhaustion, and 38 percent reporting persistent anxiety (Rada and Johnson-Leong, 2004). Calvo et al (2017) report an incidence of burnout among dentists of around one in eight. Less information on burnout is available for other health professions. Still, the numbers are alarming, and most studies indicate that the problem is growing.

Burnout among health professionals can have many impacts both obvious and insidious. Individuals experiencing burnout are less productive, lack connection to their work and with their colleagues, and often lack the motivation to seek change. Burnout can contribute to declines in quality of care, patient safety, and health care access. It can force talented individuals to leave these professions. Workplaces in which many individuals feel burnt out often have high employee turnover, higher rates of medical or other workplace errors, and decreased patient safety and satisfaction, all of which increase costs. In the healthcare system as a whole, provider burnout leads to a loss of trust by patients in the system, and a loss of responsiveness to changing or emerging needs (Dyrbye et al, 2017).

And the stress and the accompanying loss of meaning and purpose in work can lead can a gifted but frustrated individual to contemplate the ultimate means of escape – suicide. Suicide rates among physicians, nurses, and other health professionals are higher than among the general public, and even than among professionals of comparable status and education. Around 400 physicians commit suicide each year, and the rate of suicide among physicians is twice that of the general population (Andrew, 2017). The rate of suicide among nurses is also believed to be elevated, although more research is needed (Davidson, Mendis, Stuck, et al, 2018). While suicide is a rare and extreme event, its effects are highly troubling and distressing. Incidents of suicide by health professions students or providers have served to spark innovation and change in many organizations to improve working conditions, promote stress reduction and resilience, and provide greater access to mental health services while reducing the stigma often associated with seeking such help.

The loss of dedicated health professionals through attrition due to emotional exhaustion and burnout, and even suicide, creates a growing and costly burden within the health care system. As a result, efforts are needed to promote the well-being and resilience of health professionals, and to reduce or mitigate the stress inherent in providing care for others.

## **Issues in Healthcare Education**

Health professions schools draw students who are idealistic, goal-oriented, successful, and intellectually gifted and curious. Those seeking to become the next generation of health care providers (e.g., doctors, nurses, physician assistants, dentists, public health workers, social workers, etc.) typically want to use their intellect and talents to help improve the lives of others, relieve pain and suffering, treat the sick and injured, reduce or prevent disease, and promote health and well-being. Their idealism is a driving force in improving the health of individuals, families, communities, and entire populations.

However, this idealism can come at a cost. Those who seek to help others sometimes lose sight of their own need for help. Indeed, the culture of training in health care emphasizes dedication, commitment, and self-sacrifice in caring for others, while often neglecting the needs of the

caregivers themselves. As unmet needs accumulate, the health and well-being of health professions students can deteriorate. Evidence indicates a growing trend among across all these students of a heightened sense of stress, and a loss of empathy, energy, and motivation, all leading to the rising incidence of burnout (Dyrbye, 2017).

### **Stress and Burnout in the Healthcare Workplace**

In their practice, health providers routinely deal with illness, pain, chronic diseases, and acute trauma, which are often times of great stress to the afflicted individuals, their families, and their communities. Thus, the jobs of health providers are filled with stress. Stress is a biological and psychological reaction to adverse stimuli that disturbs an individual's sense of security and well-being. Stress is not inherently bad – some degree of stress is unavoidable and even essential, as stressors can inspire individuals to explore creative ways to handle and resolve difficult situations (Rada and Johnson-Leong, 2004). However, excessive, prolonged, or unrelieved stress is often the driving factor for burnout.

The source of stress can arise from within the individual. Many health professionals are highly motivated, intelligent, and perfectionist, and driven by a sense of altruism to help others. However, they may become frustrated when their idealism clashes with the realities and complexities of their patient's problems, the unrelenting pace of the clinical environment, and the limitations of time, money, and resources to provide care. Other personal sources of stress include work-home conflicts, family issues, career pressures, financial burdens from student loans, and management issues related to private practice (Dyrbye, et al, 2017).

However, harmful stress most often comes from outside the individual. Healthcare organizations and institutions often perpetuate a culture of pressures and restrictive or negative policies that create or intensify stress (Coffey et al, 2017). The workplace itself is a source of stress, as clinicians may feel pushed to rush patient visits or treatments, and take on high levels of responsibility, with little control over their schedules or workflow. They may work in places with poor leadership and ever-shifting work requirements, and may have to spend much of their time on administrative or clerical duties. The culture of the health professions, emphasizing altruism and self-sacrifice without complaint, also lends a source of stress. Meanwhile, there is an ever-present pressure from the broader society to provide safe and effective care at the lowest possible cost (Lemaire and Wallace, 2017). All of these sources of stress, many beyond the control of the practitioner, can create a condition of excessive, chronic, and unresolved stress that becomes exhausting and debilitating, again leading to burnout.

### **Measuring Stress and Burnout**

The research on stress and burnout among healthcare providers has expanded greatly over the last 40 years. As a result, researchers have developed many theories and definitions of burnout, and created many tools to measure burnout and its component constructs such as stress, emotional exhaustion, job satisfaction, and sense of accomplishment.

One important consideration in the measurement of burnout is that the concept can be hard to precisely define and measure. As a result, there is concern that the term may be used too broadly, resulting in an over-reporting of burnout incidence. Studies on the condition have often

not used consistent measures, or they may measure different component constructs. According to Eckleberry-Hunt et al, (2017), research into burnout would benefit from more consistent and better-validated measurement tools. In addition, burnout is typically presented as a negative concept, reached over an extended time of stress. Research addressing burnout may be helped by a focus on prevention and on shifting to more positive constructs wellness and resilience.

### **Finding Solutions: Promoting a Culture of Wellness and Building Resilience**

A common shortcoming in efforts to address burnout is a focus on the individual, while ignoring the surrounding systemic issues and work environment. In reality, the problem is often a matter of shared responsibility between the individual and the institution. One key to decreasing the incidence of burnout among healthcare professionals is to promote an institutional culture that supports wellness and resilience (Shanafelt and Noseworthy, 2017).

Wellness refers to all of the components of good health, including physical, emotional, and spiritual well-being. Promoting wellness involves the basics of good health, including staying physically active, eating well and maintaining good nutrition, and getting adequate amounts of relaxation and rest. While the healthcare workplace can involve long and often unpredictable hours, health professionals need to manage their work hours when they can to maintain a strong and positive work/life balance.

Resilience is defined as the capacity to bounce back from stressful situations, withstand hardships, and repair your own well-being, while constructing a positive adaptation in the face of disruptive changes (Bernstein, 2017). Stress cannot be avoided and cannot always be mitigated, so individuals must learn not simply to tolerate stress or to cope, but to gain strength and to grow in the face of stress. Resilience is a skill that can be taught. It involves learning how to recognize and manage stress, react appropriately to stressful situations, work within a team to share responsibilities and burdens, and seek help when needed.

Shanafelt and Noseworthy (2017) have proposed a set of organizational strategies that institutions can use to promote well-being and resilience, and combat burnout:

1. Acknowledge and assess the problem.
2. Harness the power of leadership.
3. Develop and implement targeted interventions.
4. Cultivate community at work.
5. Use rewards and incentives wisely.
6. Align values and strengthen culture.
7. Promote flexibility and work-life integration.
8. Provide resources to promote resilience and self-care.
9. Facilitate and fund organizational science.

Like most professionals, healthcare practitioners are working to support themselves and their families. Still, most are motivated by more than financial rewards. They seek through their work to have a close connection to their patients, a connection to their workplace as a positive influence for change, the opportunity to build team relationships and achieve professional growth and career enhancement. Workplaces that promote wellness, resilience, and growth in their

employees tend to see benefits such as lower costs related to decreased employee turnover, increased employee productivity, improvements in patient safety and satisfaction, and a stronger business reputation.

Promoting wellness, self-care, and resilience often begins with education. These concepts can be built into the curricula for health professions students, and as well as into the requirements to fulfill educational accreditation standards. Practitioners in the workplace could receive inservices and other training on wellness as a routine part of their work requirements.

Implementing workplace initiatives to promote wellness and resilience must have the support of the organization's management and leadership, and should include input from team members and employees at all levels. To show the benefits, there must be an effective and consistent method to measure workplace satisfaction.

As stressful as the healthcare workplace can be, it holds the potential for great rewards. Clinicians can have a strong and positive influence on the lives of others, helping them get through an illness or other trauma, and providing healthful benefits to whole communities and populations. When clinicians can learn to balance their idealism with realism, and see the results of their efforts, the work can bring a great sense of value and accomplishment, and even joy.

### **Efforts of Other Organizations**

Given the extent and seriousness of the problem of burnout among health professionals, many organizations have begun initiatives to better understand the scope of the problem and find effective, evidence-based solutions.

The National Academy of Medicine has launched the *Action Collaborative on Clinician Well-Being and Resilience*, sponsored by a number of health professions organizations covering medicine, nursing, dentistry, physician assistants, and others. The Action Collaborative is composed of four working groups, and will hold meetings and symposia in the coming years. It has three goals:

1. Improve baseline understanding of challenges to clinician well-being;
2. Raise the visibility of clinician stress and burnout; and
3. Elevate evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver (National Academy of Medicine, 2017).

In addition, in 2015 the Accreditation Council on Graduate Medical Education (ACGME) initiated a Task Force on Physician Well-Being. This Task Force has brought together several groups to explore the problem of burnout specifically among medical students and residents and practicing physicians, to begin a national dialogue on well-being and explore changes that ACGME could recommend in the medical learning environment (Brigham, 2017).

ACTPCMD commends all of these efforts, and looks to help HRSA promote those that will have the greatest impact on practitioners who are training and practicing in primary care.

## **Conclusion**

Burnout among students and practitioners in all health professions is a serious and growing problem. It has a long-term impact on the professions and the workplace, with both immediate and long-term costs. The impact of burnout is often insidious. Steps to address burnout start with education, but must extend into the workplace and reach throughout the healthcare system. Workplaces and the healthcare system can benefit from reduced burnout through improved worker satisfaction and reduced turnover, lower costs, and improved patient safety and satisfaction.

The recommendations of ACTPCMD seek to promote systemic changes within education that would increase awareness of the problems and promote self-care, well-being, and resilience. These changes promise to have benefits throughout the provider's career.

The recommendations also promote broad changes within the healthcare system to reduce sources of stress toward the goals of improving patient care, promoting teamwork and interprofessional care, promoting provider wellness and resilience, and ultimately helping providers retain joy and meaning in their vital work.

## **Committee Recommendations**

### **Recommendation #1**

*ACTPCMD recommends that HRSA include specific language in all training Requests for Proposals (RFPs) [now referred to as Notices of Funding Opportunities, NOFOs] that applicants identify plans to promote well-being and to measure, prevent, and mitigate burnout among trainees, faculty, and clinicians.*

Rationale: Programs to promote well-being and mitigate burnout among trainees, faculty, and clinicians are inconsistent in their usage, breadth, and depth. Measurements of well-being and burnout among these groups are inconsistent in their existence and relevance to designing effective plans to promote well-being and mitigate burnout. Deliberate sustained and comprehensive efforts to reduce burnout and promote provider wellness and resilience can make a difference. Leadership and sustained attention from multiple organizations and all organizational levels are keys to progress.

### **Recommendation #2**

*ACTPCMD recommends that HRSA fund the development of innovative system approaches to the identification and alleviation of burnout among multidisciplinary trainees, faculty, and clinicians. Furthermore, the Committee recommends that HRSA support research pertaining to trainee, faculty, and clinician well-being and methods that effectively mitigate burnout among trainees, faculty, and clinicians.*

Rationale: Organizational culture penetrates all system levels from the external influences all the way to the microsystem. Leaders of these organizations must support an open and transparent

dialog that allows professionals to discuss the issues that increase their stress and work together to try to find ways to reduce workplace stress and increase provider satisfaction.

### **Recommendation #3**

*ACTPCMD recommends that HRSA work across bureaus, divisions, and programs to address training in well-being and resilience and the prevention of burnout, to include all health professions engaged in primary care training and practice.*

Rationale: Issues of clinician well-being and resilience and mitigation of burnout are not the domain of only primary care medicine and dentistry – they should be part of the work and consideration of all HRSA divisions and programs.

### **Recommendation #4**

*ACTPCMD recommends that organizations that accredit health professional education programs include standards that promote provider well-being and resilience and the prevention of burnout.*

Rationale: There are often limited standards that address faculty wellness or that speak to the need to impart to students lifelong wellness practices that will extend beyond graduation. Deliberate sustained and comprehensive efforts to reduce burnout and promote provider wellness and resilience can make a difference. Leadership and sustained attention from multiple organizations and all organizational levels are keys to progress.

## **List of Acronyms and Abbreviations**

ACGME	Accreditation Council on Graduate Medical Education
ACTPCMD	Advisory Committee on Training in Primary Care Medicine and Dentistry
DMG	Division of Medicine and Dentistry
FACA	Federal Advisory Committee Act
HRSA	Health Resources and Services Administration
HHS	U.S. Department of Health and Human Services
PA	Physician Assistant
PHS	Public Health Service
RN	Registered Nurse

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