

# Burnout in healthcare: A report for today's leaders

2021 SURVEY



# Introduction

The complexities of your role as a healthcare leader cannot be overstated. In recent years the complexity increased as the weight of administrative tasks rose, meeting patient needs became more difficult, and the overall healthcare environment was rapidly shifting. And then came the COVID-19 pandemic.

The [list of frustrations](#) impacting hospital care teams, executives, and contact center staff is growing longer, leading to increasing levels of burnout. The symptoms of burnout are varied and complicated, but often include a state of emotional exhaustion, an increase in detachment, and a decrease in productivity. Burnout impacts the health of clinicians and contributes to the loss of practicing physicians and nurses. In turn, it has negative effects on healthcare systems and can ultimately affect the quality of patient care.

There is an ever-widening gap between the care clinicians want to provide and the care they find that they can provide due to burnout. Financial considerations, EHR tasks, and business demands are vast, and can at times appear to be at odds with the best interests of patients. Navigating these competing demands can lead to moral injury, where clinicians feel symptoms of burnout from the inherent structures of the healthcare system. Therefore, the symptoms of burnout can't be combated by simply working harder, longer, or smarter.

To better understand the complexity of clinician burnout, look no further than the industry-wide grappling on what word or phrase best captures the uniqueness of this intricate and paramount issue. Burnout is often the term healthcare professionals use to capture all associated symptoms including occupational stress, depression, career dissatisfaction, and moral distress or injury. You'll see these terms being used throughout this report in an attempt to capture the complicated nature of clinician burnout. One organization has even termed it 'burnover' because the situation has moved beyond burnout for many exhausted by the pandemic.

## WHAT IS BURNOUT?

By [definition](#), burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment. Research on the mental health implications among healthcare workers during the COVID-19 response is still emerging. Yet, risk factors for burnout have been magnified by extremely high demands, lack of control, resource scarcity, and possible ethical dilemmas.

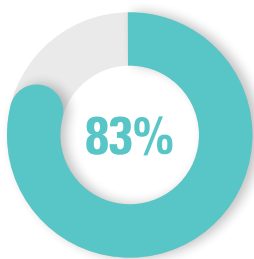


# Healthcare burnout survey

In April 2019, Spok conducted its first survey on clinician burnout. But as we all know, the situation has become far more pressing in the years since due to the pandemic. In July 2021, we revisited this topic by adding several burnout-related questions to our annual [State of Healthcare Communications Survey](#). We've used the responses from that survey to dive deep into the implications of burnout to help you better understand the impact of the pandemic on your staff, and ultimately, on patient care.

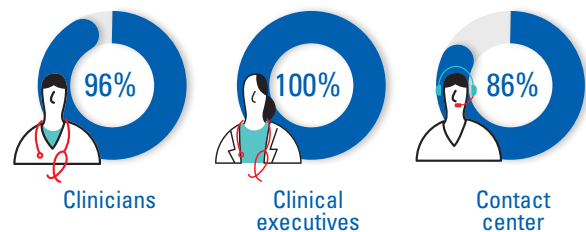
## KEY RESULTS SUMMARY

### 1 Burnout is a public health crisis



83% of respondents (including 100% of clinical executives) agree that the risk of clinician burnout is a public health crisis today.

### 2 Burnout extends beyond physicians and nurses



96% of clinicians have experienced burnout, as have 100% of clinical executives and 86% of contact center staff.

### 3 Technology plays a role in dissatisfaction



Burdensome or increased workload not related to direct patient care and poor integration into clinical workflows were the most common clinical technology contributors to alarm fatigue or clinician burnout.

### 4 There is hope

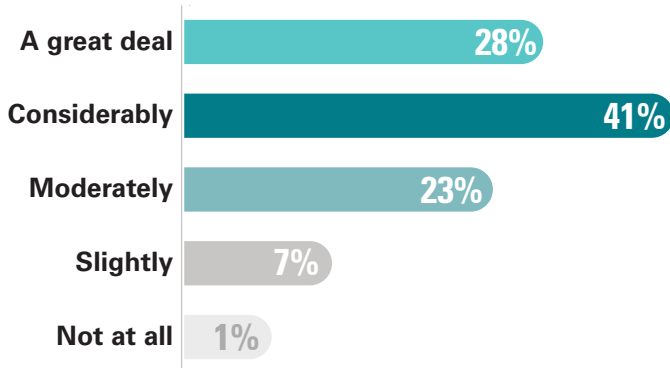
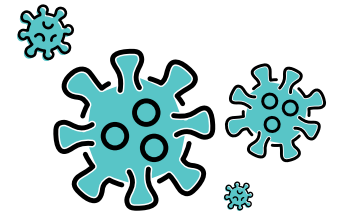


Respondents weighed in on remedies, with improving workflow efficiency and data exchange taking the top spots for recommended solutions.



# The impact of the COVID-19 pandemic on burnout

●●●● To what degree do you believe levels of burnout have increased since the COVID-19 pandemic? (All titles)

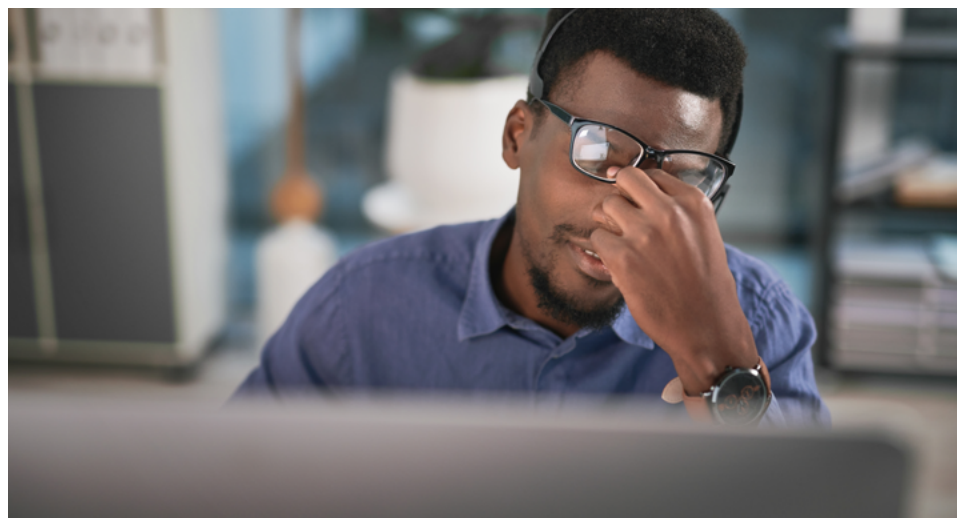


Sadly, levels of burnout among healthcare professionals have increased as a result of the COVID-19 pandemic. Approximately 92% of respondents believe levels of burnout have increased at least moderately since the start of the pandemic.

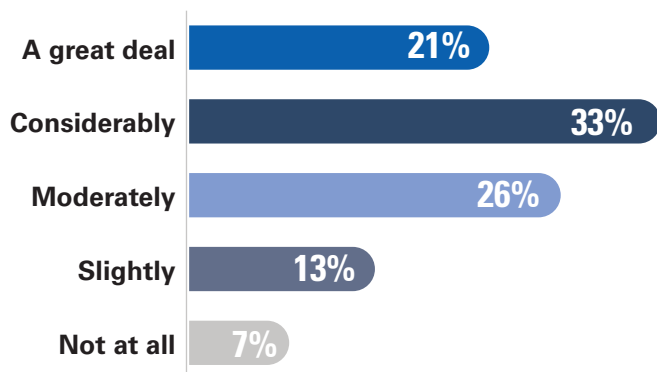
## SEGMENTED BY TITLE



The levels of burnout since early 2020 have increased “a great deal” according to 60% of clinical executives surveyed. Every contact center staff member surveyed (100%) reported burnout has increased at least moderately since the onset of the pandemic. Interestingly, IT executives (17%) were the only ones surveyed who felt levels of burnout had not increased at all.



●●● To what degree have you **personally** experienced feelings of work-related stress and/or lost satisfaction/sense of efficacy that might contribute to burnout in your work?



About 80% of healthcare professionals who participated in the survey personally reported experiencing feelings of work-related stress, lost satisfaction, or a loss of efficacy in their work. 54% noted they feel them “considerably” or “a great deal.” Only 7% reported not experiencing these risk factors.

SEGMENTED BY TITLE

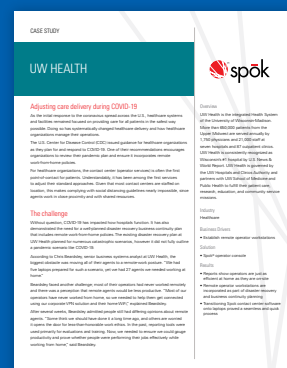


The data show that clinical executives and contact center staff report experiencing the greatest amount of burnout. IT staff reported the lowest levels of “a great deal” of burnout. When it comes to clinicians, only 4% reported not feeling any levels of burnout.

## ANALYSIS

For years, the lion’s share of the focus around burnout has been on physicians, nurses, and other care team members within hospitals and healthcare systems. Here, we see that other roles and functions are also reporting feelings that contribute to burnout. In fact, 100% of clinical executives report feeling at least moderate levels of work-related stress, lost satisfaction, or a loss of efficacy in their work.

Additionally, contact center staff (operator services), often the unsung heroes of the hospital, moved to the front lines themselves during the pandemic as call volumes skyrocketed. Suddenly, phone communications became more important than ever. This occurred as patient check-in procedures and visitor policies shifted and caused an influx of calls. At the same time, complying with social distancing guidelines was nearly impossible since agents work in close proximity and with shared resources. This led to increasing concerns of contracting or spreading the virus themselves, or facing the challenge of moving operations to a work-from-home posture—a scenario many organizations hadn’t considered as part of their business continuity or disaster policies.



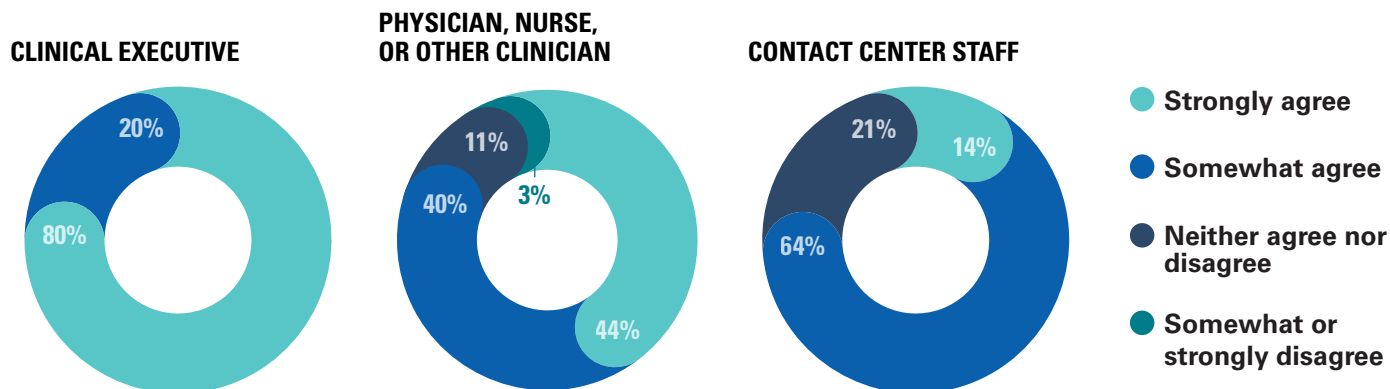
See how UW Health adjusted care delivery during COVID-19 with remote contact center operations

[Read now](#)

# Burnout as a public health crisis

## Do you agree that the risk of clinician burnout is a public health crisis that urgently demands action by healthcare institutions, governing bodies, and regulatory authorities?

Survey respondents who have face-to-face patient interaction overwhelmingly call burnout a “public health crisis.”



## ANALYSIS

The survey reinforces the sentiments shared by major healthcare organizations across the U.S.: Clinician burnout is a severe epidemic that requires immediate attention. Not only is the rate of occupational stress among clinicians [increasing](#), but [research](#) also shows its effects lead to more expensive healthcare and less satisfied patients. [One study](#) found burnout was linked to a higher incidence of physicians self-reporting medical errors.

As clinicians feel worsening symptoms of career dissatisfaction, they are more likely to leave medicine mid-career, resulting in an increase in healthcare costs and a shortage of qualified professionals. In 2019, turnover, reduced productivity, and other factors related to burnout cost the healthcare industry [between \\$2.6 billion and \\$6.3 billion annually](#). It's likely these costs have only risen since the COVID-19 response.

## PHYSICIANS

Replacing a physician can [cost](#) an organization from \$250,000 up to \$1 million and take 6 – 12 months to find a culturally-aligned individual. At the same time, the latest data from the Association of American Medical Colleges [estimates](#) a projected shortage of 37,800 to 124,000 physicians by 2034. This includes deficits in both primary care physicians as well as specialists across the board.

## NURSES

In [September 2021](#), the ANA urged the U.S. Department of Health and Human Services to declare the ongoing nurse staffing shortage a national crisis. ANA Enterprise's 2021 [Year One COVID Impact Assessment](#) of more than 22,000 U.S. nurses found that 18% intend to leave their jobs in the next six months, and 21% are undecided about leaving. Forty-seven percent state their decision to leave is due to their work negatively affecting their health/well-being. The average [cost](#) of turnover for a nurse ranges from more than \$28,400 to \$51,700.

Unfortunately, the ongoing nursing shortage is also expected to intensify in the coming years, with [a deficit of 510,394 RNs by 2030](#). Part of this situation is because of the roughly 4 million registered nurses (RNs) in the U.S., [500,000 are expected to retire by 2022](#).

The increase in the use of travel nurses is also affecting the rate of turnover for those employed by hospitals. Traditionally comprising 3% – 4% of nurses, this number has jumped to [8% – 10%](#). Travel nurses can earn up to [\\$8,000 per week](#) compared to about [\\$1,500 per week](#) for a hospital employee, leading to frustration and feelings of inequity.

At the same time, healthcare services spending has taken a substantial hit as hospitals and patients delay elective care and other non-COVID medical care. The forgone services are impacting the bottom line, [leading to](#) nurse layoffs or furloughs, despite the staffing shortages.

With this occupational stress impacting the future of care in the U.S., as well as the financial stability of the healthcare system as a whole, there is little wonder clinicians overwhelmingly cite burnout as a public health crisis.

Considering that the pandemic has already decimated hospital revenues — healthcare management consulting firm [Kaufman Hall](#) projects an estimated \$54 billion in net income loss over the course of the year — the impact of burnout on turnover puts the financial picture front and center.

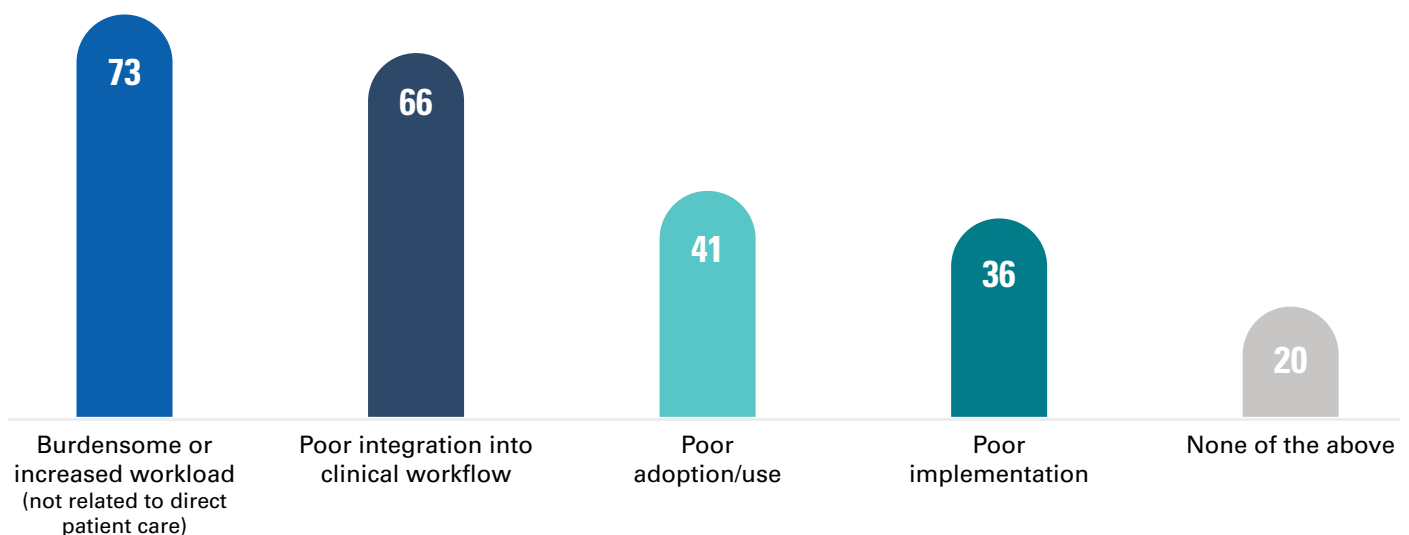
*“The top priority in 2020 was to mitigate rising costs for the employer — understandably, given the financial shock that health systems were reeling from. Now, the pandemic has exacerbated a labor shortage that could impact patient care delivery, delay attainment of organizational objectives, and accelerate burnout among clinical staff.”*

— Sheena Singh, SVP of Aon's national health care industry practice

Sept. 8, 2021 Advisory Board Daily Briefing: [Is the nursing shortage now a national crisis?](#)

# The role of technology in burnout

When you consider your experience with clinical tools and technology, do any of the following contribute to the risk of alarm fatigue or clinician burnout? (select all that apply)



Burdensome or increased workload not related to direct patient care and poor integration into clinical workflows were the two most common clinical technology contributors to alarm fatigue or clinician burnout. These were also the top two contributors in our 2019 Clinician Burnout Report and our 2020 State of Healthcare Report

## ANALYSIS

Ineffective and cumbersome technology is a major contributor to clinician stress and exhaustion. In particular, a study of physicians showed that EHRs specifically contribute to the problem.

One way to mitigate the effects of career dissatisfaction caused by technology is to lessen the burden of documentation, increase the usability and effectiveness of workflows, and find a solution that helps to increase collaboration between all stakeholders.



### THE IMPLICATIONS OF COGNITIVE LOAD THEORY

Cognitive load theory delves into how our working memory functions. There is a fixed intrinsic cognitive load, which is the 'weight' of the data or task as determined by how complex it is for us to process. Then there's the extraneous cognitive load, which is the mental load imposed by the organization of information. As you'd guess, poorly organized information is harder for us to process.

When considering cognitive load in a real-world setting, think about the EHR and the volumes of data it contains. A Mayo Clinic study found only 60 pieces of information among tens of thousands of datapoints truly mattered for patient care. That's about 0.1% of the data. This means we need to continue to identify ways to find and communicate only the information that really supports treatment decisions.

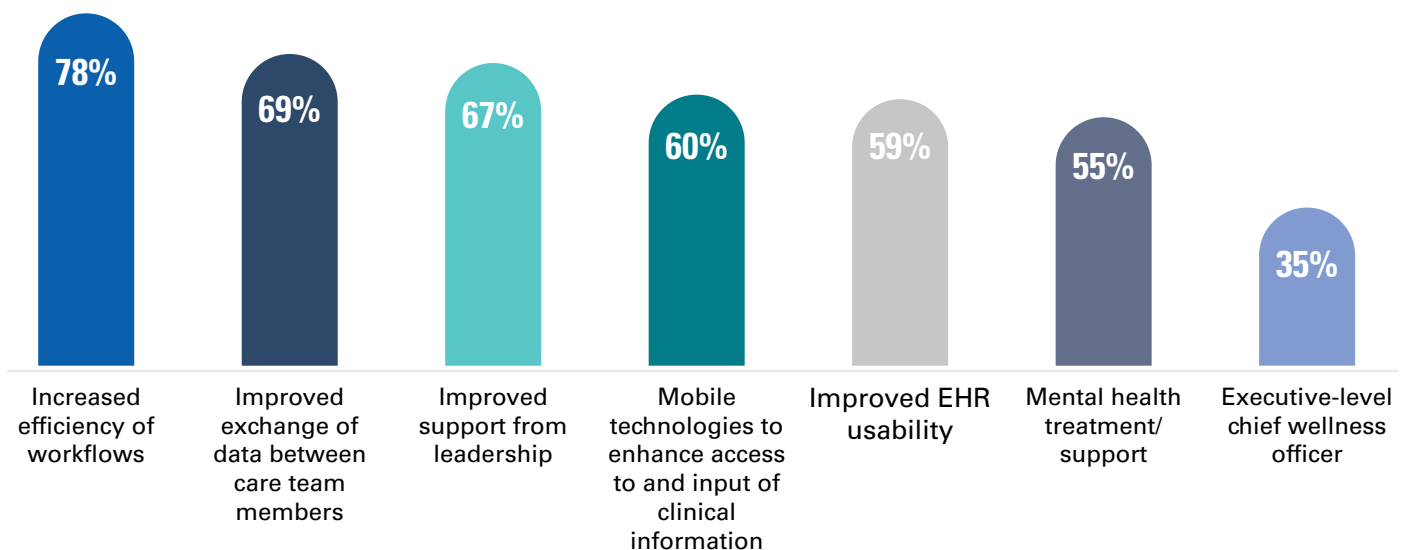
Read more about cognitive overload and burnout in healthcare from the perspective of a nurse [in this blog post](#).



# Recommendations for addressing burnout

## How helpful are recommended strategies for addressing the risk of burnout?

Percent of respondents who identified the below strategies as “extremely” or very helpful” in addressing the risk of burnout:



## ANALYSIS

Ultimately, hospitals need to make it far easier for physicians, nurses, executives, and other staff to work on a daily basis. The good news is that 73% of provider executives in a [PwC Health Research Institute report](#) stated they are focusing on automating administrative tasks to improve the clinician experience.

Implementing an intuitive [clinical communication platform](#) that simplifies the process of finding care team members and pulling actionable information from the EHR is one step toward removing stress and streamlining information-driven workflows. Even before the pandemic, Mayo Clinic began [using ambient intelligence to combat ICU information overload](#). This helped deliver critical patient data from the EHR to clinicians by sorting through thousands of unnecessary data points to get to those 60 or so details that truly inform care.



### Read the eBook:

5 key benefits clinical communication platforms provide to hospitals

Read now

# Conclusion

If we look back to [Maslow's Hierarchy of Needs](#), we're reminded that basic requirements such as rest and security must be met before a person can move on to addressing psychological, relationship, and esteem needs, and ultimately self-fulfillment. When people are exhausted, feel their work has depersonalized them, and struggle with cognitive overload for extended periods of time, it's no wonder the burnout situation is so dire, and many physicians, nurses, and other healthcare staff are leaving their jobs. Their basic needs aren't even being met.

Major medical journals, healthcare news, thought leaders, and healthcare organizations alike have called clinician burnout a public health crisis. Our surveyed respondents agree. The increased demand on clinicians to complete work that can be at odds with their main goal of providing high-quality care has resulted in clinicians increasingly feeling moral injury, where working harder or smarter won't address the underlying problems. However, survey respondents weighed in on ways to curb burnout, painting a picture of opportunity. As more healthcare administrators begin to understand the challenges and costs of burnout, positive changes will happen.

By taking the time now to understand the occupational stressors for clinicians, clinical executives, and contact center staff as well as their suggestions for solving them, there may be ways to help your organization turn the tide on burnout. Not only do healthcare professionals have recommendations on how to address career dissatisfaction, but partners like Spok are also working tirelessly to develop solutions to increase the efficiency of workflows, optimize EHR systems, and move to a point where interoperability becomes the norm instead of the exception.

## RESOURCES TO HELP WITH BURNOUT

[An article in Harvard Business Review suggests a recovery period for those struggling with burnout](#)

[AMA: Caring for our caregivers during COVID-19](#)

[ANA Enterprise: Well-Being Initiative](#)

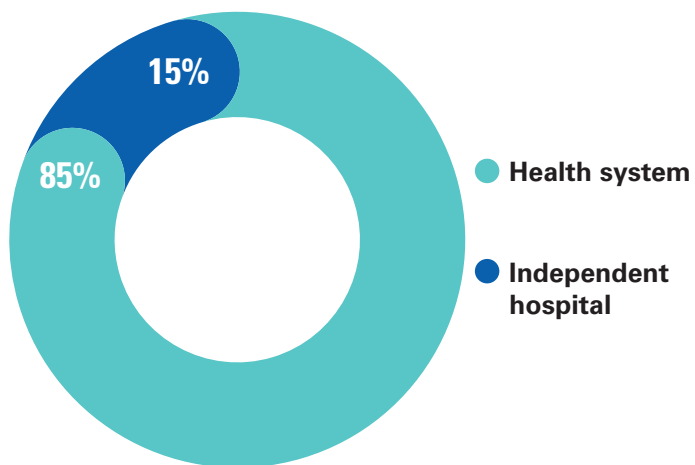
[Mental Health America: Mental Health Screening and Resources](#)



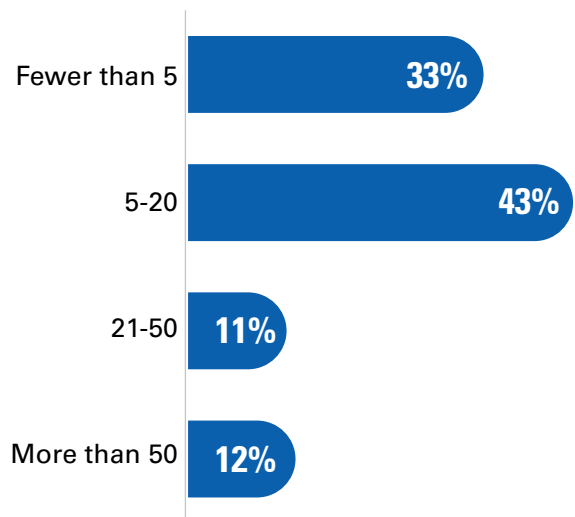
# Survey demographics

Spok collected online responses from July to August 2021. More than 200 executives, physicians, nurses, IT personnel, contact center representatives, and more from around the U.S. responded with eye-opening input about the state of communication and burnout at their organizations.

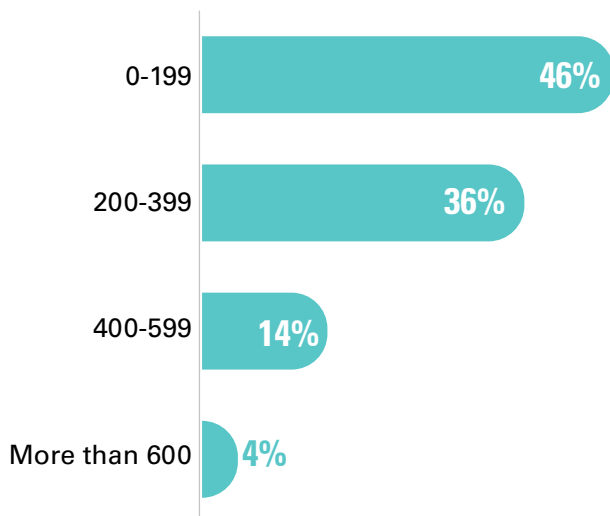
## ORGANIZATION TYPE:



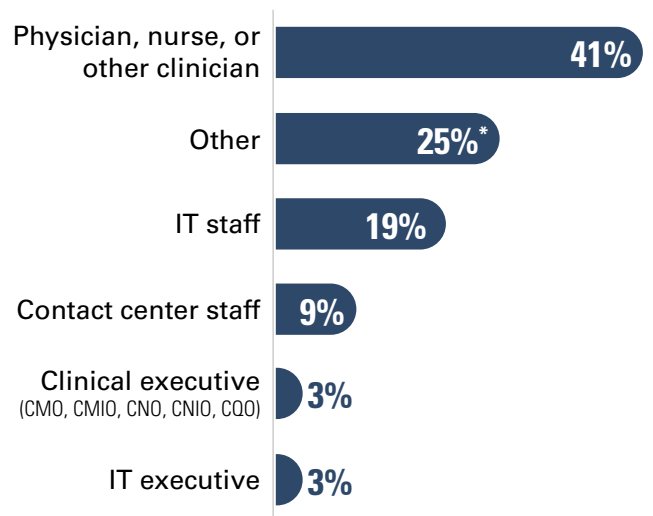
## NUMBER OF HOSPITALS IN HEALTH SYSTEM:



## AVERAGE BED SIZE:



## TITLE IN ORGANIZATION:



\*Those who identified as other included business analysts, pharmacists, and roles related to patient services.



## ABOUT SPOK, INC.

Spok, Inc., a wholly owned subsidiary of Spok Holdings, Inc. (NASDAQ: SPOK), headquartered in Alexandria, Virginia, is proud to be a global leader in healthcare communications. We deliver clinical information to care teams when and where it matters most to improve patient outcomes. Top hospitals rely on the Spok Go® and Spok Care Connect® platforms to enhance workflows for clinicians and support administrative compliance. Our customers send over 100 million messages each month through their Spok® solutions. When seconds count and patients' lives are at stake, Spok enables smarter, faster clinical communication. For more information, visit [spok.com](https://spok.com) or follow @spoktweets on Twitter.

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