



CLINICIAN BURNOUT IN HEALTHCARE

A REPORT FOR HEALTHCARE LEADERS

2019 SURVEY

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INTRODUCTION

The complexities of your role as a healthcare leader cannot be overstated. In fact, each year the complexity increases as the weight of administrative tasks increases, meeting patient needs becomes harder, and the overall healthcare environment rapidly shifts.

These, and other, frustrations are widespread and expanding, leading to growing 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. [Research shows](#) burnout has negative effects on healthcare systems and ultimately the quality of patient care.¹ Moreover, it impacts the health of clinicians and contributes to the loss of practicing physicians.

There is an ever-widening gap between the care clinicians *want* to provide and the care they *can* provide. Financial considerations, electronic health record (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 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.

Just as burnout is complex, so are its causes and the steps to combat it.

A 2019 paper, *A Crisis in Healthcare: A Call to Action on Physician Burnout*, published by the Harvard T.H. Chan School of Public Health, the Harvard Global Health Institute, the Massachusetts Medical Society, and the Massachusetts Health and Hospital Association deemed burnout in healthcare "a public health crisis," and proposed hospitals do the following three things to help mitigate the risk:

❶ Support proactive mental health treatment and support.

❷ Improve EHR usability.

❸ Appoint an executive-level chief wellness officer.

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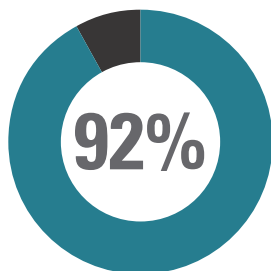
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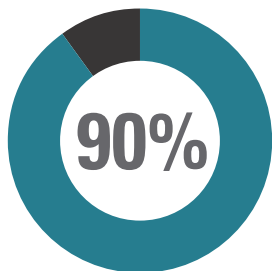
CLINICIAN BURNOUT SURVEY

In April 2019, Spok conducted a survey to learn more about the prevalence of clinician burnout and to investigate the extent to which the above recommendations are used in healthcare organizations.

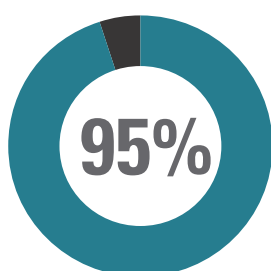
SPOK CLINICIAN BURNOUT SURVEY RESULTS AT-A-GLANCE



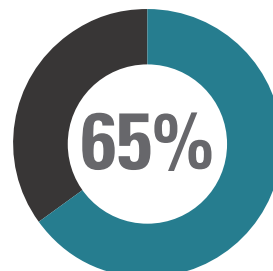
A public health crisis
92% of clinicians called burnout “a public health crisis.”



Contributing factors
90% of clinicians believe increased and ineffective technology contributes to risk of clinician burnout.



EHR usability and change
95% of clinicians believe improving electronic health record usability will be at least somewhat helpful, with 27% reporting it will be “extremely helpful.”



Seeking help
65% of clinicians say they are prevented from seeking help for symptoms of burnout because their organization lacks institutional attention and resources.

SURVEY PARTICIPANTS

Spok collected online responses from Feb. 25, 2019 to April 2, 2019. In total, 474 clinical staff at hospitals and health systems across the U.S. participated. Most respondents were physicians (40%) and nurses (38%). Other participants were clinical leaders (5%), and those that identified themselves as a clinical professional other than a physician or nurse (17%).

What is your current role within your organization?



40%

physicians



38%

nurses



5%

clinical
leaders



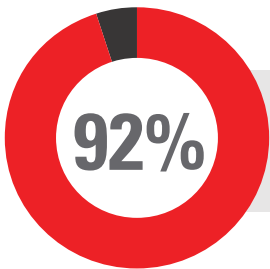
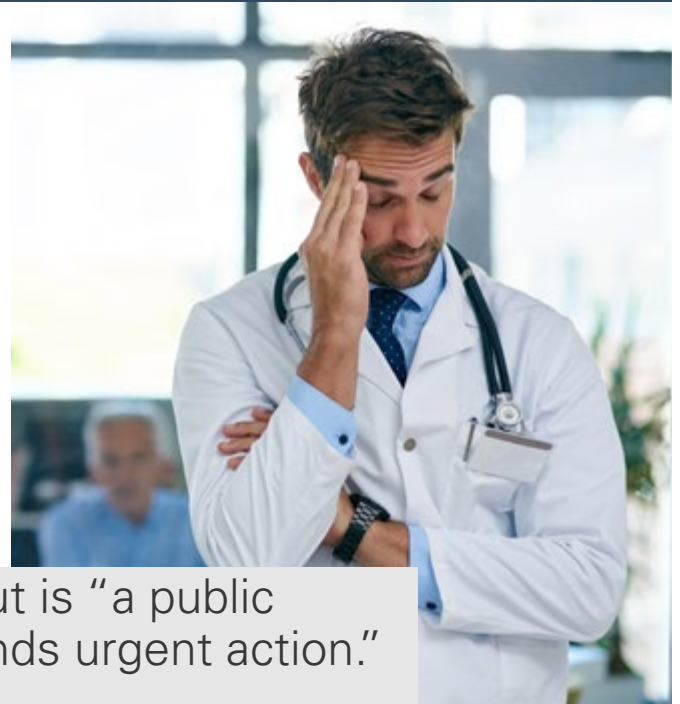
17%

other clinical
professionals

IS CLINICIAN BURNOUT A “PUBLIC HEALTH CRISIS?”

The clinicians who participated in the Spok clinician burnout survey echo the Crisis in Healthcare paper. 92% of clinicians said burnout is “a public health crisis that demands urgent action.”

In fact, the clinicians who participated in the survey personally reported experiencing feelings of work-related stress, lost satisfaction, or a loss of efficacy in their own work in startling numbers. Only 11% reported not experiencing these risk factors, with 70% selecting they feel them “considerably” or “a great deal.”



of clinicians said burnout is “a public health crisis that demands urgent action.”

Clinicians who report feeling symptoms that might contribute to burnout

Experience the symptoms of burnout “considerably” or “a great deal.”

70%

11%

reported not experiencing these risk factors.

Though 92% of clinicians called burnout a public health crisis and 70% reported feeling symptoms of burnout themselves, they commonly reported burnout is “rarely or never” discussed at their organization (47%). The second most common response was “occasionally” at 26%, followed by “often” at 18%. Only 9% felt their organizations always discuss burnout.



47% “rarely or never” discuss clinician burnout at their organization

26% “occasionally” discuss

18% “often” discuss

9% “always” discuss

WHAT THIS INSIGHT TELLS US

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**², **research** also shows its effects lead to more expensive healthcare and less satisfied patients³.

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 clinicians. Turnover, reduced productivity, and other factors related to burnout **costs** the healthcare industry between \$2.6 billion and \$6.3 billion annually⁴. Replacing a physician can **cost** an organization from more than \$250,000 to almost \$1 million⁵. At the same time, the American Association of Medical Colleges **estimates** a

projected shortage of 120,000 doctors by 2030⁶. Similarly, the average **cost** of turnover for a nurse ranges from more than \$37,000 to almost \$60,000⁷. In 2017, **research** projected one million RNs will retire by 2030⁸.

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.



Replacing a physician can cost an organization from more than \$250,000 to almost \$1 million.

WHAT ROLE DOES TECHNOLOGY PLAY?

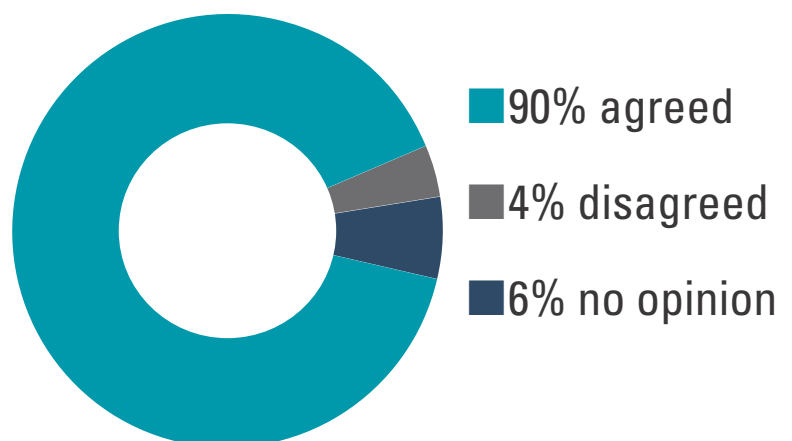
Average number of systems or technology clinicians say they interact with on a daily basis

It likely comes as no surprise—clinicians use a lot of technology. Spok asked respondents to report the average number of systems or technology they interact with daily. Nurses reported using the most (an average of 4.1 systems), followed by physicians (3.9), and clinical leaders (3.5).



Increased or ineffective technology contributes to the risk of burnout

What impact does technology have on moral distress among clinicians? According to the surveyed clinicians, quite a bit. When asked if they believe increased or ineffective technology contributes to the risk of burnout, 90% agreed, and only 4% disagreed (6% had no opinion).



Technology factors that contribute to the risk of clinician burnout

We asked the same clinicians to select specific technology factors that contribute to burnout. Burdensome or increased workload was a factor cited most often, at 89%. Poor integration into clinical workflow was second, with 77%, followed by poor implementation at 61% and poor adoption and use at 45%.

Burdensome or increased workload

89%

Poor integration into clinical workflow

77%

Poor implementation

61%

Poor adoption

45%

WHAT THIS INSIGHT TELLS US

The data is consistent with the findings reported in the Crisis in Healthcare paper: Ineffective technology is a major contributor to clinician burnout.

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.

In particular, the Crisis in Healthcare paper cites improving the efficiencies of EHR systems as one of the three recommendations to curb the prevalence of burnout. The authors recommend improving interoperability, reforming certification standards, increasing physician engagement, and finding ways to reduce the required amount of documentation.



6 Proven Ways to Extend the Value of Your EHR

Looking for more ways to optimize your EHR system? Learn top tips to make your system work harder for you.

[DOWNLOAD THE GUIDE HERE](#)



WHAT PREVENTS CLINICIANS FROM SEEKING HELP?

There are multiple barriers that prevent clinicians from seeking relief from symptoms of work-related stress. Not only do the obstacles vary, each clinician can face multiple challenges.

When asked, "What obstacles can prevent clinicians from seeking help for potential symptoms of burnout or an evolving sense of disengagement?" 84% selected more than one obstacle, and 62% noted three or more obstacles.

Obstacles that prevent clinicians from seeking help for potential symptoms of burnout

The obstacle cited most often at 65% was that their organization lacks institutional attention and resources to address contributors to burnout. The next most selected obstacle was stigma at 56%, and third was concerns about the privacy and security of their own personal health information at 54%.



Organization lacks institutional attention and resources



Stigma



Concerns about the privacy of their own health information



Open responses often pointed to time and workload as factors as well:

- ☑ I'm too exhausted or overworked to have any reserves left to seek help. On autopilot to survive.
- ☑ Time is always a huge limitation, it always comes down to some variation of time or money.
- ☑ Pace of work does not allow time to address burnout or disengagement.
- ☑ I'm too worn out at the end of the day to bother.
- ☑ Lack of available time. Keeping up treading water but no time to slow down without drowning.

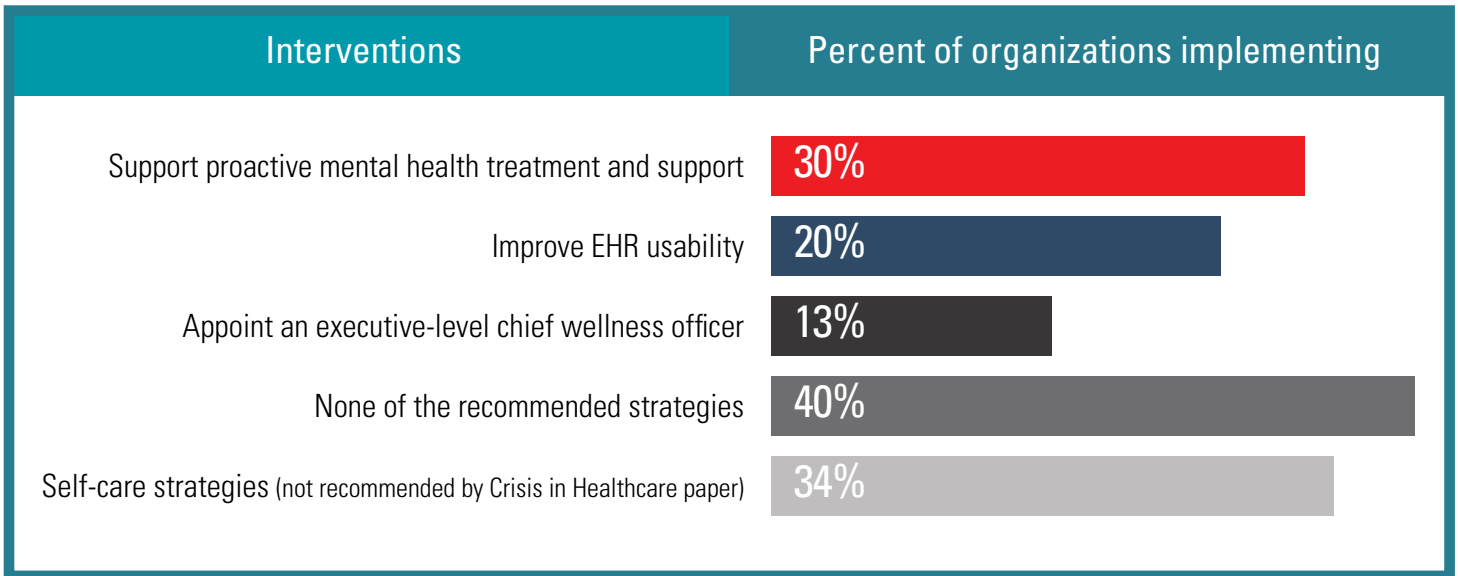
HOW ARE ORGANIZATIONS WORKING TO TACKLE BURNOUT?

Just as the variables that contribute to occupational stress are varied and complex, so too are the solutions to mitigate it. As noted above, the Crisis in Healthcare paper suggests three solutions to healthcare organizations to fight clinician burnout:

- 1 Support proactive mental health treatment and support.
- 2 Improve EHR usability.
- 3 Appoint an executive-level chief wellness officer.

In addition to these recommended solutions, the authors note the challenges of fighting this type of moral injury with programs that don't address structural problems. For example, implementing self-care strategies, like learning yoga, doesn't address the structural issues that contribute to occupational stressors. In addition to not having time for these programs, it also "fails to address the root causes of burnout" and "inaccurately suggests that the experience and consequences of burnout are the responsibility of individual physicians."

Have organizations implemented any of the recommended measures? According to the surveyed clinicians, there is room to grow.



WHAT THIS INSIGHT TELLS US

The data continues to reinforce the complexity of addressing the occupational stress clinicians face. Few organizations are implementing the strategies recommended by the Harvard Global Health Institute. However, more than one-third of the organizations are taking steps to address career dissatisfaction with self-care strategies, suggesting they want to provide support for their clinicians but may not know the best place to allocate their scarce resources.

WHAT MEASURES DO CLINICIANS BELIEVE WILL HELP?

The survey asked the clinicians themselves about the solutions presented in the Crisis in Healthcare paper.

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

Do clinicians believe these solutions will address the risk of burnout if they were implemented at their organization? According to the responses to the survey, absolutely. A resounding 95% believe improving EHR usability will be at least somewhat helpful, followed by supporting mental health treatments at 87%. Appointing a chief wellness officer was next at 72%.

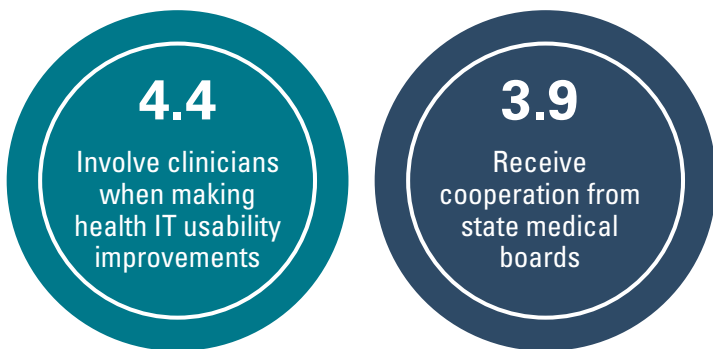


Other strategies or interventions clinicians recommended to address the risk of clinician burnout

Other strategies or interventions included:

- Reduce measurement requirements that do not directly serve the goals of patient care.
- Reduce duplicative measurement and documentation requirements by 50% in three years and 75% in five years.
- Require that certified EHRs make mandated quality measures easily extractable.
- Involve clinicians when making health IT usability improvements.
- Receive cooperation from state medical boards to adopt recommendations that help reduce burnout.

Clinicians rated these strategies and interventions on a scale from 1-5, with 1 being “not at all helpful” to 5 being “extremely helpful.” The most recommended strategy or intervention was to involve clinicians when making health IT usability improvements, at a weighted average of 4.4. Even the intervention selected as least helpful, to receive cooperation from state medical boards to adopt recommendations that help reduce burnout, still received a weighted average of 3.9.



The most recommended strategy or intervention selected was to involve clinicians when making health IT usability improvements.

The clinicians also had the opportunity to share other recommendations. These responses further point to frustrations with EHR systems:

- “Let me be a doctor, not a data-entry clerk.”
- “Mandate that EHRs interact with each other.”
- “Mandate that EHRs are intuitively useable + certified in some verifiable formal way.”
- “Get rid of EHR, so that doctors can be doctors instead of data processors.”
- “By allowing better patient care instead of task-oriented care that evolves from EHR clicked boxes, I would feel I actually did my job on providing care.”

WHAT THIS INSIGHT TELLS US

The overwhelmingly positive responses from clinicians on suggestions to curb burnout suggests there are several key ways organizations can begin to tackle work-related stress. Based on the comments clinicians shared, exploring ways to improve EHR functions may be a good place to start.



CONCLUSION

Major medical journals, healthcare news, [thought leaders](#)⁹, and healthcare organizations alike have called clinician burnout a public health crisis. Our surveyed clinicians agree.

Unfortunately, the survey data also shows there are no clear or easy paths for healthcare leaders to decrease work-related stress and provide support to clinicians experiencing the symptoms of burnout. Furthermore, 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, the overwhelmingly positive responses from clinicians on several suggestions to curb burnout paint a picture of opportunity. By taking the time now to better understand the occupational stressors for clinicians and their suggestions for solving it, there may be ways to help your organization turn the tide on clinician burnout.

Not only do clinicians have recommendations on how to address career dissatisfaction, partners like Spok are 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.

Are you interested in staying up-to-date on Spok research on clinician burnout and other issues healthcare leaders face? [Sign up today.](#)

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