WHITE PAPER

Burnout and Resilience: A Framework for Data Analysis and a Positive Path Forward

Deconstructing the sources of stress and reward that influence clinicians' vulnerability to burnout enables health care leaders to better understand the balance and design strategies to optimize it.

Executive Summary

Burnout among health care providers has been called a hidden crisis, but recent studies detailing the breadth and depth of the problem have brought it, and its consequences, into the light, prompting an industry-wide call to action.

More than half of U.S. physicians experience one or more symptoms of burnout, and a similarly high prevalence has been observed among other health care professionals, including nurses, nurse practitioners, physician assistants and medical assistants.[1] Although often characterized as an individual or a staff problem, burnout occurring at these rates reflects a dangerous public health epidemic that threatens not only the well-being of the caregiving workforce, but also the delivery of safe, high-quality, patient-centered care.[2]

Research indicates that the symptoms of burnout—emotional exhaustion, detachment from one's work, loss of fulfillment and a reduced sense of accomplishment—can spread like a virus through an organization. When physicians, nurses and other front-line care providers feel overwhelmed, inadequate and emotionally detached from their work, the likelihood that their colleagues and associates will experience similar symptoms increases.[3,4]

Fortunately, the same social networking science that explains the spread of negative emotions and values can be applied to disseminate positive ones as well. Understanding the embedded norms, behaviors and practices that influence individuals' vulnerability or resilience in the face of stress, their confidence that the work they're doing has meaning, and the support they feel from colleagues and the organization can help leaders nurture a culture that optimizes all of these.

This report describes an approach for gaining this level of insight and acting on it by

- Deconstructing burnout into actionable component parts;
- Understanding the interdependencies across these components;
- Measuring the clinician experience with respect to each of these attributes; and
- Designing interventions that enhance caregivers' resilience and reduce their vulnerability to burnout.

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The approach rests on the premise that the stressors and rewards that contribute to burnout risk derive from different sources, and the way individuals and teams respond to these stressors and rewards varies based on job responsibilities, personal values and professional experiences. As such, organizations should move beyond any single rolled-up measure for assessing burnout, and instead adopt a more agile, individualistic plan that examines and explores the different sources of stress and reward for specific segments of caregivers.

Deconstructing Burnout

Professional burnout is a complex problem, and as with any complex problem, the best way to tackle it is to break it down into smaller, simpler issues that can be addressed individually. A new framework constructed by Press Ganey facilitates this process by deconstructing the sources of stress and reward that influence clinicians' vulnerability to burnout.[5]

Specifically, the framework categorizes stressors and rewards according to whether they are inherent to the role of care provider or are a function of external forces. Further, it contextualizes the outcomes of engagement or burnout in terms of the balance of stress and reward experienced by the individual clinician.

The burnout framework is analogous to one previously described for deconstructing patient suffering, which differentiates between suffering that is directly caused by disease or treatment and suffering that is caused by dysfunction of the health care delivery system.[6] By deconstructing patient suffering in this manner, clinicians and organizations can develop specific interventions to reduce inherent suffering and prevent avoidable suffering. In the same way, deconstructing burnout into relevant component parts allows leaders and organizations to identify and manage each appropriately.

Examples of inherent stressors include the emotional toll associated with caring for ill, injured or dying patients; bearing witness to their suffering; and the burden of knowing that one's clinical judgment influences the lives of patients and their families every day. Inherent rewards include the joy that comes from helping people when they need it most; the satisfaction of doing work that has meaning; and the respect of patients, peers and the community.

Some of the external stressors include the necessary burden of documentation (e.g., collecting data for payment processing and quality tracking), managing electronic health record (EHR) systems, coping with suboptimal staffing levels, excessive workloads, demands for increased productivity, inefficiencies in the practice environment and diminished autonomy. External rewards, on the other hand, include financial compensation, prestige, recognition from patients and positive working relationships with peers and health system leaders.

Collectively, these stressors and rewards define the clinician experience, and the balance between them influences clinicians' vulnerability to burnout. The balance is not a simple, linear equation, however. The relationship is modulated by the dynamics of the different sources of stress and reward and their interconnectedness. For instance, physicians are held in high esteem because of their knowledge and ability to heal, yet the challenges of keeping pace with the "information explosion" in medicine in order to make treatment decisions can lead to anxiety, uncertainty and self-doubt. Similarly, the joy and satisfaction associated with caring for patients and their families can be tempered by the weight of the responsibility of patient care or the grief of losing a patient.

These interrelationships mean that the stress/reward balance cannot be tipped by decreasing the inherent sources of stress. Making high-stakes decisions, witnessing the suffering of others or experiencing the

loss of a patient goes hand in hand with patient care. Removing these stressors from the role would be impossible and would drastically change what it means to be a clinician.

In contrast to the close connection between rewards and stressors that are inherent to acts of caregiving, clinicians report that no such relationship exists between those that are external to caregiving. Boosting clinicians' pay, for example, will not quell discontent over the added administrative and bureaucratic burdens associated with EHRs. 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.

These dynamics indicate that addressing burnout effectively requires consciously and continuously distinguishing between inherent and external stressors and rewards and managing each appropriately based on the following considerations.

- The best way to optimize the interrelationship between inherent stressors and rewards is to enhance clinicians' experience of the associated inherent rewards by helping them more reliably find meaning, pleasure and respect in their work.
- The best way to minimize the negative effect of external stressors is to reduce them instead of trying to "outweigh" them by adding external rewards.
- The fulcrum upon which stressors and rewards are balanced is where resilience is determined. There are some individuals for whom stressors have less impact, and there are times in the life of any individual in which they are better able to deal with stresses. In such people and in such situations, the fulcrum is moved to the right, resilience is greater and a larger quantity of stress may be borne while still experiencing the rewards of patient care and avoiding burnout.

In addition to these considerations, the success of interventions designed to reduce burnout and boost resilience will depend on the way in which the "problem" of burnout and its solutions are perceived and communicated by leadership. Burnout is an organizational issue, and responsibility for fighting it rests with the organization, which must support the clinicians experiencing it. If efforts to reduce burnout imply the belief that individuals themselves are the problem, and enhancing their resilience is the focus, organizations are unlikely to achieve success and are at risk for provoking cynicism. Stress reduction techniques may be helpful for individuals in the short term, but the long-term plan should rely upon organizational responses to sources of added stress and organizational support for coping with inherent stress.

Measuring the Clinician Experience

To reduce burnout and improve performance, organizations must move beyond any single rolled-up measure and examine data on different sources of reward and stress for specific segments of clinicians. This can be approached by considering existing measures within the context of the framework described previously. For example, the table in Figure 1 shows how items from the Press Ganey clinician engagement surveys can be used to assess the impact of inherent and external rewards and stressors. The key is to balance stresses and rewards that are either inherent to the experience of caring for patients or external to it, arising from the work environment.

Because of the wide range of variation in how clinicians experience different attributes of their work as well as variation by provider type and provider subsegment, organizational leaders focused on reducing burnout and improving resilience in the clinician workforce should be prepared to measure engagement with sufficient thoroughness and frequency that the data allow segmentation, benchmarking and detection of change.

While health care organizations should not assume that there is a generic "physician" or "nurse"

engagement profile, understanding the key sources of stress and reward that influence the work experience of these professionals—and how they differ by profession—can provide important direction.

Figure 1

MEASURING CLINICIANS' EXPERIENCES

<table>
<tr><th colspan="3">INHERENT</th></tr>
<tr><td></td><td>SOURCES OF REWARD AND STRESS</td><td>SAMPLE DIAGNOSTIC STATEMENTS
Agreement indicates reward; disagreement indicates stress.</td></tr>
<tr><td>REWARD</td><td>▪ Satisfying challenges
▪ Ability to impact or save lives
▪ Sense of meaning and purpose
▪ Being appreciated</td><td rowspan="2">▪ I like the work I do.
▪ My work gives me a feeling of accomplishment.
▪ The work I do makes a real difference.
▪ The amount of job stress I feel is reasonable.</td></tr>
<tr><td>STRESS</td><td>▪ Clinical complexity
▪ Being appreciated
▪ Limitations of medicine
▪ Bearing witness to suffering</td></tr>
<tr><th colspan="3">EXTERNAL</th></tr>
<tr><td></td><td>SOURCES OF REWARD AND STRESS</td><td>SAMPLE DIAGNOSTIC STATEMENTS
Agreement indicates reward; disagreement indicates stress.</td></tr>
<tr><td>REWARD</td><td>▪ Good pay and benefits
▪ Privileges of seniority
▪ Healthy culture and teams
▪ Supportive management
▪ Effective leadership</td><td rowspan="2">JOB/WORK
▪ My work unit is adequately staffed.
▪ I am satisfied with the electronic health record system.
▪ I have adequate input into decisions that affect how I practice medicine.
COLLEAGUES/PEERS
▪ Members of my work unit work well together.
▪ Teamwork between physicians and nurses is effective.
MANAGEMENT AND LEADERSHIP
▪ The person I report to treats me with respect.
▪ I have confidence in senior management's leadership.</td></tr>
<tr><td>STRESS</td><td>▪ Unsafe environments
▪ Lack of resources
▪ Excessive policies and procedures
▪ Administrative burdens
▪ Dysfunctional culture and teams
▪ Poor management
▪ Weak leadership</td></tr>
</table>

Source: Deirdre E. Mylod, PhD

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The information illustrated in Figure 2, which is derived from Press Ganey national data on nurse and physician engagement, shows the differences in performance on specific engagement survey items by group. For this analysis, individual survey item scores were compared to the average score seen across all items answered by that clinician group in order to create a difference score indicating which measures were evaluated as lower (red) or higher (green).

Figure 2

SOURCES OF STRESS AND REWARD FOR CLINICIANS

Sources of Stress	Question Wording	Item Score vs. Average for Nurses (*n*=18,589)	Item Score vs. Average for Physicians (*n*=4,971)
Role	My work gives me a feeling of accomplishment.	0.38	0.49
Work	I get the tools and resources I need to provide the best care/service for our clients.	-0.24	-0.27
Colleagues/Peers	There is a climate of trust within my work unit.	-0.14	-0.03
Colleagues/Peers	My work unit works well together.	0.41	0.32
Manager	I am satisfied with the recognition I get for doing a good job.	-0.34	-0.27
Departments	Different work units work well together in this organization.	-0.29	-0.13
Departments	Physicians and staff function well as a team to provide patient care.	-0.06	0.21
Leadership	I have confidence in senior management's leadership.	-0.43	-0.41
Leadership	Senior management's actions support this organization's mission and values.	-0.27	-0.26
Organization	This organization supports me in balancing my work life and personal life.	-0.25	-0.30
Organization	This organization conducts business in an ethical manner.	0.04	0.26
Organization	This organization provides high-quality care and service.	0.16	0.36
Organization	This organization makes every effort to deliver safe, error-free care to patients.	0.06	0.36

For this common set of measures, there is a fair amount of consistency between the experiences of nurses and physicians. Both groups experience the reward of feeling that their roles allow them to accomplish meaningful work. Both perceive teamwork among their closest peers. And both are fairly positive about their organizations' ethics, level of quality and delivery of safe care, although physicians evaluate these areas even more positively than their nursing colleagues. Doctors and nurses are less positive in their evaluations of the recognition they receive and the intradepartmental teamwork they experience (physicians evaluate nurse-physician teamwork more favorably than do nurses), and both groups are somewhat critical of senior management's performance.

In addition to considering engagement survey data in the context of the burnout framework described here, the Maslach Burnout Inventory (MBI), which assesses emotional exhaustion, depersonalization and personal accomplishment, is often used in the health care setting. However, this tool was developed prior to the advent of key technologies such as smartphones that tether professionals to their work around the clock or EHRs that have disrupted the balance of time clinicians spend with patients vs. computers.

To bridge the gap in the measurement of burnout dynamics, Press Ganey has developed and validated an eight-item tool for measuring resilience within its engagement surveys, comprising two separate four-item subscales. The first subscale measures decompression (the ability to disconnect from work) based on respondents' level of agreement with the following statements.

1. I can enjoy my personal time without focusing on work matters.
2. I rarely lose sleep over work issues.
3. I am able to free my mind from work when I am away from it.
4. I am able to disconnect from work communications during my free time.

The second subscale measures activation (the degree of engagement with work) based on respondents' level of agreement with these statements.

1. I care for all patients equally even when it is difficult.
2. I see every patient as an individual with specific needs.
3. The work I do makes a real difference.
4. My work is meaningful.

These subscales correlate as expected with the MBI, in that lower burnout scores are apparent in respondents who are more activated and better able to decompress.

An analysis of national benchmarking data for clinician engagement, decompression and activation (Figure 3) shows similarities across nurses and physicians. Both clinician groups are relatively engaged and likely to recommend their organizations as a place for care, and both are proud to be affiliated with their organization, although physicians are less likely to want to stay with their current organization. Both groups question whether they would remain in their existing organization if offered a similar position elsewhere, and both report less favorable experiences in their ability to decompress. In this regard, physicians are less able to enjoy personal time and disconnect from work and more likely to lose sleep than nurses. Despite these considerations, both groups remain activated in their roles, continue to live up to the challenges of patient care and experience the pleasure and reward of knowing their work makes a difference and is meaningful.

Figure 3

ENGAGEMENT AND RESILIENCE

Question Wording	Item Score vs. Average for Nurses (*n*=18,589)	Item Score vs. Average for Physicians (*n*=4,971)
Engagement		
Overall, I am a satisfied employee.	-0.03	0.03
I am proud to tell people I work for this organization.	0.18	0.30
I would recommend this organization to family and friends who need care.	0.17	0.35
I would recommend this organization as a good place to work.	0.00	0.05
I would like to be working at this organization three years from now.	0.07	-0.03
I would stay with this organization if offered a similar position elsewhere.	-0.15	-0.09
Resilience: Decompression		
I can enjoy my personal time without focusing on work matters.	0.03	-0.58
I rarely lose sleep over work issues.	-0.17	-0.63
I am able to free my mind from work when I am away from it.	-0.13	-0.78
I am able to disconnect from work during my free time (emails/phone, etc.).	-0.01	-0.91
Resilience: Activation		
I care for all patients/clients equally even when it is difficult.	0.67	0.56
I see every patient/client as an individual person with specific needs.	0.75	0.70
The work I do makes a real difference.	0.53	0.54
My work is meaningful.	0.59	0.61

The results of a separate analysis indicate that segments of clinicians experience their work lives in different ways. Figure 4 displays the same measures of engagement, decompression and activation for different age groups within the nurse and physician clinician cohorts. For nurses, there is a relatively consistent pattern that younger staff are less engaged and less able to decompress and feel activated in their roles, and older nurses become increasingly positive on nearly all measures.

In contrast, physicians show a more varied experience pattern. Younger doctors are more satisfied with their jobs overall, although they are more likely to leave their organization within three years. Decompression among physicians shows something of a U-shaped curve, with younger physicians reporting the greatest ability to decompress and physicians in the 35–54 age range reporting the least ability, while activation shows a more linear and positive association with age: Physicians' likelihood of feeling that they make a difference and do meaningful work increases as they get older.

Figure 4

DIFFERENCES IN ENGAGEMENT AND RESILIENCE BY AGE

Question Wording	Nurse 18–34 (*n*=6,220)	Nurse 35–54 (*n*=8,142)	Nurse 55–69 (*n*=4,021)	Physician 18–34 (*n*=771)	Physician 35–54 (*n*=2,198)	Physician 55–69 (*n*=890)
Engagement						
Overall, I am a satisfied employee.	-0.06	0.00	0.08	0.07	-0.04	-0.04
I am proud to tell people I work for this organization.	0.02	-0.01	-0.02	0.10	-0.04	-0.03
I would recommend this organization to family and friends who need care.	-0.02	0.00	0.03	-0.05	-0.01	0.04
I would recommend this organization as a good place to work.	-0.01	-0.01	0.02	0.06	-0.05	-0.02
I would like to be working at this organization three years from now.	-0.11	0.09	-0.02	-0.37	0.06	0.07
I would stay with this organization if offered a similar position elsewhere.	-0.06	-0.01	0.10	-0.08	-0.03	0.04
Resilience: Decompression						
I can enjoy my personal time without focusing on work matters.	-0.03	0.00	0.03	0.15	-0.11	0.02
I rarely lose sleep over work issues.	-0.04	0.00	0.04	0.12	-0.04	0.01
I am able to free my mind from work when I am away from it.	-0.06	0.02	0.05	0.18	-0.07	0.03
I am able to disconnect from work during my free time (emails/phone, etc.).	-0.02	0.00	0.01	0.18	-0.09	0.00
Resilience: Activation						
I care for all patients/clients equally even when it is difficult.	-0.06	0.02	0.05	-0.07	0.04	0.08
I see every patient/client as an individual person with specific needs.	-0.07	0.03	0.05	-0.15	0.00	0.09
The work I do makes a real difference.	-0.06	0.03	0.03	-0.09	0.00	0.12
My work is meaningful.	-0.03	0.00	0.03	-0.06	-0.01	0.13

Designing Interventions to Enhance Resilience and Reduce Burnout

Based on the framework described in this report for deconstructing the sources of stress and reward that define the clinician experience as well as the engagement patterns reflected in national data, several key steps should be followed in the development of an organization-level strategy for curbing burnout. Health system leaders must

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. Measure both engagement and resilience (activation and decompression) of physicians, nurses and other key personnel, benchmark at segment and organization subunit levels, and detect change associated with specific interventions;
3. Increase awareness and experience of inherent rewards, and by so doing increase clinician activation; and
4. Promote a culture of wellness and resilience, in order to move the fulcrum of the stressor and reward balance to the right.

Addressing external stressors requires disciplined, systematic efforts to reduce dysfunction in the environment and optimize the process of providing care for clinicians as well as patients. One important component of this work is improving the function of teams. For example, physicians do not have to be the final common pathway for all activities, such as routine renewal of prescriptions or review of laboratory data. Such activities can be shared with nonphysician clinicians, but doing so requires trust on the part of physicians, clarity about everyone's roles and a true commitment to a team approach that reduces rework and allows everyone to practice near the top of their licenses more often.

Another type of activity that some organizations are beginning to pursue is the systematic identification of work that adds no value or 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 value from their perspectives. These "nominations" are reviewed, and many processes are subsequently eliminated. The existence of such programs instills confidence among clinicians that their organizations understand their burdens and are trying to reduce them.

To enhance the inherent rewards of patient care, organizations must begin by emphasizing the value that it places on meeting patients' needs and reducing their suffering. Giving all employees the message that reducing patients' suffering is seen as the unequivocally most important goal is critical in bolstering clinicians' pride in doing this difficult work.

An important next step is creating contexts in which clinicians can reinforce each other's pride in their work with patients, through formal and informal mechanisms. This is increasingly recognized as a critical function. The rapid pace of modern medicine and the large number of people involved in the care of even routine cases has created a dynamic full of irony: Health care is frenzied and crowded, but it is lonely. To address this, some organizations are following a model developed at the Mayo Clinic, in which clinicians are encouraged to form small groups and go out to dinner monthly to talk about their work. In a randomized trial, this approach has been shown to reduce burnout measurably.[7]

Finally, moving the fulcrum on the stress/reward balance should be seen as part of the work of developing an organizational culture. This work not only involves achieving clarity on the norms that influence how people behave and interact, but also requires strengthening the culture. Organizations with strong cultures have clarity on their values. They put patients in the middle of all important work, and they commit to a goal of Zero Harm, eradicating safety events. These values are embraced by essentially all clinicians. When organizations communicate and model the same values, clinicians' fulcrums move to the right, and they are less likely to become disrupted by surges in stresses, inherent or external.

Conclusion

Clinician engagement is a powerful driver of performance improvement on the journey to health care excellence. When physicians, nurses and other front-line care providers feel good about their work and their work environments and have the professional and emotional support they need to manage the challenges of their jobs, organizational performance on measures of safety, quality, patient experience and financial outcomes reflects that.

In contrast, when the stress of their jobs begins to weigh heavy in the absence of such support, the risk of burnout increases, threatening health systems' ability to deliver on the patient promise of safe, quality, patient-centered care, as well as their ability to remain competitive in a challenging market.

The framework and guidance presented in this report offer a strategy for curbing burnout by deconstructing it into actionable components that can be addressed individually. By understanding the sources of stress that lead to burnout by clinician type, the rewards that offer some protection against it, and the influence of resilience on the balance of the two, leaders can develop solutions that target the risk factors, increase the protective factors and help clinicians rediscover their sense of purpose and achieve professional fulfillment.

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