

HCW Burnout

And the healthcare staff shortfall crises looming on the horizon

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Burnout: A Toxic Occupational Syndrome

- The World Health Organization (WHO) describes burnout as one of the sequelae of poorly managed chronic workplace stress that is characterized by three dimensions:
 - Feelings of energy depletion or exhaustion;
 - Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
 - Reduced professional efficacy
- **It is important to recognize that burnout is predominantly a systemic rather than individual psychological problem related to some shortcoming of an HCW**



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Maslach Burnout Inventory Crosses All Workplace Environments

6 Realms Include

1. **Workload** (too much work, not enough resources)
2. **Control** (micromanagement, lack of influence, accountability without power)
3. **Reward** (not enough pay, acknowledgement, or satisfaction)
4. **Community** (isolation, conflict, disrespect)
5. **Fairness** (discrimination, favoritism)
6. **Values** (ethical conflicts, meaningless tasks)



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Moral distress is also a factor resulting in burnout

- Experiences of moral distress result from a perceived violation of one's core values and duties, concurrent with a feeling of being constrained from taking ethically appropriate action.
 - Moral distress occurs when one believes one knows the morally right thing to do, but institutional and/or structural (governmental etc.) constraints/ policies etc. make it impossible to pursue the desired course of action
 - In the context of COVID-19, an example would be local/state/ national policies that are not responsive to public health guidelines for COVID-19 mitigation leading to surges of COVID-19 patients in hospitals placing HCW at risk
 - When HCW speak out about the need to follow guidelines and are portrayed as impeding society returning to business as usual, they experience moral distress.
- HCW who experience moral distress and its associated negative outcomes are more likely to leave front line positions and, in some circumstances, leave the profession entirely.



Stress

Characterized by over-engagement
Emotions are overactive
Produces urgency and hyperactivity
Loss of energy
Leads to anxiety disorders
Primary damage is physical

VS

Burnout

Characterized by disengagement
Emotions are blunted
Produces helplessness and hopelessness
Loss of motivation
Leads to depression
Primary damage is emotional

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Critical Burnout Related Statistics



3x More Likely

Medical errors to occur in medical units with high levels of physician burnout, even those ranked as “extremely safe”



\$500,000 - \$1,000,000

Estimated cost to replace just one individual physician due to turnover (cost of recruiting and lost revenue)



30-50%

For each 1-point increase in burnout, the correlating reduction in professional work effort by physicians for the next 24 months



\$348,065

Average malpractice lawsuit payout in 2018



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A long-term problem exasperated by COVID-19



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Burnout prior to COVID-19

- Before the pandemic hit, 42% of more than 15,000 physicians responding to an online survey by the medical news website Medscape [reported](#) feeling burned out.
- High rates of depression and suicide in the medical profession have long been a [problem](#).
- The pandemic is exacerbating a systemic problem and we are seeing the fault lines of a health care system long in need of reform



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Prevalence of Burnout Nationally

- 51% (50-69% range) nationwide physician burnout rate (2017)
 - Front lines of care are especially at high risk
 - Family medicine, Emergency, Internal Med, Ob/Gyn
- RNs/PAs at 37% (2011)
- Residents/Med Students (2016)
 - 69% overall burnout rate
 - 78% among surgical residents, 68% non- surgical
 - 36% of US physicians vs. 61% of other US workers are satisfied with their work-life balance.



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The highest burnout rates are found in critical care (**53%**) and emergency medicine (**52%**)



Over **81%** of physicians report being over-extended or at full capacity of their practices



Over **40%** of doctors plan on reducing patient service



Female physicians have a **60%** higher burnout rate than their male counterparts

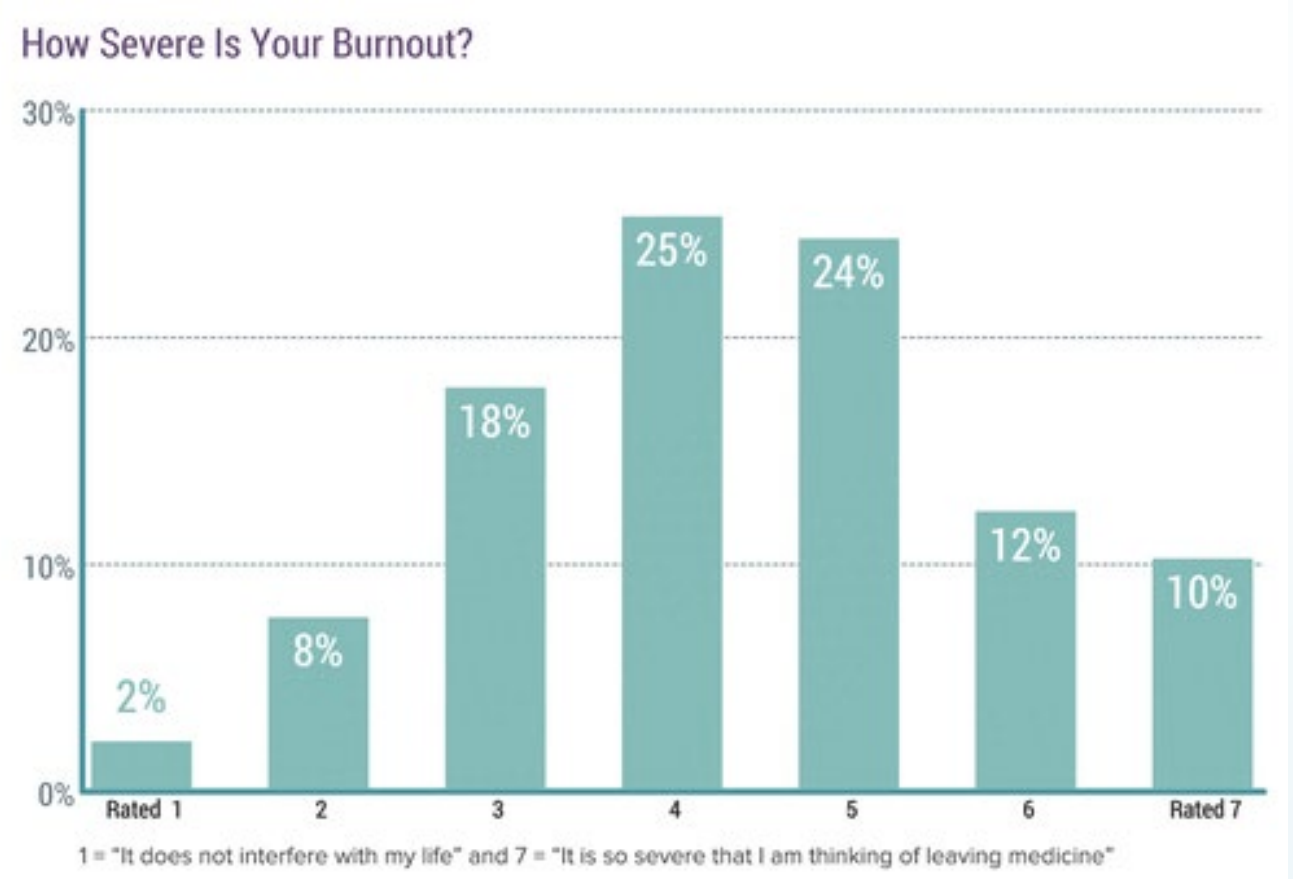


Physicians under **35** report a burnout rate of **44%**



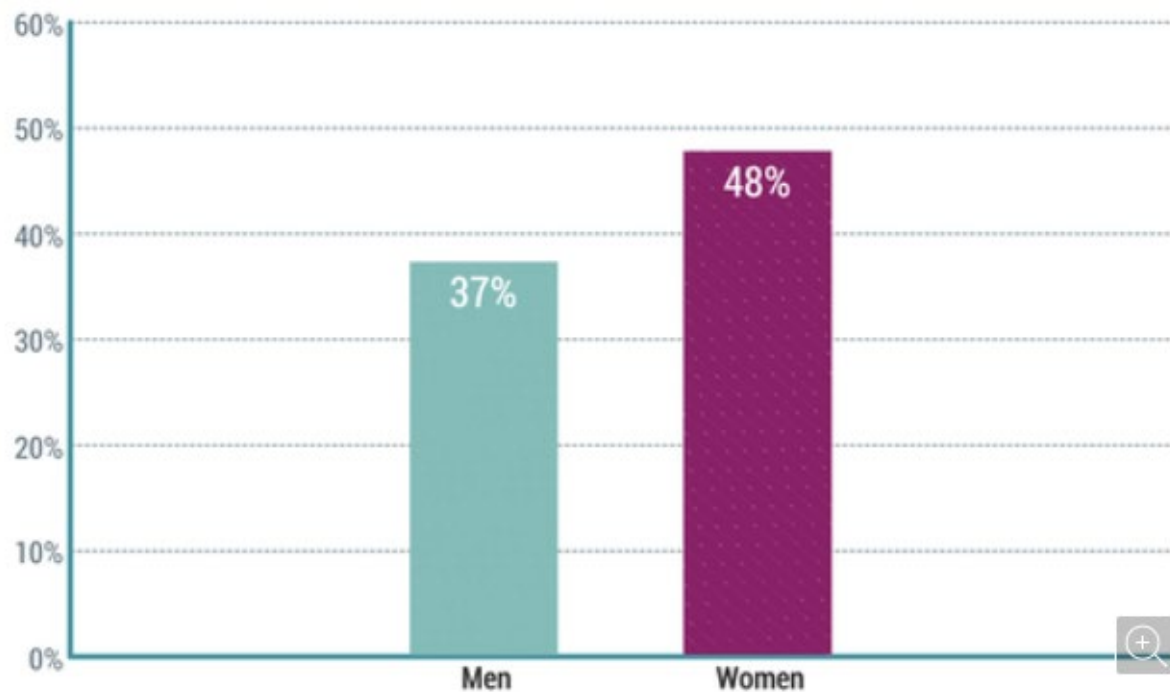
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Are More Women or Men Physicians Burned Out?



Women have consistently reported higher percentages of burnout than men over the years. In 2015, a greater proportion of women (51%) than men (43%) said they were burned out.

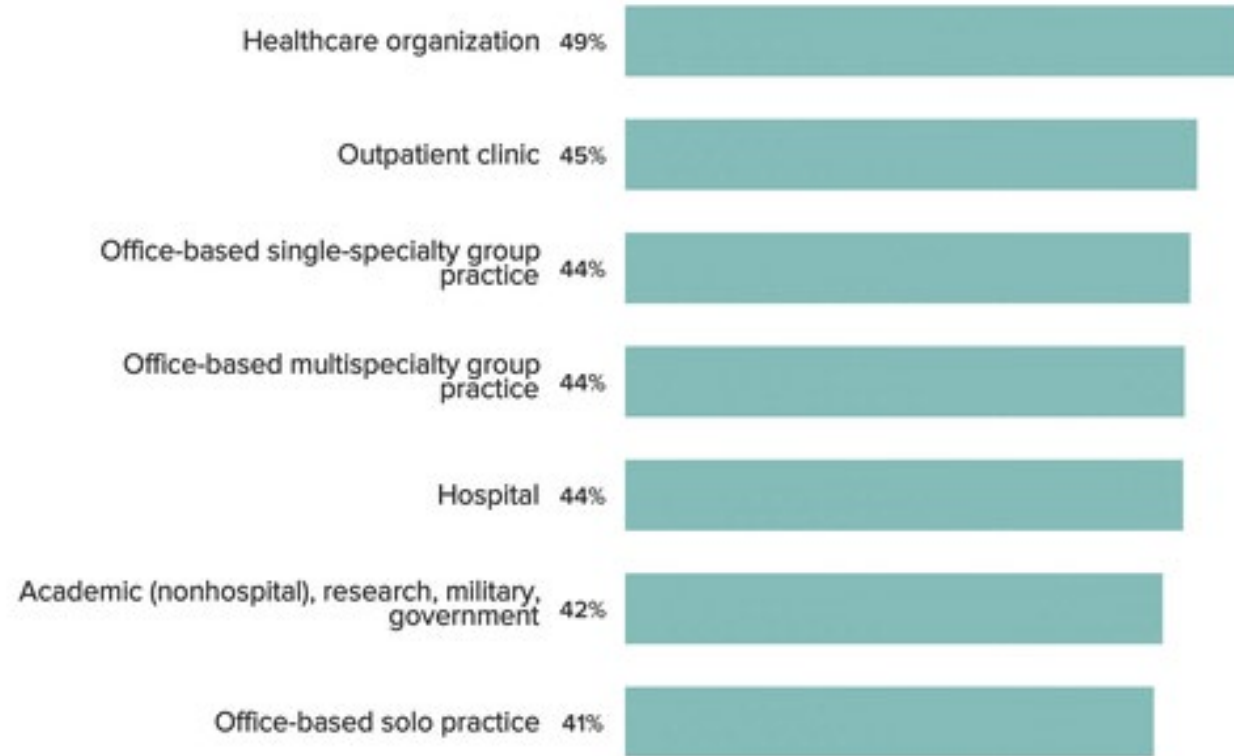


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Burnout by Work Setting

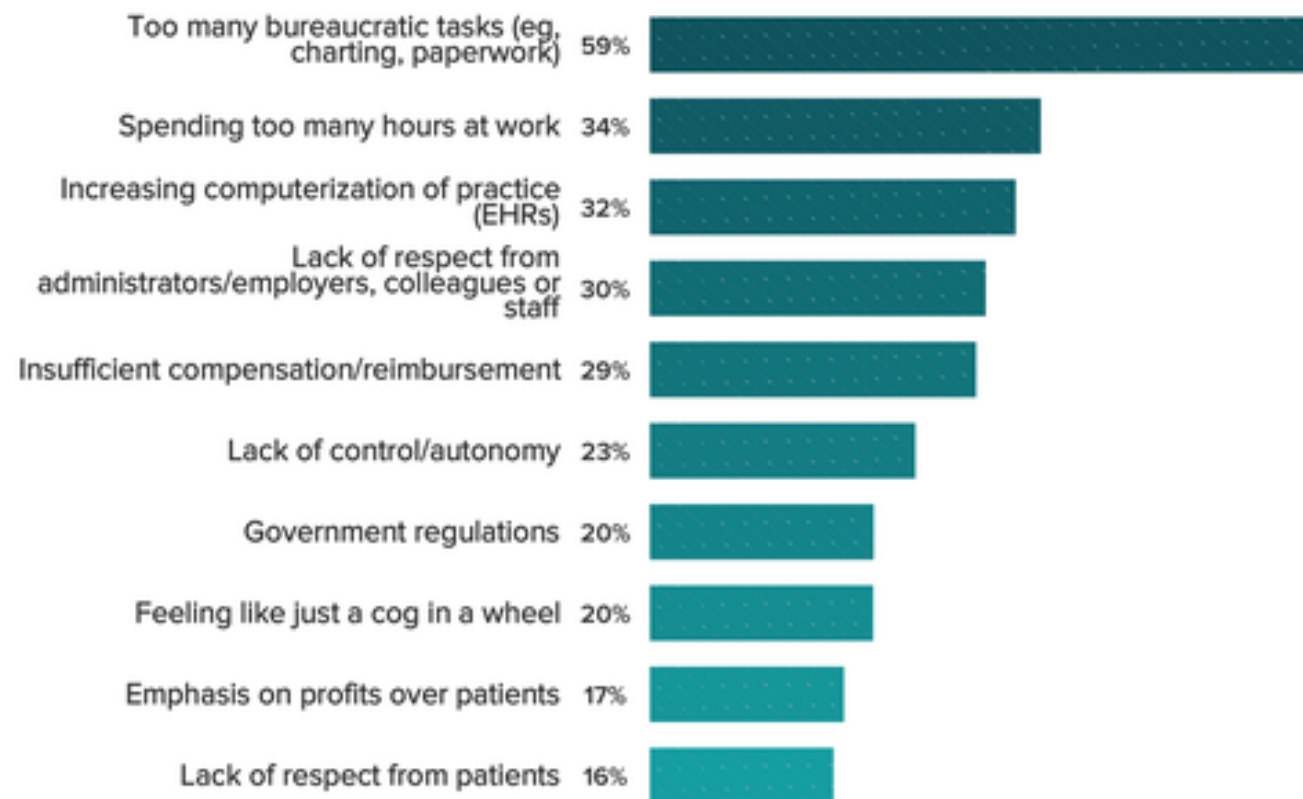


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What Contributes Most to Your Burnout?

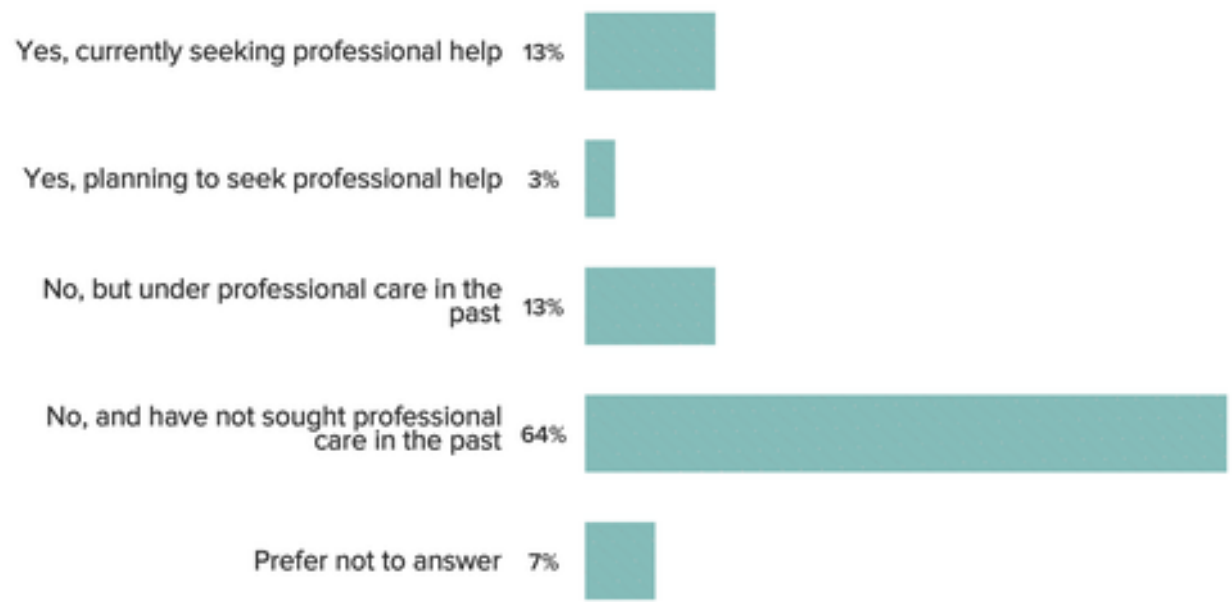


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Do You Plan to Seek Help for Burnout or Depression?

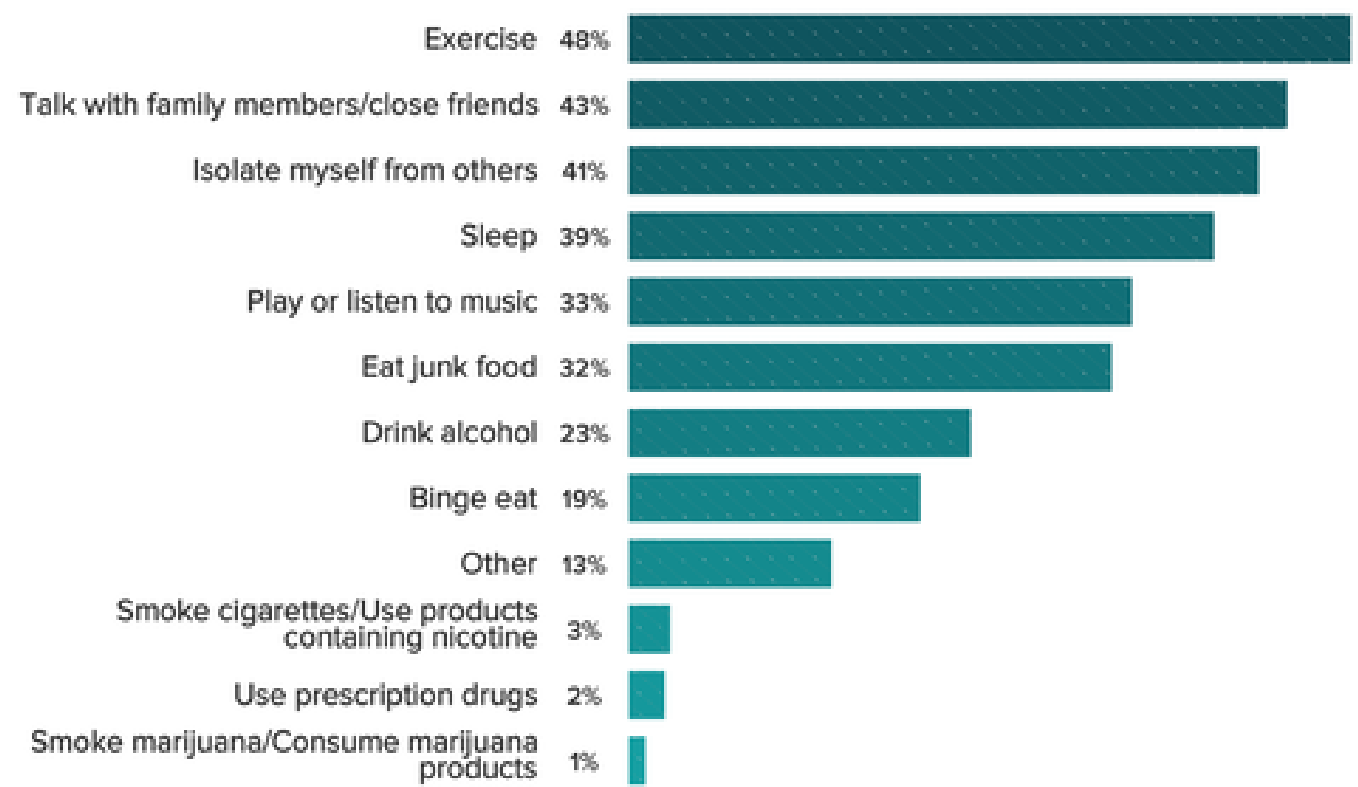


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How Do Physicians Cope With Burnout?





Nurse Burnout during COVID-19

- A recent nationwide survey of nurses revealed the emotional toll of the COVID-19 pandemic
 - 78% reported unprecedented levels of physical, emotional and mental stress
- 94% reported needing peer support groups, mental health counseling, or financial assistance at this time
- Importantly, many nurses participating in the survey also reported feeling burned out
 - 67% said they are planning to leave their facility or **leave the industry** altogether



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Study of workforce engagement during COVID-19 highlights management priorities*

- Study findings reflect cultural strengths of health care organizations and their personnel who have risen to the challenges of the COVID-19 pandemic.
- **However, the data also reveal that segments of the health care workforce vary in the extent to which they feel that teamwork, communication, and support are ideal.**
- **Front-line nurses and other clinical professionals caring for COVID-19 patients are especially likely to express concerns about these issues.**



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The importance of addressing systemic factors that lead to burnout

- **Systemic factors at once play a major role in fostering burnout and being a powerful antidote to burnout when factors leading to burnout are identified and addressed.**
- **The most powerful interventions to reduce burnout apply an ecosystem approach that improves workplace safety and satisfaction, workflow efficiency, teamwork, and leadership.**



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A HCW shortfall crises on the horizon

Staff retention is crucial during a pandemic



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Global Estimates Of Likely Nurse Shortfall: International Council Of Nurses

- ICN has projected a global shortfall of more than 10 million nurses by 2030.
- This does not take into account the continued and growing effects of the COVID-19 pandemic
- Given a likely 'COVID-19 Effect increasing the number of nurses reaching the point of burnout and being absent from work or leaving the profession, the gap could be close to 14 million nurses in the future.
- Nurses accounted for 60% of the global health professional workforce. There would be no Health for All without sufficient nurses, supported effectively to be at work



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Health Care Workers In The USA

- **Currently, there are**
 - **1.2 million physician** Healthcare Workers (HCWs) in the United States (US), 20% over the age of 55.
 - **3.2 million registered nurses**
 - 2 million registered nurses working in hospital settings , with 22% are over the age of 55
 - 1.2 million registered nurses employed outside of the hospital, 29% are over the age of 55
 - **Demographics matter given that HCW supply does not meet demand**
 - **HCW shortfall is significant and a crises in the making unless steps are taken to address workforce attrition**



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Nurse Attrition: COVID-19 Is Making A Bad Situation Worse

- With more than 500,000 seasoned RNs anticipated to retire by 2022, the U.S. Bureau of Labor Statistics projects the need for 1.1 million new RNs for expansion and replacement of retirees to avoid a nursing shortage.
- Over the past decade, the average age of employed RNs has increased by nearly two years, from 42.7 years in 2000 to 44.6 years in 2010.
- Currently, the national average for turnover rates is 8.8 % to 37.0%, depending on geographic location and nursing specialty.
- An estimated 30%-50% of all new RNs either change jobs within nursing or leave the profession altogether within the first 3 years of clinical practice
- **COVID-19 is exacerbating nurse attrition due to stress and burnout**



America's home health-care system is in crisis as worker shortage worsens

- According to the Paraprofessional Healthcare Institute:
 - 46 % of this workforce is ages 45 to 64,
 - 87 % are women, 60 % are people of color,
 - 29 % are immigrants, though how many are undocumented is unknown.
- Many nursing homes struggled with staffing before COVID-19. Shortages have been magnified because many staff members are unable or unwilling to work in the conditions posed by COVID-19.
- **Nursing home staffers are quitting in large numbers, due to COVID-19 fears and what staff describe as a slipshod emergency response to safety issues by management.**
- Staff in many care homes have complained that they hid the severity of outbreaks, in part because they were desperate to retain staff who were scared and disillusioned with poor working conditions and pay as low as \$11 per hour.
 - There have been reports of managers pressuring sick or infected workers to show up.
 - Testing for staff in care homes is often inadequate as is supply of PPE.



Federal Government Nursing Home Survey: 8/2020

- National database containing data from 98% of US nursing homes.
 - At least 3,200 nursing homes - 23% of the 13,600 facilities that submitted data - reported staffing shortages in late May, according to the Reuters analysis. About 2,000 facilities did not respond to the survey.
 - One in five nursing homes reports a severe shortage of PPE and staff.
 - Rates of both staff and PPE shortages did not meaningfully improve from May to July 2020.



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