Healthcare Risk, Quality, & Safety Guidance

Burnout and Its Impact on Patient Safety

This was Concern #3—From ECRI’s Top 10 Patient Safety Concerns for 2019

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Burnout is indiscriminate. It affects physicians (including trainees), nurses, allied healthcare providers, and organizational leaders alike. And it can no longer be ignored. News sources carry numerous stories about providers struggling with burnout, depression, and suicidal ideation. Studies show that burnout has a consistent negative relationship with safety and quality.

Burnout comes in part from the pressures providers put on themselves. “Healthcare providers tend to be self-critical, high functioning, and very motivated,” says Ellen S. Deutsch, MD, MS, FACS, FAAP, CPPS, medical director, ECRI. “They will increase demand on themselves and have high expectations for their own performance, which is laudable, but it can also be problematic.”

But burnout is a systems issue. Healthcare is evolving rapidly and keeping up with all the changes can be a challenge. Time pressures are intense. Providers are caring for an increasing number of patients with complex medical conditions, drawing on limited resources. Distractions are on the rise. Patient documentation takes up more and more of a provider’s time. Administrative tasks related to the electronic health record contribute to the burden, but burnout goes beyond providers’ oft-described frustrations with documentation. An increased push for standardization has provided important safeguards, but in some cases they interfere with patient care, and providers may perceive them as undermining their autonomy. Compounding matters, much of this added work cannot be delegated.

These pressures add up and make it difficult for providers to do their jobs. Moreover, providers too often do not see leadership support for this issue. Consider the following deidentified description received by ECRI Patient Safety Organization:

How are we able to do everything that is expected of us from a legal/charting/task standpoint and be 100% available for patient care? We risk our licenses every day and it is getting so very frustrating. The loyal employees of this organization are getting burned out and discouraged—we have no support from administration.

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Most of these goals, taken individually, are worthy. But their accumulation can become overwhelming. It is important for all stakeholders to remember that their ultimate goals actually align.

“Ideally,” says Deutsch, “it’s the patient’s goals that are the most important.”

**Focus on What Went Right**

Embracing a safety culture in which all providers feel valued and successes are emphasized is one way to mitigate the effects of burnout. It is easy to find processes that go wrong. Focusing on what goes right can have a real impact.

In addition to learning from events with undesired outcomes, highlighting and reinforcing processes that go well is an important part of building resilient systems.

“If you try to teach someone a sport and only tell them what they’re doing wrong, they can only get so far,” Deutsch says. “If you also help them understand what they do well, they will progress further.”

Root-cause analysis can be helpful to better understand why certain things went right—whether it’s an extraordinary event that occurred or an everyday process that goes well most of the time.

**Develop Judgment and Resilience**

Providing time for education and professional development that enable staff to build the skills to mitigate burnout is essential. One organization found success in giving providers protected time for small group discussions incorporating mindfulness and reflection. Employee wellness programs may also help increase resilience among staff.

Simulation training in which clinicians and support personnel work together and use judgment skills is one way to develop resilience. Through simulation, staff can learn each other’s capabilities. Furthermore, during simulations staff are able to work together on an individual level and appreciate what others offer. One study found that an intervention that included education, role-playing, and debriefing resulted in reduced job strain among nurses.

Conducting such training is also a way for leadership to learn the perspectives of frontline staff on ways to improve systems.

**Listen to Providers and Make System Changes**

It is important to remember that most healthcare providers want to do a good job, and most contribute valuable knowledge and skills. Burnout is a systemic problem, and providers make the system work. Making sure providers feel they are treated as human beings—not like cogs in a wheel—is crucial.

“Providers develop solutions, they see patterns, they investigate, they improve,” Deutsch observes.

Appreciating what frontline staff do, and conveying that appreciation, are key in preventing burnout. Many of the rewards in healthcare are intrinsic, but opportunities to let staff know they are appreciated and heard should be woven into daily operations. One organization has implemented a program in which clinicians who help a coworker with efforts beyond the usual nature of their jobs receive banked credits that can be used for support at work at a later date.

Another strategy is to reprioritize what providers need to do. Look into available resources and see how workloads may be reduced. One frequently discussed solution is hiring medical scribes.

“Scribes are not a perfect answer,” Deutsch notes. “But it’s one approach. The underlying goal is to provide the best patient care by optimizing the opportunities for providers to use their skill, knowledge, and empathy. The ability to provide care that is satisfying to both providers and patients will decrease burnout.”

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