

**GOAL 1. CREATE POSITIVE WORK ENVIRONMENTS: TRANSFORM HEALTH CARE WORK SYSTEMS BY CREATING POSITIVE WORK ENVIRONMENTS THAT PREVENT AND REDUCE BURNOUT, FOSTER PROFESSIONAL WELL-BEING, AND SUPPORT QUALITY CARE.**

**Recommendation 1A.** Health care organizations should develop, pilot, implement, and evaluate organization-wide initiatives to reduce the risk of burnout, foster professional well-being, and enhance patient care by improving the work environment. To accomplish this, they should:

- Commit their executive and board leadership to monitor and continuously improve the clinical work environment. Specifically, governing boards should hold organizational leaders accountable for creating and maintaining a positive and healthy work environment.
- Create and maintain, at the health care organization executive level, a leadership role and function responsible for improving and sustaining professional well-being across the organization. This leader and his or her team should strengthen coordination across all organizational programs, especially those that deal with patient care quality and safety and with occupational safety.
- Align the design of interventions to prevent and reduce burnout and promote professional well-being with desired organizational values such as respect, justice, ethical practice, compassion, and diversity.
- Assess the foreseeable impact of business and management decisions on the work environment. Specifically, health care organization leaders should evaluate how decisions may affect clinicians' job demands (e.g., additional clerical and administrative burden on clinicians, competing demands on clinicians, unnecessary stress) and job resources (e.g., supportive managers and leaders, useful and usable technologies, effective teamwork), patient care quality and safety, and levels of burnout within the organization. Decisions and their implementation should be adjusted accordingly
- Hold leaders at all levels of the organization accountable for improving the work environment within their scope of responsibility.

**Recommendation 1B.** To guide new systems that have been designed to promote professional well-being and patient care quality, health care organizations should adopt and apply the following principles that improve the work environment and balance job demands and job resources.

- Enhance meaning and purpose in work, and optimize workload and task distribution.
- Facilitate and incentivize interprofessional teamwork, collaboration, communication, and professionalism.
- Establish and sustain an organization-wide and unit-level culture that supports psychological safety and facilitates participatory decision making and peer support.
- Align incentives, compensation, and reward systems for clinicians and work units with organizational and professional values.
- Provide access to resources, such as coaching and adequate time for professional and personal development, to support clinicians in managing stress and adapting to change.

**Recommendation 1C.** Health care organizations should routinely measure and monitor clinician burnout and ameliorate the work system factors that erode professional well-being. To accomplish this, they should:

- Use validated measurement tools to assess the extent of burnout in their organization and the potential contributory factors relevant to their system. It is essential to identify data capture strategies that minimize response burden and protect clinicians' privacy and address any stigma or pressure that clinicians may perceive related to measurement or reporting.

- Accurately assess total workload and the complexity of the work expected of clinicians (including continuing professional education, maintenance of certification, required institutional learning modules, and work performed outside of scheduled hours). For clinicians in academic institutions, this assessment of work should include clinical work, research and scholarship, teaching, and service activities required to meet criteria for academic promotion. Clinical work involves cognitive processes, decision making, teams, and social interactions that need to be considered to optimize clinician workload so that it is sustainable.
- Obtain clinician and patient input to identify and eliminate documentation and other administrative burdens in the organization that are not mandatory and contribute little or no value to patient care. Assess opportunities to utilize clinical assistants or non-clinical staff to perform the work.
- Conduct reporting, at a minimum annually, overseen by the governing board, on the professional well-being of the organization's clinicians, including the outcomes of interventions. These reports should be targeted internally, including to leadership, managers, and clinicians.
- Use the data to guide system-oriented efforts to prevent and reduce clinician burnout and improve professional well-being as part of a continuous learning and improvement process where data are shared transparently within the organization.

## **GOAL 2. CREATE POSITIVE LEARNING ENVIRONMENTS: TRANSFORM HEALTH PROFESSIONS EDUCATION AND TRAINING TO OPTIMIZE LEARNING ENVIRONMENTS THAT PREVENT AND REDUCE BURNOUT AND FOSTER PROFESSIONAL WELL-BEING.**

**Rec, time, data, 2A.** Health professions educational institutions and affiliated clinical training sites should develop, pilot, implement, and evaluate initiatives to improve the learning environment and support learner professional well-being. To accomplish this, they should:

- Commit their executive and board leadership to the improvement of the learning environment. Specifically, governing boards should provide the resources necessary to create and maintain a positive learning environment and then hold educational leadership accountable. At the executive level, educators should designate a leadership role and function responsible for improving and sustaining learner professional well-being across the organization and across the continuum of learners. These efforts should be coordinated with individuals charged with improving the clinical environment where learners interact with clinical teachers.
- Ensure that workload, rewards and incentives, and the professional development of faculty and other educators of health professional learners promote positive role model behaviors and the professional development and professional well-being of learners.
- Enhance the ability of learners to contribute meaningfully to patient care while learning, and implement strategies that build relationships among and between learners, faculty, and other health professionals with the intent to build social support and interprofessional practice.
- Create systems of learner evaluation that fairly evaluate competencies while mitigating undue stress and promoting a collaborative learning environment, including criterion-based grading and a consideration of pass-fail grading.
- Provide resources for learners to promote and support their own personal and professional well-being. Establish and sustain a system-wide culture that promotes help-seeking behaviors and supports psychological safety.

**Rec, time, data, 2B.** Health professions educational institutions and affiliated clinical training sites should routinely assess the learning environment and factors that erode professional well-being and contribute to learner burnout. The data should guide systems-oriented efforts to optimize the learning environment, prevent and reduce learner burnout, and improve professional well-being. Health professions educational institutions should:

- Use validated measurement tools to assess the extent of the burnout problem and the potential contributory factors relevant to their system. It is essential to identify data capture strategies that minimize response burden, protect individual privacy, and address any stigma or pressure that learners may perceive related to measurement or reporting.
- Accurately assess the total clinical and academic workload expected of learners (including preparation for licensure examinations and required institutional and professional learning activities)

with the goal of achieving a reasonable workload that is sustainable.

- Conduct at least annual reporting, overseen by the leadership of the health professions education institution and affiliated clinical training sites, on the professional well-being of its learners, including the outcomes of interventions taken to improve learner professional well-being. These reports should be targeted internally, including to leadership, learners, and faculty.
- Ensure that barriers to participation in professional well-being assessments are effectively addressed. It is essential for health professions educational institutions to protect learners' privacy and address any stigma or pressure that learners may perceive related to assessment or reporting.
- Use the data to guide systems-oriented efforts to prevent and reduce learner burnout and improve professional well-being as part of a continuous learning and improvement process where data are shared transparently across learners' health professions educational institutions and affiliated clinical training sites.

**Recommendation 2C.** Accreditors, regulators, national educational organizations, health professions educational institutions, and other related external entities should partner to support the professional well-being and development of learners. To accomplish this, they should:

- Commit, at the highest level, to identifying, implementing, and continuously evaluating strategies that optimize learner professional well-being and development.
- Support the discovery and implementation of evidence-based approaches to reduce the risk of learner burnout and optimize learner professional well-being while simultaneously ensuring the appropriate development of competencies, skills, professionalism, and ethical standards.
- Engage and commit leadership at all levels to curbing learner educational debt, with such strategies as improving access to scholarships and affordable loans and building new loan repayment systems.
- Assess the foreseeable impact of decisions on learner professional well-being. Specifically, accreditors and administrators of licensure and certifying examinations should evaluate how their policies may affect learner professional well-being and willingness to seek emotional support.

**GOAL 3. REDUCE ADMINISTRATIVE BURDEN: PREVENT AND REDUCE THE NEGATIVE CONSEQUENCES ON CLINICIANS' PROFESSIONAL WELL-BEING THAT EMANATE FROM LAWS, REGULATIONS, POLICIES, AND STANDARDS PROMULGATED BY HEALTH CARE POLICY, REGULATORY, AND STANDARDS-SETTING ENTITIES, INCLUDING GOVERNMENT AGENCIES (FEDERAL, STATE, AND LOCAL), PROFESSIONAL ORGANIZATIONS, AND ACCREDITORS.**

**Recommendation 3A.** Health-care-policy, regulatory, and standards-setting entities at the federal and state level, such as the U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services and Office of the National Coordinator, the National Quality Forum, state legislatures, professional boards, and departments of health, should systematically assess laws, regulations, policies, and standards to determine their effects on clinician job demands and resources as well as the effects on patient care quality, safety, and cost. To accomplish this, these entities should:

- Allocate the necessary resources to support assessment of the effects of regulations, policies, and standards on clinicians in various care settings. Formal assessment should be conducted both prior to and following implementation in order to evaluate how the requirements affect clinician workload and whether they are redundant or conflict with other requirements. Regulations, policies, and standards should then be modified accordingly based on these findings.
- Apply human-centered design and human factors and systems engineering approaches in developing regulations, policies, and standards, including those related to payment and performance to minimize the potential risk for adverse effects on clinicians and patients.

- Payers and health care organizations should promote the development and use of technology to streamline documentation for billing and quality reporting, with the goal of decreasing to the greatest extent possible clinicians' workload and non-patient care-related work.
- Professional certification and health care accrediting entities should promote the use of technology to align documentation requirements and streamline reporting.
- Professional organizations and standards setting bodies representing the various clinical disciplines should regularly review and systematically identify regulatory policies and professional standards that are commonly used in their field whose necessity should be questioned if they contribute little or no value to patient care.

**GOAL 4. ENABLE TECHNOLOGY SOLUTIONS: THROUGH COLLABORATION AND ENGAGEMENT OF VENDORS, CLINICIANS, AND EXPERT HEALTH INFORMATION TECHNOLOGY SYSTEM DEVELOPERS, DEVELOP HEALTH INFORMATION TECHNOLOGIES TO SUPPORT CLINICIANS IN PROVIDING HIGH-QUALITY PATIENT CARE.**

**Recommendation 4A.** Stakeholders should engage clinicians in the design and deployment of health information technology (IT), including electronic health records, using human-centered design and

than including past or current diagnosis or treatment for a mental health condition. They should be transparent about how they use clinicians' health data and supportive of clinicians in seeking help.

**Recommendation 5B.** State legislative bodies should create legal protections that allow clinicians to seek and receive help for mental health conditions as well as to deal with the unique emotional and professional demands of their work through employee assistance programs, peer support programs, and mental health providers without the information being admissible in malpractice litigation.

**Recommendation 5C.**

