WHAT IS BURNOUT?
- Burnout is a chronic state of being “out of sync” at work: lost energy, enthusiasm, and confidence.
- It is comprised of (1) emotional exhaustion, (2) cynicism and detachment from the job, and (3) reduced sense of personal accomplishment or effectiveness. ¹

WHAT CAUSES BURNOUT?
- Contributing factors to the prevalence of burnout include: ²-⁶
  - Strain on the U.S. healthcare system caused by increased demand for services.
  - Administrative burden from the implementation of electronic health records.
  - Limitations placed on an individual’s scope of practice.

WHO MAY EXPERIENCE BURNOUT?
- All clinicians are at risk for burnout; however, some clinicians in certain specialties may be at higher risk. ⁷⁻⁸
- Clinician burnout rates vary; approximately 35% of nurses and 50% of physicians experience burnout, with PAs reporting rates somewhere between these numbers. ⁸

HOW DOES BURNOUT AFFECT CLINICIANS AND PATIENTS?
- Clinician burnout is related to negative healthcare and personal outcomes, including but not limited to:
  - Increased rates of medical errors or being named in a malpractice suit. ⁹,¹⁰
  - Patient outcomes including healthcare-associated infections, patient mortality within intensive care, and reduced satisfaction. ¹¹⁻¹³
  - Increased healthcare costs and clinician turnover. ¹⁴,¹⁵
  - Alcohol abuse, suicidal ideation, depression and anxiety. ¹⁶⁻¹⁹

WHAT CAN BE DONE TO REDUCE BURNOUT?
- Steps to support clinician well-being should occur at the system, team, and individual provider levels.
- Success in system-level reform requires tactics such as: ²⁰⁻²³
  - Corporate commitment to system-based interventions.
  - Infrastructure resources.
  - Leadership commitment to well-being.
  - Adoption of strategies that foster interprofessional teamwork and civility, reduce disruptive behavior, and build trust among team members.
  - Building education about wellness and burnout into provider education from entry level through continuing medical education.
Team-level reforms include building stronger teams by:

- Building team “huddles” or other structured communication into every shift or day.
- Advocating for adequate staffing.
- Improving electronic medical record efficiency.
- Creating a positive work and learning environment.

Support at the individual provider level includes:

- Access to counseling.
- Education about coping strategies.
- Awareness of one’s own personality and temperament.
ACKNOWLEDGEMENT
NOTE: The following articles provide excellent overviews of the issue.


REFERENCES


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