ADDRESSING NURSE BURNOUT AMIDST THE COVID-19 PANDEMIC

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CALL TO ACTION ON CLINICIAN WELL-BEING BY THE NATIONAL ACADEMY OF MEDICINE – NAM 2017

BURNOUT IS A PUBLIC HEALTH CRISIS
– Boston Globe, 2019

MAKE THE CLINICIAN BURNOUT EPIDEMIC A NATIONAL PRIORITY
– Health Affairs, 2016

NURSE BURNOUT SIGNALS PROBLEMS FOR PATIENT CARE – Health Affairs, 2012

A CRISIS IN HEALTH CARE: A CALL TO ACTION ON BURNOUT
– Harvard Global Health Institute, Harvard School of Public Health, Massachusetts Medical Society, Massachusetts Health & Hospital Association, 2019

PROVIDER BURNOUT URGENTLY DEMANDS ACTION
– Harvard School of Public Health, 2019
**WHAT EXACTLY IS BURNOUT?**

**World Health Organization Intl. Classification of Diseases (ICD)**

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<th>ICD-11 (2019): Burn-out: an <em>occupational</em> phenomenon resulting from chronic workplace stress that “should not be applied to describe experiences in other areas of life”</th>
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A *job-related* phenomenon fundamentally characterized by high emotional exhaustion that exists as a *feature of the work environment*, manifesting both *within and outside of individuals* who are burned out.
**Background & Need**

- **Background:** Nurse Burnout has widespread consequences.

  - There are many consequences of burnout:
    - Clinicians and Learners:
      - Occupational injury
      - Problematic alcohol use
      - Risk of depression and suicide
      - Career regret
      - Suboptimal professional development
    - Health Care Organizations:
      - Fewer available staff (absenteeism and turnover)
      - Lower morale and productivity
      - Presenteeism (working while sick)
      - Threat to organizational reputation

  - Burnout lowers patient care quality:
    - Resulting staffing challenges decrease patients’ access to care.
    - High workloads, administrative burdens, and poorly designed technologies divert clinicians’ time away from patient care.
    - Workplace ethical dilemmas can erode clinician professionalism.
    - Barriers to patient-clinician communication adversely affect patient satisfaction and health outcomes.
    - Safety incidents, medical errors, and malpractice claims are more likely.

  - Estimated societal costs attributable to burnout in the United States each year: $4.6 billion

- **Need:** Research is needed to develop, implement, and evaluate system-level interventions to prevent and reduce nurse burnout.

(NAM Clinician Wellbeing, 2020)
The purpose of this concept is to provide opportunities for researchers to develop, implement, and/or evaluate effective system-level interventions to prevent and reduce nurse burnout, which has been greatly exacerbated by the COVID-19 pandemic.
OBJECTIVES

- Expand research on the development, implementation, and evaluation of system-level interventions to prevent and reduce nurse burnout.

- Encourage research in healthcare systems that deliver care to underserved populations who were hit the hardest by COVID-19:
  - Including safety net providers, public hospitals, FQHCs, rural health centers, and community-based settings such as long-term care, home health, nursing homes, and justice settings.
  - This concept expands on ongoing NIH research initiatives looking at the social, behavioral, and economic COVID-19 impacts in underserved and vulnerable populations.
We care about those taking care of us on the frontlines of COVID-19

#ClinicianWellBeing