

# Avoiding Burnout by Increasing Joy in Work: Opportunities for the Healthcare System

Contributing authors on behalf of Team Best Practices:

**Michael Holliday, MD**, University of Cincinnati  
**Glen Solomon, MD**, Wright State University  
**Kerianne Springer, MD**, Wright State University  
**Mamle Anim, MD, FACP**, Wright State University  
**David Aron, MD**, Case Western Reserve University  
**Daniel Hargraves, MSW**, University of Cincinnati

## Understanding Burnout in Health Care

Safe, effective, and patient-centered care requires adequate resources and an engaged workforce. However, half of primary care physicians reported symptoms of burnout in a recent study.<sup>1,2</sup> Burnout, a syndrome defined by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment, has been associated with negative outcomes not only for physicians, but also for patients and healthcare organizations (Table 1).<sup>2</sup> Nurses, advanced care providers, pharmacists, and other clinical team members have alarming rates of burnout as well.<sup>3,4</sup>

**Table 1. Consequences of Physician Burnout**

Patient Care	Physician Health	Healthcare System
Lower care quality	Substance abuse	Reduced physician productivity
Medical errors	Depression/suicidal ideation	Increased physician turnover
Longer recovery times	Poor self-care	Less patient access
Lower patient satisfaction	Motor vehicle crashes	Higher costs

Although individual characteristics may contribute to burnout, research reveals that physicians in general have higher resiliency scores than their peers and the drivers of burnout are primarily systematic and organizational.<sup>2,6</sup> Table 2 details specific work demands that contribute to burnout when adequate system resources are not available.<sup>7</sup>



## COVID-19 Related Burnout and Fatigue

The COVID-19 pandemic has exacerbated the problem of burnout in healthcare by adding not only work place stressors such as the risk of infection, but also personal stressors such as finding childcare during school and daycare closures.<sup>5</sup>

Table 2. Work System Factors of the Systems Model of Clinician Burnout and Professional Well-Being

Job Demands	Job Resources
Excessive workload, unmanageable work schedules, and inadequate staffing	Meaning and purpose in work
Administrative burden	Organizational culture
Workflow, interruptions, and distractions	Alignment of values and expectations
Inadequate technology usability	Job control, flexibility, and autonomy
Time pressure and encroachment on personal time	Rewards
Moral distress	Professional relationships and support
Patient factors	Work-life integration

From Avoiding Burnout, to Cultivating Joy

“An improvement program must be directed at what you want, not on what you don’t want.”  
Russell Ackoff, systems consultant to W. Edwards Deming<sup>8</sup>

Many efforts to address physician burnout have focused on ways to avoid it. Physicians have been encouraged to become more resilient and system leaders have been charged to create an environment that will not harm its workers. However, the Institute for Healthcare Improvement (IHI) and other organizations have advocated for a more proactive approach: the pursuit of joy in work. Joy in work, also referred to as wellness or engagement, arises from meaningful work, positive relationships with patients and other healthcare team members, and adequate resources to meet work demands.<sup>9</sup>

Cultivating joy in work is a shared responsibility. Healthcare leaders can transform their systems in ways that increase meaningful work and decrease barriers. Individual physicians can contribute to this process by attending to their own resiliency while also engaging in system improvement efforts for their organization. However, research on the primary drivers of burnout shows systems-level improvement, not individual resiliency, to be the greatest opportunity to improve joy in work.

The following outlines systems-based improvements that leaders can pursue to increase joy in work and includes a short list of additional resources. An accompanying document refers the reader to an **expanded list of practical resources** to support these collaborative efforts.



Joy in work, also referred to as wellness or engagement, arises from meaningful work, positive relationships with patients and other healthcare team members, and adequate resources to meet work demands.

---

## Systems-Level Opportunities to Increase Joy in Work

### **Integrate Joy in Work with the Organization's Mission to Serve Patients**

Increases in physician engagement or joy in work have been shown to improve patient outcomes, safety, and satisfaction.<sup>9</sup>

### **Recognize the Business Case for Addressing Physician Well-Being**

Decreases in productivity and increases in turnover attributed to physician burnout costs the U.S. healthcare system an estimated \$4.6 billion a year. Studies suggest the cost to replace one physician is 2-3 times a physician's annual salary.<sup>10</sup>

### **Improve Frontline Leadership**

The American Medical Association, IHI, and National Academy of Medicine cite leadership as a key element to address physician burnout and increase joy in work. There are measurable qualities of immediate supervisors that are known to decrease burnout and increase physician satisfaction. One study found that a 1-point increase in a composite leadership rating score was associated with a 3.3% decrease in physician burnout and a 9% increase in physician satisfaction.<sup>11</sup>

Important attributes of leaders/supervisors as rated by physicians:

1. Holds career development conversations with me
2. Inspires me to do my best
3. Empowers me to do my job
4. Is interested in my opinion
5. Encourages employees to suggest ideas for improvement
6. Treats me with respect and dignity
7. Provides helpful feedback and coaching on my performance
8. Recognizes me for a job well done
9. Keeps me informed about changes taking place at my organization

### **Develop a Culture that Improves Joy in Work**

In the Healthy Work Place Trial,<sup>10</sup> physician satisfaction was correlated with the following cultural conditions: Importance of quality over quantity; cohesion in the workplace (including open discussion of clinical failures, sharing clinical information, and widespread agreement on moral/ethical issues); emphasis on communication; alignment between leaders' and physicians' values; and trust in the organization.



## Use Established Frameworks for Improving Joy in Work

The Institute for Healthcare Improvement has developed a process for improving joy in work that has been used by different healthcare organizations. These ideas can be applied by leaders and physicians trying to improve joy in their organization. The IHI's approach is summarized in the following four steps:<sup>9</sup>

1. Ask staff, "What matters to you?"
2. Identify unique impediments to joy in work in the local context.
3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization.
4. Use improvement science to test approaches to improving joy in work.

---

## Additional Resources

- **IHI Framework for Improving Joy in Work**

Explains leadership steps and provides measures, techniques, and case reports for improving joy in work.

[ihi.org/resources/white-papers/ihi-framework-improving-joy-work](https://ihi.org/resources/white-papers/ihi-framework-improving-joy-work)

- **Creating the Organizational Foundation for Joy in Medicine**

Includes an interactive calculator to estimate the cost of burnout in an organization, and a survey of leadership quality.

[edhub.ama-assn.org/steps-forward/module/2702510#resource](https://edhub.ama-assn.org/steps-forward/module/2702510#resource)

- **Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout**

Outlines the key drivers of engagement and burnout. Also provides measurement tools for process improvement work in physician wellness.

[mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](https://mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)

- **Individual Resilience and Well-Being: Protect Against Burnout and Encourage Self-Care**

Describes the impact of well-being and burnout. Promotes strategies for individual well-being and resilience.

[edhub.ama-assn.org/steps-forward/module/2702556](https://edhub.ama-assn.org/steps-forward/module/2702556)

- **Implementing Optimal Team-Based Care to Reduce Clinician Burnout**

Describes foundational principles for team-based care and provides solutions to potential barriers of implementing this care model.

[nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout](https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout)

## References:

1. McKenna J. Medscape Physician Burnout & Depression Report 2024: “We Have Much Work to Do.” <https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865>. Published January 26, 2024. Accessed February 8, 2024.
2. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 2018;283(6):516-529. doi:10.1111/joim.12752.
3. National Academy of Medicine, Essary AC, Bernard BS, Coplan B, et al. Burnout and Job and Career Satisfaction in the Physician Assistant Profession: A Review of the Literature. *NAM Perspectives*. doi.org/10.31478/201812b. Published December 3, 2018. Accessed October 5, 2021.
4. Reith TP. Burnout in United States healthcare professionals: a narrative review. *Cureus*. 2018;10(12):e3681. doi: 10.7759/cureus.3681.
5. Bradley M, Chahar P. Burnout of healthcare providers during COVID-19. *Cleve Clin J Med*. 2020 Jul 9. doi: 10.3949/ccjm.87a.ccc051. Epub ahead of print. PMID: 32606049.
6. West CP, Dyrbye LN, Sinsky C, et al. Resilience and burnout among physicians and the general US working population. *JAMA Netw Open*. 2020;3(7):e209385. doi:10.1001/jamanetworkopen.2020.9385.
7. National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. Washington (DC): National Academies Press (US); 2019.
8. Brant S. If Russ Ackoff had given a TED Talk... <https://www.youtube.com/watch?v=OqEeIG8aPPk>. Published October 23, 2010. Accessed May 2, 2021.
9. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med*. 2017;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340.
10. Linzer, M, Poplau, S, Grossman, E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the healthy work place (HWP) study. *J Gen Intern Med*. 2015;30:1105-1111. doi.org/10.1007/s11606-015-3235-4.
11. Shanafelt TD, Gorringer G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc*. 2015;90(4):432-440. doi:10.1016/j.mayocp.2015.01.012.

## Partners



CASE WESTERN RESERVE  
UNIVERSITY  
School of Medicine

In partnership with



The Ohio Cardiovascular & Diabetes Health Collaborative is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this document are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.