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## Clinician Stress and Resilience: Factors & Potential Interventions



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There has been considerable research interest in clinician stress and resilience over the last few years. Clinicians are experiencing levels of distress that put their health at risk and can negatively influence patient outcomes and health system's efficiency. Healthcare leaders should support resources for organisational and system-level changes to promote clinician well-being. To tackle this challenge, researchers investigated the factors influencing clinician stress and resilience to guide potential interventions effectively. Their review was published in the [Journal of Healthcare Management](#).

### **Policies often only focus on individual burnout risks**

Burnout, characterized by emotional exhaustion, depersonalization, and professional inefficacy, is a major concern, affecting up to 54% of healthcare providers. It leads to increased turnover, decreased job satisfaction, and poorer patient outcomes. Additionally, moral distress and moral injury contribute to negative health outcomes for clinicians. Despite efforts to boost individual resilience, burnout risk persists, highlighting systemic contributors such as regulatory burdens and workplace culture. Workplace programmes often focus on individual interventions, overlooking systemic issues. Moreover, interventions like employee assistance programmes suffer from poor utilisation and outcomes. A National Academy of Medicine model identifies seven factors influencing clinician well-being, including external factors like organisational culture and internal factors such as personal skills. Addressing these factors comprehensively is crucial for supporting clinician well-being and resilience. To guide interventions for clinician burnout and distress, the authors aimed to understand the factors contributing to their stress and resilience. They conducted a scoping review, synthesising existing knowledge to identify literature gaps. Specifically, the research team focused on factors influencing stress and resilience across healthcare professions, not just physicians or nurses. The goal is to inform further research and support the achievement of healthcare's quadruple aim, including clinician well-being.

### **Organisational factors, learning/practice environment, and responsibilities are the top stressors**

The literature search identified 313 abstracts on healthcare professional stress and resilience. After review, 124 articles were examined in full, with 42 retained for the scoping review. These included various types of reviews focusing on nurses, physicians, and mixed healthcare professionals in different settings globally. Factors contributing to stress and resilience were analysed across the articles, with organisational factors, learning/practice environments, and healthcare responsibilities identified as common stressors. Personal factors were also noted. Organisational factors, learning/practice environments, and personal factors were highlighted as contributors to resilience. Society and culture and skills and abilities were mentioned as stress factors, with skills and abilities also promoting resilience. Examples from the literature included work overload contributing to burnout among intensive care unit nurses, misalignment of responsibility and authority causing stress, and job-specific training and supportive managerial environments fostering resilience. These findings align with the NAM model factors for clinician well-being and resilience.

### **Benefits of a systemic approach to promote resilience**

The findings underscore the need for a systemic approach to address clinician distress and promote resilience. Organisational factors, learning/practice environment, and healthcare responsibilities were identified as key contributors to distress, while learning/practice environment and organisational factors were crucial for resilience. Efforts to address resource allocation challenges are essential in developing effective programmes to support clinician well-being.

The current context, especially in the aftermath of the COVID pandemic, highlights the urgency of prioritising healthcare professionals' mental and physical health. To improve systems effectively, targeted research and interventions are necessary.

Areas for improvement include addressing societal expectations, revising rules and regulations within organisations, enhancing learning and practice environments, clarifying healthcare responsibilities, and supporting personal factors and skills development. Collaboration between

researchers and health systems is crucial in implementing these changes to alleviate clinician distress and foster resilience.

These findings suggest a need for a nuanced approach to individual interventions, acknowledging the broader systemic challenges influencing clinician distress. Clinician well-being is not solely a personal issue but is intertwined with organisational and systemic factors. Moving forward, health system improvement should focus on creating healthier environments for clinicians, promoting their thriving. Administrative and clinical leaders play a vital role in fostering such environments, ultimately enabling clinicians to better connect with and care for their patients.

**Source:** [Journal of Healthcare Management](#)

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