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## How to Avoid Post-Pandemic Burnout: 5 Top Leadership Tips



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Healthcare organisations have been long aware of the frequency and related dangers of burnout in the medical field, but the stress and strain of the last 18 months of the COVID-19, have made it much more urgent.

Reports released by a number of major US healthcare organisations have called the situation “a public health crisis” and warned about the adverse impact “on the health and well-being of the public,” citing the serious repercussions of healthcare worker burnout for patient safety and the quality of care.

While the term “burnout” is often used informally to indicate fatigue or boredom, leading psychologists define it a condition with three clear characteristics: emotional exhaustion, depersonalisation, and inefficacy, or a low sense of personal accomplishment in one’s work.

Evidence suggests that burnout among physicians, nurses, and other clinicians is a serious and prevalent problem -- a costly one. Burnout is associated with higher rates of major medical errors and turnover. Even when clinicians suffering from burnout remain in their positions, they often cut back time spent working directly in clinical care.

*You might also like:* The COVID-19 pandemic has taken a significant toll on women working in health and social care in the UK, a newly released survey of more than 800 health and care workers found that 80% of respondents believed their job was having a greater negative impact than usual on their emotional wellbeing, due to the pandemic, up from 72% in June 2020. [Learn more.](#)

Most hospitals and health systems have launched initiatives to address burnout. Many focus solely on individual-based solutions: providing access to mindfulness training, massage, yoga, or one-on-

one coaching, for example. If these solutions are the only ones on offer, clinicians may fail to make use of them because they feel pressed for time, or the efforts may backfire if doctors and nurses feel their daily work frustrations are being overlooked.

Diane W. Shannon, M.D., co-author of [Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine](#) builds off of her personal experience in leaving clinical practice more than 18 years ago, and offers steps to help address the problem:

### **Tips to Reduce the Causes and Effects of Burnout:**

1. **Create a Wellness Committee.** The committee and leaders can develop a comprehensive plan for addressing burnout, including ongoing measurement using the best available measurement tools. An ideal strategy will include both individual and system-level interventions and address burnout in all members of the healthcare team. As the plan is developed, the committee will need to ensure that effective help is available for other forms of distress, such as depression and substance misuse.
2. **Investigate the Underlying Causes of Burnout in Your Organisation.** This discovery process requires multiple routes of input from frontline clinicians. The wellness committee can conduct surveys, interviews, and focus groups; leaders can shadow clinicians to gain a deep understanding of their daily work. The wellness committee will be more successful if it shares data gathered on workplace issues with clinicians and involve them in identifying and testing potential solutions.
3. **Create an Improvement Team.** Many factors driving clinician burnout relate to less-than-optimal work or care processes, inefficient use of technology, delays, waste and communication gaps. Depending on the issues, the solutions may include transitioning to team-based care, ensuring that all practitioners are working at top of their license, use of medical scribes, re-designing patient check-in procedures or hiring IT technicians to work with clinicians to streamline use of the EHR.
4. **Model healthy work-life balance and support positive culture change.** Organisational leaders can track data on clinician well-being, share these data with clinicians and make workforce health a priority at executive and board meetings. It is also vital to visibly and robustly support individual interventions for clinicians, including effective help for clinicians with mental health conditions or substance misuse.
5. **Involve patients and healthcare consumers.** Patients and their families can send letters to hospital or practice leaders about the importance of having healthy, rested, engaged caregivers and raise concerns when a clinician is too hurried or exhausted to connect. Just as important, they can voice appreciation for clinicians who do a good job and follow up with letters of thanks to the clinician and to leaders when they have a positive experience.

The COVID-19 pandemic has created a unique crisis for already over-stressed healthcare systems and healthcare workers, but these 5 leadership tips can help you and your team for years to come. Innovative programs—and attention to both individual and system interventions—show promise in turning the tide in the crisis of clinician burnout.

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