

Survey Points to Major Burnout Concerns Among Clinicians

By Tarah Neujahr Bryan

Vice President of Technical Operations

Health Catalyst

Almost half of clinicians today experience burnout—more than 40 percent of clinicians overall and 50 percent of female clinicians—according to a 2019 report, and many cite the EHR as a large contributor to burnout. But with billions of healthcare industry dollars invested in electronic systems and population and precision health models demanding increasing digitization, the EHR is here to stay.

With no perceivable way around healthcare digitization, one of the industry's most pressing challenges is how optimize the clinician–technology relationship. How can data and analytics platforms help clinicians work better, not harder?

In November 2019 Health Catalyst surveyed clinicians and other healthcare professionals to learning more about professional burnout and how technology can help. A critical step, according to industry feedback, is more attention to clinician and other healthcare professional experience with and understanding of digital solutions—targeting messaging, education, and services around what healthcare end users need, when they need it.

Solutions Must Meet Clinicians Where They Are

Outcomes improvement companies have legitimate solutions to improve the accessibility and effectiveness of the EHR experience. For example, the Health Catalyst® Closed-Loop Analytics™ service aggregates data into customized workflows within the EHR or optimizes existing workflows for more effective calls to action for end users.

These emerging point-of-care analytics services are addressing clinicians' top concerns around professional burden and dissatisfaction. For example, in the November 2019 survey, clinicians chose less-complex workflows as the number one way to solve

burnout. The Health Catalyst Closed-Loop Analytics service make reliable, actionable data accessible at the patient bedside, allowing clinicians to perform the same functions within the EHR with six times fewer clicks, reducing time behind a computer and increasing time with patients.

Clinicians Often See Burnout in Healthcare as a “Major” Problem

If the solutions for clinician burnout aren’t clear to end uses, the problem certainly is. The majority (76 percent) of participants reported that, at their organizations, clinician burnout was a major or moderate a problem, and an overwhelming 95 percent said the clinician burnout was major to moderate problem industrywide. With research linking clinician burnout to depression and suicide—as well as twofold increased risk unsafe care, unprofessional behaviors, and low patient satisfaction—provider dissatisfaction is an urgent issue across healthcare.

Of the 136 respondents to the Health Catalyst clinician burnout survey, 62 percent were physicians, 17 percent were nurses, and the remainder included nurse managers, case managers, healthcare administrators and CEOs, and more (Figure 1).

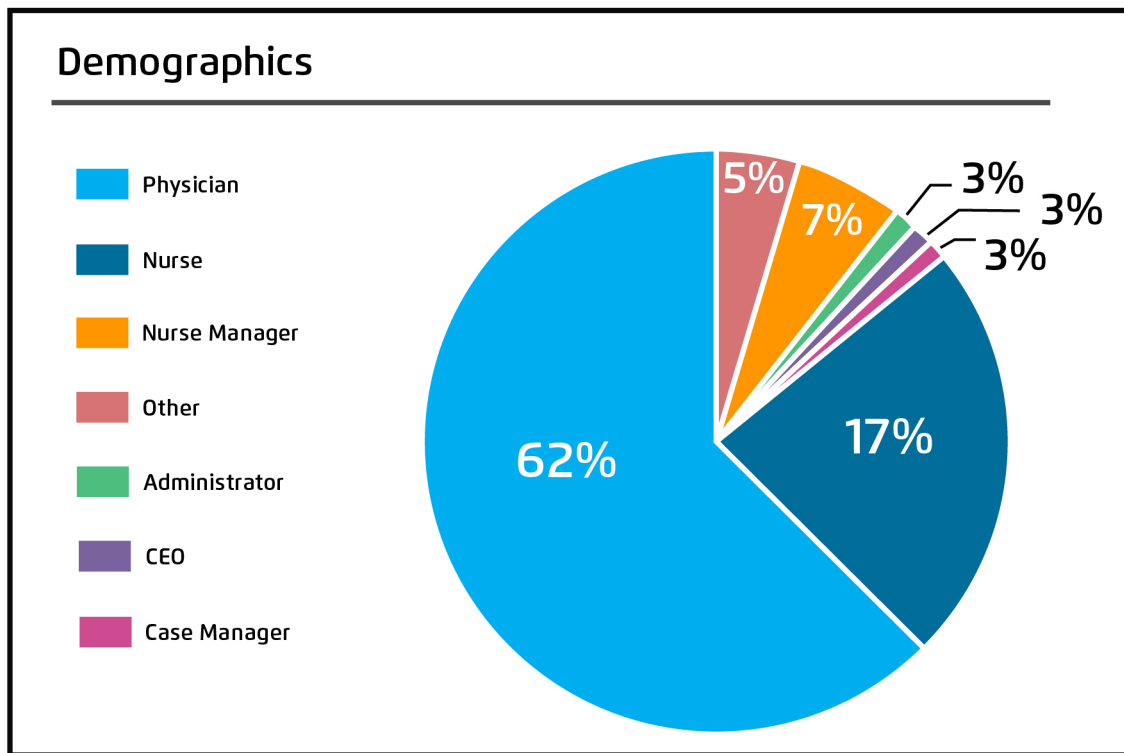


Figure 1: Clinician burnout survey demographics.

Participants shared their perspectives on the following questions regarding clinician burnout and how a closed-loop analytics solution affects them and their organizations:

#1: At your organization, how big of a problem is clinician burnout?

- A moderate problem: 45 percent.
- A major problem: 31 percent.
- A minor problem: 15 percent.
- I'm not sure: 5 percent.
- Not a problem: 4 percent.

#2: For the entire healthcare industry, how big of a problem is clinician burnout?

- A major problem: 62 percent.
- A moderate problem: 33 percent.
- A minor problem: 2 percent.
- I'm not sure: 2 percent.
- Not a problem: 1 percent.

#3: What is the best way to solve clinician burnout problems (Figure 2)?

- Less-complex workflows: 28 percent.
- Other (e.g., reduced requirements, clinical autonomy, coping mechanisms, work-life balance): 27 percent.
- More support staff for transcription, etc.: 18 percent.
- Training: 9 percent.
- Data integration: 7 percent.
- Point of care analytics for decision making: 6 percent.
- More IT resources: 5 percent.

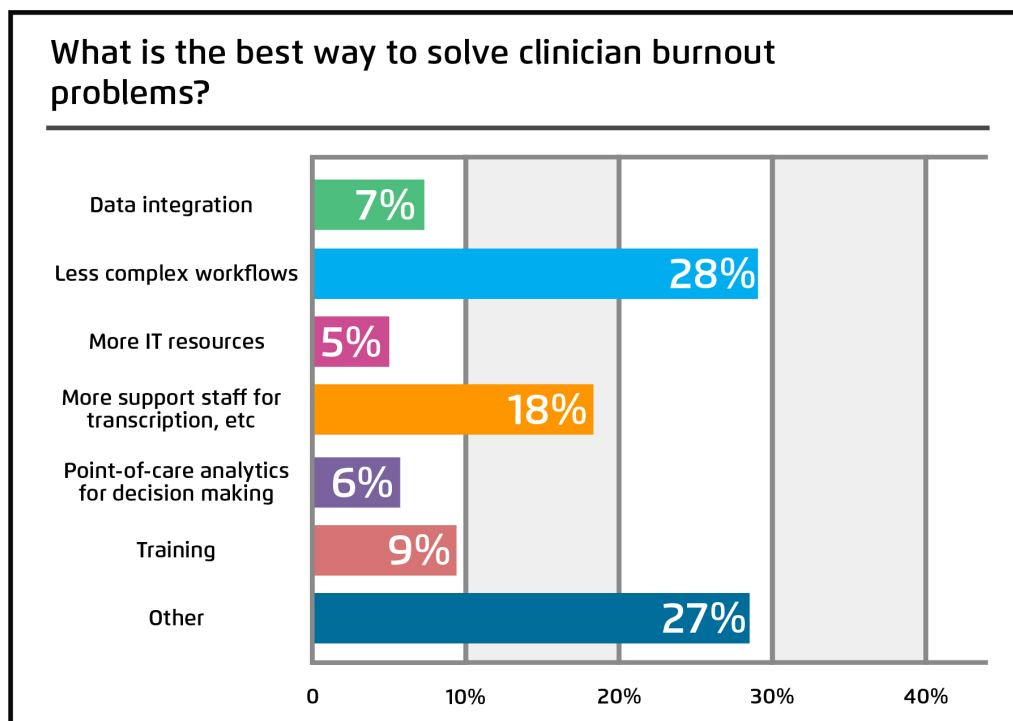


Figure 2: Responses to ways to solve clinician burnout problems.

Those who chose “other” added the following responses, indicating a desire to make care delivery more about the patient and less and data entry and requirements:

- “Allow billing for time spent with a patient. Stop the insane coding requirements.”
- “Assure staff have influence over their work, reduce red tape as much as possible, and give the resources needed to do the job well.”
- “Put the doctor-patient relationship back to the front of healthcare.”
- “We need more time to do our jobs.”
- “Make the software usable. Simulate paper charts, get rid of point and click. Get rid of multiple ways to enter things.”

#4: What are the biggest barriers to adopting closed-loop, point-of-care analytics capabilities at your organization?

- Cost: 27 percent.
- Clinician buy-in: 21 percent.
- Team member training/expertise: 18 percent.
- Other (see examples below): 17 percent.
- Leadership buy-in: 15 percent.
- Outdated IT infrastructure: 2 percent.

Respondents who selected “other” wanted to prioritize clinical care and judgment, see more appropriate data use, and have technology deliver better on its promises:

- “Too much administrative and regulatory interference with clinical care and judgment.”
- “The right data at the right time and not being overwhelmed by data. The time to thoughtfully use the data we have.”
- “Keeping up with it is hard and not all promising tech pans out.”

#5: What are the biggest problems arising from a lack of adopting closed-loop, point-of-care analytics capabilities (Figure 3)?

- Complicated, time-consuming workflows: 36 percent.
- Clinician burnout and dissatisfaction: 29 percent.
- Patient care suffers: 24 percent.
- Other: 11 percent.

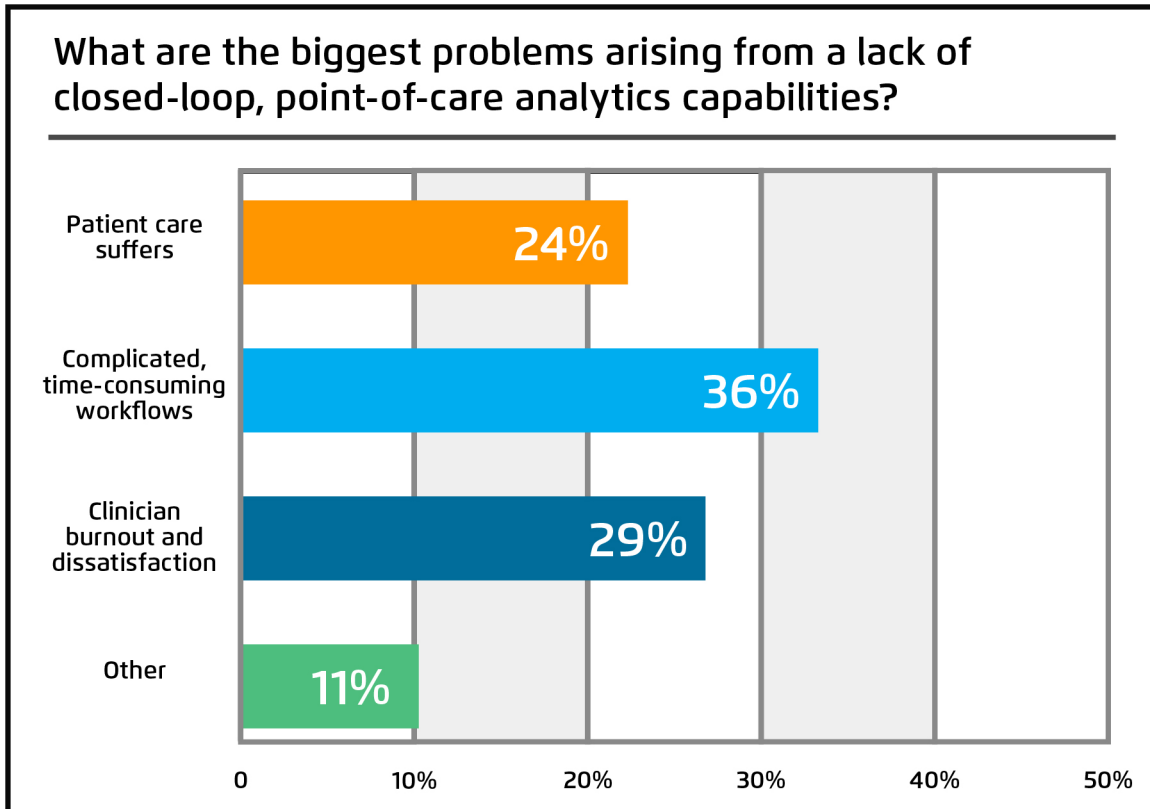


Figure 3: The biggest problems arising from a lack of closed-loop, point-of-care capabilities.

According to participant feedback on “other,” clinicians see the solution not as purely technological but as restructuring the processes and pressures preventing them from practicing at the top of their licenses:

- “The main problem is the sum total of the pressures on the physician both external and internal. There is no ready-made solution and certainly technology will not influence the problem.”
- “Let us rely on our training, our experience, our decision making. Let us be responsible instead of relying on a computer to ‘keep us from making mistakes.’”

#6: When is your organization targeting the adoption of data integration and workflow optimization via closed-loop, point-of-care analytics?

- Never: 45 percent.
- One to three years: 21 percent.
- Already adopted: 19 percent.
- Three to six years: 12 percent.
- Seven to ten years: 3 percent.

Bridging the Gap Between Problem and Solution

Clinicians often agree on two issues: clinician burnout is a significant problem for the healthcare industry, and they need less-complex workflows that minimize screen time and maximize patient interaction while helping them make the most informed decisions.

With a large portion of survey respondents viewing clinician burnout as a major problem, the industry is clearly ready for transformation. Successfully reducing clinician burnout and improving provider job satisfaction won't come with faster, more agile analytics alone. To truly transform, next-generation workflow tools must cater to the needs and concerns of their end users with accessible platforms that enhance clinicians' ability to deliver the best care according to their training and professional judgment. 📌

About The Author



Tarah Neujahr Bryan, MAJMC, joined Health Catalyst in 2013 and has served as Editorial Director and Vice President of Marketing; she is currently the Senior Vice President of Marketing and a member of the Health Catalyst leadership team. She brings a breadth of marketing and communications experience to her current role. Prior to joining Health Catalyst, Tarah served as the Marketing Communications Director and Foundation Executive Director at a community hospital, managed at an advertising agency, was the Editor and Operations Manager at an archaeology

firm, and provided triage assistance and patient admissions at a Level-II Trauma Center. She has a Master of Arts in Journalism and Mass Communications from the University of Nebraska and a Bachelor of Arts from Montana State University-Billings. Tarah volunteers with Intermountain Therapy Animals and has done pro-bono communications work for American Cancer Society, Wings Cancer Foundation, and many other non-profit organizations.