



In the News

National Academy of Medicine Outlines Plan to Curb Burnout, Bolster Health Workforce Well-Being

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To tackle an “epidemic of burnout”—exacerbated by the COVID-19 pandemic—that has threatened the US health care workforce for years, the National Academy of Medicine has launched [a national plan](#) to improve health worker well-being.

The NAM’s ambitious *National Plan for Health Workforce Well-Being* grew out of work by the [Clinician Well-Being Collaborative](#), a network of more than 200 organizations in the public and private sector, including organizations in the medical, nursing, and pharmacy communities.

Burnout, [defined](#) as a workplace “syndrome characterized by high emotional exhaustion, high depersonalization (eg, cynicism), and a low sense of personal accomplishment,” has led a substantial number of clinicians to leave or contemplate leaving their positions. According to the American Medical Association–funded Coping With COVID study, in the first year of the pandemic, driven by burnout, nearly 24% of the more than 9000 physicians from various disciplines in the study and 40% of about 2300 nurses [planned to leave their practice](#) in the next 2 years.

The NAM [said](#) that its new plan complements a May 2022 [advisory from the US Surgeon General](#), which noted that health care workers were experiencing burnout that exceeds even the “crisis levels” present before the pandemic and called attention to COVID-19–related tensions resulting in bullying, harassment, threats, and violence against health workers both in the workplace and online. As a result of these stresses, health care workers have been experiencing physical and mental consequences associated with chronic work-related stress, such as emotional exhaustion, sleep disruptions and insomnia, anxiety, depression, and other problems.

The Surgeon General’s advisory also warned that the loss of health care personnel retiring or shifting to other types of work because of burnout “will affect the public’s ability to get routine preventive care, emergency care, and medical procedures” and make it harder for the nation to be ready for the next public health emergency.

The new NAM plan “provides a roadmap for the nation to set forth the priority areas, action steps, and actors who must work collectively to achieve a system where the health workforce is thriving in an environment that fosters their well-being,” [said NAM President Victor Dzau, MD](#), who co-chairs the Clinician Well-Being Collaborative.

An overarching priority involves instilling “a culture of well-being” into the health care workplace and health care education through a range of actions, such as featuring approaches to decrease stress and burnout in strategic plans and human resources policies; promoting procedures to set “reasonable productivity expectations” and providing adequate resources to support those expectations; developing training and protocols for workers, staff, and leaders to address such issues as discrimination, bullying, and harassment; and investing in well-being leadership roles, such as Chief Wellness Officers, Chief Nursing Officers, and Chief Pharmacy Officers, that “report to executive leadership and governance and are integrated in the leadership team.”

As part of creating a culture of well-being, the plan calls for making settings more diverse, equitable, and inclusive through such actions as establishing policies and processes to support timely reporting of discriminatory behaviors and responding to them, offering mentorship programs, and ensuring that diverse and equitable leadership opportunities are available at many levels of health systems and training programs.

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To decrease turnover of health care workers, the report cites actions such as examining sick leave and personal time-off policies and staffing “to accommodate health workers who need time off, regardless of their tenure,” as well as offering employee benefits for child care and elder care services and ensuring that meal and rest breaks “are expected and routine, not exceptional.”

Another key priority is promoting efforts to make mental health care services more accessible and to reduce stigma associated with seeking such services. The plan calls for efforts to increase the number of mental health care professionals, such as by establishing debt forgiveness programs and by training and recruiting additional mental health professionals to provide care for the health workforce. Supporting the use of faith leaders, coaches, peer supporters, and other trusted resources could also help counter the shortage of licensed mental health professionals.

Health care workers also face logistical barriers to seeking mental health services, such as working long hours or working in rural areas with limited options for mental health care. The plan cites a number of specific actions to eliminate such barriers, such as offering telemedicine and virtual care options, expanding hours of availability of services to times when health workers are not at work, arranging coverage or flexible schedules for health workers to allow them to make appointments for mental health services, and improving parity with other medical conditions for coverage of health care costs.

The report cites stigma as a key issue to address, noting that negative perceptions and discrimination with respect to seeking help for emotional and mental health and substance use is “entrenched in the health professions’ culture and training, as well as individual perceptions of and the actual expectations and responses of health systems, licensing bodies, and other governing forces.” The plan outlines actions for reducing stigma, such as increasing awareness of mental health issues and services through routine events such as rounds or meetings.

The report cites as a stigma-related problem the inclusion of intrusive questions about receiving mental health care on licensing and credentialing applications and urges the removal of such questions. In [many states](#), applicants are required to disclose mental health assistance of any sort to licensing boards and health care institutions, sometimes resulting in negative professional consequences and reinforcing reluctance to seek help for burnout and other mental health issues.

In addition, to prevent and reduce “the unnecessary burdens that stem from laws, regulations, policies, and standards placed on health workers,” the report urges such actions as revising policies and requirements for documentation that do not contribute to quality patient care, measuring time spent on documentation and setting goals to reduce nonpatient contact time, and including direct care workers in refining electronic health records to ensure that proposed changes improve workflow.

“Collective action is urgently needed to prevent a dissolution of the health professions and to ensure a strong and interconnected health system for the nation,” the report says. “Health workers have been operating in a survival state for a long time, but change is possible.”

ARTICLE INFORMATION

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