A call to action

Improving clinician wellbeing and patient care and safety

Executive summary

What is the problem?

A growing body of research indicates that healthcare clinicians face serious problems related to their overall health and wellbeing, including high rates of burnout, depression, addiction and suicide.

This brief serves as a call to action to improve clinician wellbeing and its impacts on patient care and safety, providing a:

- Framework for the relationship between clinician wellbeing and patient care and safety
- Summary of research findings
- Review of evidence-informed policies, programs and practices that improve clinician wellbeing and support high-quality, safe patient care
- Set of evidence-informed state policy options

Why does this matter?

Poor clinician wellbeing contributes to an increased risk for medical errors, adverse patient events and increased costs due to clinician absenteeism, presenteeism and high turnover rates:

- A 2016 analysis estimated medical errors as the third leading cause of death in the U.S., resulting in over 250,000 deaths per year.¹ Poor clinician wellbeing is not the only factor contributing to medical errors. However, its increasing prevalence poses a significant threat to patient outcomes.
- In the U.S., burnout is estimated to be responsible for about \$4.6 billion in annual costs related to physician turnover and reduced clinical hours.² Total costs associated with nurse turnover for an average hospital were estimated to range from \$4.4 million to \$6.9 million in 2018.³

Figure ES.1 outlines the bidirectional relationship between clinician wellbeing and patient care and safety. Poor wellbeing impacts a clinician's ability to provide high-quality care by increasing medical errors and unsafe prescribing behaviors, decreasing empathy and compromising patient-centered interactions. At the same time, when care and treatment do not go as planned, clinicians face trauma that threatens their health.

Understanding the relationship between clinician wellbeing and patient care and safety enables state policymakers and healthcare leaders to allocate resources, implement programs and develop policies that effectively improve outcomes for both clinicians and patients.



key takeaways for state policymakers and healthcare leaders

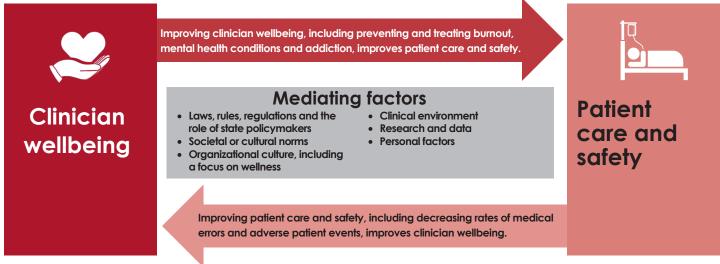
- 1.There is a bidirectional relationship between clinician wellbeing and patient care and safety (see figure ES1). There are also mediating factors that impact clinician and patient outcomes.
- 2. Clinicians face serious problems related to their overall health and wellbeing, including high rates of burnout, depression, addiction and suicide. This contributes to poor patient outcomes and is associated with high costs due to increased clinician absenteeism, presenteeism, turnover and lost productivity.
- 3. Improving outcomes for clinicians and health professional students requires a comprehensive approach that provides a continuum of prevention, treatment and recovery supports. This includes establishing a positive organizational culture that supports wellness, implementing evidenceinformed policies and programs and improving access to mental health and addiction treatment and recovery supports.

What can be done to improve clinician wellbeing and patient care and safety?

Improving clinician wellbeing requires a comprehensive, multi-stakeholder approach that provides clinicians with a full continuum of prevention, treatment and recovery supports (see figure ES.2).

State policymakers, including legislators, state agencies and health professional licensing boards, and **healthcare leaders** in hospitals, health systems, health professional schools and statewide health professional associations all have a role to play.

Figure ES 1. The relationship between clinician wellbeing and patient care and safety



Note: Framework informed by literature review conducted by the Health Policy Institute of Ohio (HPIO) and the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience's Factors Affecting Clinician Well-Being and Resilience – Conceptual Model (2018).

State policymakers and healthcare leaders can **implement**, advocate for and allocate resources to the following evidence-informed policies:

Advance an organizational culture that supports wellness, such as by appointing a Chief Wellness Officer and combating racism and discrimination faced by clinicians.

Promote wellness programs that reduce burnout and foster resiliency among health professional students and clinicians, such as through cognitive behavioral therapy/ skills building, Mindfulness-Based Stress Reduction and trauma support.

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Require confidential mental health and addiction
screening, referral and treatment services for health
professional students and clinicians and support policies
that reduce stigma, through confidential screening,
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assessment and referral services in health professional schools and healthcare settings, confidential monitoring and treatment for clinicians as an alternative to discipline and de-stigmatizing mental health and addiction language on clinician licensure applications.

Monitor and track data on health professional student and clinician

wellness, by utilizing reliable measurement tools and establishing a statewide reporting mechanism to track clinician wellness quality indicators (e.g., burnout, depression, suicide, addiction). For a complete list of evidence-informed policies, see the full brief developed by HPIO in partnership with The Ohio State University College of Nursing Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare.

Notes

- Makary, Martin A. and Michael Daniel. "Medical error—the third leading cause of death in the US." BMJ 353 (2016): i2139.
- Han, Shasha, et al. "Estimating the Attributable Cost of Physician Burnout in the United States." Annals of Internal Medicine 170, no. 11 (2019): 784-790. doi:10.7326/M18-1422.
- Colosi, Brian. 2019 NSI National Health Care Retention & RN Staffing Report. East Petersburg, PA: NSI Nursing Solutions, Inc, 2019. <u>https://www.nsinursingsolutions.com/</u> <u>Documents/Library/NSI National Health Care Retention Report.pdf</u>.



Figure ES 2. Evidence-informed key findings

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