

## **The Importance of a Systems Approach to Health Workforce Wellbeing**

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### **Abstract**

Recently we honored the second annual Health Workforce Wellbeing Day, intended to assess our progress and recommit our focus on improvements, which are critically necessary for the health and wellbeing of both healthcare workers and the general population. We have seen tremendous progress in supporting healthcare worker mental health and a deepening awareness of how operational challenges in the workplace contribute to occupational distress. Approaching health workforce wellbeing with a better understanding of root causes of burnout and a holistic and systems-oriented approach to improvement is progress worth celebrating and paves the way for more promising approaches and significant improvements.

March 18<sup>th</sup>, 2025 marked the second annual Health Workforce Wellbeing Day, established by the National Academy of Medicine to “celebrate progress and in the pursuit of continued improvement in health workforce well-being and patient care outcomes”.<sup>1</sup> This year Delaware commemorated the day by passing the house concurrent resolution, signifying growing recognition that healthcare professional wellbeing is essential to our state’s workforce and to the health of our communities. Given these momentous events, it seems appropriate to further examine the meaning behind these recognitions.

Healthcare worker wellbeing is defined as “A function of being satisfied with one’s job, finding meaning in work, feeling engaged at work, having a high-quality working life, and finding professional fulfillment in work.”<sup>2</sup> Striving for wellbeing is aspirational, yes, and it is essential. When people who choose to dedicate their professional lives to healthcare work within environments that are rewarding, engaging, and sustainable, healthcare is better not just for our workforce but also for the patients and communities they serve. However, even under the best circumstances, working in healthcare is often challenging. The current environment is fraught with increasing complexity and uncertainty, with new stressors arising seemingly every day. These realities warrant a sense of urgency and continued perseverance of highly aspirational outcomes. Our steadfast commitment to achieving optimal professional fulfillment and satisfaction for all healthcare workers is crucial to protect patient care, our profession and our professionals.

In general, healthcare professionals are fueled by compassion, altruism, expertise, and a drive to serve. They show up hoping to make a meaningful difference in the lives of those in their care. Unfortunately, the day-to-day emotional impact of health care, coupled with challenging operational realities and countless job hindrances undermine the most resilient healthcare workers’ abilities. Occupational distress can show up in many ways – compassion fatigue, moral injury, vicarious trauma, and burnout. Burnout is defined as a workplace syndrome<sup>3</sup> and is the best studied domain of occupational distress. It manifests as emotional exhaustion, cynicism, and a low sense of accomplishment. It is well established that burnout is present in epidemic

proportions among physicians, advanced practice providers, and nurses and that healthcare workers are at greater risk of burnout than US workers in other industries. Burnout is not an affliction resulting from individual deficiencies or a deficit of resilience. Our healthcare workforce is already incredibly resilient, and even those with the highest levels of resilience can have substantial burnout.<sup>4</sup>

The current state of our healthcare system is driving occupational distress and threatens to undermine the health and wellbeing of both the workforce and the public. It is a public health crisis. Burnout among healthcare workers increases the risk for poor patient outcomes, medical errors, poor communication and malpractice. Burnout is associated with decreased productivity and healthcare worker turnover. Healthcare workers experiencing burnout have a higher likelihood of substance abuse and misuse, anxiety, depression and suicidality. Most interventions to improve burnout have been directed towards the individuals and include activities like mindfulness training and improving resilience. These interventions may have merit at the individual level and are well intended, however they have not mitigated the systems drivers of occupational distress.<sup>5,6</sup> All this underscores the importance and relevance of both national and state level recognition of Health Workforce Wellbeing Day.

The field of wellbeing is dedicated to understanding the impact of interactions between healthcare professionals and the systems in which they work, seeking opportunities to optimize professional satisfaction and mitigate drivers of burnout. For example, wellbeing work considers how patient interactions, patient care, and patient outcomes impact those at the frontline. We examine how leadership behavior, administrative burdens, and high workloads influence healthcare worker experience. The opportunities and limits of technology and material resources impact the humans who use them. Understanding informs policies and processes to protect and support healthcare workers, ultimately improving patient outcomes. National and state level awareness, recognition and support is an essential catalyst for this work.

In honor of Health Workforce Wellbeing Day, there is progress to celebrate! We have seen a major shift in how we recognize and support emotional distress among healthcare workers. For too long the culture of healthcare was one that denied healthcare professionals' humanity and universal human needs, such as the need to access mental healthcare. Imagine a nurse grieving the loss of a beloved patient to a fatal illness, a resident physician overwhelmed by a grueling schedule and unrelenting demands while just having moved far away from family for training, or a respiratory therapist facing anxiety while caring for a patient resembling their child. Dedicated, competent healthcare professionals work in a culture that has too often sent the message that they must be stoic, unaffected, or untouched by mental health concerns, even as rates of mental health challenges continue to rise in the community at large.

Although there are many factors contributing to this culture, the formal administrative processes we go through to obtain and sustain our professional licenses and credentials have often made healthcare professionals fear seeking mental health treatment. Historically, many of these applications have asked individuals to disclose any history of mental health diagnoses and treatment, regardless of how far back or how well managed or resolved the symptoms might be. Given these reporting requirements and potential professional consequences, it's understandable that healthcare professionals feared seeking mental health treatment.

Recent work has fostered much progress in this area. At the national level, the Dr. Lorna Breen Heroes' Foundation has championed Wellbeing First for Healthcare,<sup>7</sup> a national coalition that

has advocated for and provided tools to make changes to state licensing board and hospital credentialing processes that remove the stigma of mental healthcare and reducing barriers to healthcare professionals attending to this essential element of their overall health. As of February 2025 reporting, 43 state licensure boards and 521 hospital credentialing systems have verified through the Wellbeing First for Healthcare organization that their applications do not have overly intrusive questions about mental health. At the state level, Delaware updated reporting requirements for physicians in July of 2022 by removing reporting requirements related to seeking mental or physical health treatment.<sup>8</sup> This step was key to reducing barriers to seeking care. Further, in September 2024, Delaware law mandated updates to healthcare professional licensure application and renewal forms, such that they ask only about current impairment or inability to perform work duties safely.<sup>9</sup> The Delaware Division of Professional Regulation will have all 285 applications updated by April 30<sup>th</sup>, 2025. At the organizational level, ChristianaCare has updated all initial application, reappointment, and peer reference documents as part of their credentialing of physicians and advanced practice clinicians, so they no longer ask about past diagnoses or treatment for mental health concerns. Efforts on all levels have reduced barriers to receiving mental health treatment, making it possible for healthcare workers to seek mental health care without fear of losing licensure or credentialing. Soon Delaware and ChristianaCare will join the growing number of states and healthcare organizations verified by the Dr. Lorna Breen Heroes' Foundation as a Wellbeing First Champion.

The American Medical Association Physician Well-being Program is another example of national level support from a professional organization to improve professional fulfillment.<sup>10</sup> One of the many ways they contribute to advancing wellbeing is through the Joy in Medicine Health System Recognition Program. The Joy in Medicine program provides healthcare organizations with a formative roadmap, awarding systems as they make progress. In Delaware, Bayhealth (2024 Silver Level) ChristianaCare (2023 Gold Level) and Nemours Children's Health (2024 Bronze Level) have all been recognized, demonstrating tremendous commitment on the part of our largest health systems. The criteria that our systems have in common include completing an organization wide assessment of burnout, establishing a formal wellbeing office or committees, using electronic health record (EHR) metrics to understand workload and administrative burden, and establishing peer support programs. This program has amplified the intent and import of wellbeing work, providing meaningful direction and guidance to health systems across the nation.

Prevention is key. We continue to identify systemic factors driving occupational distress. In a large cross sectional multisite study<sup>11</sup> of 21,000 physicians and nurses, respondents were given a list of interventions and asked to rate them based on efficacy in alleviating burnout and improving clinician wellbeing. Again, the interventions that were prioritized included: improve nurse staffing levels, support all clinicians to take breaks without interruptions, improve team communication, enable clinicians to spend more time on direct patient care, increase individual control of scheduling, reduce clinical time spent on documentation, and improve EHR usability.

There is evidence that these types of interventions are effective in improving leading and lagging indicators of occupational distress. Ambient AI scribe technology has been found to reduce task load, decrease time spent in notes and after hours work time. It is associated with decreased burnout and improved EHR usability. Physicians report perceived improvement in efficiency and documentation quality.<sup>12,13</sup> AI generated responses to patient messages in the electronic inbox significantly decreased task load and work exhaustion.<sup>14</sup> Specific leadership behaviors can

significantly improve individual physician's professional satisfaction and protect them from burnout. Further, division chief/departments chair behaviors can account for 47% of the variation in satisfaction with the organization and 11% of the variation in burnout between divisions.<sup>15</sup>

National Health Workers Wellbeing Day is significant because it underscores the need to address systems issues to impact workforce wellbeing in a meaningful way. Currently, about one-third to half of nurses and physicians experience burnout.<sup>11,16</sup> There is much work to do, and countless reasons that this work is essential. All domains of health worker wellbeing are important, and it is essential we provide support for individual wellness. However, without systemic changes, we will be ineffective in improving outcomes for health workers, and subsequently, patients. Every level of our system can support this work, from national recognition programs to state policy, to organizational processes, to practices in specific clinics, to individual interactions. Yes, the goals are aspirational. Healthcare workers have proven to be capable of doing amazing things. With the same rigor and vigor that we dedicate to patient care, we will continue to make incremental improvements, creating a sustainable, fulfilling professional experience for all.

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