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Title of Initiative: Health Care Worker Well-Being and Workforce Challenges in Settings Serving Populations Experiencing Health Disparities

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Objective: The goal of this initiative is to 1) support research that investigates etiological factors, especially at the systems level, contributing to health care worker well-being and workforce challenges in settings serving populations experiencing health disparities; 2) support research that evaluates the effect of health care worker well-being and workforce challenges on the health of populations experiencing health disparities; and 3) support targeted multi-level interventions that address workforce challenges and promote well-being in health care settings serving populations that experiencing health disparities.

Background: The health care workforce is one of the most vital parts of the health care system. As such, promoting health care worker well-being and having a thriving workforce are of utmost importance in being able to deliver high quality care, especially in settings that serve populations experiencing health disparities. For example, studies have shown that health workers who find joy, fulfillment and meaning in their work can engage on a deeper level with their patients. Nevertheless, there are many health workforce challenges that currently threaten health care worker well-being. Many of these challenges are systemic in nature and can include but are not limited to issues with retention, recruitment, staffing shortages and *burnout*, which is an occupational syndrome characterized by a high degree of emotional exhaustion, depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work according to the [U.S Surgeon General Health Worker Burnout Advisory](#). It is also one of the most significant barriers to achieving health care worker well-being. Additionally, these detrimental impacts to healthcare worker well-being can have harmful consequences for patient care and safety, such as decreased time spent between provider and patient, increased medical errors, staffing shortages, and costly repercussions for the health care system.

It is important to emphasize that many of these workforce challenges have a root cause that is systemic in nature and were pre-existing to the pandemic. However, the pandemic has exacerbated them to a point where they can no longer be ignored, and action must be taken. For example, before the COVID-19 pandemic, the National Academy of Medicine found burnout had reached “crisis levels among the U.S. health workforce with 35-54% of nurses and physicians and 45-60% of medical students and residents reporting symptoms of burnout.” Since the pandemic, a survey from the American Medical Association reported physician burnout to have reached an all-time high of 63%. The resulting workforce shortage has in turn increased pressure

and stress on those remaining health care workers.

Additionally, facilities that treat patients experiencing health disparities (e.g., rural facilities, FQHCs, community health centers, safety-net facilities) oftentimes face decreased resources and staffing shortages, which may be exacerbated by health care worker burnout through various mechanisms (i.e., attrition, compassion fatigue, moral injury/disillusionment associated with providing care with insufficient resources, and confronting systemic, administrative and policy challenges). Furthermore, minority health care workers may be at particular risk, given that they experience discrimination and additional duties given their racial or ethnic status (e.g., Minority Tax).

Research Gaps: There is minimal research on health care worker burnout and health disparities. The existing few studies have been mostly surveys or observational in nature and few involve interventions. As such, further work is needed to understand the impact of health care worker well-being and burnout in facilities serving populations experiencing health disparities. There is also limited research on the causes and specific contributors to health care worker burnout in these facilities, as well as on interventions to address burnout and improve well-being.

Description of Initiative: This initiative will focus on research involving longitudinal studies, clinical trials, quasi-experimental design natural experiments, mixed methods, and quality improvement studies that focus on: 1) investigating etiological factors, especially at the systems level, contributing to health care worker well-being and workforce challenges in settings serving populations experiencing health disparities, 2) understanding the impact of health care workforce well-being and workforce challenges such as burnout on populations experiencing health disparities, and 3) addressing health care workforce challenges and promoting workforce well-being in settings serving these populations. Health care workers include physicians, nurses, medical assistants, social workers, mental health care workers, occupational therapists, physical therapists and any other providers having direct patient care interactions. Students could be considered.

Potential research areas can include but are not limited to:

Etiology/Protective Factors/Mechanisms:

- Studies evaluating the etiology of burnout and other health care workforce challenges in settings serving populations experiencing health disparities (e.g., studies evaluating the economic, organizational, and social factors contributing to burnout and workforce issues such as workplace policies, work organization, payment systems and incentives, economic under-investments in the workforce in settings serving underserved populations, and the role of the electronic health records system, team structures and understaffing).
- Studies evaluating factors promoting health care worker well-being (e.g., organizational factors and leadership behaviors that promote workforce well-being,

practices and policies promoting well-being, organizational culture promoting well-being) in settings that serve populations experiencing health disparities.

- Studies evaluating resilience and burnout protective factors associated with health care worker well-being (e.g., studies evaluating unionization and factors increasing provider satisfaction).
- Studies that evaluate the mechanisms through which workforce burnout and well-being can impact the health of populations experiencing health disparities (e.g., the development of compassion fatigue impacting the patient-clinician relationship and thus health outcomes).

Impact:

- Studies evaluating the impact of workforce challenges such as burnout and attrition as well as health care worker well-being on clinical and disease outcomes in populations experiencing health disparities, such as the impact on diabetes management, cholesterol control, and other health outcomes.
- Studies that evaluate the impact of health care worker burnout and well-being on quality of care, access to care, care coordination, and utilization of health care services (e.g., studies evaluating medical error rate, patient/clinician satisfaction, delays in care, missed appointments, and ER visits for ambulatory conditions in populations experiencing health disparities).
- Studies evaluating the extent and impact of burnout, staff shortages and other workforce challenges in settings that serve populations experiencing health disparities (e.g., differential effects by occupation, whether one is a new or experienced health care worker, minority status and level of burnout, disaggregated effects of COVID and of pre-pandemic factors on burnout and staffing shortages).
- Studies evaluating the impact of burnout on the health of health care workers in these health settings, especially in providers that are members of populations experiencing health disparities (e.g., studies evaluating health care worker mental health issues such as anxiety, depression, suicidality, physical effects of stress, sick days taken, disproportionate responsibilities for minority health care workers).

Interventions:

- Development of tailored interventions to promote well-being of health care workers, especially at the systems level (i.e., evaluating organizational and policy level interventions to address well-being).
- Studies evaluating how interventions involving technology can be properly incorporated into the health care system to enhance workplace efficiency and promote health care worker well-being.