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Clinician Well-Being Assessment and Interventions in Joint Commission–Accredited Hospitals and Federally Qualified Health Centers

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Factors associated with clinician burnout are well understood,[11,12,21–23] as are interventions designed to address these causes.[24–28] Comprehensive or multicomponent programs exist that focus on organization-level approaches to address the drivers of burnout.[24,29–34] These programs emphasize the need to start with an assessment to understand which primary drivers and/or organizational factors should be targeted. Studies from multiple institutions indicate that organization-level e orts can decrease burnout at the organization level.[32,35,36] Despite the importance of this issue, we know of no study evaluating how organizations are attempting to address this serious issue. The primary aim of this national study is

Table 1. Organization Characteristics and Survey Response Rates

Organization Characteristics	Sampled *n*	Response Rate* *n* (%)	*p* Value
Federally Quali□ed Health Center (FQHC)	256	85 (33.2)	$p < 0.001$
Hospitals	1,915	396	

a.

Table 2. Number and Type of Implemented Interventions Focused on Addressing Clinician Burnout (Hospital *n* = 147, FQHC *n* = 41)*

Intervention Type	Hospital % (*n*)	FQHC % (*n*)
Made work□ow changes at the unit level	63.7 (93)	73.2 (30)
Instituted □exible work arrangements	52.7 (77)	70.7 (29)
Made improvements to the current electronic health record system (for example, streamlined		

Table 3. Comparison of Survey Responses by System Affiliation, Size, and Location

with a CWO were

Table 4. Statistically Significant Differences in Hospital Characteristics and Intervention Type*

Intervention	System Affiliation		Hospital Size (Inpatient Beds)			Hospital Location	
	Freestanding %	System %	< 100 %	100–499 %	500+ %	Urban %	Rural %
Made improvements to EHR	53.5	48.5	50.0	47.2	53.1	48.3	57.1
Dismantled admin burdens	32.6	41.7	**35.9**	**27.8**	**59.4**†	37.3	46.4
Made workflow changes	65.1	63.1	66.7	63.9	56.3	63.6	64.3
Conducted QI projects	44.2	51.5	44.9	44.4	65.6	51.7	39.3
Instituted flexible work	62.8	48.5	47.4	52.8	65.6	51.7	57.1
Restructured benefits	20.9	19.4	16.7	22.2	25.0	22.0	10.7
Implemented peer support program	27.9	44.7	**24.4**	**36.1**	**81.3**‡	42.4	28.6
Provided mental health support	**32.6**	**55.3**†	**34.6**	**50.0**	**81.3**‡	51.7	35.7
Provided EHR training	37.2	36.9	37.2	30.6	43.8	36.4	39.3
Implemented physician-led initiatives	9.3	23.3	14.1	13.9	37.5*	19.5	17.9

* Percentage of organizations that responded "Yes" on survey question.
† Statistically significant at $p < 0.05$.
‡ Statistically significant at $p < 0.001$.
EHR, electronic health record; QI, quality improvement.

Although approximately half of responding organizations reported having implemented some kind of intervention to target clinician burnout, very few organizations reported implementing comprehensive systems to address the problem. Once again, such approaches were markedly more likely to be reported among organizations with a CWO. Al-

SUPPLEMENTARY MATERIALS

Supplementary material associated

33. Shanafelt T, et al. Building a program on well-being: key design considerations to meet the unique needs of each organization. Acad Med. 2019;94:156–161.
34. Shanafelt TD, et al.