

## **Addressing Healthcare Burnout and Turnover in RWJBH among Physicians through Retention strategies**

### **Introduction**

Healthcare burnout and turnover remain a pressing issue in RWJBarnabas Health (RWJBH). Healthcare organizations and policy makers must recognize burnout as a systemic issue rather than an individual problem. Countries like Sweden and Netherlands have implemented legislative measures to mandate work-hour limits and stress management interventions for healthcare workers. Burnout is defined by depersonalization, emotional exhaustion and reduced sense of accomplishment that could affect job performance, diminish patient care, and increase the probability of medical errors. According to a 2021 study published in Journal of the American Medical Association (JAMA), over 60% of healthcare professionals experience burnout annually, highlighting the urgency of the matter (Shanafelt et al., 2021).

Along with burnout, another phenomenon seen is turnover. Turnover refers to the rate at which the healthcare professional leaves their position voluntarily/involuntarily and must be replaced. High turnover rates further exacerbate staffing shortages, elevating the stress on the current workforce, leading to the cycle of burnout. According to the New England Journal of Medicine (West et al., 2022), this could cause patient dissatisfaction, increased workload on the rest of the workforce and depreciated healthcare quality.

From an economic perspective, burnout and turnover could create substantial financial problem for the hospitals. In many healthcare settings, replacing a single physician can cost \$250,000-\$1 million, considering lost productivity, recruitment costs, and impact on patient continuity (American Association of Colleges of Nursing, 2023). Additionally burnout contributes to higher disability claims, increased absenteeism, and reduced efficiency which would strain hospital resources.

This report investigates key strategies that RWJBH can implement to mitigate burnout and turnover through mental health support, leadership training, workload optimization, and ultimately enhancing patient care quality and workload stability.

### **Research**

Recent studies have significantly identified evidence-based interventions like workforce optimization, mental health approaches and leadership training that help alleviate burnout and enhance retention in healthcare settings. One such approach is the Mindfulness-Based Stress Reduction (MBSR) program which inculcates activities like meditations, self-reflection/awareness, and breathing exercises. A 2019 study from Mayo clinic found that physicians participating in MBSR programs experienced 25% increased job satisfaction and stress reduction, leading to lower turnover rates (Shanafelt et al., 2019).

Another approach for mental support is peer support groups. These provide a safe space for the professionals to share their experience, gain insights and guidance for fellow workers, and receive emotional support. A research published in the New England Journal of Medicine in 2022 revealed that peer support groups increased the participation in mental health programs by 35% and saw a corresponding 20% decrease in staff turnover (West et al. 2022).

In addition to mental health support, offering schedule flexibility and thereby optimizing workload are also crucial in reducing turnover and burnout rates. This would ensure that the employees have more control over their schedules to accommodate work-life balance, by allowing them to cover each other's shifts and rotating unpreferred shifts among all the employees. A 2020 study from Stanford Medicine showed that implementing flexible schedules led to 30% reduction in burnout rates and 25% improvement in work performance, along with 15% reduction in voluntary resignation among healthcare staff (Drybye et al. 2020).

Furthermore, American Journal of Nursing (2021) reported that hospitals that eliminated excessive overtime and ensured patient coverage through rotational shift, saw a 20% decrease in staff fatigue and increased patient quality by 15%, resulting in higher staff retention (Sinsky et al. 2021). These approaches highlight the importance of workload management in reducing turnover and fostering a sustainable healthcare environment.

The third approach is effective leadership training. According to the Journal of Healthcare Management (Swesen et al., 2016), organizations with established leadership training programs saw decreased turnover and increased job satisfaction. Leaders trained in Compassionate Leadership model, which includes employee support and active listening, fostered a stress-free and inclusive work environment.

## **Future**

To effectively reduce staff burnout and turnover, RWJBH should implement strategies like monthly mental health workshops, like MBSR training, psychological support sessions and resilience coaching to promote job satisfaction. Revised scheduling policies should be executed to minimize excessive shifts and allow the staff time to rest between shifts, thereby reducing voluntary resignations. Healthcare leaders should be equipped with leadership skills to aid in identifying burnout indicators and foster supportive work culture, ensuring high employee retention rates. Peer support and counseling services through team-based health interventions would help reduce burnout even further.

## **Funding and Budget**

To support these initiatives, RWJBH could pursue funding from organizations like Robert Wood Johnson Foundation (RWJF), since it is prominent in contributing towards health equity in the US. Another potential sponsor could be the American Hospital Association (AHA), which is

known for advocating for hospital workforce well-being. Taking these initiatives would help address burnout, improve staff retention, and elevate patient quality care while ensuring a sustainable workforce.

To execute these strategies, expenses could be broken down as follows: Mental health workshop and training materials would cost about \$1000-\$2500 per workshop. Scheduling software that could help optimize the schedules, like Kronos and Shiftboard could cost around \$1-4 per user/month. Staff wellness programs and survey could cost \$500-\$1000 and Leadership training and burnout prevention services like Mindful Healthcare and Wellness Coaching could charge around \$1000 or depending on the duration. Overall it could be approximately \$5000 for initial set-up and implementation along with some additional cost/month to keep the workshops, etc. going.

## **Conclusion**

By adopting mental health initiatives, optimizing workload distribution, fostering peer support, and enhancing leadership training, RWJBH can effectively reduce turnover and burnout among healthcare providers. These strategies will ensure workforce stability, enhance job satisfaction and improve patient care quality.

## **References**

- Shanafelt, T. D., West, C. P., Sinsky, C., Trockel, M., Tutty, M., Wang, H., Carlasare, L. E., & Dyrbye, L. N. (2022). Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic. Mayo Clinic Proceedings, 97(9), 1620-1633.  
[https://www.mayoclinicproceedings.org/article/S0025-6196\(22\)00515-8/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(22)00515-8/fulltext)
- West, C. P., Dyrbye, L. N., Erwin, P. J., & Shanafelt, T. D. (2016). Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. The Lancet, 388(10057), 2272-2281. [https://doi.org/10.1016/S0140-6736\(16\)31279-X](https://doi.org/10.1016/S0140-6736(16)31279-X)
- Dyrbye, L. N., Shanafelt, T. D., Gill, P. R., Satele, D. V., & West, C. P. (2019). Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians: A Pilot Randomized Clinical Trial. JAMA Internal Medicine, 179(10), 1406-1414.  
<https://doi.org/10.1001/jamainternmed.2019.2425>

Sinsky, C. A., Dyrbye, L. N., West, C. P., & Shanafelt, T. D. (2021). Professional Satisfaction and the Career Plans of US Physicians. Mayo Clinic Proceedings, 96(10), 2608-2620.  
<https://doi.org/10.1016/j.mayocp.2017.08.017>

Swensen, S. J., Kabcenell, A., & Shanafelt, T. D. (2016). Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience. Journal of Healthcare Management, 61(2), 105-127.  
[https://www.aan.com/siteassets/home-page/conferences-and-community/live-well/17mayoclinicexperience\\_cc.pdf](https://www.aan.com/siteassets/home-page/conferences-and-community/live-well/17mayoclinicexperience_cc.pdf)

West, C. P., Dyrbye, L. N., Satele, D. V., Sloan, J. A., & Shanafelt, T. D. (2012). Concurrent Validity of Single-Item Measures of Emotional Exhaustion and Depersonalization in Burnout Assessment. Journal of General Internal Medicine, 27(11), 1445-1452.  
<https://doi.org/10.1007/s11606-012-2015-7>