SPECIAL REPORT

Breaking the Burnout Cycle in Healthcare:
4 Hidden Costs and the System Redesign That Works

How mid-sized hospitals can rethink culture, workload, and leadership to protect their clinicians and the bottom line.

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Executive Summary

Burnout has become one of the most disruptive forces facing mid-sized hospitals and clinics. CMOs and HR Officers see the effects every day: rising turnover, strained teams, escalating temporary staffing costs, and growing safety risks. What once looked like an HR challenge is now a strategic threat to margins, morale, and quality of care.

The cost—financial and human

Nurse turnover alone costs many mid-sized hospitals up to $5.7 million a year. But behind the numbers is a workforce under strain—clinicians reporting chronic exhaustion, moral distress, and declining mental health. These pressures fuel more absences, more departures, and more instability across care teams.

Yet many organizations continue to rely on individual-level solutions like wellness apps, resilience workshops, and EAP referrals. These tools help people cope, but they don't change the conditions causing burnout or bring down its hidden costs. The unintended consequence? As clinicians regain strength, they often gain the clarity and confidence to pursue better working environments elsewhere.

Why a new approach is needed

The evidence is clear: sustainable improvement depends on system-level change. But implementing that change across a mid-sized organization is complex. Leaders need diagnostic precision, structured frameworks, and expert support to translate research into measurable outcomes that reduce burnout and strengthen retention.

Be under no illusion. Burnout recovery is a long game. However, organizations that treat wellbeing as a strategic priority—not just an individual responsibility—can build cultures where clinicians stay, perform at their best, and deliver exceptional care.

As a leader in a mid-sized hospital or practice, we know that none of this is new. You are already living the financial and human cost of burnout every day. The first part of this report is meant to ground us in a shared language and evidence base so we can be precise about why your current burnout plan isn't working and what steps to take next.

The Cost of Burnout at a Glance

- **$61,110** per nurse departure **(up 8.6%)**

- **$500,000+** per physician vacancy in lost revenue and recruitment

- Up to **60%** of temporary staffing increases linked to burnout-related absences

- Safety impact: burnout is directly associated with adverse events and lower patient satisfaction

Burnout isn't just a staffing issue for mid-sized hospitals and clinics—it's eroding margins, morale and patient safety

Burnout Isn't About Weak Individuals—It's About Flawed Systems

Burnout was once seen as unique to caregiving professions. Today, it's recognized by the World Health Organization as a widespread occupational hazard [1]—one that healthcare bears more acutely than most industries. Unfortunately, burnout often goes unrecognized by leaders and even those impacted until many experience complete physical, mental, or emotional collapse.

While burnout is often framed as a personal failure, extensive evidence shows: systems—not individuals—must be redesigned to create meaningful change. Coping strategies like mindfulness and therapy may help, but they are no substitute for a structural shift in work conditions, culture, and leadership practices that make clinical professions sustainable.

In 2019, the World Health Organization classified burnout as an occupational phenomenon in the International Classification of Diseases (ICD-11)—a response to chronic, unmanaged workplace stress [1]. It is defined by three dimensions: exhaustion, detachment or cynicism toward work or those served, and a diminished sense of accomplishment or effectiveness.

exhaustion

the World Health Organization

WHO

detachment or cynicism toward work or those served

diminished sense of accomplishment or effectiveness.

Burnout's Permanent Grip on Healthcare Post-Pandemic

During the COVID-19 pandemic, burnout rates among U.S. healthcare workers reached a peak. Almost five years later, rates may have eased, but they continue to exceed pre-2020 levels across roles and settings—evidence that this isn't residual pandemic fatigue but systemic dysfunction (Fig. 1).

The underlying drivers—administrative burden, moral distress, imbalanced demands, and misaligned work design—remain embedded in how healthcare is structured and delivered. Until those root conditions are addressed, burnout will remain both symptom and signal: one that warns us that sustainable care requires more than resilience—it requires redesign.

Although system redesign can sound like an all-or-nothing overhaul, it does not have to be. In practice, it looks less like flipping a switch and more like a series of deliberate, tightly scoped changes—piloted in the right places, measured well, and expanded over time.
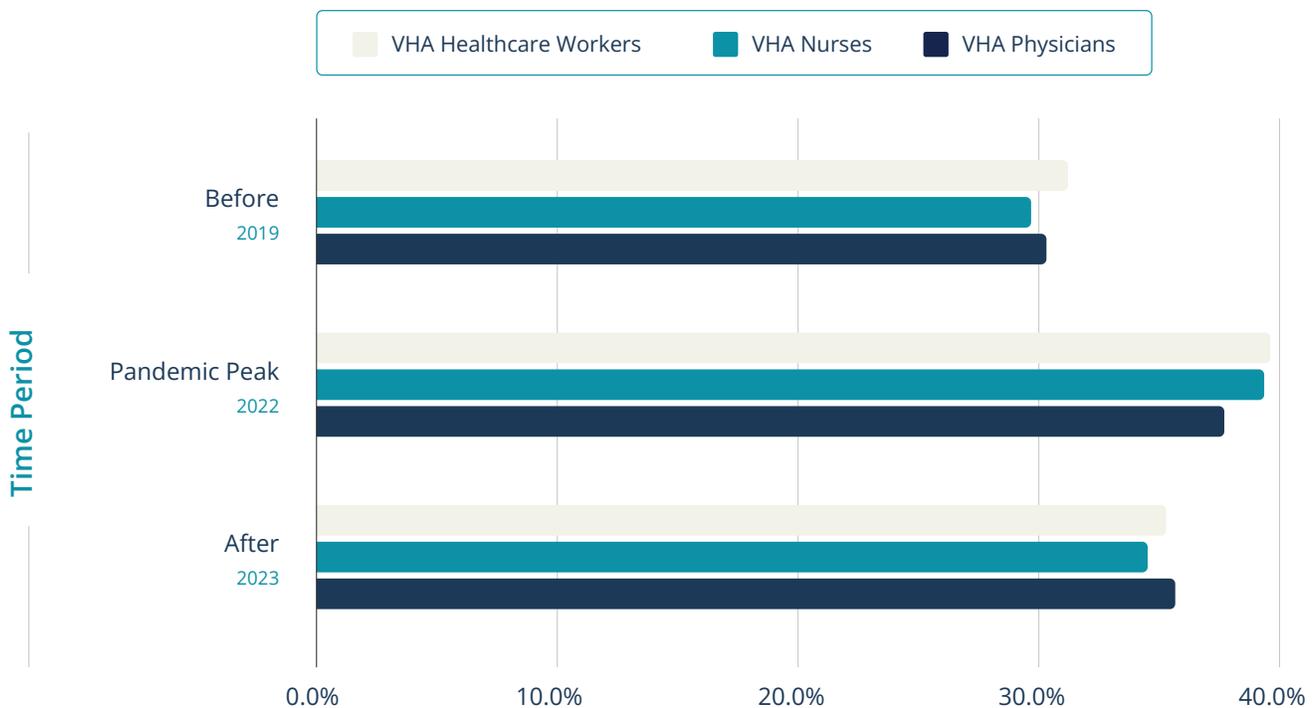
Burnout Trends among VHA Healthcare Workers

Figure 1: Burnout rates remain stubbornly high even after the pandemic

The 4 Hidden Costs Draining Healthcare Organizations

The effects of burnout spread far beyond the individual; they undermine the financial stability, staffing continuity, and safety culture of entire healthcare systems, draining budgets and institutional knowledge. The impact is widespread. More than half of hospitals report significant staffing challenges, particularly in nursing and behavioral health [2]. The following are the four critical areas where burnout hits hardest.

For most CMOs, CNOs, and HR leaders, these pressures aren't a surprise. What may be newer is having a clear, shared way to name these 'hidden taxes' and quantify their impact across turnover, productivity, temporary staffing, and patient safety. This section is about grounding our shared reality before shifting into why many burnout plans stall and what actually moves the needle.

Cost #1: The Turnover Tax

Across the U.S. healthcare sector, burnout and turnover are tightly linked, creating a feedback loop of exhaustion, departures, and financial strain. This isn't just operationally disruptive—it's financially staggering. In 2025, the average cost of replacing a single nurse is $61,110, placing hospitals at risk for annual losses between $3.9 million and $5.7 million [3].

When burnout extends to physicians and specialists, the stakes grow exponentially. Physician vacancies represent a half-million-dollar gap before lost revenue is even counted. Recruiting and onboarding a new physician costs at least $500,000, and that figure excludes the substantial billing losses organizations absorb during prolonged vacancies [4].

> Every one-percent change in RN turnover costs or saves hospitals an estimated **$289,000** per year

Cost #2: The Productivity Tax

Burnout doesn't always result in departure; it often manifests as absenteeism or extended disability leave. Some burned-out clinicians do remain in their roles. However, they operate at reduced capacity, creating what researchers call "presenteeism"—working while physically or otherwise unwell.

Unfortunately, this produces a domino effect. When one clinician burns out, others often follow. The remaining team members absorb additional responsibilities, work longer hours, and face their own increased burnout risk—setting up a loop that erodes organizational capacity from within.

Cost #3: The Temporary Staffing Tax

Staffing shortages now affect nearly every clinical role—from nursing and allied professionals to primary care and behavioral health [5]. As absences and vacancies rise, many organizations depend on agency and travel staff to keep services running. These clinicians typically cost two to three times more than permanent staff, resulting in multimillion-dollar annual contracts for mid-size hospitals [5].

Burnout is a major force behind this escalation. Absenteeism and strain among regular staff account for up to 60% of the increase in temporary staffing costs [6]. Each departure or extended absence raises the load on remaining teams, leading to more burnout and even greater reliance on expensive contracts. What begins as a short-term fix quickly becomes a financial symptom of a deeper organizational problem.

Cost #4: The Patient Safety Tax

Burnout doesn't stay contained within the workforce—it extends directly to the bedside. Meta-analyses covering hundreds of thousands of healthcare workers confirm that burnout correlates with lower safety culture scores, more adverse events, and diminished patient satisfaction [7].

The pattern is clear and self-reinforcing: clinicians involved in safety events face higher burnout risk, while burned-out clinicians are more likely to make errors, creating a cycle that compounds both problems [8]. When clinicians are depleted, communication breaks down, teamwork deteriorates, and patient outcomes suffer. This is no longer solely a workforce issue, if it ever was. Clinician wellbeing is a patient safety strategy.
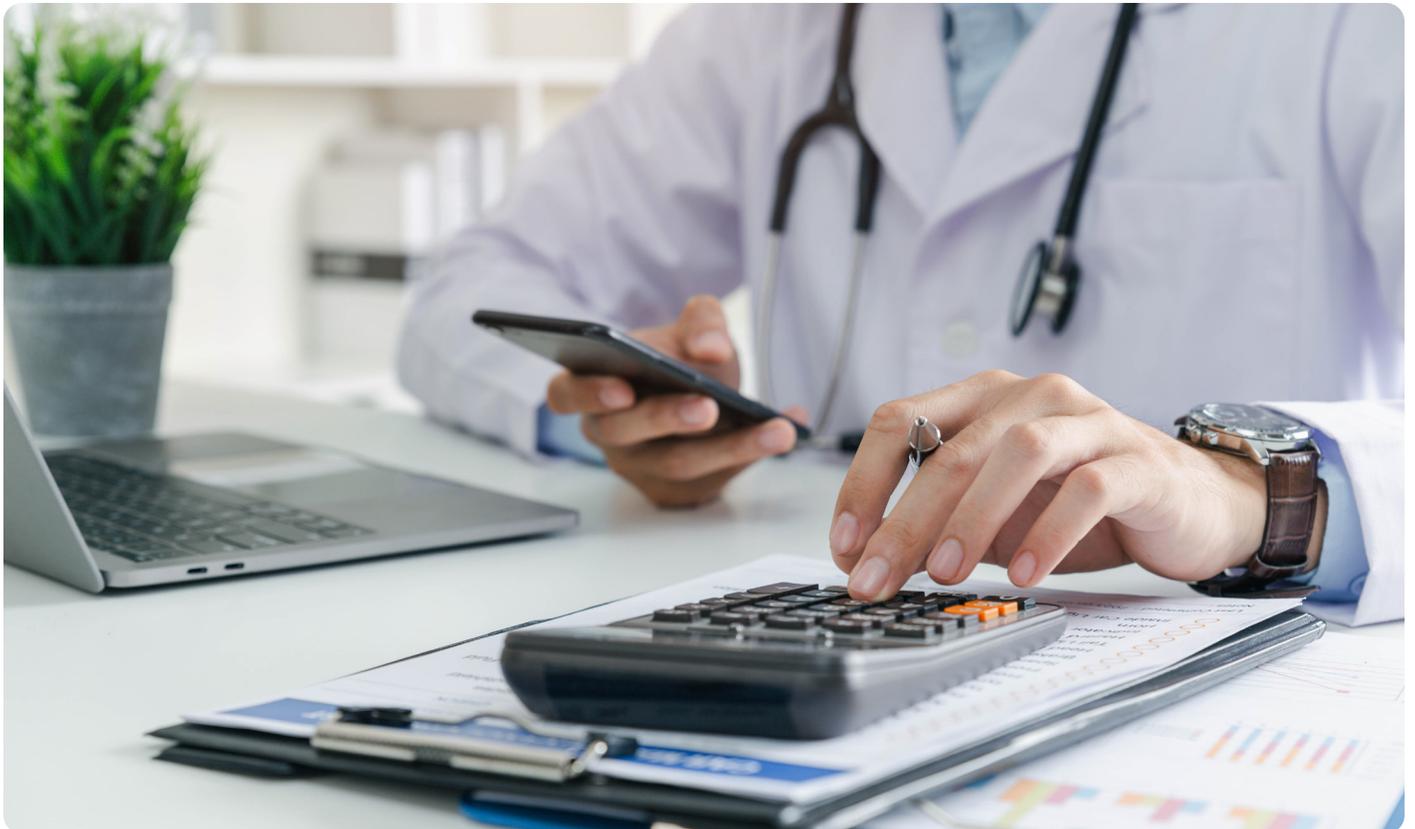
Why Your Burnout Plan Isn't Working

With the true costs on the table, the next question is not "Is burnout real?" but "Why isn't what we're already doing making a dent?" If your hospital is like most others, it treats burnout as an HR issue. In recent years, that's led to a wave of surface-level fixes such as wellness apps, EAP referrals, yoga breaks,and massage chairs, to name a few. Some organizations even offer resilience training, teaching clinicians mindfulness, stress management, and coping skills to handle workplace pressure.

These efforts are well-intentioned, but they share a fundamental limitation: they target individuals, not systems. Programs focused solely on building individual resilience show only moderate impact. Meanwhile, the real problems affecting mid-sized hospitals—staffing shortages, leadership gaps, and structural barriers—remain unaddressed [9][10].

Individual Solutions

Wellness apps, yoga, EAP

⬇

Limited Impact

✖

System-Level Solutions

⬇

Sustainable Change

✔

Falling into the Individual-Level Intervention Trap

To be clear, individual strategies like mindfulness and counseling have value and should remain available. However, they must complement—not replace—system-level fixes such as adequate staffing, scheduling flexibility, and supportive leadership [10][11].

This is where many organizations get stuck. Even as evidence shows burnout is primarily driven by organizational factors, most intervention dollars and leadership attention, including congressional allocations, still flow toward personal coping tools rather than system redesign [10][12].

Inconsistent leadership follow-through compounds the issue: some units invest in meaningful, data-driven interventions while others maintain business as usual [13]. The result is predictable—plenty of activity, limited impact.

Inadvertently Empowering People to Leave

There's also a less visible consequence that leaders rarely anticipate. When individual interventions are used in place of system change, they can unintentionally accelerate turnover. As clinicians regain personal capacity through these programs, they often gain the clarity and confidence to recognize better options—and the energy to pursue them [14].

In other words, you may invest in helping people recover only to watch them walk out the door. Without a system-level response, even strong wellness initiatives have limited effect.

Understanding the Real Drivers of Burnout

A retired RN with extensive trauma exposure and critical-care experience across ICU, ER, and neuro-ICU settings is familiar with this scenario.

She puts it plainly: individual interventions have little impact on burnout. What matters most are three factors: : demands, control, and support.

> *"The first place to look to alleviate the load is the demands of the work and this has everything to do with staffing. For control, using nurses and their expertise to their full potential is something that can remedy some of the challenges of having to wait for physicians to make decisions. And finally, support where having managers step in and pick up some of the slack so those on the floor can have a break or a meal can help."*

Demands

By addressing work demands through staffing.

Control

By empowering nurses to make decisions.

Support

By having managers cover for staff breaks.

Without a systemic response, even the best wellness initiatives have limited impact.

The Proven Path Forward

So what actually works? The data points to an **evidence-based approach** that depends less on self-care campaigns and more on redesigning how healthcare organizations operate, lead, and care for their own people.

For leaders reading this, it's important to name the tension: while this work is urgent, it can also seem overwhelming. No one CMO, CNO, or HR leader is meant to carry this alone. The goal is not to fix everything everywhere at once, but to start where the risk and readiness are highest, learn quickly, and then scale what works.

To make real progress with your burnout plan, pursue these four interconnected strategies:

1. Redesign Your Practice Environment

Organizations—not individuals—hold the key to reducing burnout. Systematic reviews and statistical analyses consistently show that system-wide strategies deliver the strongest and most sustainable results [8].

The biggest gains come when health systems focus on structural redesign, not surface-level fixes: cutting out inefficiency, building stronger teams, listening continuously, and investing wisely in staffing, technology, and resources that reflect clinicians' day-to-day realities [12][15].

These aren't HR initiatives. They're strategic imperatives that determine organizational sustainability. As the National Academy of Medicine emphasizes, burnout must be treated as a systemic and cultural challenge, not an individual shortcoming [12][14]. Organizations acting on that insight will not only retain talent but also strengthen care quality and long-term resilience.

Mini-Case: Napping for Safer Shifts

A simple 30-minute nap pilot for night-shift nurses reduced commute-time drowsiness and boosted unit morale, ultimately winning over skeptical managers when nurse testimonials proved more persuasive than the data.

The Challenge

Night shift nurses at two hospitals faced severe sleep deprivation, yet nurse managers initially resisted a nap pilot program. They viewed napping as unprofessional and worried about liability, firmly believing that **"you don't sleep on the job."**

The Intervention

Two pilot units implemented optional 30-minute naps during night shifts. With space hard to find, nurses improvised solutions using reclining chairs and fold-up cots. Researchers tracked outcomes using sleepiness scales and discovered that some severely sleep-deprived nurses experienced sleep inertia lasting up to an hour after waking, making them poor candidates for workplace napping

The Shift

Effective nappers reported significantly reduced drowsiness during their commutes home. In addition, nurses began requesting assignments to the **"napping units"** rather than alternative units. When researchers presented their findings to all nurse managers, nurse testimonials proved **"even more powerful"** than the data with several speaking of personal shifts they experienced as a result of the intervention. [16]

2. Build a Supportive Culture

Leadership often determines whether interventions succeed or stall. Supportive leadership—marked by transparency, empathy, and shared decision-making—reduces burnout risk. Conversely, authoritarian or disconnected management drives presenteeism and disengagement [17][18].

A practicing physician with years of frontline experience describes what this looks like in practice:

> *"The best leaders treat medicine like a team sport and understand that no task is beneath them because of their role. That goes a long way in building enormous trust."*

Beyond hands-on support, he emphasizes the power of appropriate vulnerability:

> *"It helps when leaders share that they're dealing with it too. What works is authentic communication: good feedback without holding things back and empathizing with others when you can."*

Ultimately, a supportive culture is built through leadership behavior. And that starts at the top. Leaders who cultivate conditions such as transparency, fairness, and shared decision-making don't just improve morale—they build organizations where clinicians want to stay, perform at their best, and deliver exceptional care.

"Control Is a Big Thing" : One Nurse's Experience with Self-Scheduling

For night shift nurses, unpredictable scheduling can compound the challenging nature of overnight work. One nurse described how simply gaining some control over her schedule through a color-coded self-scheduling system fundamentally changed her work experience.

The System

Using a mobile app, nurses designated their availability through three categories:

- ⊙ **Red days:** Protected off-schedule days that cannot be touched

- ⊙ **Pink days:** Available only if scheduling necessity requires

- ⊙ **Green days:** Available to be scheduled at will

The Impact

The ability to protect certain days as untouchable (red) while still offering flexibility through pink and green designations gave nurses agency over their personal lives without leaving their units understaffed. "Control over the schedule is a big thing," the nurse explained.

ER Registered Nurse, NJ Hospital

3. Implement Team-Driven Initiatives

System-wide reform sets the foundation, but the work unit is where healthcare workers live their daily reality, making it the optimal site for context-specific intervention. Team-based initiatives emphasizing community, professional development, and peer recognition significantly improve morale and resilience [7][19].

What does this look like? Regular team debriefs that create space for collective processing. Interactive scheduling systems that give clinicians control over shifts and time off. Peer support networks and rituals—**"psychological PPE"**—that strengthen connection and normalize help-seeking [14]. These micro-interventions translate system priorities into lived experience.

However, it's important to understand that burnout drivers vary across units: what strains an ED may not strain a surgical or primary care team. Successful organizations use unit-specific diagnostics to understand needs before acting, then track outcomes to sustain momentum and accountability [13][15][19]. Uniform solutions risk overlooking core issues or creating improvement fatigue.

4. Integrate Individual Support Strategically

System transformation works best when paired with individual support. Mindfulness, peer support, and mental health resources are most effective when integrated with organizational change, not offered in isolation [20]. Wellness programs without environmental fixes often backfire, leaving clinicians feeling blamed for systemic problems [14]. Time off might provide temporary relief, but sustainable change requires fixing what clinicians return to.

The path forward requires balance. Organizations must destigmatize mental health care, ensure confidential, universal access, and normalize help-seeking and peer support as signs of professional maturity, not weakness. Most importantly, they must redefine excellence—shifting from self-sacrifice as the standard toward sustainable, humane performance [14].

Bottom line: Wellbeing must be both a personal practice and an organizational responsibility—a shared commitment reinforced through culture, policy, and daily practice. When individual support is paired with systemic change, both clinicians and organizations are most likely to thrive.

Turning Evidence Into Action

It is at this point that many organizations struggle. The research on tackling burnout is clear, but the implementation rarely is. Mid-sized hospitals and healthcare facilities need practical ways to translate broad principles into daily operations.

The successful path forward is a phased, co-created one. Most mid-sized hospitals make the most progress when they start with one or staff to identify a small set of concrete drivers, measure impact, and then expand what works.

Because culture, structure, and resources vary widely—even within the same hospital—using identical solutions across departments risks missing key stressors or, worse, adding new burdens to teams [13][19]. When the work is sequenced and tailored this way, system redesign becomes a series of manageable moves rather than an impossible mandate.

Start Small ⇨ **Measure Impact** ⇨ **Expand**

Here's how targeted, measurable actions can look in practice:

Strategy 1: Rethink the Workday

Evidence-based solution: Redesign Your Practice Environment
Reimagine workflows to make efficiency and wellbeing part of everyday operations

Key Actions	Intended Impact
Reduce or eliminate low-value administrative work	Cuts inefficiency and prevents frustration
Review staffing policies to enforce regular breaks and paid time off	Promotes rest and work-life balance
Introduce care models that distribute workloads evenly	Strengthens teams and prevents overload
Conduct wellbeing surveys and burnout audits	Identifies early warning signs and supports continuous improvement

Strategy 2: Prioritize Community and Feedback Loops

Evidence-based solution: Build a Supportive Culture
Create an environment where wellbeing is modeled—not mandated

Key Actions	Intended Impact
Introduce leadership listening sessions	Strengthens communication, trust, and early problem-solving
Train leaders in inclusive communication and psychological safety practices	Enables leaders to understand and mitigate the causes of burnout
Create a system of reward and recognition	Increases morale, belonging, and motivation
Create peer-support structures that strengthen belonging and connection	Builds resilience and reduces isolation

Strategy 3: Empower Teams to Lead Localized Wellbeing Efforts

Evidence-based solution: Implement Team-Driven Initiatives
Shift the focus from personal endurance to collective resilience

Key Actions	Intended Impact
Conduct regular team debriefs and reflection sessions	Allows staff to process and overcome stress collectively
Introduce interactive scheduling systems that give clinicians greater control over shifts and time off	Enhances autonomy, and improves team dynamics and work-life balance
Provide unit-specific wellbeing surveys and support networks	Identifies localized burnout drivers and normalizes help-seeking
Track burnout and engagement trends over time and correlate with implemented changes	Builds accountability, transparency, and sustained progress

⚙️ Strategy 4: Normalize and Integrate Individual Wellbeing Support

Evidence-based solution: Integrate Individual Support Strategically
Embed wellbeing into the system—not as a program but a shared practice

Key Actions	Intended Impact
Provide confidential, easily accessible mental health and counseling services	Reduces stigma and increases the use of mental health resources
Set up anonymous feedback channels or regular "stay interviews" to gather input.	Assures every employee that they are safe to voice their concerns
Offer a Well-Being program that includes personalized guidance	Encourages employees to look after their own health and wellness
Launch a Wellness committee and organization-wide strategy	Ensures wellness initiatives are coordinated, monitored and universal

Achieving measurable outcomes with expert help

For overloaded healthcare leaders, taking on another initiative can feel daunting. Yet the cost of inaction is far greater. Burnout isn't a short-term challenge—it's evidence the system requires redesign. True, each action outlined here takes intention, time, and capacity, all of which are in short supply. However, with the right support, even thinly stretched organizations can recover.

Developing a strategic partnership is crucial. Most hospitals and clinics need outside expertise to navigate the complex path to sustainable change. The right organizational w doesn't just hand you another initiative—they help you sequence the work, and accelerate progress and prevent costly missteps by bringing in diagnostic precision, evidence-based frameworks, and implementation expertise. In short, they build your capacity to enact change, one step at a time.

8 Essentials for Selecting the Right Wellness Transformation Partner

Creating sustainable change requires the right partner—one whose approach aligns with your organization's culture, mission, and priorities. In particular, look for the following:

- [ ] **Evidence-Based Design**

  Grounded in research and proven frameworks that integrate both systemic and individual wellbeing strategies.

- [ ] **System-Level Approach**

  Goes beyond surface wellness activities to embed wellbeing into operations, leadership, and policy—transforming wellness from a stand-alone initiative into a strategic driver.

- [ ] **Diagnostic Clarity**

  Provides robust assessment tools to identify burnout drivers, track progress, and guide continuous improvement.

- [ ] **Cultural Fit and Customization**

  Adapts solutions to your organization's people, workflows, and values—rejecting one-size-fits-all approaches.

- [ ] **Integrated Individual Support**

  Ensures mindfulness, stigma-free mental health access, and peer connection are seamlessly woven into the fabric of organizational wellbeing.

- [ ] **Leadership Engagement and Coaching**

  Builds leadership capacity through reflection, skill-building, and accountability practices.

- [ ] **Implementation Partnership**

  Offers hands-on collaboration and guidance to move from insight to sustained change.

- [ ] **Measurable Outcomes**

  Links wellbeing initiatives to tangible improvements in retention, engagement, and organizational resilience, supported by metrics that demonstrate both human and financial ROI.

Wellness Embodied LLC meets all the criteria above. It helps mid-sized hospitals and clinics redefine the fundamental relationship between individual wellbeing and organizational culture, using a system rooted in research and embodied in practice.

For an introduction to this system, take our free Burnout Self-Assessment—a quick diagnostic tool that identifies exactly where burnout is taking root in your organization.

Conclusion

The path forward is clear: the future of clinician wellbeing depends on organizations that approach change with curiosity—continuously measuring, reflecting, and adapting based on what they learn. Those that track burnout trends, evaluate interventions, and share outcomes transparently create a cycle of continuous improvement that strengthens care at every level.

This shift—from reactive wellness programs to proactive and strategic systems design—marks a turning point. Burnout prevention is no longer a wellness initiative only; it's a strategic imperative tied to patient safety, staff retention, and organizational sustainability. Every dollar spent on retention and culture improvement is a dollar reclaimed from turnover and productivity costs.

Last word: you can't solve burnout by teaching people to endure broken systems. Sustained improvement depends on redesigning how healthcare organizations function—one unit, one driver, one learning cycle at a time—tackling workflow, leadership, staffing, and culture at their roots.

Achieving measurable outcomes with expert help

Schedule a **complimentary discovery call** with Wellness Embodied to explore how we can help you transform clinician burnout into sustainable wellbeing.

Or...email us at **bloodine@iamwellnessembodied.com**.

About Wellness Embodied LLC

Wellness Embodied LLC is a boutique organizational wellness and leadership development firm that helps healthcare and human service organizations move from burnout to sustainable wellbeing. Using our Framework for Sustainable Practice, the firm partners with leaders to redesign systems, elevate wellbeing, and strengthen retention. Its approach blends data, improvement science, and compassionate accountability to address burnout at both individual and structural levels.

Founded by Dr. Bloodine Barthelus—a national expert in emotional intelligence and organizational change—Wellness Embodied translates research into practical strategies that help people and organizations thrive.

Sources

[1] World Health Organization, "Burn-Out an 'Occupational Phenomenon': International Classification of Diseases," May 28, 2019, https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases.

[2] Health Resources and Services Administration, "State of the US Healthcare Workforce," 2024, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf.

[3] NSI Nursing Solutions, Inc., "2025 NSI National Health Care Retention & RN Staffing Report," 2025, https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.

[4] AMN Healthcare, "The Cost of Physician Burnout and Economic Impact of Physicians," 2024, https://www.amnhealthcare.com/siteassets/amn-insights/physician/the-cost-of-physician-turnover.pdf.

[5] Maulik S. Joshi, "Agency Staffing and Hospital Financial Performance: Insights and Implications," Journal of Healthcare Leadership 16 (October 2024): 365-374, https://doi.org/10.2147/JHL.S470175.

[6] Theodore Drew, "The Silent Emergency: The Story Behind 2025's Healthcare Staffing Shortages," January 2025, https://theodoredrew.com/blog/the-silent-emergency-the-story-behind-2025s-healthcare-staffing-shortages/.

[7] Li LZ, Yang P, Singer SJ, Pfeffer J, Mathur MB, Shanafelt T. Nurse Burnout and Patient Safety, Satisfaction, and Quality of Care: A Systematic Review and Meta-Analysis. JAMA Netw Open. 2024;7(11):e2443059. https://doi.org/10.1001/jamanetworkopen.2024.43059.

[8] Agency for Healthcare Research and Quality, "Burnout," PSNet, last modified September 7, 2022, https://psnet.ahrq.gov/primer/burnout.

[9] Grant Thornton LLP, "Transforming Burnout into Growth for Healthcare," 2025, https://www.grantthornton.com/insights/articles/health-care/2025/burnout-solutions-in-healthcare.

[10] "Frontiers in Medicine," accessed October 20, 2025, https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2025.1679590/full.

[11] Razai MS, Kooner P, Majeed A. "Strategies and Interventions to Improve Healthcare Professionals' Well-Being and Reduce Burnout." Journal of Primary Care & Community Health. 2023;14:21501319231178641. https://doi.org/10.1177/21501319231178641.

[12] Tait D. Shanafelt, Colin P. West, Christine Sinsky, Mickey Trockel, Michael Tutty, Hanhan Wang, Lindsey E. Carlasare, and Liselotte N. Dyrbye, "Changes in Burnout and Satisfaction With Work–Life Integration in Physicians and the General US Working Population Between 2011 and 2023," Mayo Clinic Proceedings 100, no. 7 (July 2025): 1142-1158, https://doi.org/10.1016/j.mayocp.2024.11.031.

[13] Shanafelt TD, Larson D, Bohman B, Roberts R, Trockel M, Weinlander E, Springer J, Wang H, Stolz S, Murphy D. "Organization-Wide Approaches to Foster Effective Unit-Level Efforts to Improve Clinician Well-Being." Mayo Clinic Proceedings. 2023;98(1):163–180. https://doi.org/10.1016/j.mayocp.2022.10.031.

[14] DePorre A, Banerjee G, Mitchell JD, Brzezinski M, Ballard HA. "Burnout in Medicine: Are We Asking the Right Questions?" The Permanente Journal. 2023;27(2):123–129. https://doi.org/10.7812/TPP/23.033.

[15] Mohr, David C., Shereef Elnahal, Maureen L. Marks, Ryan Derickson, and Katerine Osatuke. "Burnout Trends Among US Health Care Workers." JAMA Network Open 8, no. 4 (April 1, 2025): e255954. https://doi.org/10.1001/jamanetworkopen.2025.5954.

Sources

[16] Geiger-Brown J, Sagherian K, Zhu S, Wieroniey MA, Blair L, Warren J, Hinds PS, Szeles R, "CE: Original Research: Napping on the Night Shift: A Two-Hospital Implementation Project," American Journal of Nursing 116, no. 5 (May 2016): 26-33, https://doi.org/10.1097/01.NAJ.0000482953.88608.80.

[17] Sergio Edú-Valsania, Ana Laguía, and Juan A. Moriano, "Burnout: A Review of Theory and Measurement," International Journal of Environmental Research and Public Health 19, no. 3 (January 2022): 1780, https://doi.org/10.3390/ijerph19031780.

[18] Gerlach M, Hahn S, Rossier C, Geese F, Hamers J, Backhaus R. "Presenteeism among nurses: An integrative review." International Journal of Nursing Studies Advances. 2024;7:100261. https://doi.org/10.1016/j.ijnsa.2024.100261.

[19] Underdahl L, Ditri M, Duthely LM. "Physician Burnout: Evidence-Based Roadmaps to Prioritizing and Supporting Personal Wellbeing." Journal of Healthcare Leadership. 2024;16:15–27. https://doi.org/10.2147/JHL.S389245.

[20] National Academies of Sciences, Engineering, and Medicine, Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (Washington, DC: The National Academies Press, 2019), https://doi.org/10.17226/25521.