

TAKEAWAYS



# BURNOUT:

How the Built Environment Supports Resilience

An Executive Summary on Staff Wellbeing

## INSIDE YOU WILL LEARN ABOUT:

The current state of burnout in healthcare.

The impact of burnout on clinicians, patients and organizations.

The role of the built environment in mitigating burnout.

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*This executive summary was created as a benefit for the **Affiliate+** program.*



## AUTHORS

Yolanda Keys, PhD, RN, NEA-BC, EDAC  
Research Associate

Ellen Taylor, AIA, MBA, EDAC  
Vice President for Research

# Burnout: How the Built Environment Supports Resilience

December 2022

## Executive Summary

The Triple Aim was introduced in the early 2000s with a focus on improving population health, enhancing the patient experience, and controlling costs (Berwick et al., 2008). By 2014, the plight of caregivers inspired a shift in the initial goals to include work-related burnout and support for the health of care providers resulting in the Quadruple Aim (Bodenheimer & Sinsky, 2014). Addressing clinician burnout requires an all hands approach that includes organizational efforts, the built environment, and individual consideration (Olson et al., 2019).

The term “burnout” is used casually and in a variety of circumstances, but the impact of true burnout is substantial. Burnout manifests as emotional exhaustion, cynicism that leads to job detachment, and perceptions of ineffectiveness that can lead to increases in medication errors, patient falls, infections, decreased patient and family satisfaction, and staff turnover (Dall’Ora et al., 2020; Maslach et al., 2001). High patient acuity, heavy patient loads, staffing shortages, and high stress levels all contribute to caregiver burnout. Nurses, who often spend more than 12-hours a day on their unit are especially at risk. The COVID-19 pandemic added stress to already stretched professions and an unprecedented decline in registered nurses has already been noted (Buerhaus et al., 2022).

Strategies to mitigate the effects of cumulative stress contributing to burnout include work breaks, restorative break areas, outdoor views (specifically views of nature), designs that foster social support, systems that mitigate both interruptions and noise, and strategic napping. These interventions may include assessing unit cultures that foster or inhibit nurses from taking breaks, re-purposing rooms to support uninterrupted breaks, and implementing policies that would facilitate exposure to the outdoors. Spaces that allow for collaboration and connection are important for healthcare workers to connect, collaborate, and optimize patient care decisions. Distractions created by

### STRATEGIES TO ADDRESS CLINICIAN BURNOUT

- 1 Restorative break areas
- 2 Outdoor views (specifically views of nature)
- 3 Outdoor spaces
- 4 Designs that foster social support
- 5 Systems that mitigate interruptions
- 6 Noise-reducing acoustical design



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interruptions or noise can cause nurses to lose focus when they are engaged in high-risk interventions, such as medication administration. While interruptions and alarms cannot be completely eliminated, policy and design can be leveraged to mitigate non-essential distractions. Finally, strategic napping has shown to restore both physical and cognitive performance, especially in night shift clinicians.

The Burnout issue brief is organized in three sections. The first part provides important background information around burnout in healthcare providers, including research findings that reveal the impact on patient and organizational outcomes. Next, the paper expands on how the acute care work environment contributes to burnout. Lastly, it summarizes recommendations to mitigate burnout and support healthcare workers.

## References

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