



Check Yo

Monitoring and Managing Work

By Mark Harris

The health care system is remarkably complex and is built upon the training, skills, and dedication of the many people who comprise the system's diverse workforce. From physicians and licensed practitioners to administrators, medical assistants, technicians, and numerous other professionals, the health professions encompass a diverse range of occupations, skill sets, and responsibilities.

The modern health care system also represents one of the nation's largest workforce sectors, constituting 9% of total employment in the United States as of 2022.¹ As a service-oriented industry

devoted to human health, the stakes are invariably high that the medical system functions at an optimal level of quality, efficiency, and performance.

For many health care professionals, working in the medical field can involve years of education and training, adherence to licensure and professional standards and guidelines, and the ability to meet the numerous daily responsibilities and demands of patient care.

While there are unique pressures associated with work in the health care field, a number of modern stressors also weigh on today's workforce. These include poor work conditions exacerbated by staffing shortages, excessive workloads, salary and contract

issues, and other operational challenges. The impact of the COVID-19 pandemic further complicates these challenges.

When left unaddressed, chronic workplace stressors in health care can impair the well-being and performance of both individuals and organizations. For staff, these stressors can eventually lead to job burnout, which the American Psychological Association (APA) characterizes as involving ongoing emotional exhaustion and other negative symptoms.² The APA warns that these stressors go beyond the usual or expected pressures of most workplaces. For health care providers and organizations, unmanaged workforce stress can lead to high rates of absenteeism, staff turnover,



Our Vitals

Workforce Burnout in Health Care

and declines in job performance. Meanwhile, workforce burnout can also increase the risk of medical errors.³

Chief Concerns

Workforce burnout is not a medical condition. The concept of burnout is classified in the *International Classification of Diseases, 11th Revision (ICD-11)* as an “occupational phenomenon,” according to the World Health Organization.⁴

The inclusion of burnout in *ICD-11* reflects the significance of the phenomenon. The *ICD-11* describes occupational burnout as follows:

Burnout is a syndrome conceptualized as

resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
- reduced professional efficacy.⁴

Undoubtedly, the COVID-19 global pandemic placed an enormous strain on the health care system’s workforce. Nearly half (46%) of health care workers reported often feeling burned out in 2022, according to the Centers for Disease Control and Prevention. Nearly as many also expressed interest in

finding a new job at that time.⁵

While the acute stressors associated with the pandemic have lessened since the height of the public health emergency, symptoms of workforce burnout remain higher than pre-pandemic levels.⁶ Several factors may explain these persistent stressors, according to industry experts.

“While we don’t face the same burden of acute and life-threatening illness that we saw during surges in the pandemic, what has not returned to pre-pandemic levels is the total volume of care that is occurring in American health care facilities, both ambulatory and inpatient,” says Jeff Salvon-Harman, MD, CPE, CPPS, vice president of safety at the Institute for Healthcare

Improvement (IHI). “And not only the sheer number of those patients, but the complexity of those patients. Thirty years ago, we would typically see one or two chronic conditions in the same patient when they would present for care. Now, we tend to see four or more chronic conditions in patients who are presenting for acute care.”

Business-related factors are further contributing to workforce pressures. “We see many more challenges in the payer structures that support the economics of health care,” says Dr. Salvon-Harman. “We continue to see the health care workforce and workplace being asked to lean down in the sense of getting very lean and eliminating waste and inefficiencies. But also, it is resulting in leaning down of the size of the workforce—the continued [expectation] of doing more with less. That’s a large part of what’s driving burnout for many in our workforce.”

As Dr. Salvon-Harman notes, the topic of workforce well-being encompasses themes such as burnout, moral injury, the sense of belonging or disconnection at work, and the physical safety of the workforce. Notably, the concept of moral injury involves a sense of ethical or moral disconnection that occurs when a care provider believes regulatory or payer influencers, or other limiting factors, are barriers to what they believe is the right or more caring course of action for a patient.

“Within the different professions in the workforce, we see slightly different influences, but in general, the workforce is still experiencing significant stressors and a combination of both burnout and moral injury in their day-to-day work,” remarks Dr. Salvon-Harman. “We know, particularly among medical assistants and in the acute care setting, ... that they have among the highest turnover of any of the health professions. In the ambulatory setting, we’ve seen a [shift] away from professional nurses and [toward] medical assistants. So, there is an increasing number of that workforce segment, while we see [a decrease] in nursing to support them. This contributes [to the burnout in] the medical assistant

“The features of a thriving health care workforce are well understood: the most joyful, engaged, productive staff feel both physically and psychologically safe, perceive belonging, appreciate the meaning and purpose of their work, have some choice and control over their time, experience camaraderie with others at work, and perceive their work life to be fair and equitable.”¹²

—Institute for Healthcare Improvement

community.”

As Dr. Salvon-Harman explains, health care organizations must address these rates of staff turnover, especially because direct care workers are among those who encounter and interact most with patients.

How Are You Feeling?

In response to these workplace challenges, IHI provides collaborative support to health care groups interested in enhancing workforce well-being within their organizations. As part of a strategic approach, IHI’s Improving Joy in Work initiative offers health care leaders and organizations a range of professional development tools, trainings, and resources that can help create a more positive and well-functioning work environment.⁷

In recent decades, patient-centered care has emerged as a guiding framework in the medical field. It is a care philosophy in which the patient-provider relationship is fundamentally viewed as a partnership, one informed by open communication, close listening, and valued regard for the patient’s concerns.

Accordingly, as Dr. Salvon-Harman explains, the merits of this patient-centered approach are now finding application in many workforce improvement initiatives. Just as clinicians must listen to patients to learn what matters to them, health system leaders and managers should also listen to staff, recognizing, acknowledging, and addressing their workplace needs and concerns as necessary and appropriate.

“I think the hallmark of the Joy in Work framework is the question, ‘What matters to you?’ ” says Dr. Salvon-Harman. “We often make assumptions, or we just don’t have those conversations with staff. We might fear that we’ll get drawn into a lengthy discussion or hear about concerns that we

don’t have any control over and can’t address. And so, we avoid the conversation altogether. I think it can be a missed opportunity to explore and understand [the] staff’s concerns. Are they all outside our control, or are there concerns we could [address] that would dramatically change workforce well-being, not

only for [a single] workforce member but potentially others with similar perspectives?”

As Dr. Salvon-Harman notes, the “What matters to you?” movement was originally focused on asking patients what matters to them to understand the levels of care they would desire and how their life goals align with their medical care and interventions. In other words, what do they desire from their health care experience, and how does that tie into their life outside of health care?

“It’s a somewhat logical step to think about how we would apply that type of thinking to our workforce and to ask them what matters,” explains Dr. Salvon-Harman. “What would remove barriers and increase your connection to work, your connection to patients, and your engagement in your role and with the organization? That’s really what the Joy in Work framework centers around: getting past those misperceptions and barriers to asking the question and being prepared to receive this information. It’s much like we try to prepare health care leaders for ‘intentional rounding,’ as it’s known: not just visiting as a blank slate outside of your [practice] to where the care is occurring, but also being prepared with questions for the staff. And then being prepared for how to receive the answers to those questions.”

To note, the term *intentional rounding* originally refers to a hospital nursing practice that involves a timed, planned intervention to address key elements in the patient’s care.⁸

For managers, IHI’s framework also provides practical guidance on how to prepare, engage in, and follow through on the “What matters to you?” conversations. IHI also recognizes that these workforce challenges must be consistently addressed at every level of leadership and of the organization. Dr. Salvon-Harman advises that there should be

a senior leader champion, someone who can model the organization's values, priorities, and commitment to the staff's well-being. A strong leadership commitment will also help ensure the group's improvement efforts prove durable and lasting.

Pulse Checks

Even without an organization-wide leadership initiative, medical practices can take steps to foster a more positive work environment. For instance, managers and supervisors can strive to cultivate strong, ongoing communication channels in the practice, conveying their interest in staff concerns, perspectives, and feedback.

"A lot of medical practices, and businesses in general, do annual reviews with employees," says David J. Zetter, PHR, SHRM-CP, CHCC, president of Zetter Healthcare Management Consultants in Mechanicsburg, Pennsylvania. "As a [human resources] person, I've never supported that. I've always said you should manage as you move. What I mean is that managers should be [communicating with] their employees on a regular basis. A manager should not be in their office too much. They should be out walking around, talking to staff, and observing what they go through each day. Understanding what the challenges are, supporting the staff, and providing solutions to the challenges they face [is] the manager's job."

In practical terms, Zetter suggests managers have a conversation with each employee about once a month. "Even if it's only for five minutes, it can help," he says. "This should be a serious conversation in which you're not interrupted, you're taking notes, and you then act on whatever the employees tell you."

Likewise, managers should convey to staff that they are approachable, says Zetter: "As a manager, you should have an open-door policy, so staff feel comfortable coming to you. They need to know that [regardless of what] is happening, if

they tell you something, no matter how bad it is or how big an emergency, they are in a safe place. You're going to listen intently, take notes, and then you're going to provide action. Once staff feel that you're listening, [they] will tell you anything. Just give them the opportunity."

Continuing staff education and training should be another priority, suggests Zetter. "One of the biggest challenges for most medical practices is [that] they don't train and educate their employees in an ongoing fashion to become better at their jobs," he remarks. "I would encourage practices to invest in staff training and education. I have known practices with coders [who] have not been to a training class or coding update in years. How [can] they do a good job if the practice is not willing to pay for their continuing education? The same is true for billing and front-desk staff. The risks [of] burnout increase when staff aren't educated [on] how to do their jobs [more effectively] and with the management support they need. You don't want staff to feel like they're alone on an island, trying to take care of all their responsibilities. If the practices are not willing to invest in their education, that is also telling the employees something."

Taking Notes

While workforce stress in the health care system is pervasive, individual health systems and organizations will weather these challenges differently and to varying degrees of success.

An informative 2021 study in the *Journal of Healthcare Management* offers

"In most cases, when something goes wrong in health care, it's [despite] valiant efforts and desire to do the right thing. It's driven more by complexity or insufficient system design, where parts are not appropriately connected, the dots aren't connected, [or communication doesn't] occur. Time and volume pressures, productivity, revenue generation—all of these outside influences intersect with the health care workforce. And so, we have to recognize and address the vast contribution of system factors that are driving burnout. Otherwise, it's like trying to put a bandage on an arterial bleed but not actually addressing the source of that arterial bleeding."

—Jeff Salvon-Harman, MD, CPE, CPPS

valuable insights into the nature of workforce resilience among medical assistants at a large academic medical center. The study surveyed the large medical assisting workforce at Stanford Health Care in Palo Alto, California, on factors influencing well-being and burnout. These measures included the impact of control, organizational culture, team knowledge, self-efficacy (a person's belief or confidence in their ability to perform a job successfully), and professional fulfillment and meaningfulness in the work experience.⁹

The organizational culture, professional fulfillment, and self-efficacy were identified as key factors in assessing the potential for burnout. Notably, a negative perception of the organizational culture was identified as the strongest predictor of burnout.

The Stanford study reported that burnout among its large medical assisting workforce was low, while professional fulfillment and meaningfulness ranked high. The study first surveyed Stanford's medical assisting staff in 2018 with a follow-up survey in 2022. Significantly, the latter survey found levels of burnout had not worsened for this workforce, despite the new stressors associated with the COVID-19 pandemic.¹⁰

For study coauthor Timothy Seay-Morrison, EdD, LCSW, senior vice president and chief administrative officer of ambulatory care operations and service lines at Stanford Health Care, the results were both revealing and encouraging. "The balance to that burnout measure is professional fulfillment, and medical assistants find a lot of fulfillment in the work that they do," says Dr. Seay-Morrison. "They feel like they're

contributing to the mission, and they impact people's lives. They enjoy being on teams and understand how to communicate on teams. They also have good coping skills and boundaries."

Notably, medical assistants at Stanford Health Care are classified as patient care coordinators (PCC), with commensurate responsibilities and opportunities for career advancement. The medical center uses a tiered

system for the PCC role, with PCC I, II, and III levels to categorize the position.

“The medical assistants we attract and retain are those [who] are looking to work in a complex environment,” reports Dr. Seay-Morrison. “The reason we call the job *patient care coordinator*—and they’re very attached to that title—is because their job [goes] beyond the basics of what is in a medical assistant’s scope of practice. In physician practices across the country, medical assistants are people of many attributes. They do so much work that keeps the practice moving and the patients well cared for. But here at least it’s built into the job description and to their progression ladder.”

Dr. Seay-Morrison elaborates on what it means for medical assistants to join the Stanford Health Care team. “At Stanford, you would join us as an entry-level medical assistant/patient care coordinator and have very typical medical assistant tasks like rooming and [taking] vitals, responding to the physician’s requests, front-desk operations, and more,” he says. “But then we add in other responsibilities like care coordination that might sometimes fall to nursing, social work, or other disciplines, even though it doesn’t require a license or expertise in that field. [However,] it is an area in which a medical assistant can certainly [perform tasks such as] complex scheduling and [guiding] a patient through their treatment journey. They can pass on medical education. They can relay important messages and provide guidance within protocols. And they can participate in resource finding and performance improvement.”

Regarding the latter, Dr. Seay-Morrison describes an improvement philosophy that seeks to empower the medical assisting workforce. “In our world, because we want all of our staff engaged in performance improvement, they write their own problem statements, and we train them to work on fixing problems and empower them to help us solve problems and make the workplace better,” he explains.

Resources

Centers for Disease Control and Prevention: The National Institute for Occupational Safety and Health

<https://www.cdc.gov/niosh/healthcare/risk-factors/stress-burnout.html>

Institute for Healthcare Improvement

<https://www.ihl.org>

Stanford Health Care

<https://stanfordhealthcare.org>

As nonexempt employees, medical assistants follow defined shift hours, breaks, and workplace responsibilities. In California, a state historically known for strong labor regulations, these boundaries may provide a layer of protection from the workforce pressures associated with burnout. However, like other health care professionals, medical assistants are also affected by the many modern system pressures that are affecting health systems.

“We know medical assistants have also been plagued by many random changes in what they’re asked to do—to take on new population health measures and new ways of communicating with patients and families and more,” notes Dr. Seay-Morrison. “They’ve experienced these impacts too. But for many reasons, their capability to remain [within boundaries] is perhaps one of the learnings we can take from medical assistants for other disciplines.”

Indeed, one enduring impact of the COVID-19 public health emergency may be a shift in perspectives among health care leaders and the workforce itself toward how to approach the work environment.

“Is work really different from [before the] pandemic?” asks Dr. Seay-Morrison. “No, but perhaps the pandemic gave us some perspectives that change the way we approach work, especially in health care. These are demanding and highly regulated [jobs,] and the American health care system is not [very] efficient. The work burdens and what we expect of the people in this environment are emotionally [and] physically taxing. All of the different complexities of the job weigh on people [as well as] the amount or pace at which indi-

vidual workers have to adapt to change, [whether] through new regulatory requirements, new documentation methodologies, [or] the ever-changing landscape of what payers or the government expect in terms of [performance]. It’s super dynamic.”

Indeed, one consequence of the pandemic may be a shift toward more awareness of how well health systems, including staff, are coping and functioning, observes Dr.

Seay-Morrison. In turn, this awareness could lead to updated or improved assessments of how health care organizations approach workforce issues, including monitoring, measurement, and improvement activities.

“How are we taking responsibility for our workforce?” asks Dr. Seay-Morrison. “I think [that while] health care has been more rigid than other industries, the pandemic has challenged us to think about how we can be more flexible [and] about what is possible. The pandemic has also changed our perspective on what individuals need to feel good about the work they’re doing and what is most important in life—how much of the work can be done flexibly or remotely, for example, as well as our understanding and ability to talk about these concerns.”

As an executive leader, Dr. Seay-Morrison has a great appreciation for the contributions the medical assistant workforce brings to Stanford Health Care. “We’ve learned this population has a lot of strengths and understands how to take care of themselves and balance work and fulfillment well,” he concludes. “We try to lean on what those strengths are. In a highly technical and professionalized world, ... our practice environments [rely on individuals] who choose to [pursue] medical assistant-level work. They are our core workforce in the ambulatory practice environment. They are so impactful. You can ask any physician when their medical assistant position turns over, it’s almost like a crisis because they know so much.”

Accordingly, the Stanford Health Care vice president is a strong advocate for health

system investment in individual and collective growth and development of the medical assisting workforce. “I believe it’s an investment that will pay off for everybody,” concludes Dr. Seay-Morrison.

Checking All the Boxes

Investment in workforce development and well-being is foundational to the health care system’s ability to consistently deliver high-quality patient care. In the current industry climate, this challenge remains a pressing concern and responsibility.

Indeed, health care workers continue to leave the industry for a variety of reasons. Evidence suggests “substantial and persistent” turnover in the health care workforce both during and after the height of the pandemic, according to a 2024 *JAMA* report.¹¹

“In countering burnout, I think workforce development is a big deal,” agrees Taylor Roemer, a medical assisting supervisor at the Native American Health Center in Oakland, California. “For instance, I would love to have medical assistants take more advantage of their education benefits and see what avenues they can grow into in their careers. I understand [that] many unionized health systems [offer] good educational benefits, for example, but they’re [often] underutilized. Medical assistants should [be aware of the] educational benefits [available to them at] their place of employment. In terms of career growth, management has opportunities to speak on these issues and do more to encourage their employees to move forward and grow. But they’re not always doing that. The risk is that staff can become stagnant in their careers. Medical assistants should be aware of opportunities to further their professional development.”

One enduring result of the pandemic may be a greater emphasis on work-life balance, adds Roemer, whose career also includes experience as a medical assisting educator. “During the pandemic, medical assisting and frontline staff had to become a lot more flexible,” she explains. “And in that, we learned we can do some of the administrative tasks we have at home. This gave us more flexibility with some of the work we do. However, since coming back into the workplace, I think some people are

finding it more stressful to be in the office now, doing tasks they feel they could easily do at home and still be productive.”

In turn, Roemer also expresses concern about current management pressures to incentivize overworking. “It’s leading to people [who] are not able to move forward in their careers [to consider changing] careers [or going] into different sectors,” she reports. A positive work environment also should respect staff in everyday ways, she believes. “In terms of overall job satisfaction, I think not being made to feel guilty if you [desire] to take a vacation, for example, is important,” says Roemer. “[No one should] be made to feel like they are responsible for getting their shifts covered. Everyone should know how to work with each other.”

Health care leaders, providers, and staff are currently more willing to think critically about established expectations surrounding work. In terms of hours, schedules, and other parameters, what are reasonable expectations for the workforce before a job becomes overburdening? In terms of the impact on a person’s life, what should it mean to be employed as a health care professional? These questions will continue to deserve examination and discussion.

Certainly, a fully engaged and thriving work environment, where job satisfaction and personal fulfillment are nurtured and supported by fair compensation, benefits, and clear work parameters, is a prerequisite for the health system’s ability to deliver quality patient care. With fresh leadership perspectives, vital input from every employment sector, and the resolve of health care organizations committed to improvement, the long-term goal of creating a healthy, well-managed, and positive workforce environment is achievable. ♦

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