EXPLORING BURNOUT AND RESILIENCE IN THE HIV CARE WORKFORCE

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THE PROBLEM: Burnout prevention efforts and the real needs around burnout are out of sync.

HIV clinical and service providers hear and talk a lot about "workforce burnout" **AND** **Leadership of many CBOs and healthcare institutions have made significant investments in preventing and addressing burnout** **BUT** **Burnout remains a huge problem among HIV care and service providers**

- **GUIDING QUESTION:** Why are current movements to combat burnout and increase workforce resilience failing to improve worker well-being and reduce turnover?
- **APPROACH:** We conducted 12 in-depth interviews with HIV clinic and CBO leaders, providers, and direct service staff to explore this question.

KEY TAKEAWAYS

There is a large body of literature on factors contributing to health workforce burnout: understaffing, financial pressures, and system inefficiencies, among others.[1-3] Our study builds on this picture and challenges how we address a strained workforce.

1. **Misdiagnosing the problem:** Much of "burnout prevention" is reframed as "promoting resilience." There is not a lack of resilience on the part of the individual; there is a downward shifting of structural burdens onto the shoulders of a diminishing workforce.[4]
2. **A misguided approach to adapting to hard times:** Relying on the resilience of individuals promotes "doing more with less" as a long-term strategy. Doing more with less is unsustainable in the long term, especially as the volume and needs of clients have steadily increased, and resources have steadily decreased. We are at an inflection point.
3. **Mistiming and miscalculating the response:** Many organizations chip away at staff resources over a long period of time—resources that make a hard job manageable, like benefits, time for collaboration, and appropriate staffing numbers. When burnout follows, the organization offers topically-applied fixes after the fact, like staff retreats or workplace yoga, that cost money but do not attend to the root issues.

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CONSIDERATIONS MOVING FORWARD

Shift the burden from individuals to organizations

What if rather than asking HIV care providers and staff, *what can you do to make this work sustainable*, we asked organizations, *what do you need to do to keep your staff?*

> ***We don't have the time for the things that we like to do, like talking about cases or reviewing things together, or collaborating on a tough case, … It's a really tough field [we're] in. You have a lot of shared experience … But the system isn't really set up for us to get that very often anymore.*** [Clinician]

Monitor and address strain

Leadership must be mindful of changes that cause strain. Solutions are not hard to find. We found that many individuals will report on what they need when asked.

> ***The medical field needs to come back to the personal connection piece, I think. Less scripted, less workflow based, less bottom line. I know that's like a big swing for big corporations to stop looking at the bottom line, but I believe that at the end of the day, if you focus on all the other [goals], it will all come into balance.*** [CBO Leader]

Direct wellness resources towards tangible needs

If staff are reduced and you receive a grant for workforce wellness, rather than spending it on a retreat or a class for staff to take, consider giving overworked staff bonuses, something they need, or hiring another team member.

> ***A ton of money [gets] put into a staff retreat or in these areas, [when] if you really look at the numbers, you could have been paying your staff more.*** [Clinician/Clinical Manager]

Experiment with big changes

There is no quick fix to the workforce burnout crisis. Making foundational changes will take courage, creativity, and collaboration with innovative leaders who have been reshaping their own organizations.

> ***These are all such big things … and this is why the Wellness Committee is like, "yoga," because all the things are so big so it's very hard to fix them. And so you end up with just yoga.*** [Clinician]

Look for ways to improve compensation and benefits

The financial strain for many in the workforce is profound, and our informants in leadership positions report that there is often flexibility for staff compensation if it becomes a top priority.

> ***We make sure that everybody else is housed, but we have [staff] who can't pay rent or people that come to work hungry.*** [Clinical Program Manager]

If you have less, do less

In the face of constraints and cutbacks, goals to improve efficiency and productivity outputs—to do more with less—must have limits. The total scope of work should be in the conversations about adaptations to be made.