



Retaining rural health care professionals: Strategies to reduce burnout

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Introduction

Many rural communities struggle to maintain an adequate supply of health care professionals, leading to shortages that are projected to worsen over the next five years.ⁱ Increased levels of burnout have caused many health professionals to decrease their work hours or leave their practice, further straining the health care workforce.ⁱⁱ

Workplace burnout can be defined as mental and physical exhaustion from chronic stress.ⁱⁱⁱ When stress is tied to people living or dying during a pandemic, it's no surprise that workplace burnout is at an all-time high among health care professionals.^{iv} In addition to workplace stressors, the U.S. Surgeon General's report on addressing health worker burnout indicates several factors that the issue has several contributing factors.^v Specifically, the report identifies excessive workloads, administrative burdens, a lack of organizational support, and inability to provide high-quality care as significant contributors.

Burnout among health professionals can have many negative consequences, including mental health challenges such as anxiety, depression, and substance use.^{vi} Patients may experience delays in care, lower quality of care, and even medical errors when being treated by a burnt-out health professional.^{vii} Burnout can lead to retention challenges within health care systems, which further exacerbate workforce shortages, decrease patient satisfaction, increase malpractice risk, and increase costs for providing care.^{viii} This impact goes beyond the walls of the health care facility and negatively affects society by increasing health disparities, worsening health outcomes, and challenging health systems' capacity to respond to the next public health emergency.^{ix}

Solving the unprecedented level of burnout among health care professionals will require a systematic effort across multiple fronts. There is no single action, policy, or directive that will alleviate the strain health care professionals are experiencing. Preventing burnout at the onset should be a focal point of future policy efforts.

Efforts must be made to build systemic resilience to avoid levels of burnout that push health care professionals to leave their work. The American Psychological Association defines resilience as the "process of successfully adapting to difficult experiences, especially through mental and emotional flexibility while adjusting to external and internal demands." It is imperative that our health care professionals are healthy. Fostering resiliency in health care professionals needs to be at the front and center of all policy conversations around the health care workforce.

Analysis



By every measure, the level of burnout currently experienced by our health care professionals has never been greater. A 2021 study of more than 20,000 health care professionals found that nearly half (49 percent) reported suffering from burnout.^x The Association of American Medical Colleges deemed that burnout among health care professionals has reached epidemic proportions.^{xi}

According to the Bureau of Labor Statistics, as of November 2022, the U.S. health care sector had lost half a million workers since February 2020.^{xii} A Morning Consult survey revealed that 31 percent of health care workers who have not left the workforce have thought about leaving their employer.

A 2022 Minnesota Department of Health Healthcare workforce report identified burnout resulting from COVID-19 as a contributing factor for one-third of rural physicians planning to leave their profession within the next five years, with individuals who cited burnout increasing among all types of health care professionals.^{xiii}

Policy recommendations

Policy recommendations in this section are intended to support health care providers at a local level to implement programs and policies to recruit and retain the health workforce in rural communities.

- Implement resilience strategies as outlined in the [Surgeon General's advisory addressing health worker burnout](#), such as reducing administrative burdens, implementing team-based models, improving equity and reducing discrimination in the workplace, and building relationships with the community. While many elements of the report address federal policy recommendations, policy and procedural recommendations can be implemented by providers at the local level to have a direct impact on staff, such as ensuring and “promoting health worker diversity, equity, inclusion, and accessibility.”^{xivxv}
- Diversify and expand the health workforce through the implementation of projects such as building school-to-health care pathways. By partnering with local school districts, health care employers can identify students who are interested in going into the field and pay for them to pursue an education while working for the employer. This will allow for positions such as certified nursing assistants and registrars to be filled. Through this project, employers can provide entry-level staff educational opportunities for internal growth and promotion, so certified nursing assistants can progress to the level of nurse, nurse practitioner, physician assistant, physician, or more advanced allied health careers. This would help address shortages by providing the opportunity for low-income rural students to move into high-paying careers without student loan debt and reduce the attrition of college students from rural communities.
- Develop a retention plan that can be replicated across rural health care. Plans should start with hiring practices and onboarding. Other elements may include diversification of benefits to include expanding tuition assistance to be transferable to children, wellness programs and



benefits, community service allowances, and referral and appreciation bonuses. Plans should also include effective training and opportunities for growth within the organization.

- Identify gaps in the community that serve as barriers to recruitment and retention. For example, does the community have sufficient childcare options and sufficient employment opportunities for providers' spouses? Is there affordable housing available in rural areas to support workforce needs?^{xvi} Collaborate with partners such as nonprofits and local government to remedy or advocate for the resolution of these types of gaps.

Recommended actions

The following actions, if adopted, could positively impact retention among rural health care professionals.

1. *Workforce reimbursement and funding support*

Support legislation such as the Rural Physician Workforce Production Act.^{xvii} The bipartisan legislation improves Medicare reimbursements and enhances the current structure of the Medicare-funded graduate medical education program to bring and retain more residents and doctors to rural areas. More specifically, the introduced legislation:

- Lifts the current caps on Medicare reimbursement payments to rural hospitals that cover the cost of taking on residents.
- Allows Medicare to reimburse urban hospitals that send residents to train at rural health care facilities during a resident rotation.
- Establishes a per-resident payment initiative to ensure rural hospitals have the resources to bring on additional residents.

2. *Wellness*

Support the passage of the Dr. Lorna Breen Health Care Provider Protection Act, which would bolster physician wellness through:^{xviii}

- Support for the availability of grants for health professionals to help create evidence-based strategies to reduce burnout of doctors and other health professionals.
- A national campaign to encourage health professionals to prioritize their mental health and to use available mental and behavioral health services.

3. *Medicaid reimbursement consistency for resident physicians*

Physician residents are a valuable resource for providing care and relief to rural critical access hospitals and local physicians. Critical access hospitals have traditionally relied on residents to moonlight outside of their residency programs.^{xix} Resident physicians provide interim care and local physician relief at these hospitals while also offering an important pipeline for recruiting permanent physicians to their community.^{xx}

There continue to be mixed interpretations by hospitals and health systems regarding resident physician Medicaid reimbursement restrictions from state managed care organizations (MCOs), and as a result some hospital administrators have stopped credentialing and using qualified



resident physicians. At the same time, many hospitals continue to use third-year residents and receive Medicaid reimbursement as expected for their services, particularly after the Medicare Physician Fee Schedule final rule was made permanent in 2021.^{xxi}

- Support efforts to educate and ensure MCOs and hospitals are aware that moonlighting resident physicians are eligible for Medicaid reimbursement in states across the country.^{xxii}

Conclusion

Increased levels of burnout within the health care industry continue to put strain on a system that has been pushed to its limits. Fundamental causes of rural health worker burnout can be addressed by supporting policies that aim to grow the rural health workforce, reduce workloads, and limit unnecessary administrative burdens while developing best practices to foster resilience and generate organizational supports.

ⁱ RHI Hub. (2020, November 9). *Rural Healthcare Workforce*. Retrieved from Rural Health Information Hub: <https://www.ruralhealthinfo.org/topics/health-care-workforce>

ⁱⁱ Temple, K. (2020, January 22). *Physician Burnout: Definition(s), Cause(s), Impact(s), Solution(s)*. Retrieved from Rural Health Information Hub: <https://www.ruralhealthinfo.org/rural-monitor/physician-burnout-solutions/>

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^{iv} Fox, A. (2022, September 19). *Physician burnout is at an all-time high, says AMA*. Retrieved from Healthcare IT News: <https://www.healthcareitnews.com/news/physician-burnout-all-time-high-says-ama>

^v Office of the Surgeon General. (2020). *Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce*. Washington: Office of the Surgeon General.

^{vi} De Hert, S. (2020). Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies. *Local and Regional Anesthesia*, 171-183.

^{vii} Ibid.

^{viii} Ibid.

^{ix} Leo, C., Sabina, S., Tumolo, M., Bodini, A., Ponzini, G., Sabato, E., & Mincarone, P. (2021). Burnout Among Healthcare Workers in the COVID 19 Era: A Review of the Existing Literature. *Front. Public Health* 9:750529, doi: 10.3389/fpubh.2021.750529.

^x Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., . . . Sinsky, C. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, Volume 35, 100879.

^{xi} Bryant-Geneviev, J, R., CY, L.-C., B, K., A, R., C, T., . . . L, B. S. (2021). Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021. *MMWR Morb Mortal Wkly Rep.* 2021 Jul 2;70(26):, 947-952. doi: 10.15585/mmwr.mm7026e1.

^{xii} Kaushik, D. (2021, June 4). *Medical burnout: Breaking bad*. Retrieved from Association of American Medical Colleges : <https://www.aamc.org/news-insights/medical-burnout-breaking-bad>

^{xiii} National Academy of Medicine. (2019). *Taking Action Against Clinical Burnout: A Systems Approach to Professional Well-Being*. Washington, DC: National Academies of Sciences, Engineering, and Medicine.

^{xv} Office of the Surgeon General. (2020). *Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce*. Washington: Office of the Surgeon General.

^{xvi} Anne, L., Kelly, S., Jorge, H., Douglas, C., Brenda, J., Mick, G., . . . Gladys, G. (2015). Rural Workforce Housing: Perceived Barriers and Incentives for Development, Housing and Society. *Housing and Society*, 15-28.



^{xvii} Kaushik, D. (2021, June 4). *Medical burnout: Breaking bad*. Retrieved from Association of American Medical Colleges : <https://www.aamc.org/news-insights/medical-burnout-breaking-bad>

^{xviii} U.S. Bureau of Labor Statistics. (2022). *The Employment Situation - December 2022*. Washington : U.S. Bureau of Labor Statistics.

^{xix} Geboy, S., Junger, J., & Costanza, K. (2021, January 15). *Moonlighting and Redocumentation: Part 1 of Our Series on Graduate Medical Education in 2021*. Retrieved from Hall Render: <https://www.hallrender.com/2021/01/15/moonlighting-and-redocumentation-part-1-of-our-series-on-graduate-medical-education-in-2021/>

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^{xxii} National Academy of Medicine. (2019). *Taking Action Against Clinical Burnout: A Systems Approach to Professional Well-Being*. Washington, DC: National Academies of Sciences, Engineering, and Medicine.