



SUPPORTING
MENTAL HEALTH
IN THE HEALTH CARE
WORKFORCE

SPRING 2025

When the National Academy of Medicine published their report on burnout and professional wellbeing in health professions in 2019, calling it a pandemic before that word entered our everyday lexicon, those leading professional wellbeing work welcomed the national call to action. Stefanie Simmons, MD, Chief Medical Officer of The Dr. Lorna Breen Heroes' Foundation, says that for too long, efforts had been like knocking on a heavy door with no one home on the other side.

Then came COVID-19 in 2020, even further devastating already emotionally and mentally exhausted health care organizations and workers.

Across the country, health care organizations became more vocal about the overwhelming mental health issues of their medical staff, slowly opening that door just a crack and letting outsiders see the challenges they had been quiet about since the start of our modern health care era.

This is good news for health care professionals, for their organizations and ultimately for their patients.

Here's how some health care organizations are opening those doors even wider.



THE CRISIS BEFORE THE CRISIS

For Sondra Davis, addressing workforce wellbeing is about making North Mississippi Health Services (NMHS) “the best place to work.”

When Davis started as Chief Human Resources officer at the large Tupelo-based regional health system in 2018, health care was knee-deep in a nursing shortage, and NMHS, like many other health systems, was facing a 45% turnover rate among first year staff. “The metrics were telling us we needed to do something different,” Davis remembers.

People who choose health care as a profession tend to be caregivers off the job as much as on the job. “Our teammates bear a lot of burdens,” including eldercare, childcare, and “other things that don’t get left at the door when they come to work,” she says. “If I’ve had a bad morning at home, it probably impacts some part of my workday.”



For NMHS to recruit and retain the best health care workers and deliver consistently high-quality care Davis asked the question, “How do we support teammates so that when they are at work they can give as much of themselves as they can to caring for our patients and each other?”

This urgent question in 2018 became a rallying cry when the COVID-19 pandemic hit in early 2020.

“As we came out of the pandemic, 57% of U.S. workers said they experienced negative mental health due to work stress,” explains David Ballard, PsyD, MBA, Vice President of One Mind at Work, an organization that translates the science of workforce mental health into recommended actions and strategies to improve worker wellbeing and organizational performance. “Half of those said that stress was chronic,” he adds, which means they’re going to bring that stress to work. Stress at work “connects to all sorts of negative health outcomes, including cognitive functioning, and emotional, social and physical wellbeing,” Ballard adds.

All of this takes a human and financial toll on individuals and organizations. “When you look at performance and productivity, the cost burden of mental health far exceeds that of physical health issues, including heart disease and cancer,” Ballard says. Indirect costs of poor worker mental health to organizations include more absenteeism, injuries and staff turnover, as well as “presenteeism,” where people are physically at work but checked out or not performing up to their full potential. When health care workers aren’t both physically and mentally healthy themselves, the consequences can be a matter of life or death.

THE SPECIAL CASE OF HEALTH CARE

Health care by nature involves stress. “You are going to see human suffering and trauma. You’re going to be with people on the worst days of their lives,” says Stefanie Simmons, MD, Chief Medical Officer at The Dr. Lorna Breen Heroes’ Foundation, whose mission is to reduce burnout of health care professionals and safeguard their wellbeing and job

satisfaction. But health care also involves rewards, including healing illness, saving lives, serving the community and working as a team.

The root of burnout among health care workers lies not as much in the nature of the work but in the mismatch between the amount of work and the resources available for health care workers to do the work,

Simmons says.

That includes diagnostic and treatment resources, of course, but also financial resources, and human resources, like time, focus and energy, all of which are often in short supply.

As a result, “clinicians have fewer internal resources to bring to the next patient care encounter,

which makes things difficult again for both [patients and clinicians],” Simmons explains.

And the cycle continues and even escalates.

When organizations ensure that staff feel supported, they reap benefits including improved patient care and employee wellbeing. But wellbeing across an organization can also help an organization’s bottom line. If someone is not being productive or delivering the expected quality of

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care or patient experience, “there’s a true cost to our organization that can be measured” in reduced reimbursement or lower patient experience scores, Davis points out.

If a nurse or other staff member calls out sick, or, worse, quits, that’s another hit to the organization. Typically, she says, recruiting a nurse costs 1.5

times their annual salary. If she could keep ten more nurses on her staff each year, “there’s a true ROI to that.”

REMOVING WHAT GETS IN THE WAY

“We talk about improving access to mental health resources, but we don’t talk enough about removing and remediating the factors in health care that make it such a difficult place to work,” Simmons says.

These factors

include administrative burdens, violence and stigma around self-care and mental health issues. In a recent survey, more than 75% of health care professionals reported spending as much time on documentation as they do on patient care. And when you ask health care workers how many have experienced physical violence on the job, most will raise their hands, including [91% of emergency room physicians and 81% of nurses](#).

Yet, many health care professionals do not seek out the support, self-care or mental health care they recommend for their patients under stress, even if those services are readily accessible.

A big reason is right on the application they must fill out for employment, state licensing or hospital and payer credentialing. The question, “Have you ever been diagnosed or treated for any mental health condition?” often sits right next to the question about felony convictions. Both of these questions carry stigma, and while unintentional, may be used to screen out potential job candidates.

Changing this is a prime objective of The Dr. Lorna Breen Heroes’ Foundation, says Simmons. “We don’t ask people if they’ve ever been diagnosed or treated for any physical health condition, even though physical health conditions are potentially challenging to practice,” she points out. Through its technical assistance program, the Foundation has now reviewed and recommended changes for more than 600 institutions around the country. Nearly 10% of hospitals in the country have earned the [Wellbeing First Champion for Credentialing recognition](#), which signals to health care workers that they will not have to answer intrusive and stigmatizing mental health questions.

But this is just one piece of a very big puzzle, Simmons points out. “This is a pervasive, extensive and complex issue,” she says, “and it’s going to take complex broad approaches to make a dent. You can’t just focus on one part and expect things to get better, except for maybe culture transformation, because that’s the root enabler for all of it.”

GOING BEYOND RESILIENCE TO SYSTEMS CHANGE

Initial efforts to address wellbeing among health care professionals have historically focused primarily on building resilience and psychological skills to help an individual react differently to the environment, explains Greg Guldner, MD, Vice President of Academic Affairs at HCA Healthcare. An emergency physician by training, Guldner is part

of a research lab of organizational psychologists studying how to create optimal work and learning environments to support wellbeing, especially among medical residents.

Access to mental health care, training in mindfulness and stress management and the role of diet and exercise all may play an important role, he says, and “organizations should absolutely support that as best they can.” But the bulk of workplace burnout stems from work environments that at times can thwart our basic psychological needs.

“Our focus as an organization should be: How do we create an environment that supports wellbeing and certainly doesn’t thwart it? And fortunately, there is a lot of science in the organizational psychology world that tells us how to do this.”

This requires system change, culture shift and strategic thinking, none of which are small on their own. It’s a little like eating an elephant, Simmons admits. You won’t eat the entire elephant all at once, but every bite counts.

WHERE CAN ORGANIZATIONS START?

This is where assessment and accreditation come in.

Through an assessment process, organizations can identify what their risks and needs are, where gaps exist and how they can better support the people who work there. That leads to data that can be used to make a difference within the organization. Some of those risks, needs, gaps and support may apply to the whole organization, but others will be particular to different departments or roles within the organization. People who work in the billing department face different kinds of pressures than nurses on the frontlines or people providing home and community health services.

The [Mental Health at Work Index](#) is an assessment for organizations to explore what they doing to protect mental health, promote a positive work

environment for wellbeing and provide information, resources and services. The assessment covers ten categories of evidence-based practices from creating an overarching mental health strategy and offering leadership training to redesigning the work environment and measuring and reporting data.

By far the biggest observation of the assessment among health care organizations is that mental health is a priority for many senior health care executives. But few organizations have a concrete strategy for how they're going to address employee mental health needs.

That was the situation at North Mississippi Health Services in 2021. "We had tactics in place but no strategy," Davis says, no system for "understanding what we were doing as an organization that negatively and positively impacts our employees' mental health."

Davis and NMHS Chief Executive Officer Shane Spees formed a mental health steering committee to start the process of improving mental health across the organization. In addition to Davis, the group included the health equity office and the Director of Education, the Vice President of Human Resources and the Chief Strategy Officer who together completed the Mental Health at Work Index. "The assessment helped us identify where our largest gaps were and where we should put our energies," Davis says. "It gave us direction on how to build a holistic strategy all the way from governance to frontline staff."

When Heather Farley, MD, came on board as Chief Well-being Officer at the Medical University South Carolina (MUSC) in April 2024, the university had already completed the Mental Health at Work Index



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self-assessment for its over 32,000 care team members, faculty, staff and students at six colleges, 16 hospitals and nearly 750 care locations. "One of the things that came out of that assessment was the need for a Chief Well-being Officer," she says.

She spent the first couple of months on the job on a listening tour to fully understand the current situation, combining the Index data with the results of MUSC's Workforce Experience Survey and multiple focus groups that were conducted as part of a grant from The Duke Endowment. "I learned that there were some really wonderful grassroots efforts and success in pockets across the organization," she says. But there was a real need for a "more cohesive and comprehensive approach to our wellbeing strategy and operations."

MUSC convened a multidisciplinary group to analyze the organization's needs and capabilities, which formed the basis of their three-year strategic plan for enabling employees and learners to thrive in the organization. The plan, Farley explains, is built around the components of wellbeing outlined in the [Surgeon General's 2022 framework for Workplace Mental Health and Wellbeing](#): connection and



PEBBLES IN PEOPLE'S SHOES

Both MUSC and NMHS address pain points in processes that cause stress and inefficiencies as key parts of their approaches to improving workplace mental health. Farley calls these “pebbles in people’s shoes,” those sources of inefficiency or administrative burdens that add red tape without adding value.

There are one or two, or sometimes six or seven, of these in everyone’s workflow, no matter what line of work. Multiply that by the size of these organizations’ workforces, and it’s a lot of wasted time and added stress. By far, the best way to identify these pain points is by talking to the people who know best what gets in the way of productivity — the workers themselves.

For example, electronic health records, which are supposed to increase efficiency, can needlessly require extra time by asking for the same information in several different places. When administrators and IT team members fixed this inefficiency, NMHS saved each nurse an average of 34 minutes each day.

At MUSC, the primary care team worked with information systems analysts to filter out “low value” messages sent to primary care physicians from pharmacy benefit managers, successfully reducing the message burden from a high of 17,343 messages per month to ZERO.

But it’s about more than getting rid of the pebbles, Farley points out. It’s about giving people a voice and a way to affect and improve their work environment. Identifying and removing these stressors has worked so well that MUSC has recently named a Manager of Getting Rid of Stupid Stuff (GROSS), Evon Chandler, who will create and expand that infrastructure across MUSC. “When he wants to be extra professional, he can call himself the Efficiency of Work Manager, but we affectionately call him the GROSS Manager,” Farley says.

community, work/life harmony, mattering at work, opportunity for growth and protection from harm. MUSC’s plan outlines ways to enhance supports for behavioral and mental health, foster a culture of wellbeing, create an infrastructure to improve workplace efficiency and identifies performance indicators to hold leadership accountable for supporting and improving team wellbeing.

Beyond assessment, URAC, a health care accreditation organization, offers a way for employers to demonstrate their excellence in workplace mental health. [URAC’s Mental Health at Work Accreditation](#) is “how organizations of all shapes and sizes in any industry can visibly demonstrate the efforts they are taking to improve mental health in the workplace” says Laura Wood, Director of Workplace Mental Health at URAC.

“The accreditation isn’t meant to be a list of things where you simply check off a box every few years,” adds Wood. “Rather, it’s a way to show your strategy and growth over time since we know addressing mental health in the health care workforce isn’t something an organization can do overnight.”



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Starting next year, MUSC will name wellbeing faculty leaders in each of the 10 largest departments in the College of Medicine, and one from each of the other five colleges. Each leader will be asked to spend 10% of their time promoting wellbeing within their departments. Like many organizations, MUSC also recruits champions, workers in all departments who are interested in wellbeing, to create a feedback loop to address issues that affect mental health among the workforce.

IT'S WORKING

The good news is that when leadership takes a strategic and evidence-based approach to addressing mental health and wellbeing among staff, the efforts pay off for both the individuals and institutions.

Like eating the proverbial elephant, culture and system change doesn’t happen overnight, so it’s important to look at a variety of indicators, both leading and lagging, to get a picture of what’s working. Leading indicators, Farley explains, include measures of efficiency of work and feelings of safety, mattering at work and work-life harmony among staff. Measures of burnout, turnover and

professional fulfillment are multifactorial and take longer to see results. MUSC makes sure to track both.

North Mississippi has taken the Mental Health at Work Index twice now, once in 2022 and again in 2024 and saw a significant improvement. Their staff engagement survey includes some questions related to mental wellbeing, including manager trust and belonging. “We have very high scores in manager trust and it’s gone up every year,” says Davis. Scores on the question about belonging have increased as well. They’ve also seen their burnout rate go down significantly from its high in 2020.

“These markers along the way tell us that the things we’re focusing on are making an impact,” says Davis. “Collectively, our team members seem to be doing better,” which has translated into better retention rates. Turnover has dropped by 25%, from 16% in 2023 to less than 12% in the first quarter of 2025.

HCA Healthcare has also seen positive results from their efforts to improve the environment for residents in their pilot programs. Because leadership sets the tone for the environment, HCA Healthcare focuses on training faculty and administrators to create an environment that fosters autonomy, belonging, competence, and deep meaning and addresses practice efficiency.

The approach works. Each year all residents nationally take the Accreditation Council for Graduate Medical Education wellbeing survey that includes questions related to burnout, meaningful work and other indicators of mental health. In 2023, HCA Healthcare residents beat the national average on eight of the 12 indicators. In 2024, they beat the national average on all 12.

Addressing workers’ wellbeing is both a moral and business imperative, Ballard says. “Employers have an ethical and human responsibility to support the people who work there and create an environment

that's going to protect mental health and make sure they have access to the benefits and resources and information they need if they're struggling," he says. "It's good for workers' wellbeing and it's good for organizational performance. It's smart business strategy."

A DOOR CRACKED AJAR

Thanks to the efforts of people like Sondra Davis, Heather Farley and Greg Guldner and organizations such as The Dr. Lorna Breen Heroes' Foundation, One Mind at Work and URAC, the door is now cracked open for health care leaders and team members to have the conversations and make meaningful changes to ensure a mentally healthy health care workforce. As other organizations start to follow these trailblazers' leads, the doors will open more, leading to improved health care employee wellbeing not just in pockets of the country or job applications, but in how we recognize and support the full selves of those who spend their professional lives caring for others.

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FURTHER INFORMATION

URAC partners closely with The Dr. Lorna Breen Heroes Foundation and One Mind at Work to raise awareness of the mental health needs of professionals in the health care workforce and beyond.

The Dr. Lorna Breen Heroes' Foundation was established in memory of Dr. Lorna Breen, an emergency room physician in New York City who died by suicide in April 2020. The Foundation works to advise organizations across health care on the implementation of wellbeing initiatives, build awareness of the stigma of mental health illnesses in health care, and fund research and programs to reduce health care professional burnout and improve provider wellbeing.

One Mind at Work translates science into workplace best practices that drive measurable impact on workforce mental health and wellbeing, leading to better outcomes for individuals and organizations. With approximately 150 member and affiliate organizations across the globe, One Mind at Work partners with a diverse coalition of employers that recognize that a healthy workforce is at the heart of a high-performing organization.

URAC is an international accreditor of health care organizations known best for its accreditations for specialty pharmacy, telehealth, health utilization management and mental health parity. URAC's Mental Health at Work Accreditation is the first accreditation open to organizations in any industry wanting to publicly demonstrate their excellence in employee mental health.

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Dr. Guldner's research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication by Dr. Guldner represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.



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