Inbox to Impact: Improving Provider Well-being

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Executive Summary

- A six-week, email-based Well-Being Bundle was successfully implemented.
- Burnout scores improved in all three Copenhagen Burnout Inventory domains.
- Patient-related burnout decreased the most (29.5%).
- Professional fulfillment declined despite reduced burnout.
- Sustainable provider well-being requires individual and system-level interventions.

Background and Purpose

Healthcare organizations continue to face provider burnout, workforce shortages, and difficulty recruiting and retaining clinicians. Burnout leads to lower job satisfaction, higher turnover, and worse patient outcomes (Cohen et al., 2023; Guille & Sen, 2024).

An employee engagement survey at the project site showed lower resilience among physicians, nurse practitioners, and physician assistants than system benchmarks, highlighting an opportunity for evidence-based interventions within existing workflows.

This Doctor of Nursing Practice project implemented and evaluated a 12-week email-based Well-Being Bundle, assessing changes in burnout, professional fulfillment, and feasibility. Findings aim to inform healthcare leaders and clinicians seeking practical ways to enhance provider well-being.

Methodology

This project used a pre-post quality improvement design at a critical access hospital within a large integrated healthcare system. Eligible participants included physicians, nurse practitioners, and physician assistants practicing at the project site. Participants completed

baseline demographic questions, the Copenhagen Burnout Inventory (CBI), and the Professional Fulfillment Index (PFI). During the 12-week implementation period, six brief, evidence-based well-being activities were delivered by email approximately every two weeks. Post-intervention survey data were analyzed using descriptive statistics to evaluate burnout and professional fulfillment changes. Inferential statistical analyses were not performed because of the small sample size.

Results

Thirteen providers completed the baseline survey; five completed the post-intervention survey, and three completed both. Burnout scores decreased in all Copenhagen Burnout Inventory domains: patient-related (29.5%), work-related (8.3%), and personal (8.0%). While brief, evidence-based interventions may reduce provider burnout; results should be interpreted cautiously due to small sample size.

Professional fulfillment declined, while work exhaustion and interpersonal disengagement increased slightly, suggesting that professional fulfillment is influenced by broader organizational factors beyond the scope of this intervention.

The project demonstrated that an email-based Well-Being Bundle was feasible to implement. Participant engagement was the main challenge, as low post-intervention response rates limited evaluation of individual change.

Strengths and limitations

This project demonstrated that a low-burden, evidence-based intervention can be implemented. Use of validated CBI and PFI instruments strengthened the evaluation by assessing complementary dimensions of provider well-being.

Small sample size and low post-intervention response rate limited evaluation of individual change and precluded inferential analyses. Differences between respondents may have influenced comparisons, and findings may not be generalizable.

Implications

Brief, evidence-based interventions may help reduce provider burnout and offer a practical approach for supporting clinician well-being. However, declining professional fulfillment suggests individual strategies should be paired with organizational initiatives addressing workload, leadership, teamwork, and culture (Guille & Sen, 2024; Jones et al., 2025).

Conclusion

This project demonstrated the feasibility of an email-based Well-Being Bundle in a rural hospital. While burnout improved, professional fulfillment did not, highlighting the complexity of provider well-being. Sustainable improvement requires combining individual and organizational strategies. This project provides a practical model for healthcare organizations.

References

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