Nilesh P. Kumar

Medicine, Health, and Society
nilesh.p.kumar@vanderbilt.edu

Aligning the System: An Organizational Congruence Model Synthesis of Interventions to Reduce Clinician Burnout

Keywords: Clinician burnout; Organizational interventions; Health systems redesign

Introduction: Clinician burnout persists despite widespread interventions to reduce the phenomenon. This research aims to apply the Nadler-Tushman Organizational Congruence model as a framework to better understand the focus and limitations of these interventions.

Methods: A scoping review of evidence syntheses identified reviews of burnout/well-being interventions for health professionals (PubMed and PsycInfo; January 2015–June 2025). Reviews using systematic, scoping, or meta-analytic methods were included; narrative commentaries, prevalence-only studies, and non-clinical/medical-student populations were excluded. Intervention descriptions provided in reviews were extracted; when details were insufficient, underlying primary articles were consulted. Unique interventions served as the unit of analysis. Each intervention was coded to the various components of the Nadler-Tushman model: People, Work, Formal Organization, and Informal Organization. Additionally, each intervention was codes as either Individual-only (People alone) or Organizational (any Work/Formal/Informal).

Results: Thirteen reviews yielded 409 study records and 319 unique interventions after deduplication. Interventions most often targeted People (n=173, 54%), followed by Work (n=124, 39%), Formal Organization (n=82, 26%), and Informal Organization (n=18, 6%). Nearly half were Individual-only (n=149, 47%); the remainder targeted at least one organizational domain (n=170, 53%). Most interventions acted in a single domain; two-domain bundles appeared less frequently (commonly People + Work); three-domain bundles were rare; fully aligned four-domain designs were not observed. Outcomes varied (burnout measures, turnover/intent, team climate, safety proxies); reports frequently emphasized short-term change.

Conclusions: Health systems frequently focus on enhancing clinicians' personal skills to better manage burnout risk while less often redesigning work, policy, or norms. Aligned, multi-domain organizational bundles that simultaneously target concrete workflow change with formal policy/incentive supports and deliberate culture work seem underused. For population and public health, the actionable opportunity is to rebalance interventions toward Work and Formal Organization levers and to scale coordinated bundles that reduce burnout risk at its organizational source.