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Rebuilding and Retaining the Healthcare Workforce: A New Leadership Model for a New Era

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This is the second article in a two-part series. Part one focused on the need for boards and senior leaders to effectively respond to burnout and turnover. This article provides a leadership model for rebuilding and retaining the healthcare workforce.

In our previous article, we noted that burnout is the manifestation, in an individual, of dysfunction in the workplace.[1] As the World Health Organization (WHO) notes, "Burnout is an occupational phenomenon. It is not classified as a medical condition."[2] Many healthcare organizations focus too much on trying to enhance the resilience of employees rather than on making fundamental changes to reduce the drivers of burnout in the workplace. It's the difference between treating the symptoms of burnout and addressing its root causes, between preventive and curative measures.[3]

We also previously introduced the reader to Tait Shanafelt's elegant construct of moving from "Well-being 1.0" to "Well-being 2.0" wherein creating and sustaining a culture of *organizational* resilience and wellness becomes manifest (see **Exhibit 1**). We concluded by emphasizing that the key to a definitive resolution of the related

1 See Bruce Cummings, Paul DeChant, and Michael O'Brien, "Combatting Burnout and Turnover in Healthcare: A New Approach," System Focus, The Governance Institute, February 2023.
2 "Burnout" is defined in the International Classification of Diseases (ICD-11) as follows: '[It] is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy."
3 For more information about the causes and consequences of burnout, see Christina Maslach and Michael Leiter, *The Burnout Challenge: Managing People's Relationship with Their Jobs*, Harvard University Press: Cambridge, Massachusetts, 2022.

phenomena of staffing shortages, turnover, and burnout—a rethinking and redesign of the work environment, workplace culture, and of leadership practices—must be "owned" by the executive suite in general and led by the CEO in particular, with guidance and support from the board.[4]

We predict that the organizations most likely to exhibit the operational hallmarks and cultural characteristics of "Well-being 2.0"—the future employers of choice—will undertake a disciplined, multi-phase journey.

Exhibit 1: Professional Characteristics and Mindset of the Three Eras of Physician Well-Being

Era of distress	Well-being 1.0	Well-being 2.0
		
• Lack of awareness • Focus on institutional needs • Rigid environment • Individual • Ignore distress • Unfettered autonomy • Neglect • Ignorance of economic impact • Physicians & administrators function independently	• Awareness • Focus on patient needs • Choice • Team • Treat distress • Carrots and sticks • Blame individuals • Return on investment • Adversarial relationship between physicians and administrators	• Action • Focus on needs of people • Flexibility • System • Prevent distress & cultivate professional fulfillment • Aligned autonomy • Shared responsibility • Value on investment • Physician and administrator collaboration

Phase 1: Recognize the Need for Change

A precondition, really, is at once straightforward but crucial: the board and executive management, separately and together, must recognize that the status quo is not sustainable and that a wholesale reconsideration of the work environment, workplace culture, and leadership practices is required. Indeed, we submit that the successful

4 See Olga Khazan, "Only Your Boss Can Cure Your Burnout," *The Atlantic*, March 12, 2021.

healthcare chief executive of the future—and the cornerstone of creating and sustaining vibrant healthcare organizations—will be shaped by an ethos that caring for the caregivers (while delivering a solid bottom line) is the most important function of the senior team.[5] Quality, safety, growth, patient experience, and addressing social determinants of health are all important to the success and reputation of a hospital or health system; however, these outcomes result from the cumulative day-to-day actions of employees generally and clinicians in particular. The CEO and executive team can help or hinder the staff in delivering high-quality, high-value care and in creating a positive experience for patients, but they are proxies or enablers only. Without this shared epiphany and joint commitment to invest in change—and put people first—there is little point in proceeding further.

Phase 2: Prepare the Diagnostic

As physicians would do with a patient who presents with an uncertain medical condition, so too must the organization's leaders gather a wide range of data to better appreciate and, ultimately, identify the unique root causes specific to their organization of the turnover-burnout problem. This diagnostic or assessment phase should include:

- Pulling together any extant employee, patient, and/or physician satisfaction/engagement survey findings
- Gathering and tracking key HR data (turnover, vacancy, absentee, and time-to-fill rates by job category)
- Administering one of the leading burnout assessments[6]
- Reviewing the organization's key performance indicators (KPIs) and strategic goals (Note: the systemic approach we recommend should improve KPIs and be concordant with supporting the organization's strategic goals.)
- Having senior leaders "shadow" frontline clinicians to gain an organic understanding of barriers and frustrations clinicians face daily (Two to three hours spent witnessing firsthand the realities of caring for patients can do more to help senior leaders understand the problem—and commit to solutions—than days of reviewing reports and spreadsheets while sitting with a committee in a conference room.)

5 For more on the concept of "truly human leadership," see Bob Chapman and Raj Sisodia, *Everybody Matters: The Extraordinary Power of Caring for Your People Like Family*, Chapman & Company Leadership Institute, October 2015.

6 Examples include the Maslach Burnout Inventory/Areas of Worklife Survey (MBI/AWS), Mayo Well-Being Index (MBI), American Medical Association's Mini-Z Survey, and NRC Health's Annual Workforce Engagement Survey and Pulse Continuous Survey.

- Conducting confidential one-on-one interviews with a cross-section of clinical leaders, managers, and frontline personnel to probe deeper and gather more context than surveys or observation alone can accomplish

→ Key Board Takeaways

- **Measure:** Have your executive team track and report to the board every quarter turnover and vacancy rates by key patient-facing job categories (e.g., M.D., APP, RN, pharmacist, nurse's aide, environmental services, etc.).
- **Inquire:** Ask your CEO to arrange to have the entire executive team regularly shadow clinicians, or arrange a full day where board members participate in shadowing clinicians in various roles, to gain deeper insight into the daily challenges confronting frontline staff.
- **Discuss:** Devote a portion of several board meetings—or convene a retreat—to candidly discuss with physician leaders, nursing leaders, and senior executives what actions could be taken—and what barriers would have to be overcome—in the near, mid, and long term to move from the current state toward achieving "Well-being 2.0."
- **Commit** to pursuing "Well-being 2.0" as the organizational lodestar.
- **Engage** an experienced facilitator who is also knowledgeable about burnout to assist the board and senior leaders in preparing a detailed implementation plan that includes specific accountabilities, action steps, and results tracking.
- **Support** the executive team—including modifying performance criteria—in carrying out the implementation plan, realizing the features and characteristics of "Well-being 2.0," and positioning the organization as a preferred employer.
- **Affirm:** When ready to act, issue a joint statement from the CEO and board chair that the organization is committed to pursuing the principles, behaviors, and characteristics of "Well-being 2.0."

Phase 3: Develop the Plan

The CEO should convene senior executives, physician leaders, and nursing leaders—assisted by a skilled, independent facilitator—to meet in a one- or two-day strategic

planning session. The purpose of this session is to analyze the diagnostic data and current condition of the organization derived from Phase 1; review the features of "Well-being 2.0" or an equivalent ideal; prepare a gap analysis (the difference between the current and the desired state); and develop an action plan with specific milestones, tasks, and assignments.

At the heart of the plan must be an unprecedented commitment to people, anchored and animated by a genuine desire to more closely connect the C-suite to the front line. Consistent with the Stanford WellMD model, we recommend focusing on three domains: personal well-being, workflow redesign, and leadership and culture change.

Many organizations start focusing on **personal well-being**, with peer support and performance improvement coaching programs. These are relatively easy to implement and do help clinicians to better cope with the stressors that cause burnout, but do not resolve the root cause problems.

Workflow redesign is essential to reducing the work overload that drives the exhaustion component of burnout. Most clinicians spend one-third of their time on the meaningful and valuable activities where they are directly caring for patients, and two-thirds of their time on administrivia, such as entering data into the electronic health record (EHR), obtaining prior authorization from insurance companies for care their patients need, or dealing with an onslaught of EHR in-basket messages that come in through the patient portal. They are unable to devote evenings and weekends to family and friends. As a result, their ability to devote their undivided concern and expertise to the patient in front of them is diluted by multiple demands competing for their attention.

Workflow redesign activities include frontline huddles that, if structured properly, reduce work burden by:

1. Identifying potential capacity-demand mismatches and allowing the team to develop a contingency plan
2. Encouraging team members to identify problems that the team can work together to solve

Other important workflow redesign activities typically include applying traditional "value stream" analyses and rapid improvement events (RIEs) to address workflow inefficiencies and to optimize the EHR. This work should include investigating, selecting, and deploying high-potential AI-enabled technologies that can reduce or eliminate data entry or other repetitive tasks currently required of clinicians.

→ Recommended Reading

- Kimberly Russel, "Healthcare Workforce Scarcities: The Governance Role," The Governance Institute, 2022.
- Dustin Shell and Richard Corder, "The Science of Relationships and the Impact on Leadership," Public Focus, The Governance Institute, March 2022.
- Tait Shanafelt, et al., "Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment," *Academic Medicine*, Vol. 96, No. 5, May 2021.
- Tait Shanafelt, "Physician Well-being 2.0: Where Are We and Where Are We Going?," *Mayo Clinic Proceedings*, Volume 96, Issue 10, October 2021.
- Paul DeChant and Diane Shannon, *Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine*, 2020.

Leadership and culture change should focus on moving away from traditional "top-down, command-and-control" management to leading with empowerment and alignment. Clinicians are highly experienced knowledge workers who want the empowerment to fix things that are broken. Senior leaders bear responsibility for ensuring the stability of the organization. They are appropriately concerned that, without alignment, empowering physicians to function completely independently could lead to organizational instability.

A rigorous Daily Management System, with daily huddles at the front lines connected by tiered huddles to senior leadership, provides the "operating system" that supports empowering clinicians to fix what's broken in their span of control, escalating those problems that require additional resources to resolve, *and* aligning clinicians to support enterprise-wide success.

Additional plan features might include:

- Creating a permanent, ongoing command center to monitor current and projected staffing and resource needs, as well as timely resolution of urgent operational issues
- Forming a CEO-clinician council to provide for periodic, direct, unfiltered access to the CEO by frontline clinicians on a standing scheduled basis

- Engaging clinicians in co-developing with senior leaders a "clinician–hospital compact" that articulates mutual responsibilities and commitments
- Examining the range and efficacy of well-being, mental health services, peer support, and other adjunctive services for staff, and adjusting, where appropriate

To help them increase their capacity to lead long-term change, executive teams would also benefit—and the organization would likely obtain a competitive advantage—from engaging an experienced leadership coach. A highly skilled leadership coach could assist the executive team, individually and collectively, and gain additional insight and mastery in terms of self-awareness, team effectiveness, and the requisites and cadence of organizational transformation.

Phase 4: Implementation

No plan, no matter how detailed or complete, no matter how innovative or far-reaching, will work unless it is deeply embraced by the executive team, modeled by the CEO, endorsed by the board, and assiduously applied.

The action plan, overseen by the CEO, should specify who will do what by when. To assure accountability and ensure that the plan stays on track, we recommend creating a results tracker that can be readily viewed by physicians, employees, and managers alike. This transparency will be especially important in demonstrating progress in making specific, measurable changes in workflow, EHR performance, speed/effectiveness in problem-oriented decision-making through deployment of and continued support for the organization's new Daily Management System, and any other elements contained in the action plan that matter most to the organization's employees.

Phase 5: Ongoing Support

Ensure the long-term sustainment of your gains by continually monitoring progress in reducing turnover, vacancy, absenteeism, and time-to-fill-opening rates while maintaining satisfactory performance with other KPIs.

Finally, consider reaching out to and connecting with the growing community of thought leaders who are at the forefront of the clinician well-being movement to

compare notes and gain additional insights that can benefit your organization on your journey to becoming a preferred employer and an exemplar of "Well-being 2.0."

The Governance Institute thanks Bruce D. Cummings, M.P.H., Founder and Managing Director of Cummings Healthcare Consulting and former CEO of L+M Healthcare and Executive Vice President of Yale New Haven Health; Paul DeChant, M.D., M.B.A., a former medical group CEO, international expert on clinician burnout, keynote speaker, author, and advisor to senior leaders in health systems; and Michael O'Brien, Ed.D., President and CEO of O'Brien Group, for contributing this article. They can be reached at thompsonlake1@gmail.com, paul@pauldechantmd.com, and michael@obriengroup.us.