



THE ROLE OF LEADERSHIP TO HELP STAFF “THRIVE”

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Objectives:

- Questions to be Addressed:
 - Why is it so hard to recruit, engage and retain your employees?
 - What is Leadership's role across departments in this endeavor?
 - What are some methods to transform your Hospital?

Today's Healthcare (HC) Dilemma

- A fragmented HC Delivery System that is:
 - Rushed – too many demands
 - Dysfunctional –burdensome tasks
 - In turmoil over how to implement Electronic Health Records
 - Costly
- A dysfunctional HC system that prizes:
 - Efficiency over Relationships
 - Profits over Common Good
 - Volume over Value
- Outcome: **Stress** that results in **Burnout**

Healthcare “Sick HC System Syndrome”

- HC Is hierarchical and deficient in mutual respect [**trust**], teamwork and transparency
- Uses **Blame** as the main solution to problems
- Has weak and ambiguous mechanisms for accountability
- Lacks the capacity to **learn** (ability to change how it does work)
- Does not recognize that Safety [physical and psychological] is a **precondition** (not a **priority**)
- Does not realize that fulfilling the interests of their patients (and staff) in a safe care environment actually **enhances** productivity

“Burnout”

- Original definition: The consequences of severe or prolonged stress and anxiety experience by HC professionals
 - A major Cause : Excessive workload
- Three main components: [Maslach]
 - **Emotional Exhaustion**
 - **Alienation (depersonalization, cynical attitude)**
 - **Reduced performance (diminished sense of personal accomplishment)**

Healthcare “Burnout”

- Epidemic:
 - Around 54% of physicians have s/s of burnout
 - All types of physicians; most in ED, FP, GIM
 - Over 37% of Nurses seek another job in < 12 months
 - ~ 33% of ICU nurses have s/s of severe burnout
- Burnout leads to:
 - Lower staff engagement-decreased provider **empathy**
 - Lower patient experiences
 - Lower productivity (at times “presentism”)
 - Increased risks of workplace accidents
 - Worse financial vitality

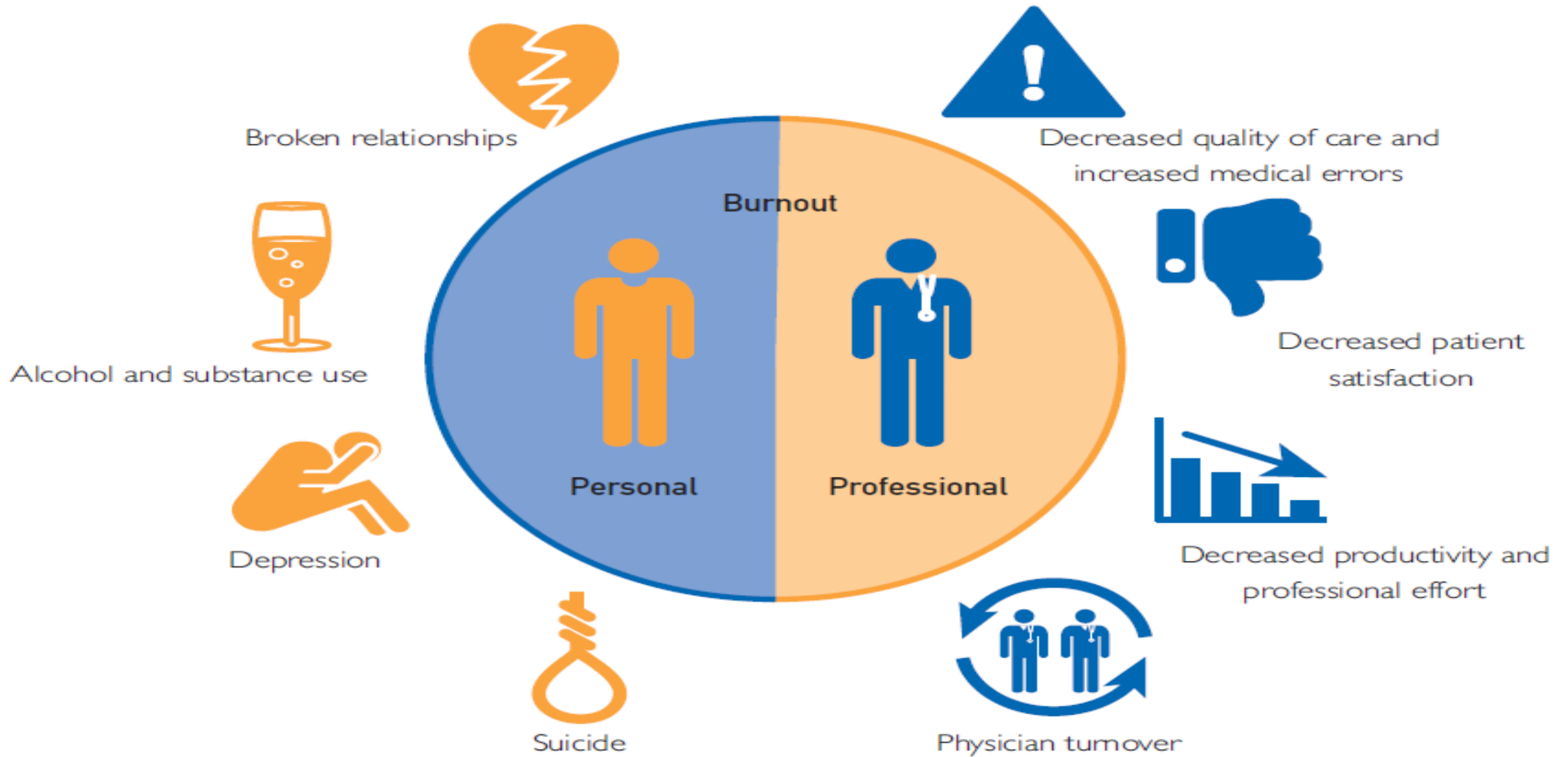


FIGURE 1. Personal and professional repercussions of physician burnout.

Institutional Actions Can Increase Burnout

- Staff can become caught in a cultural bind - Misalignment between an institution's declared values and how well those values are perceived can frustrate staff
- Thus, Institutions and staff can only **“Thrive”** when there is alignment between HC organization, senior management and staff's **values**

Senior Management's Challenge

- **“Lead Well”:**

- Improve the health of your organization and develop collaborative teams to move your organization forward

- **“Care Well”:**

- Optimize health for every patient and your community

- **“Be Well”:**

- Improve the health of your clinicians and reduce administrative burdens

Senior Management Challenge

- Meet IHI's Triple Aim:
 - Improving the patient **experience** of care (including quality and satisfaction);
 - Improving the **health** of populations
 - Reducing the per capita **cost** of health care
- Now: Meet the **Quadruple Aim**:
 - “Improve the experience of those **providing** care”
 - Staff that “Thrive”

Health Care Staff Turnover

- Key drivers of HC Turnover:
 - **“Burnout”**
 - **“Lack of “Engagement”**
- What can be done to reverse this?
 - **“Joy in Work”**
 - **“Engagement”**

Historical Comparison:

- In 1948 *Life* magazine published a photo essay of Dr. Ernest Ceriani – a Family Practitioner in Krammling, Colorado
- What was his life like?

Trying to Save the Eye of a 2-year old kicked by a Horse



Pediatric Clinic....



What did He Have to Offer?



Even Interesting Patients



Leadership's Challenge: Build a **Joyful and Engaged** Culture

- HC Professionals are trained in a heritage of **caring** deeply about quality patient care
- HC is demanding and exhausting, so if staff lose the ability to **care** - Burnout is often the result
- Should leaders focus on the causes of Burnout? Or focus on improving the HC professional's ability to **CARE?**



RESTORING “JOY IN WORK”

Adapted from: Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI
Framework for Improving Joy in Work. IHI White Paper. Cambridge, MA: IHI; 2017

I. “Joy in Work”

- Can Your Staff Be “Joyful”?
 - Staff can not give what they don’t have
- The gifts that HC professionals should give:
 - Caring and Hope
 - Confidence
 - Safety
- Good News: “Joy” is possible

Is “Joy in Work” a Frivolous Idea?

- Is depletion of “Joy” paradoxical?
- “Joy” is more than the absence of “Burnout;”
 - It encompasses a system of healthy, thriving individuals and organizations providing “Whole Person Care”
- “Joy” in work impacts:
 - Individual staff engagement and satisfaction
 - Patient Experience
 - Quality of Care
 - Patient Safety and,
 - Organizational Performance

Process for Restoring “Joy”

- Fostering “Joy” is about creating a “system” that promotes **Caring [WPC]** staff, engagement, satisfaction and resilience
- Three Key Steps in this Process:
 1. The “**WHY**” - the importance of “Joy”
 2. The “**HOW**” – four steps leaders can take to improve joy in the workplace
 3. The “**WHAT**” – nine critical components of a system to facilitate a joyful, engage staff

Why Does “Joy” Matter?

- Focus on your assets-Joy is one of HC’s greatest assets
 - **Caring**/healing are naturally joyful activities
- Just as “Health” is more than merely absence of disease - “Joy” is more than absence of “Burnout”
 - Joy is a sense that life is comprehensible, manageable and meaningful
 - Joy is about connections to meaning and purpose
 - Joyful staff are building resilience every day

Why Does “Joy” Matter?

- Senior Management’s role is to remove barriers that rob staff of pride in their workmanship
- Deming: “Management’s aim should be to create a system in which everybody may take “Joy” in their work”
- Ensuring “Joy” is a crucial part of the “Culture of Safety”

Why Joy? Fairness

Staff who experience unfairness feel **disengaged** -
Addressing “Toxic” environments for individuals/teams is
a key to becoming a high-reliability organization

- Disengaged Staff:
 - Productivity decreases
 - Opinions marginalized,
 - Decisions and performance suffers
 - Result: Patients suffer
Staff Turnover
Increased Cost

- Engaged Staff:
 - Staff listen to what matters to patients/colleagues
 - Comfortably ask questions
 - Request help
 - Challenge what's happening
 - Use teamwork to successfully solve challenges

How to Restore A Joyful Workforce

- It starts with “Servant Leadership”
 - Have an **authentic** presence in frontline work
 - Stay focused on mission
 - Stay focused on what matters
 - Identify “Joy in Work” as a major component of your leadership role
- Patient Safety, Effective Leadership and a Joyful workforce are inextricably linked

Ways to Nurture “Joy” in HC

1. Know **why** you practice “**Whole Person Care**”
 - Communicating with stories “why we care” is very powerful
2. Start with your **staff**- not with your problems
3. Act “**With**” your staff, not “**For**”
 - Change staff’s response from “If they only would...” to “What can **we** do today?”
4. **Share** Power:
 - “Joy in work” is a shared responsibility

Positive factors to improve staff “Joy”

- A inspiring Institutional **Mission**
- A healthy work environment: Mutual **Trust, Civility**
- Opportunities for **Growth**, advancement: Workforce Safety
- Opportunities for **Leadership** and collegiality
- Customs and rituals (culture): **Truth Telling**
- **Leaders** who inform, engage and positively **inspire** - improve staff vitality

HOW: 4 Leadership Steps:

4. Use Science of Improvement tools to test approaches to improve your organization's "joy in work"

3. Commit to a Systems approach to making "Joy in work" a shared responsibility at all levels of the organization

2. Identify Unique Barriers to Joy in work in your context

1. Ask Staff, "What matters to you?"

Thus, changing from "If they only would" to "What can we do today?"

“Getting Ready” Steps:

1. Prepare for the “What matters to you?” conversation:
 - Don’t be concerned if Staff ask for things you can’t do?
2. Core leaders should be leading efforts to improve joy in their respective areas
 - Need:
 - Time to do this work
 - Skill to facilitate “What matters to you?” conversations
 - Be able to act on identified barriers
3. Designate a senior leader champion

Step One: Asking “What Matters to you?”

- Discovering what matters relies on a **trusting** relationship and assumes that leaders know **how** to listen
- Consider the “Appreciative Inquiry” format that taps into your organization’s strengths or bright spots
- Potential Question to start the staff conversation:
 - **“What gets in the way of a good day or what makes for a bad day?”**
- Goal: creating a sense that “we are in this together”

Step Two: Identify Barriers

- Senior leaders must **first** ensure their staff's psychological safety
- Barriers are usually identified in the same conversation as “what matters to you?”
- Give everyone a chance to give input on which obstacles to address—and then together begin prioritizing them. But only when staff have psychological safety.

Step Three: “Systems” Approach

- **Commit** to making Joy in work a shared responsibility at all levels
- Every staff member has a **role** in making a workplace joyful
- Leaders must dedicate **time**, attention, skill development and resources to improving joy in work
- This task can **not** be **delegated** to **H**uman **R**esources- it starts with senior management but it is everyone’s job

Step Four: Use “Science of Improvement” tools

- Methodology to help you determine if the changes you make leads to improvement
 - Lean – A3
 - Method of Improvement – a key to real / lasting improvement
 - AIM (SMART): specific, measurable, actionable, reliable, timely
 - Measure to track if a change has occurred
 - Implement small changes – suggested by team members
 - Test the change - using PDCA cycles then analyze the results
- Improvement starts at the front-line - it involves everyone in the unit

Figure 2. IHI Framework for Improving Joy in Work



What 1. Physical and Psychological Safety

- Physical safety: staff feel free from physical harm during daily work
- Psychological Safety: Instead of disrespect, blaming, punitive environment, bullying, criticisms... build a culture where all interactions are respectful. Staff:
 - Feel secure and capable of changing
 - Feel able to question
 - Seek feedback
 - Admit mistakes
 - Propose ideas
 - Work in an adverse event the organization provides full support to their staff

Three Questions Each Employee Needs to Daily Answer - Paul O'Neil

- Am I treated with dignity and respect by everyone, every day, by everyone I encounter, without regard to race, ethnicity, nationality, gender, religious belief, title, pay grade or number of degrees?
- Do I have the things I need: education, training, tools, financial support, encouragement, so I can make a contribution to this organization that gives meaning to my life?
- Am I recognized and thanked for what I do?

1. Psychological Safety

- Leaders facilitate psychological safety by:
 - Being accessible and approachable
 - Acknowledging the limits of knowledge, and show humility
 - Inviting participation
 - Viewing failures as learning opportunities
 - Using direct, clear language
 - Setting boundaries about what is acceptable behavior and hold others accountable for boundary violation
 - Developing and sustaining a “Just Culture”
- A Psychologically “safe” Staff is an “Engaged” staff!

2. Meaning and Purpose

- People need a sense of **meaning** and **purpose** in their work
- Do your staff find meaning in their work?
- Do they feel connected to a purpose that is larger than themselves in service ?
- Do they feel that the work they do makes a difference?

3. Choice and Autonomy

- Do staff feel like they have some choice in how they execute their daily responsibilities?
- Do staff have voice in the way things are done in daily work?
- **Ex: Physicians who have the flexibility to devote up to 20% of their professional work to the activity that they find most meaningful have lower risk of Burnout**

4. Recognition and Rewards

- Effective leaders regularly provide meaningful recognition of their staff's contribution to purpose, and celebrate outcomes
- Some of the most meaningful rewards are rarely monetary
 - Build camaraderie: social gatherings alone are not sufficient to bring joy to work
 - What counts:
 - Official recognition
 - Celebration of team accomplishments

5. Participative Management

- Participative leaders create an atmosphere that:
 - **Engages** before acting:
 - **Informs:** Keep individuals informed of future changes that may impact them
 - **Listens:** Encourage colleagues to share, and listen to staff at all levels
- “Autocratic "Decision making is a “missed opportunity” for engagement
- Key: You transform staff’s mindset from that of being a “victim” in a broken system to an engaged and empowered partner working constructively with leaders to shape their own future!

6. Camaraderie and teamwork

- Social cohesion is generated through:
 - Productive teams, Shared understanding, Trusting relationships
- Do staff feel like they:
 - Have mutual support and companionship?
 - Are part of a team? Working toward something meaningful?
 - Have a friend or someone who cares about them at work whom they can regularly ask for advice?
 - Trust the organization's leadership?

7. Daily Improvement

- Teams should regularly learn from identified defects and successes
- Daily process improvement should be part of every day work
- ***“Improving My Work Is My Work”***
 - Each staff member has two jobs:
 - Regular daily activities (as stated in the PD)
 - Improving the way their standard work is done

8. Wellness and Resilience

- Does your organization value health and wellness of all employees?
 - Resilience - The ability to **bounce back** quickly from setbacks
 - Develop ways to amplify feelings of:
 - Gratitude
 - Appreciation for work/life balance: staff also are “whole persons” in a family
- Taking care of oneself is a part of a larger organizational approach to joy in work (not a separate personal task)

9. Real-Time Measurement

- Does your QI system enable regular feedback about system performance? If not, add “Joy” metrics to it
- Daily, weekly or monthly feedback -for ongoing improvement
- Post results in the relevant workplace or all staff to see
- Only ~23% of Hospital Boards review workplace staff safety
 - Suggestion: your Hospital Board should track (dashboard) how well your “Joy in Work” is trending

Implementing “Joy” – Case Study

- A Intensive Care Unit had low engagement scores -Email to staff to introduce concept
- Examples of questions they asked their staff:
 - I would recommend “___” as a good place to work
 - I am satisfied with my work/life balance
 - I am able to achieve my potential in my work
 - My immediate supervisor cares about me as a person
 - My contributions to direct patient care are recognized/rewarded
- The big Question: “What matters to you?”
 - They invited the ICU staff for a 10 minute meeting (break)
 - Why did you go into healthcare? Responses: Powerful Stories that build immediate camaraderie
 - What makes a good day for you?
 - What gets in the way of a good day?
 - What are the daily “pebbles” that get in your shoes? That get in the way of a good day?

Implementing “Joy” – Case Study

- Staff identified what they wanted to improve:
 - More collaboration, communication and teamwork
 - Better support around end-of-life issues---the challenge of providing potentially futile care
 - Information about what happens to patients when they leave the ICU--did my care matter?
- Next steps:
 - Interdisciplinary lunches (nurses, Attendings, et al) to discuss difficult patient care situations
 - “Flash” daily quick multidisciplinary around to coordinate disposition and essential care
 - A “Joy in work” newsletter to share learning and case reports about patient outcomes

Implementing “Joy” – Case Study

◦ Lessons Learned:

- “What matters” conversations are an intervention-surprised staff felt better about being asked
- “Patients matter most” – conclusion after weeks of conversations
- “Staff and trainees learned they are more alike than different” – meaningful human connections
- “Don’t be afraid to get started” - Make “Joy in work” part of daily work by implementing small actions devoted to needs of patients and staff
- “The Morning huddles set the tone for the day” – a new set of values:
 - Help, Heal and Protect People
 - Be the best at what we do
 - Support each other with positive attitudes
 - Continue to learn and grow
- “Something is going on in the ICU”
- Sustain: continue a culture that supports each other. Daily leadership included developing “Joy in Work” and a stronger team culture

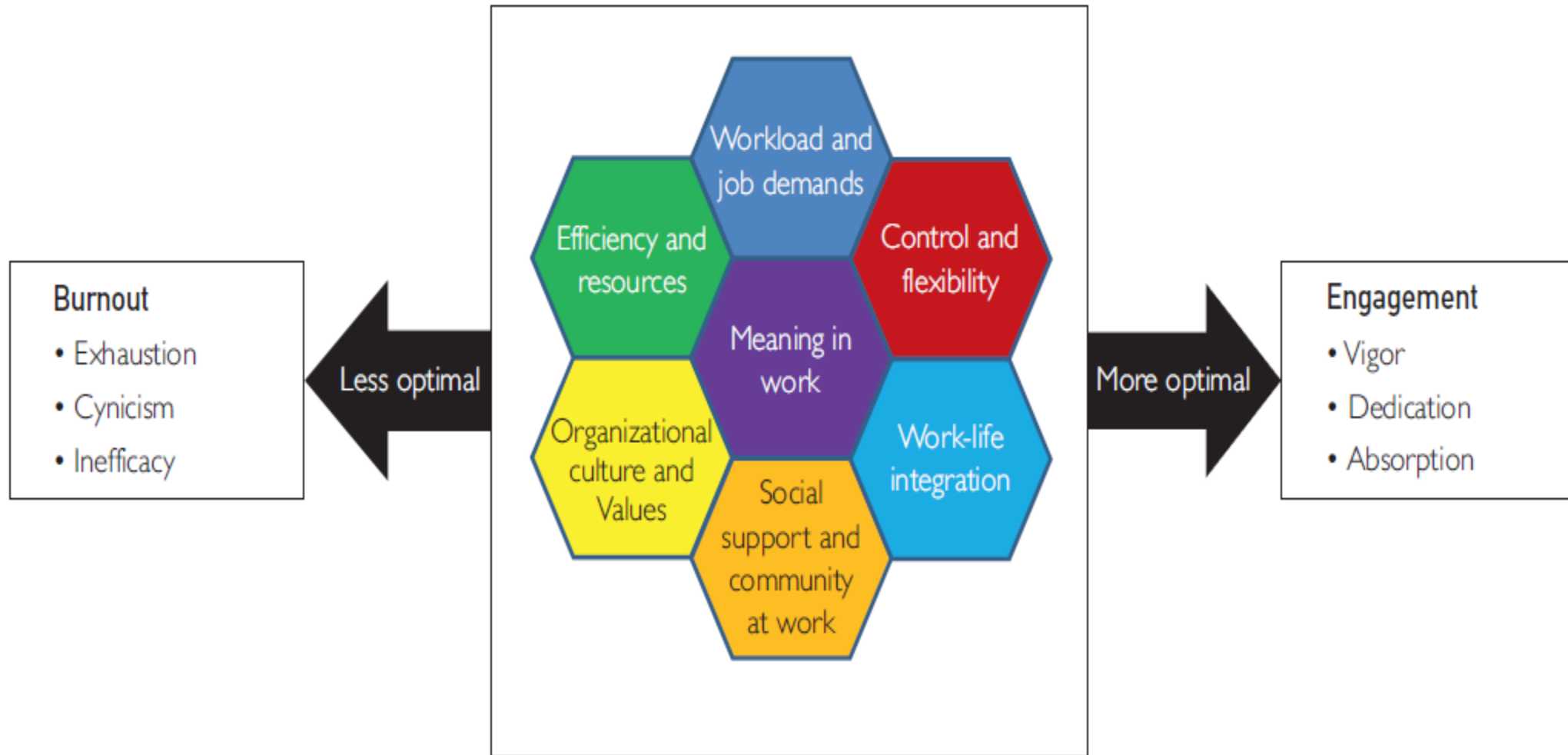


FIGURE 2. Key drivers of burnout and engagement in physicians.

II. Engagement

- The **Authentic** expressions of yourself in your work role
 - Disengaged staff feel uncoupled- may withdraw or suppress their authentic self
- Engagement is the opposite of Burnout [Engagement is *the positive inverse of burnout*] is characterized by:
 - **Vigor** (high energy)
 - **Dedication** (pride, enthusiasm)
 - **Absorption in work** (deep concentration)
 - Having a positive, fulfilling, and persistent work ethic
- Engagement is based on **Mutual Trust**

Business Case for “Engagement”

- Staff **thrive** in an environment with “Servant-Leadership”
 - 15 times more likely to feel **happy** with their praise
 - 9 times more likely to feel their hospital **cares** for them
 - 9 times more likely **satisfied** with their supervisors
 - 8 times more likely to feel you *share* **information** with them
 - 7 times more likely to have a good relationship with you (Senior Management)
 - 4 times more likely to feel their coworkers **cooperate**
- Less sick leave in an “Engaged” environment:
 - ~ \$300 per employee/year
- Fewer formal complaints

Creating an “Engagement” Culture

- “**Culture**” is the system of shared assumptions, values, beliefs, and norms
- Engagement only thrives when supported by a positive Hospital Culture:
 - A psychologically safe environment
 - Have achievable – yet challenging - goals and expectations
 - That supports employees with some autonomy
 - Positive employee attitude, pride and commitment to organization’s mission

Examples of “Engagement” in Action

- Staff responses a result of asking “*How satisfied are you with your job?*”
 - “It is worthwhile in my unit to speak up” because something will be done to address my concerns
 - “The people I work with cooperate to get the job done”
 - “I feel encouraged to come up with new and better ways of doing things”
 - “My talents are used well in my unit”
 - “My work gives me a feeling of personal accomplishment”

Engagement - Resilience

- Resilience is the ability to adapt to and recover from stressors (“bounce back” from adversity or failure)
- Resilience building should not be the centerpiece of your strategy-taken too far, resilience means putting people down
 - “Are you not tough enough to face stress”?
- No amount of Resilience can withstand unsupportive or toxic organizational culture-especially if the heroes who speak up are silenced or forced to leave

Engagement “Message” for **Senior Management**

- Get out and about:
 - Most of your employees want to **see** more of you
 - Leadership visibility is one of the most valued actions for enhancing engagement
 - Your time is extremely limited – which is why you need to prioritize reinforcing positive and effective attitudes and actions
- Engagement is bidirectional - outreach is unidirectional
- Engagement requires you to build relationships and trust
 - *You cannot change behavior if staff don't trust you*

Engagement **Ideas** for Senior Leaders:

- Sit down, write a letter to yourself:
 - Six months from now, I commit to: _____
 - Six months from now, I professionally commit to: _____
 - These goals are important to me because: _____
 - To achieve these goals, I will need to _____
 - People I can lean on to help me grow in these ways include: _____

Senior Management's **Role**

- Management's overall aim should be to **create a system** in which everybody can experience “Joy” and “Engagement” in their work
- Leaders: should **model** the expected behaviors; this helps create a culture that supports improved engagement and joy in work!
- Appropriate physician leadership behaviors **positively** influences the well-being and engagement of staff physicians

Service Chief **Roles**

- Dept chiefs are Senior Management's powerful allies to implement change by acting as:
 - Change agents
 - Resistance managers
 - Liaison to front-line staff
- But they first have to understand:
 - What's **happening**
 - **Why** it is happening
 - What this **change** means for me

Service Chief **Responsibility**

- Articulating their organization's Mission [Purpose] to their staff
- Developing a culture that encourages and fosters **trust** by fostering healthy, effective teams
- Ensuring physical / psychological safety
- Articulating the **vision** and **modeling** how to transform their service
- Ensuring fair and equitable systems that meet the fundamental human needs that drive “Joy in Work”

Supervisor Behaviors to Boost Engagement

- Staff:
 - Are given opportunity to develop new skills
 - Have input into how one's job is done (elements of autonomy)
 - Are encouraged to be innovative by promoting high goal-setting behavior
 - Are taught cross-group collaboration
 - Work in a Servant-Leadership environment
 - Feel psychologically safe
 - Live in a “Civil” environment

Wellness = “Thriving:”

A Result of a Just/Safe Culture

- A Joyful, Engaged “Thriving” Staff exhibit 6 crucial Characteristics:
 1. Caring for colleagues as friends
 2. Providing support for each other – kindness and compassion when struggling
 3. Avoiding blame – and forgive mistakes
 4. Inspiring one another
 5. Emphasizing the meaningfulness of work
 6. Treating one another with **Respect, Gratitude, Trust** and **Integrity**

Four Steps to Foster **Wellness/Thriving** – The Antidote to a Toxic, Stressful Workplace

1. Foster Social Connections
2. Show Empathy
3. Go out of your way to help
4. Encourage staff to talk with you- especially about their problems

Promote Wellness/Thriving: **Balance**

- Promote Staff Well-being (thriving) in four areas:
 - Professional life
 - Physical
 - Psychological
 - Social skills
- Personal Wellness:
 - Time for personal relationships (family and friends)
 - Regular exercise
 - Hobbies
 - Vacation
 - Finding meaning at work- connecting with colleagues and engaging in mentoring

Focusing only on Being “Positive” can Lead to Misunderstandings

- Emphasis on Joy/Engagement doesn't mean that staff aren't allowed to express doubts, share concerns or have a “bad day” — it doesn't mean avoiding conflict
- Conflict is inevitable; What Matters is HOW we choose to react to conflict
- Addressing conflict should be done in a shared sense of
 - **Who** we **are**
 - Who we **aspire** to be
 - What we want to **achieve**

Focusing only on Being “Positive” can Lead to Misunderstandings

- Leaders role:
 - Support speaking up (Psychological Safety)- allow any staff member to voice a counter-opinion
 - Encourage civility: (a “humble inquiry:”)
 - Strive for Understanding: listen so that staff feel heard

Challenges to “Thriving”

- Clinician **burnout** is at a record high level
- HC Leaders need to understand what factors diminish “Joy in Work” and lack of “Engagement”, and address the issues that drive burnout and destroy joy in work
- There are proven methods for creating a positive work environment that creates these conditions and ensures the commitment to deliver high-quality care to patients, even in stressful situations

“Joy in Work” and “Engagement” – Keys to Staff Recruitment and Retention

- Improving “**Joy in Work**” and “**Engagement**” leads to staff who:
 - Find meaning and purpose
 - While improving patient experiences, outcomes and safety
 - Improve system effectiveness and productivity
- Restoring “Joy in Work” and improving “Engagement” helps you achieve the “**Quadruple Aim**”:
 - Better experience (patient)
 - Better Care (patient outcomes)
 - Lower Cost
 - *Better staff experience/“**thrive**”*

“Whole Person Care” [**Caring**]

- If your HC staff can share authentic “**Whole Person Care**” through “**Joy**” and “**Engagement**” *they will have amazing experiences with each patient encounter– and the reward that comes from restoring health and relieving suffering*
- It will restore energy and vitality to your staff to buffer HC’s every day stresses

Schwenk, “Physician Well-being and the Regenerative Power of Caring” JAMA 319:1543-1544, April 17, 2018.

Shanafelt TD. “Enhancing Meaning in Work: a Prescription for Preventing Physician Burnout and Promoting Patient-Centered Care” JAMA 2009; 302:1338-1340.

Charge

- Hospitals that succeed in changing their culture and improving patient outcomes are linked with senior management that :
 - Make decisions with clinical teams
 - Create a learning environment
 - Help staff feel psychologically safe to speak up when things go wrong
- We need to **share** the “**Joy**” of being an “**Engaged**” HC professional!