



Change leadership for healthcare's disruptions

Strategies to manage caregiver burnout, stress, fatigue, turnover

By Jeff Bean, Shay Bergmann, Jann Gao, Bethlyn Gerard, Wyatt Hockmeyer, Adam McKillop, Matt Vogl and Colin West

CCOVID-19 spurred unprecedented change in healthcare as leaders and practitioners were faced with the seemingly impossible task of providing safe and timely patient care while responding to the ever-changing demands of the contemporary care environment.

Healthcare workers experienced higher stress levels, increased burnout and elevated physical and emotional fatigue, all of which led to unprecedented dissatisfaction and turnover rates, often described as the “great resignation,” among caregivers. Additionally, the disruption to the healthcare ecosystem created a reliance on expensive travel nurses, caused widespread frustration about compensation and created a need for improved care models to continue delivering high quality care in a resource-thin environment.

Amid innumerable challenges, many accelerated shifts within healthcare have demonstrated effective change leadership during this time. The rapid adoption of virtual care has catalyzed (or galvanized) care models for many organizations. Policies that promote sustained change have amplified narratives related to access to care and paradigm shifts that involve new care models focused on topics like the social determinants of health and value/outcomes-based care. Beyond care delivery, the future of work has impacted how we

perform tasks and how we work with, manage and lead teams.

Despite these hints of optimism, healthcare remains ripe for substantial transformative, perhaps revolutionary, change leadership tactics to mitigate workplace burnout and change fatigue (Figure 1). In addition to championing change at all levels with compassion, respect and understanding, it is increasingly critical that change leaders acquire an acumen toward latent consequences that come with change, including workplace burnout, talent shortage and sometimes declining quality of care. There is a unique opportunity for leaders to facilitate positive change effectively while maintaining the wellness of the entire ecosystem. This is our call to action toward that future.

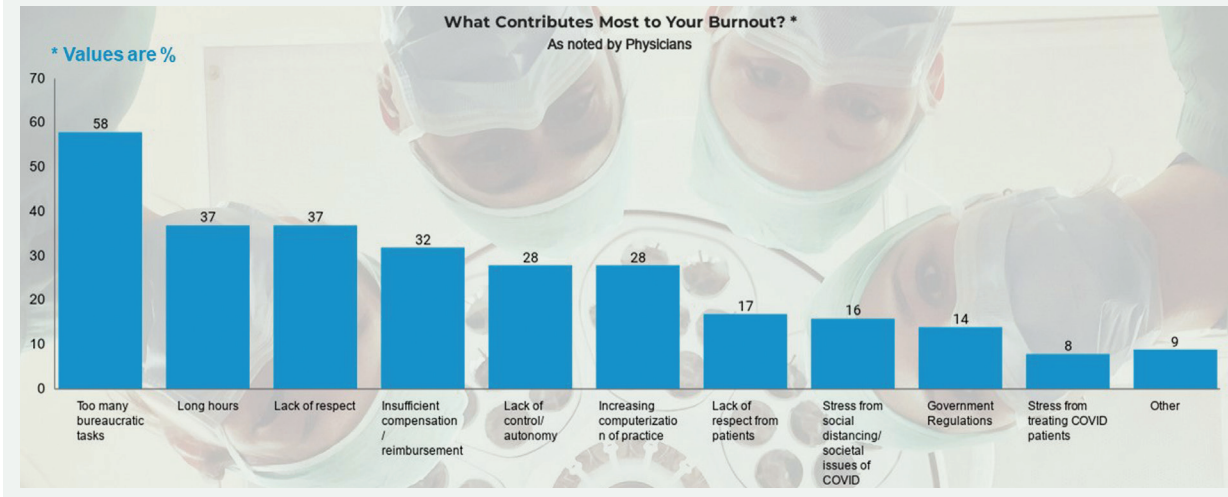
Tactic No. 1: Effective change leaders prioritize care team needs over methodologies

Developing the commitment necessary to lead effective change requires leaders who understand the impact of the demands placed on caregivers and a willingness to take a step back and demonstrate consideration for the needs of those affected by change. This includes demonstrating the need for proposed changes and communicating the need in an identifiable and relatable manner; establishing a path to success so healthcare practitioners know their efforts are

Figure 1

Major culprits of burnout

Physicians cite factors in job-related stress. (Source: 'Death by 1000 Cuts': Medscape National Physician Burnout & Suicide Report 2021)



worthwhile; and gaining commitment and buy-in through transparency and open dialogue.

Many change methodologies can guide change efforts, and leaders often ponder and debate which model is the best approach. However, effective change leadership in healthcare is less about the methodology used and more about how care teams and stakeholders' needs are approached during the change process. Accordingly, healthcare change leaders should be proficient at the model used within their respective organizations, yet recognize that models have no intrinsic value – the real value lies in establishing a positive commitment to change throughout the organization.

Prominent change models in healthcare include Kotter's 8-Step Model, Lewin's Freeze-Unfreeze-Freeze Model, GE's Change Acceleration Process (CAP) and ADKAR, among others. Each represents a unique approach to change management, but common elements across all models ultimately lead to successful implementation. Healthcare leaders should focus on the underlying principles rather than competing to determine which methodology is best.

Model-agnostic best practices that are imperative to any successful change initiative include the following:

- Understanding the need for change and the ability of the organization to adopt the change (change readiness).
- Defining the change (current state and future state).
- Creating upfront communication channels (including who, what, when, why).
- Developing collaborative practices to engage all stakeholders (anyone affected by the change).
- Establishing how success will be defined, measured and most importantly celebrated.
- Knowing the psychological factors that are unique to their care teams and developing people-centered approaches to understanding and responding to the emotional needs of their teams.

There is no arguing that the global healthcare system was and continues to be significantly impacted by COVID-19. Front-line caregivers, patients and administrative staff all have been thrust into the chaos together, and people-centered change leadership is the compass through the maze. Ongoing disruption is a given, and leaders must make a concerted effort to move past the traditional constraints of hierarchical structures and top-down mandates and toward collaborative approaches to addressing the needs of the organizations and, more importantly, the people who keep the system in motion.

Tactic No. 2: Strong change leaders own and regulate stress

What is one thing all leaders must have by definition? Followers. Leaders are facing unprecedented competition for the attention of their team members. Competition is compounded by social and physiological pressures emerging from the COVID-19 pandemic.

Under stress, the brain's ability to take in information narrows. Chronic stress results in an excess of cortisol, producing a shrinking effect on the prefrontal cortex, the area of the brain responsible for "executive" functions such as learning and recall. This is detrimental as knowledge continues to expand faster than the ability to assimilate and apply it, especially in healthcare. Medical knowledge may be doubling faster than the 2020 predicted rate of every 73 days.

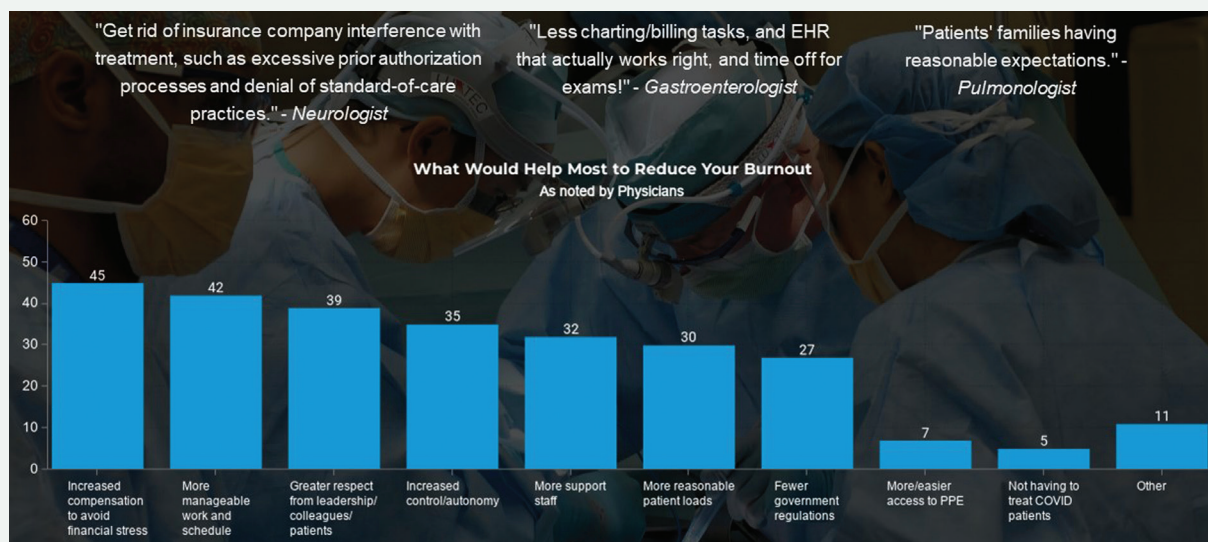
Peter Medawar, a Brazilian-British biologist, noted: "The human mind treats a new idea the same way the body treats a strange protein; it rejects it."

The brains of leaders and team members alike are hard-wired to resist change, resulting in a natural stress response. Thus, change in healthcare must begin with leaders taking ownership of both their personal stress regulation and the stress introduced to their audiences. Leaders have the opportunity to start acknowledging this initially negative health impact of change and to build education and the practice of stress reduction into daily culture.

Figure 2

Considerations to mitigate burnout

Physicians offer solutions to ease stress. (Source: 'Death by 1000 Cuts': Medscape National Physician Burnout & Suicide Report 2021)



The answer, literally, is to lead with heart. Since 1991, the Heart Math Institute has conducted research on communication between the brain and heart. This research confirms that the heart sends more signals to the brain than the other way around. As with light and electrical research, coherency is the term Heart Math uses to indicate a state where the signals of the brain and heart synchronize.

In this documented state of psychophysiological coherency, stress chemicals become regulated to productive and healthy levels. It turns out the closest pharmacy is the mind. Stress is perceived, and as a person regulates thoughts and breath patterns, the mind can be manipulated away from stress response. This coherent state has been documented to improve immune system function, mood, cognitive abilities, decision-making and sociability.

Modern leaders are inundated with instructions on creating compelling communications with "the why, the how and the what success will look like" of initiatives. Yet how many have the time and coherency to attract focus and commitment from colleagues amid the onslaught of competing priorities?

How can workplaces promote practices that help leaders and teams reduce the negative impacts of change on stress, and stress on health (Figure 2)? The field of psychoneuroimmunology (PNI) is a field of research that deals with the complex interactions between the central nervous system, endocrine and immune systems, and how behavior/stress can modify these interactions. Caffeine, refined carbohydrates and processed sugar are known stimulants with proven negative impacts on health. Microbreaks are also proven to have positive impacts on health. Moderation is the key.

Humans possess a finite capacity for change. The initial reaction is stress. Chronic stress undermines mental, emotional and physical capacities necessary for high performance. While much of the human condition and our current healthcare delivery systems are complex, leveraging leadership to institute team norms that support

stress regulation is remarkably simple. Simple is not easy, but it is a worthy start.

The Value Institute for Health and Care defines the transformation braid as a tightly woven triad of culture, strategy and measurement. The perceived stress scale is a fast and easy way individuals can set a stress baseline as well as measure the impact of interventions.

Legendary management consultant Peter Drucker is credited with the axiom: "Culture eats strategy for breakfast." Starting with a culture conducive to self-regulation techniques known to improve the executive function of the brain needed to lead change in healthcare seems a solid next step.

Tactic No. 3: Successful change organizations optimize experience and performance

To most effectively incorporate well-being into change efforts in healthcare, a simple but fundamental paradigm shift is required. Rather than primarily focusing on financial outcomes or even patient outcomes, orienting on the care team experience is critical. Importantly, taking care of team members leads to better outcomes from both a business and patient care perspective; this reorientation generates positive results from change efforts for all groups.

As suggested above, strong leadership is closely related to well-being within work units. In large studies of both physicians and non-physician healthcare workers, higher leadership scores have been associated with substantially lower burnout levels. In addition, these relationships are not just cross-sectional – higher leadership scores predict lower care team burnout two years later, and also predict lower rates of job turnover in the subsequent two years. These data emphasize how important effective leadership that is seen by healthcare workers as supporting their needs is to care team well-being.

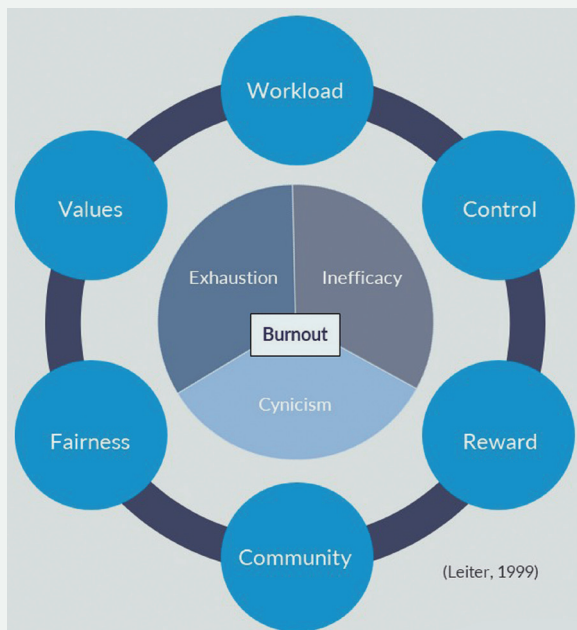
Taking care of care teams can occur through many pathways, but the Areas of Worklife model developed by Christina Maslach and

Michael Leiter provides guidance on key focus areas to promote care team well-being (Figure 3). These include workload, control, reward, community, fairness and values. The relative importance of each area varies across individuals, job roles and work units; it is the leader's responsibility to identify which domains to prioritize.

Figure 3

Areas of Worklife model

Christina Maslach and Michael Leiter provide key focus areas to promote care team well-being.



Regardless of the specific focus, however, visible demonstrations of attention to care team needs in these areas builds trust that supports partnerships for successful change management.

One overarching approach leaders can adopt to ensure they are elevating care team needs is to view change management and leadership decisions through the lens of optimizing human performance. Dating back to 1908, the Yerkes-Dodson law stipulates that human performance increases with stimulation to a point, but beyond a certain degree of stimulation performance actually begins to decline (Figure 4).

Human stress response follows a similar pattern such that there is a point of workload or work stress at which growth is optimally supported. Pushing beyond that point leads to fatigue, exhaustion or even breakdown, all associated with unsustainable and suboptimal performance outcomes.

Therefore, leaders who prioritize the care team experience and strive to connect healthcare workers with their point of optimal human performance will see the greatest outcomes for their care teams and every element of the healthcare system each care team member supports, especially patients. Seeking to improve the six areas of work life with the goal of keeping healthcare workers in their zone of optimal performance is a recipe for healthy work environments that are prepared for growth opportunities and positive change.

Tactic No. 4: Resilient change organizations design proactive career pathways

While no one strategy is likely to completely inoculate an organization against burnout or its causes, several specific strategies can be employed. From a change management perspective, the selection of a limited number of high-volume or high-value roles provides a

means to begin, from which early wins can be celebrated to provide additional inertia to address additional needs of both individuals and the organization.

Nurses make up the largest segment (30%) of hospital workers, according to the U.S. Department of Labor (April 27, 2020) and typically provide direct patient care. Nurses also have above average turnover, now cited as being 27.1% (NSI Nursing Solutions, 2022) which makes an ideal starting point based on the criteria of volume and impact.

One means to partially address burnout is by increasing pathways to the nurse role (Figure 5, Page 32). This is likely a particularly effective strategy for licensed practical or vocational nurses who have already demonstrated interest and aptitude toward career advancement with well-defined pathways and numerous programs to facilitate this transition. Taking this one step further,

Figure 4

Bell curve

The Yerkes-Dodson Law notes that human performance increases with stimulation but begins to decline beyond a certain degree. (Source: Healthline)

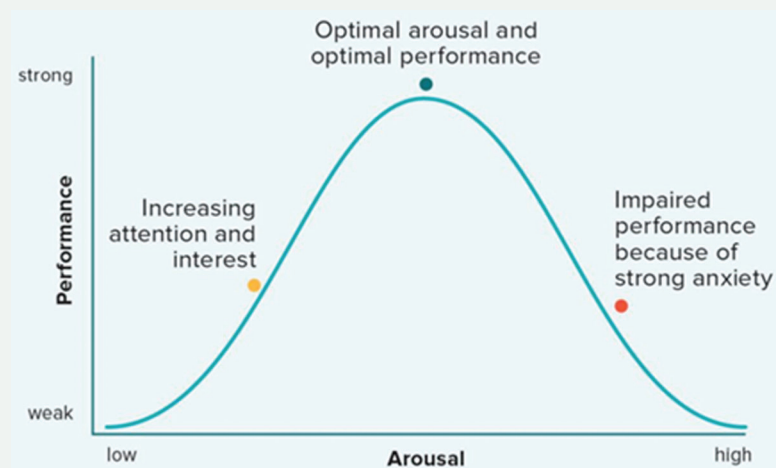
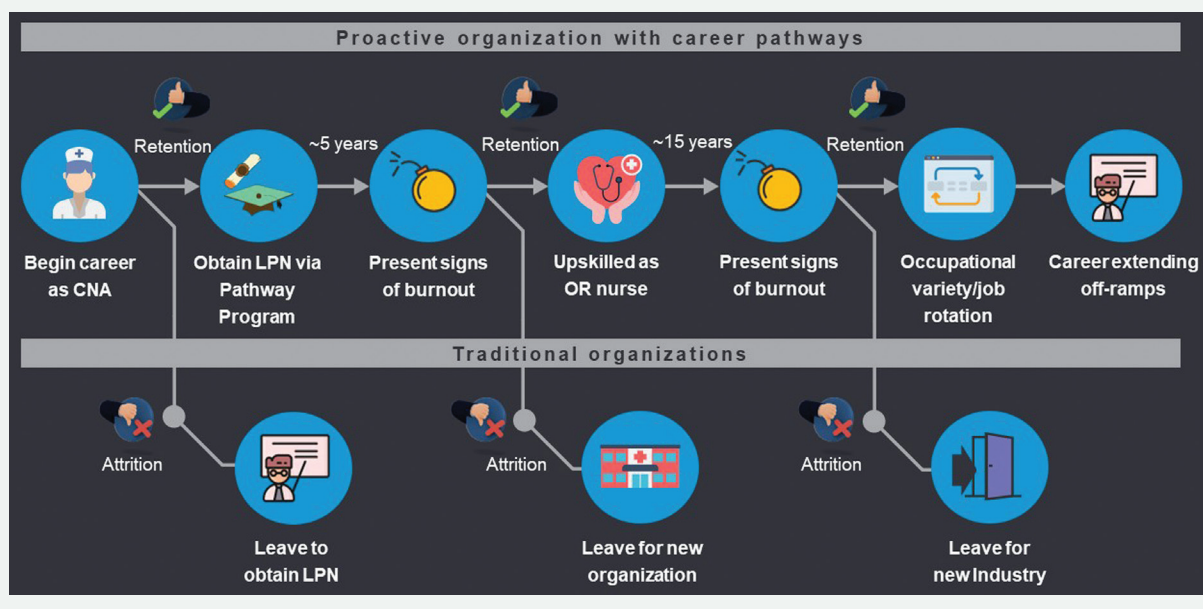


Figure 5

RN career path example

Increasing pathways to the nurse role can address burnout and high turnover rates among nurses.



if certified nursing assistants were offered a pathway to licensed practical nurse roles, a longer and likely more resilient supply chain of employment could be built.

An organization may also reduce burnout via occupational variety for registered nurses (RNs). This could include patient triage; record-keeping and data entry; establishing and managing IV access or medication administration; or surgical assistance among others so that more demanding roles are balanced with less intense ones. With the proper timeframe applied (i.e., it should not be viewed as a short-term solution), it is possible to find additional occupations or individuals with similar skill profiles and facilitate a transition to roles that leverage some existing skills. This transition may likely involve “upskilling” via a combination of training or education, or depending on the role, could include utilization of on-the-job training.

A benefit to on-the-job-training is that the care team member is adding value to the organization while simultaneously being given agency to advance or prolong their career, which in itself is a key means to combat burnout. An important caveat to leveraging a skills-based approach is that it must be accompanied by appropriate opportunities and pathways available or this well-intentioned strategy could hasten the departure of the recently upskilled or reskilled care team members to competitors who value their abilities.

On the other side of the burnout equation, it is possible to design career “off-ramps” that leverage RN skill sets to extend career longevity within the current organization. This also serves to retain engaged care team members who already know and successfully navigate organizational culture.

For RNs a number of factors contribute to burnout and attrition: work-related injuries, increasing workloads and emotional strain, among others. These factors are strongly correlated with specific areas such as emergency medicine and oncological care. Nurses in

these areas should be presented with career planning resources in anticipation of burnout but prior to the related symptoms, which include decreased engagement and lower productivity or compromised safety or patient care.

These potential off-ramps could include nursing education and development, case management, medical coding or healthcare administration, which represent comparatively “easy leaps” that could be achieved in less than one year. Alternatively, a transition to healthcare informatics or even information technology roles would require more effort but provide a path into high-growth careers that leverage some of the same critical thinking and analysis skills in their present role.

A call to action

Winston Churchill is credited with saying, “Never let a good crisis go to waste.” Now is an ideal time to address the longstanding needs of our front-line workers by stepping into new and innovative change leadership techniques. This is our call to action toward a future where change leaders in healthcare prioritize care team needs over methodologies, stress is owned and regulated, care team experience and performance are optimized, and proactive career pathways are offered to high-burnout roles.

The old adage “the definition of insanity is to do the same thing over and over again and expect different results” remains true in this context; we cannot and must not perpetuate the status quo. Positive changes, even miracles, can and do happen on a daily basis in hospitals across the world. Acting upon and refining the aforementioned mitigation tactics is a mission worthy of our shared time and energy.

As you lead your teams, consider the following summary points in relation to your organization’s approach and personal tactics applied toward solving this formidable issue:

Recommended reading list

Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life by Jon Kabat-Zinn.

The Miracle of Mindfulness: An Introduction to the Practice of Meditation by Thich Nhat Hanh.

A Mindfulness-Based Stress Reduction Workbook, Revised Second Edition by Bob Stahl and Elisha Goldstein.

Anatomy of Breathing by Blandine Calais-Germain.

Breath: The New Science of a Lost Art by James Nestor.

Science of the Heart: Exploring the Role of the Heart in Human Performance by Rollin McCraty.

- COVID-19 exacerbated existing fissures within healthcare as workers experience higher stress levels, increased burnout and elevated physical and emotional fatigue – all lead to unprecedented dissatisfaction and turnover rates, often described as the “Great Resignation,” among caregivers.
- Individuals often translate change messaging into personal implications and needs. Thus, effective change leadership is less about methodology and more about how leaders are addressing the needs and impact on each person.
- We need to acknowledge that change is going to require new thinking and accept that there will be some growing pains associated with a new course of action.
- The time is now to work toward a solution to reduce and even solve the burnout equation that has plagued the longstanding needs of caring professionals in healthcare.
- There’s a genuine sense of urgency across the entire healthcare industry to address both the negative impacts on people – mental, physical and emotional – in the changing healthcare ecosystem and people-centeredness during the change process.
- Change is often decided on and pushed out at the organizational level, yet real change happens at the individual level. Make sure that you’re working with the boots-on-the-ground people where the action happens to see what specific challenges they face.
- Understand that whatever strategic approach is taken, your organization’s culture will either be a major barrier or catalyst for success.

Note: For a full list of references for this article, see the ISE reference page, iise.org/iisemagazine/references. ❖

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Bethlyn Gerard is the inaugural director for advancing care excellence at Southwestern Health Resources in Texas. Gerard is a graduate of Dell Medical School with a master’s degree in healthcare transformation and is a Lean Six Sigma Black Belt. She is a co-author of curriculum on safe care through self-care, healthy workplaces and stress reduction amid continuous change, with works published in the National Association of Healthcare Quality, American Holistic Nurses Association and Healing Touch Program. She is an IISE member.

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