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Improving Workforce **Well-Being**

Five guiding principles.

The challenges to healthcare workers' well-being have been well known for years, as have been the direct consequences of low levels of well-being on patient care. That's why, in 2022, the Health Resources and Services Administration funded a threeyear partnership to guide organizations through the implementation of evidence-based strategies to improve health and well-being.

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This initiative, called the Workplace Change Collaborative, brought together four organizations, including the Institute for Healthcare Improvement, in an effort to significantly reduce burnout, suicide and other mental

health conditions in the workforces of 44 grantee organizations in 25 states, including many in rural and underserved communities. Other organizations involved include the Fitzhugh Mullan Institute for Health Workforce Equity at George Washington University, Moral Injury of Healthcare and the American Federation of Teachers Health Care.

Although each grantee organization tailored its own interventions to best support their unique populations, five common principles emerged.

1. Bring Intention to Language

A foundational step to addressing any challenge is appropriately naming and describing the problem. Impediments to workforce wellbeing take many forms, but we identified four commonly used terms and definitions that describe the various conditions experienced by health workers. These conditions are experienced and measured differently, can manifest simultaneously and often exacerbate one another.

• Burnout: Defined in the World Health Organization's classification of diseases as stress

characterized by exhaustion; a feeling of distance, negativity or cynicism toward one's job; and a sense of ineffectiveness.

- Compassion fatigue: Refers to a state or intensity of exhaustion or burnout that limits one's ability to engage in the essential caring relationships required for effective care delivery.
- Moral distress: Occurs when the environment and circumstances of the job limit one's ability to act in accordance with their ethics and values.
- Moral injury: Occurs when a worker is forced to violate their moral and ethical beliefs by operating in a system that doesn't allow them to hold true to their deeply held values.

It is a leader's job to accurately diagnose the manifestations and causes of these four conditions in the workforce, and to understand that different people prefer different descriptions of these similar and interconnected issues. This requires deep listening, effective communication and trusting relationships. Depending on the person and the circumstances, interventions aimed

at mitigating these four conditions must be designed with a clear understanding of the unique aspects of each.

2. Acknowledge and Address Burnout, Moral Injury

The four conditions described above can affect any healthcare worker, regardless of title, level or specific responsibilities. Workforce wellbeing interventions and initiatives need to be designed and implemented for all. Leadership participation in well-being activities is an effective demonstration of vulnerability that builds trust and reinforces the reality that delivering patient care is a collective endeavor.

Acknowledging the issues faced by healthcare workers at all levels also helps break down the silos that often plague healthcare organizations. Designing well-being initiatives for interprofessional cohorts goes even further in breaking down barriers between various parts of the health system. Yet despite the advantages of an interprofessional approach, leaders can acknowledge that various groups of workers each face unique stressors. Peers coming together to consult with each other and offer support remains an important mechanism for improving well-being. A blended approach to well-being interventions allows for both peer-to-peer support and new connections between colleagues who work in different parts of the system.

3. Rebuild Trust and Create Strong Communication Channels

One of the first casualties caused by burnout and moral injury is trust. Though everyone in an organization has an essential role in building and maintaining trust, it is the leader's responsibility to create the conditions and systems to reinforce trust and rebuild it when damaged or lost.

Building trust and effectively communicating require a leader to move slowly and deliberately. Truly listening to the concerns, constraints and hopes of the workforce cannot be rushed. It is an essential first step in creating a trusting environment. Just as important is the deliberate sharing back of what leaders heard, and listening again to any corrections or nuances offered by the workforce. Only then should leaders act on what they learned.

This continuous, bidirectional communication loop of deep listening, acknowledgment, followthrough and listening again is a hallmark of organizations with a trusting environment. In addition, levels of trust within an organization are clearly correlated with lower levels of stress, dissatisfaction and burnout.

4. Commit to Organizational Change Alongside Individual Interventions

The national framework for addressing burnout and moral injury developed by the Workplace Change Collaborative makes clear that, like any large-scale change initiative, improving workforce well-being requires systemic, structural and cultural change. It requires not only buy-in from senior leadership but also direct participation and advocacy. A combination of action at the whole

system level (such as flexible working and reduced administrative burden) with interventions such as access to counseling, peer support programs, coaching and leadership development, and mindfulnessbased stress reduction leads to measurable, sustainable improvement.

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5. Articulate the Need for Institutional Commitment and **Investment in Well-Being**

Closely linked to principle No. 4 is the final guiding principle: the need for clear and actionable two-way communication about the critical importance of workforce wellbeing. In many cases, the Workplace Change Collaborative grantees needed to convince their leadership of the need for investment and prioritization. Doing so required understanding leaders' viewpoints and linking workforce well-being to the mission and existing organizational priorities.

Just as important is the data used to make the case. Grantees found that using data generated by validated survey tools was an effective way of both identifying the need for change and evaluating the

effectiveness, or lack thereof, of the interventions selected to improve well-being. Financial data demonstrating a return on investment is another important indicator of the benefits of well-being initiatives.

The Workplace Change Collaborative also highlighted the importance of storytelling in motivating stakeholders to invest and participate in well-being programs. Effective narratives communicate the value of workforce well-being efforts by highlighting what's at stake in our collective experience of acting in the service of others. Fundamentally, workforce wellbeing is about dignity, respect, fairness, equality, justice, love and kindness. Effective narratives connect everyone to these fundamental values.

There is no single definition of workforce well-being, and efforts to improve it can and will take myriad forms. These five principles serve as a guide for leaders at any level of an organization to design, implement, and evaluate programs and initiatives that aim to harness and support any organization's most important resource—its people. ▲

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