

Building a Resilient Workforce: Promoting Joy in Clinical Care

Page West and Perry M. Gee

SUMMARY

At Dignity Health, one of the nation's largest healthcare systems, we believe that all people deserve access to quality medical care regardless of their background, ethnicity, or circumstances. Healing is our calling, and "Hello humankindness" is our brand purpose, which supports our mission to deliver compassionate, high-quality, and affordable patient-centered care with special attention to the poor and underserved. Through teamwork and innovation, faith and compassion, and advocacy and action, we endeavor every day to keep our patients and staff members healthy and fulfilled. This article highlights efforts at Dignity Health to reduce burnout and increase resilience in our employees. Our team is focusing on evidence-based interventions and strategic partnerships to tackle these complicated issues.

Dignity Health recognizes the link between the care our patients receive and how employees feel about their jobs and their ability to contribute to our healing ministry. We also understand that delivering care takes an emotional toll and that healthcare worker burnout is an industrywide problem. So, in 2014, we began partnering with academic and social innovation organizations to study the impact of compassion and kindness in healthcare—not just on patients but also on our staff. We conducted behavioral science research to

understand how a nurse's work environment contributes to both resilience and burnout. We then started to develop scalable interventions to prevent staff burnout in our facilities. Our research also identified the need to support nonclinical employees.

Spurred by these findings, Dignity Health's board of directors and executive leadership team unanimously agreed in 2017 that the well-being and resilience of our people must be a priority and that our message of "humankindness" must expand to cover everyone in the Dignity Health system: patients,

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family members, and employees. This led to the establishment in 2017 of an interdisciplinary resilience steering committee to reduce burnout and promote resilience and well-being across the network. Now a comprehensive, systemwide program is being implemented to meet the needs of all employees by fostering personal resilience and a work environment that promotes well-being.

The committee developed a tool kit of various evidence-based interventions to support employees (described later). The attention is timely, considering the growing awareness of healthcare worker burnout as a serious national issue.

Burnout: A Growing National Concern

Burnout among healthcare workers is not a new problem, but its impact on our nation's healthcare system is an emerging critical issue.

Nurses, who represent the largest group of care providers, often feel the effects of burnout. In a multistate study of 95,499 nurses, more than 40 percent reported experiencing burnout; more than 50 percent said they go home emotionally exhausted, many reported having problems sleeping, and one in four may have clinical depression (McHugh et al. 2011). Nurses may feel that they are doing a poor job at work or that they have no control over their practice, so they may develop cynicism about their job and employment. And as environmental and personal factors collide, nurses may begin to experience depersonalization and emotional exhaustion (Rushton et al. 2015).

Nurses who are burned out can have a negative impact on the business operations of their organization. Nationwide, nursing leaders have faced a 17 percent turnover rate among nurses, and replacing these nurses can be expensive. Additionally, large

national studies of nurses who are experiencing high degrees of burnout have found associated increases in infections and patient mortality rates, as well as safety concerns (Cimiotti et al. 2012; Welp, Meier, and Manser 2014).

Among physicians, the problem may be even worse. As many as 50 percent of the nation's physicians may be experiencing burnout, and the suicide rate among physicians and medical students is higher than that in the general population. A *New England Journal of Medicine* survey on leadership found that 83 percent of individuals felt that physician burnout was a moderate or serious problem in their organization (Swensen, Strongwater, and Mohta 2018). Physicians feel the same depersonalization and emotional exhaustion that nurses experience, but they may have additional stressors, such as massive medical school debt or practice management responsibilities. Burnout among clinicians can be devastating for the individual and the profession, and it may also have a negative impact on patients and families.

The literature does not reveal burnout's impact on allied healthcare professionals and clinical support staff. However, we can assume that everyone who works in healthcare, from the front line to the back office, experiences stressors that affect their work. The 703 respondents in the aforementioned leadership survey, which was not limited to physicians and nurses, reported significant burnout throughout their organizations (Swensen, Strongwater, and Mohta 2018); clinical leaders and executives reported rates of burnout near 50 percent.

Resilience as an Antidote

With a potentially high percentage of our workforce experiencing burnout, Dignity Health is taking a structured, multifaceted approach to address the problem. We want

to help our people find their connection to purpose in “humankindness.” We believe that if we focus on improving the work environment and increasing personal resilience, we may find an antidote to burnout.

A significant body of literature describes resilience in nurses, and we know that this quality is part of the equation that can lead to employee well-being. Several studies point to the benefits of resilience:

- Resilient nurses have an increased sense of hope and may be able to lower their overall degree of stress (Rushton et al. 2015).
- As demands in the healthcare work environment increase, people who are resilient may be better equipped to focus on the task at hand and to be more engaged in their job (Sergeant and Laws-Chapman 2012).
- Resilience can be increased or modified in individuals, so we can build a more resilient workforce (Fredrickson et al. 2013).
- Combating burnout involves a combination of improving the work environment and recognizing personal factors (Gillespie, Chaboyer, and Wallis 2009).
- Increasing resilience in staff leads to a reduction in burnout, emotional exhaustion, and staff turnover (Grafton, Gillespie, and Henderson 2010; Mealer et al. 2012).

Dignity Health’s Early Resilience Efforts

Building staff resilience has always been important to Dignity Health. Over the years, many initiatives throughout the organization and in individual hospitals and clinics have aimed to reduce burnout, increase resilience, and improve well-being. Early in this process, our nursing research and analytics team

evaluated the literature to find cost-effective, evidence-based interventions that could be scaled across a network of 10,000 physicians and more than 60,000 employees and 400 care centers. Two early examples include the Physician Well-Being Index and our reflective pause rooms.

Physician Well-Being Index

Originally developed by the Mayo Clinic, the Physician Well-Being Index is a short, anonymous survey sent quarterly to Dignity Health physicians. The findings help to identify local resources and other interventions to improve well-being. The Physician Well-Being Index includes physicians, residents, fellows, and medical students in several service areas. Several facilities also have brought in self-help experts and offered compassion skills training. Courses range from one-hour lectures to eight-week compassion skills training programs.

Reflective Pause Rooms

Clinical staff participate in a variety of personal resilience programs that have arisen organically throughout our health system. For example, reflective pause rooms are dedicated spaces with carefully monitored temperature, lighting, and other soothing features that promote a sense of calm and well-being. Typically located adjacent to clinical areas, they allow staff members to sit quietly and devote time to mindfulness, meditation, or prayer. Some of our hospitals also have created caregiver programs that include massage, aromatherapy, music therapy, yoga, and other forms of exercise. To date, the feedback received has been extremely positive.

Progress Through Partnership

As noted earlier, Dignity Health’s leaders strategically decided to develop formal relationships with universities, associations,

and other third-party groups to build staff resilience.

Stanford Medicine's CCARE Program

Our first partnership was with Stanford Medicine's Center for Compassion and Altruism Research and Education (CCARE) program. Initially, CCARE conducted a scientific literature review, which found that kinder care improves the relationship between caregivers and patients; in turn, caregivers feel more engaged and less exhausted, patients are more satisfied, and outcomes improve.

CCARE led to scalable interventions in our facilities, developed with the help of experts in compassion skills training. We focused on the shift-change handoffs between nurses working in a high-pressure unit that had a history of communication problems. Dignity Health's research and analytics team, along with experts from CCARE, worked with the staff to develop a cognitive program of "mindfulness shift huddles." At the beginning of each shift, the nurses perform a two- to three-minute mindfulness exercise and agree on a phrase that they can use throughout the day to help reset their minds in difficult situations. The program expanded over three phases to encompass 130 staff members. The participants reported improved communication and better handling of difficult and complicated patient situations. Several nurses also stated that they improved their personal relationships with colleagues as well as family members. We are currently scaling this program and developing online versions for our other facilities.

Arizona State University

In 2016, Dignity Health and Arizona State University (ASU) formed a strategic research program with goals that included research on the well-being of healthcare

employees. A nurse scientist from Dignity Health and a research expert from the university are the co-primary investigators on a survey of 3,800 Dignity Health nurses across Arizona that collected baseline data on current degrees of burnout and resilience. The data, which are currently being analyzed, will be used to support future grant applications from the strategic partnership with ASU and other extramural funding organizations such as the American Organization of Nurse Executives and the Robert Wood Johnson Foundation.

American Nurses Association

Dignity Health participates in the American Nurses Association's Healthy Nurse, Healthy Nation (HNHN) program. Through this program, Dignity Health leaders and staff have put in place systematic interventions to improve the well-being of our nurses. HNHN resources cover interventions such as anxiety reduction, work environment enhancement, and personal health improvement.

National Academy of Medicine

In 2017, the National Academy of Medicine (NAM) launched its largest-ever initiative to combat clinician burnout and advance the well-being of healthcare teams. Dignity Health was among the first systems to collaborate with the NAM in addressing this difficult problem. The NAM offers resources, including workshops, for exploring the impact and management of clinician burnout.

Institute for Healthcare Improvement

Dignity Health follows the Institute for Healthcare Improvement (IHI) framework for improving kindness in the workplace and increasing employee well-being (Perlo et al. 2017). Members of our team received IHI training and follow the recommendations

of the framework, which clearly defines the roles of senior leaders, managers, system leaders, and individual employees in combatting burnout. The strategy is in line with the grassroots approach at Dignity Health. In applying the IHI framework, we simply ask our staff, “What matters to you?” In this way, we look for opportunities to adjust anything that might create stress and challenge Dignity Health’s core concepts of purpose, connection, control, and hope. Leaders and staff work together to make improvements using our menu of evidence-based interventions.

Creating a System Infrastructure for Resilience

Dignity Health also believes in the IHI’s Triple Aim approach of improving the patient’s experience of care (including quality and safety), improving population health, and reducing the per capita cost of care (Berwick, Nolan, and Whittington 2008). We work to achieve these aims while recognizing the industrywide problem of burnout. Therefore, as other organizations have done, we have added a fourth aim: improving the health and well-being of our clinicians and staff (Bodenheimer and Sinsky 2014).

The Resilience Steering Committee

Dignity Health’s interdisciplinary resilience steering committee has established guidelines to help our employees acquire skills known to improve resilience and thereby improve their well-being. The committee advances cultural change while endorsing evidence-based interventions and processes to support a healthy workplace and a resilient workforce. Initially, the committee explored four areas of development: leadership, communication, metrics, and identification of existing resilience efforts across the enterprise. A nurse and a physician lead

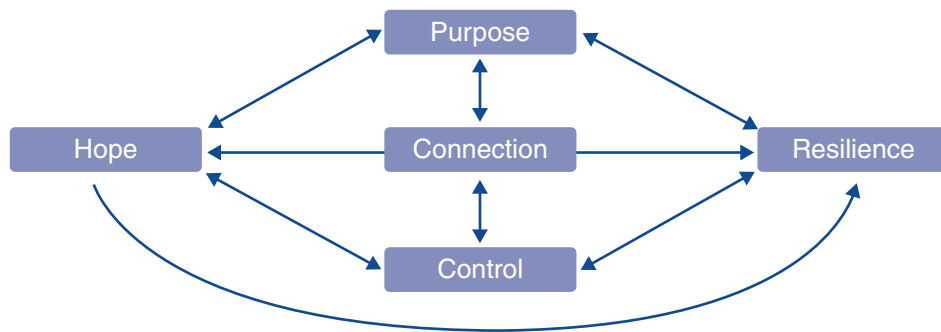
the committee, which includes vice presidents, the system chief nursing executive officer, other nurse and physician leaders, and mission services and spiritual care leaders. Additional committee members represent organizational development (for leadership development), communications (for clear and consistent messages), human resources (to consider all aspects of labor and impact on our employees), nursing research (to help guide the team with the most current evidence), and consultants (for any additional specific needs).

The committee began the important task of developing the fourth aim. In its early months, the committee focused on the needs of healthcare providers and nurses. As the program developed, however, committee members soon realized that the commitment needed to include *every* Dignity Health employee because everyone in the system needs support with resilience to serve our patients better.

Critical Factors for Increasing Resilience

Scientists from Dignity Health’s nursing research team, with experts from HopeLab, Stanford Medicine, Arizona State University, and the University of California, Davis, are developing the Theory of Impact for Nurse Resilience (Exhibit 1). This theory involves four critical factors for increasing personal resilience: purpose, connection, control, and hope (Gee et al. 2018). We intend to expand this model to include factors that may affect all clinicians; for now, the focal point is our largest clinical workforce, the nurses.

Our review of the literature shows that *purpose* is a key factor in resilience. Many choose to work in healthcare because they feel a strong sense of purpose to help others. Our findings also show that *connections* with family members, patients, and

EXHIBIT 1**Theory of Impact for Nurse Resilience at Dignity Health**

Source: Gee et al. (2018).

colleagues help to build resilience. Further, personal connections with family, social groups, and religious communities may help. Nurses who lack resilience may not have a strong connection with their leadership or colleagues.

Clinicians want to provide excellent patient care, to be trusted, and to be involved in important care decisions. They want to feel they have *control* over their practices, be able to develop and improve their skills, and provide input on important policy decisions that affect their patient care environment. The literature supports this notion of control as another crucial factor in building resilience (Jones 2012; Duffield et al. 2009).

The last factor is *hope*. Hopelessness is a condition strongly associated with burnout (Stamm 2010; Snyder 2002). Hope, conversely, can be linked to purpose, connection, and control (Gillespie et al. 2007). For example, nurses who float into unfamiliar patient care units try to maintain resilience by hoping that they will connect with the staff and have some control over the patient care on the unit. At Dignity Health, our leaders are implementing interventions that will support both the individual clinician

and the clinical environment by following our theory of impact for nurse resilience.

Tool Kit of Evidence-Based Interventions

Dignity Health takes a twofold approach to building resilience. First, we recognize the fact that the work environment may have the largest impact on employee burnout. Therefore, we work with staff and leaders across the organization to identify work-related issues that interfere with a person's ability to feel joyful. We measure a broad range of related constructs, including compassion fatigue, burnout, resilience, well-being, clinical outcomes, and more. We recognize that stress is inherent in the healthcare setting, but we want to know what we can do to mitigate that stress. Second, we identify strategies to increase personal resilience. Our employees come to work every day with a baseline level of hope and resilience in their own personal lives. Life experiences, stress at home, personal health concerns, and the like may make an impact on an individual's resilience levels. We also know that resilience can be fostered in the individual, so we are looking at a suite of interventions intended to build personal resilience.

No single intervention will eliminate burnout, but a variety or a combination of interventions may have an impact. Our resilience steering committee therefore created a tool kit of evidence-based interventions that are affordable, sustainable, and scalable across our organization and all disciplines. This tool kit includes measures to address the unique needs of our individual care facilities and teams. One size will not fit all; each state, county, city, hospital, and unit has its unique requirements, so we offer interventions that can be adapted as needed.

Examples of evidence-based interventions in our Dignity Health tool kit include the following:

- Mindfulness huddles
- Compassion skills training
- Post-code blue pause program
- Well-being apps
- Reflective pauses
- Gratitude journaling
- Leadership training in burnout and resilience
- Well-being index
- Peer support programs
- Biofeedback training
- Schwartz Rounds

In addition to the tool kit, we implemented pilot projects throughout the hospital system to evaluate initial resilience building. Research and measurements guided the implementation to confirm that the interventions would meet our objectives. Following are five examples of these pilot projects.

Compassion Skills Training

Two concurrent pilot projects for compassion skills development have been initiated at an inner-city hospital in Northern

California. The first groups to be trained are emergency department (ED) staff, who have been struggling with communication and morale issues, and the environmental services staff, who have been experiencing stress. Working with the environmental services staff was the resilience steering committee's first venture outside the realm of clinical employees. Lacking a foundation in the literature regarding environmental services, we took a methodical approach to developing our interventions with this group, starting with focus groups to identify their needs. After the focus groups, the environmental services staff participated in motivational interviewing, anxiety-reducing breathing exercises, and mindfulness practices (Miller and Rollnick 2012; Gilbert 2010).

Post-Code Blue Pause

In a medium-sized hospital in Northern California, the ED and critical care staffs are participating in a post-code blue pause program that implements a formal reflective pause following a code blue or other difficult event such as an unexpected death, difficult trauma, or an emotional pediatric case (Copeland and Liska 2016). This pause honors both the patient involved in the incident and the efforts of the staff.

Chaplain-Led Programs

At a hospital in an urban area in California's Central Valley, a chaplain-led program to reduce burnout and improve resilience has been administered to the critical care and ED staffs. The course has been adapted for resident physicians, primarily involving burnout awareness along with a program to educate the staff about the issues and where to seek appropriate help.

Web-Based Compassion Skills Training

At a large hospital in Northern California, we implemented a web-based compassion skills training program for caregivers modeled after the Stanford CCARE program described earlier. Our program is designed to evaluate the scalable opportunities for implementing compassion skills training for all employees, not just caregivers.

Biofeedback Training

In the San Francisco Bay Area, we are testing a biofeedback-based program to reduce staff stress. This program uses portable technology for training to help staff members monitor and control their heart rate during difficult circumstances. They also are learning breathing and mindfulness techniques to control their heart rhythm.

Responding to New Traumatic Circumstances

We fully appreciate the difference between acute traumatic events and ongoing stress and compassion fatigue. To mitigate the impact of traumatic circumstances on staff, we have identified environmental factors that may lead to an increased stress response and burnout.

At a facility in California's Central Valley, two major resilience programs were implemented in the pediatric trauma and burn units, where staff often experience secondary trauma and require immediate interventions. A similar program was introduced following the horrific mass shooting at the Route 91 Harvest Festival in Las Vegas, when 79 victims were taken to one of three Dignity Health–St. Rose Dominican hospitals. A specially trained team of chaplains, learning and organizational development experts, and others arrived to assist any staff experiencing secondary trauma. Also, the

toll on healthcare workers who must deal with human trafficking has prompted Dignity Health to develop and launch a program to help staff identify potential victims and respond with essential care. This program has been widely shared through American Hospital Association webinars.

Implementing Sustainable Interventions

Although Dignity Health and other healthcare organizations have offered resilience-building activities to their staff for years, there is a need for interventions with a more lasting impact. A meta-analysis of interventions targeted at nurse burnout found that their effects typically last only six months to one year (Lee et al. 2016). Another meta-analysis of resilience training programs found low confidence that nursing resilience research literature is robust or of high quality, and it identified only moderate effects of interventions to improve resilience at three months post-intervention (Leppin et al. 2014). These disheartening findings prompted our resilience steering committee to build sustainability and frequent evaluation of interventions into our overall project plan.

Developing Scalable Interventions

One goal of Dignity Health's resilience steering committee has been to develop interventions that can be scaled to other or all parts of our organization. In addition, to meet the IHI aim of reducing cost, the interventions must be affordable. This poses a challenge because many evidence-based interventions have significant associated costs. A compassion skills training program that requires two to three hours per week for eight weeks may not be practical for tens of thousands of employees, so we are compressing it for delivery online or as a hybrid online/face-to-face

course. We recently completed a pilot of the online compassion skills training for nurses at one hospital, with encouraging results.

We also are considering other technologies to help scale our offerings to thousands of employees. In one region, we are deploying a vendor's well-being app purchased for employees that measures not only their mood and daily trends but also their stress levels during the day. The app offers access to interventions such as mindfulness and breathing techniques meant to reduce immediate stress.

Leadership's Role in Reducing Burnout and Improving Resilience

As Dignity Health's resilience steering committee rolled out programs to improve the work environment and build personal resilience skills, we realized the importance of leadership's role in this process. We developed a survey that asked selected leaders to help us identify the interventions currently used in our system. We wanted to make sure we were tracking all of the interventions and programs that have been working well to reduce staff stress and improve resilience. We also wanted to identify programs that may not be evidence based or, worse, may cause harm.

Dignity Health's leadership and organizational development team is creating a training program for leaders throughout the system to help them identify employees who may be experiencing burnout and any departmental causes for their stress. We plan to raise awareness of our menu of interventions so that leaders can choose the appropriate options for their departments.

Conclusion: It's About Our People

As leaders at Dignity Health, we believe in the power of "humankindness." The people who work in our facilities are our most important asset. We embrace the aim to ensure

the well-being of everyone. The work we do with our patients is difficult and stressful, but above all it is fulfilling and inspiring. We have the opportunity to improve lives every day. If we are feeling positive and joyful, we can share that feeling with our patients and families. Our work goes beyond quality care and safety: It is about our love for other people—the people we serve and the people we work with every day. We express that commitment in all that we do. Our patients and staff are counting on us.

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