

# Protecting the Safety and Well-Being of Our Nation's Healthcare Workforce

Strategies and tactics to retain a vibrant and engaged healthcare workforce



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## Chief Medical Officer Report

The backbone of our nation's healthcare system is in jeopardy because healthcare team members are leaving the profession in droves. The reasons are multifactorial but center around inadequate staffing, infrastructure, systems, and technology to enable them to do their jobs safely, efficiently, and in a way that honors sacred healing relationships. For the first time in my career, I have witnessed fear, despair, and exhaustion in the eyes of my colleagues. Many of my peers would not recommend the profession to their children.

A public health crisis of burnout existed before the COVID-19 pandemic. The pandemic has put a spotlight on the pre-existing, widespread challenges and dysfunctions of a system that has now been exacerbated by a mass exodus of staff. Healthcare professionals and leaders have been raising the alarm for years about work environments that are not safe physically or emotionally. For too long, cognitive overload, burnout, and racial disparities and bias have been viewed as the cost of doing business in healthcare. The pandemic has pushed healthcare team members past their limits.

To restore trust and loyalty to the profession, healthcare leaders must act now to identify and fix the top issues that are contributing to the great resignation and early retirement in healthcare. In this report, I outline the three critical elements of safety and well-being that healthcare leaders must adopt to retain and attract a vibrant and engaged workforce:



**1. Keep team members emotionally and psychologically safe**



**2. Keep team members physically safe**



**3. Keep team members free from racial injustice or bias of any kind**



## The Crisis Is Building

Issues of team member safety and well-being have been simmering in healthcare for decades. The pandemic has exacerbated some of these issues to the point where they collectively culminate in a growing state of crisis:

- **Emotional and psychological stress and distress are increasing.** According to 2021 survey findings from the Kaiser Family Foundation Washington Post Frontline Health Care Workers Survey, a majority of frontline healthcare workers (62%) reported that worry or stress related to COVID-19 had a negative impact on their mental health.<sup>1</sup> More than half (56%) reported that worry or stress related to COVID-19 caused them to experience trouble with sleeping or sleeping too much (47%). Frequent headaches or stomachaches were reported by 31%, and 16% reported an increase in alcohol or drug use.
- **Violence against healthcare workers is rising.** A 2019 survey revealed that nearly 50% of emergency physicians reported being physically assaulted at work, while about 70% of emergency nurses reported being hit and kicked while on the job, according to the American College of Emergency Physicians and the Emergency Nurses Association.<sup>2</sup> This type of violence has only intensified since the start of the pandemic.<sup>3</sup> Research published by the American Association of Occupational Health Nursing found that 44% of nurses reported experiencing physical violence in early 2020, while 68% experienced verbal abuse.<sup>4</sup> According to the study, nurses who provided care for patients with COVID-19 experienced more physical violence and verbal abuse than nurses who did not care for these patients.
- **Bias and discrimination prevent team members from bringing their full selves to work.** Data on bias and discrimination in healthcare workplaces is hard to come by, but there is evidence that COVID-19 has exacerbated tensions. Since the start of the pandemic, Asian American health care workers have reported a rise in bigoted incidents.<sup>5</sup> In the pandemic's first seven months, 58% of the registered nurses who died from COVID were people of color, though they represent only 24% of all nurses in the US.<sup>6</sup> And team members have also witnessed the ravages of systemic inequities on patients. Age adjusted mortality data shows that Indigenous, Pacific Islander, Latino, and Black Americans have COVID mortality rates ranging from 3.3 to 2 times the rates of white Americans.<sup>7</sup>

The pandemic has exacerbated issues of team member safety and well-being to the point of crisis.

## Healthcare's Great Resignation

The crisis of trauma, violence, and discrimination has risen to levels that call the viability of the existing healthcare system into question. Staff departures are exacerbating distress for remaining workers. They are also causing health systems to close service lines and limit procedures:

- **One-third of U.S. physicians plan to retire or change careers due to overwork.** According to a 2021 survey by Doximity, 22% of physicians are considering early retirement and 12% are looking at a career other than full-time medical practice as a result of overwork. Another 16% plan to change employers.<sup>8</sup> The U.S. was already projecting significant physician shortages in the face of an aging and increasingly unhealthy population.<sup>9</sup> These added departures will increase strain on remaining clinicians.
- **Critical care nurses are at higher risk of quitting.** An August 2021 survey of 6,000 critical care nurses – those most skilled in caring for COVID patients – found that 66% have considered leaving nursing as a career due to the stress of the pandemic.<sup>10</sup> McKinsey's 2021 study of the Future of Work in Nursing survey found that 22% of all nurses plan to leave their direct care positions within the next year.<sup>11</sup> Both of these surveys were conducted before the Omicron-fueled surge.
- **Nearly half a million healthcare workers have already departed.** The U.S. Bureau of Labor Statistics estimates that the healthcare sector has lost nearly half a million workers between February 2020 and November 2021.<sup>12</sup> According to an October 2021 poll by Morning Consult, only 12% of the losses since February 2021 are due to layoffs. Eighteen percent have quit their jobs.<sup>13</sup> According to NSi Nursing Solutions, Inc., staff nursing turnover rates are up almost 3% nationally, costing health systems millions of dollars.<sup>14</sup>

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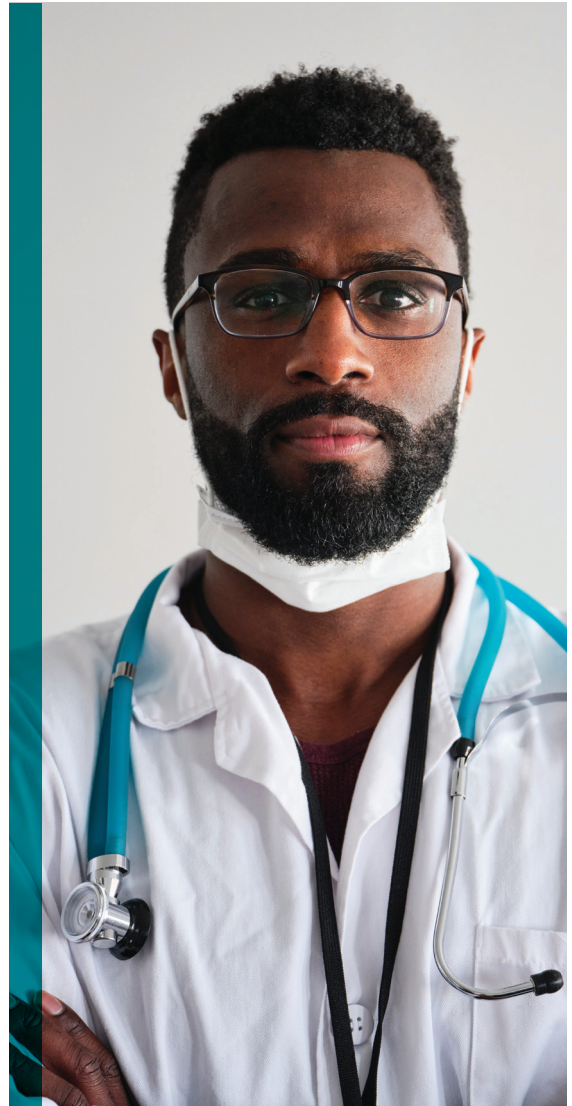
## Redefining the Heart of Safety

To support a vibrant and engaged workforce now and in the future, healthcare leaders need to expand their definition of team member safety to include:

1. Protecting the psychological and emotional well-being of team members
2. Ensuring physical safety, which includes a zero-harm program to eliminate physical and verbal workplace violence
3. Promoting health justice by declaring equity and anti-racism core components of safety

Redefining team member safety and creating new standards that address the intersection of these three domains will create an environment where team members can practice at the peak of their license and compassion and know that they and their families will be safe.

The following is a roadmap with tactics to address the three critical domains of team members' safety. It leverages existing patient safety infrastructure, processes, and technologies, to allow leaders to move quickly to help stem healthcare's great resignation.



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# The Prescription for Healing Healthcare

**1. Keep Team Members Emotionally and Psychologically Safe.** The foundation of a safe and thriving work environment is the emotional and psychological safety of team members. The pandemic has forced clinicians to weather equipment and staffing shortages, to risk infection, and act as doulos for dying, with patient death rates topping what many can endure.

To restore trust and create systematic support for team members' emotional and psychological safety, leaders should:

- **Appoint a C-suite leader to oversee team member safety and well-being.** Organizations such as the Cleveland Clinic, ChristianaCare, and Novant Health have appointed roles such as chief caregiver officer and chief well-being officer to set the strategic direction toward systems and processes that safeguard team members' emotional and psychological well-being. Such leaders should have clinical backgrounds, and have the authority, accountability, and resources to guide innovation that drives systemic changes.
- **Systematically eliminate hassles and restore humanity.** Performance improvement teams should marry efforts to drive efficiency with tools to simultaneously identify and eliminate hassles, reduce cognitive burden and map the gaps in humanity and joy in a way that facilitates rapid cycle innovation. This approach should become a core competency of performance improvement teams so they can eliminate the daily systems hassles that wear care team members down. For example, minimize tedious clicks and paperwork, streamline clinical communication and collaboration, deploy scribes, or provide voice-based tools for data entry.<sup>15</sup> Protect the aspects of caregiving that enable people to derive joy from work.



- **Destigmatize and ease access to behavioral health support.** Early in the pandemic, many leaders rounded on frontline teams and offered access to behavioral health professionals via employee assistance programs (EAP). Leaders need to go further to overcome the historical stoicism of clinicians and the stigma associated with EAP. They can do this by creating systemic behavioral health programs that start with in situ assistance from Code Lavender™ teams and peer support programs and builds to free, anonymous access to telehealth-based behavioral health professionals for team members and their families. Leaders at every level should be trained in psychological first aid and organizations should adopt the American Foundation for Suicide Prevention's Interactive Screening Protocol to identify team members in need of support, streamline access to resources, and normalize help-seeking behaviors.<sup>16</sup>
- **Restore voice and human connection.** High turnover rates and excessive workloads have eroded already fragile clinical communication and collaboration between team members. Masks and personal protective equipment (PPE) make it hard for team members to connect with one another and with patients, and loved ones are too often relegated to the parking lot or left anxiously waiting at home. Leaders should invest in communication and collaboration technology that allows team members to connect with voice and video, facilitating the kinds of collegiality, collaboration, and human connection that are essential to good care while easing the cognitive burden of disjointed communication platforms or EHR data entry.<sup>17</sup>

The foundation of a safe and thriving work environment is the emotional and psychological safety of team members.

## The Prescription for Healing Healthcare (Cont.)

**2. Keep Team Members Physically Safe.** Team members' physical safety boils down to protection from infection and protection from injury, whether intentional or accidental. Both elements have proven problematic throughout the pandemic. First, team members feared infection with COVID-19 – and the possibility of passing that potentially deadly virus to their family members. Then, as patience eroded and tensions elevated, workplace violence escalated. As new variants such as Omicron emerge, infection risk is again of serious concern. To help protect team members' physical safety, leaders can:

- **Redefine PPE to include communication technology.** When using physical PPE such as gowns, gloves, and respirators, the highest risk of infection for team members comes during doffing.<sup>18</sup> The safest possible route is to minimize exposure by minimizing the need to don and doff or break protective barriers. Team members in PPE shouldn't be cut off from their peers, or risk exposure to access hand-held (and often hard to clean) communication devices. Leaders should redefine PPE to include the hands-free, wearable communication technology that team members need to connect safely and effectively while in hot zones.
- **Change the culture of incident reporting.** The National Institute for Occupational Safety and Health (NIOSH) lists a variety of reasons for underreporting of workplace violence incidents. Most are cultural, related to expectations of support, blame, effort, and efficacy of reporting.<sup>19</sup> The culture of patient safety incident reporting held many of the same challenges before organizations overhauled their approaches to focus on learning and support, cultural change through systems such as High Reliability and Just Culture, and non-punitive inquiry. Leaders can apply many of those same structures and expectations to team member safety reporting.
- **Modernize security-response infrastructure.** Many health systems have instituted threat assessment tools coupled with de-escalation training and rehearsal to mitigate conflict before it escalates to violence. But when team members need support from security or specially trained de-escalation teams, seconds matter. Leaders can equip team members with wearable and wireless solutions that employ real-time location services (RTLS), panic buttons, and voice-activated security response systems to ensure help arrives as quickly as possible when incidents arise. This should become a standard of safety, so no team member is alone without a technology lifeline to reach help when they feel under threat.



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**3. Keep Team Members Free from Racial Injustice or Bias of Any Kind.** COVID-19 laid starkly bare the ways that structural inequities disproportionately impacted minoritized community members' health, access to healthcare, and outcomes. The civil and social unrest in our country forced many healthcare leaders to examine the ways that implicit and explicit power hierarchies within their organizations privilege some while limiting opportunities and inclusion for others. Team members can't be safe or bring their full talents to work unless leaders take steps to ensure just and equitable work environments. Leaders can start with the following foundational steps:

- **Diversify boards and leadership teams.** With a plan and timeline, leaders should create inclusive governance and leadership structures that are broadly representative of the patients and communities they serve. Diversity spans race, ethnicity, gender, ability, sexual orientation, and other key attributes. A representative board is better suited to oversee and appropriately resource a system that serves the full diversity of patients. Representative leadership teams are more likely to execute on the board's vision with inclusive and supportive leadership approaches.<sup>20</sup>

## The Prescription for Healing Healthcare (Cont.)

- **Build equity into core quality processes.** Equity, inclusion, and belonging are not solely functions of individuals' attitudes and beliefs; they are manifest in daily processes and structures that guide team members' actions and behaviors. Leaders should build equity into core quality processes to prevent siloing of improvement efforts and ensure credibility for equity efforts. For example, New York City Health + Hospitals built equity reporting into its safety incident reporting system. Equity-related factors are represented as a category of safety incident and as a possible contributing factor to incidents. Children's Minnesota conducts equity rounds in which teams examine systemic factors such as access, discrimination, and even disparities in medical device function (for example, pulse oximeters that don't function well on melanated skin) to understand equity-related root causes of poor outcomes.<sup>21</sup>
- **Elevate overlooked essential workers.** The pandemic has made it abundantly clear that team members in environmental services, nutrition, building management, as well as nursing assistants, medical technicians, and other often overlooked team members are essential to the quality and safety of patient outcomes. They, too, are exiting healthcare. Successful organizations view all team members as integral and respected members of the care team.<sup>22</sup> These essential team members need the technology and tools to stay safe and connected to other team members and to do their jobs efficiently and effectively. Leaders can show overlooked workers they are integral to the team in simple ways like them a business card with their name, the purpose of their job, and the role they play in keeping patients safe and comfortable and enabling their healing.



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## Join Forces to Retain an Engaged and Vibrant Workforce

Now is the moment for cross-industry and cross-institution collaboration so that the brightest minds and most critical resources come together to address this urgent crisis. Our nation's health system will be crippled if we continue to lose competent, committed team members who do not feel safe, whole, and supported at work. Together we can build systemic safety and well-being into the fabric of healthcare culture, processes, and technologies. Together we can create an optimal healing environment in which healthcare team members will want to spend their entire career.

Our collective voices will help align local, state, and national resources and influence a national agenda. Together we can drive the creation of a Safety and Wellbeing taskforce and ideally appointment of a "Secretary of Caregiver Safety and Well-being" to shape policy and reimbursement, and create new standards and metrics that will leave our nation's healthcare system stronger on the other side of this pandemic.

If you are interested in joining me in this critical work, please contact me on [LinkedIn](#), follow me on Twitter @drbridgetduffy, or join the CEO Coalition and sign the Heart of Safety Declaration at [www.ceocoalition.com](http://www.ceocoalition.com).

## M. Bridget Duffy, MD

Dr. Duffy has been unrelenting in her mission to humanize healthcare and bring awareness to the public health crisis of burnout among clinicians. Dr. Duffy was the country's first Chief Experience Officer in healthcare at the Cleveland Clinic, where she made the staff experience a top strategic priority alongside the patient experience. Dr. Duffy is the former Chief Medical Officer of [Vocera](#), a leader in protecting and connecting healthcare team members through intelligent clinical communication solutions. Witnessing ongoing despair from the frontlines of healthcare because of the pandemic and gaps in the system led her to launch the [CEO Coalition](#), where she is urgently focused on influencing policy and establishing new standards of safety to protect the physical, emotional and psychological well-being of nurses, doctors and all healthcare workers. Considered the founder of the heart of safety and experience improvement movements, Dr. Duffy has earned many accolades for her work. Dr. Duffy attended medical school at the University of Minnesota and completed her residency in internal medicine at Abbott Northwestern Hospital.



## About Vocera

Vocera, now part of Stryker, provides clinical communication and workflow solutions that help protect and connect team members, increase operational efficiency, enhance quality of care and safety, and humanize the healthcare experience. Nearly 2,800 facilities worldwide, including more than 2,300 hospitals and healthcare facilities, have selected Vocera solutions to enable their workforce to communicate and collaborate, and engage with patients and families.

Stryker is one of the world's leading medical technology companies and, together with our customers, we are driven to make healthcare better. We offer innovative products and services in Medical and Surgical, Neurotechnology, Orthopaedics, and Spine that help improve patient and hospital outcomes. For more information, visit [Stryker.com](https://www.stryker.com).

Together we can build systemic safety and well-being into the fabric of healthcare culture, processes, and technologies.

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