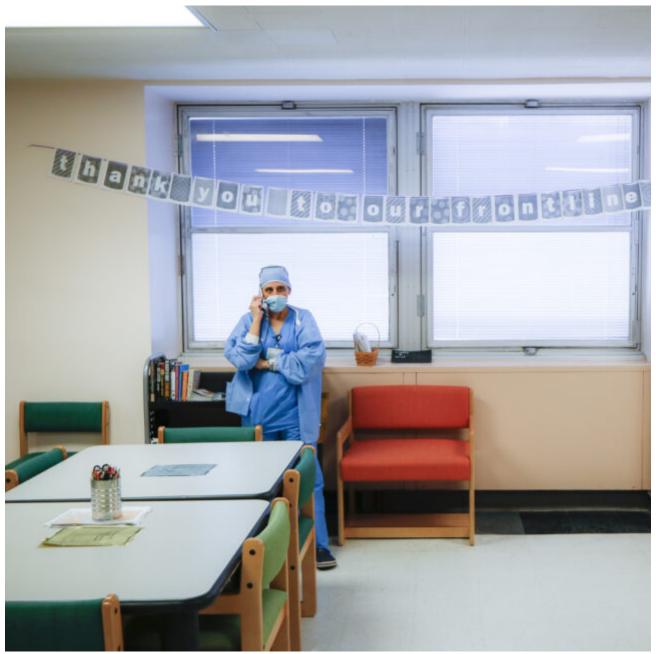# Building resilience and well-being: keys to avoiding the worst of a looming shortage of health care workers

By Lauren Beechly Sept. 27, 2021

A medical worker takes a break in the employee respite facility at NYC Health + Hospitals/Metropolitan in New York. *John Minchillo/AP*

During the marathon of Covid-19, nurses and other health care workers have faced unprecedented levels of work stress as the world approaches two years of this global pandemic — and that stress isn't easing anytime soon. Health care systems today face a potentially disastrous [retention crisis among nurses](#) that will hit hard in the next five years. This crisis isn't exclusive to nurses — similar ones are on the horizon across all sectors of the health care workforce if health care organizations fail to respond to the stunning levels of burnout their employees are reporting.

One measure of burnout, the [Maslach Burnout Inventory](#), identifies several components that influence burnout, including emotional exhaustion and low personal accomplishment. In a review of studies done to assess the [risk of burnout](#) associated with the Covid-19 pandemic, 34% of nurses reported high emotional exhaustion, while 15% reported low personal accomplishment. This level of burnout can directly affect nurses' health, increase turnover, and lead to compromises in the quality of patient care.

Recognizing the critical levels of burnout, the Department of Health and Human Services recently announced [$103 million in grant funding](#) to reduce burnout and promote resilience, $29 million of which will go toward 10 hospital grants to establish or enhance evidence-informed resilience programs.

Is the funding enough? No. The onus is on all hospitals and health systems to identify and address health care workers' burnout as many begin to face critical shortages of workers. We may already be in [the middle of that shortage](#).

By 2030, there will be an estimated global shortfall of more than [10 million nurses](#), with the number of new nurses being outpaced by the number who are retiring, according to the World Health Organization's

"State of the World's Nursing Report." Current levels of pandemic burnout will only exacerbate the staffing gap.

One hospital system in Texas reported a [25% staff turnover](#) in the past year — with many staff unlikely to return to the profession.

Building resilience from data

Though it may seem like a tall mountain to climb, health care organizations can use employee listening programs and data to develop resilience programs.

Perceptyx, the company I work for, has built a database of perceptions covering more than 125 different aspects of the employee experience from 1.3 million health care workers across 1,600 facilities. A [recent analysis](#) indicates that increased workload is the biggest concern for health care workers. Nearly half of all health care employees say their facilities do not have enough staff to handle the workload. Factors involving values, fairness, and rewards also contribute to stress and burnout and are current barriers across all health care workers.

Resilience can be built, but not by easing workload alone.

Six ways to boost resilience

Health care workers' responses to Perceptyx surveys offer six recommendations to boost resilience:

Think past today to build more optimism. Since the pandemic began, "unsustainable workloads" have stood out as health care workers' greatest concern. Current caseloads, long shifts, overtime, lack of needed resources such as staffing and personal protective equipment, and patients requiring intensive care are leading to exhaustion. Although work demands may

seem endless, New York-Presbyterian's chief experience officer, Rick Evans, [has called for staff](#) to shift from the "get through it" mentality to focus on reconnecting, as a community and with patients, and on future growth opportunities. That kind of reconnection will create hope and help health care workers see a brighter future ahead.

Act on employee feedback to improve feelings of control. The workplace is changing faster than ever. As a result, many workers are feeling a lack of control and less ability to influence decisions. One in five health care employees believe they have no control over decisions that impact their work.

To improve feelings of control, health care leaders can actively seek out employee feedback via regular active listening programs. During the pandemic, I saw dozens of health care groups rush to do "in-the-moment" feedback programs to find out what changes could be made to get their employees through some very difficult days. The impact of that real-time employee feedback resulted in small but incredibly important workplace support that may have saved lives.

Lodging was arranged for those who couldn't go home between shifts; cafeterias provided healthy, ready-to-make meals to those who could go home but were too tired to cook. Providing mental health resources and virtual therapy groups made employees feel like their employers had their backs. Authentic, frequent, and transparent communication from senior leaders can also restore feelings of control. But as Perceptyx and several hospital systems learned from many employee listening programs, too much communication can overwhelm staff and increase workload. Both the communication and the collection of real-time feedback about that communication must be done in parallel.

Reward accomplishments, even small ones. Many staffing agencies are finding that temporary salary boosts alone are [not enough](#) to tempt nurses away from their current positions — there's more to job satisfaction than money alone. Also important is social recognition — acknowledging the high job demands and sacrifices of health care workers. An increase in timely, frequent, specific, and meaningful recognition can help combat burnout, particularly when managers model those same behaviors.

The context of the reward, however, matters. In one organization, a monetary reward given whenever the workload became too hard to bear was seen as an insincere apology from management, or a "too little, too late" gesture. To avoid this kind of backlash, it's important to recognize other positive behaviors not necessarily related to workload, like helping a teammate or building community, and to encourage employees to recognize each other. Giving recognition is just as important as receiving it when it comes to resilience.

Build community. Although schedule changes, sick days and an increased use of traveling staff can increase feelings of isolation, teamwork and support continue to improve through the pandemic among health care workers as teams rally together to serve their patients. Among our respondents, 9 of 10 said they felt people in their unit supported each other during the pandemic. Innovative team-support tools like [Code Lavender](#), a quick-response crisis intervention tool for health care staff, can help build team cohesiveness even in the most stressful times.

Create a sense of fairness. Despite furloughs, layoffs, and even pay cuts, many organizations offered bonuses or hazard pay, resulting in an overall positive impact on pay fairness compared to pre-Covid levels. Pay can help health care workers feel valued, but communication about the fairness of every financial reward is key. For example, one organization surveyed employees after distributing a Covid bonus and found that opinion was

split. Half of its workers felt more valued and appreciated after the bonus, while the other half questioned the fairness of who received the award and the amount provided. Leaders reacted by honing future communication to emphasize the policy's fairness. Fairness principles apply beyond pay and are important when considering any kind of reward or development opportunity.

Live your values, increase safety. Perceptions of safety, a cornerstone value in health care, have been declining since the pandemic began. Leaders play an important role in helping communicate a culture of patient and workplace safety. If leaders make the importance of employee well-being and patient safety personal, more employees will listen. For example, some health care leaders have been very open about their own [mental health challenges](#) to reduce the stigma commonly associated with mental illness. Other ways to support the feeling of safety at work include recharge rooms, mindfulness checks, coping programs, and easy access to mental health professionals who round on the floor, providing real-time support to staff in need. Leader rounding — when senior leaders walk the floor to ask workers questions and collect feedback — provides in-the-moment insights into barriers preventing safe performance and show leader commitment to patient and employee safety.

Creating a resilience program is not a one-time action but an iterative process of improvements. With an open communication culture supported by leader rounding, microsurveys, and exit surveys, health care organizations can make data-driven decisions to reduce health care worker burnout and improve retention.