INTRODUCTION

The Role of the Healthcare Leader in Addressing Stress and Burnout and Building Engagement

My job has always had its stressful moments. We see all kinds of terrible things here in the ER, but at least we know that in most cases our intervention will help people get through it. In fact, that's what keeps me going. I know I'm making a difference.

—Nurse working in the emergency department of a regional hospital, December 2019

Next Monday is my last day. I've spent more than a year trying to save people who won't help themselves. I've watched colleagues die doing the same. I just can't do it anymore.

—Nurse working in the emergency department of the same regional hospital, May 2021

A BRIDGE INSPECTOR'S WORST NIGHTMARE

A friend of mine is a bridge inspector for a state department of transportation. One day, we got to talking about our jobs and I asked him, "When you think about your work, what is your worst nightmare?" I assumed it would be that he missed something in an inspection that caused a catastrophic collapse, or something like that.

In 2007, about 15 years prior to our conversation, I lived 90 miles east of the Interstate-35W bridge over the Mississippi River near downtown Minneapolis, Minnesota, when it collapsed, resulting in 13 deaths and 145 injuries. Several of my family members lived in the Twin Cities area, and although I knew the odds were very low that they had been on the bridge at that time, I was immediately afraid that they might have been. Images of that scene have been forever seared in my memory.

His response came as something of a surprise. He agreed that, sure, missing something in an inspection would be terrible, particularly if it led to a collapse with loss of life. However, he explained, the bridges at highest risk for catastrophic events are inspected regularly. He also added that the vast majority of bridges he inspects span relatively short lengths at modest heights, so a collapse would certainly be costly and potentially dangerous but likely would not lead to loss of life.

So, what was his worst nightmare?

"Seeing, day after day, the relatively minor stresses on our bridges, reporting the concerns, then seeing those same minor stresses gradually get a little worse each time I inspect the same bridge. The nightmare isn't the individual bridge. It's knowing that the cracks in the system will keep growing, we're not doing enough about that, and eventually the whole system is going to fail."

Sound familiar? When I wrote the first edition of this book in 2009, the systemic concerns about stress and burnout among healthcare professionals were already well known. Worries about staffing shortages were documented and projected to get worse. We were starting to acknowledge that the systems we put in place to make care safer were also, at times, affecting workflow in ways that put added demands on clinicians. There were hints that the supply chain may be a bit more fragile than we might have hoped, too. And we knew that while our population was living longer and serious conditions requiring hospitalizations were on the decline, underlying risk factors of serious illness such as diabetes were gradually increasing over time. Considered together, the cracks in the system were already showing.

People were starting to see the problem. In 2019, the World Health Organization added burnout to the International Disease Classification (ICD-11) as a "syndrome." That same year, the National Academy of Medicine released its groundbreaking report *Taking Action Against Clinical Burnout.* The American Medical Association created its STEPS Forward program in 2015 with training modules on professional well-being. According to several studies, nearly one physician dies by suicide *each day* in the United States (Kalmoe et al. 2019).

Just as my bridge inspector friend feared, we had already identified the risks in the system. Then the COVID-19 pandemic struck, and the stressors were intensified. Since early 2020, we have been faced with an unceasing barrage of heartbreaking stories from healthcare professionals describing a vicious cycle of strain, turnover, staffing shortages, and more strain—all in the context of worrying about their own personal safety when going to work each day.

In the first edition of this book, I tried to convince readers that burnout in healthcare wasn't just a fad or the result of an increased willingness of healthcare professionals to admit they were stressed. I still make the case for why it is important that we address stress and burnout, but I assume by this point you don't need much further convincing. You either are experiencing burnout or observing burnout in your organization and have made the courageous decision to do something about it.

In this, the second edition, I have changed the title to reflect the recent shift in emphasis from reducing stress to building engagement. This may seem to be a subtle change, but it is important to signal that the end goal is engagement.

My intent is to put you as a healthcare leader in a better position to address the stress of those with whom you work in order to foster engagement in their work.

You can't afford to let this problem continue unabated. Not only is addressing burnout the right thing to do for the healthcare professionals you employ, work with, and contract with, it will benefit your organization dramatically in terms of smoother

functioning and better bottom-line performance. To get started, let's try to define the ubiquitous concept of *stress* in terms of what it is and what it is not.

WHAT STRESS IS

Part of what makes stress so challenging to address is that, at its root, stress is more difficult to define than one might imagine. It is one of those ideas that people can identify when they see it but would be hard-pressed to pinpoint in words. What started out as a term used by engineers to describe the forces affecting bridges and other structures has evolved into a human phenomenon. Researchers have debated the definition of stress for many years, and a consensus has yet to emerge.

What makes stress so hard to define is a lack of clarity about whether we are talking about a state of being, an event, a process, or something else altogether. For example, when people say they are "stressed," do they mean they are experiencing a state of stressfulness? Do they mean they have just experienced an acute event that they interpreted as negative? Or do they mean they are using some sort of cognitive process to compare their current situation to their desired situation (and are presumably reaching an unfavorable conclusion)?

The National Institute for Occupational Safety and Health (NIOSH) has been a leading government agency in the study of stress in the United States. In its seminal report *Stress . . . At Work,* NIOSH (1999) defined job stress as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker." In a way, NIOSH's definition summarizes the three possibilities noted in the previous paragraph. By including the idea of a response to a stimulus, the definition highlights the cognitive process as well as the acute event (consideration of the requirements of the job).

A critical aspect of NIOSH's definition is the cognitive evaluation that underlies stress. This evaluation has long been a focal point of stress theorists who believe that a simple tally of someone's stressful experiences (which I will refer to as *stressors*) is insufficient to understand how stress is experienced. As a result of this thinking, the life event scales that were popularized early on to determine stress—scales on which you checked off whether you received a promotion, got divorced, got married, had a child, and had a death in the family—have fallen out of favor. We now recognize that our reactions to these events, rather than the events themselves, are potentially more problematic.

In summary, stress is a state of being that results from our evaluation of a specific situation. It is our response when we face a demand at work or in other aspects of our life but do not feel we have sufficient resources to meet the demand.

WHAT STRESS IS NOT

In addition to defining what stress is, it may also be helpful to clarify what stress is not. A number of constructs are similar to stress, and indeed related to stress, but should not be confused for stress. We will turn our attention here to *dissatisfaction* and *incompetence*.

Stress Is Not Dissatisfaction

Stress is not the same as dissatisfaction with work. Someone highly satisfied with their work could be stressed because they spend so much time worrying about aspects of their job. Positive, satisfying events at work (e.g., promotions) can also be stressful.

Over time, stress can lead to dissatisfaction. As stress mounts, people will eventually react negatively to it. Most people expect some level of stress in their jobs, but when it seems inescapable or when

it seems like it could have been avoidable, they are likely to reach a point where they become dissatisfied with the job.

Stress Is Not Incompetence

People who experience stress aren't incompetent. If not carefully considered, the NIOSH definition might lead one to that conclusion (e.g., the requirements of the job don't meet the capabilities of the worker). However, one also needs to consider the rest of the definition—"the needs of the worker *and* [emphasis added] the resources available to the worker." The person might be highly capable of doing their job but does not find that it meets their needs. They may not be earning enough and thus cannot meet their material needs. Or, the job might not be providing the psychosocial stimulation they seek. Under these circumstances, even a competent person may experience a great deal of stress.

The definition also cites insufficient resources to meet the requirements of the job. I'll define *resources* more carefully later in the book, but for now, I'll just say that resources can include nearly anything—time, financial support, assistance from colleagues, equipment, and so forth—that can help a person manage the demands of their work. This problem is readily apparent to many healthcare professionals: They would like to spend more time with each of their patients, but staffing crunches have increased the number of patients assigned to them. As result, they feel as though they are not meeting the requirements of the job, at least to the extent they would like to meet them. Again, the issue is not one of incompetence. They just do not have the resources they need to meet the demands.

THE STRESS PARADOX

One of the difficulties in addressing stress is something I refer to as the *stress paradox:* For the most part, stress processes are personal,

subjective experiences. However, when we want to reduce stress, individual interventions are not particularly effective. Why is that so? The answer to that question is key to this book. If we can understand why individuals uniquely experience stress (for example, why one colleague thrives on short deadlines while another finds them debilitating) and why individual interventions don't work, we will move much closer to addressing the problem of stress in the workplace. In this introduction, I'll outline the basic arguments for the stress paradox as a way to present the assumptions on which this book is built.

Everyone Experiences Stress, but Not Everyone Experiences Burnout

We know that stress is an individual experience. As a result, while we all experience stress, we do not all experience the intense strain that characterizes burnout. *Burnout* is an extreme response to work stress that occurs when we continually face stressors with which we are unable to fully cope. Most, if not all, people will react at some point to stressors by concluding that they don't have adequate resources. However, the percentage of people who would be characterized as burned out is lower. Some people are able to deal with the stressors in life and can stop them from becoming so bad that they burn out. If some people can mitigate stress themselves, don't we have all the more reason to treat stress individually? On the surface, this logic seems sound, but let's dig a little deeper.

The Commonality of Stressors

Although the experience of stress varies from person to person, we still find remarkable consistency among the variation. When surveys are conducted in departments or common work areas (e.g., a floor in a hospital), the stressors that people name are frequently

the same. The degrees of burnout also tend to be highly consistent within groups of coworkers. Thus, while people may react somewhat differently to the stressors, employees working together typically react negatively to the same stressors.

For example, when staffing is a problem, it is a problem for everyone. Treating this problem individually won't work. Imagine telling a nurse in an intensive care unit (ICU) that the staffing issue is not really that big of a deal and that they should think about it as an opportunity to show their value, or that staffing wouldn't be an issue if they managed their time better. Simply telling someone to reframe the problem won't make it go away, especially if everyone else is observing the same problem. As hard as that nurse might try to think about short staffing as an opportunity, they are still going to struggle to get the work done and are still going to hear about the problem repeatedly.

People Know What Is Causing Their Stress, and They Often Know the Solution, Too

The final assumption of this book, and arguably the key to addressing stress at work, is that employees often know what is causing it. If you approach the subject delicately with them, you'll be able to solicit this information, and if you are smart, you'll ask them how they would fix the situation.

Countless well-intentioned stress management programs have failed because managers thought they knew what was causing stress in the workplace and then came up with a flashy solution. These managers may have wanted to show off their expertise and leadership ability, or perhaps they didn't want to bother their employees by soliciting their feedback. More likely, they did so because they (1) feared what they might discover and (2) feared that their employees would come up with solutions that they, as the manager, could not implement.

Hopefully, this book will convince you that such thinking is extremely problematic and is actually contributing further to the

problem of stress in healthcare. Among other factors, burnout frequently occurs when employees experience stress and feel very little control over it. Giving employees a voice in the matter provides them with a sense that they can help to address this problem—not just for themselves, but for others as well.

What's particularly powerful is that such a process doesn't just help reduce burnout, it also creates the conditions for employees to be more engaged in their work. As I will outline in this book, an engaged workforce of health professionals is a very powerful force not only in improving the care environment but also in preventing stress from becoming burnout. As we will discuss, involving employees is among the most crucial processes to building employee engagement.

That last point places some of the responsibility for addressing stress on your employees, since I will advocate strongly for their involvement in the process. But don't underestimate your role in solving the problem. Employees may have the solutions but wait for someone to ask about them. They will need your help in developing detailed action plans and securing the resources necessary to implement potential solutions. You will help build the framework that allows for long-term sharing of ideas and implementation of those ideas.

WHAT'S NEW IN THIS EDITION

This edition includes important changes from the first. Of course, I've incorporated current research and new ideas that have been tested out in healthcare organizations since the previous edition. I've incorporated more dramatic updates, too.

The topic of employee engagement was discussed in the previous edition; however, that topic has grown in importance in the intervening years for researchers and managers. I suppose one could argue that just reducing stress and burnout in healthcare professions would be progress, but we are now seeing that organizations simply cannot be competitive without an engaged workforce. As a result,

I've added a full chapter on engagement to outline the way it is conceptualized, how employees can be engaged, and the benefits of an engaged workforce. I have also expanded coverage of the final step in the BRIDGES program—*sustain*—to emphasize that building an organization that has engaged employees is perhaps the best way to sustain your progress in reducing stress and burnout.

In the time since the first edition was published, another major force has played a role in healthcare: the COVID-19 pandemic. As I am working on this book, we are now more than three years into a pandemic that few thought would last this long or have such an impact. The pandemic has exacerbated some of the most significant sources of stress and burnout in healthcare organizations while introducing a host of new stressors. In this edition, I have tried to draw out some of the lessons we have learned from the pandemic with the hope that, at least when it comes to health and well-being of healthcare professionals, we might be better prepared for the next significant disruption.

PLAN FOR THE BOOK

This book will lead you to a better position to address the stress you and your employees face regularly. To that end, we'll start by making the business case for addressing stress. I will convince you that not dealing with stress is far more costly than addressing it head-on. We'll explore why people in healthcare experience so much stress and burnout and then identify sources of that stress. We'll focus on burnout because it represents the point at which the stress becomes debilitating. We'll also introduce the notion of employee engagement as the outcome of people who have the resources necessary to deal with the demands of their work. From there, we will discuss strategies for reducing burnout that employees—and you—are experiencing now, for preventing future burnout, and for building engagement.

By the conclusion of the book, you will be in a better position to help your employees reverse their burnout and then to fully engage them in their work.