



NATIONAL ACTION ALLIANCE
for Patient and Workforce Safety

Workforce Safety and Well-being Webinar Series (Session 3)

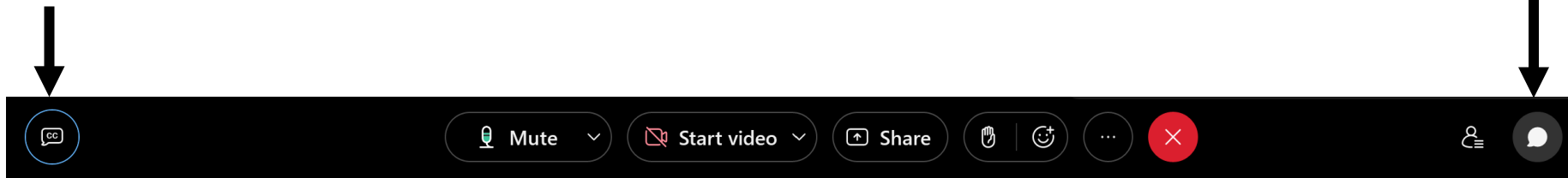
Resolving The Workforce Turnover Crisis

NATIONAL WEBINAR SERIES

December 10, 2024

Housekeeping Instructions

- This webinar will be recorded and available for viewing on the NAA website.
- Please use the 'Chat' function to engage with us throughout the webinar and to ask any questions.
- Closed Captioning (CC) is available.



**Thank You for Your Commitment
To Advance Patient and Workforce Safety!**

The Workforce safety and Well-being Series

In the three-part webinar series (October- December 2024), we are focusing on how to -

- 1. Influence leadership behaviors to promote patient safety**
- 2. Address workforce burnout as a key driver of patient safety**
- 3. Resolve the workforce turnover crisis to drive safety and well-being**

Session Agenda

- **Recap from Session 1 and 2**
- **Impact of Burnout on Nurse Turnover and Strategies to Address It**
- **Understanding Consequential Factors that Impact Provider Turnover**
- **Q&A**
- **Call to Action**

Recap from the previous sessions...

Session 1: Leadership Strategies that Improve Workforce Safety and Well-being

- **To improve safety and reduce emotional exhaustion**
 - ▶ Close the loop/provide feedback about actions taken
 - ▶ Ask about what is going well (psychological safety)
- **To reduce emotional exhaustion and improve values alignment**
 - ▶ 10 min manager work-life check ins with staff
 - team members drive the check-in and discuss anything that is impacting their wellbeing.



Session 2: Addressing Healthcare Workforce Burnout

- **Reduce depersonalization & increase meaning from work**
 - ▶ Increase MVPs (Meaning, Values and Purpose)
 - Workload, Control/autonomy, Reward (intrinsic and extrinsic), Community, Fairness/respect, Values alignment
 - ▶ COMPASS groups
 - RCT supported strategy to reduce burnout and build community/sense of belonging



West CP et al., Mayo Clin Proc. 2021;96:2606-2614

West CP et al., JAMA Int Med. 2014;174:527-33

Setting the Stage for Today's Session

The Joint Commission Journal on Quality and Patient Safety 2019; 000:1-9

Associations Between a New Disruptive Behaviors Scale and Teamwork, Patient Safety, Work-Life Balance, Burnout, and Depression

Kyle J. Rehder, MD; Kathryn C. Adair, PhD; Allison Hadley, MD; Katie McKittrick; Allan Frankel, MD; Michael Leonard, MD; Terri Christensen Frankel, RN; J. Bryan Sexton, PhD

Background: Disruptive and unprofessional behaviors occur frequently in health care and adversely affect patient care and health care worker job satisfaction. These behaviors have rarely been evaluated at a work setting level, nor do we fully understand how disruptive behaviors (DBs) are associated with important metrics such as teamwork and safety climate, work-life balance, burnout, and depression.

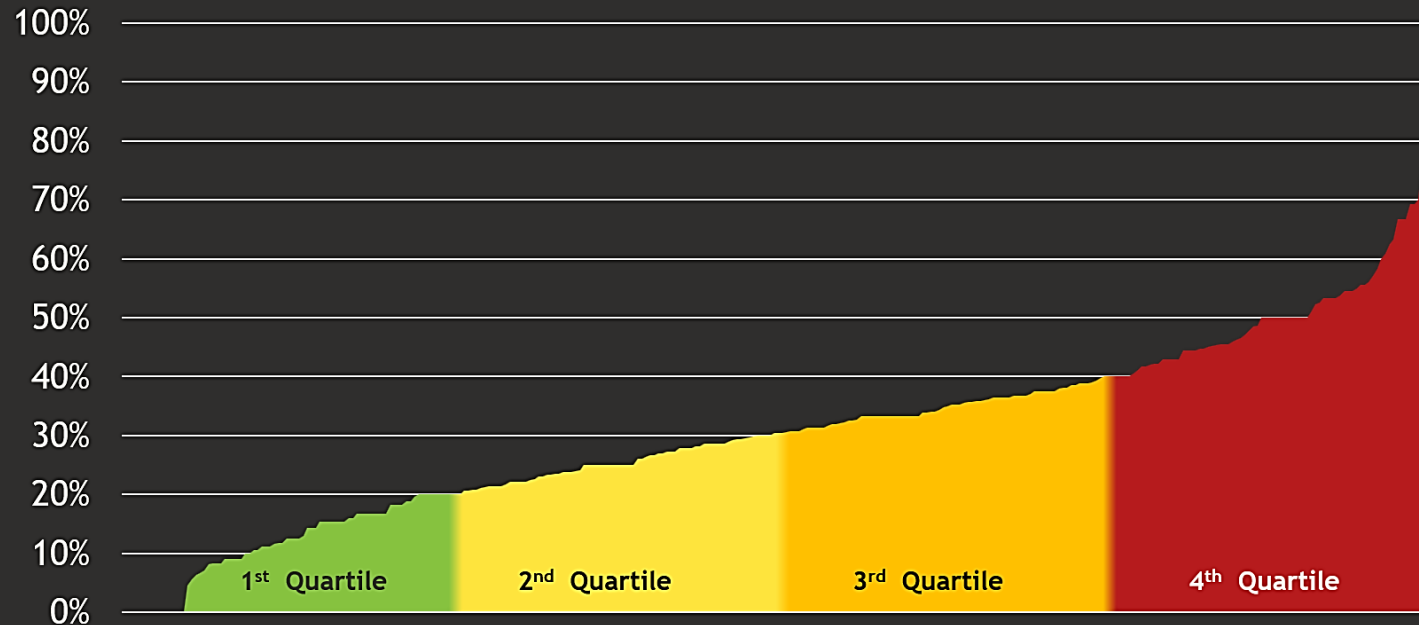
Objectives: Using a cross-sectional survey of all health care workers in a large US health system, this study aimed to introduce a brief scale for evaluating DBs at a work setting level, evaluate the scale's psychometric properties and provide benchmarking prevalence data from the health care system, and investigate associations between DBs and other validated measures of safety culture and well-being.

Results: One or more of six DBs were reported by 97.8% of work settings. DBs were reported in similar frequencies by men and women, and by most health care worker roles. The six-item disruptive behavior scale demonstrated an internal consistency of $\alpha = 0.867$. DB climate was significantly correlated with poorer teamwork climate, safety climate, job satisfaction, and perceptions of management; lower work-life balance; increased emotional exhaustion (burnout); and increased depression ($p < 0.001$ for each). A 10-unit increase in DB climate was associated with a 3.89- and 3.83-point decrease in teamwork and safety climate, respectively, and a 3.16- and 2.42-point increase in burnout and depression, respectively.

Conclusion: Disruptive behaviors are common, measurable, and associated with safety culture and health care worker well-being. This concise DB scale affords researchers a new, valid, and actionable tool to assess DBs.

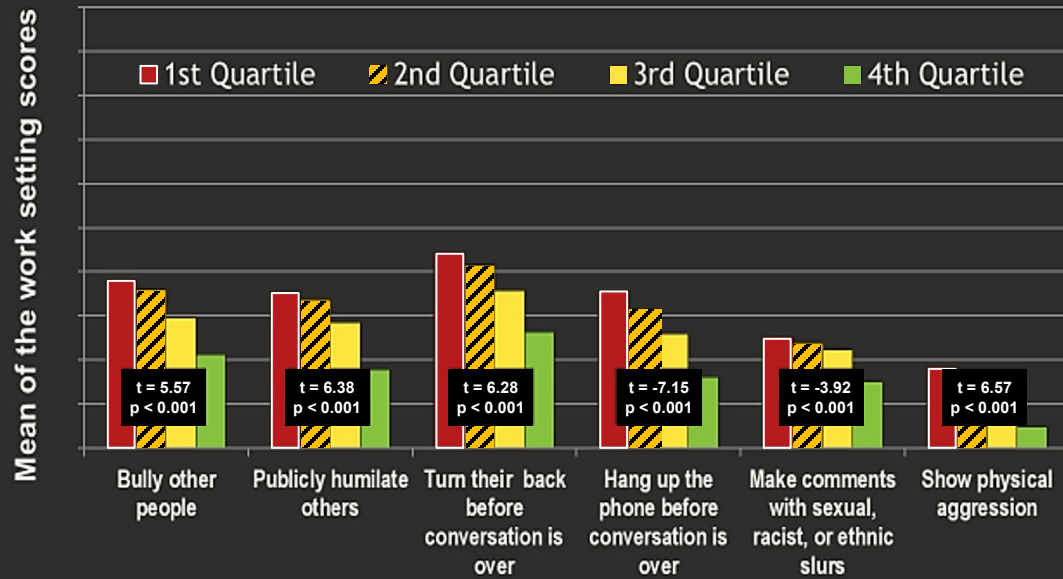
What do we know?

Emotional Exhaustion across 319 Work Settings Adair, Rehder & Sexton 2021

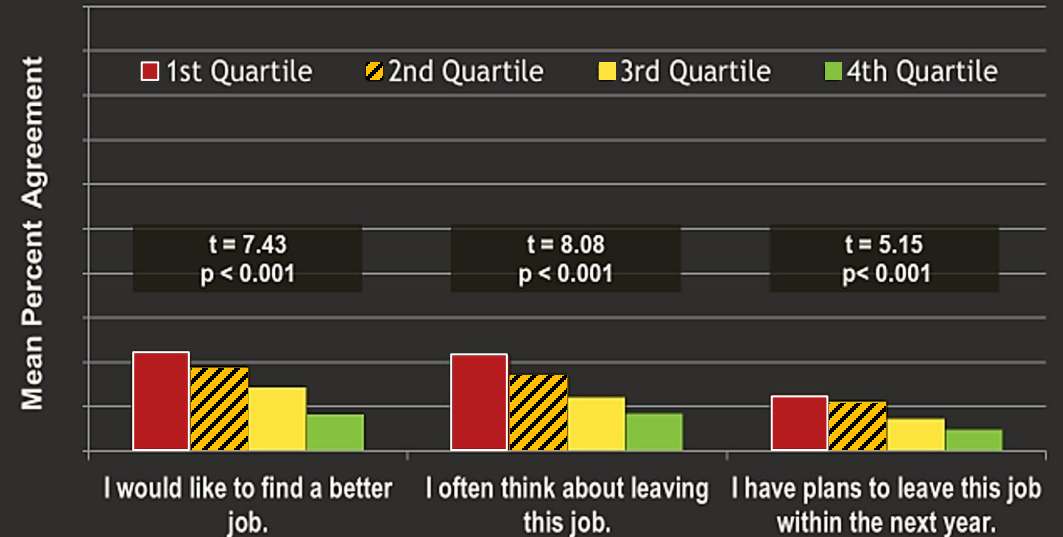


What do we know?

Disruptive Behavior Rates across 319 Work Settings by Emotional Exhaustion Quartiles



Intention to Leave Rates across 319 Work Settings by Emotional Exhaustion Quartiles



Questions to Run On

- What is the relationship between well-being, leadership behaviors, and staff turnover?
- What specific strategies can healthcare leaders implement to reduce staff turnover?

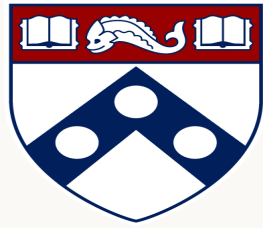
Speaker Welcome



Karen B Lasater, PhD, RN, FAAN
University of Pennsylvania School of Nursing



Daniel Tawfik, MD, MS
Stanford University School of Medicine



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**Center for
Health Outcomes
and Policy Research**

How to resolve the workforce turnover crisis

Karen B. Lasater, PhD RN FAAN

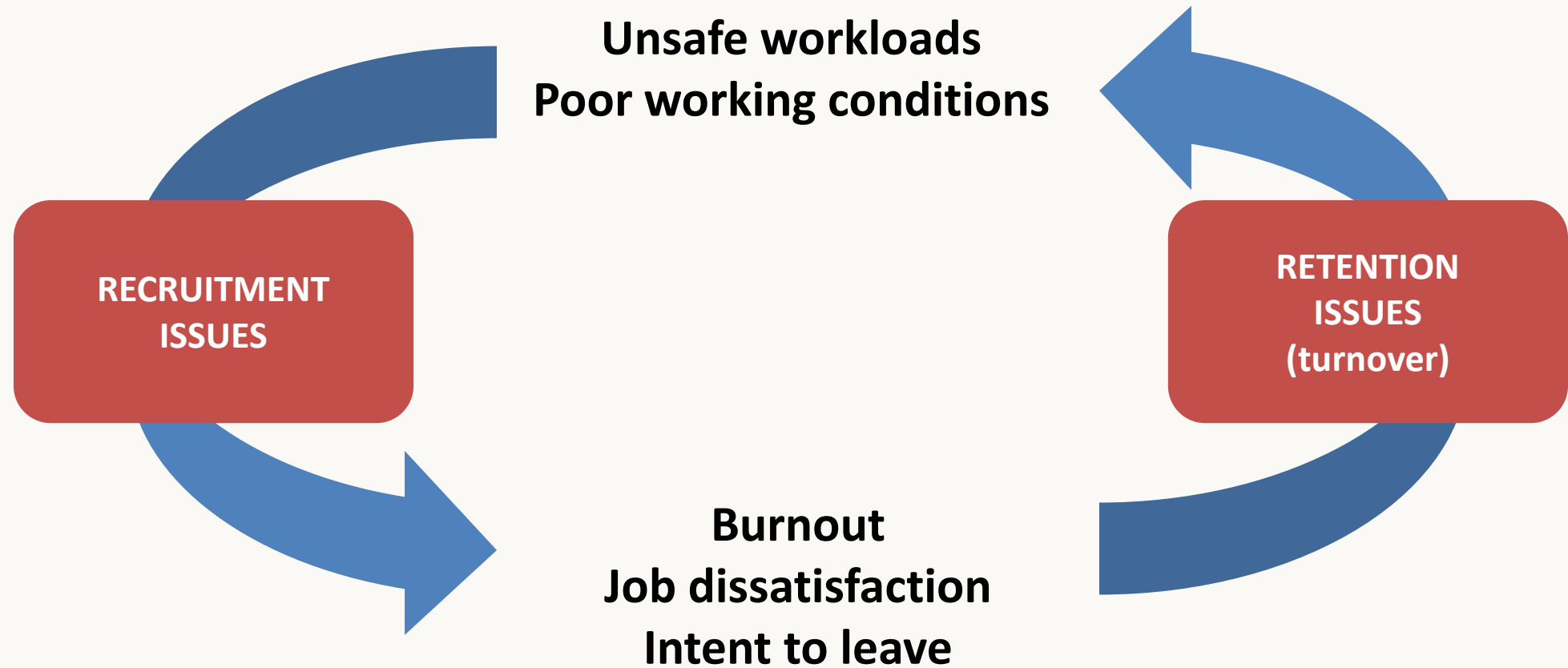
Associate Professor of Nursing



**Penn
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and Policy Research**

Good working environments attract and retain health care clinicians



“I would have worked another year or two if we had safe staffing ratios.”
[Former hospital RN, 60-70 years-old]

“Staffing was based on saving money -so it was nearly always insufficient. So sad - because I loved my job - until I felt it was too dangerous (to my patients as well as to my own health) to continue.” [Former hospital RN, 60-70 years old]

Drivers of Retention Issues

Top reasons nurses leave hospital employment:
Insufficient Staffing & Burnout

“In most places I worked, staffing was low to the point of danger to patients and nurses. Burning out was very real. We were promised increased staffing almost every month for number of years. But not only staffing did not change, but also the work load kept increasing.” [Former hospital RN, <30 years old]

Drivers of Recruitment Issues

Reasons nurses do not recommend their workplace to other nurses

Themes	Exemplar Quote
Unlimited patients with limited support	“I would not recommend my hospital because of low staffing that we are facing all the time. It seems that no one is addressing the issue and as a result we over worked and not to mention under paid.”
Unanswered calls for help	“Burn out is [rampant] throughout all disciplines. Upper management appears to have blinders on to this situation.”
License always on the line	“Everyone is doing the best they can but staff to [patient] ratios are consistently unsafe. You are constantly forced to put your license at risk. Staff is burnt out.”
Multidimensional workplace violence	“Patients are increasingly violent lately and there is no additional security” “When nurses write up unsafe staffing forms to report to the union, they are harassed by managers”
Undervalued and unfulfilled	“The hospital as a whole does not care about the staff they are only worried about patient satisfaction.... The staff have to like their work environment before they can put more effort into helping patients. Administration doesn’t care about nurses.”

Muir, K.J, et al. (2024). Emergency nurses’ reasons for not recommending their hospital to clinicians as a good place to work: A qualitative analysis. *JAMA Network Open*

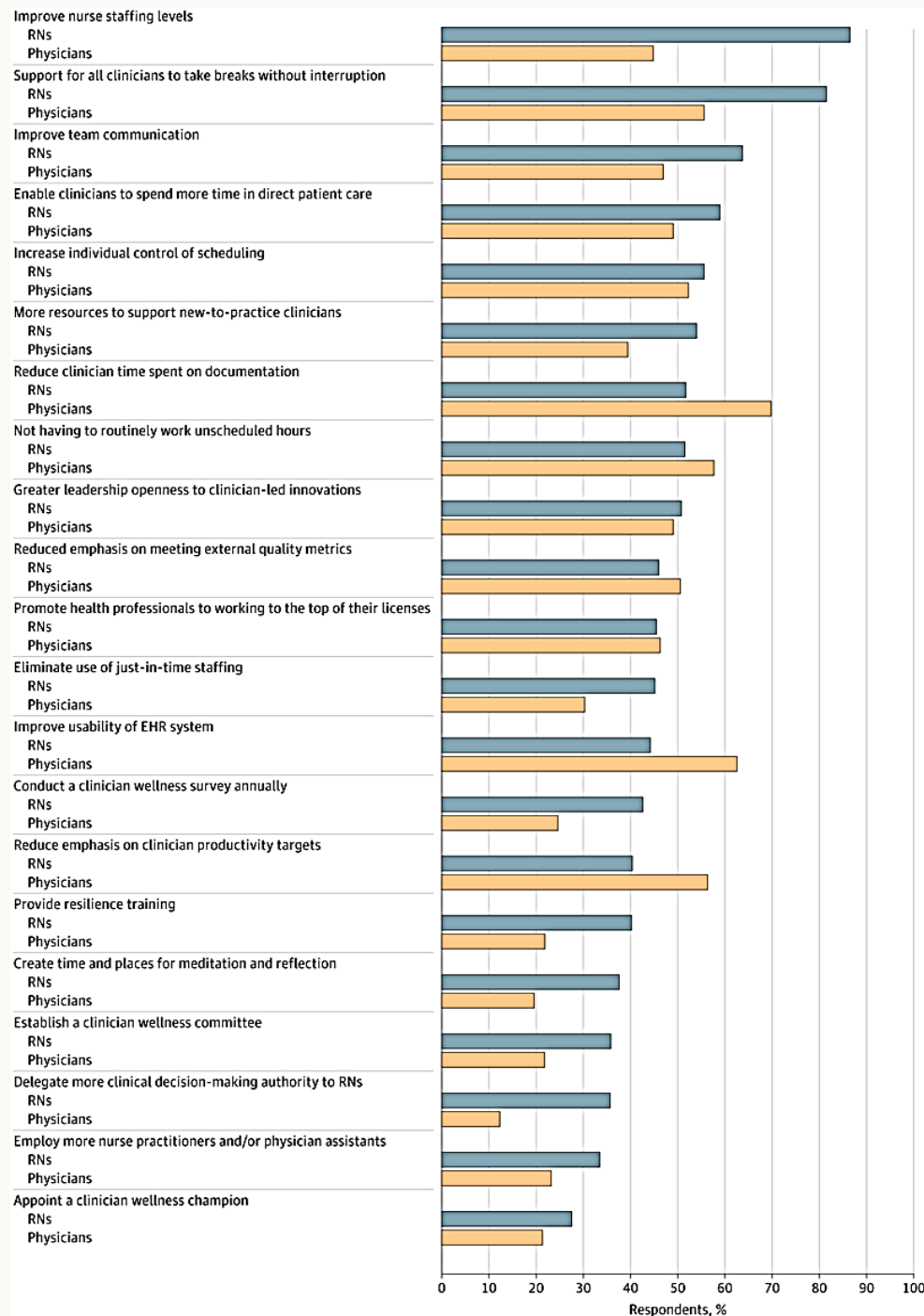
Nurses' job outcomes are predictive of nurse and physician turnover

Table 4. Coefficients Estimating the Differences in Clinician Turnover in Hospitals at the 75th vs 25th Percentiles for Burnout, Job Satisfaction, and Intent to Leave

Measure	IQR, %	Physician turnover		Nurse turnover	
		% (95% CI)	P value	% (95% CI)	P value
Burnout rate					
Physicians	28.8 to 37.0	0.7 (-2.6 to 3.9)	.69	0.6 (-3.1 to 4.2)	.76
Nurses	38.7 to 53.4	3.9 (0.1 to 7.7)	.046	5.1 (0.2 to 9.9)	.04
Job dissatisfaction rate					
Physicians	9.4 to 20.0	2.7 (1.7 to 7.1)	.23	3.9 (-1.5 to 9.2)	.16
Nurses	15.1 to 26.4	5.2 (1.8 to 8.6)	.004	5.4 (1.5 to 9.3)	.007
Intent to leave rate					
Physicians	17.0 to 28.4	0.9 (-4.1 to 5.9)	.73	3.7 (-2.2 to 9.5)	.22
Nurses	31.5 to 48.9	5.2 (1.1 to 9.2)	.013	8.4 (3.9 to 13.0)	< .001

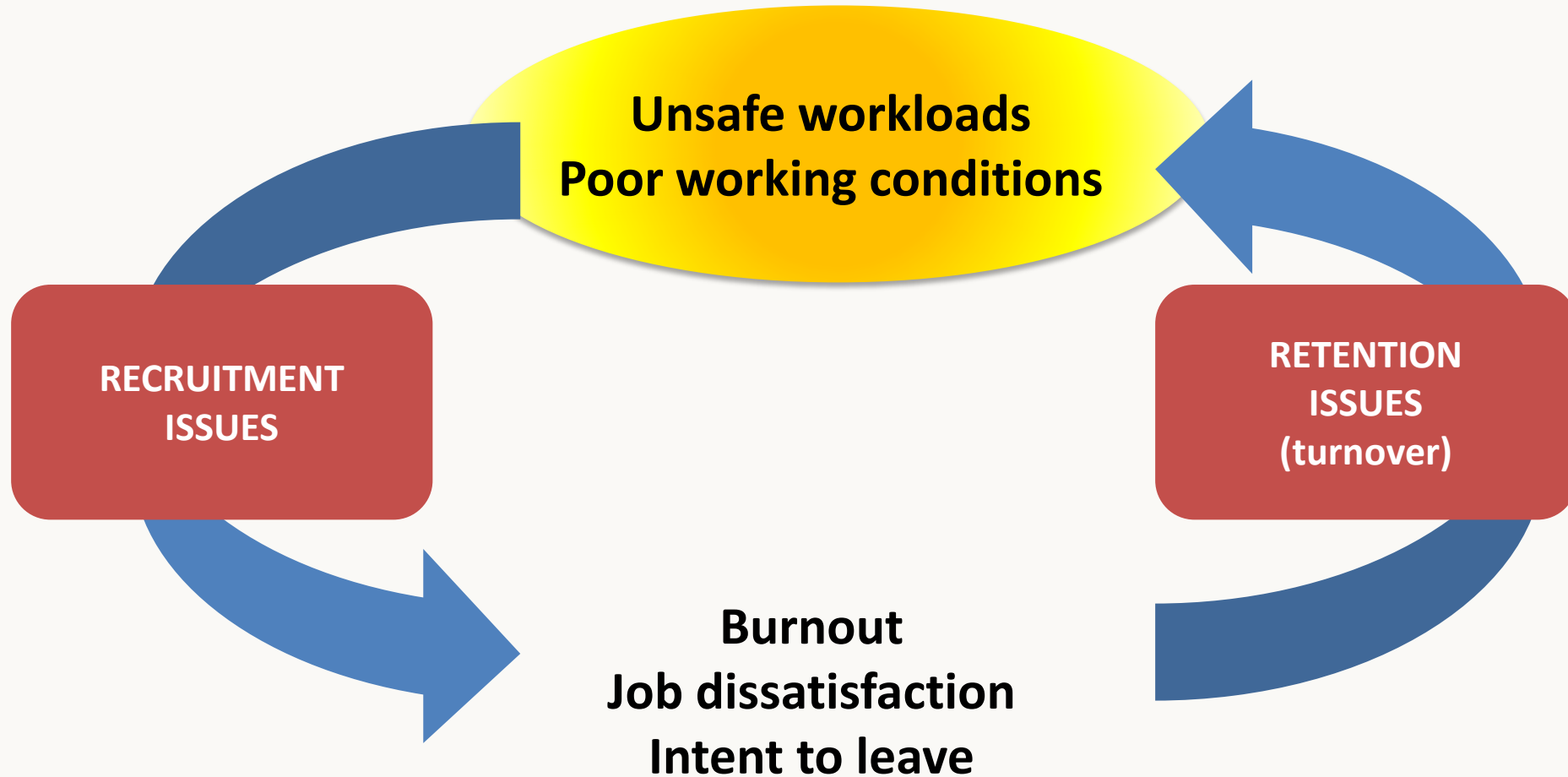
Aiken, L. H., Lasater, K. B., et al. (2023). Physician and nurse well-being and preferred interventions to address burnout in hospital practice: factors associated with turnover, outcomes, and patient safety. *JAMA Health Forum*

Interventions that Physicians and Nurses Ranked as “Very Important” to Reduce Burnout



Aiken, L. H., Lasater, K. B., et al. (2023). Physician and nurse well-being and preferred interventions to address burnout in hospital practice: factors associated with turnover, outcomes, and patient safety. *JAMA Health Forum*

Good working environments attract and retain health care clinicians



Strategies to Establish Safe Workloads

- **Create more RN staff positions**
 - **How?** Voluntarily within an organization and/or External policies (e.g. safe nurse staffing minimums)
 - A growing business case that increasing staffing is a good investment with strong ROI – **cost of increasing nurse staffing pays for itself** – fewer readmissions, shorter lengths of stay
 - McHugh, M. D., et al. (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *The Lancet*, 397(10288), 1905-1913.
 - Aiken, L. H., et al (2021). Hospital nurse staffing and patient outcomes in Chile: a multilevel cross-sectional study. *The Lancet Global Health*, 9(8), e1145-e1153.
- **Be cautious of lowering nursing skill mix**
 - “Greater use of RNs in preference to LPNs appears to pay for itself”
 - Needleman, J., et al (2006). Nurse staffing in hospitals: is there a business case for quality? *Health Affairs*, 25(1), 204-211.
 - Lasater, K. B., et al . (2024). Alternative models of nurse staffing may be dangerous in high-stakes hospital care. *Medical Care*, 62(7), 434-440.
- **Be cautious of implementing virtual nursing**
 - No rigorous scientific evidence on the safety or effectiveness of virtual nurses
- **Acknowledge that adding more clinicians to the workforce is a short-term solution that does not directly address *turnover***

Strategies to Improve the Work Environment

- Address the reasons employees are leaving and re-establish trust
 - Impact Wellbeing Guide – 6 action items to use a systems approach and build trust
- Track your clinician wellbeing metrics
 - (stratified by workforce demographics, age, race/ethnicity)¹
- ANCC Magnet / Pathway / Wellbeing Credential as examples of organizational transformation and shared governance

¹ Brooks Carthon, J. M., et al (2024). Addressing burnout among nurses of color: Key priorities and calls for action. *Nursing Outlook*, 72(6), 102297.



Healthcare leadership implications for workforce engagement, turnover, and patient safety

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STANFORD
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Disclosures

- Research funding from
 - Agency for Healthcare Research and Quality
 - American Medical Association
 - Stanford Medicine Center for Improvement
- No other disclosures



A large, leafy tree in a courtyard with a building in the background. The tree is the central focus, with its thick trunk and spreading branches filling much of the frame. The background shows a building with a colonnade and a paved area with some water puddles.

LEADERSHIP AND ENGAGEMENT

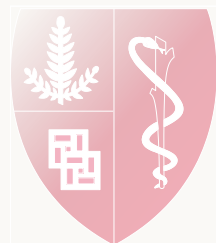
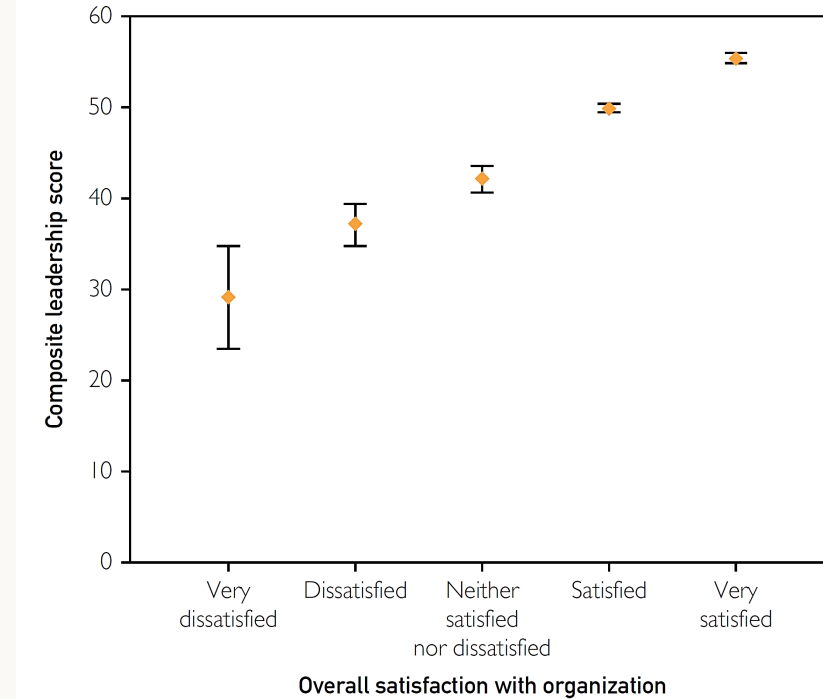
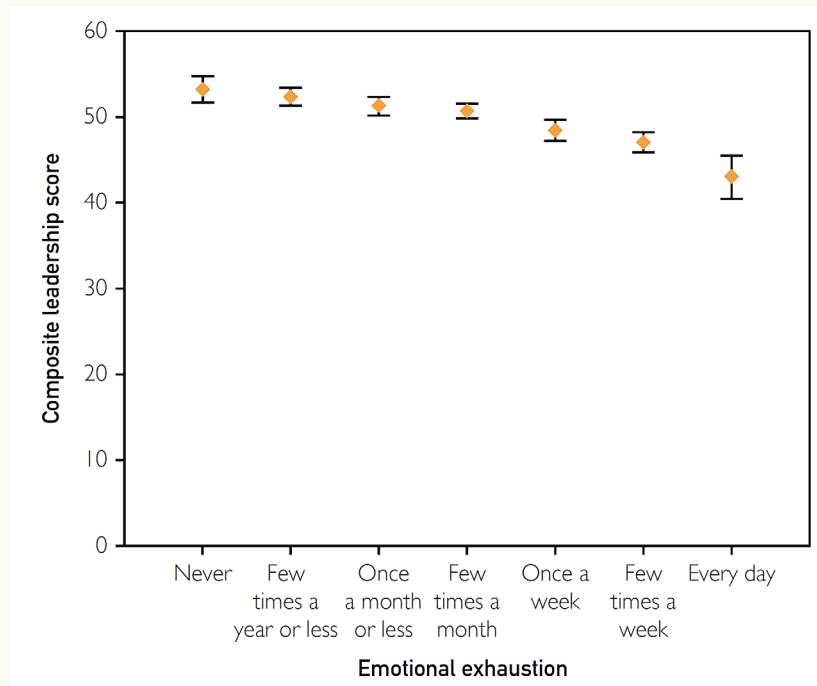
Background

Recent Findings

Implications

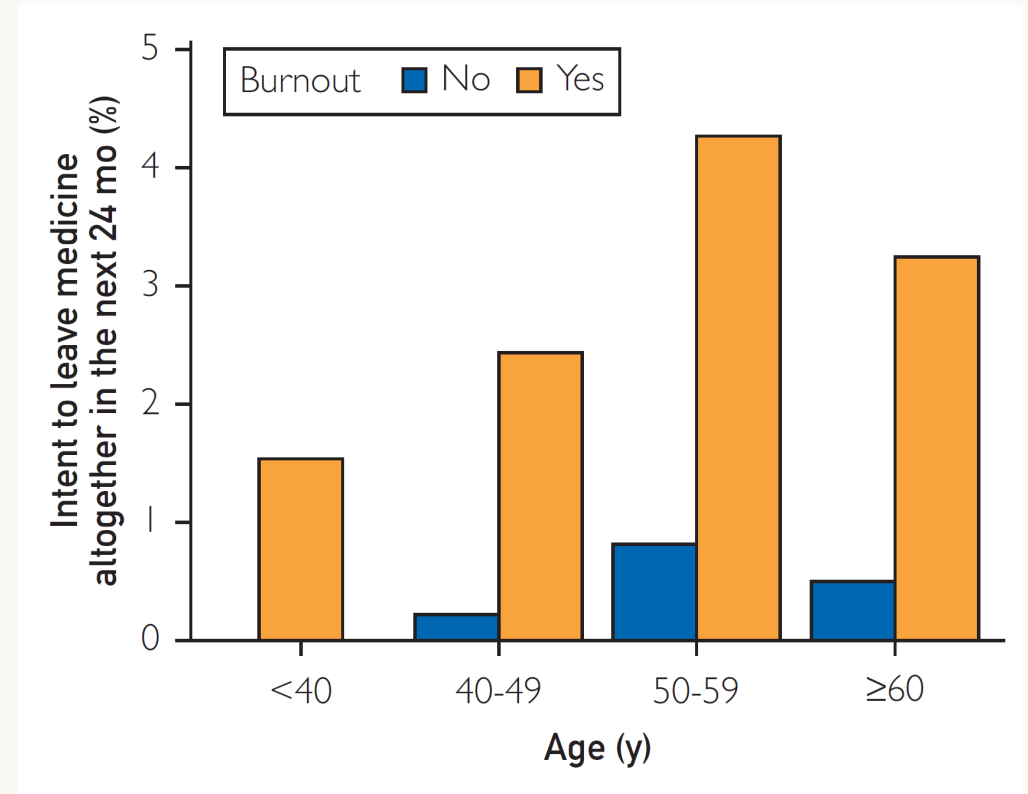
Leadership associates with well-being

- Each 1-point increase in leadership score (48-pt range):
 - 2-7% decrease in likelihood of burnout
 - 8-11% increase in likelihood of satisfaction



Well-being associates with intentions to leave

- Burnout:
 - 1.81 x odds of ITL (2014)
 - 2.57 x odds of ITL (2020)
- Work overload:
 - 6.45 x odds of burnout (2020)
 - 2.19 x odds of ITL (2020)

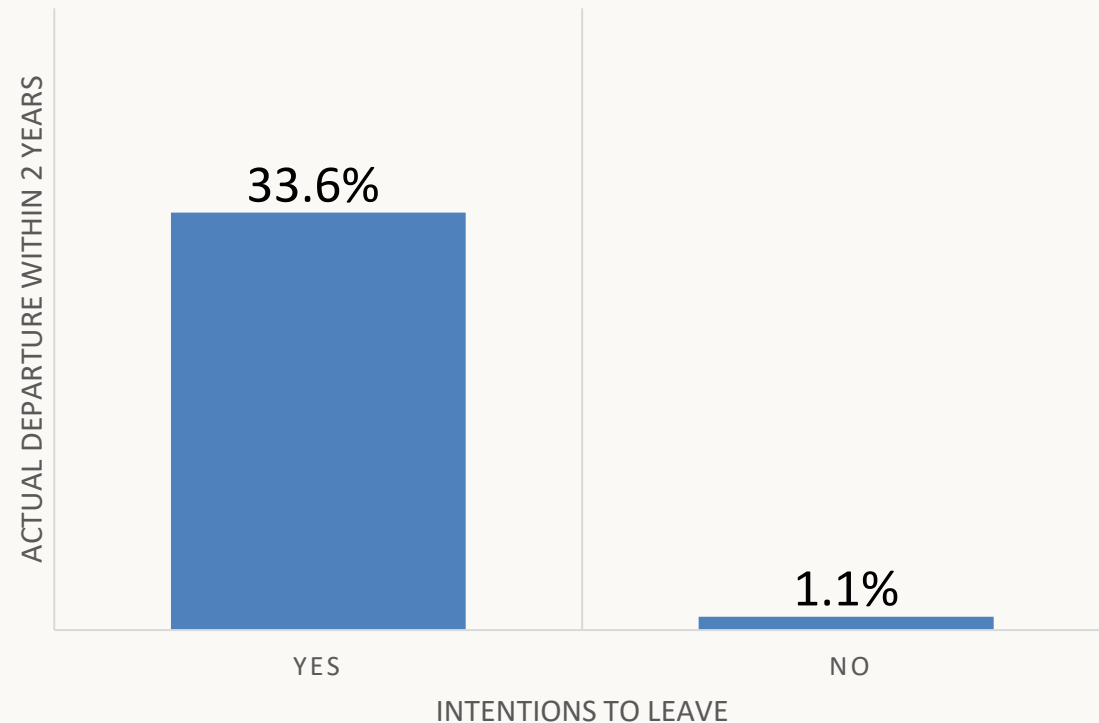


from Sinsky et al *MCP* 2017



Intentions to leave predict turnover

- 799 departures among 2379 with intentions to leave (vs. 44/4062 among those without ITL)



Adapted from Kivimaki *BMC HSR* 2007





LEADERSHIP AND ENGAGEMENT

Background

Recent Findings

Implications

The Joint Commission Journal on Quality and Patient Safety 2023; 49:166–173

Assessing Leadership Behavior in Health Care: Introducing the Local Leadership Scale of the SCORE Survey

Kathryn C. Adair, PhD; Emily Levoy, MD; Daniel S. Tawfik, MD, MS; Sofia Palassof, MD; Jochen Profit, MD, MPH; Allan Frankel, MD; Michael Leonard, MD; Joshua Proulx, BSEE; J. Bryan Sexton, PhD

Background: Engaged and accessible local leaders are a reliable, and actionable measure of patient safety (e.g., feedback). The current study provides

The Joint Commission Journal on Quality and Patient Safety 2023; 49:156–165

Leadership Behavior Associations with Domains of Safety Culture, Engagement, and Health Care Worker Well-Being

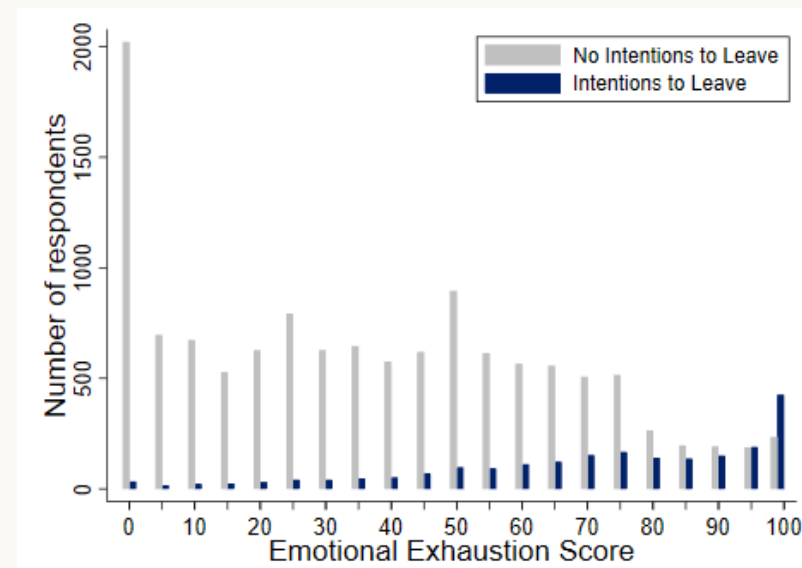
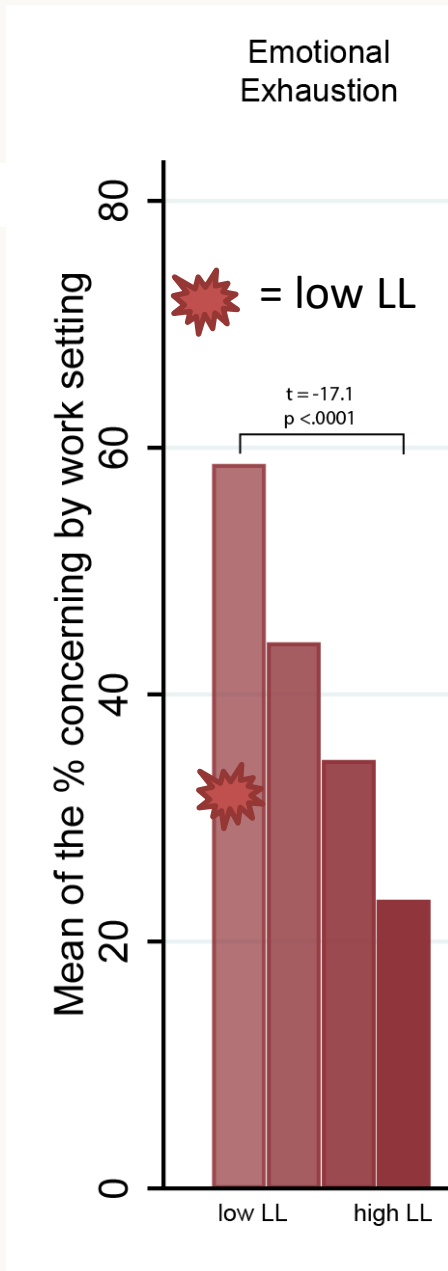
Daniel S. Tawfik, MD, MS; Kathryn C. Adair, PhD; Sofia Palassof, MD; J. Bryan Sexton, PhD; Emily Levoy, MD; Allan Frankel, MD; Michael Leonard, MD; Joshua Proulx, BSEE; Jochen Profit, MD, MPH

Background: Leadership is a key driver of health care worker well-being and engagement, and feedback is an essential component of evaluating interaction norms of local leaders are not well developed. Moreover, associations between leadership and safety are not well understood. This study sought to evaluate health care worker well-being and engagement using the Local Leadership scale of the Safety,

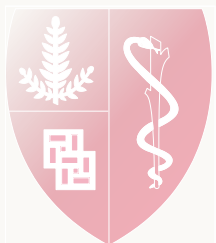


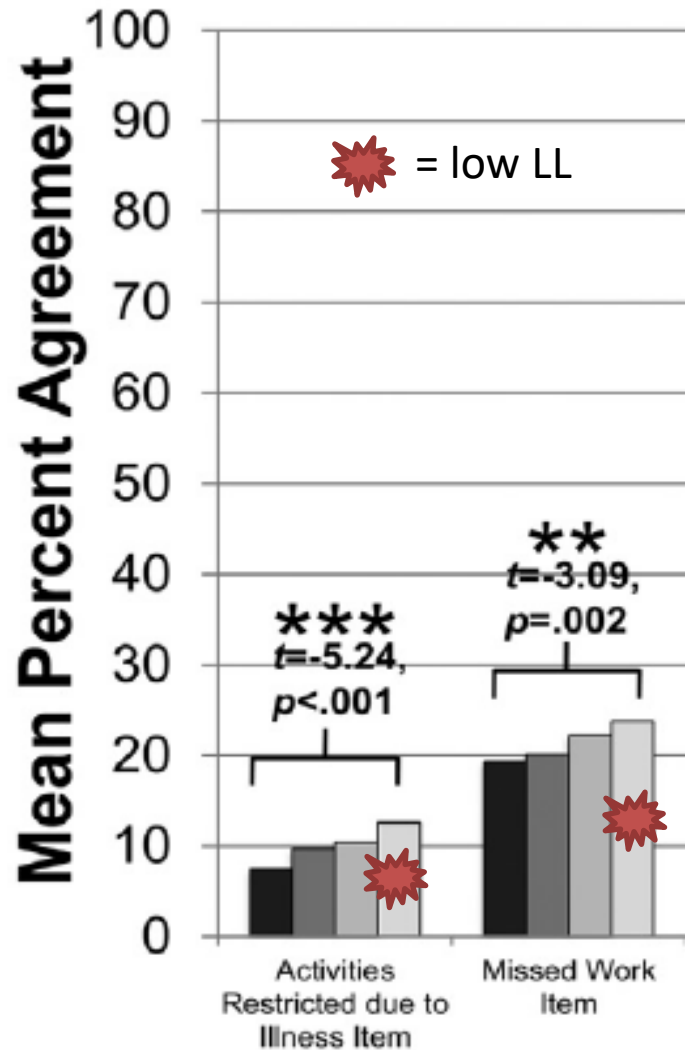
Leadership associates with well-being...

... and well-being with intentions to leave



N = 14,682 health care workers



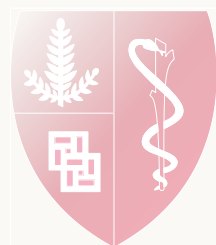
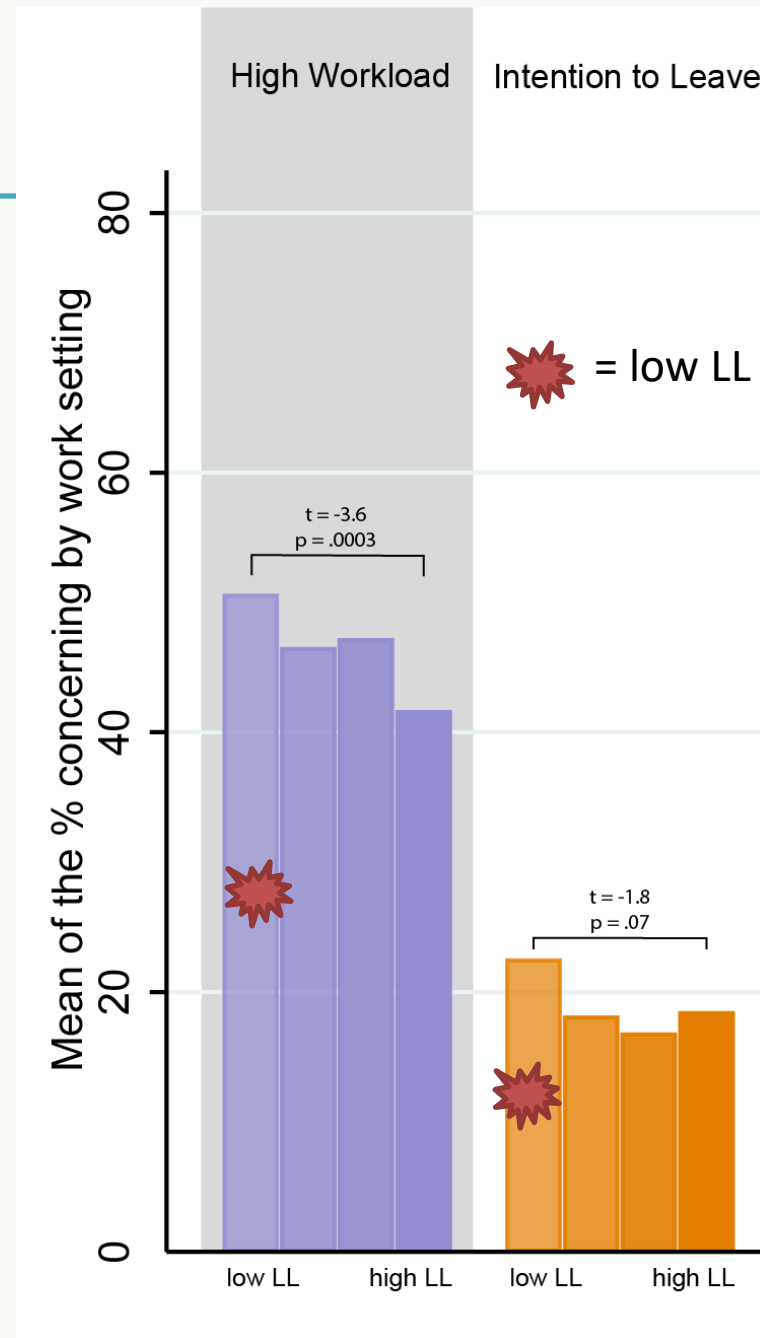


Local Leadership also directly associates with workforce engagement measures



Local Leadership
associates with workload
perceptions.
Low leadership score
associates with intentions
to leave

Tawfik et al, *JCIQPS* 2023



Each 10 points in Local Leadership Score correspond to 20% lower odds of intentions to leave

Table 3. Local Leadership Scale as a Predictor of Burnout, Safety Climate, Teamwork Climate, Workload, and Intentions to Leave*

	Emotional Exhaustion		Concerning Safety Climate		Concerning Teamwork Climate		High Workload		Intentions to Leave	
	Odds ratio	95% CI	Odds ratio	95% CI	Odds ratio	95% CI	Odds ratio	95% CI	Odds ratio	95% CI
Local Leadership Score (each 10 pts)	0.72 [†]	0.71–0.73	0.48 [†]	0.47–0.49	0.64 [†]	0.63–0.66	0.90 [†]	0.89–0.92	0.80 [†]	0.78–0.81

CI, confidence interval.

* N = 14,924 respondents in 818 work settings. Estimates via mixed model with unit as random intercept, adjusted for job type, years of experience, patient care type (ICU vs. not, surgical vs. not, inpatient vs. not), and direct patient care vs. not.

[†] Statistically significant at the $p < 0.01$ level.



Positive and Useful Feedback Most Strongly Associate with Intentions to Leave

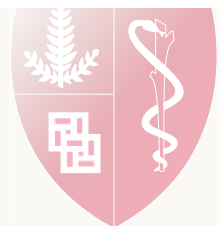
Table 2. (continued)

		LL Scale	Available	Positive FB	Frequent FB	Useful FB	Sets Expectations
Intentions to Leave Scale	34.46 (31.28)	-0.43	-0.35	-0.40	-0.39	-0.41	-0.38
I would like to find a better job.	39.66 (35.85)	-0.40	-0.31	-0.37	-0.36	-0.38	-0.35
I often think about leaving this job.	38.37 (35.99)	-0.43	-0.34	-0.39	-0.39	-0.41	-0.37
I have plans to leave this job within 1 year.	25.94 (31.20)	-0.35	-0.28	-0.32	-0.30	-0.33	-0.31

LL, Local Leadership; FB, feedback; SD, standard deviation.

* Pearson product-moment correlation coefficients. All correlations significant at the $p < 0.01$ level. The 20% largest correlations for each subscale are highlighted in green.

† Item is reverse-coded for scoring purposes.





LEADERSHIP AND ENGAGEMENT

Background

Recent Findings

Implications

Physician turnover affects other physicians

"It's not about preventing burnout. We are all burnt out. There's just period, full stop, that's what it is. ... Now I'm seeing physicians in their 40s asking to work less because they're just... It's just too much. They're not happy. I think that's leading burnout in a big way." (P16)

"One of our colleagues recently left, and he had a very busy practice, so we have a hard time to hire a new doctor, and now we end up to see his patients."
(P14)



Nurse and staff turnover affect everyone

“The biggest thing that we deal with at our clinic is just the **turnover for Mas ... I feel like if we could somehow fix this issue of staff turnover, I think that would definitely help the workflow overall.**” (P12)

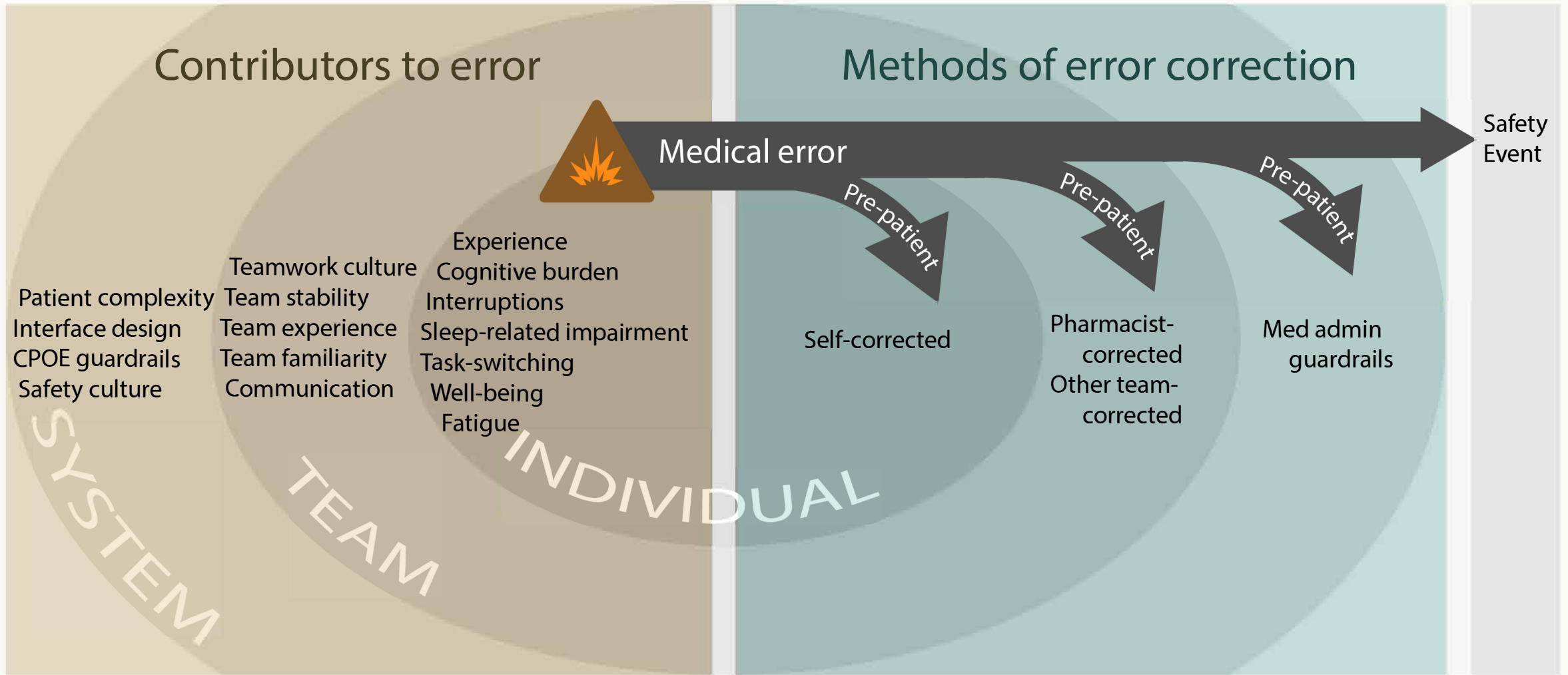
"I think I see some providers really struggling with the excess burden, not only of inbox, but I think with the churn of the staff.... **I think some people they're running towards, I think some people are running away**" (P20)



Turnover affects patients

“It’s ... very, very hard when the first time I'm meeting a patient, I sit down in front of them, say ‘Hi, nice to meet you.’ And they say, ‘**Hi, you're not going to leave, are you?**’ Because they've had literally the last three of their providers leave within the last six months.” (P17)





Question & Answers

Let us know!

Based on what you have learned today,

What would you like to learn more about to address staff turnover in your organization effectively?

***Please submit your response in the chat**

Upcoming Events of Interest

Announcing the Next NAA Monthly National Webinar

Engineering Safety into Practice Through Implementation of the EHR SAFER Guides

Tuesday, January 21, 2025 (Noon- 1:00 PM ET)

Registration is open and can be found on the NAA website
(<https://cma.ahrq.gov/naajan2025>)

Thank You!

Announcing the Next NAA National Webinar Series
on

Safety Culture in Healthcare

February - April 2025 (Third Tuesday of each month, Noon- 1:00 PM ET)

Registration is open and can be found on the NAA website

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