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Guiding Principles for Improving Health Care Workforce Well-Being

Learning from the Workplace Change Collaborative

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Introduction

The Workplace Change Collaborative (WCC), funded by the Health Resources and Services Administration (HRSA), aimed to support 44 grantee organizations in the United States to improve mental health, reduce burnout, and address moral injury for health and public safety workers and learners. The Collaborative was a partnership between the Fitzhugh Mullan Institute for Health Workforce Equity at George Washington University, Institute for Healthcare Improvement (IHI), Moral Injury of Healthcare, and American Federation of Teachers (AFT) Health Care.

For three years (2022–2024), the WCC team worked closely with leaders from health care organizations, universities, non-profits, and professional associations to implement evidence-based strategies to reduce burnout, suicide, and mental health conditions, as well as to promote resiliency and well-being among health and public safety workers and learners. US-based grantee organizations work across 25 states and many focus on rural and underserved populations.

While each grantee organization developed its own set of evidence-based activities tailored to the populations they serve, they all shared a common vision and used selected frameworks to guide their work:

- National Framework for Addressing Burnout and Moral Injury in the Health and Public Safety Workforce (developed as part of the Workplace Change Collaborative)
- IHI Framework for Improving Joy in Work
- US Surgeon General's Framework for Workplace Mental Health and Well-Being
- The Stanford Model of Professional Fulfilment™

To support shared learning between grantees, IHI convened a Learning System that brought teams together for monthly virtual calls and virtual and in-person gatherings twice a year. These events centered peer-to-peer sharing of best practices, case studies, and results, and featured presentations from experts in improvement science, workforce well-being, human factors and ergonomics, and leadership.

For more targeted technical assistance for each grantee organization, the Learning System also included one-to-one coaching with IHI experts. Coaching sessions focused on a wide range of skills and topics, including quality improvement, change management, leadership engagement, grant administration, team building, data analysis, storytelling, and more.

Learning System events and coaching touchpoints surfaced five guiding principles for organizations seeking to initiate or advance workforce well-being interventions. This document provides detail on the five guiding principles along with insights and experiences from grantee organizations that participated in the Workplace Change Collaborative.

Learn More about the Workplace Change Collaborative Grantees

- Workplace Change Collaborative: HRSA Grantees
- Grantee Storytelling Site Visit Videos
- How Can Health Care Organizations Address Burnout? A Description of the Dr. Lorna Breen Act Grantees (*American Journal of Public Health* article)
- Lessons Learned from the Health Resources and Services Administration Health Workforce Well-Being Grantees (*Families, Systems, & Health* article)

Guiding Principles for Improving Health Care Workforce Well-Being

Bring Intention to Language

While it may be common to categorize all workforce conditions as "burnout," it is important to accurately diagnose the challenges that health care professionals, students, and trainees contend with because each is defined, measured, and experienced differently. Conditions may also manifest simultaneously and may exacerbate one another.

Thus, in efforts to improve workforce well-being it's important to be clear about the terminology used to describe various conditions experienced by the health care workforce. To guide the work of Workplace Change Collaborative participants, the terms and definitions that follow were selected. Patricia McGaffigan, MS, RN, CPPS, Senior Advisor for Safety, Institute for Healthcare Improvement, also contributed her expertise to clarify key terms.

- **Burnout:** A workplace phenomenon that results from "chronic workplace stress that has not been successfully managed [and is] characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment."[1]

- **Compassion Fatigue:** "The convergence of secondary traumatic stress and cumulative burnout, a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment."[2] Compassion fatigue refers to a state of exhaustion that limits one's ability to engage in caring relationships and often results from caring relationships, typically associated with but not limited to conditions of suffering or trauma.

- **Moral Distress:** "A relational concept that takes into account the contexts of practice and power dynamics."[3] Moral distress occurs when one is constrained from acting in accordance with one's ethics and values. This may occur as a result of factors that are internal or external, such as inadequate staffing or fixed rules that prevent open and transparent communications.

- **Moral Injury:** Perceived betrayal by a legitimate authority in a high stakes situation,[4] which leads one, through action or inaction, to transgress one's deeply held moral beliefs and expectations.[5] Moral injury occurs when workers begin to question the moral framework of the system and their own moral framework for continuing to work within that system.[6]

Leaders of efforts to improve workforce well-being can engage in conversations to understand their colleagues' experiences as well as identify the problems they are facing and contributing

factors. Deep listening builds relationships and helps staff feel seen, heard, and cared for in the design and delivery of well-being interventions.

Importantly, these conversations can also surface the terms that resonate with individual health care workers. While some health care workers describe their experiences as burnout, others find that moral injury more closely aligns with their experiences. While some may appreciate a program intended to support their individual "resilience," another may take offense at the implication that the onus is on them to become stronger within broken systems.

> "The word 'resilient' elicits a strong reaction in me… Rather than addressing the work cultures that lead to moral injury, burnout, and high turnover, many in the workforce are expected to be resilient — an expectation that arises only because they are subjected to psychologically unsafe systems rife with inequities, by design. [Using the term 'resilient'] can trivialize the intense, painful, and profound efforts required to survive trauma in work environments that neglect employee wellness and hinder their potential."
>
> —Scune Carrington, DHSc, MSW, LICSW, Former Director of Integrated Care, Massachusetts League of Community Health Centers

> "It's not just resilience and mental health — building stronger canaries — you have to redesign the coal mine. So, we're intentional about a multi-faceted approach to workforce well-being."
>
> —Nigel Girgrah, MD, PhD, Chief Wellness Officer, Ochsner Health

Acknowledge and Address Burnout and Moral Injury at All Levels

The 44 grantee organizations employ, train, and represent health workers and learners of all professions, including nurses, physicians, advanced practice providers, behavioral health workers, social workers, environmental services, unlicensed care workers such as peer counsellors and community health workers, public health and safety officers, administrators, and leaders. As such, the grantees' experiences highlighted the importance of designing well-being programs tailored for health care workers with varied backgrounds.

Include Leaders

Administrators and leaders participating in well-being programs alongside frontline staff sends a powerful signal of organizational and individual commitment. Acknowledging that senior-level leaders experience burnout and moral injury, encouraging them to name those experiences and model mental-health-seeking behavior, and inviting them to participate in well-being interventions with their colleagues from different backgrounds sets the tone for a culture that supports well-being.

Design for All Health Care Workers

A common misstep when organizations embark on efforts to improve workforce well-being is to design exclusively or primarily for physicians or advanced practice providers. This inadvertently upholds the hierarchy of professions in a health care setting and excludes staff that have also been exposed to stress, burnout, and moral injury.

Ochsner Health's Office of Professional Well-Being, established in 2018 and scaled up through the funding from HRSA, delivers well-being programs for health care staff of all backgrounds — from clinicians to administrators to support staff at all levels.

> "The workforce well-being of our nurses, medical assistants, and PharmDs drives the workforce well-being of our whole care delivery team, so we had to broaden scope to all 37,000 employees."
>
> —Nigel Girgrah, MD, PhD, Chief Wellness Officer, Ochsner Health

> "The Personal Leadership Program is a three-day intensive retreat program for our physicians, advanced practice providers, and senior leaders. For many, this is the first time they've had dedicated, protected time to take a deep look at themselves. [Through this program] we saw reductions in burnout, significant improvement in value alignment with leaders, and reduced intention to leave the organization. We know that the results of the retreat actually stick for years."
>
> —Ashton Sloan, PA, MHA, Assistant Vice President, Office of Professional Well-Being, Ochsner Health

Well-being programs designed for an interprofessional cohort can be effective in building relationships across roles and levels. However, health and public safety professionals in different roles often face unique challenges. Interventions designed for workers of specific backgrounds — for example, weekend retreats for police officers and emergency responders, or peer support programs for resident physicians or nurses — offer space for peers to share stressors and support one another.

> "To best meet the unique needs of first responders, we created a subcommittee comprising our educational experts, several members of the NEOMED Police Force, including the chief of police, a retired Cleveland police sergeant and executive director of the Cleveland Police Athletic League, a resiliency trainer for the FBI and retired police officer, and a paramedic/fire captain.
>
> This subcommittee guided our team on how to best communicate with our participants, encouraging us to make the language less 'soft' and more 'tactical.' The subcommittee also played a large role in recruiting first responders for the retreats, by spreading the word with networks such as the Ohio Police Chief Association and the Cleveland Police

Foundation. Department leaders have then been able to recommend specific employees who have experienced a traumatic event to attend our retreats.

We have received very positive feedback. When asked if participants think the retreat workshop is useful, one first responder commented: 'Absolutely — it was the first time I have spoken to others about a call that really resonated with me and has stuck with me for 20 years.'

Several first responders were comfortable sharing stories of loss and grief in the small group setting. The retreats offer a safe space where peers can share their stories, feel supported, and engage in strategies that they can take back to the workplace and home to use when the pressures of life take their toll."

—Health and Public Safety Workforce Resiliency Training Program Team, Northeast Ohio Medical University

Intervene Early with Students and Trainees

It is also critical to recognize that burnout affects health and public safety professionals at all stages of their careers, including students, residents, and trainees who enter professions that often have high rates of burnout. To address this issue, universities and non-profit associations in the Workplace Change Collaborative are leading holistic interventions to support the mental health, well-being, and sense of belonging of students and trainees in the health professions.

"The American Association of Colleges of Osteopathic Medicine, collaborating with educational researchers from the University of Virginia, developed a program that empowers faculty to better meet the needs of diverse students by promoting more motivationally supportive and equitable teaching practices. Our research has found that osteopathic medical students are experiencing high rates of burnout, which appear to worsen as students prepare for residency. For instance, 28 percent of students are emotionally exhausted (a key component of burnout) as they enter medical school and that number jumps to 66 percent in graduating students.

Additional research conducted as part of this [WCC] project shows that students' perceptions of their instructors' beliefs are often more closely associated with the students' feelings of burnout than students' own beliefs, especially for students who are underrepresented in medicine. Focusing on making the educational environment more supportive, rather than focusing on struggling students, is consistent with a systems approach to combating burnout and can lead to more lasting change."

—Mark Speicher, PhD, MHA, Senior Vice President of Learning, Innovation, and Research, American Association of Colleges of Osteopathic Medicine

> "The Thrive Program is an acknowledgment that these are far different times from previous generations. It is providing our students with a better toolbox for navigating the challenges of today's world so they may be better equipped for achieving their goal of becoming the health care providers of the future. The program is what will help our students move from feeling powerless to feeling empowered. With campus-wide events like the Be1Find1 Initiative, DeStressfest, and Incidental Findings, students are able to challenge the stigma around mental health with awareness, discussion, and acceptance. These strategies help support a new generation of doctors that can empathize with patients because they understand their own mental health needs."
>
> —Carlton Abner, DNP, RN, NBC-HWC, Associate Provost for Campus Health and Wellness and Assistant Professor of Occupational Health, Kansas City University

It's also important to integrate well-being activities into student orientation, including providing structured opportunities for students to build connections and introducing on-campus supports to improve students' sense of belonging and social connection.

> "Belonging isn't just a feeling — it's our program's foundation. In the health care field, where every life matters, fostering a sense of inclusion ensures that we all thrive, learn, care, and heal together. Cultivating belonging is how we fuel empathy, motivation, and persistence and promote self-awareness.
>
> Cumulative stressors for students in the health professions, paired with feeling unwelcome and unsupported in their learning environment, will only exacerbate stress, accelerating the path to burnout. This is even more so for our under-represented minority students... Our wellness efforts — which leverage coordination and collaboration with our Diversity, Equity, and Inclusion resources and best practices — focus on social belonging as the core component to strengthening resilience and reducing burnout."
>
> —Carlton Abner, MS, Associate Provost for Campus Health and Wellness and Assistant Professor of Occupational Health, Kansas City University

Evidence-Based Approaches to Improve Well-Being and Mental Health

- Johns Hopkins Medicine Resilience in Stressful Events (RISE) Program
- Duke Center for the Advancement of Well-Being Science free online trainings
- The Schwartz Center for Compassionate Healthcare: Schwartz Rounds

Rebuild Trust and Create Strong Communication Channels

The short time frame of the three-year Workplace Change Collaborative grant period produced an understandable sense of urgency among grant recipients to deliver quickly on their goals, while also taking the necessary time to develop and foster important foundations.

Go Slowly and Listen Deeply

Many leaders found value in taking the time to build relationships with key stakeholders, listening to the needs of the staff they sought to engage in well-being programs, designing programs based on staff input, and redesigning based on feedback. Going slowly in the beginning allowed grantees to earn the trust of internal and external partners by demonstrating that well-being activities reflected participant needs, contexts, and constraints.

> "There were many lessons learned as a team from partnering with health centers in the pilot. We discovered the importance of active listening, which required setting our ideas aside and listening with genuine curiosity. This approach helped us build trust, which in turn allowed us to engage authentically and collaboratively enhance each other's ideas.
>
> This project underscored the need for flexibility — 'go slow to go fast' — to create meaningful interventions that address burnout. Through open dialogue, shared learning experiences, and a commitment to our shared mission of employee wellness, we evolved as a team.
>
> The challenges we faced as a team transformed into opportunities for personal and collective growth. A pivotal moment occurred at the March [Workplace Change Collaborative] meeting, which, in a sense, gave us permission to innovate. Recognizing the need to stay true to our mission, we realized the need to shift our focus away from rigid timelines and instead meet each of the health centers where they were at, in whatever stage they were in the project."
>
> —Tinamarie Fioroni, Senior Director for Workforce Optimization, Massachusetts League of Community Health Centers

Focus on Trust

Building and rebuilding trust between organizational leaders and staff was an explicit focus of Centerstone's work. Centerstone designed participative management structures and practices to ensure leaders had systematic opportunities to listen to staff and, in turn, to communicate they were acting on what they heard. The bidirectional nature of Centerstone's feedback loops has strengthened staff-leader relationships and built trust. Research shows that when staff trust leaders, they report less stress, more energy, higher productivity, experience fewer sick days, feel more engaged and satisfied with their lives, and report less burn out.

> "Centerstone sought a sustainable way to ensure that frontline staff voice was included in operational decision-making and problem-solving because we knew that this would help the organization solve multiple problems related to burnout over the long term. We found that, like frontline staff, leaders were often stretched to capacity, so a feedback infrastructure needed to be feasible in terms of time commitment and resources.
>
> We created two staff representative structures where frontline staff can directly communicate with operational leadership. We also embedded workforce wellness and staff voice into our internal governance system, finding sustainable partnerships with other leaders through the existing governance structures to ensure that it is maintained."
>
> —Frankie Fachilla, PhD, LPC-MHSP, Former Director of Clinical Education, Centerstone's Institute

Improve Communication

Trust is built, in part, when leaders communicate their rationale about *why* something needs to be done. When people believe that someone's reasoning is logical, they are more likely to trust a person across various levels of authority and professional disciplines.

However, trust is not just about having sound reasoning; it also relies on communicating effectively, which begins with understanding one's audience: who they are, what they value, what their interests are. It is critical to understand how the other person sees and experiences the world to communicate in a way that is appreciated and understood. To this end, Stony Brook University trained others in interprofessional communication through audience-centered message design to improve trust, collaboration, and working relationships on health care teams, resulting in improved team member well-being and patient care delivery.

> "Communication among members of health care teams is more than a transaction — it is a key foundational element for sustaining collaborative and effective working relationships in a dynamic setting. Effective team communication skills include listening and adaptability; thus, using medical improv to build team communication skills has a tremendous positive impact. The Alda Method® applies the principles of audience-centered message design and improvisational presence to interprofessional health care team communication. Shifting the focus from what we say to what our audience needs to hear can break us out of our recitation and put us back in connection with our audience, which builds trust to improve team member well-being and patient care delivery."
>
> —Elizabeth Bojsza, Assistant Professor of Practice, School of Communication and Journalism, Department of Theatre Affiliate, Stony Brook University; and Susmita Pati, MD, MPH, Professor and Chief, Division of Primary Care Pediatrics, Renaissance School of Medicine and Chief Medical Program Advisor, the Alan Alda Center for Communicating Science®, Stony Brook University

Follow Through on What Matters to Staff

Finally, it is imperative to acknowledge and act on feedback from staff — both to address the challenges they identify and ensure that they feel heard. Several WCC participants used approaches such as "What Matters to You" conversations and "Listen-Sort-Empower" to surface improvement ideas from frontline staff, prioritize ideas according to effort and impact, and support units and departments to lead improvement projects to address the local barriers to well-being.

Amy Locke, MD, Chief Wellness Officer and family medicine physician, and her team at the University of Utah Resiliency Center use the team-based "Listen-Sort-Empower" model for identifying opportunities, sorting what is feasible and impactful, and empowering the frontline to lead change. Developed in 2016 by then Chief Quality Officer, Stephen Swensen, this simple three-part framework helps teams "listen" to each other and identify opportunities for improvement, "sort" to decide what to focus on, and "empower" to lead the change rather than rely on leadership or outside intervention.

Commit to Organizational Change Alongside Individual Interventions

As outlined in the Workplace Change Collaborative framework, addressing burnout and moral injury requires systemic, structural, and cultural change. Yet the deep work of transforming organizations and advocating for policy change takes time, and health care workers are in urgent need of support to get through their day-to-day work.

There are many effective and evidence-based programs designed to support individual well-being and mental health — for example, access to counseling, peer support programs, coaching and leadership development, mindfulness-based stress reduction, team building and communication, positive psychology, and resiliency-building skills. These interventions are necessary, offering timely support to health care workers who are struggling every day, but insufficient to change the broader systems and structures that create burnout.

Each organization must define for themselves, through listening and partnering with their staff, the right balance of well-being interventions that meet their unique needs. Communicating the work taking place at both levels — individual and organizational — is important to assure health care workers that their organizations both care about their day-to-day well-being and are committed to changing working conditions, not simply asking them to endure or withstand exhausting environments and continuing to meet endless demands with limited resources.

Articulate the Need for Institutional Commitment and Investment in Well-Being

To move from a siloed, small-scale well-being initiative to a sustained, strategic priority of the organization, leaders focused on workforce well-being must secure commitment from organizational decision-makers. WCC grantees found success in bringing visibility and gaining leadership support and investment in their well-being programs through the approaches described below.

Know Your Audience

Understanding what an organizational leader values is critical to effectively garnering their support. In preparation for a conversation or presentation, it is useful to reflect in advance on the leader's area of accountability, ideally find time for conversations to explore their priorities, and then tailor a proposal or request accordingly.

There are many aspects to emphasize; for example, the mission, moral, tragic, financial, and reputational risks if the organization does not invest in well-being at all levels. When making the case, it is important to link well-being to existing organizational priorities such as quality and safety, patient care experience, staff retention, and cost savings.

Know Your Data

Most organizations have data they regularly collect through existing staff surveys or assessments of student retention and graduation rates. Well-being leaders can cite recent survey data on employee engagement, burnout, and mental health and compare it to industry benchmarks to demonstrate the potential for improvement.

WCC grantee organizations that received funding from HRSA submitted rigorous evaluation plans in their applications, drawing on validated survey tools to measure well-being, burnout, and mental health. Many grantee organizations have achieved positive results from participants in well-being programs, including reduction in burnout, increase in positive experiences of the organization, and lower turnover.

Sharing results, even from pilot programs and small-scale interventions, is a compelling way to prove the value of well-being programs. In the absence of data that demonstrate the efficacy of a well-being intervention implemented in the organization, leaders can point to research that shows the impact of well-being programs from other institutions.

Finally, making a clear ask is critical — whether it's inviting a leader to attend a well-being event or training, serving as senior sponsor of a well-being team, committing to well-being as an organizational priority, or approving a budget or dedicated staff resources to well-being improvement efforts such as appointing a Chief Well-Being Officer or creating an Office of Professional Well-Being. Well-being leaders can describe the return on investment, drawing on industry-standard calculators of the cost of physician turnover and program-specific costs and expected results.

Chief Well-Being Officer Resources

- Establishing a Chief Wellness Officer Position (AMA Steps Forward)
- Safeguarding the Well-Being of the Health Care Workforce: The Evolving Role of Chief Wellness Officers (Health Affairs Forefront)
- Collaborative for Healing and Renewal in Medicine (CHARM) (Alliance for Academic Internal Medicine)

Know Your Story

Narrative is a critical leadership practice to gain institutional commitment by motivating leaders to invest financial and human resources toward action. It describes the way that workforce well-being efforts align with institutional priorities and builds a values-based culture that connects leaders to why it matters to the workforce, patient outcomes, and organizational profitability.

The use of narrative motivates leaders across the organization to join in action and stay engaged over time, particularly amid common challenges such as competing demands on health care workers' time and leadership turnover, which can impact success of well-being efforts over time. Effective narrative communicates the value of workforce well-being efforts as stories that highlight what is at stake in our collective experiences as human beings acting in the service of others. Fundamentally, workforce well-being is about people's dignity and respect, fairness and equality, justice, love, and kindness. Narrative connects institutional leaders to these fundamental values.

Storytelling is also how leaders access the emotional — or moral — resources for the motivation to act. Inherently normative, stories are sources of emotional learning that access the courage and hope we need to deal with the fear and despair that inhibits institutional action. Narrative is both a way to "frame" a workforce well-being effort as purposive and "regulate emotions" (e.g., retain confidence, control anxiety, present a story we can believe in).

Narrative involves three core components:[7]

- "Story of self": Personal stories that illustrate our own values;
- "Story of us": Collective stories that illustrate shared values; and
- "Story of now": Stories that illustrate both the urgent challenge and the hopeful action we can take to address those challenges.

Taken together, these three narrative threads establish a foundation on which we 1) lead (in our stories of self), 2) collaborate with others (in our stories of us), and 3) discover common purpose and vision to take action (in our stories of now).

Finally, workforce well-being efforts tell a new story. In this way they gain institutional leadership support and develop a capability of mobilizing needed resources to achieve success. Workforce well-being initiatives are not merely reconfigured networks and redeployed resources. They are new stories of whom their participants hope to become.

Conclusion

Through the three years of their work, both individually and as a community, Workplace Change Collaborative grantees found that it is not only the content of the interventions that matters, but also the way well-being activities are delivered.

By practicing these guiding principles, grantees led successful well-being initiatives and created healthier environments in which health care workers can thrive. We hope organizational leaders committed to improving the well-being of the health care workforce take inspiration from their experiences.

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