



# Solving Workforce Burnout in the Era of Digital Healthcare

Disruptive strategies blend Behavioral Science and Advanced Collaboration Technologies to address a crisis in the workplace [White Paper]

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## Section 1: Introduction

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The COVID-19 pandemic has heightened awareness of mental and behavioral health issues caused by risk factors such as prolonged exposure to stress, isolation, fear, fatigue and loss of social contact and community. While the general population has experienced the impact of these conditions in a profound way, the clinician population serving patients and families has been subjected to some of the most extreme of these conditions and the impact is being felt throughout the healthcare industry. The constant exposure to emotional stress in the healthcare worker's 24-hour pandemic day has created an unintended stress-test that regularly produces warning signs of even more serious conditions to come. One of the most concerning of these is clinician burnout—a complex condition that causes disconnect, emotional trauma and shut-down reflexes to all kick in at the same time, impacting employee health and safety and putting patient outcomes at risk. Combating clinician burnout is one of the industry's top priorities because of the rippling effect it has on clinicians, families and patients but also because of the impact it will have on the future of the industry if not addressed immediately. At the same time, clinicians are facing a global pandemic and the most stressful work environment in their history, they are also living through a time of social unrest, lockdowns and mounting inequities in multiple aspects of their lives. These factors contribute to their mental state 24/7 and can't easily be left at the door when working with patients.

Clinicians are also a part of an industry undergoing an intense phase of digital transformation. From the consumerization of the patient experience to telemedicine, predictive analytics and genomics, the whole industry is facing enormous change. It is as exciting as it is exhausting. Technologies that improve accuracy, precision and communication throughout patient treatment can bring unparalleled improvements in outcomes that will benefit entire populations. Yet there is a worrisome headwind impeding the acceleration of the digital health transformation. It is the very human notion of reaching emotional and physical capacity when adding "one more thing" threatens to topple the physiological balance necessary to sustain normal levels of function. But like most effective treatment strategies, to really combat burnout, we

### **BURNOUT: HOW DO YOU KNOW IF YOUR ORGANIZATION HAS IT?**

Cleveland Clinic Journal of Medicine reports key signs of clinician burnout include:

- ☐ Cynicism
- ☐ Depersonalization
- ☐ Emotional exhaustion
- ☐ Low personal achievement
- ☐ Irritability
- ☐ Insomnia
- ☐ Depressive reaction to stress
- ☐ Aggressive reaction to stress
- ☐ Increased errors
- ☐ Increased employee turnover

must figure out how to treat the symptoms as well as their underlying cause. Only then can we hope to permanently reverse the condition that stands to erode the very system that depends on its victims. As we explore the root causes of clinician burnout and the effective treatments for mitigating it, we find there are both **Lifestyle** and **Workstyle** elements that offer the greatest potential for a cure. Ironically it is a combination of Behavioral Science methodologies and a culture of collaboration facilitated through digital capabilities that helps bring Lifestyle and Workstyle together for results.

Clinician burnout and mental health are not temporary. These conditions will not go away with the pandemic or the reopening of schools and restaurants. They are a real byproduct of the continued pace of change in an industry whose most valuable resources are humans. Nowhere is it more apparent than in the clinician population that mental health is an essential part of employee health and business health. It has implications for clinician satisfaction at work and the quality of care delivery.

In this paper, we examine the impact of the problem, the causes, solutions and the ongoing role of technology in the clinician experience. We explore a new concept called **Behavioral Fitness™** that is leading the change in integrating mental health with employee wellness in the healthcare environment. We will define the process for reaching Behavioral Fitness™ in an organization and present a case study of one healthcare organization's success in tackling the issue and benefiting from the results. Solving clinician burnout is essential for the worker, the employer and the evolution of digital healthcare.

## Background

Clinician burnout is not unique to the COVID-19 pandemic crisis. It has roots in the many changes the industry has undergone over the past decade and the additional demands that these changes have put on clinical staff. Despite best efforts to improve workplace culture and employee engagement, the healthcare workforce has continued to report increasing severity of burnout symptoms as well as an increase in employees reporting a decline in their quality of life, specifically citing the workplace experience and career as the source. One report indicates that if something is not done to aid in the fractured mental health continuum of the healthcare workforce then more severe mental health conditions to include: depression, anxiety, psychosis, and thoughts of suicide could be on the horizon (Lagasse, 2020). The extenuating events associated with COVID-19 have fast-tracked healthcare organizations' need to respond to the level of dissatisfaction with a more targeted crisis management plan. The US projections for a shortfall of up to 129,000 physicians in the next 12 years (AAMC, 2021) make this a top concern for the entire industry and one which is highly complicated

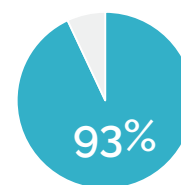
### WHY IS CLINICIAN BURNOUT AN INDUSTRY ISSUE?

The demand for healthcare services is growing and the availability of resources is not keeping up. Retaining experienced clinicians is an industry concern. The Association of American Medical Colleges (AAMC) predicts a shortfall of up to 139,000 physicians by 2033, up from 121,900 one year prior. This includes an outlook of up to 55,200 in primary care and 86,700 in specialties.

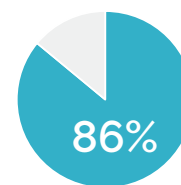
to address. COVID-19's impact on education systems globally has impacted the ability to educate and train upcoming medical students in traditional ways, causing further delays and shortfall in the pipeline of new clinical talent coming from some universities, nursing and medical schools. This confluence of facts directly impacts a healthcare system's overall financial viability and stands to undermine its capacity to achieve its fiscal, operational, and clinical goals. In aggregate, the entire healthcare industry needs to address these issues to transition to a modern model of healthcare delivery that attracts and retains a highly skilled staff that seeks purpose-based employment. At the individual provider level, the need is even more pressing as the impact on staff and patients can be seen daily and the concern for employee and patient safety is a business priority and moral calling.

A closer look at individuals and organizations experiencing chronic levels of clinician burnout showed some common themes that help point to causes and solutions. The first thing to acknowledge is that burnout is real. It has real symptoms and real consequences for individuals and organizations. Why is this worthy of calling out? Because mental and emotional health concerns have commonly been ignored by employers and when acknowledged at all, are assumed to be something the individual should handle on their own, outside of the work environment. This is old thinking and is being replaced with the acceptance that emotional wellbeing is a part of human health. It is further being recognized that healthy employees are a value to an organization financially, operationally, and culturally. Emotional health is part of overall health and new business thinking includes emotional wellness as an equal part of employee satisfaction, work environment, culture, and leadership tone.

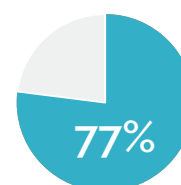
The COVID-19 pandemic highlights the healthcare industry's role in meeting the needs of large populations of people in distress and simultaneously how ill-prepared the industry is to handle the effects of the pandemic and social unrest on the healthcare workforce. Vizheh, M., et al. (2020) indicate that healthcare workers are currently at risk for heightened psychological pressure and mental illness. They go on to report that, ***"It would be recommended to the policymakers and managers to adopt supportive, encouragement/motivational, protective, and training/educational interventions, especially through information and communication platform"*** (Vizheh et al., 2020, p. 1967). A recent



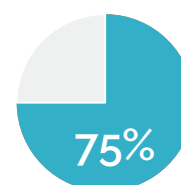
STRESS



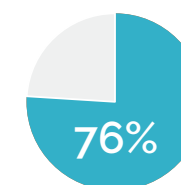
ANXIETY



FRUSTRATION



OVERWHELM



EXHAUSTION/  
BURNOUT

### The Effects of COVID-19 Pandemic on Healthcare Workers

Survey, Mental Health America  
(Lagasse, 2020, para. 3)



survey conducted during the pandemic by a nonprofit organization, Mental Health America, found that 93% of healthcare workers are experiencing stress; 86% report anxiety; 77% report frustration; 76% report exhaustion and burnout; and 75% say they are overwhelmed due to the COVID-19 pandemic (Lagasse, 2020, para. 3). The survey went on to report problems with sleep, emotional and physical exhaustion, work-related dread, change in eating habits, headaches, abdominal pain, compassion fatigue, and rethinking career choice (Lagasse, 2020). At John Muir Health (JMH) in Concord, California a small survey of 19 critical care nurses revealed that 75.8% of them report moderate levels of burnout and 52.6% report moderate levels of secondary traumatic stress (Hewett, 2020).

Because we can trace levels of burnout back several years we cannot ignore the amount of change in the healthcare industry as a contributor to these symptoms. The increase, in reporting, documenting and systems learning that has been fueled by the affordable care act and the shift to value-based care, have created additional stress and frustration among healthcare employees. The shift to digital-first delivery models and the use of digital tools such as telehealth, EMR, remote patient monitoring, and omnichannel patient access modalities is moving healthcare into the digital era at an accelerated pace but it has brought with it a constant requirement for learning new systems. In many cases, this learning curve has not been adequately addressed by the organizations implementing the systems. Clinician burnout and ensuring lack of systems adoption can impede the already lagging pace of digital transformation in the healthcare industry as compared to other industries and thus, can further delay the value creation that

digital health can provide in the areas of health equity, population health management, patient access and lower cost of care. The truth is, healthcare digital transformation is just getting started and digital literacy, fast adoption and process agility in the clinician population are must-have skills going forward. Improving communication, training and collaboration using digital capabilities will be a critical part of keeping the work environment stress-free and employees emotionally healthy. New methods for keeping leaders connected to employees and employees connected to each other will be essential especially with employees working from different environments such as home and over mobile devices.

Statistics like those in the Mental Health America survey are ever-growing and healthcare organizations are already behind if they are not working on ways to address clinician mental health and developing action plans to aid their workforce. If leaders can meet the challenges head-on and address them with interventions that have been statistically proven to improve core mental and behavioral health, then not only will the workforce benefit but the patients and the organization as a whole will benefit. The time to act and adopt a process that will aid in decreasing the mental strife in the healthcare workforce is now. The groundbreaking approach, Behavioral Fitness™, developed by Dr. Allyson Mayo, DBH seeks to inject the dimensions of behavioral and mental health into the clinician work environment. By focusing on the behavioral elements of wellness that impact the clinician's work with patients and peers, organizations can shift from a workforce that experiences burnout and other at-capacity emotional issues to a workforce that is inspired, energized, and empowered.



## The Behavioral Fitness™ Approach to Organizational Wellness

The Behavioral Fitness™ approach seeks to create a shared vision within the organization that emotional wellness is a valued element of the work environment and that the employer has a role in providing and creating a Behaviorally Fit workforce. Behavioral Fitness™ emphasizes that everyone should have the ability to arrive at work feeling inspired, leave work feeling valued and fulfilled, and have the satisfaction of knowing they contributed to something purposeful and meaningful.

*"Our Behavioral Fitness™ programs aim to create an environment where people feel that they matter and are included, so that together we can elevate humanity and ignite the spark that fuels the fire for health and healing in a compassionate atmosphere. Our passion for healing is what makes us strong. Our ability to be compassionate is what makes others strong. Let us always be the strength our workforce needs and be the compassionate shoulder to which they lean on when they need strength."*

—Dr. Allyson Mayo, DBH  
Founder, Behaviorally Fit Organizations

## Section 2: Behavioral Fitness™ in Healthcare

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### The Behavioral Fitness™ Program

What is different about Behavioral Fitness™ is that it has roots in evidence-based clinical processes that broadly incorporate emotional wellness into the overall health plan for an individual or population. Behavioral Fitness™ is built upon an ideology that it is no longer reasonable to push behavioral medicine to the back of the healthcare landscape. Behavioral Fitness™ ultimately aims to disrupt the existing trajectory of accessing care to improve emotional well-being; bringing the proven methodologies, tools and insights into the mainstream of the organizational environment and the design for workforce resiliency. Building a healthcare workforce that is better adapted and prepared to meet the goals of the ACO's Quadruple Aim demands that the knowledge, skills, and attitudes (KSAs) towards behavioral health are updated to reflect more current thought processes. Current rationale indicates healthcare organizations who recognize that behavioral health is a part of the human experience, stand better positioned to create a high-performance culture with highly satisfied employees.

In general, communities that cultivate a culture of psychological safety and raise awareness of the humanistic needs of the population are significantly more capable of reaching their quality-of-life goals in the organization, community, academia and individually.

In a revolutionary and highly applicable model, Behavioral Fitness™ goes beyond traditional

engagement initiatives to reach the healthcare workforce through the synergistic combination of interventions from Addiction Medicine, Trauma-Informed Care, Social Justice, and Lean Sigma. Uniting these approaches strengthens the model of a High-Reliability Organization through the development and implementation of standardized tools that create psychological safety for the healthcare workforce. This psychological safety, in turn, generates the workplace environment needed for greater engagement. Some of the evidence-based methodologies used in the Behavioral Fitness™ model include:

- **Motivational Interviewing** – skilled approach to guide the individual into intrinsic motivation
- **Behavioral Change Theories** – theories used dynamically to bring upon change according to various workforce needs and the psychographics of the population
- **Socio-ecological Framework** – a framework that places employees at the center and ensures all efforts connect to the broader stakeholder map to guarantee buy-in and sustainability
- **Systems Change Theories within behavioral sciences** – the idea that an individual is not sufficiently supported unless the system in which an individual operates is assessed and intervened upon. This is particularly important when the system the individual operates within is the healthcare workplace.
- **Trauma-Informed Care** – care delivery that recognizes the risk of re-traumatization and seeks to create an environment for recovery and healing. Significant attention is given



to the appropriateness of language and how certain words or ways of talking about things have the potential to trigger an undesired response.

- **Lean Sigma A3 Thinking** – improvement science widely adopted in healthcare and rooted in a practice of continuous improvement resulting in a more efficient and effective system of care delivery at every turn.
- **Social Justice** – Non-Violent Communication-Request (NVC-R) – a framework for bringing awareness to our thoughts and actions as well as how we listen to others to connect and communicate with more empathy and clarity.
- **Set & Setting** – the idea that the mindset, or thoughts and expectations, that someone brings to an experience together with the physical and social environment are a significant part of the success of all interventions to increase motivation and engagement

Engagement is foundational to each of the above methodologies, and when uniquely combined for use within the healthcare workforce they create the precise environment needed for widespread engagement. Many of these effective Behavioral Fitness™ methodologies are derived from Behavioral Science which is used in addiction medicine. This is due to the discovery that underlying causes of burn-out and emotional responses have similarities to those seen in addiction medicine though not necessarily with the behaviors of addiction. For example, addiction medicine seeks to increase a client's intrinsic motivation to engage in treatment-seeking behaviors. At the same time, in keeping with the lean sigma approach of continuous assessment and iterative design of the organization, Behavioral Science seeks to understand the system that created a client's maladaptive behaviors so that practitioners can either change the system or support the individual to change the way they respond to the

system. Behavioral Fitness™ explicitly links the Lean Sigma framework to Behavioral Science to create standardized processes for engagement and spread best practices throughout the organization. In other words, lean sigma builds on Behavioral Science to create a best-in-class system that is aware of what is working well and quickly identifies gaps in the system as it relates to workforce engagement. This concept of "System Change" is linked to the workplace environment and the way it does or does not enable positive interactions with others, positive experiences with tools needed to do one's job, positive experiences with adopting changes in technology, roles, diversity and people.

Disengagement is a coping strategy to mitigate any discomfort or unease experienced in the moment, so an understanding of Set and Setting and Trauma-Informed Care Delivery contributes to the success of any engagement initiative. In behavioral medicine and recovery, creating a calm and inviting atmosphere facilitates a client's ability to feel psychologically safe and engage in new thinking. To increase engagement it is imperative to understand why the disengagement is taking place, what the disengagement protects the person from, and how a safe place can be formed for this person to consider engagement again.

One way to create a safe environment for engagement is to teach Non-Violent Communication (NVC). Through the steps of NVC, healthcare workers can engage with the emotional needs of their patients leading to higher quality care. The steps also prevent unresolved conflict and hurt feelings from getting in the way of collaboration and the communication of information essential to patient care. More effective communication and teamwork translates to greater engagement, happier more satisfied staff, and better health outcomes for patients.

## Section 3: The Role of Technology in the Healthcare Digital Workplace

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Today technology is playing a role in almost every aspect of care delivery. The industry however has its roots in a system that is expert-dependent and therefore people-intensive in its delivery model. As the concepts of patient-centric care, digital-first engagement, clinical collaboration and consumerization have emerged, so has the opportunity for digital capabilities to be inserted into the care delivery processes. With each new business model comes a learning curve and a disruption of old paradigms. This can create a sense of overload for a fast-paced, expert staff who is focused on patient outcomes and not the organizational operations. This perceived separation of missions can cause a divide between the clinical staff and the provider organization furthering the feelings of loss of voice, loss of value and influence in care delivery decisions.

Those who try to keep up with the new tools, data entry and reporting may find themselves overwhelmed with doing the "right thing" at the expense of doing "the thing that is right" which is, patient care. This begins the process of burnout. One contributor to burnout is a lack of understanding around how these new tasks connect to the mission of patient care. This means understanding how data collection, security processes, and communications tools all contribute to the purposeful work of patient care. The value of the digital tools may not be clear because adoption is lagging across the staff or it may never have been fully communicated to begin with, leading to more

### TECHNOLOGIES THAT HELP CREATE A CULTURE OF INCLUSION, PRIVACY, AND EMOTIONAL CONNECTION

- Team collaboration spaces
- Video calling on demand
- Meetings on demand for small groups and corporate wide leadership communications
- Language translation services
- Transcription services
- Secure collaboration on any device, anywhere
- Chat and messaging for quick exchanges
- *Remote expert* access for work from anywhere flexibility
- Background neutralizing features: noise cancellation, virtual backgrounds and automatic lighting adjustments

disconnect of the clinician from their work. Understanding how new systems connect to the mission of improving patient care is critical to providing buy-in, adoption and connection to workflow changes, otherwise, the perfunctory tasks of entering data, scanning and logging in can be monotonous at best. Clinicians can find themselves putting their intuition on the back burner to align with leadership's need

for operational compliance. Here is where we can and must change the narrative! The goals of the business, technology and clinicians are actually, all the same; ***to deliver better patient care to those who need it, when they need it.*** Organizations will need to find ways to put clinicians, business leaders and digital transformation efforts all in the same boat rowing in the same direction. Tools such as collaboration systems that allow for on-demand communication through messaging, video calling or meetings on-demand will be critical for teams to share information and for leaders to stay in touch more often. Collaboration systems that allow for the inclusion of all employees whether that be at home, on mobile devices or in the clinical environment will help everyone to feel connected and not left out of team meetings and leadership communications. Features like virtual backgrounds and noise cancellation help minimize the visibility of socioeconomic differences that may inhibit certain populations from fully engaging in work activities from their

home environments such as video meetings. The same technologies that clinicians will use to improve communications with patients such as video visits, messaging and portals that enable secure sharing of information, will also be commonplace for communicating clinician to clinician. Digital capabilities that improve patient access such as language translation, transcription and playback will also be used to create an inclusive work environment where barriers to participation and access are diminished. Technologies that allow for everyone to be part of the mission, regardless of location, personal life balance choices or emotional vulnerabilities, can help create an inclusive culture that reinforces the value felt by each individual. Collaboration tools also improve an organization's ability to accommodate hybrid and resilient work environments that are common across all industries, such as working from home and gig economy jobs where individuals can work for a few hours a week and contribute in a way that works for their lifestyle

## TECHNOLOGIES THAT HELP INSPIRE, MOTIVATE, AND BRING JOY TO WORK



**Gamification.** The use of game like elements to engage and encourage changes in micro behaviors



**Team collaboration spaces** for informal sharing of birthdays, weddings, and achievements



**Chat and messaging** for quick exchanges of thanks, recognition, or help



**Peer-to-peer recognition** applications that encourage shared success over individual competition

and emotional wellbeing and still not feel behind other employees or any less valued.

Adoption of these types of tools is key. The more the tools are a necessary part of life-style and workstyle, the more readily adopted they will be and the benefits realized sooner. Systems that integrate directories and staffing schedules into the tools help reduce the number of steps needed to reach the right people and thereby increase adoption and use of the tools. Systems that let employees utilize their own devices from home, in the workplace or through mobile connection increase adoption, and allow staff to simplify their work-life integrations by enabling access to the people and activities they need for emotional balance. For example, having access at work to your nutrition app, your children's school virtual system or even your Instacart orders can make your lifestyle and workstyle more simpatico. This type of seamless integration can significantly lower employee stress and improves emotional health and Behavioral Fitness™ at work. Gamification is another digital tool that can be applied to collaboration platforms to effectively engage patients and clinicians in a positive way. Gamification is the use of game-like elements such as scoring, responding and challenging participants to get them to complete desired tasks. The repetitive use of gamification programs can lead to the adoption of desired behaviors such as recognizing teammates, capturing unseen acts of kindness or sharing positive feedback from patients. As healthcare workers are rewarded in the game with points or a free coffee or a shout out from leadership, they lean in on these behaviors and the behaviors then, collectively become part of the organization's culture.

An important consideration in deploying a strong collaboration environment using these types of systems is that in reality there will be hiccups, outages and system interruptions. Organizations need to have a plan for this. In clinical environments, it is often these failures that drive clinician burnout. Digital initiatives therefore must include a plan to provide close support of the clinician during times of system failure. A simple, and common example, is that of a Telehealth Visit. Let's say a Doctor is expecting to meet with a patient online at 2pm. The Doctor shows up but the patient's video is choppy and the audio is garbled. In this case, the underlying technical issue is that the patient is connected through an inadequate Wi-Fi service and the connection is so bad it cannot support usable voice and video connectivity. The problem is outside of the physician's control. What resources are there for that physician in this case? The organization must equip itself to support all clinicians in these cases. There must be a good fallback plan and IT must be in a position to track and report on every incident like this one to identify patterns and seeks continuous improvement. Continuous improvement is part of the system change plan and can be the difference between a technology deployment that brings improvement in burnout and one that contributes to it.

In summary, digital initiatives around collaboration, community and employee engagement are an essential part of the cultural shift that creates clinician wellness and behaviorally fit organizations in healthcare.

## CASE STUDY SUMMARY: Creating a Behaviorally Fit™ Organization at John Muir Health



### Challenges

The Accredited Magnet Nursing Hospital staff at John Muir Health (JMH) was experiencing the impact of burnout. Signs included increases in staff time off, being short staffed in departments, increased utilization of services and support. Hospital morale, energy and engagement was not at desired levels and leadership was concerned about impact on retention, quality of care, more serious mental health conditions including suicide and self harm. They needed to make a big impact on reversing the situation immediately. They had tried team building exercises, encouraging access to wellness benefits and even professional coaching for senior leaders. The problem was outpacing the progress from these attempts.



### Solutions

The Senior Vice President, Chief Nursing Executive partnering with HR engaged the Behavioral Fitness™ organization led by Dr. Allyson Mayo DBH to try a new approach starting with the leadership teams from nursing and other clinical departments. The program was designed to be 4 months and included applied Behavioral Science methodologies of intrinsic motivational identification, System change design for sustained results, purpose-statement videos for team communication, core belief tools, trauma informed behavioral science processes and training, feedback capture for continuous improvement, intervention modalities training. Off-site leadership breakthrough trainings. Individual and group virtual sessions integrated with in-person sessions.



### Outcomes

Participating staff reported immediate value and sense of relief, joy and energy.

- 96% of participants attended all sessions at their option
- 100% stated they would refer their colleagues to this program
- 97% experience "breakthrough" moments leading to significant change in satisfaction with work
- 98% reported immediate improvement in ability to communicate with their staff
- 93% reported staff morale improvement

*"For the first time in almost a year, I had that sense of being excited to go to work in the morning. I was reunited with my purpose and my vision came back into focus. I couldn't wait to share that energy with my team. I am grateful to be part of John Muir."*

—Girlynda Gonzales MSN, RN,  
CCRN-K, NEA-BC  
Vice President,  
Patient Care Services

For complete case study visit [behavioralfitnesstoday.com](https://behavioralfitnesstoday.com)



## Section 4: Conclusion

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The pandemic put a spotlight on the dangerous condition of clinician burnout, but the problem is systemic in healthcare due to the unique environment facing care providers every day and the unique desire they have for purpose-based work. The risks from letting burnout continue are enormous, for the people, their families, the organization, and patient populations everywhere. The time is now to act on making clinician wellness a priority; to embrace that mental health is part of health and employee health is an organizational advantage and imperative. To do this with effective, sustainable outcomes, a clinician emotional wellness program must include both

Lifestyle and Workstyle approaches that include behavioral science-based methodologies of trauma-informed care, addiction medicine and core value shifts. It must include system change elements that help produce sustainable benefits to the employee and the organization. This includes digital technologies aimed at improving communication, relationships, wellness, training, and inclusive modalities for all collaborations. This is a tall order but when organizations commit to the value of their clinical staff and embrace the workstyle change required for the era of digital healthcare, the benefits can be realized at all levels. Digital literacy and agility need to be part of the workstyle culture for the organization to make the transition to digital healthcare. When addressed effectively, improvement can be realized in employee retention, attendance, job satisfaction, and patient satisfaction, as a result. Behavioral Fitness™ is leading the way in clinician emotional wellness program innovation and, when coupled with digital capabilities that provide permanent *system change*, every organization can make progress on burnout and improve the lives of many. To get started, organizations should assess their level of employee burnout and take steps to provide immediate personalized interventions for staff leaders. As signs of stress, fatigue and disconnection begin to decline (as evidenced by direct and indirect feedback), organizations should prepare to scale the successful strategies to the next levels of clinical staff. The organization should engage simultaneously with supporting organizations such as IT, Facilities and Operations to explore opportunities to make improvements in workplace design, digital collaboration tools and workflows that alleviate burdensome tasks and improve teaming and connection. Clinical leaders should work with their peers in HR, Training and IT to ensure employees understand the connection of new programs and technologies to the organization's goals for employee wellness, quality and patient outcomes. Steps should be taken to create platforms for increasing employee voice and bidirectional communication throughout process improvement efforts. Approaching clinician wellness using evidence-based therapies, in parallel with designing for a digital healthcare workplace can put healthcare organizations and their clinical teams on a path for solid recovery and continuous improvement in patient care.

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## Expert Contributors and Advisory

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