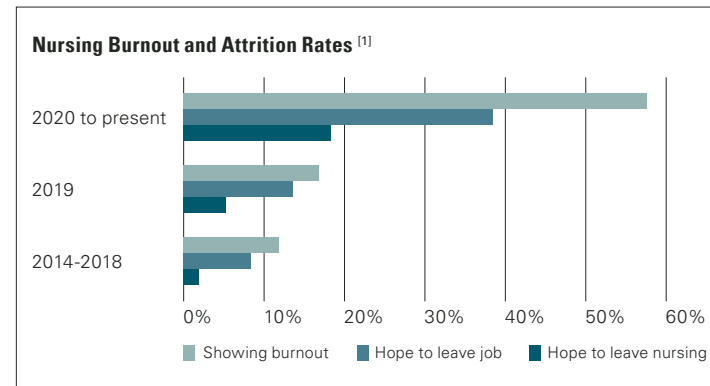


# Protecting Your Most Vulnerable Asset

## Combating Burnout & Attrition with Smart Solutions

By Bobbe Young, Lynn Drover & Alberto Salvatore

When it comes to planning and support of our front front-line workers, the US has become complacent. In the past decade, we have concentrated on refining and squeezing efficiencies from what had become the norm, which has actually narrowed the range of options to consider as a result. Planning in this way has left us ill-prepared for a crisis (compared to the mobilized community response during the 2005 SARS outbreak). Meanwhile, natural disasters, violence in the community, and the ongoing frustrating fight against proliferating virus variants threaten to increase the number of reasons for caregiver stress.



### HISTORY OF THE RATE OF LOSS

#### Prior to the Pandemic

- In a 2014 national survey, 54% of US physicians reported signs of burnout.<sup>[1]</sup>
- By 2019, 16% of nurses self-reported burnout – ED nurses were at the highest risk. 56% of healthcare provider respondents said their organization was slightly or highly ineffective at helping staff address burnout. US nurse turnover was 16%.<sup>[1]</sup>

### Current Status

- Millions of nurses across country have been pushed to their limits and beyond. A December 2020 survey by Spring Health suggests burnout may be as high as 76%.<sup>[2]</sup>
- University of Arizona College of Nursing’s Nationwide Twitter survey results said 39% want to leave their current job, 18% are seriously considering leaving nursing. 57% of respondents are demonstrating signs of this breaking point.
- Nursing and other healthcare professions are greatly affected by the steadily retiring baby boomer generation. In fact, an estimated one million RNs will retire by 2030. Furthermore, nursing schools across the country have been unable to expand their capacity to meet this rising demand for RNs.<sup>[3]</sup>
- In a vicious cycle, the nursing shortage will increase the rate of burnout in our hospitals. With a shortage, many nurses are asked to work longer or double shifts. Overworking leads to illness, job dissatisfaction and burnout.

### Cost of Medical Professional Attrition

- Physician burnout alone is estimated to cost \$4.6 billion annually, estimated at 600K-1.5 mill per physician.<sup>[4]</sup>
- Turnover for RNs costs the average hospital between \$5.2M-8.1M annually, estimated at 40K-82K per nurse.<sup>[4]</sup>

### The Anatomy of Burnout

A major cause of attrition is burnout. It used to be defined as an individual’s “failure to manage chronic stress”, but increasingly it is becoming a team team-based concern. Under-staffing and administrative burden are two of the top nursing pain points, and neither are under a nurse’s direct control.<sup>[5]</sup>

- Symptoms of burnout include emotional exhaustion, depersonalization, cynicism, inefficiency, depression, isolation, and anxiety. All are so common they have almost become the norm during the pandemic.

- The hormonal and autonomic nervous system responses to stress can be severe: Poor sleep leads to raised levels of blood sugar/rise of insulin, and Type 2 Diabetes. Elevated cortisol causes blood cholesterol to rise, and long term contributes to demineralization of bone. Chronic stress dampens ability to keep track of info and places, and impairs the immune system’s response.

### Effects of Burnout on Health of Staff and Patients

- Burnout is associated with higher rates of substance abuse, suicidality, greater likelihood of making major medical errors, and receiving lower patient satisfaction scores potentially leading to litigation.
- In a 2018 Melnyk et al. study, which surveyed 1,790 U.S. nurses, 54% reported being in suboptimal physical and mental health, and about half had made at least one medical error in the past five years. The study concluded that nurses in poor health had a 26.71% greater likelihood of reporting medical errors than healthier staff.<sup>[6]</sup>

Based on research from Psychology Today,<sup>[7]</sup> the cost of replacing healthcare workers was 125–190 billion annually before the pandemic.

### WHAT STAFF FEEL THAT THEY NEED

In his 1920’s book famous architect LeCorbusier wrote that “a house is a machine for living in”. But a hospital can more accurately be said to be a living, breathing organism every part and participant within has critical interrelationships, responding to emergent needs and seeking balance, even as the hospital adapts to and interacts with its external community. Every part of it is interconnected, and caregivers are its heart and circulatory system. Fortunately, medical staff have been vocal and innovative in their contributions to the organizational dialogue:

### A Positive Work Environment

- Protection from contagion and violence.
- Strong PPE supply chain and training.
- Visible leadership, trusted, engaged and candid.
- Opportunities for those with frontline experience to share wisdom and dialogue with leadership. Respect for grassroots decision making structures.
- Creative staffing, such as cross training, care support teams.

**Unambiguous assurance** that their organization will holistically support them and their family:

- Childcare
- Financial counseling, protected salary or vacation

**Genuine expressions of gratitude** and celebration for successes.

### Workplace Environmental Sensory Stress Reduction

- Less equipment noise.
- Fewer unnecessary interruptions.
- Places to decompress/diffuse/debrief alone and with others.
- Education re: compassion fatigue, burnout, personal stressors/triggers, self care activities/techniques.

Many of these requests may seem logical and obvious, in fact they are almost universally reflected in varying degrees among healthcare workers globally. Yet it is surprising how rare it is to find American healthcare organizations embracing more than a few of these positive mitigations. The good news is that it’s easier than we think.

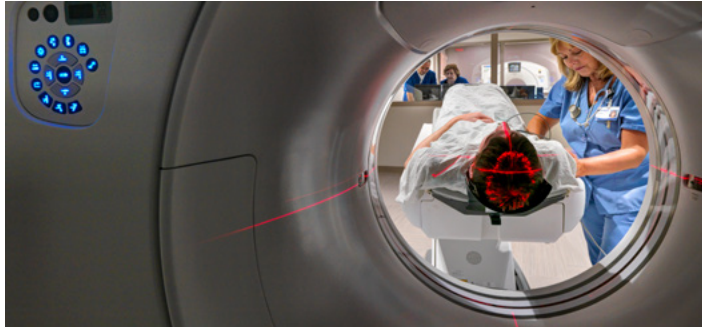
### WHAT’S WORKING?

The pandemic is a single disruptor that activated a sea change for healthcare. Healthcare systems have been compelled to do things differently, and felt safer making radical changes than they did maintaining the status quo.

### Architectural / Environmental Recommendations

- Smart planning to make clinician tasks easier, for instance: same handed patient or operating rooms reduce wasted time and potential for medical error. Wider and/or secondary circulation arteries facilitate unit isolation and screening activities.
- Increased infusion of outside air into the general indoor air supply not only reduces allergens and asthmagens, but improves cognitive function and productivity.
- Access to views of nature in workplace and care environments. Views and daylighting not only shorten the ALOS for patients, but reduce stress and errors for working medical and support staff.





## WHAT'S NEXT?

Viral pandemics aside, it is clear that the care environment of the future must contain some new but critical adjustments that have been spotlighted over the past couple of years. Air quality and spatial density are two examples, but the evolution of institutional understanding for the critical interconnectedness of the organization and its healthcare workers at every level will be a true game changer. In your role of senior leadership, you will be remembered for not just fiscal management but for how you protect and leverage your most vulnerable AND VALUABLE asset – their workforce.

Healthcare leaders will be remembered for not just fiscal management but for how they protect and leverage their most vulnerable and most valuable asset their workforce.

- Standardized interior treatments with highly absorptive acoustical materials, to reduce stress, improve comprehension and concentration.
- Incorporating nature inspired materials, textures, and other elements in surroundings help to reduce stress. Circadian lighting realigning staff biological clocks and getting the right wavelengths to the melanopsin retinal ganglion cells in the eye, regulates stress hormones, improves alertness, sleep time, immune system health.
- Augment meeting or multipurpose spaces so that they can add to their functions meditation, yoga, and counseling.
- Create a decompression room on each unit or floor, preferably separate from break room. Can be temporary use of office, supply room, family lounge, etc., though the challenge is not to relinquish it right when the need is at its peak.
- Successful decompress/recharge room ingredients include dimmable lighting, projected nature images (or large screen video), plants (real or artificial), artificial candles, soft music, nature sounds, massage chair or recliners, and a rule about barring phones from the visit itself. The goal is to provide a place with characteristics diametrically different from what has produced the stress in the first place.
- Ventilated small private pods for individuals or two-person meeting, sprinkled in staff only areas.

Responses from hundreds of recharge room users indicate that just 15 minutes spent within provides a 65.70% reduction in stress, reducing blood pressure, heart rate and cortisol levels.

As the American hospital evolves from the place for the cure to the center of a vast integrated network focused on overall wellness, it makes all the sense in the world to protect and ensure staff wellness first and foremost. Just as you can't have truly healthy people in a sick community, you can't have a resilient and robust response to a crisis without confident, effective, mission oriented healthcare professionals. How can we work together to envision the future?



*Lynn Drover NCIDQ, LEED AP ID+C is an Associate, National Healthcare Leader with HED. She can be reached at [ldrover@hed.design](mailto:ldrover@hed.design).*



*Alberto Salvatore AIA, NCARB, EDAC is an Associate Principal, National Healthcare Leader with HED. He can be reached at [asalvatore@hed.design](mailto:asalvatore@hed.design).*

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