

ORIGINAL RESEARCH

Participatory design and implementation of an organizational plan to address burnout in hospice employees

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ABSTRACT

Hospice professionals face practice challenges that place them at increased risk for burnout. Limited research has reported on organizational efforts to address burnout and reduce work-related stressors with participatory involvement from employee stakeholders. In a large state-wide hospice organization, focus groups were initially conducted by external researchers with mixed groups of interdisciplinary employees to evaluate workplace stressors and to determine team member perceptions relative to burnout and its' management. The paper reports an innovative multifaceted organizational education strategy that was conceived and implemented in response to the focus group findings to address or remediate work related stressors to support interdisciplinary employees across rural and urban regions who were involved in home or institutional hospice care delivery. Key executive leadership members evaluated and approved the multi-pronged organizational action plan. Interdisciplinary workgroups were formed and tasked with generating practice strategies to address four major areas of employee concern including work-related stressors, technology issues, staff appreciation and recognition, and communication. Implementation of the workgroups and delivery of the workplace changes have practice, education, and research implications. The process of stakeholder engagement with focus group findings to generate solutions may be utilized in other organizations seeking to learn strategies to address workplace stressors and improve employee wellbeing.

Key Words: Hospice, Burnout, Organizational change, Implementation

1. INTRODUCTION

Hospice professionals face practice challenges that exacerbate risk for burnout.^[1] Burnout is a condition that manifests from chronic occupational environment stress that results in mental and physical fatigue, emotional estrangement from work-related responsibilities, reduced perceived professional competence, and heightened negative work perceptions.^[1,2] When not managed, burnout can contribute to an aversive work environment and professional attrition, both factors

that impact the organizations capacity to thrive and deliver the best care for patients who are facing death and their family members.^[1,3] Further, the Covid-19 crisis has been recognized to profoundly challenge healthcare employees' capacity to cope and to respond to workplace stressors.^[4] Following acquisition of data gleaned from interdisciplinary focus groups,^[5] the central executive leadership team from a large Midwestern hospice organization implemented an innovative plan to address workplace burnout prevention

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and promote employee wellbeing. The purpose of the paper is to describe the development and implementation of system-wide education strategies utilizing a participatory interdisciplinary team-oriented approach wherein lived experiences of employees across all levels of the organization informed the solutions.

Hospice's mission is to ensure that terminally ill patients and their families receive supportive comfort care at end of life.^[6] To achieve this end, hospice organizations rely on an inter-disciplinary team to provide an amalgam of services to meet the physical, psycho-social, spiritual and environmental needs of the patient-family unit.^[5,7] The services provided rely on seamless coordination and implementation of compassionate care that is delivered to patients in their homes or in inpatient hospice units.^[6] Given the holistic approach as well as the unique needs of patients and families nearing end of life, hospice by its nature demands that care providers have mutually supportive relationships and strong inter-professional communication.^[7-9]

To maintain commitment to hospice's mission of ensuring that the dying receive holistic comprehensive care that is individualized and caring, employee's personal wellbeing and satisfaction with their work environment is of pivotal importance.^[1,10,11] If the staff are demoralized, stressed, and/or burned out, they may be compromised in their capacity to deliver high quality compassionate care to the dying and their families.^[9-11] Further, workplace stress may contribute to staff turnover and costs to the organization associated with unscheduled use of leave and the need to train new employees. Thus, it is imperative that organizational strategies are in place to recognize and address employees needs and concerns as well as to make supportive resources available to help employees manage workplace stressors.^[1,12]

Organizations can take actions to modify employee stress and burden.^[13,14] These actions are based on leadership philosophy and can be implemented at the individual, unit, or at the central administration. Individualized practice strategies include healthy behaviors support, stress reduction programs and resilience training. These programs may be recommended for employees to do on their personal time when not at work or they may occur as part of paid work time, often requiring that employees attend groups at a specific location at a scheduled time.^[13,15] Central administration organizational change strategies are aimed at changing workplace processes, procedures, structures, and infrastructure.^[12,14] Such strategies require leadership investment of resources to ensure that the changes become acculturated into the organization's action plans and thus become sustainable. Research has found mixed results in terms of which individual, professional and

organizational strategies are most effective and appropriate to reduce burnout in hospice workers.^[1] However, combining institutional support and individual level wellness promotion may yield positive results when it enacted as a cultural mandate or institutional change.^[3,16]

Cultivation of a sense of collegiality and community may offset alienation and build capacity for team connectedness around support. Fostering a workplace climate that is participatory and that supports open communication may be one strategy for unified action to find solutions for common problems.^[17] Knowledge sharing is another strategy that may positively impact employees.^[18] In this regard, employees may participate in idea development, advancement, and implementation.^[18] Such participatory and knowledge sharing orientations may contribute to employee wellbeing by fostering perceptions that the staff are cared for, respected, and have a voice. Further, organizations' ability to acknowledge flaws and to be open and transparent about needs for change to improve employee wellbeing can also help with morale. However, there is a paucity of research and evidence available relative to application of using a participatory approach in the hospice environment that firstly evaluates perceived domain issues and then uses the derived suggestions to enact workplace change to reduce burnout and improve the wellbeing of employees.

The purpose of the paper is to describe an innovative multi-faceted organizational strategy that was developed and implemented to address burnout and stress for interdisciplinary nursing and allied health employees across rural and urban regions involved in home or institutional hospice care delivery.

2. METHODS

In a large multicounty hospice organization that serves rural, urban and small community populations in both inpatient and home settings, focus group interviews were initially conducted by an external research team to ascertain work-related challenges, benefits, and stressors, and to identify strategies to prevent and/or alleviate burnout. Only the external researchers knew the email and first names of the focus group participants, and anonymity was assured for the report, enabling them to speak freely. The entire clinical staff was invited volunteer to participate, and the external researchers organized six focus groups (1st group = four members; 2nd group = two members; 3rd group = four members; 4th group = three members; 5th group = two members; 6th group = three members) and one semi-structured phone interview (n = 1),^[5] choosing participants from the set of volunteers based on their role and location to ensure representation from mixed nursing and interdisciplinary (chaplains, social work,

medicine, support staff) team members and a diversity of geographic areas from across the state. The focus groups (n = 19) were conducted and data were analyzed using standardized methodology that is described elsewhere.^[5] A 59-page comprehensive internal report was developed by focus group study team members and presented to the central executive team of the organization.

3. RESULTS

Data from the focus groups were synthesized and published.^[5] Findings suggested that at the organizational level, administrative leadership strategies were needed to support employees and help modify or remediate stressors associated with hospice work. Many of the challenges coalesced around four major areas of employee concern whereby solutions could be considered included: 1) workplace stressors; 2) technology; 3) communication; and 4) staff appreciation.

After a careful evaluation of the focus group content, key executive leadership members were appraised, and an organizational approach to create a system-wide multi-pronged action plan to address burnout was approved. Separate workgroups consisting of six members were formed to share knowledge and to generate innovative ideas to address the four afore-

mentioned major areas of employee concern. A workgroup leader was chosen based on their experience and expertise in the domain. For example, a member of the technology team headed the technology workgroup. Clinicians or managers with related to the focused area headed the each of the other three workgroups. Each workgroup leader then recruited their own members, following the stipulation that the workgroup include participants from across the state and from multiple levels of the organization consisting of interdisciplinary staff members. Each workgroup was given the chunk of the comprehensive focus group report related to their domain. Their charge was to come up with implementable suggestions to address the challenges, needs, and recommendations raised in the focus groups. Workgroups met 2-3 times and generated 6-12 actionable recommendations per group. The recommendations were prioritized and shared with executive leadership and clinical directors, who reviewed the recommendations, added a few of their own, and approved implementation of selected action plans. The recommendations for each specific workgroup’s action plans that were developed to address burnout in the hospice organization are presented below (See Table 1 for a listing of summary recommendations).

Table 1. Workgroup Recommendations

Workgroup	Recommendations
Work-related Stressors	Establishment of consistent staffing rules Building overlap and flexibility in staff resources Flexible scheduling Self-care holidays Self-care resources including loss and grief resources
Technology	Documentation of the quality of connectivity at various sites Identification of team “super-users” as resource people Email etiquette and protocol related to use Consistent education and support for less technically literate staff Creating and/or using off-line notes Reduce duplicative processes Involve management and ensure strong understanding of applications and processes Development of best practices for peer support Recognition of best times for use of technology Starting visit in vehicle to prepare before entering home environments (can add basic information prior to starting visit)
Staff Appreciation	Positive comments from patient surveys at all staff meetings identifying hospice employees by name Clinical Team videos Managerial team engagement with regular staff check-ins Perquisites such as massage, purchase discounts Awards, Cards and bonuses Monthly drawings for gift cards for employees who are recognized for strong service Employee recognition Staff breakfasts or other event where isolation can be rectified.
Communication	Daily reflections via email with tips to stay balanced Consistent all staff call (can be every other week) where stories can be shared Communication strategies for enhancing community across teams Open office hours

3.1 Workplace stressors

The workplace stressor group identified five sources of major concern based on focus group data: 1) unpredictable assignments and scheduling; 2) heavy caseloads; 3) administrative demands; 4) work-home life balance including taking work home; and 5) loss and grief experienced by an employee tied to a particular patient's death.

Strategies that were identified to address workplace stressors linked to unpredictable assignments and staffing included increased use of staff pool resources. An evaluation of caseload and reallocation of personnel was proposed in some areas to balance workload. Flexible scheduling policies were also identified as an adjustment currently available to some units that could be deployed more broadly, with the workgroup noting this could be a tactic to support employees with childcare responsibilities.

There are administrative regulatory requirements and documentation needs that are non-negotiable. However, the workplace stressor workgroup recommended opening space in employee assignment schedules to allow additional time for documentation and to ensure that mandatory trainings were completed. Specifically, the recommendation was that employees be entitled to receive compensatory time off that can be taken to make up for times when documentation and mandatory training demands infringed beyond work time.

The workplace stressor team also proposed a plan to better utilize grief, trauma, and loss support resources that are already part of the organization. Such plans could include development of psycho-education modules around grief and mourning that would be available for use during work hours and during off-time. A meditation program that was tailored to hospice professionals and offered via a web-based platform and/or app was developed and pilot tested.^[19] The program has been well received with benefits identified by staff in relation to professional quality of life and mind-body awareness. To better support employees, a weekly 15-minute meditation oasis during an established time was also incorporated where staff members could connect on-line for a short, guided meditation session and optional discussion. The meditations were available to all employees via an app on workplace tablets and phones and via company intranet. Having a regularly scheduled oasis was easier for some employees to make time to meditate, since it appeared on their calendar rather than trying to make time on their own.

The importance of self-care and mental health was identified as a major issue across the focus groups. Thus, the workplace stressor group articulated plans to ensure that self-care and attention to mental health preservation as organizational cultural values were prioritized in onboarding materials. Fur-

ther, managerial staff were sensitized to recognize the need to communicate with employees proactively about the importance of sharing feelings and concerns related to burnout so that they felt empowered to take personal time for recovery when needed from workplace stressors. Focus group participants talked about skipping lunch to get more work done. The workplace stressors workgroup's response for management to recognize and support the mandatory nature of taking lunch and periodic breaks during the workday. Individual units could brainstorm strategies to ensure that breaks are taken by all staff in their dynamic and demanding work environments.

3.2 Technology

The technology group identified for major challenges associated with this area: 1) disruption of service; 2) connectivity issues to the electronic medical record; 3) challenges with reaching information technology personnel; and 4) time demands related to on-line documentation needs. The team recommended a need to enhance the education department with additional resources such as super-users to help ensure that staff felt supported, particularly during evening and nighttime shifts. New information technology (IT) training materials were proposed that were uniformly presented across regional teams. And the workgroup suggested that a clinical tech specialist and IT personnel visit with clinical teams to identify any ongoing issues related to connectivity. The importance of email etiquette and strategies to identify use of functions such as reply all, urgency, and cc. were also developed.

3.3 Communication

Communication issues that were identified largely stemmed from the situational and often unpredictable nature of any given workday. For example, clinical staff described interruptions occurring from text messages, emails and phone calls during patient and family visits. Other communication challenges stem from interdisciplinary differences in respective roles, language, and responsibilities. There can be scheduling mix-ups associated with more than one staff being assigned to the same patient.

To broadly manage the myriad communication concerns, the workgroup proposed a plan that was implemented to reduce the number of electronic exchanges and to carefully appraise the level of priority of messaging. Thus, staff members would not be interrupted by communication during their shifts for non-essential messages. Another suggestion was assignation of a case manager to lead each team to better ensure that assignments were fairly and appropriated distributed. This solution also helps reduce uncertainty and avert potential

mix-ups that can occur in a rapidly changing, sometimes chaotic environment.

3.4 Staff appreciation

The staff appreciation workgroup generated ideas to help ensure that hospice employees felt recognized and supported for their important work. Focus group findings showed that the most important source of feeling valued and supported was acknowledgements by team member co-workers, managers and upper administration as well as patients and families that the work they are doing is making a positive difference. A valued form of support was having managers check in and express concern for employee wellbeing. Focus group results also revealed individualized differences in how staff preferred to be acknowledged. For example, some members appreciated social events arranged and funded by the organization such as luncheons, whereas others preferred to avoid infringements on their personal time. Each clinical team manager has their own approaches to expressing staff appreciation. Thus, sharing best practices across teams allows everyone to benefit from good ideas. Proposed strategies to improve how staff is recognized include a multipronged approach whereby carefully developed social events that are optional are scheduled for those who enjoy these types of gatherings. It was suggested that continuing education time be allocated for staff conference attendance. Other suggested strategies included an additional mental health day. Formal appreciations, such as 'shining star' awards, have been formalized and added to monthly all-staff meetings and weekly interdisciplinary team sessions.

4. DISCUSSION

Investing and creating individualized organizational burnout prevention plans may provide positive benefits for employee wellness.^[20] A participatory approach that is supported by administration that is collaborative and positive is essential to ensure sustained change.^[17]

Other research has identified the nature of work-related stress in the hospice environment.^[11] In the hospice organization that is discussed in this paper, diverse approaches to support employees were identified. This is not surprising given the varied professional roles and responsibilities, and personal lifestyles that make up a collective work setting. Further, some units or teams may have different practices already established that are unique to their particular region. These variations indicate a strong role for individual managers to best determine a tailored approach in collaboration with team member needs.^[3,21] Importantly, organizational interventions can be informed by team members cooperatively as well as from what is known in terms of best evidence.^[3,16]

Work life balance and integration were found to be strongly related to lower burnout in a large survey study of United States healthcare workers.^[22] When leadership is supportive of flexible scheduling, it has been shown to improve perceptions of work-life balance for those with family-related responsibilities.^[23] Importantly, employees who are not full-time or who opt for a flexible scheduling situation may otherwise perceive stigma if they are not supported by leadership.^[24] Thus, whether the burnout mitigation adjustments are related to starting time, duration of hours worked, flexible scheduling, or full-time versus part-time, it is essential that it be implemented in ways that employees feel supported.^[24]

A growing body of research has identified the role of meditation training to bolster employee resilience.^[25-27] Programs that require participants to attend weekly group training sessions at a specified time and location may be prohibitive for employees who often have busy personal lives with family in addition to intense work-related scheduling demands. The provision of a technology-mediated training program that is easily accessible and provides short flexible training periods is more conducive for fitting into the lives of busy health professionals.^[19,28,29] Our approach indicated positive benefits from offering meditation training with organizational support. It is essential that ongoing strategies such as the meditation oasis remain available to ensure sustainability of the valuable resource to bolster employees capacity to manage stressors.

Providing grief support and opportunities for staff to process loss and grief is imperative for employees whose job is to build relationships with patients and family members who are facing death. Access to the loss and grief counseling services and allocating time during workplace hours to access these services was viewed as a useful strategy to process emotional pain. Employees can also utilize the loss and grief counseling services that are available for them as well as for patients and family members.

While technology has yielded many positive outcomes for healthcare systems, it also can be burdensome and stress evoking when it is slow to respond, connections are unavailable, and staff are unfamiliar with recommended protocols or more generally with computers and electronic communications. Ensuring that the organization places a premium on investing in the best information technology, training, and highly skilled available technical staff is imperative. It is also important to support and provide extra training resources for employees who have less computer literacy.

Communication issues are recognized to create challenges for interdisciplinary teams. In a large study of healthcare employees, it was found that leadership qualities of super-

visors strongly impacted individual and unit level perceived work satisfaction and burnout development.^[16] Managerial effectiveness is often tied to effective communication such as the capacity to provide guidance, reduce conflicts and solve problems, and to decrease uncertainty.^[3] The inclusion of a dedicated case manager to streamline communications was seen as an important strategy to improve communications. Team building meetings that are interdisciplinary where employees can exchange information and discuss their concerns were also initiated as an important solution.

Research suggests that prerequisites support employees' affective commitment to their organization.^[30] While not as important towards ensuring satisfaction as traditional benefits such as healthcare insurance,^[30] organizing a system-wide strategy to make certain that staff feel appreciated is essential for employee morale. In a hospice environment this is critical due to the deeply meaningful but challenging work demanded of people who make showing up for people at the end of life their career path. While unit-level strategies can be initiated such as group support meetings, staff luncheons, and other group centered appreciation acknowledgements, it is essential that they are personalized and are aligned with the values and preferences of the staff members. Another important staff appreciation measure is to facilitate opportunities for employees to engage in continuing education. Support to attend conferences without penalties on use of personal leave is one strategy that demonstrates institutional appreciation.

Limitations

The description of implementation of an organizational plan to address stress and burnout in this article is limited to what took place in an individual state-wide large nonprofit hospice organization. Thus, strategies may not be applicable to other

hospices and healthcare organizations. However, the participatory design approach building upon focus group research does provide a method and a plan of action for how changes can be initiated in diverse settings with a heterogeneous team of employees who share a common mission. The participatory plan will require periodic review and adjustments over time as outcome parameters are reviewed and individual feedback is obtained. Further investigation should track which strategies best result in positive differential outcomes for individual employees, interdisciplinary teams, and the organization as a whole.

5. CONCLUSIONS

The need for organizational strategies to proactively prevent and manage workplace stressors in hospice are of critical importance. Such needs have been brought to the forefront in wake of the Covid-19 pandemic where the public saw firsthand the repercussions of stress on essential healthcare workers. Our implementation plan to address hospice workplace stressors and to assuage burnout was based on a participatory and knowledge sharing approach, grounded in focus group research. A comprehensive multifaceted program utilizing both individual employee and organizational facilitation was implemented that responded to identified concerns of the interdisciplinary team. The overall process and specific recommendations may be utilized in other organizations seeking to implement administrative strategies to address workplace stressors and improve employee wellbeing.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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