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Geri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori, and today I am joined by Bryan Sexton, PhD, director of the Duke Center for the Advancement of Well-being Science; Donell Snyder, a registered nurse and certified in critical care; and Ashley Meyers, also a registered nurse, who is certified in pain management. Welcome!

Today, we are going to talk about the impact of staffing on well-being: No One to Do the Work—Well-Being, Recruitment, and Retention. So, let's begin. Bryan, I'm going to start with you. The Great Resignation—a pandemic-related phenomena that began in 2021 when the rate of job-quitting reached unprecedented heights, according to the US Bureau of Labor Statistics—in 2021 alone, about 117,000 physicians left the workforce, while fewer than 40,000 joined it. About 100,000 registered nurses left the profession since 2020. That's a lot of people leaving, and they weren't all baby boomers. So we know that we are losing, we are bleeding staff.

What are your thoughts on why the Great Resignation in healthcare occurred? Is it they just don't want to do the work, as some people like to think? Or was the work so morally injurious that they had to quit? Or is this the representation of our aging workforce, retirement, and attrition? What's your thought?

Bryan Sexton, PhD: Yes.

Amori: Well, that's a good answer.

Sexton: So you're asking a well-being researcher, like, why did we have so many people leave the workforce? And so my answer is bright flashing "lack of well-being!" I have to admit that we've tracked 30,000 healthcare workers for 30 years, same 30,000 people over 3 years. This includes the year before the pandemic and then the 2 years of the pandemic. And we found that emotional exhaustion—which is, you know, how we measure burnout—increased 27% overall across all roles, not just those people who are working in COVID units.

And our colleagues, Lotte Dyrbye and Colin West, they're both physicians, they found that for every 1-point increase in emotional exhaustion—just one point—there's a 20% increase in the chance that you're going to reduce your clinical effort in the next 2 years. For every 1-point increase, there's a 20% increase in the chance that you're going to step away from your clinical (crosstalk 2:40). We found a 9-point increase in emotional exhaustion, so no wonder people reflected on their work life, and they said, I think I'm done here. It's also true, to your point earlier, that younger generations, as they come into the workforce, they're coming in with more depression and more anxiety and more emotional exhaustion to start with, and that makes this, of course, even more difficult.

Amori: Right. Wow. Well, that's a depressing note to start on. Donell, let me ask you about your perspective as a person in middle management in a healthcare organization. You know, the American College of Healthcare Executives now says that the personnel shortage is their number 1 problem. It's even overwhelming the financial problems, which, you know, those of us who worked in healthcare, that's all we've ever heard, financial problems, right? Now it's personnel. A 2023 survey showed that younger nurses are more negative than older nurses regarding satisfaction and well-being, and they haven't even been in the workforce that long. What impact do you anticipate the shortage of nurses will have on healthcare administration? I mean, historically, experienced nurses took leadership roles. Will these young nurses be even willing to do that, and what's going to happen in nursing care?

Donell Snyder, RN: Well, I definitely think the younger generations that we are getting are prioritizing work-life balance. You know, people are not just working to live, they want to have their life and fit their work in there and try to make everything work according to this plan or that plan that I have for this vacation. And flexibility, I think, has been a large part of that, which we've seen in the work-from-home movement and all the things that that has to offer. Even within healthcare, people moving to positions within the organization that allow for more flexibility with their scheduling. As a salaried caregiver and you are going from a 3-day, 12-hour shift-type schedule to 5 days a week, maybe unlimited hours, you don't get to punch out type of thing is not super appealing to a lot of people at the bedside.

I think even before the pandemic, we were having trouble attracting people to positions like that. They might be there a year, and then they leave, and turnover in those types of positions is very difficult. Then there's nobody there to hand it off or show that other person how to do that role or to mentor them. The nurses that we have now are not going to have as much experience when they get called to do those roles. They, I think, are struggling even today to find people to fill the leadership roles that are qualified in those types of more advanced units, like critical care and things like that, that they have that nursing background. That they can walk out on the floor and help take care of patients and actually support their staff and not just manage the people but be part of the unit and part of the team, and that is really the support right now that we need out there.

Amori: Wow. You know, as an older worker, I can see what's going on, and these young people actually, in some ways, are wiser than we were because we worked long, hard hours. And, you know, it was all work and you only got to play if the work was done, and the work was never done. So, there's a wisdom to what's going on, but at the same time, it kind of scares me in the sense that you don't get the training, you don't get the wheels on, you know. Ashley, as a bedside clinician, let's imagine for a minute that you were going to relocate to work in another state. How would a potential employer's well-being program influence your desire to work at that particular institution? And does the presence or absence of a well-being program impact or influence your recruitment or retention?

Ashley Meyers, RN: So this is a really good question. I think, I truly feel as though an EAP, or an employee well-being program, of some sort is like an expectation at this point. I think most large organizations have something, but whether or not those are actually infused into the culture of the organization, whether or not it's truly utilized and accessible, that's what I care about. I don't care that you have it. I care whether or not I can use it and whether or not you care that I know what I have available to me. For example, we had massage chairs brought into our organization. It was a wonderful grant-like donation, and we were so grateful and so excited about them.

I think that it's nice to have them, but we were not supported. There was no sort of structure or process for us to be able to utilize those massage chairs. No one is coming and relieving us of our duties so that we can quickly go have a break. Believe me, I would love to go take an hour lunch. I would love for that, but I don't want to do that when I have to hand over my entire assignment to a nurse that already has an entire assignment. It feels unsafe. I want to feel as though my patients are being cared for well, and that I'm supported to utilize these resources.

Amori: Wow. You know, that fits in with a story I heard recently from a woman I'm on a committee with who was talking about—her husband's a doctor, and he was feeling stressed out, and he wanted to use the EAP, but the EAP at this organization was only open 8 to 5 Monday to Friday, so he couldn't use it. And so, you just triggered that memory of, maybe organizations have stuff, but do they make it easy for their employees to actually use it? And I hear that's what you feel is really important. Thank you.

Donell, you know, there was a Cochrane Systemic Review in 2020 that revealed that resilience training does not appear to reduce anxiety symptoms or improve well-being. And that sort of confirmed this current notion that burnout's a systemic problem and not a personal issue. The question is, if well-being programs and organizations were incentivized—like access to the EAP, like Ashley was talking about, was part of pay for performance or deemed a condition of participation—could this promote clinician wellness as a mandatory system obligation from your perspective?

Snyder: Oh, I think without a doubt. Money talks, and pay for performance is going to make a difference for that, as far as prioritizing. We have full-time access to those types of things, and, oh my gosh, can you imagine being able to fund a resiliency or well-being clinician that is 100% dedicated to that role? Right now, we have a toned-down workforce that has been, you know, you start with 8, you end up with 4, 8 people's work is divided among 4 people, and then there's still more work. Within that, somebody's feeling compelled to help with burnout, but there's just not enough bandwidth to do that. So, without having that designated role, that designated priority, it's no different than having a sepsis coordinator to help coordinate sepsis. Got to have somebody there overlooking those types of programs, making sure that the efforts are sustainable, PDCA, all those types of things. And yeah, we really, really need something like that.

Amori: So, I'm hearing both you and Ashley saying we need to really focus more on having resources available in organizations for clinicians to move it forward and to give

them the support they need. You know, Bryan, I want to ask you, a recent survey demonstrated that younger, newer nurses are just, from the get-go, more negative than their older counterparts. Maybe it's from hearing older, experienced nurses talk, maybe it's from reading the literature that we're all talking about, you know. But the literature is also showing that these younger, inexperienced, negative nurses are training even newer nurses. That kind of scares me, frankly. What do you think will be the influence of these new nurses because of the type of onboarding that they're receiving?

Sexton: It's such a great observation and an interesting question. I think it's a double-edged sword, really, because the younger generation is more emotionally vulnerable—no doubt about it—globally, the data are in, and that's the case. However, they're also more activist. They're more upfront with their frustration, and they're less tolerant of injustices in the workplace than any group that ever came before them. So the same people that say, I'm not okay, they're also the people that say, this is not okay, and they do something about it.

So, I think that the newer nurses will be more comfortable asking for help, and they'll be more comfortable acknowledging their problems and more likely to insist that real solutions be offered. This is an interesting time because those leader platitudes really can only go so far. And don't get me wrong, I think that leaders are the most effective balm for what ails us right now in our workforce. They can build psychological safety, and they can build a sense of meaning and help people to kind of become the best versions of themselves. But you can't policy your way out of this problem without active participants pushing for real change. And because of these younger nurses, change is coming.

Amori: So maybe we should harness the energy of these young nurses and say, help us improve our systems so that we can make it a better place to work.

Sexton: It's the Energizer Bunny (crosstalk 12:38).

Amori: Yeah, that would really be a great thing to do. I like that. I really like that. All right, so now it's time for our final question for the episode, which is, what is the one thing from today's discussion that you would like our audience to take home? And, Ashley, I'd like to start with you.

Meyers: Well, that's good, mine's simple. Be aware and seek out your resources. I'm specifically referring to the EAP resources. And I say that because when you need to use them, you may not have that bandwidth to figure it out. So if you seek it out and are aware of it before the catastrophic pandemic comes, just knowing that those things are available will decrease your anxiety and, hopefully make everything a little bit more tolerable and support your wellness.

Amori: Fabulous. Thank you. Bryan, what's the one thing you want our audience to take home today?

Sexton: Well, I like the thought that science has raced to meet the needs of this well-being moment. And if you're looking for resources, you should check out our website, where there are evidence-based, bite-sized resources that are on demand 24 hours a day, and it's at www.caws.dukehealth.org. And there's 20 different interventions to choose from, so you can go there and choose your own well-being adventure.

Amori: That sounds like fun. I'm going to have to check that one out. And, Donell, from the perspective of an administrator caught in the middle, what's the one thing you would like our listeners to take away today?

Snyder: Well, there definitely needs to be ongoing and continued support for looking at metrics, what the caregivers need. And I don't just mean a once-a-year survey that's the same thing that they send out every year, year after year, and the caregivers don't really even know what was done with that. I mean, somebody's on the regular, this is their job, this is what they're doing, this is what they're supporting and can really follow through on making things better.

Amori: Fabulous. Well, this has been a very interesting discussion. And I'd like to thank our panelists. And I'd like to thank our listening audience. And I hope you've gained something today that helped you change your perspective and that you'll join us again next time for *Perspectives 360*.

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