

BANISHING BURNOUT:  
Strategies for  
Managing  
a Happy Staff

WHAT YOU NEED TO KNOW



**Competent, confident managers set the tone for staff. But when well-meaning, dedicated administrative and clinical managers in long-term/post-acute care are overworked and lack the tools and resources to meet the challenges they must face daily, burnout and turnover are common.**

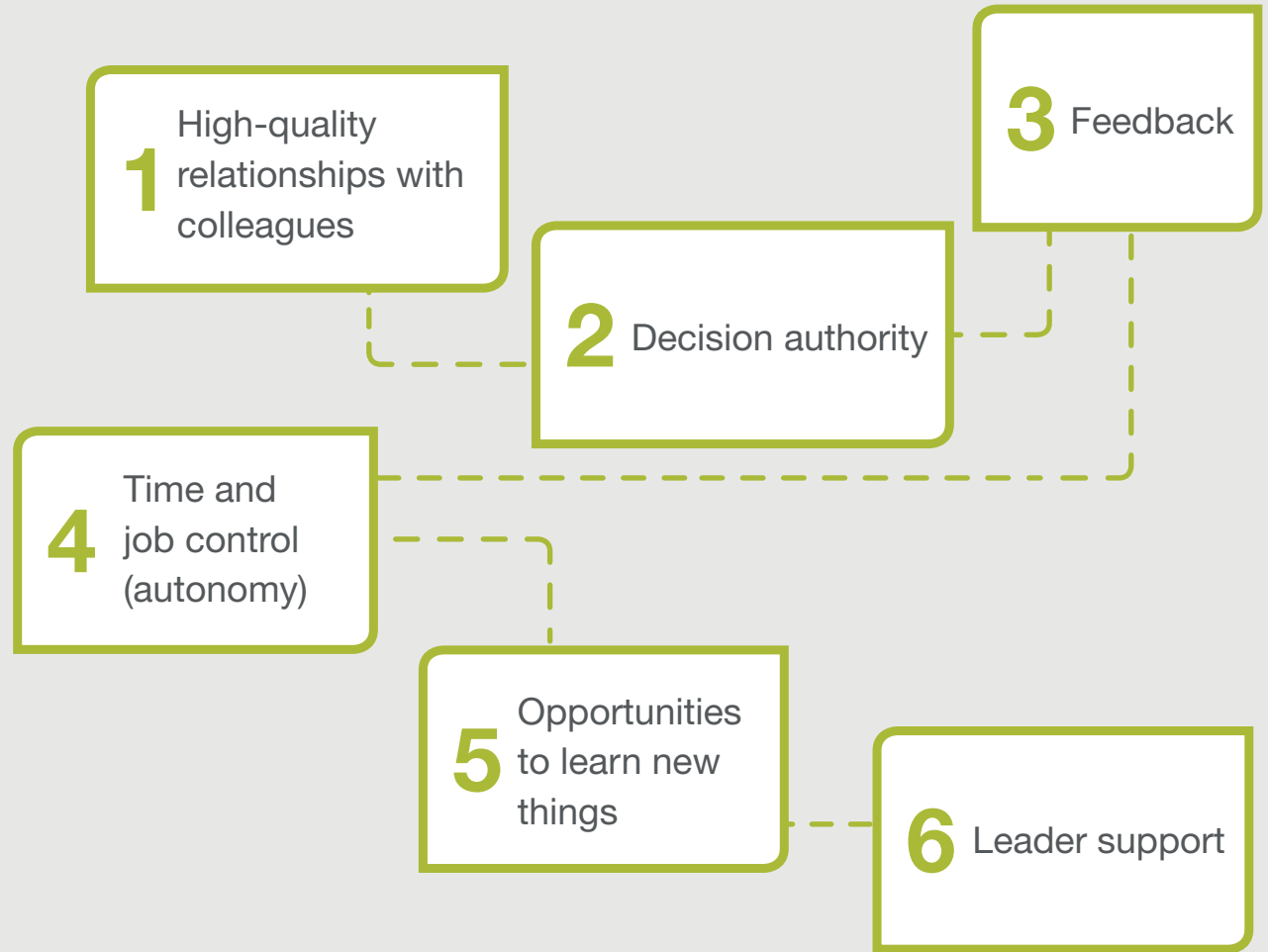
### **Banishing Burnout**

Burnout not only leads to staff turnover, but also takes its toll on management. Manager burnout often is marked by chronic fatigue, cynicism (loss of enthusiasm or idealism), and feelings of being ineffective or powerless on the job. Burnout in post-acute managers can lead to absenteeism and lower job performance which, in turn, can lead to clinical problems such as increased infection rates and medical errors.



Factors contributing to burnout include perceived lack of control over decisions related to the job, unclear or conflicting job expectations, dysfunctional workplace dynamics, monotony, and mismatch of values.

Healthcare and legal burnout expert Paula Davis identifies several job resources that may help prevent burnout among nurses and nurse managers in nursing homes:



## Some best practices to reduce burnout of nursing and other managers in post-acute care include:

- **Stress reduction classes.** For example, consider bringing in instructors to teach mindfulness, meditation or other relaxation and stress-management techniques.
- **Create a safe space for relaxation.** This can be as simple as a break room where staff can gather and build a sense of community, access to a quiet room with relaxing music and aromatherapy, a monthly spa day where local massage therapy students come in and offer free massages, or opportunities to participate in pet therapy days.
- **Mentoring programs.** As with front-line staff, managers can benefit from interactions with more experienced colleagues who can offer guidance and advice, answer questions, share ideas, and just listen and be empathetic.
- **Reward and incentive programs.** Recognize good performance and quality improvement successes in organizational 'shout-outs' via email, social media, and publications, and well as at meetings and parties. Encourage teams to nominate their managers for appropriate local, regional, and national awards.
- **Professional development.** Track credentialing and encourage/enable managers to pursue professional credentials or certifications, advanced degrees, speaking/publishing opportunities, and attendance at educational conferences and programs.
- **Counseling.** Staff can benefit from access to employee assistance programs (EAPs) where they can get confidential help and support with problems such as burnout/anxiety, grief, and substance abuse issues.

## Dashboards make for a smooth ride

One way to reduce stress and improve quality is to ensure that managers have easy, quick access to information and data that enables them to be efficient, effective, and productive. Increasingly, organizations count on computerized dashboards to enable managers to view and assess staffing capability and scheduling issues as well as quickly identify issues, trends, and red flags. As far back as 2003, the Institute of Medicine promoted systems that allow managers and staff to access evidence in the form of data—including dashboards to benchmark staffing issues—that they can integrate into practice as critical for maximizing workforce.

The benefits of the dashboard include:



**It provides a clear and instant picture of how your organization, department, floor, or unit is functioning and what changes—such as staffing or scheduling revisions or updates—are necessary to support new residents.**



**It enables team leaders, shift managers, department heads, and others to view what is happening in their area as well as elsewhere in the organizations that affects their work. A good dashboard enables users to consolidate information from across the organization.**



**It sends management into meetings confidently armed with information and prepared to address issues and make informed recommendations and decisions.**



**It lets users pull key information from several systems or software applications into one place.**



**It enables managers to identify opportunities for quality improvement and implement quality improvement efforts into practitioner and staff workflow.**

## For dashboards to be effective, they should have several components:

- **Accurate, current data.** Managers need to see the most recent data and be able to compare data over time. Clean data leads to clean decision-making on actionable items.
- **Data that is meaningful.** Work with managers to determine what specific data they need and ensure this is highlighted in the dashboard. Limit the amount of information in the dashboard to the key information managers need to assess situations and identify areas that require attention (such as the need for additional staff on a specific shift or an increase in falls that suggests the need for additional staff education).
- **A dynamic dashboard.** Encourage feedback on the dashboard—for example, what information is most helpful, what useful information is missing. Ensure consistent training for new staffing about using the dashboard.

In general, make the dashboard useful and informative but simple. “It is important to provide practitioners and staff with the information they need without overwhelming them,” says Matt Gray, Vice President of Risk-Based Programs for TeamHealth, in a *Caring for the Ages* article. Use a dashboard that will “enable them to quickly access and absorb information,” he suggests, but “don’t overload them with multiple apps.”



## QI and Quality Managers

To keep staff from succumbing to frustration and burnout, managers need to address staffing ratios and training in order to support quality improvement efforts. The Centers for Medicare & Medicaid Services has long identified right-sized staffing as a vital component of a nursing home's ability to provide quality care, and studies have shown a relationship between staffing levels and quality improvement, including infection control and fall rates.

A growing short-stay population (e.g., post-surgery, injury, or illness) with complex needs has shifted much staff focus on addressing the needs of these residents, getting them safely back to the community, and preventing complications and readmission. As a result, staff—particularly nursing staff—must wear several hats and feel a growing pressure to ensure patients and their families have the education, support, and resources they need after they leave the center.



Managers, in turn, have to make sure that their staff have the education and training they need to manage these patients, as well as successfully participate in quality improvement efforts such as reducing readmission, antipsychotic use, and antibiotic prescribing. This increased responsibility brings with it additional stress. As Nina Flanagan, PhD, GNP, assistant professor of nursing at the Decker School of Nursing, Binghamton University in New York, says in a *Caring For the Ages* article, “As long-term care increasingly becomes an extension of acute care, the issues of workload and burnout have the potential to significantly increase as well.”

Of course, there is no cookie-cutter approach to quality. For managers and their teams to be effective and free from unnecessary stress and burdens, tools and resources must integrate with the organization’s systems and technology. By integrating quality improvement activities into current workflows and involving staff in quality improvement programs and processes, managers and staff are more likely to succeed in their quality initiatives, feel competent and confident in their efforts, and serve as effective team leaders.



**To learn how ABILITY can help with staff engagement and quality improvement, request a consult.**

