

Investing in caregiver support staff yields results

By Heather Grimshaw, MGMA staff member





“Getting to the root of the problem, or investing in employee health, makes business sense.” – Hobart Collins, CMPE

Healthcare delivery circles place a stronger emphasis on patient experience, satisfaction and health outcomes today due to a variety of influences, including payment that rewards value vs. volume and health outcomes. Providers are talking with patients about how stress, diet and exercise affect their health and can prevent and minimize disease. Yet when it comes to the health and well-being of caregivers, that record skips a beat in many group practices and larger health systems.

While an increasing number of companies are starting employee wellness programs with incentives for preventive care and healthier living, the concept of investing in emotional wellness — dare we say mental health — is relatively new in some circles, disregarded as touchy-feely or not considered at all by those who are consumed by operational demands.

“When I talk to administrators about improving staff health and morale, their eyes glaze over and rightly so,” says Lucia Thornton, ThD, RN, MSN, AHN-BC, author of *Whole Person Caring* (Sigma Theta Tau International, June 2013). “They’re so bombarded with keeping their heads above water. The challenges faced by administrators are immense: Dealing with declining revenues from payers, adapting to complex reimbursement models, competing for market share and physicians, and these are just a few of the issues that take precedent over employee health and well-being. However, creating a more effective and efficient workforce is central to positioning an organization for survival and sustainability and investing in the health and well-being of employees is critical in this process.”

Employers are starting to recognize a connection between caregiver health—mental and physical—and patient outcomes. They are tallying up the costs associated with burnout, which leads to turnover and has been credited with increased medical mistakes and malpractice lawsuits.

Some say a major sticking point to bigger buy-in is the culture created in medical and nursing schools and fostered in medical environments.

“In nursing and medicine, we were never taught how to work together,” Thornton says. “We never had a collaborative model. The way we were taught, someone gives orders and others follow. Nurses are frequently in the follower role and frequently lose a sense of self-worth. We’re trying to shift the dynamic to one of self-care and self-respect to recapture why nurses went into healthcare,” Thornton says. “How can we care for others if we do not care for ourselves? Moreover, how can we create more efficient and effective ways of caring for people if we do not know how to collaborate, respect and work with other disciplines and professions in equitable partnerships?”

There is a dramatic link between organizational culture and staff health, according to the Culture of Health study¹ published by the Health Management Research Center at the University of Michigan. Organizational culture also influences an employee’s willingness to participate in wellness programs and change behaviors that affect health.

By learning to adopt healthful habits, professionals are able to bridge the gap between nursing theory and practice, says Thornton, who explains that many healthcare professionals are overweight, do not eat healthfully, smoke, do not get enough rest and neglect their personal needs. These unhealthy behaviors affect staff morale, interpersonal relationships and patient

Notes:

1. Culture of Health Study: hmrc.umich.edu/products/coh.

"This is not some airy-fairy, 'let's be nice' conversation. It's a patient safety issue." – Monica Broome, MD, FACP, FAACH

interactions, according to clinical research and published articles.²

There is a huge discrepancy between nursing theory and practice, Thornton adds. "You can tell people until you're blue in the face to lose weight, eat healthfully, exercise, stop smoking. But until you get to the root of why they're not doing it, you can't make a difference," she says.

Common sense?

Getting to the root of the problem, or investing in employee health, makes business sense, says Hobart Collins, CMPE, consultant, MGMA Health Care Consulting, who has 35 years of experience in the field. But when you talk about it in administrative circles, it's important to refer to it as an employee investment and avoid the words *holistic* or *whole person*. "It's common sense," he says.

Ken Hertz, FACMPE, principal consultant, MGMA Health Care Consulting, agrees and says it is the administrator's role to understand the value of having healthy, well people on a team. "Most administrators are so busy putting out fires [that] they become shortsighted about the importance of investing in their team's health and wellness," he says. "It's a part of protecting the business."

Patient safety component

Experts also warn that there is a patient safety component to investing in the health of healthcare workers that should not be ignored.

"When we're not taking care of ourselves, we're more apt to get stressed and experience burnout, which is



when we start to make more mistakes," says Monica Broome, MD, FACP, FAACH, assistant professor of medicine and director of the Communications Skills Program, University of Miami Miller School of Medicine, who notes that compassion fatigue and burnout are global problems among healthcare professionals. "This is not some airy-fairy, 'let's be nice' conversation. It's a patient safety issue."

And while the concept of staff health — physical and mental — is still new in some circles, the University of Miami now requires third-year medical students to take wellness courses. Broome expects medical schools and those in the field to pay more attention to the issue of mental and physical health among healthcare workers in the future. "We have a lot of economic pressure on us but ... people recognize this is an essential topic that we have to get a handle on and embrace practical, feasible ways to solve the issue" of burnout among medical professionals, such as aromatherapy in break rooms and the creation of peaceful places where nurses and other support staff

Notes:

2. Donadio, G. Improving healthcare delivery with the transformational Whole Person Care model. *Holistic Nursing Practice*, March/April 2005.

can take a break while they're at work. The key is to find things that are relatively easy to implement, can be done on site and don't take additional time away from patients. "Expecting these people to take a step away from caring for someone is not in the game plan," Broome says.

Return on investment

Thornton recognizes the stress healthcare providers are under and has been able to show positive returns on investment by helping caregivers improve their emotional and physical health.

At Three Rivers (Ore.) Community Hospital, administrators noted a jump in patient satisfaction rates (from the 80s to the 90s) the month after nurses attended a Whole-Person Caring™ weekend retreat. The program helps nurses recognize their innate value and learn how to replenish their energy reserves so they view their work with patients as nurturing instead of draining.

"There is a relationship between healthy people and organizational performance," Thornton says. "But even I didn't realize it could be that dramatic."

The satisfaction scores prompted the administration to invest \$25,000 in a nine-month program that included workshops, lectures and exercises, such as breathing techniques, journaling and articulating life goals and intention. Management credits a reduction in turnover (3% vs. the 18% national average) to the program, which Thornton estimates saved the hospital \$1.6 million in one year.

"I knew things would change with the group after we came back but I didn't know we would have that kind of powerful effect," says Marilyn Watkins, RN, who has

worked in healthcare leadership roles for 35 years and implemented the model at Three Rivers. The hospital won a Norman Cousins award³ for its implementation of the program (with a monetary award of \$25,000) and the ways in which the nurses changed their environment, which included building a healing garden on the roof; turning a break room into a wellness room with aromatherapy; and creating mental frameworks for being "on stage" (facing patients) and "back stage" (wellness rooms) and how actions, intentions and language should change for each environment.

"It's a way to change people from the inside out," says Watkins, who now works as a nursing consultant. "It definitely changed these people — from how they felt about errors to the way they addressed patients and the environment as a whole. It actually made a difference."

When Watkins implemented the program in the late-90s, the two nursing groups she worked with were from two hospitals that had just merged and tensions were high. They refused to cover each other's shifts or pool resources. "They hated each other," she admits. After the nursing staff went through the whole-person caring program, Watkins saw a change in their attitudes and approach to new projects. The doctors got on board or were neutral toward the program, she recalls, because, as she says, "Their patients were getting better care."

Proof

The concept of investing in employee health is gaining traction among employers, who recognize the value of healthy employees as it relates to their own healthcare costs, effects on productivity, presenteeism⁴ (a term

Notes:

3. Norman Cousins award. LuciaThornton.com. Available from: <http://luciathornton.com/32.html>.

4. Hemp P. Presenteeism: At work—but out of it. *Harvard Business Review*. October 2004. Available from: <http://hbr.org/2004/10/presenteeism-at-work-but-out-of-it/ar/1>.

"We know through any number of patient care reports that the quality of patient care improves whenever the wellness and satisfaction of nurses and other healthcare providers improve." – Cynthia Vlasich

that refers to employees who are physically present but not actively engaged in their work) and turnover.

"I think this is something that all employers are thinking about," says David Taylor, FACMPE, FACHE, vice president of regional services, CoxHealth, Springfield, Mo. "How can I help our employees lead healthier lives? What does this do for our operations? How does it affect the services we provide? Does it lower our healthcare expenses?" he asks.



CoxHealth offers a wellness program that includes diet, exercise, mental health and financial wellness components. This year, 7,000 employees participated in the program compared with 900 people in 2011, says Katie Towns-Jeter, MPH, director of corporate and community health. "We know there is an emotional

component to health modification," she says. The key, she adds, "is to find practical ways for nurses, who are busy from the time they hit the floor to the time they leave the floor, to find a retreat. We have to make more of an effort to take care of the people who are taking care of those patients."

"How to Eat on a 12-Hour Shift" is one program targeted at nurses and support staff to help shift ingrained behavior. "Caretakers are always thinking about other people," Towns-Jeter says. "It's how they're wired. We have to make sure the person who is doing the caretaking takes care of themselves. We have to take care of our own so they can take care of others."

Yet there has to be a connection to outcomes and data to justify the expenditures. "We have to show that it's a good investment," she adds. Citing examples such as the Three Rivers Hospital implementation helps.

Cynthia Vlasich, director of education and leadership, Sigma Theta Tau International Honor Society of Nursing, Indianapolis, agrees. "We know through any number of patient care reports that the quality of patient care improves whenever the wellness and satisfaction of nurses and other healthcare providers improve."

Contact Heather Grimshaw at hgrimshaw@mgma.org.

 Learn more about culture and how it affects patient care at the MGMA 2015 Business of Care Delivery® Conference; mgma.org/bocd2015.