

Building a Resilient Clinical Workforce

Two-Phase Model Integrating Feedback and Sabbatical Program



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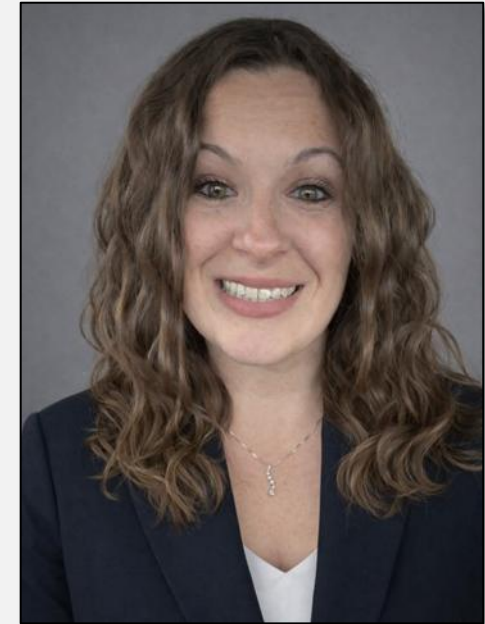
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Disclaimer

There are no real or perceived conflicts of interest that relate to this presentation.

Overview - Building a Resilient Clinical Workforce

1) Addressing The Issues

Overall cost of Clinician and Nursing Burnout:

- ❖ Recruitment
- ❖ Quality and Patient Safety
- ❖ Community Perception and Culture

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2) The Solution: Two-Phase Workforce Strategy

- ❖ Structured Nursing and Clinician 1:1 feedback and coaching program
- ❖ Physician Sabbatical Program

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3) Lesson Learned



Clinician and Nursing Burnout



Turnover



Staffing Instability



Patient Experience



Quality Outcomes



ACEP Now

ABOUT > LEADERSHIP

Burnout is a health crisis for doctors—and patients

By [Jack Resneck Jr., MD](#), Former President

Mar 9, 2023 | 6 Min Read

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LEADERSHIP VIEWPOINTS

Many factors drive burnout in the practice of medicine, a complex and pervasive issue with widespread implications for both physicians and patients. In response, physician leaders across organized medicine must act with great urgency to protect one of our nation's most valuable resources: Our medical workforce.

PRACTICE MANAGEMENT > PHYSICIAN HEALTH

Nearly \$1 billion in excess patient costs tied to physician turnover

By [Tanya Albert Henry](#), Contributing News Writer

May 24, 2022 | 4 Min Read

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Payers, health care organizations and the health care delivery system have a nearly \$5 billion vested interest in making changes that can help reduce physician burnout, a study shows.



HEALTH

Study: Doctor burnout costs health care system \$4.6 billion a year

Alvin Powell | Harvard Staff Writer

July 12, 2019 • 3 min read

Work highlights economic cost in lost time, turnover

Burnout among doctors is costing the U.S. health-care system an estimated \$4.6 billion a year in billings because of reduced hours, physician turnover, and expenses associated with finding and hiring replacements, according to a first-time analysis of the overall economic impact of the problem.

AMA Steps Forward Calculator

Calculate the Cost of Physician Burnout for Your Organization^{1,2}

20 physicians

Number of physicians in your organization

63% burnout

Rate of physician burnout in your organization ?

50% turnover

Current physician turnover rate (all causes) in your organization ?

\$300,000 / physician

Cost of turnover in your organization, per physician ?

Impact of Physician Burnout in Your Organization

4 / year

Number of physicians in your organization turning over due to burnout per year

\$1,159,509 / year

Estimated cost of physician turnover per year due to physician burnout

Workforce

The cost of nurse turnover in 10 points | 2026

Advertisement

By: **Molly Gamble** 6 hours ago

Nurse shortages and mounting labor costs remain among health system CEOs' top concerns, and the newest NSI survey puts fresh numbers on the financial risks hospitals face from vacancies and churn.

The [2026 NSI National Health Care Retention & RN Staffing Report](#) features input from **527 hospitals in 40 states** on registered nurse turnover, retention, vacancy rates, recruitment metrics and staffing strategies. It covers 965,886 healthcare workers and 262,405 registered nurses.


The turnover rate for staff RNs grew by **1.2%** in 2025, resulting in a national average of **17.6%**.

The average cost of turnover for a staff RN is **\$60,090** (down slightly from \$61,110 the year prior).

Each percent change in RN turnover stands to cost or save the average hospital **\$295,000 per year**.

Behavioral health nurses continue to lead all specialties in turnover at **22.5%**, followed by emergency (**20.7%**), telemetry (**19.5%**) and step down (**19%**), all above the national RN average.

Understated Costs of Burnout

 **Replacement cost** per clinician and RN includes recruitment, onboarding, and training



Months of **reduced proficiency** for new staff



Loss of **institutional** and **community** knowledge



Increased burden on remaining team members

Costs of Recruitment & Agency Utilization



Premium rates for agency and traveling clinicians



Orientation costs with limited return on investment



Reduced **consistency** in care models



Impacts department **culture**

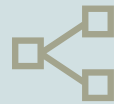
Impact on Patient Experience



Misaligned priorities with Patient Experience goals



Delays in care and throughput



Interrupted collaboration with EMS



Impacts community perception and reputation

IMPACT ON TEAM MORALE AND TRUST

Increased fatigue and compassion exhaustion

Erosion of trust between nurses and providers

Us vs. Them mentality under stress

Loss of psychological safety



There is no quick fix or “cure” for burnout!

Our Solution

Two-Phase Workforce Strategy

Structured 1:1
clinician and **nursing**
feedback and
coaching program

Our Solution

Two-Phase Workforce Strategy

Structured 1:1
clinician and **nursing**
feedback and
coaching program

Formal physician
sabbatical program



Feedback and Coaching Program

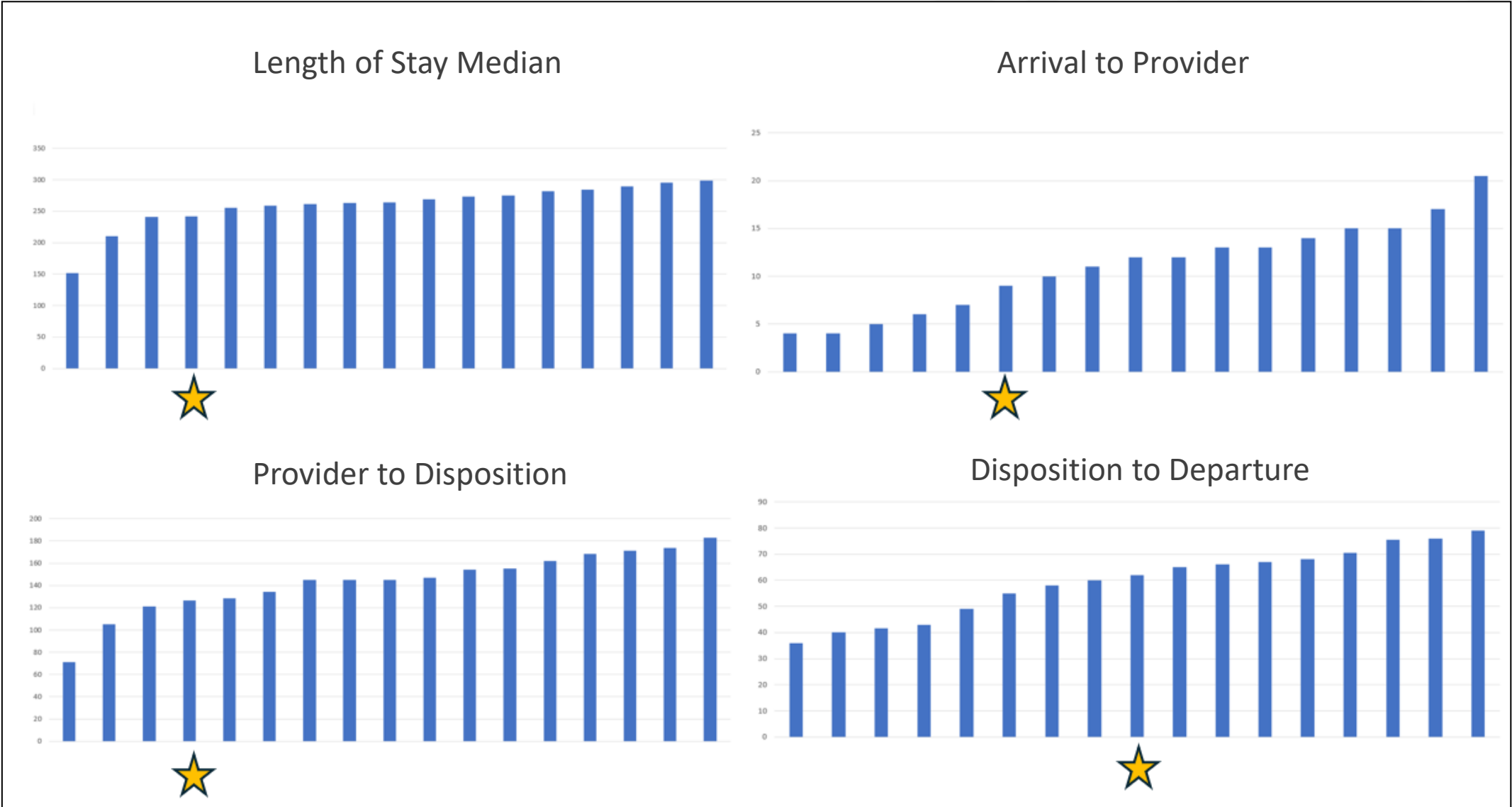
Clinician Processes

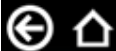
- **Weekly** department rounds
 - Leader rounds- patient experience/throughput
 - Leverage assistant director, quality director and APP lead on leader rounds to **diversify messaging**
- **Monthly** staff meetings
- **Bi-annual** 1:1 check ins with each clinician
- Friday “FYI” communications

Goals

- Increased **engagement** from team members
- Provides a **checkpoint** every six months with the opportunity to ask about their **future goals** and a detailed look-ahead of **upcoming projects/initiatives**
- Provide a **consistent platform** for follow-ups
- Builds a **culture** of trust and accountability
- **Proactively** addresses issues that may become larger problems in the future
- Allows the clinician the chance to **voice their interests** and become more involved

Example Materials for 1:1 Structure





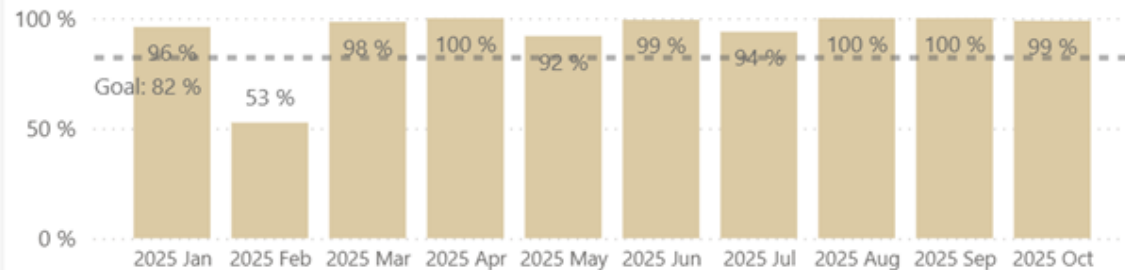
Facility

All

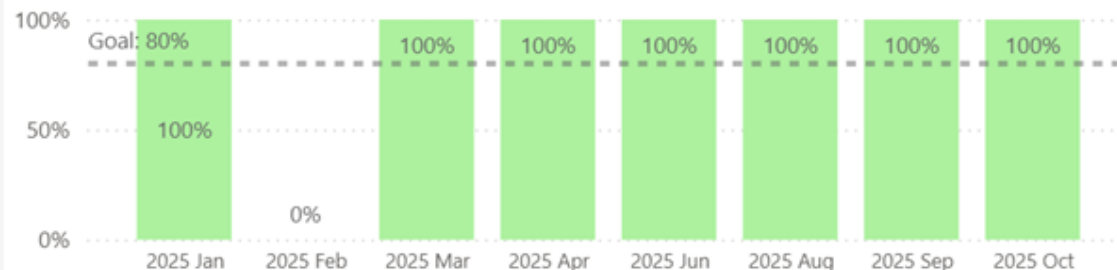
Physician / APP Name

Ctrl+ click to multi-select (Cmd+ click for Mac)

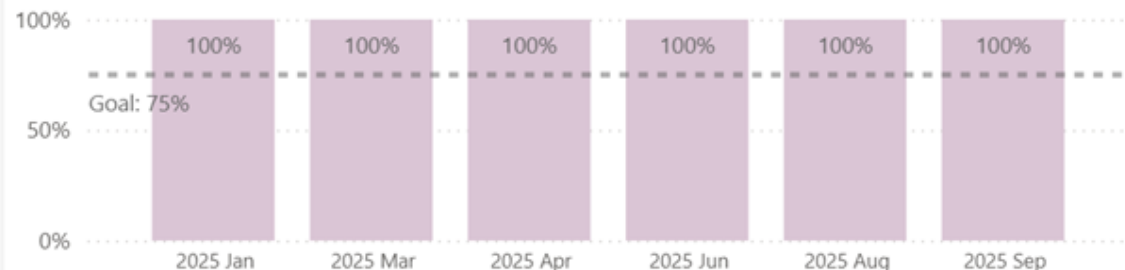
Quality Risk Index



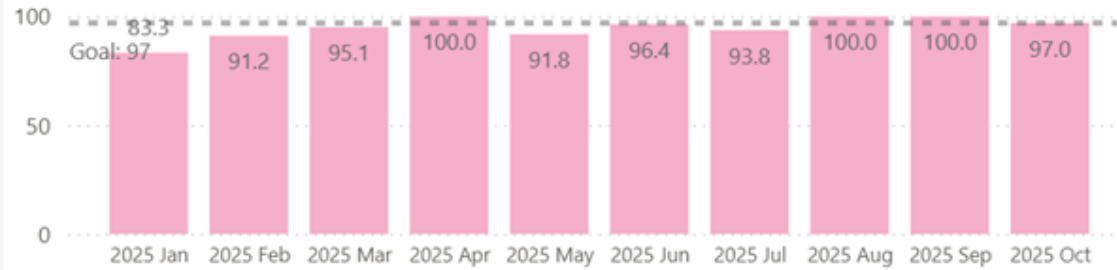
DizziNIHSS



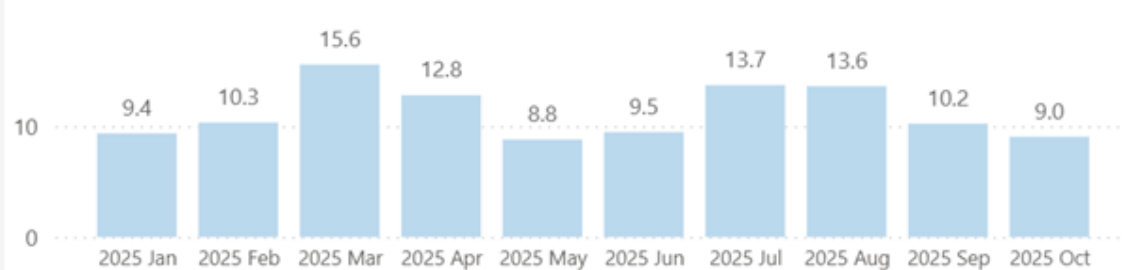
Avoid CT/MRI in Atraumatic LBP (ACEP52)



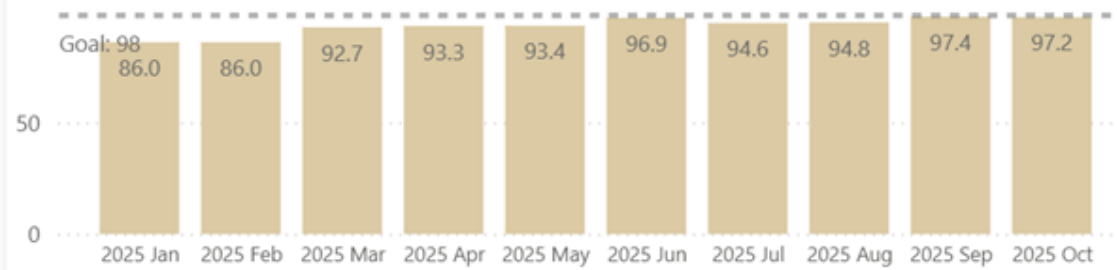
Avoid High-Risk Meds in Geriatrics (ACEP 63) per 100 Encounters



Opioid Rx per 100 Discharge Encounter



Respiratory Viral Panel



Nursing Processes

- **Weekly** executive nursing department rounds
- **Quarterly** check-ins with ED manager
- Developed a monthly **Stoplight Report**
- Established a monthly **Unit Council** led by frontline staff
- Friday **“FYI” communications**

Goals

- Foster **relationships** with staff
- Identify and remove **barriers**
- Provide a **consistent platform** for follow-ups
- Building a **culture** of trust and accountability
- Increase **collaboration** between interdisciplinary teams
- Creates an **open forum** to share their experience, provide real time feedback, and discuss career building opportunities

**ACTIONS TAKEN:
EMOTIONAL &
PSYCHOLOGICAL SAFETY**



Post-critical-event debriefs initiated



Internal CISM program development



Three free counseling sessions annually (BSMH)



Quarterly one-on-one check-ins

Workplace Violence



- Disproportionate number of workplace violence cases in the **Emergency Department**
- Inability to care of patients if we **do not feel safe** in our department
- Support from **hospital leadership** is vital

ACTIONS TAKEN: RECOGNITION & CELEBRATION



Celebrate cohesive milestones and successes in weekly communication



ED Nurses Week and Called to Shine Daily Awards



Annual Clinician Awards and Doctors Day celebration



Culture building celebrations



Personal thank-you notes and patient outcome updates





Sabbatical Program

Sabbatical Program

What?

A well being initiative

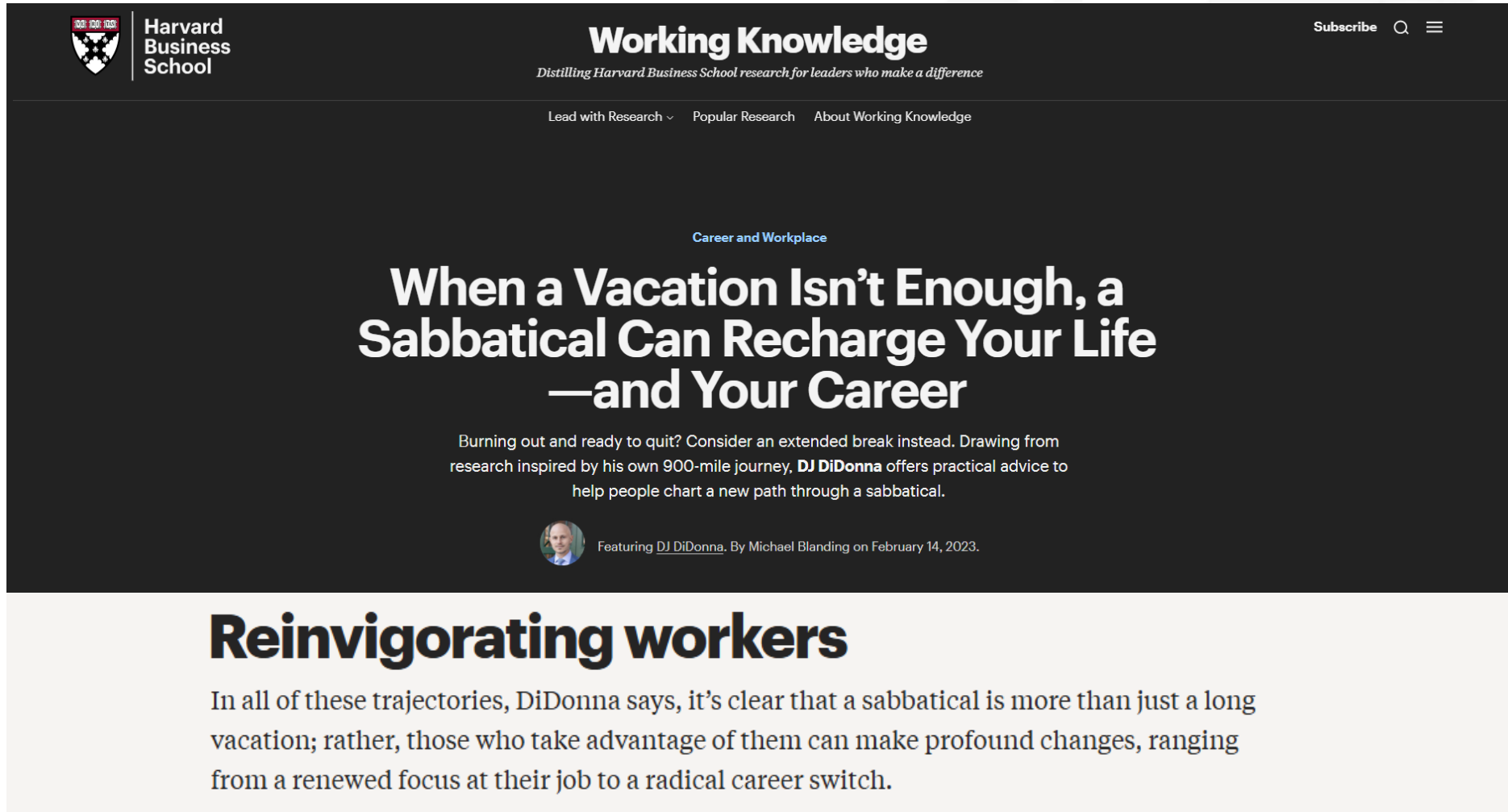
Why?

Recruit and retain like minded physicians

Why Now?

Turnover and burnout post covid has been devastating, need to focus on retaining good clinicians and create a path for career longevity

Sabbatical impact on well-being (retention)



The screenshot shows the top portion of a webpage. At the top left is the Harvard Business School logo. In the center is the 'Working Knowledge' logo with the tagline 'Distilling Harvard Business School research for leaders who make a difference'. At the top right are 'Subscribe', a search icon, and a menu icon. Below this is a navigation bar with 'Lead with Research', 'Popular Research', and 'About Working Knowledge'. The main content area has a sub-header 'Career and Workplace' and a large title: 'When a Vacation Isn't Enough, a Sabbatical Can Recharge Your Life—and Your Career'. Below the title is a short paragraph: 'Burning out and ready to quit? Consider an extended break instead. Drawing from research inspired by his own 900-mile journey, DJ DiDonna offers practical advice to help people chart a new path through a sabbatical.' Below this is a small circular profile picture of DJ DiDonna and the text 'Featuring DJ DiDonna. By Michael Blanding on February 14, 2023.' The bottom section of the screenshot has a light gray background with the sub-header 'Reinvigorating workers' and a paragraph: 'In all of these trajectories, DiDonna says, it's clear that a sabbatical is more than just a long vacation; rather, those who take advantage of them can make profound changes, ranging from a renewed focus at their job to a radical career switch.'

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Career and Workplace

When a Vacation Isn't Enough, a Sabbatical Can Recharge Your Life—and Your Career

Burning out and ready to quit? Consider an extended break instead. Drawing from research inspired by his own 900-mile journey, **DJ DiDonna** offers practical advice to help people chart a new path through a sabbatical.

 Featuring [DJ DiDonna](#). By Michael Blanding on February 14, 2023.

Reinvigorating workers

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Details Of The Sabbatical Program



Sabbatical lasts **one month** and is unpaid



Benefits maintained throughout sabbatical



Expect **one physician off every month** of the year



Holidays dealt with at **site level**



Must be an FTE with **one year of tenure** to qualify

Sabbatical Program

DRAFT



- ✓ Occurs a year in advance
- ✓ Draft by seniority first
- ✓ Given 48 hours to decide and then move down the line
- ✓ Can opt out for that year, go to top of list for next
- ✓ List rolls over to the next year

Expectations of the program

Once scheduled **it is protected**

- Requires commitment from leadership and the team
- If unexpected leave, everyone agrees to pick up one shift extra, if there is a month no one wanted then everyone works one shift less.

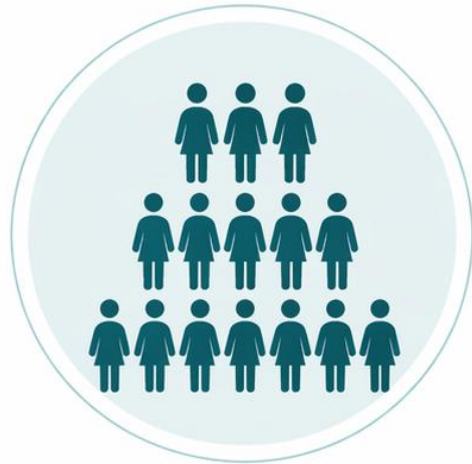
Need to be **close to fully staffed** to launch program

- Need to account for an emergent medical leave, unexpected resignation, etc.
- If everyone is at higher hours already this may create strain
- More than two going out unexpectedly may be difficult to handle for more than 2-3 months without other help (depending on size of market/number of physicians)

Addressing unexpected leaves or resignations

- Keep **staffing at higher level** so clinicians are at lower hours and can pick up
- **Cross credential** clinicians across regions
- Maintain a bench of **part time support** that have been consistent
- **Group buy in** to flex in as a region, proactively discuss before program launch

Scalability



For sites with 20–25 physicians

- Can guarantee a month off every 2 years



For larger groups

- Optionality to design appropriate to program size



Regional cross-credentialing model

- Smaller sites can partner to larger, gives larger pool for mutual aid if turnover occurs as well
- Recruiting tool for hard to staff sites





Lessons Learned

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Coaching Program

- Multiple iterations of coaching programs
 - Sending a pre-read
 - Structure format
- Cadence changes (added leader rounds)
- Personalization of approach
- Documentation for awareness and accountability

Sabbatical

- Ensuring part-time bench and regional aid (buy-in)
- Recognize local culture/politics on draft structure
- Understanding your team
 - Leverage knowledge from coaching program
- Heightening awareness of annual events and family milestones
- Transparency is KEY

Thank you!



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Thank you!



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