Reimagining effective workplace support for health workers

Jenny JW Liu, Anthony Nazarov, Patrick Smith, Andrea Phelps, David Forbes, Nicole Sadler, Fardous Hosseiny,^c Sarah Dougherty,^d Rosilee Peto,^e Marion Cooper,^d Marc Bilodeau,^f Suzanne Bailey,^f Jodi Younger, e Adam Dukelow, e Sandy Jansen, e Andrew Davidson, e Cara Vaccarino, d Karen Monaghan, d Sandra Northcott, Elinda Mohri, Patricia Hoffer & J Don Richardson

The coronavirus disease 2019 (CO-VID-19) pandemic revealed systemic weaknesses in health-care systems worldwide. The breadth of challenges left health workers overwhelmed and overstretched, reducing their professional efficacy and causing long-term issues with retention, recruitment and education of future cohorts.^{1,2} In response, a rush to repurpose occupational support emerged³ However, these efforts have demonstrated limited effect.3-5 We draw on lessons and insights from employee experience, resilience and organizational psychology, and leverage international perspectives on leadership and staff engagement to propose four recommendations towards optimal support of the health

First, shift from individual-level to organizational-level resilience. The lack of efficacy in individual-level resilience interventions reflects the understanding that resilience is not an individual endeavour. Contributors to resiliency are multidimensional and multisystemic in nature. Well-being programmes often place the onus of resilience on the individual. Instead, organizations need to acknowledge their roles and responsibilities in fostering a working environment that is psychologically safe, supportive, and that promotes thriving and growth.

Second, move towards a dual continuum of mental health. Aligning with the World Health Organization's definition of well-being,7 conceptualization of mental health as the absence of mental illness necessitates an evolution to a dual continuum that considers positive mental well-being (that is, flourishing versus languishing).8 This approach destigmatizes mental health, normalizes daily challenges in individual lives, and seeks to support those managing mental illness and everyday struggles. Support involves a broader spectrum of interventions that go beyond symptoms reduction, to encompass sustainable approaches that enhance prevention, health promotion and optimization of function, satisfaction and meaning.

Third, engage health workers. The opposite of burnout is not resilience; it is authentic engagement. Health workers cite institutional demoralization, distrust and moral distress as top contributors to burnout. 4,9 Generic solutions are insufficient; health workers need to feel engaged in the process of identifying and prioritizing issues, brainstorming and co-developing solutions, and contributing to implementation and evaluation.¹⁰ Even in the absence of immediate solutions, health workers should feel that their leaders back them and are aware of their needs, such that workers feel seen, heard, understood and valued in the process.10

Fourth, recognize that health worker burnout is a systemic, universal issue. The effects of the COVID-19 pandemic have amplified many of the pre-existing challenges, such as health worker recruitment, retention and workplace well-being. Solutions need to depart from single, isolated initiatives towards an emphasis on systems-level implementation and communication of change. Health organizations seeking to improve support must consider the adoption of implementation science frameworks in which the level of uptake, evaluation of effectiveness, barriers and facilitators, and maintenance strategies are incorporated in the short and long term.

In current organizational structures, leaders and individuals in specialized roles are assigned the responsibility to initiate and implement change. However, they often face limitations due to the constraints of their authority and the scope of their mandates. As a result, their efforts may lack autonomy and meaningful impact, leading to workplace cultures that are resistant to change. These four key lessons collectively call for integrated strategies that go beyond traditional, top-down or bottom-up solutions.9 Through continued engagement and collaboration, health workers and leaders are collectively tasked to co-identify problems, co-generate solutions, and build agency towards an organizational future with more robust support systems. This nonhierarchical approach is pivotal in transforming how we sustainably address the challenges in our health systems and support those at the forefront of healthcare delivery.

References

Available at: https://www.who.int/publications/ iournals/bulletin

© 2024 The authors; licensee World Health Organization.

This is an open access article distributed under the terms of the Creative Commons Attribution IGO License (http://creativecommons.org/licenses/by/3.0/igo/legalcode), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. In any reproduction of this article there should not be any suggestion that WHO or this article endorse any specific organization or products. The use of the WHO logo is not permitted. This notice should be preserved along with the article's original URL.

Correspondence to Jenny JW Liu (email: jenny.liu@sjhc.london.on.ca).

a MacDonald Franklin OSI Research and Innovation Centre, Lawson Research Institute, 750 Base Line Road East, Suite 300, London N6C2R5, Ontario, Canada.

^b Phoenix Australia, Centre for Posttraumatic Mental Health, Melbourne, Australia.

^c Atlas Institute for Veterans and Families, Ottawa, Canada.

^d The Royal Ottawa Hospital, Ottawa, Canada.

e St. Joseph's Health Care London, London, Canada.

f Canadian Armed Forces, Ottawa, Canada.

References

- McNeill M. Extraordinary impacts on the healthcare workforce: COVID-19 and aging. Del J Public Health. 2022 Dec 31;8(5):164-7. doi: http://dx.doi .org/10.32481/djph.2022.12.038 PMID: 36751590
- Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? BMJ Glob Health. 2022 Jun;7(6):e009316. doi: http://dx.doi.org/10.1136/bmjgh-2022-009316 PMID: 35760437
- Cairns P, Aitken G, Pope LM, Cecil JE, Cunningham KB, Ferguson J, et al. Interventions for the well-being of healthcare workers during a pandemic or other crisis: scoping review. BMJ Open. 2021 Aug 17;11(8):e047498. doi: http://dx.doi.org/10.1136/bmjopen-2020-047498 PMID: 34404701
- 4. Mantri S, Jooste K, Lawson J, Quaranta B, Vaughn J. Reframing the conversation around physician burnout and moral injury: "We're not suffering from a yoga deficiency". Perm J. 2021 Sep 21;25:21.005. doi: http:// dx.doi.org/10.1136/bmjopen-2020-047498 PMID: 34404701
- Plouffe RA, Nazarov A, Heesters AM, Dickey CC, Foxcroft L, Hosseiny F, et al. The mediating roles of workplace support and ethical work environment in associations between leadership and moral distress: a longitudinal study of Canadian health care workers during the COVID-19 pandemic. Front Psychol. 2023 Sep 29;14:1235211. doi: http://dx.doi.org/10.3389/fpsyg.2023 .1235211 PMID: 37842704

- Liu JJW, Reed M, Fung KP. Advancements to the multi-system model of resilience: updates from empirical evidence. Heliyon. 2020 Sep 14;6(9):e04831. doi: http://dx.doi.org/10.1016/j.heliyon.2020.e04831 PMID: 32984581
- Mental health. Geneva: World Health Organization; 2022. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health -strengthening-our-response [cited 2024 May 7].
- Westerhof GJ, Keyes CL. Mental illness and mental health: the two continua model across the lifespan. J Adult Dev. 2010 Jun;17(2):110-9. doi: http://dx .doi.org/10.1007/s10804-009-9082-y PMID: 20502508
- Moral injury guide for healthcare workers. Carlton: Pheonix Australia; 2022. Available from: https://www.phoenixaustralia.org/news/moral-injury-guide -for-healthcare-workers/ [cited 2023 Oct 12].
- Benevene P, Buonomo I, West M. Editorial: compassion and compassionate leadership in the workplace. Front Psychol. 2022 Dec 9;13:1074068. doi: http://dx.doi.org/10.3389/fpsyg.2022.1074068 PMID: 36571014