

**EVERY
VOICE
MATTERS.**



HEALTH
UNIVERSITY OF UTAH

HEALTH TASKFORCE REPORT

Defining Department of Nursing Collective Well-being

Completed June 29, 2022; Communication date: July 1, 2022

90-Days of Listening and Learning From Our Teams

Introduction to the Health Taskforce Findings

BACKGROUND

On January 1, 2022, Chief Nursing Officer Tracey Nixon issued a [call to action](#) to address rising rates of burnout and staff turnover within the Department of Nursing at U of U Health.

METHODS

A [Health Taskforce](#) with broad departmental representation and strategic systems partnerships launched a 90-day [Listen-Sort-Empower \(LSE\)](#) campaign using in-person and [web-based](#) qualitative methods to engage the over 6,000 members of the Department of Nursing to identify upstream drivers of professional burnout. Workforce sentiment was then analyzed using qualitative methods and prioritized by staff to inform decision-making by organizational leaders and resource evidence-based interventions for system improvements in FY23 (July 1, 2022 – June 30, 2023).

RESULTS

Between April 6 and May 15, 19 members of the Health Taskforce captured 80 hours of feedback from in-person rounds at 63 locations (5 hospitals; 11 clinics) and 603 comments posted in the Amplify app. We analyzed language using a [semi-structured question set](#) adapted from LSE. Over 800,000 words were captured via notes, transcribed audio and social app postings. Using the text analytics platform [Text iQ™](#) we analyzed a random sample of 873 comments drawn from all locations to reveal three primary themes and twelve areas of focus that represent the **upstream drivers of burnout within the Department of Nursing: staffing shortage** (660; 43.7%) – need to address stress injury, workload, retention and workflow; **environment and culture** (548; 36.3%) – need to address work schedule, physical well-being, psychological and physical safety; and **total compensation** (299; 19.8%) – need to address income, incentives, insecurity, expenses.

6,066 members of the Department of Nursing were then issued a [survey](#) to prioritize each of the identified areas of focus. 1,567 (25.8%) respondents identified the following in order of priority: **(1) Income** (1,233; 87.1%) – improve salary, wages, and benefits, **(2) Workload/Stress Injury** (1,105; 73.4%) – address unmanageable patient ratios, acuity, and skill mix resulting in moral distress and burnout, and **(3) Work schedule** (849; 64.7%) – need for increased flexibility, shifts/roles and recovery time.

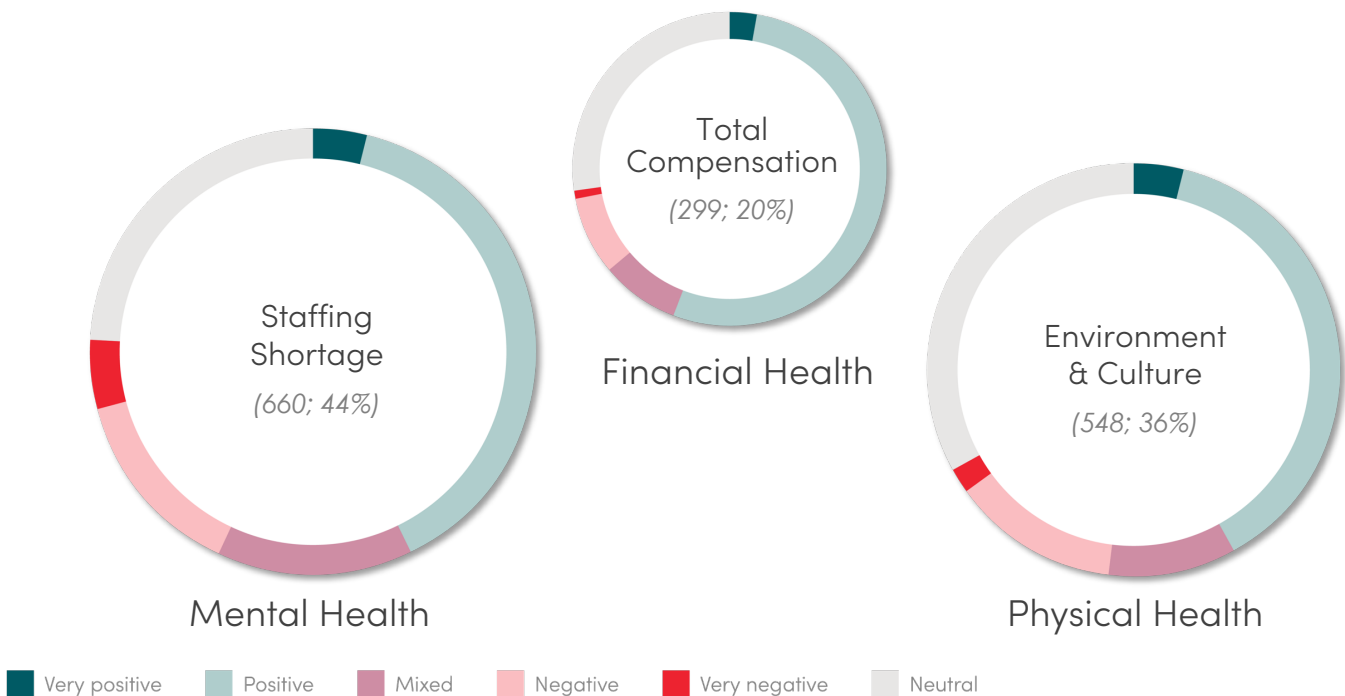
CONCLUSIONS

The three primary drivers of burnout and twelve areas of focus outlined in this report can be stated in simple terms: **our teams currently feel unsupported, unwell, and undervalued.** In order to move forward as a department, we will need to reexamine many of the traditions and processes that no longer serve us well. This year, we will begin the long-term work to ensure our staff are adequately supported by their peers, leadership, and the organization to provide exceptional care for their patients, have dedicated time to recover and manage their physical, mental and emotional well-being, and that they feel valued for their time, dedication and expertise through fair and competitive compensation.

RECOMMENDATIONS

We have organized this report into three overarching health domains—mental, physical, and financial. In each section **we convey the problem** surfaced by staff in their own words, **outline action steps** for FY23, **and provide evidence-based resources** to draw from. We close this report on a positive note: **insights from the Health Taskforce yield direction for future improvement.** They also impart generalizable methods and processes that can be scaled to all employee populations to benefit the health of our entire U of U Health workforce.

Figure. Upstream Drivers of Burnout – Sentiment Analysis of 873 Comments



The figure above reflects sentiment analysis of a random sample of 873 comments drawn from all locations to reveal three health domains and corresponding primary drivers of burnout:

- Mental Health – “Staffing Shortage” (660; 43.7%) unmanageable workloads result in stress injury
- Physical Health – “Environment and Culture” (548; 36.3%) inflexible schedules and inadequate time off to recover
- Financial Health – “Total Compensation” (299; 19.8%) – inadequate salary, wages and benefits and economic insecurity.

Questions asked prompted both positive and negative responses (e.g., What works well in your workday? What are the challenges in your day-to-day work?), and we see a mix of both. The responses categorized in the extremes “very positive” and “very negative” were largely from the Amplify app. In-person responses trended more neutral with higher positive/mixed/neutral. Because app responses could be anonymous, it’s likely in-person dialogue was more guarded.

This data reflects a snapshot in time of frontline sentiment to examine saturation—a validity measure that positively confirmed each of the themes were present in all areas. Without data capture over time, we are unable to identify trends. Tools like TextiQ may be useful applied to Well-Check survey sentiment analysis which happens on a quarterly basis.

What does this mean? Without meeting basic needs first, employees cannot actively participate in culture-building. [Herzberg’s two-factor theory of motivation](#) does seem to align. This theory identifies dissatisfiers (termed hygiene factors) as pay, policies, benefits, working conditions, status and interpersonal relations. Satisfiers (motivation factors) include recognition, sense of achievement, growth and promotion opportunities, responsibility and meaningfulness of the work. Hygiene factors address our basic needs. Without meeting those first, motivation factors are a “nice to have” but simply not enough.

Credit: Marcie Hopkins, data visualizations and frontline sentiment cover art.

Snapshot: Defining Mental, Physical & Financial Health

| Domain | Mental Health | Physical Health | Financial Health |
|--|---|--|---|
| Workforce Feels | unsupported | unwell | undervalued |
| FY23 Priorities | Staffing Shortage | Environment/Culture | Total Compensation |
| Workforce Prioritized* Areas of Focus for FY23 | <p>38% Stress injury—burnout, moral distress, compassion fatigue.</p> <p>36% Workload—patient ratios, patient acuity and skill mix.</p> <p>24% Retention—mentorship network, career progression.</p> <p>3% Workflow—access to supplies, standardized processes to improve equity and reduce low-value or duplicative work.</p> | <p>65% Work schedule—flexibility, shifts/roles, recovery time.</p> <p>17% Physical well-being—time and ability to access food/fitness facilities.</p> <p>9% Psychological safety—inclusion, incivility, support.</p> <p>9% Physical safety—violence, parking lot at night, lifting/moving patients.</p> | <p>87% Income—salary, wages and benefits.</p> <p>7% Insecurity—strategies to reduce the impact of inflation and housing market.</p> <p>3% Incentives—career ladder, bonus, Just-in-Time (JIT) pay.</p> <p>3% Expenses—parking, tuition, childcare.</p> |
| FY23 Action Steps | <p>Incorporate the following mental health areas of focus into FY23 dept. goals and objectives:</p> <ol style="list-style-type: none"> Workload/Stress injury – regulate patient ratios using acuity tools; resource Stress First Aid rising risk and crisis-level burnout programs Retention/Recruitment – boost efforts to retain experienced staff & recruit new team members Workflow – implement Shared Governance model to empower frontline teams <p>Establish transparent dashboards and quarterly report outs.</p> | <p>Incorporate the following physical health areas of focus into FY23 dept. goals and objectives:</p> <ol style="list-style-type: none"> Work schedule – increase flexibility, revise attendance policy (sick days), standardize PTO procedures Physical well-being – address time for breaks and equitable access to food and fitness facilities Team safety – outline efforts and programs to address gaps in physical and psychological safety <p>Establish transparent dashboards and quarterly report outs.</p> | <p>Incorporate the following financial health areas of focus into FY23 dept. goals and objectives:</p> <ol style="list-style-type: none"> Income – outline a plan to evaluate and address compensation to improve salary, wages and benefits Insecurity – address market adjustment and develop transparent payment practices Incentives/Expenses – incentivize learning and advancement (innovate career ladder); provide parking differential for campus employees <p>Establish transparent dashboards and quarterly report outs.</p> |
| Desired Outcomes | Our teams feel <i>supported</i> | Our teams feel <i>well</i> | Our teams feel <i>valued</i> |
| Aims – Defining the Future State of Our Health | We have manageable patient ratios and a balanced mix of highly trained professionals who support high-level patient care, better patient/family experiences and workforce well-being. Our staffing models reflect equity, diversity and inclusion, and allow for schedule flexibility, personal and professional growth, and resources to manage the stress injury inherent to health care delivery. | Our healthy work environment is safe, healing, humane, and respectful of the rights, responsibilities, needs and contributions of <i>all</i> people. Our culture of wellness provides dedicated time for breaks and equal access to healthy food options, exercise facilities, and preventive care. Team members derive fulfillment from their work and provide the best possible care outcomes to patients. | Life is about more than just work. A valued workforce is one supported by a competitive compensation and benefits program that is stratified by market intelligence and an innovative and transparent pay philosophy that allows better access to benefits for self-care and wellness and wealth planning for all generations. We engage our workforce to co-design and annually evaluate our practices to ensure our system advances to meet current needs. |

* N=1,567. Department of Nursing survey to prioritize identified areas of need (Captured between 6/8/22-6/20/22).

"Before the pandemic when we were short staffed, I'd be like, we can get through it. I had a little bit more reserve to power through. I don't have that anymore. If we're short, I'm just miserable."

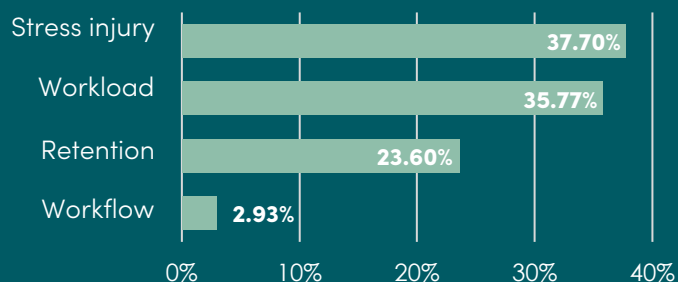
Inpatient unit rounds, April 15, 2022.



"I'm having a hard time building good rapport and teamwork with my coworkers and providers because everyone is so burned out, the atmosphere is toxic."

What are the challenges in your day-to-day work?
(Amplify app response: May 15, 2022)

Need to address "Staffing Shortage" Workforce Prioritization Survey Results



N=1,504 (25% response rate) Department of Nursing
survey to prioritize areas of need.

FY23 Health Taskforce Recommendations

- Incorporate top three prioritized mental health areas of focus into FY23 departmental goals and objectives.
- Create transparent dashboards and quarterly report outs visible to all employees.
- Leverage strategic system partnerships and evidence-based resources to meaningfully address upstream drivers of burnout.

MENTAL HEALTH

MENTAL HEALTH

Problem: “Staffing Shortage”

Understaffing is one of the major causes of moral distress and burnout. These factors are part of the [stress injury continuum](#), which also includes compassion fatigue, anxiety, depression, PTSD and other phenomenon that refers to the range of negative consequences from stress exposure.

“If we're short, I'm just miserable. And I come to work expecting to be short. I dread coming to work and I don't want to come here and I don't want to be here.”

Stress injury is a constant presence for our teams. They express feeling tension and anxiety in anticipation of coming to work, before procedures they know are understaffed and/or under-skilled for because many of our most knowledgeable nurses have left the organization. Newly hired individuals often feel unprepared to manage our high acuity patient populations.

Evidence-based Resources

FY23 Action Steps

Incorporate the following mental health areas of focus into FY23 dept. goals and objectives:

1. **Workload/Stress injury** – regulate patient ratios using acuity tools; resource Stress First Aid rising risk and crisis-level burnout programs
2. **Retention/Recruitment** – boost efforts to retain experienced staff & recruit new team members
3. **Workflow** – implement Shared Governance model to empower frontline teams

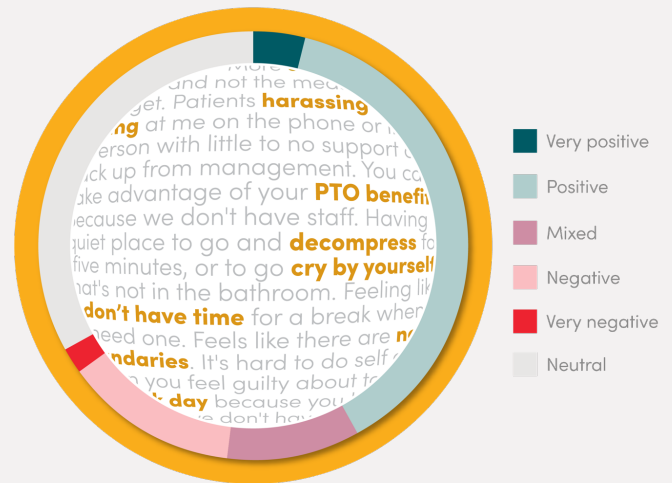
Establish transparent dashboards and quarterly report outs.

“Adequately staffed floors and safe patient ratios allow me to form meaningful relationships with my patients as well as provide safe care while recognizing critical changes in their condition.”

| Resource & Description | Topics |
|---|---|
| Partners for Nurse Staffing Think Tank. (2022). Nurse Staffing Think Tank: Priority Topics and Recommendations . Five of the most prestigious nursing and health care improvement organizations (AACN, ANA, AONL, HFMA, IHI) released this comprehensive report to identify and define priority topics, give recommendations, and provide measurable outcomes and timelines to help organizations address the national staffing crisis. | Healthy Work Environment; Diversity, Equity and Inclusion (DEI); Work Schedule Flexibility; Stress Injury Continuum; Innovative Care Delivery Models; Total Compensation. |
| National Center for PTSD. (2020). Stress First Aid for Health Care Workers . Stress First Aid (SFA) is a framework of practical actions that can help reduce the likelihood that stress reactions will develop into more severe or long-term problems. SFA offers a flexible menu of options for addressing stress reactions. | Stress Continuum Model: Ready (Green), Reacting (Yellow), Injured (Orange), Ill (Red); Seven Core Functions (7C's); SFA Group Format for implementation. |
| Gilroy H. The Healers are Broken: A Call for Trauma-Informed Professional Development in Nursing . J Nurses Prof Dev. 2021 Jun 8. Evidence-based interventions that can enhance protective factors and also promote recovery from trauma-related poor mental health outcomes. | Mental health and professional development; Peer Support, Attention to Cultural Differences, Empowerment |

"We are in the health care profession; we dedicate our lives to taking care of other people. It's disheartening to not be able to take care of our own family members, children or aging parents, when we need to. "

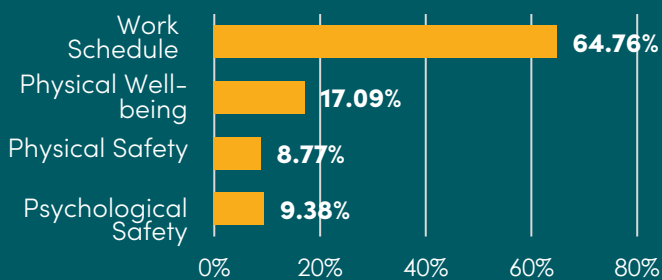
Group discussion of insufficient time off, leave and sick days.
(In-person rounds: April 11, 2022)



"We need food options at night. HCH & NRH only have access to Starbucks at the Main which has limited, mostly unhealthy, options...IF there is time to make the trek there."

What are the challenges in your day-to-day work?
(Amplify app response: May 6, 2022)

Need to address "Environment/Culture" Workforce Prioritization Survey Results



N=1,311 (22% response rate) Department of Nursing
survey to prioritize areas of need.

FY23 Health Taskforce Recommendations

- Incorporate top three prioritized physical health areas of focus into FY23 departmental goals and objectives.
- Create transparent dashboards and quarterly report outs visible to all employees.
- Leverage strategic system partnerships and evidence-based resources to meaningfully address upstream drivers of burnout.

PHYSICAL HEALTH

PHYSICAL HEALTH

Problem: “Environment/Culture”

Scheduling problems contribute to nurse burnout and lower [job satisfaction](#). For many in our health system, no two work shifts are alike. All shifts require healthy recovery time, but some situations call for more rest between shifts than others.

“You feel bad taking a lunch in urgent care. If you're like, “No, I'm gonna take my 30-minute break,” then you're leaving the rest of the staff behind.”

Team comments were fraught with inequities.

“Tech’s aren’t paid to precept but other clinicians are”; “I’m asked to translate all the time, but it’s not my job”; “Night shift always gets leftovers and rarely sees leadership”; “Academics get more time off and better benefits.” When a break or lunch is possible, it is constantly interrupted. Respite is typically found in a car or bathroom—many lack a designated space. And nearly every location reported struggling with the limited six “sick call” days per year. Increasing physical and verbal abuse from patients and incivility among peers is becoming unbearable.

Evidence-based Resources

| Resource & Description | Topics |
|--|---|
| Partners for Nurse Staffing Think Tank. (2022). Nurse Staffing Think Tank: Priority Topics and Recommendations . Described in Mental Health section I. | Healthy Work Environment; Diversity, Equity and Inclusion (DEI); Work Schedule Flexibility |
| Aspen Institute. (2020). Job Quality Tools Library . A host of actionable tools – including checklists, instructions, and guidelines – to help leaders adopt practices to strengthen job quality in their own organizations. In a post-pandemic world, look to resources outside of health care for novel solutions to long-standing problems. | Wages; Benefits; Scheduling; Legal rights; Equity and Inclusion; Opportunity to build skills and advance; supportive work environment; Worker Voice |

FY23 Action Steps

Incorporate the following physical health areas of focus into FY23 dept. goals and objectives:

1. **Work schedule** – increase flexibility, revise attendance policy (sick days), review paid leave and standardize PTO procedures
2. **Physical well-being** – address time for breaks and equitable access to food and fitness facilities
3. **Team safety** – outline efforts and programs to address gaps in physical and psychological safety

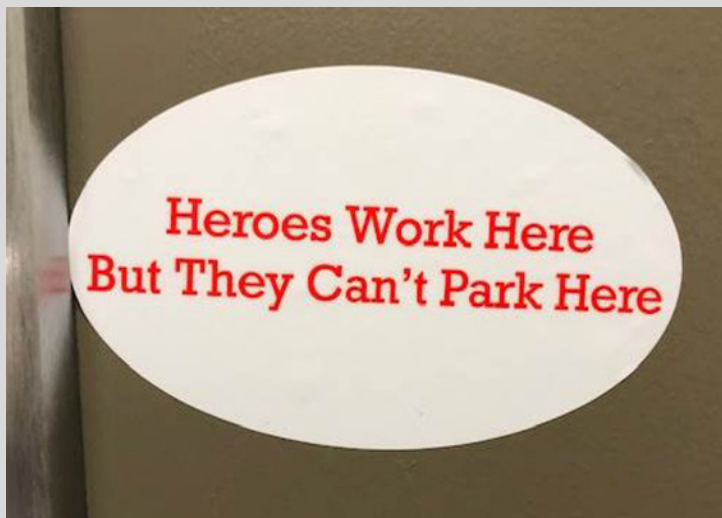
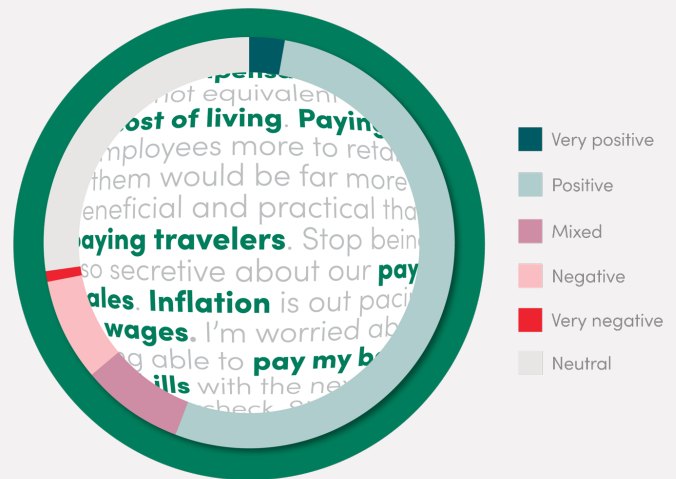
Establish transparent dashboards and quarterly report outs.

“We get really aggressive and combative patients. It can make us feel a little unsafe. We've had patients where some of us can't roam the hallway just because they've threatened us.”

“I've had patients threaten, ‘I'm gonna call immigration on you.’”

“Utah has underpaid nursing staff. Our cost of living is sky-high right now, and I know we just got a raise, but people can't afford to rent or buy a place. Our organization needs to set the bar a little higher for the state.”

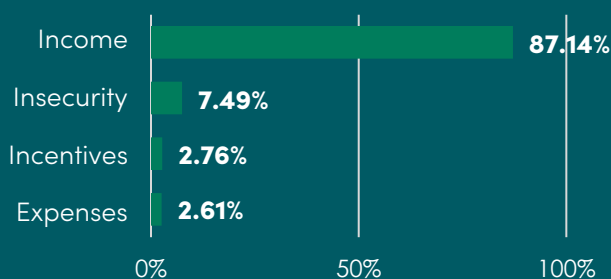
In-person rounds, April 8, 2022.



“Why put myself and my family through day/night shift flopping, difficult scheduling, mandatory on call, and emotional burnout if my compensation doesn't reflect my value?”

What saps meaning from your work?
(Amplify app response: May 15, 2022)

Need to address “Total Compensation” Workforce Prioritization Survey Results



N=1,415 (23% response rate) Department of Nursing survey to prioritize areas of need.

FY23 Health Taskforce Recommendations

- Incorporate top three prioritized financial health areas of focus into FY23 departmental goals and objectives.
- Create transparent dashboards and quarterly report outs visible to all employees.
- Leverage strategic system partnerships and evidence-based resources to meaningfully address upstream drivers of burnout.

FINANCIAL HEALTH

FINANCIAL HEALTH

Problem: “Total Compensation”

“I love working for the U, but love won’t pay my bills.”

Over the past 10 years, nursing wages in the US have been largely [stagnant](#). The RN median wage has risen about 18 percent, while the consumer price index grew 19 percent over the same period. Locally, our economy is booming—but our staff simply can’t keep up. Many report struggling to live paycheck to paycheck, rattled by rising food, gas and housing costs.

“It makes it extremely difficult to remember the meaning of our jobs and genuinely enjoy it when we have to scrounge for food and live paycheck to paycheck just to afford our rent.”

A lack of transparent pay practices has eroded trust.

Many find the career ladder outdated and confusing. Paying for parking feels like salt in the wound. Gender inequity also [plays a role](#). 79.96% of the department identify as female and are their family’s primary caregiver. Many shared the struggle to choose between family obligations or profession.

Evidence-based Resources

FY23 Action Steps

Incorporate the following financial health areas of focus into FY23 dept. goals and objectives:

1. **Income** – outline a plan to evaluate and address compensation to improve salary, wages and benefits
2. **Insecurity** – address market adjustment and develop transparent payment practices
3. **Incentives/Expenses** – incentivize learning and advancement (innovate career ladder); provide parking differential for campus employees

Establish transparent dashboards and quarterly report outs.

“I appreciate the incentive pay and recent increases, but unfortunately in our current market it’s not near enough. There’s a reason so many nurses are leaving for higher paying travel jobs. I’d love to be able to afford to stay!”

| Resource & Description | Topics |
|---|--|
| Partners for Nurse Staffing Think Tank. (2022). Nurse Staffing Think Tank: Priority Topics and Recommendations . | Total Compensation. |
| Ideas42 and Time’s Up Foundation. (2021). From Ideal Worker to Ideal Workplace: Using Behavioral Design to Create More Equitable Companies . Historically female-dominated professions suffer from a long-standing gender pay gap. This report details novel approaches to address the <i>features</i> of environments and systems, shifting employer behaviors away from those that disadvantage women and toward those that benefit <i>all</i> employees. | Gender Pay Gap; Behavioral Design; Ideal Worker Norms; Recruitment and Hiring; Scheduling and Work Hour Expectations; Promotions and Compensation. |

RECOMMENDATION #1

Incorporate top three prioritized areas of focus into FY23 departmental goals and objectives.

FUTURE STATE OF "OUR MENTAL HEALTH"

Desired outcome: Our teams feel *supported*

Aim statement: We have manageable patient ratios and a balanced mix of highly trained professionals who support high-level patient care, better patient/family experiences and workforce well-being. Our staffing models reflect equity, diversity and inclusion, and allow for schedule flexibility, personal/professional growth, and resources to manage the stress injury inherent to health care delivery.

FUTURE STATE OF "OUR PHYSICAL HEALTH"

Desired Outcome: Our teams feel *well*

Aim statement: Our healthy work environment is safe, healing, humane, and respectful of the rights, responsibilities, needs and contributions of all people. Our culture of wellness provides dedicated time for breaks and equal access to healthy food options, exercise facilities, and preventive care. Team members derive fulfillment from their work and provide the best possible care outcomes to patients.

RECOMMENDATION #2

Create transparent dashboards and quarterly report outs visible to all employees.

RECOMMENDATION #3

Leverage strategic system partnerships and evidence-based resources to meaningfully address upstream drivers of burnout.

FUTURE STATE OF "OUR FINANCIAL HEALTH"

Desired Outcome: Our teams feel *valued*

Aim Statement: Life is about more than just work. A valued workforce is one supported by a competitive compensation and benefits program that is stratified by market intelligence and an innovative and transparent pay philosophy that allows better access to benefits for self-care, wellness and wealth planning for all generations. We engage our workforce to co-design and annually evaluate our practices to ensure our system advances to meet needs.

DISCUSSION

DISCUSSION

Purpose

The purpose of this report is *not* to solve these problems. It is **to empower organizational leaders to make workforce-informed decisions and resource evidence-based interventions** for system improvements in FY23 (Jul 1, 2022–Jun 30, 2023).

Recommendations + Rationale

#1 : Incorporate top three prioritized areas of focus into FY23 departmental goals and objectives.

Leveraging departmental goal structures taps into existing processes for collective achievement, establishes clear owners and lanes of accountability, and ensures consistent reporting. By drawing from the outlined Action Steps, leaders can be sure to focus on what matters most to our teams right now.

#2: Create transparent dashboards and quarterly report outs visible to all employees.

Transparency builds trust. It removes the burden of information management from frontline leaders and reduces uncertainty and misinformation among teams. Live dashboards allow for continuous updates that are clear, consistent and easy to access.

#3: Leverage strategic system partnerships and evidence-based resources to meaningfully address upstream drivers of burnout.

Many of the Action Steps outlined in this report are not just Department of Nursing problems—they impact *many* employee populations. Addressing upstream drivers will require executive co-sponsorship, cross-departmental collaboration, and broad subject matter expertise. In our siloed health system, these partnerships often feel impossible. However, the health and well-being of our workforce depends on it. **Shared ownership of these challenges creates shared purpose. It produces balanced accountability and results in enduring and meaningful change.**

Extensible Insights

We have truly amazing people—*listen to them.*

Across all locations we visited, there was a passion for high-quality care, motivation to tackle complex challenges, and love of their colleagues. The immense disappointment they are experiencing is a direct result of this commitment to their profession. When we as leaders listen to our workforce and take consistent and meaningful action to improve the system, we can rebuild a culture of trust and pride in our organization. **Ensure that you're using tools to understand sentiment from a broad range of people, not just the loudest.**

The trauma experienced is significant.

The majority of our workforce is okay. However, we encountered a significant number of individuals who have experienced extensive and ongoing trauma who need help. Any clinical professional or employee with existing mental health challenges may be especially vulnerable right now. **Significant investment needs to be made in rising risk and crisis level measures to support our workforce.**

Anyone can use Listen-Sort-Empower to

improve. The process adapted for this initiative is a well-known AMA STEPS Forward method, [Listen-Sort-Empower](#). Designed for small teams, it is easy to use and achieve local improvement. Our own Chief Wellness Officer Amy Locke provides a [step-by-step tutorial on how to get started with your team](#).

By listening to the experts who do the work, learning from their challenges, and organizing together to implement meaningful change, we can begin to rebuild a culture of trust within our organization.

STRONGER TOGETHER

Department of Nursing Health Taskforce

Rita Aguilar, DNP, Sr. Nursing Director, Women's & Children's—*Co-Chair*
Zlata Muhamedagic, MSN, Sr. Nursing Director, Nelson Rehab Hospital—*Co-Chair*
Benjamin Bersick, RN, AIMB, DNP Student
Candace Lombardi, Nurse Manager, FMHC Oznc
Doug Ostler, Nurse Manager, SHHC Endoscopy
Hillary Jorgensen, Charge Nurse, MICU
Jolene Grovum, Nurse Mgr., Rehab (Inpatient)
Karen Porter, Nurse Professional Dev. Practitioner
Karie Vanwoerkom, Charge Nurse, ED
Kelly Robinson, AA Women's & Children's

Kurt Sowles, Charge Nurse, HMHI
Marci Koenig, Nurse Manager, Neuro Acute Care
Stella Stencer, Behavioral Sciences Manager
Rochelle Maughan-Franks, Clinical Ops Director, Ortho
Sarah Creighton, Nurse Manager, Patient Placement
Sharee Brinton, Informatics RN
Tina Hepner, Nursing Dir., Community Clinics
Maiko Taguchi, Manager, Thrive Team
Bridgette Maitre, Comms Lead, Strategic Initiatives
Kripa Kucheria, Project Manager, Strategic Initiatives
Jayde Erickson, Admin Svs. Coord, Thrive Team
Tracey Nixon, Chief Nursing Officer—*Sponsor*

System Partners

Megan Call, PhD, Co-Director, Resiliency Center
Jamuna Jones, LCSW, Resiliency Center
Michael Danielson, Sr. OD Consultant, Human Resources
Christian Sherwood, Sr. Director Employee Experience, HR
Luca Boi, Sr. Value Engineer, Value Engineering
Kristen Mauck, Systems Analyst, Patient Experience & Accelerate
Kim Mahoney, Systems Designer, Accelerate Learning Community
Shayma Salih, Community Coordinator, Accelerate
Emily Izzo, Project Administrator, Accelerate



HEALTH
UNIVERSITY OF UTAH