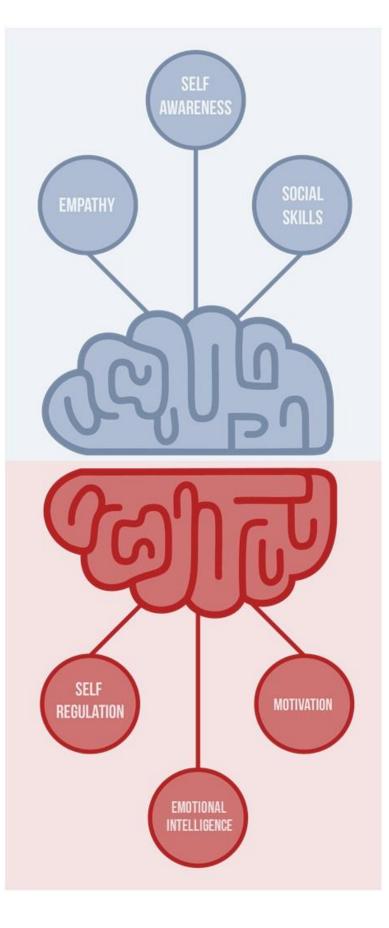
# Defeating Burnout in Healthcare

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## Using Emotional Intelligence to Thwart Burnout

oday's health care climate can feel like a tumult of accelerated and disruptive change and continuous stress – one of volatility, uncertainty, complexity, and ambiguity (VUCA). Amid this is an incessant tension to lower cost and improve quality in an effort to move toward value while still in fee-forservice payment. It is no wonder that exhaustion and cynicism have become the new normal. With expectations to be adaptable and agile, yet stable and predictable, health care providers are inundated with conflicting and compounding requirements that heighten vulnerability toward burnout, depression, and exhaustion for clinicians and compromised clinical quality for patients. If VUCA were an occasional event, we could steel ourselves for occasional stressful times. However, with the constant challenges of complexity defining "the way things are," health care organizations must create adaptability and resilience at every level and capacitate their people. Resilience has become a strategic requisite skill.

#### So What Can Be Done?

Health care organizations can grow their capacity for navigating VUCA by strengthening emotional intelligence (EI) and resiliency, thereby creating an antidote to burn-out and a bridge toward positive, open work environments.

Organizations that have high levels of EI and resiliency tend to:

- Actively question the reality and the norms that underlie their behaviors
- Hold focused conversations with open questions
- Uncover root causes of problems
- Create new ways for people to work together
- Create systems that sustain emotionally intelligent practices
- Integrate operational learning ("How did this go well, and how do we get a bit better?") and relational learning ("How were we healthy, and how do we get a bit better?")

EI is defined as: "the capacity for individuals to recognize their own, and other people's emotions, to discriminate between different feelings and label them appropriately, and to use emotional information to guide thinking and behavior." EI consists of a set of skills that can be learned by individuals (i.e., self-awareness, selfregulation, motivation, empathy, and social skills), who, in turn, can capacitate the rest of their team and their organization to do the same. Similarly, resiliency is the ability to absorb the bad moment, learn from it and accept it, and then mobilize it forward into positive emotional,

behavioral, and process effect while remaining in the environment. Resiliency enables one to roll with the punches without having to leave the negative environment.

Strengthening emotional intelligence and resiliency is even more critical when one considers the three primary challenges that currently place health care providers at risk for burnout or "anti-resiliency":

- 1. **Cognitive scarcity.** When there is not enough time or enough clarity on what to do.
- 2. **Rewards asymmetry.** A constant search for what is wrong and needs fixing, rather than for what is right and needs multiplying.
- 3. Loss of autonomy. A lack of room for choice.

### **Implications and Next Steps**

At the heart of this issue is the patient. Patients want kindness and timeliness, hope, certainty, continuity and coordination. Providers want fulfillment, meaningful work, connection to colleagues and patients, and clear feedback. Health care organizations want to provide high quality care at low cost. The good news is that these respective 'wants' are harmonious, congruent, and in alignment with the outcomes desired by patients, providers, and organizations. The key, of course, lies in building the capacity for EI and resilience.

Health care organizations can improve their capacity to adapt and operate by committing resources to strengthening EI and resiliency at the individual, team, and system level. Resiliency reduces the negative impact of provider burn-out on organizational efficacy, quality, and vitality. By investing in emotional intelligence as a shared practice tied to native and existing organizational work processes, health care organizations will create more effective leadership and a culture motivated by, and dedicated to, continuous improvement and innovation. This can be done by crafting leadership and team development around EI, embedding resilience practices in training, development, and care delivery, and designing an exponential diffusion strategy for both EI and resilience. In a world where health care personnel are already task-saturated, adding "resiliency training," no matter how well-intended, raises the risk of adding another "to-do" to already taxed clinicians. The key to personal and systemic resilience is to incorporate new technique and practice into current actions and structures, deweighting daily duress while learning new practices. Resilience and EI emerge, then, from a different "how" rather than an additional "what."

#### References

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#### ABOUT TLD GROUP

The Leadership Development Group (TLD Group) is a global health industry talent development consultancy. We develop leaders to take on the myriad challenges facing the industry to position their organizations and the industry as a whole for success. Our targeted solutions are designed to engage and empower leaders from within, between, and across the health ecosystem – and include coaching, consulting, leadership academies, and our speaker's bureau. Our worldwide faculty of over 500 organizational development practitioners, academicians, coaches, and consultants with deep expertise across the health industry, enables us to offer targeted insights and deliver highly impactful results.

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