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Top Ten Tips Palliative Care Clinicians Should Know about Implementing a Team Wellness Program

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Abstract

Palliative care (PC) providers often face challenging and emotional cases while operating in the structures that are not ideally resourced. This combination can lead to burnout and further jeopardize resources from turnover, morale, and decreased productivity. Although many wellness efforts have focused on building personal resilience skills for individuals, programmatic approaches to improve a culture wellness are equally important in supporting clinical teams. This article brings together the perspectives of PC leaders with expertise in wellness to collate practical pearls for interventions that impact the culture of well-being in their organizations. In this article, we use a ''Top 10'' format to highlight the interventions that PC leaders can implement to support the well-being of clinical staff and promote program sustainability.

Keywords: burnout; palliative care; palliative care leadership; program sustainability; team culture; resilience; well-being; wellness

Introduction

The specialty of palliative care (PC) has, for decades, appreciated the need to address burnout and promote resilience in the field. Since the early years of the science, Maslach et al. recognized both personal and system-related factors that contribute to burnout and low resilience.[1] Despite the need for equal attention to individual and program opportunities, in our experience most wellness efforts focus on practices for the individual (e.g., yoga, meditation), often paying less attention to issues that are addressable by the PC program and its leadership. For example, stresses related to doing clinical documentation at home, after hours, cannot be alleviated only by an individual's focus on personal resilience strategies. The PC leaders must pay deliberate attention to programmatic opportunities to preserve the joy in our work.[2]

The authors of this article have leveraged their leadership positions to create a culture of wellness and resilience within their teams and larger organizations. By addressing wellness through programmatic strategies, these strengthened teams have seen improved retention, morale, and productivity.

Tip 1: Highlight the Importance of Team Wellness Before It Becomes a Crisis

The PC clinical work is both urgent and important. Patients have serious illnesses, and their acute suffering can be severe. Further, many programs feel constrained by a worsening workforce shortage.[3] In many programs, clinician well-being is not prioritized until a dramatic change in individual clinician performance occurs or crisis in team function emerges. These crises may be avoidable if program leadership integrates strategies upstream, but doing so often requires a culture change.[4]

John Kotter's Model of Change provides a helpful framework for approaching the culture change involved in developing a wellness program. The Kotter Model proposes eight steps for organizations to successfully change. The first is to create a sense of urgency.[5] To understand the urgency,

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we recommend leaders review with executive leaders, team members, and other stakeholders the costs of decreased team morale on patient safety and turnover. Costs are direct and indirect. For example, direct costs are those associated with searching, interviewing, and replacing a lost team member. Indirect costs are those borne by the team members who continue working for the organization, such as decreased morale and increased workload. By highlighting the consequences of ignoring team function, leaders can garner senior leadership support to build well-being into the program structure design.[6]

For example, at two of our institutions, early program development acknowledged the contribution of burnout and low resilience to staff turnover, a challenge common for many starting teams. In establishing structure, both programs recognized that many of the clinical staff had young children and were challenged to make early rounding times that compete with school start times. By openly acknowledging the issue, and prioritizing the benefit of flexibility in retaining staff, both programs were able to devise rounding structures that accommodated staff needs (in these cases, a later team start time) while still ensuring high-quality clinical care by creating frequent touchpoints throughout the day to ensure adequate team communication.

Tip 2: Develop and Implement Wellness Efforts As Soon As Possible, Without Waiting for a Finished Program

An imperfect program will serve team members better than having no program at all. Many programs need to evolve and adapt, so getting started early allows for a more reasonable pace of program development. A crisis, while certainly highlighting the need to develop a program, is rarely the best time to learn new strategies. A team that has already developed early strategies for wellness, however, may find that a crisis provides an ideal opportunity to review, refine, and improve those previous approaches. We recommend that you start wellness efforts now, with who you have and the resources already available.

For example, the program at Four Seasons, an independent, nonprofit hospice and PC organization, started simply when members of different teams and leadership came together to support each other through an extremely difficult patient death. At that point, the wellness program was just an idea, with support from the Chief Executive Officer, medical director, front-line clinicians, and back office staff. The core group then developed a program name, taglines, and initial events. At Bridgeport Hospital, a 501-bed community teaching hospital affiliated with Yale, the program began in response to high turnover. In its earliest form, the Bridgeport program was simply implementing a daily rounding structure to both discuss patients and do a staff ''check in.'' Both programs have subsequently developed more robust approaches over time, which have helped them weather other challenges.

Tip 3: Assess the Needs of Your Team So You Can Implement the Most Effective Solutions

Best practices in wellness strategies are developing, and efficacy and implementation studies are exploring which strategies should be consistently used across environments.[7] To optimally develop a robust wellness program, leaders need to assess current strengths and weaknesses by surveying individuals on the team.[4] We recommend incorporating both formal and informal components in the needs assessment, and evaluating the experiences of all disciplines and all levels of learners on the team. The very process of asking about the needs of all group members contributes to creating a culture of well-being in which staff voices are heard and valued. This section provides ideas for doing an initial needs assessment, but we should remember that teams and individuals are dynamic and should be reassessed on a regular basis, annually for formal tools and large programs, semiannually for informal tools and smaller programs.

For formal needs assessment tools, we recommend that leaders tailor the instrument to the size of their staff and scope of the program. For example, a larger program may use a commercially available survey to assess burnout, professional fulfillment, or well-being,[8–10] whereas a smaller program may adapt an available tool to an internal (but anonymous) administrator. (See Table 1 for commonly used tools.) Regardless of the survey instrument, ensure your staff's privacy by using either anonymous survey links or a third-party administrator (TPA). A TPA allows a comparison of individuals over time while still ensuring confidentiality.

After a survey, leaders can also conduct individual interviews or focus groups to determine what interventions will work best for their setting. Interviews and focus groups, as non-anonymous assessment tools, work best to capture positive sentiments and encourage participation rather than assess areas of weakness. For example, if a survey has identified a need for increased collegiality, use group discussions to brainstorm and vote for the most effective approach to try first. One group might like to try group dinners, but another may prefer workplace lunches instead to avoid extending the workday. At Bridgeport Hospital, our staff appreciated having input about events to promote collegiality, preferring a mix of after-hour events with lunchtime touchpoints to accommodate differing work–life demands.

Tip 4: Start Small and Make Incremental Changes Based on Feedback

Focusing on a completed team wellness program may delay its start, as well as ignoring key input from your direct team. ''Start small'' refers to both the expected time commitment from clinicians and the types of interventions. Teams or clinicians who are stressed and most in need of wellness initiatives often have limited energy to commit to an extensive program. For example, one of our institutions offered physicians a six-week program to teach mindfulness at 7 am on Mondays. The program was poorly attended because of the schedule and time required. The institution regrouped and offered a smaller challenge to the same team to take three minutes to meditate, three times a week, for one week. This was well received, because it was perceived as less than a 10-minute time commitment. Participants in that activity praised the intervention and went on to incorporate more meditation into their daily routines. From a programmatic standpoint, many of the more impactful initiatives start as pilots. For example, the COMPASS program at Mayo, a structured dinner program to build collegiality among physicians, began with a small pilot first before it was expanded to a larger program.[11]

Table 1. Turning Tips into Action

Tip	*Action step*	*Script/action examples*
1. Highlight the importance of team wellness before it becomes a crisis	• Identify stakeholders and bring wellness to their attentions • Focus on direct and indirect costs of not incorporating wellness into structure	• Calculate turnover rate and costs of turnover • Consider key goals and objectives for stakeholders • Communicate how lack of team wellness may create barriers to those objectives
2. Develop and implement the wellness efforts as soon as possible	• Build on experience to layer additional program facets	• Share gratitude during daily huddles • Reflect on ''good things'' that happened during the week • Build in small structural touchpoints for community during the day
3. Assess the needs of your team so you can implement the most effective solutions	• Review survey options (Maslach, PWBI, Mini-Z)[8–10] • Conduct staff interviews and/or focus groups	• Commonly used surveys include the Maslach Burnout Inventory—HSS, the PWBI and WBI for non-physicians, and the Mini-Z
4. Start small and make incremental changes based on feedback	• Review brief tools available • Consider which apply to your group setting • Conduct a brief ''trial'' period with the team	• Bite-Sized Resilience Tools • Apply a one- or two-week pilot study • ''What do you like about this tool?'' • ''What would you like to change?''
5. Protect your team's boundaries	• Be aware of your team's capacity • Learn to set clear expectations of team members' roles based on national benchmarks • Hold staff accountable to expectations on a regular and routine basis • Say ''no'' or ''not yet'' when external demands exceed the capacity of individual team members or the team as a whole	• ''No, thank you'' • ''X is a great initiative. Our team would have to give up Y to take on X. Would that be okay?'' • ''Yes, the PC program can spearhead take this important new program, when the request comes with the FTE's and space required to support it'' • ''Regretfully, not at this time, however I think X may be a great fit for this as well''
6. Make wellness a frequent topic of conversation	• Ask about wellness in one-to-one and team meetings • Put wellness as a standing agenda item for meetings	• ''You've had a number of really tough cases lately. Is there a way we can adjust your schedule to have some extra down time this week?'' • ''What do we, as a team, need to keep or change to support each other?''
7. Know the difference between a debrief session and a problem-solving meeting and facilitate them accordingly	• Give your team the time to process emotions before jumping to logistics and problem-solving • Clearly define the purpose of any meetings	• ''Right now we're going to debrief emotions; later we'll take some time to talk about how to avoid this in the future''
8. When the team is in crisis, go back to the basics of trust and communication	• Team trust must be fostered and protected in times of crisis • Leaders should be visible and present	• Go to meetings • Be present around the office • Make extra phone calls to your team members
9. Leaders must model behaviors of wellness and resilience	• Become mindful of leader behaviors that set tone: taking time off, visibility of working late, discussion of healthy work–life integration	• Take true time off and designate an alternate contact for work urgencies that may come up • Demonstrate reaching out to others on the IDT for help with difficult cases • Show vulnerability and self-compassion in cases when things have not gone as hoped • Verbalize compassion for our non-PC colleagues when they lack expertise
10. Be flexible and innovative based on the needs of the team	• Solicit feedback about activities, discontinue activities that are not valued by the team, and be willing to attempt new suggestions	• Consider new interventions on a ''trial basis'' and re-evaluate the success • Encourage anyone with a new suggestion and the passion to start an activity to take the lead

FTE, full time equivalent; HSS, human services survey; IDT, interdisciplinary team; PC, palliative care; PWBI, Physician Well-Being Index; WBI, Well-Being Index.

Tools and interventions also do best if they are small, and those with little time investment can still have a big impact on both individuals and teams. For example, at Bridgeport Hospital, the team adapted a ''Bite Sized'' resilience tool for health care workers from the Duke Center for Healthcare Quality and Safety.[12] The *Three Good Things* tool takes five minutes per night for two weeks. When used by individuals, this tool helps them reframe to look for positives in the environment. It has a lasting impact on levels of depression for health care workers up to at least six months. We adapted this tool by asking our team members to write down one good thing that happened at work each week. We shared these comments with each other on a quarterly basis. At Vanderbilt, a 950-bed academic medical center in Nashville, Tennessee adding a quick daily gratitude moment into the morning huddle was another intentional, but minimally time-consuming intervention to establish a gratitude culture on the team. In both instances, creative adaptation of individual activities to a group setting contributes to a sense of community, gratitude, and a team orientation to ''what is going right.'' Bridgeport sought out feedback after each cycle and allowed the team to determine when they were ready to move to a different tool to promote gratitude.

Tip 5: Protect Your Team's Boundaries

Being present and available are hallmarks of specialty PC. The National Consensus Panel Guidelines stress the importance of PC access 24/7 for quality PC. State-by-state evaluations emphasize the importance of offering PC across the continuum of care and in multiple settings.[13] However, in many cases, neither funding nor clinician availability has caught up to the rapidly expanding demand for PC expertise. Subsequently, PC teams at virtually all phases of development feel pressure to extend services beyond the capacity of the staff available. Teams without boundaries, however, can burn out and suffer from high turnover as a result.

One of the more difficult aspects of setting boundaries is saying ''no'' in a way that preserves important relationships. We have found that the process of ''yes, no, yes'' proposed by William Ury works well to build relationships.[14] For PC teams, the first yes refers to the core mission of the service. In this case, a clear scope of service and mission helps all team members understand what that core mission is. If a requested service does not fit within the scope of service or mission, say ''no.'' If the requested service fits with the mission, but not with the overall need to create a sustainable program, then the team can say ''not yet,'' and advocate for what needs to be in place to turn it into a ''yes.'' The final step is to identify what the team can say ''yes'' to instead. At one institution, for example, we limited the service to pain only related to a serious illness, but we were able to say ''yes'' to curbsides and education around pain management for patients who did not have a serious illness.

Tip 6: Make Wellness a Frequent Topic of Conversation

Talking about wellness regularly and openly normalizes it for teams and grants staff permission to acknowledge their needs. Leaders who are willing to discuss their own self-care and participate in group activities set the expectation that self-care is not only normal but also valued by the organization.[2] Regularly talking about wellness keeps it visible and promotes engagement in activities offered through word-of-mouth support. Staff are more likely to help plan activities if they are encouraged to think about the program regularly. Frequent focus by leadership reminds staff that the organization cares enough to prioritize wellness and promotes staff retention. In all our experiences, the presence of a strong wellness program and culture has been attractive to new employees and cited as a reason for choosing to work with our programs.

At several of our institutions, team meetings include brief discussions of how we take care of ourselves. Sometimes, this conversation leads to sharing references for a good massage therapist or acupuncturist. At other times, it has led to an honest discussion about how we cope with the grief of patient loss or feelings of inadequacy. Many of the leaders at our institutions ask ''how is your self-care going?'' during routine individual employee check-ins. Each of these discussion points keeps wellness in the minds of those who have to prioritize their time.

Tip 7: Know the Difference Between a Debrief Session and a Problem-Solving Meeting and Facilitate Them Accordingly

After a significant event, leaders often gather the team together for discussion. Commonly, they focus on concrete problem solving, and then move on, while not assessing the need for team debriefing. We have found that most teams need time to debrief and express emotions before they can move into the more cognitive functions of strategy and planning. Just like our patients and families, we need time to process emotional data before we are ready to move to cognitive data and action.

We recommend you first check in with individuals on the team: ''Would it be helpful for us to have some time together to process?'' If yes, clarify the purpose and duration at the beginning: ''We're going to take 30 minutes to talk about what happened. This isn't about assigning blame or problem-solving, it's a chance for us to support each other and feel heard.'' Some people will have a hard time resisting the urge to jump to solutions right away—gently remind them that you will get there later.

Sometimes, you can move from debrief to problem-solving in the same meeting by saying, ''Now we're going to switch gears and come up with ways we can avoid this in the future.'' At Long Beach Medical Center, a 318-bed community teaching hospital in Southern California, however, we have had most success in keeping the two types of meetings separate. Conclude the debrief by saying, ''We'll gather again tomorrow/next week to talk about things we can do differently next time; in the meantime, please e-mail me or stop by if you have ideas.'' The problem-solving meeting can then unfold with a clear sense of what happened and a discussion of possible solutions.

Tip 8: When the Team Is in Crisis, Go Back to the Basics of Trust and Communication

All PC teams endure stresses. These stresses become crises when the team is unprepared for, or overwhelmed by them. Crises can take many forms, including a sudden surge in patient deaths, staff shortages, interpersonal conflict, a surprise in productivity reporting, or team turnover. All of these

situations include increased or additional stressors that persist over time and affect the performance of the team and individual members' well-being.

We have found Patrick Lencioni's model of trust based on the Five Dysfunctions of a Team[15] useful during periods of crisis. In this model, trust is the foundational behavior on which all other function is based.[16] No healthy team can function without the basic sense that the other members of the team support each other and the overall team mission. For example, at one of our institutions, three team members quit within several months, and the overall morale and trust levels subsequently plummeted. We intentionally increased the frequency of in-person contact (calls, informal meetings, structured activities) to strengthen connection and relationship among the remaining team members. Although it was easy to misinterpret text messages and e-mails, communicating in-person eliminated the risk of miscommunication and re-established higher levels of trust on the team again.

A note of caution: If interpersonal conflict becomes significant enough to threaten the functionality of the team, leaders need to address it immediately and through multiple modalities. Speak to the parties in conflict individually, not in a group context, and involve the human resources department when necessary. Though it is best to avoid specifics in the broader team context, it is possible to foster team trust by increasing the frequency and variety of communication and encouraging others to do the same.

Tip 9: Leaders Must Model Behaviors of Wellness and Resilience

Although it is important for wellness to be discussed often, it is equally, if not more, important for it to be modeled. If wellness behaviors are not modeled, the visible behaviors will establish unspoken norms and undermine any efforts to support a culture of well-being. Supporting a culture of well-being includes ensuring that values align with expectations.[1] The behaviors we have found to be most important for leaders to model include the following: positive praise of others, maintaining appropriate personal and work boundaries, collaboration with the entire interdisciplinary team, and refraining from criticizing others, especially non-PC colleagues.

At one of our institutions, the CEO regularly sent e-mails until midnight and the leader's direct supervisor started e-mailing at 3 am. Although those individuals did not necessarily expect a response at those hours, without explicitly stating the response expectation, it set up an uncomfortable expectation that the e-mail would be returned at all hours. As a team, we learned that if one of us works particularly late, it was helpful to use ''delay send'' for an e-mail to avoid establishing unwritten expectations about work hours. Instead, we talk about what it would take to leave at a more reasonable hour or avoid working late from home.

In addition, leaders can model self-care by being transparent about taking time for their own preventive health and family obligations and adhere to personal boundaries with time off. Modeling work–life balance can be particularly challenging for leaders, who may feel an extra obligation to support staff when the service is busy or checking e-mail when away. However, leadership behavior is critical in establishing permission for the rest of the team.[2] Although occasional exceptions may be appropriate, a leader who routinely comes to work when sick, or fails to take vacation time, sends the message to staff that they are also expected to come to work when sick or forgo vacation time.

Tip 10: Be Flexible and Innovative Based on the Needs of the Team

''One size fits all'' often fits no one well, and using this approach will not benefit the team. Individual clinicians respond differently to suggested activities that target similar elements of well-being.[17] Teams differ in personalities, dynamics, location, schedules, and patient populations. Even within the same organization, different teams may have different needs. Finally, what worked for a team or organization at one point may not continue to work as the program grows and evolves. As you develop a wellness program, build in ways for individual expression, team variation, and continual assessment and modification.

In our institutions, we have experienced the benefit of this approach through multiple examples. On the individual level, the team at Bridgeport Hospital found that allowing individual expression of a core resilience need was best. For example, in promoting relaxation and mindfulness, we found that some clinicians derive great benefit from deep breathing exercises, whereas other clinicians benefit more from a brief walk outside every day. We have found ways to encourage each individual in their preferred activity.

On a team level, Four Seasons began with a ''Walk it Out Wednesday'' idea, during which a staff member would volunteer to lead a short walk at noon each Wednesday. The only attendees were members of the wellness committee, so we chose not to disseminate that program more widely. Successful elements of the idea were picked up and adapted, however, and now many staff have ''walking meetings'' when notes are not required. Further adaptations led to other interventions that were widely embraced, such as an essential oils ''make and take'' session.

Finally, on a team evolution basis, when the team at Vanderbilt grew, the leaders recognized that Friday debrief meetings would no longer work for clinicians who transitioned to part-time schedules. The leaders strategized how to incorporate protected faculty development time for the whole team, and they carved time out of already existing time slots to work in additional debrief time.

Conclusion

The PC clinicians face increasingly complex demands in providing patient care, in addition to specialty-related pressures such as intensely emotional work, rapid growth in expectations, and ambiguity in role clarity. Addressing workforce well-being, retention, and longevity requires a strategic, programmatic approach to reduce unsustainable expectations, improve personal resilience skills, and support a culture that values clinician well-being. We believe that the tips just cited will help others in thinking strategically about PC clinician well-being from a larger perspective and encourage expansion of well-being programs across our diverse practice settings.

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