NASPAA Core Competency: Analysis & Critical Thinking

Assessing and Grappling with Stress and Burnout in a Public Agency

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Editorial Note: All group members granted permission for the use of this project and presentation to be utilized in my MPA portfolio. Some of my specific contributions to the project include:initial planning and outlining of project, drafting sections of the public impact of stress and burnout in public hospitals, and conducting an interview of a public health nurse. I created graphics for the presentation that visually expressed our process and edited the final paper and presentation for formatting and grammar.

The Calm Collective:

An Intervention Plan for Stress and Burnout at Rutgers Hospital

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Introduction

Healthcare workers (HCWs) are at a significantly higher risk of experiencing burnout due to the unique and multi-faceted stressors inherent in healthcare environments. At Rutgers Hospital, rising levels of occupational stress have become a critical concern. Studies show that over 60–70% of HCWs experience varying degrees of stress, with nearly 30% of physicians reporting high-stress levels (Rink et al., 2023). When prolonged, stress can escalate into full-blown burnout, a condition marked by emotional exhaustion, depersonalization, and diminished professional efficacy.

Burnout not only affects the personal well-being of HCWs but also has profound implications for the quality of patient care. It contributes to decreased engagement, increased absenteeism, higher turnover rates, and decreased patient-centered healthcare delivery. In response to these challenges, the Human Resources Department (HR Team) at Rutgers Hospital is proposing a targeted Intervention Plan to Address Stress and Burnout among its HCW workforce. If we focus on our employees, our mission will be accomplished. That mission is to focus on employees' care for themselves, which will lead to better care for patients, which leads to better patient satisfaction and, ultimately, increased hospital reputation.

Defining the Challenge

The sources of stress experienced by HCWs are multi-faceted and include: (1) Work-related factors: Excessive workloads, chronic understaffing, unmet time-off requests, and administrative burdens; (2) Personal life pressures: Family responsibilities, caregiving for elderly or ill loved ones, and individual health concerns; and (3) Work–life intersection stressors: Mental health challenges, financial strain, psychological fatigue, and exposure to patient trauma or loss.

The Human Resources Department at Rutgers Hospital proposes a structured intervention plan to combat these challenges. This plan is centered around three core pillars. These include the following: (1) Building Awareness: Promoting understanding of burnout symptoms and reducing stigma around mental health through training and open communication; (2) Stress Management and Self-Care: Providing workshops, wellness programs, mindfulness training, and access to professional support services; and (3) Organizational Support: Improving policies related to staffing, time-off, and flexible scheduling while fostering a culture that prioritizes psychological safety and employee well-being (Berman, 2016).

This HR-led initiative seeks to build a sustainable culture of wellness by implementing strategies that emphasize prevention, early detection, and comprehensive support. A key element of this approach involves enhancing communication channels and strengthening feedback mechanisms, allowing staff to express concerns and access resources more easily. Additionally, the plan includes training for leaders and supervisors to recognize early signs of stress and burnout within their teams and to respond with empathy, appropriate resources, and timely support.

Rutgers Hospital is committed to protecting the health and resilience of its workforce. The initiative not only supports employee well-being but also reinforces the hospital's mission to provide compassionate, patient-centered, and high-quality care. This initiative demonstrates our commitment to our employees and illustrates that we value their physical and mental health (Berman, 2016).

Sector Weaknesses Contributing to Stress & Burnout

HCWs face stress and burnout at elevated rates due to the nature of their jobs. At least six key contributing factors in healthcare settings cause this phenomenon. First, the high patient-to-

staff ratios are a key contributing factor to stress and burnout. A 2021 survey of registered nurses found that self-reported burnout rates were lower in nurses from Massachusetts and California, which have stricter laws regarding nurse staffing ratios (Shah et al., 2021). Secondly, inadequate staffing levels, particularly during peak times or staff shortages plague healthcare facilities. Furthermore, 63% of the surveyed nurses who left their jobs or considered leaving their jobs reported that inadequate staffing levels lead to their resignation or consideration thereof (Shah et al., 2021). Third, there is limited access to mental health support services and resources for staff. Fourth, many healthcare centers promote a culture that may unintentionally prioritize task completion over individual well-being. A culture prioritizing completion over individual well-being is another key reason for self-reported workplace stress and exhaustion. Moreover, "an increased workload," "additional tasks," and "time constraints" were all identified as contributors to burnout in a 2024 study (Kober & Chang, 2024). Fifth, systemic issues within the healthcare sector include demanding work hours and emotional intensity. Finally, the sixth is insufficient training or support for coping with the emotional demands of the job. Related to number 3, burnout and emotional exhaustion can be mitigated by accessing mental health support services and professional coaches or counselors to deliver the programming (Collett et al., 2024).

Options for Intervention

Given what we know about the weaknesses within the healthcare sector regarding stress and burnout within the workforce, our team proposes the following human resources initiatives:

1. *Implementing mindfulness and stress-reduction workshops/training.* Mind-management programs are effective and easily delivered over various delivery methods, whether in-person, virtually, self-guided over an app, or via another method (Collett et al., 2024).

2. *Establishing peer support groups and mentorship programs.* Workplace support is another critical element, with peer support groups and other workplace support interventions reportedly aiding with depression, anxiety, and wellness scores (Kober & Chang, 2024).

3. *Improving communication channels and feedback mechanisms.*

4. *Reviewing and optimizing workload distribution.*

5. *Providing access to confidential counseling services.* Professional wellness coaches and counselors may also prove beneficial in mitigating stress and burnout in this space, with one study finding that this intervention strategy reduced perceived burnout and emotional exhaustion in studied HCWs over a 6-month period. (Kober & Chang, 2024).

6. *Training leaders to recognize and address signs of burnout in their teams.* Training leaders to not only look out for signs of burnout, but also to recognize it in themselves can be an effective strategy, with one study finding that a wellness leadership intervention helped prevent burnout escalation among the leadership cohort, as well as preventing empathy decrease towards their staff (Gilin et al., 2023).

7. *Creating dedicated "recharge" spaces within the community health center.*

8. *Flexible scheduling.* Lastly, flexible scheduling was identified as a mitigating factor or intervention tactic. Surveyed HCWs noted the encouragement of management to take "mental health days," leaving early if need be, or working from home, and ensuring staff are utilizing their break time (Kober & Chang, 2024).

These intervention options are supported by Berman, who states that as "society has become increasingly health conscious, employees have taken greater interest in the health-promoting activities made available by their employers" (Berman et al., 2015, p. 501). Broadly, he notes four main initiatives: "stress reduction programs, wellness programs, safety initiatives,

and employee assistance programs" (Berman et al., 2015, pp. 501–502). Here, Berman discusses several similar initiatives toward curtailing negative stress, stating that these techniques mutually benefit the employee and employer.

Recommended Initiative

The HR team decided on two interventions. First, communication channels and feedback mechanisms should be improved. Second, leaders should be trained to recognize and address signs of burnout in their employees. The team agreed that the employees would feel heard and cared for by fostering a more encouraging and receptive work environment. Our hospital serves many patients, leading to potential communication gaps; therefore, we want to hear their concerns. The team decided that improving communication can start with low-cost strategies such as bi-weekly team meetings for open discussion, anonymous feedback using online or paper surveys, and implementing protocols for raising concerns. Alternatively, the leadership training should begin with online modules or in-person workshops to recognize signs of burnout.

Step by Step Plan for Implementing Initiative and Expected Outcomes

Assessment and Planning (1-5 weeks): The HR team will identify the department leaders who will be responsible for leading the implementation process and ensure diverse views are considered. HR will then conduct an assessment using anonymous surveys, one-on-one meetings, and focus groups to collect data on present communication channels. Based on employees' responses, the HR team will obtain feedback and identify burnout symptoms.

We will use a Burnout Assessment Tool (BAT) as part of this process. This is intended to assess employees' concerns about the factors contributing to burnout (Berman, 2016). The BAT can support this process by helping identify areas where additional resources are needed. This assessment phase also serves as a foundation for training employees to develop greater self-

awareness, which can be further cultivated into behavioral self-control skills to improve workplace relationships and overall job satisfaction (Berman, 2016).

Define Goals and Objectives: Based on the needs assessment, we will establish specific, measurable, achievable, relevant, and time-bound goals for improving communication, feedback, and leader awareness of burnout. We aim to increase staff satisfaction with internal communication by 10% within six months and for 60% of those identified as leaders to complete the burnout recognition training within three months.

Developing a Communication and Feedback Strategy: Based on the needs assessment, we will produce newsletters and encourage all-staff meetings with extra time for feedback, online platforms for messages and discussions, protocols for raising concerns, and physical or digital suggestion boxes. We will outline a plan for starting new communication methods and feedback.

Design Leadership Burnout Training: Based on the needs assessment needs, we will develop training material that will define burnout and its various stages, helping leaders to identify early symptoms in team members, strategies for communication and addressing potential burnout, strategies to foster a supportive team environment, and available resources within the hospital. We will plan a thorough training program tailored to the needs of the hospital's leaders and HCWs.

Implementation (Weeks 5 to 12): The HR team will begin to improve feedback strategies and communication sources.

Conduct Leadership Burnout Training: We will schedule and deliver the model training to all team leaders, including online modules or in-person training, to accommodate everyone's

schedules. By implementing our strategy, leaders will have the skills and knowledge to identify and address burnout in their teams.

Promote Awareness and Engagement: The HR team will communicate the benefits and purpose of the initiative to all staff, which will help increase staff awareness and engagement.

Monitor Usage and Collect Feedback: We will track the use of the new feedback and communication channels. We will collect data on the implemented communication channels.

Evaluate the Impact of Leadership Training: Based on the data collected, we will observe changes in behavior and gather feedback from all staff to better understand how leadership training has influenced their approach to team well-being.

Measure Progress Towards Goals: The HR team will provide the initial survey to measure changes and obtain measurable data on progress towards the defined goals.

Iterate and Refine: Based on the data collected, we will identify what worked and did not to adjust our approach to improve the well-being initiative.

Potential Challenges to Implementing the Intervention Plan

Implementing the initiative may lead to potential challenges. These include leaders feeling overwhelmed with additional responsibilities. We must be mindful of how we introduce this initiative to leaders, so it is not viewed as a burden. In addition, after the initiative's initial rollout, some employees may become less engaged. Ensuring both employees and management maintain enthusiasm is critical for the initiative’s long-term success.

Conclusion

Our objective is clear: if we focus on our employees, our mission will be accomplished. We wholeheartedly believe in this statement and that the cyclical nature of caring for oneself leads to better care for patients, which leads to better patient satisfaction and, ultimately,

increased hospital reputation. Through this initiative, the HR team believes we can accomplish our objective.

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