The synergy of well-being, innovation, mission: an opportunity

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https://ebmgt.github.io/presentation/

v2025-05-27b

A management question

Your clinical unit has found that a key clinical indicator is in the 40th percentile nationally. Your sense is that your colleagues in your area are engaged but generally frustrated. The last well-being survey was conducted over a year ago.

The relevant chairs, administrators, and managers should first focus on:

1, Clinical measures first

2, Well-being first

3, Both concerns together

4, Neither - focus on other pressing issues

Results...

Report
(hyperlink removed)

Skiing at Tallgrass Prairie Preserve, Kansas

No lift lines, no avalanches

Proposal:
Well-being & mission goals can be synergistic

Depending on how they are managed…

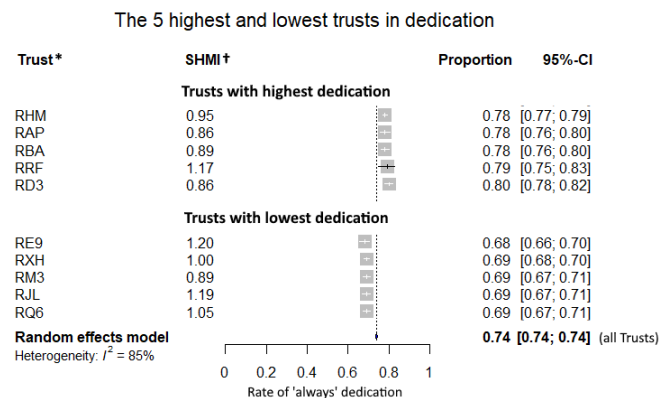The **problem** of well-being becomes the **opportunity** of well-being.
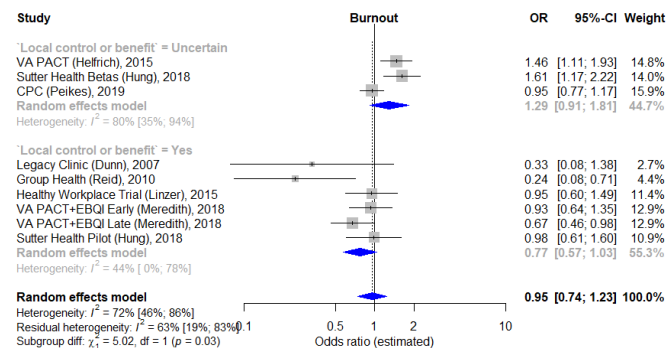
Evidence for the synergy

Mayo clinic

NHS: large scale

Meta-analysis & Sutter

The 5 highest and lowest trusts in dedication

Trust*	SHMI†		Proportion	95%-CI
Trusts with highest dedication				
RHM	0.95		0.78	[0.77; 0.79]
RAP	0.86		0.78	[0.76; 0.80]
RBA	0.89		0.78	[0.76; 0.80]
RRF	1.17		0.79	[0.75; 0.83]
RD3	0.86		0.80	[0.78; 0.82]
Trusts with lowest dedication				
RE9	1.20		0.68	[0.66; 0.70]
RXH	1.00		0.69	[0.68; 0.70]
RM3	0.89		0.69	[0.67; 0.71]
RJL	1.19		0.69	[0.67; 0.71]
RQ6	1.05		0.69	[0.67; 0.71]
Random effects model			**0.74 [0.74; 0.74]**	(all Trusts)

Heterogeneity: $I^2 = 85\%$

Rate of 'always' dedication

Notes:
* Trust organisational code
† Summary Hospital-level Mortality Indicator

Study	Burnout	OR	95%-CI	Weight
`Local control or benefit` = Uncertain				
VA PACT (Helfrich), 2015		1.46	[1.11; 1.93]	14.8%
Sutter Health Betas (Hung), 2018		1.61	[1.17; 2.22]	14.0%
CPC (Peikes), 2019		0.95	[0.77; 1.17]	15.9%
Random effects model		1.29	[0.91; 1.81]	44.7%
Heterogeneity: $I^2 = 80\%$ [35%; 94%]				
`Local control or benefit` = Yes				
Legacy Clinic (Dunn), 2007		0.33	[0.08; 1.38]	2.7%
Group Health (Reid), 2010		0.24	[0.08; 0.71]	4.4%
Healthy Workplace Trial (Linzer), 2015		0.95	[0.60; 1.49]	11.4%
VA PACT+EBQI Early (Meredith), 2018		0.93	[0.64; 1.35]	12.9%
VA PACT+EBQI Late (Meredith), 2018		0.67	[0.46; 0.98]	12.9%
Sutter Health Pilot (Hung), 2018		0.98	[0.61; 1.60]	10.9%
Random effects model		0.77	[0.57; 1.03]	55.3%
Heterogeneity: $I^2 = 44\%$ [0%; 78%]				
Random effects model		**0.95 [0.74; 1.23]**		**100.0%**

Heterogeneity: $I^2 = 72\%$ [46%; 86%]
Residual heterogeneity: $I^2 = 63\%$ [19%; 83%]
Subgroup diff: $\chi_1^2 = 5.02$, df = 1 ($p = 0.03$)

Odds ratio (estimated)

Our experience:

Hospital Workforce Engagement and Inp...

Badg... 051836

- ~ 1... HS Ho...
- *Cro...* nd un...
- En... "often ...associated with 4.5% lower SHMI...
- SHMI improvement associated with engagement ↑

So…

- Preliminary
- Well-being and clinical goals can travel together…even if causation not definite
- But *how* to make the association

QI projects for mission goals:
impact front-line empowerment

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Odds ratio (estimated)
0.1   0.5   1   2   10

Sutter Clinic: "...greater empowerment of the pilot clinic members... not experie...

Quality indices, which are supposed to improve care, 'are the bane of my existence,'

Gunderman R. NEJM Catalyst. Jan 10, 2017

Hung, 2018 PMID 29636052

SGIM National Meeting. Washington, DC 2019. PMC6582171

Mayo Clinic includes empowering QI projects for struggling work units: burnout decrease

- For "high opportunity work units" (high burnout + low sat)
- Objectives: remove "pebbles" & inefficiencies identified by the front lines.
- Lots of support in executing the QI, including management
  - "consulting team" meets with work unit leaders
  - And more…
- In their first year,
  - 7 of 7 reduced burnout with a median drop of 11% (p = 0.016)
  - 6 of 7 no longer "High opportunity" (p = 0.125)

Image removed

Shanafelt, Noseworthy. Mayo Clin Proc 2017 PMID 27871627

Test of your visual acuity:
Instructions for enabling QI from the Mayo article

Our clinic: Intent-based leadership

Plot of QI measures achieved, burnout, and engagement over time removed

Objectives

- Well-being and mission goals are synergistic

- Well-being *and* mission should be serially measured

- Burnout is only the first target in well-being. Measure in *everyone*:
  - Burnout, satisfaction, engagement
  - Learning/improvement ("thriving"), eg innovation

- Supporting managers is eventually essential
  - Structured, yearly *private* feedback from workforce surveys with specific guidance and interventions if needed

Agenda

- Basic science
- Diagnosis
- Treatment

Basic science

1. Synergy between well-being and org mission
2. Its not invented here syndrome
3. There is more to well-being than burnout in docs
4. Antecedents to well-being
5. Management strategies

San Juan Mountains from Victor, CO

Basic science:
2. "Its not invented here syndrome"

- ***Healthcare well-being makes up concepts and surveys on a whim***
  without reviewing pre-existing business studies. "Jingle-jangle fallacy".
  - "Thriving" should add to engagement: improve/learn (Spreitzer, 2007)
  - the link between well-being and org mission

    Myers et al. Treating the "Not-Invented-Here Syndrome" in
    Medical Leadership
    Acad Med. 2019. PMID: 31274525

- ***Business scholars have a crazy pathway to publish and disseminate.***

There's more than

States, constructs	Validated or commonly used questions
Proactive:	I am constantly looking for ways to do my job better. (FEVS, 2017) I recommend my organization as a good place to work. (FEVS, current)
NIOSH, APA, NHS	to work. Absorption: I am immersed* in my work.
Satisfaction GSS, NIOSH, APA, others	"All in all, how **satisfied** would you say you are with your job?
Burnout	"Using your own definition of "**burnout**"…

Need for ongoing learning/improvement:
- **2024[pdat]: 1.7 million articles**
- **CFR Title 42: 19% of sections edited in 2024**

See:

Image removed. A grid of:
Burnout: counts of departments in quartiles

Shows relationship between engagement and burnout

Slide used with permission of Valerie Dandar

Basic science:
4. Antecedents to engagement and burnout

Engagement: self-determination theory (mo...
Ryan and Deci...
& Van den Bro...
Kahn. Engagen...

*Pink [citing G...
Csikszentmihal...
†Moss-Kanter...

This summary
with:
Phipps-Taylor,
Carol Ryff, 201...

Burnout: Job-demands resources model
Demerouti, 2001

Membership†

Purpose* or Meaning†

...mands

...model of ...rnout

...ources

...model of ...rnout

Burnout

- Demands vs resources

Engagement

- Autonomy and the three Ms
  - Mastery, meaningfulness, membership

Proactivity   Sense of responsibility   Advocacy   Retention

Basic science:
5. Focus on management - why

- Management scores associate with dept well-being rates
  - Satisfaction inconsistently:
    - 47% of variation (Mayo Clinic. Shanafelt 2017 PMID 27871627)
    - Insignificant (U Ottawa. Spilg 2025 PMID 40034467)
  - Burnout consistently:
    - 11% of variation (Mayo Clinic. Shanafelt 2017 PMID 27871627)
    - 14% of variation (U Ottawa. Spilg 2025 PMID 40034467)

- AAMC: influence on burnout
  - *Dept* > School > Specialty (Badgett et al. SGIM National Meeting 2023)

Management is hard

- Competing demands
- Competing tactics: decisiveness/charisma vs inclusiveness
- Midlevel management is harder
  - Microsoft found that 74% of managers "say they don't have the influence or resources to make change for employees," "54% of managers say leadership is out of touch with employees", and concluded, "Managers feel wedged between leadership and employee expectations."
  - Lower well-being among mid-level leaders than high-level leaders and non-management (Hu, 2023; Macias-Velásquez, 2019. PMID 31027210)

Self-assessment of a skill correlates with having the skill: Dunning-Kruger effect

- Managers rated low by their direct reports tend to *overestimate* their own management stills

- Ma

- Als   9)

Does self-assessment affect management pursuit & selection?

Basic science:
3. Focus on management – how

- Lets send managers to management/leadership training courses
  - Only helps the course participant advance in the organization (Strauss. 2013 PMID 23524921
    - Maybe newer approaches have evolved
  - Pfeffer, Jeffry. Chapter 8. Fixing Leadership Failures: You Can Handle the Truth. Leadership BS, 2015

Basic science:
Supporting management with complexity theory

Complexity leadership theory is
a group of management approaches
appropriate for complex organizations that
need ongoing innovation to meet mission
goals

(recall the flood of yearly research and CFR)

Complexity leadership theory: methods

Support the adaptive space via

- Community building
- **Information** gathering
- **Information** sensemaking
- **Information** using/distributing
- Linking and brokering (Uhl-Bien, 2017)
- Administrative

Hazy, Uhl-Bien.

Towards operationalizing complexity and enabling leadership. Leadership 2015

Our modern organizations are too complex for Napoleons and Caesars to lead alone. Enable others to participate.

Complexity leadership theory: Implementations

- Enabling leadership (Uhl-Bien, 2007)
  - Helping local "entrepreneurs" introduce innovations in an "adaptive space"
  - Broker tension between innovation and operations
  - See YouTube link at https://ebmgt.github.io/presentation/
- Gardener leadership (McCrystal). For executive-level leadership
- Intent-based leadership (Marquet). For mid-level leadership
- Agile – more to come
- Positive deviance – much more to come

Complexity leadership: Evidence for Bright-spotting (Positive Deviance) to support managers

Glassdoor.com online job reviews

Glassdoor "overall rating" by federal employees (FEVS) correlates with formal measures of job sat (r = 0.52) which in turn correlates with

- work engagement (r = 0.40 to 0.59)[7]
- emotional exhaustion (r = 0.42)[8]

Landers R, Brusso R, Auer E. Crowdsourcing Job Satisfaction Data: Examining the Construct Validity of Glassdoor.com Ratings. PAD. 2019. Available from: https://scholarworks.bgsu.edu/pad/vol5/iss3/6/

[PDF] Employee satisfaction and corporate performance: Mining employee reviews on **glassdoor**. com
N Luo, Y Zhou, J Shon - 2016 - core.ac.uk

Create alert

Distribution of top 50 rankings of 42k large companies over 16 years
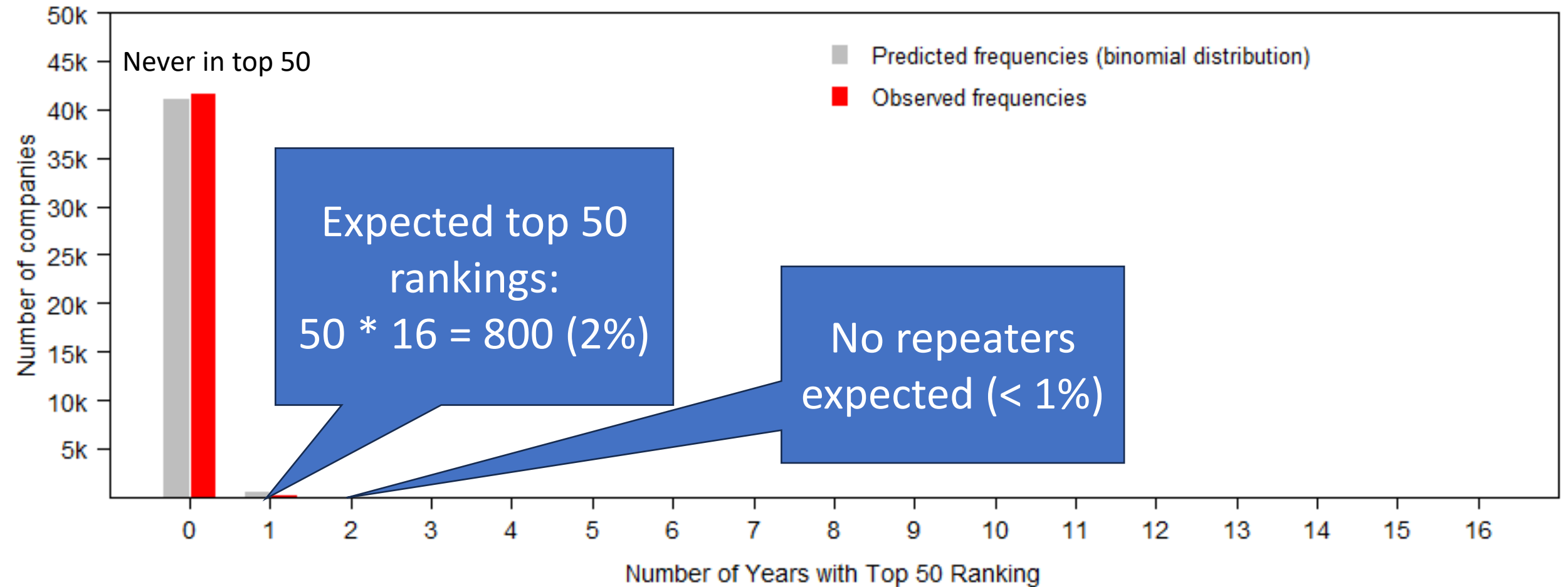
Distribution of top 50 rankings of 42k large

Bright-spotting via serial surveys of well-being and perception of management:

- Google
- Microsoft
- Mayo

Enough for basic science, moving on...

Details: https://epmgt.github.io/Management_measurement

Number of Years with Top 50 Ranking
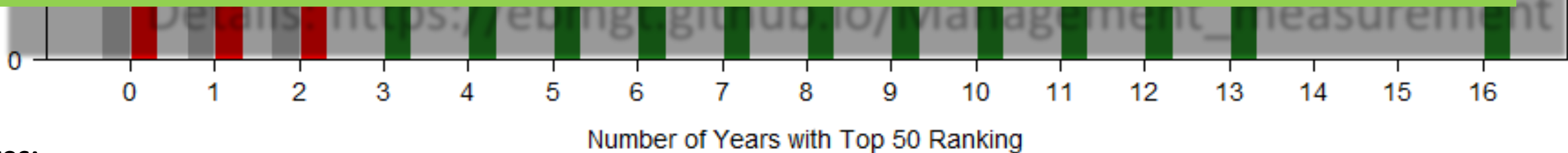
Notes:
More than luck: of 301 companies ever in the Top 50, repeating (155) and streaks (118) both much more than chance (< 1%)
Distribution: power law with an exponential cutoff (PLC)

Diagnosis

Hill Country near San Antonio TX

Survey serially:
workforce well-being and perception of management

- Annual, but maybe biennial
- *Whether you use in-house or a vendor, include questions for*
  - Burnout (S
  - Satisfaction
  - Engagemen
  - Thriving/le
  - Management (Google's survey is free to use)
  - (Key antecedents may already be in your survey)
- Question bank and my survey (RedCap)
  - https://ebmgt.github.io/survey-compendium
- Most vendors let you add ~5 questions which can work very well

More on analyses later in interventions

Treatment - interventions

Community building

The Mayo leadership team:

- Swensen, Medical Director for Leadership and Organization Development
- Shanafelt, Director of the Program on Physician Well-being
- Noseworthy, CEO (coauthored with Shanafelt a key Mayo article on org change)

CEO Noseworthy: 'CEO performance scorecards always include financial and quality measures, *but mine also has staff engagement, satisfaction, and burnout measures that are reported up to the board of trustees*.'

(Wright & Katz. NEJM, 2018)

Notes:

- Microsoft did not enter the top 50 until 3 yrs after their controversial CEO was replaced in 2014
- The Mayo did not have another streak after their three key leaders left 2017-2018

Bright-spotting: Steps

1. Heterogeneity with forest plots (blinded/anonymous)
   - Tells you if bright-spotting is appropriate in your setting
2. Identify antecedents / factors with path analyses
3. Structured interviews with lit searches as needed

Quiet success

1. Bright-spotting:

But bright and hot spots are not identified internally nor external AMCs

Bright and hot spots are **not** identified internally nor externally

SIBOQ 22% ≈ MBI 34%

Forest plot with heterogeneity removed

17.75 + *SIBOQ rate* × 0.73
Hagan, 2024 PMID 38424346

Slide used with permission of Valerie Dandar, AAMC

2. Path analysis

Key:
Numbers are beta-coefficients.
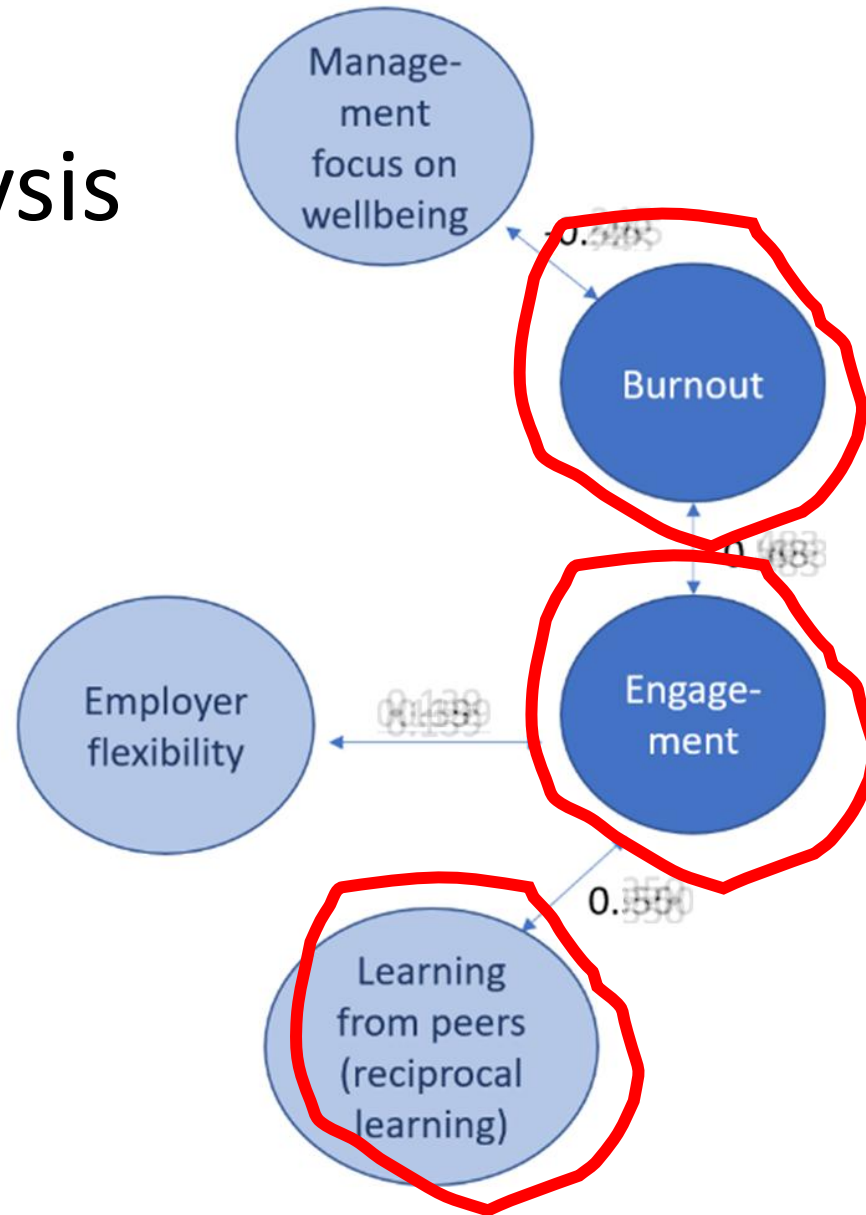
Tactics used in this work unit.
1."Pause for purpose". This tactic efficiently and simultaneously fosters purpose, membership, mastery, reciprocal learning, and even autonomy. This is a pause at start of meetings in which accomplishments, small or larger, that lead explicitly to the unit's vision statement are mentioned. The manager may seed by announcing a few recent achievements, small or large in the unit. However, the manager allows continuation of the pause to encourage others in the unit to acknowledge others. Ideally, acknowledgements are made by the lowest level aware of the achievement as part of a general encouragement to "decentralize accountability and acknowledgement". This unit uses in person meetings more than email for commendations.
Maps: autonomy, **m**eaningfulness, **m**embership, **m**astery, **reciprocal learning**

Structured interviews bright/hot spots guided by antecedents & lit search

Positive deviance example (Mayo & Freeland): *anyone's* career development at the annual review

- Although the Mayo does not label their work as bright spotting, their methods are consistent

- Shanafelt at al. …Using the Annual Review to Reduce Burnout and Promote Engagement. Am J Med Qual 2017 PMID: 28651438

- Freeland et al. Three Good Questions for Faculty and Their Mentors… Acad Med 2025 PMID: 39983044

1. Are you doing what you love? (at least 20% time)
2. Are you making it count twice?
3. Are you staying focused?

Additional, smaller interventions to consider

1. Empower innovation via "enabling" QI

2. Positive deviance on a smaller scale

    a. EHR optimization

3. Learning community...

Enabling QI projects:
Mayo as an example

- Recall that Mayo's empowering QI associates with ↓ burnout

- Enhance with
    - AMA STEPS forward expansion of the Mayo
    - Stanford's "100 Quality Improvement Projects in 1000 Days"
      with AGILE and includes
      documenting/tracking on Teams, etc

- Can help clinical sites learn QI
  and later tackle larger projects

- Links at https://ebmgt.github.io/presentation/

Image of Stanford xlsx removed

2. Bright-spotting on a smaller scale: UKHS EHR survey (KLAS) results

- Clinician perception of the EHR's "Efficiency of care"
  - Sig heterogeneity (I^2) across depts
- Positive deviant depts had higher
  - 'Attending' as the person who helps the dept EHR optimization
- Add "job crafting" & "knowledge sharing"

Results shared with permission of Keith Sale

Tallgrass National Prairie Preserve, KS

Local Level Support: EMR Provider Optimization

Image of organizational chart focusing on EHR liaisons for each clinical department removed
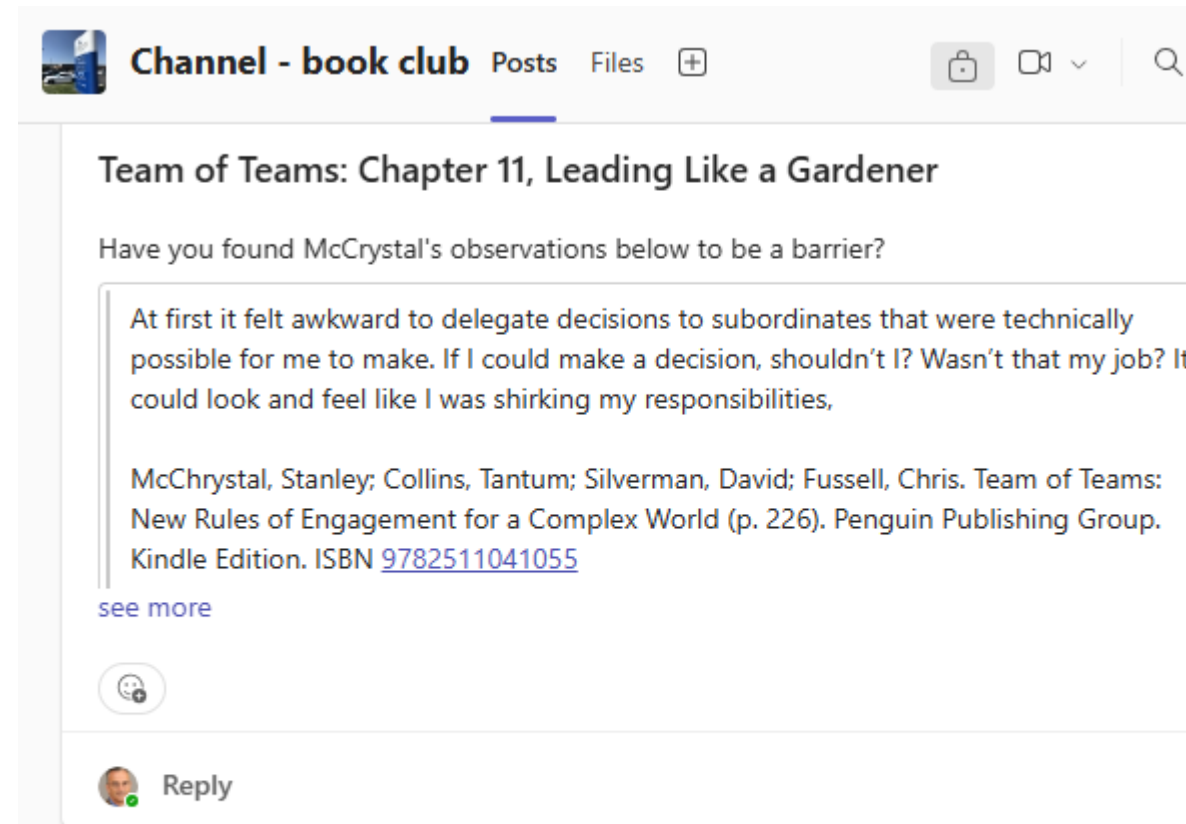
Slide used with
permission of
Ling Chu,
UT Southwestern

Learning communities

Virtual book/articles club on Teams for managers at all levels.

Chapters/articles from

- Team of Teams
(Gardner leadership for large groups)
- Turn this Ship Around
(Intent-based leadership for smaller groups)
- Bock (Google's positive deviance)
- Articles like Freland's on annual career development
- Seed questions
  - https://ebmgt.github.io/presentation/

Last suggestion, reverse the order if preferred

- First, do easier interventions
  - EHR optimization via liaison support using bright spots
  - Book/journal clubs at executive and midlevel
  - Career development at annual reviews (Mayo & Freeland)
- Then, after a year or so
  - Manager support using bright spots
  - Enabling QI using Mayo + Stanford methods

Or, as discussed in questions at the end of the presentation:
Identify a Dept in your organization to be an "early adopter" per
Everett Rogerss' Theory of Dissemination of Innovation

Conclusions

- View well-being and mission as a synergy
- Measure/monitor in all personnel
  - Burnout
  - Satisfaction
  - Engagement
  - Learning/improvement
- Supporting managers
- Additional interventions

Thanks to many colleagues

Feedback and more detail AT

QR code

QR code removed